Mid Cheshire Hospitals NHS Foundation Trust

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 7 January 2019
in the Boardroom, Leighton Hospital

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led By	Page No.
1.	**Welcome and Apologies** To welcome members of the public and attendees and to receive apologies for absence from Board Members. *(to note)*	I	Deputy Chairman **09.30**	-
2.	**Patient or Staff Story** *(verbal)*	I/D	Director of Nursing & Quality **09.32**	-
3.	**Board Member's Interests** *(to note)* To **consider** any • Changes to Directors' interests since the last meeting • Conflicts of interest deriving from this agenda	I	Deputy Chairman **09.50**	-
4.	**Minutes of the Last Meeting** To **approve** the minutes of the Board of Directors meeting held in Public on Monday, 3 December 2018	A	Deputy Chairman **09.52**	-
5.	**Matters Arising and Action Log** *(attached) (to approve)*	A	Deputy Chairman **09.55**	**17**
6.	**Annual Work Programme 2018/19** *(attached)* *(to approve)*	I/A	Deputy Chairman **09.57**	**18**
7.	**Chairman's Announcements** (*to note a verbal report*) **7.1 Board Development Day – 10 December 2018** **7.2 Joint Development Session with the CCG – 12 December** **7.3 Remuneration Committee – 17 December 2018** **7.4 Meeting with Mike Maier, Chairman, Cheshire and Wirral Partnership NHS Foundation Trust** **7.5 Meeting with Manchester Metropolitan University**	I	Deputy Chairman **10.00**	-
8.	**Governor's Items** (*to note a verbal report*) **8.1 NED Interviews**	I	Deputy Chairman **10.15**	-

Item No		Title of Item	Action	Led By	Page No.
9.	**Chief Executive's Report** *(to note a verbal report)*				
	9.1	**System Update**	I	Chief Executive **10.20**	-
10.	**CARING**				
	10.1	**Quality, Safety & Experience Report** *(attached) (for discussion)*	I/D	Director of Nursing & Quality **10.35**	**19**
11.	**SAFE**				
	11.1	**Draft Quality Governance Committee notes from the meeting held on 11 December 2018** *(attached) (to note)*	I	Committee Chair **10.45**	-
	11.2	**Serious Untoward Incidents and RIDDOR Events** *(verbal)* (*to note*)	I/D	Deputy Chief Executive/ Medical Director **10.50**	-
	11.3	**Guardian of Safe Working Hours Report Q3 2018-19** *(attached) (to note)*	I/D	Director of Workforce and OD **10.55**	**73**
12.	**RESPONSIVE**				
	12.1	**Performance Report** *(attached) (to note)*	I/D	Chief Operating Officer **11.00**	**77**
	12.2	**Draft Performance & Finance Committee notes from the meeting held on 20 December 2018** *(attached) (to note)*	I	Committee Chair **11.15**	-
	12.3	**Legal Advice** *(verbal)* (*to note*)	I	Chief Executive **11.20**	-
	12.4	**Expansion of Bowel Cancer Screening Programme Business Case** *(attached) (to approve)* Mr Mark Wilde, Divisional General Manager	A/D	Chief Operating Officer **11.25**	-
	12.5	**Replacement of Washer Disinfectors & Wash Room Refurbishment Business Case** *(attached) (to approve)* Mr Mark Wilde, Divisional General Manager	A/D	Chief Operating Officer **11.35**	-
	12.6	**Urology Workforce Business Case** *(attached) (to approve)* Mrs Delyth Owen, Deputy Divisional General Manager	A/D	Chief Operating Officer **11.45**	-
	12.7	**Urology Equipment Business Case** *(attached) (to approve)* Mr Mark Wilde, Divisional General Manager	A/D	Chief Operating Officer **11.55**	-

Item No		Title of Item	Action	Led By	Page No.
13.	**WELL-LED**				
	13.1	**Visits of Accreditation, Inspection or Investigation** *(verbal)* (*to note*)	I	Chief Executive **12.05**	-
	13.2	**Organisational Risk Register Q2** *(attached) (for discussion)*	A/D	Deputy Chief Executive/ Medical Director **12.10**	**243**
	13.3	**Corporate Governance Handbook** *(attached) (to approve)*	A/D	Chief Executive **12:15**	**296**
14.	**EFFECTIVE**				
	14.1	**Workforce Report** *(attached) (to note)*	I/D	Interim Director of Workforce and OD **12.20**	**300**
	14.2	**Transformation and People Committee notes from the meeting held on 6 December 2018** *(attached) (to note)*	I	Committee Chair **12.30**	-
	14.3	**Consultant Appointments** *(verbal) (to note)*	I	Deputy Chief Executive/ Medical Director **12.35**	-
	14.4	**IT Strategy** *(attached) (to approve)* Mrs Amy Freeman, Associate Director of IT	A/D	Deputy Chief Executive/ Medical Director **12.40**	**321**
	14.5	**LIMS Business Case** *(attached) (to approve)* Mrs Amy Freeman, Associate Director of IT	A/D	Deputy Chief Executive/ Medical Director **12.55**	-
	14.6	**Digital Clinical System Outline Business Case** *(attached) (to approve)* Mrs Amy Freeman, Associate Director of IT, Mr Cefin Barton Chief Clinical Information Officer.	A/D	Deputy Chief Executive/ Medical Director **13.05**	-
15.	**Any Other Business** *(verbal)*		A/I/D	Deputy Chairman **13.20**	-

Item No	Title of Item	Action	Led By	Page No.
16.	**Time, Date and Place of Next Meeting** To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on **Monday, 4 February 2019**	I	Deputy 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
18/11/9.2.2	05-Nov-18	Update on the planning process to be provided to Governors at the next Council meeting	T Bullock	24/01/2019		04/02/2019	
18/12/9.2	03-Dec-18	Cheshire East Place draft strategy to be circulated to the Board	T Bullock	07/01/2019		07/01/2019	
18/12/10.1.3	03-Dec-18	Falls prevention guide to be circulated to the Board	J Tunney	07/01/2019		07/01/2019	
18/12/13.1.2	03-Dec-18	Well Led Framework External review report to be ciruclated to the Board	T Bullock	07/01/2019		07/01/2019	

Board of Directors Workplan 2018/19

Version: 2

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													
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				

We Care Because You Matter

Board of Directors

Quality, Safety and Experience Report

January 2019

(November 2018 data)

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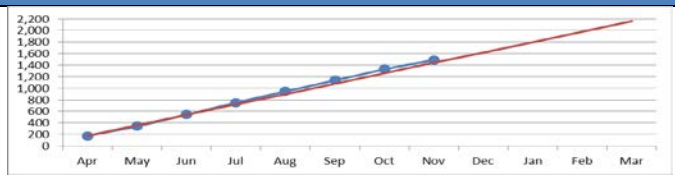
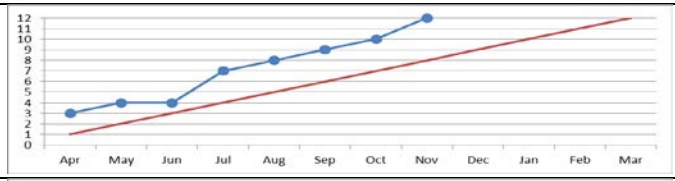
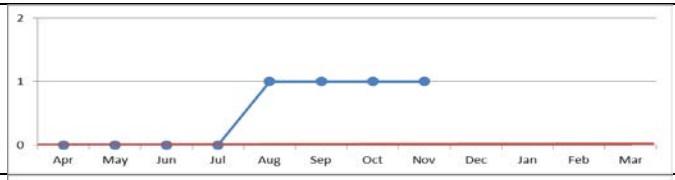
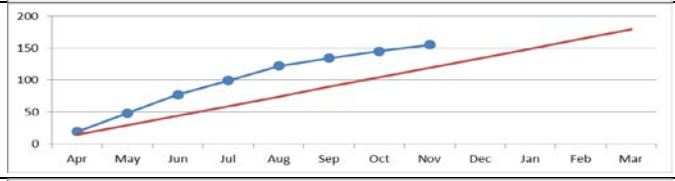
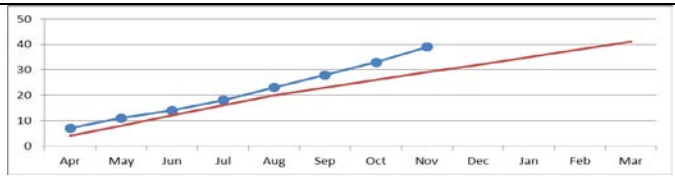
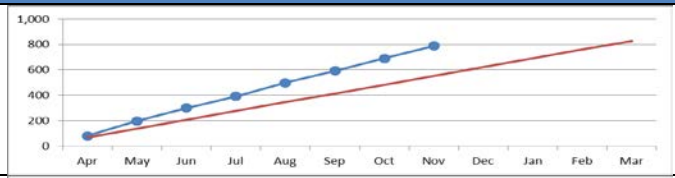
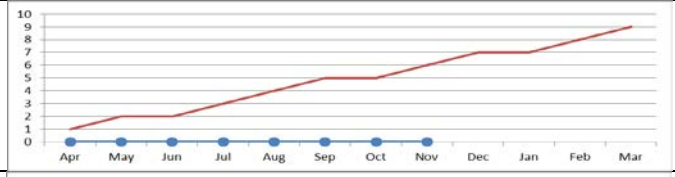
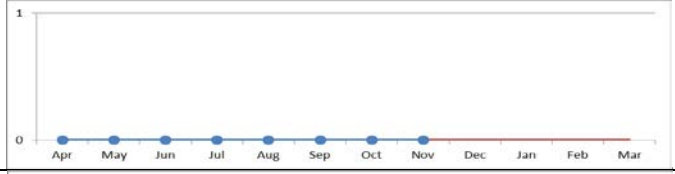
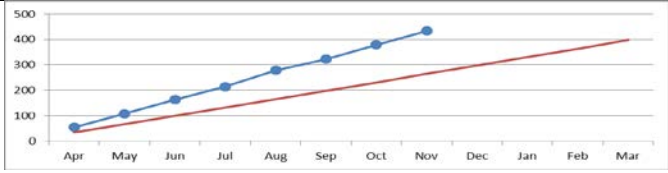
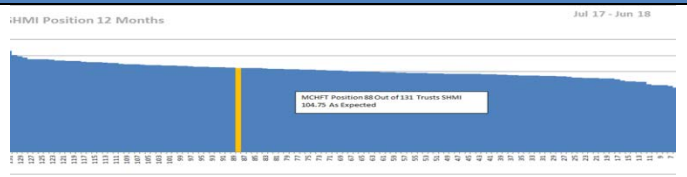
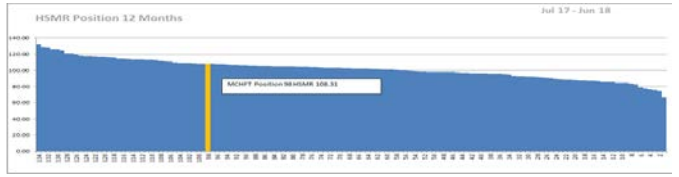
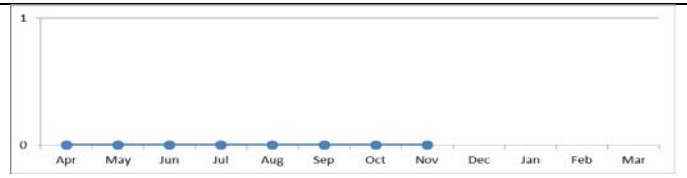
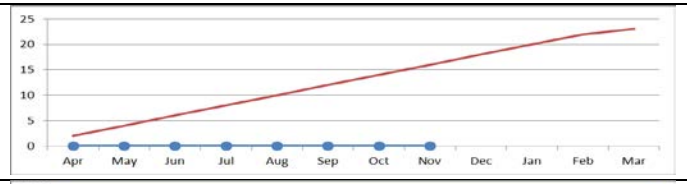
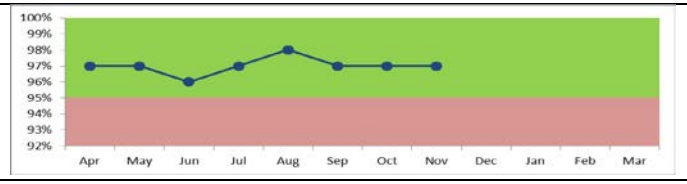
Indicators	Target	Trajectory 2018/19
Acute Trust		
Patient Safety Harm Incidents The target is to reduce patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.	**Less than 2161 at end of March 2019**	
Serious Incidents The target is to reduce patient safety serious incidents by 10% when compared to the previous financial year by the end of March 2019.	**Less than 12 at end of March 2019**	
Never Events Zero tolerance of Never Events.	**Zero**	
Pressure Ulcers – Hospital Acquired The target is to reduce hospital acquired pressure ulcers by 10% when compared to the previous financial year by the end of March 2019.	**Less than 150 at end of March 2019**	
Inpatient Falls The target is to reduce inpatient falls by 10% when compared to the previous financial year by the end of March 2019.	**Less than 656 at end of March 2019**	
Medication Harm Incidents The target is to reduce medication incidents resulting in harm by 10% when compared to the previous financial year by the end of March 2019.	**Less than 41 at end of March 2019**	

Indicators	Target	Trajectory 2018/19
CCICP		
CCICP Patient Safety Harm Incidents The target is to reduce CCICP patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.	**Less than 828 at end of March 2019**	
CCICP Serious Incidents The target is to reduce CCICP patient safety serious incidents by 10% when compared to the previous financial year by the end of March 2019.	**Less than 9 at end of March 2019**	
CCICP Never Events Zero tolerance of CCICP Never Events.	**Zero**	
CCICP 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.	**Less than 398 at end of March 2019**	

Indicators	Target	Trajectory 2018/19
SHMI The Trust's target is to be at least within the "as expected" bracket. This has been achieved for the latest reporting period.	**As expected**	
HSMR The Trust's target is to be at least within the "as expected" bracket. This has been achieved for the latest reporting period.	**As expected**	
MRSA Zero tolerance of MRSA cases.	**Zero**	
C-Diff Avoidable The target is less than 23 avoidable cases of Clostridium Difficile in 2018/19.	**Less than 23 at end of March 2019**	
Safety Thermometer The Trust target is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	**>95%**	

Quality & Safety Section:

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

Patient Safety Harm Incidents

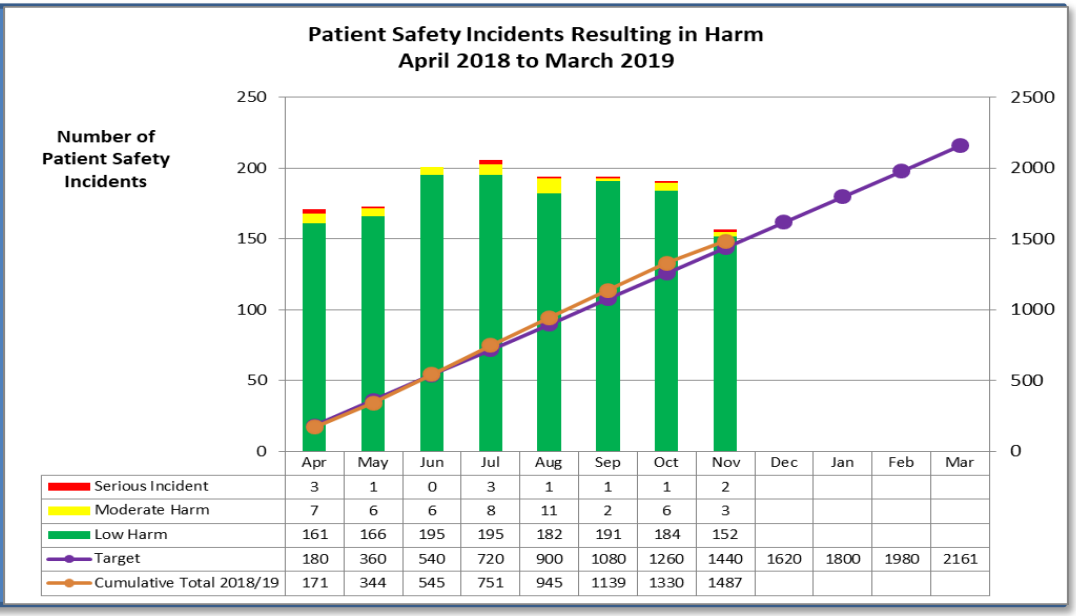
The target is to reduce patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.

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

For November 2018, there were a total of 157 patient safety harm incidents:
96.8% (152 incidents) have resulted in low harm
1.9% (3 incidents) have resulted in moderate harm
1.3% (2 incidents) resulted in serious harm

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

- Twice monthly Patient Safety Summit Meetings with Executive & Senior Teams
- Twice monthly Patient Safety Matters newsletter that is delivered Trust wide
- NEWS2 was launched to all inpatient areas on the 5 November 2018.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	3	1	0	3	1	1	1	2				
Moderate Harm	7	6	6	8	11	2	6	3				
Low Harm	161	166	195	195	182	191	184	152				
Target	180	360	540	720	900	1080	1260	1440	1620	1800	1980	2161
Cumulative Total 2018/19	171	344	545	751	945	1139	1330	1487				

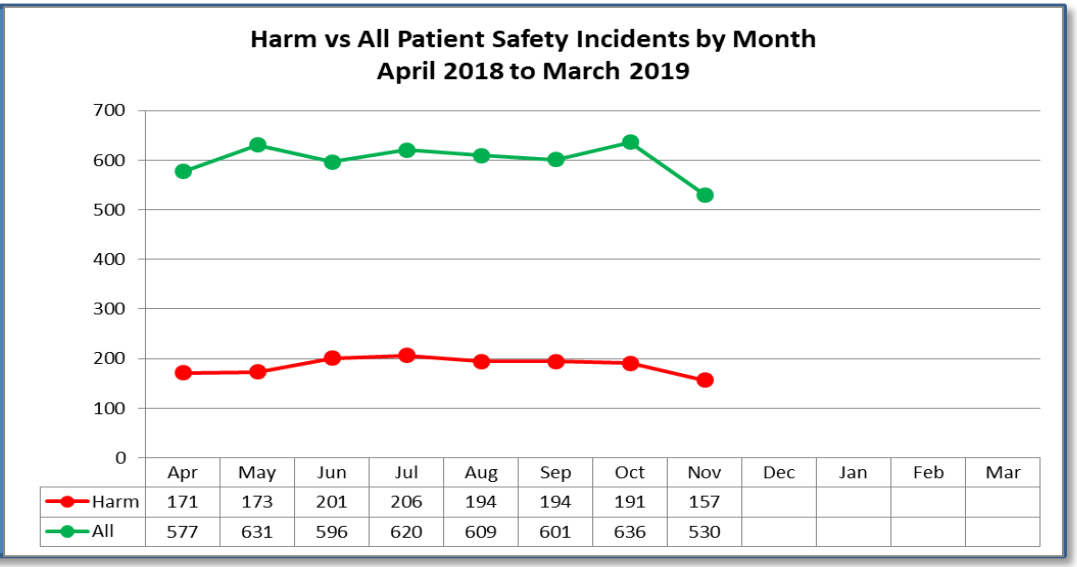
Harm vs All Patient Safety Incidents

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

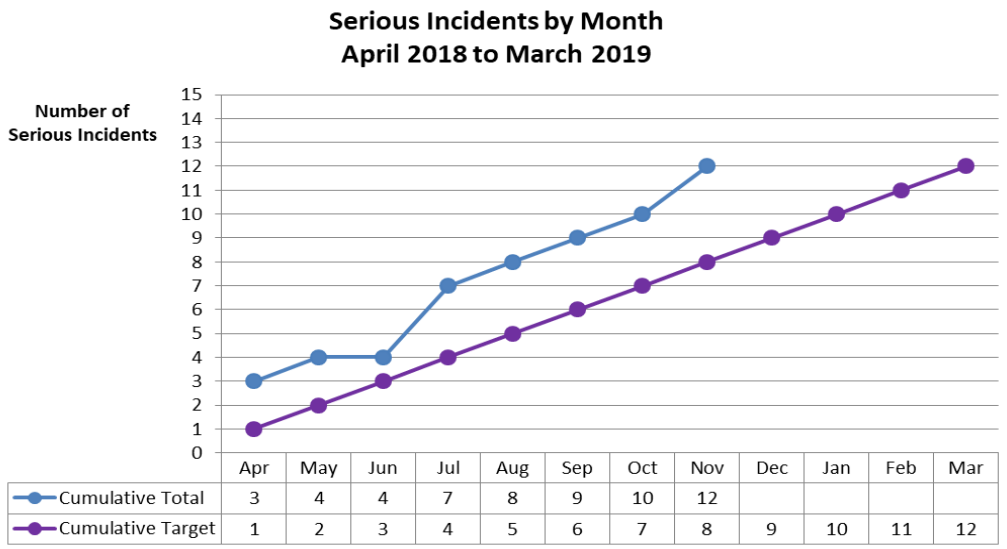
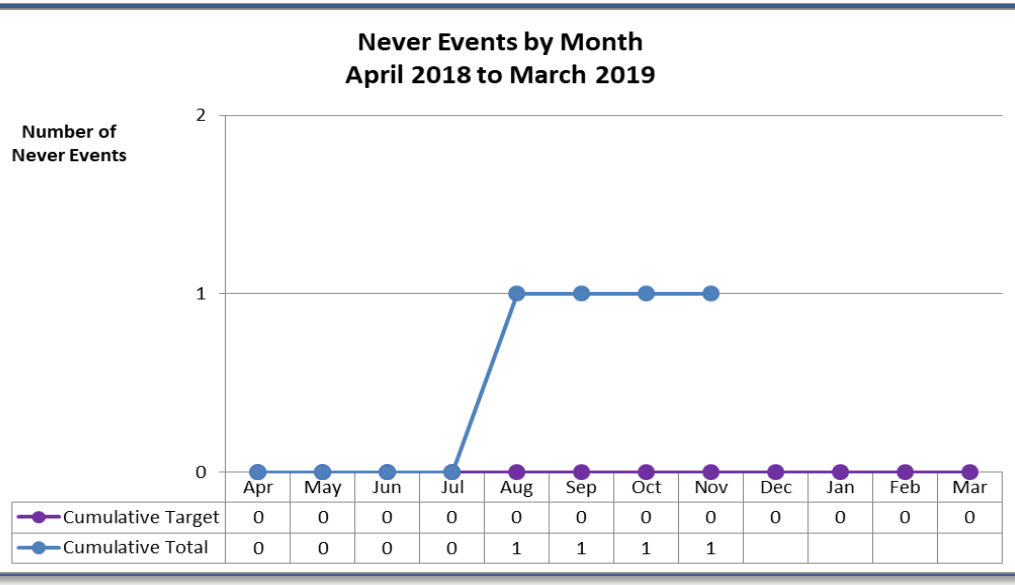
This chart demonstrates the number of incidents that have resulted in harm vs all patient safety incidents.

In November 2018, the gap between harm and all patient safety incidents was 373. 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.*



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Harm	171	173	201	206	194	194	191	157				
All	577	631	596	620	609	601	636	530				

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 November 2018, there were two serious incidents reported. • Neonatal death • Treatment delay Both incidents have been reported externally as required, comprehensive investigations commenced and executive led review meetings arranged.	
Never Events *The target is to have zero Never Events*	This chart demonstrates the number of Never Events that have been reported. For November 2018 no Never Events were reported.	

Description	Aggregate Position	Trend

Pressure Ulcers (PU) – Hospital Acquired

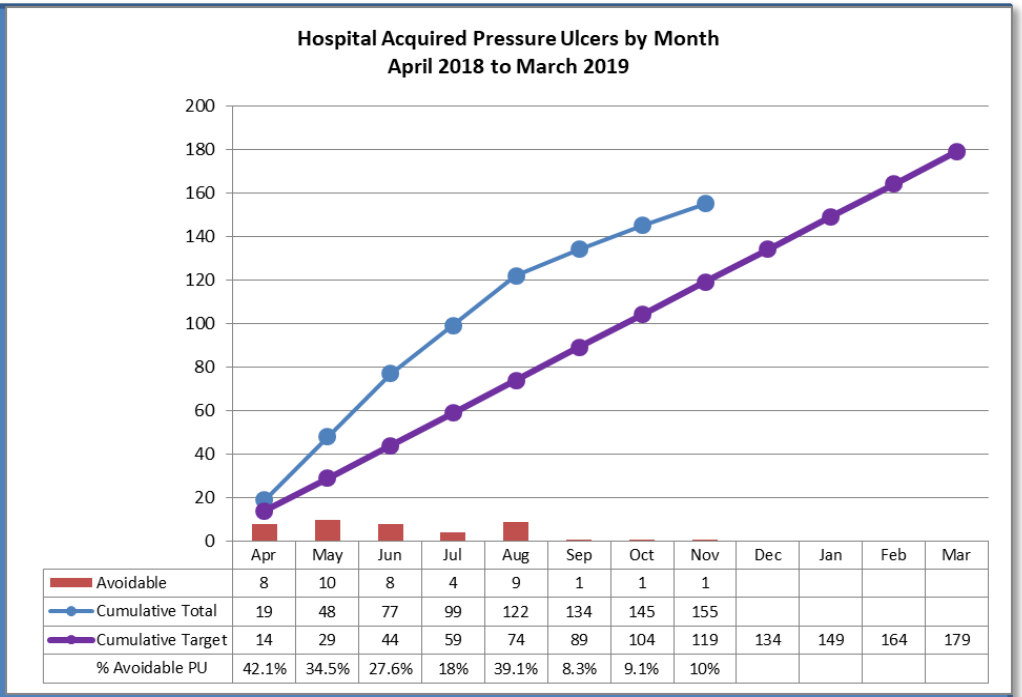
The target is to reduce hospital acquired pressure ulcers by 10% when compared to the previous financial year by the end of March 2019.

For November 2018, there were a total of 10 hospital acquired pressure ulcer incidents:

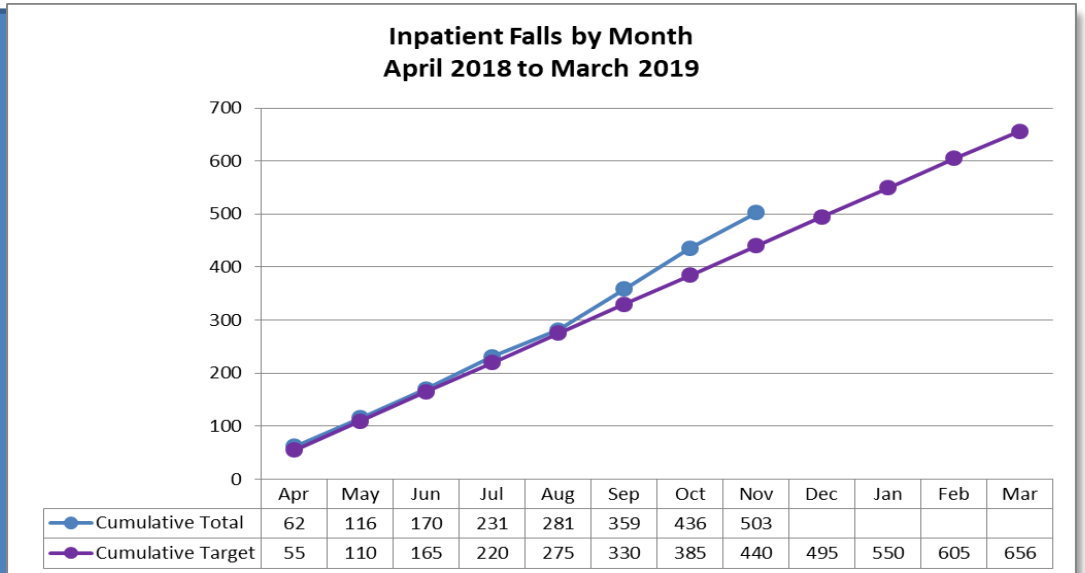
- 10% (1 PU) has resulted in avoidable harm. This was an unstageable pressure ulcer. Avoidable pressure ulcers are reviewed at the monthly pressure ulcer panel.
- 90% (9 PU's) have been classed as unavoidable following investigation. Seven were category 2 pressure ulcers and two were unstageable pressure ulcers.

Improvement actions include

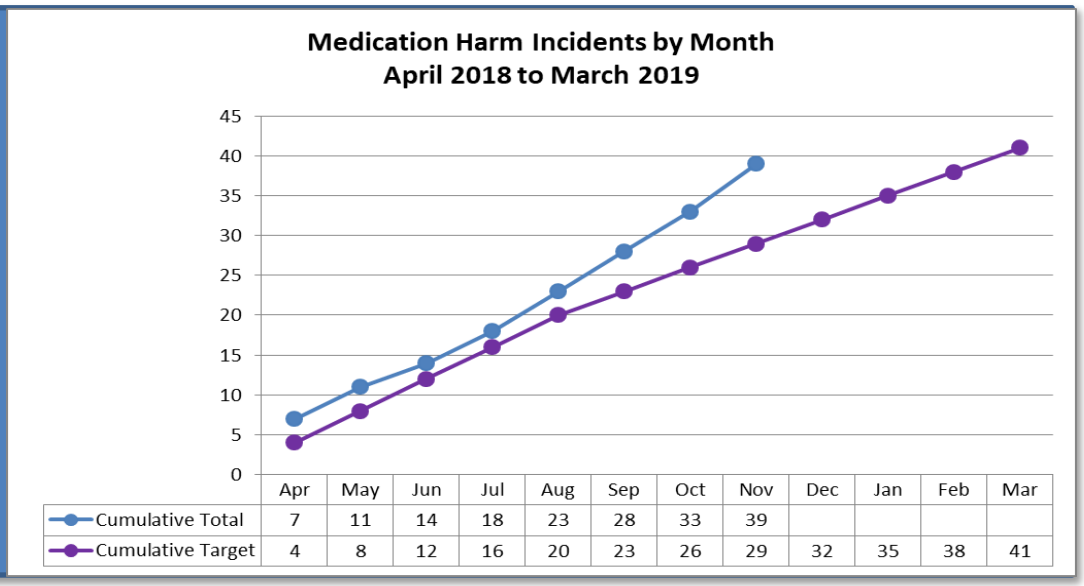
- Daily verification of all reported pressure ulcers by the Tissue Viability Specialist Nurse
- Development of pressure ulcer champions to support 'master classes' in pressure ulcer prevention and support the Tissue Viability Specialist Nurse with 'back to basic' training.
- Divisional actions being instigated include,
  - PU Lead Matron has been nominated in DMEC, and has developed 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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avoidable	8	10	8	4	9	1	1	1				
Cumulative Total	19	48	77	99	122	134	145	155				
Cumulative Target	14	29	44	59	74	89	104	119	134	149	164	179
% Avoidable PU	42.1%	34.5%	27.6%	18%	39.1%	8.3%	9.1%	10%				

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 November 2018, there were a total of 67 inpatient falls • 79.1% (53 falls) have resulted in no harm • 20.9% (14 falls) have resulted in low harm • 0% (0 falls) have resulted in moderate harm • 0% (0 falls) 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	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	62	116	170	231	281	359	436	503				
Cumulative Target	55	110	165	220	275	330	385	440	495	550	605	656

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 November 2018, there were a total of 6 medication incidents resulting in harm reported: • 100% (6 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	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	7	11	14	18	23	28	33	39				
Cumulative Target	4	8	12	16	20	23	26	29	32	35	38	41

Central Cheshire Integrated Care Partnership (CCICP)

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

CCICP Patient Safety Harm Incidents

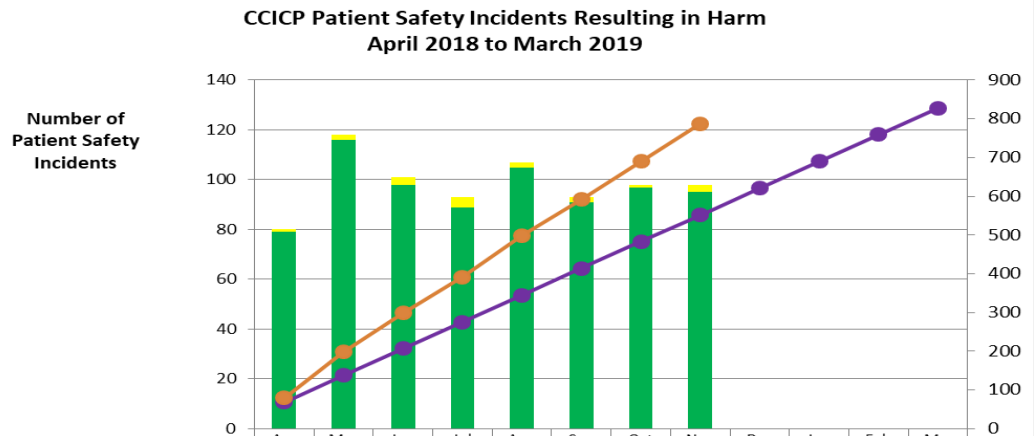
The target is to reduce CCICP patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.

For November 2018, there were a total of 98 patient safety harm incidents:

- 97% (95 incidents) have resulted in low harm
- 3% (3 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm

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

- 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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	0	0	0	0	0	0	0				
Moderate Harm	1	2	3	4	2	2	1	3				
Low Harm	79	116	98	89	105	91	97	95				
Target	69	138	207	276	345	414	483	552	621	690	759	828
Cumulative Total 2018/19	80	198	299	392	499	592	690	788				

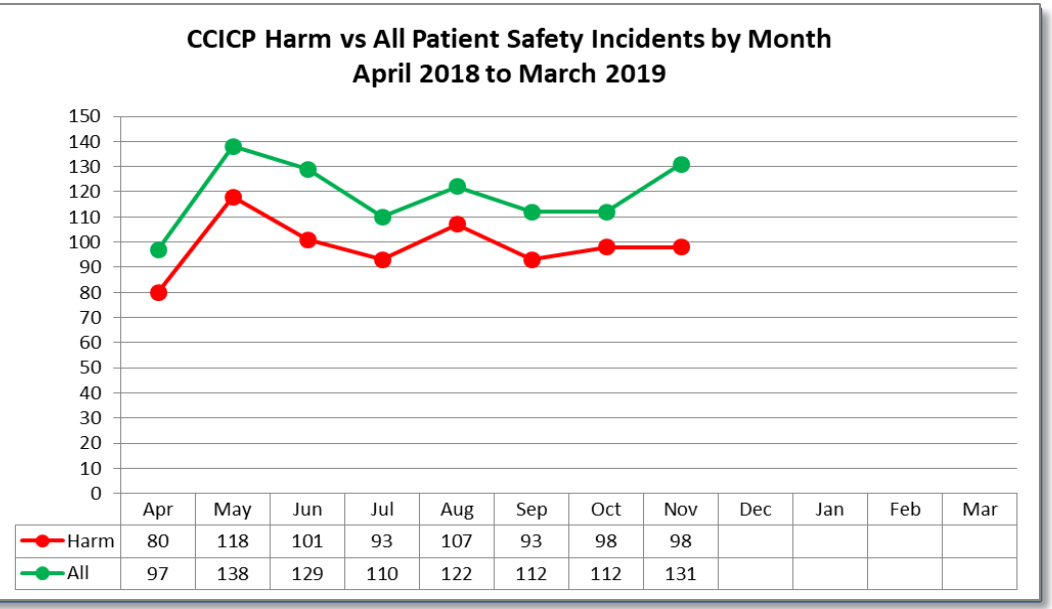
CCICP Harm vs All Patient Safety Incidents

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

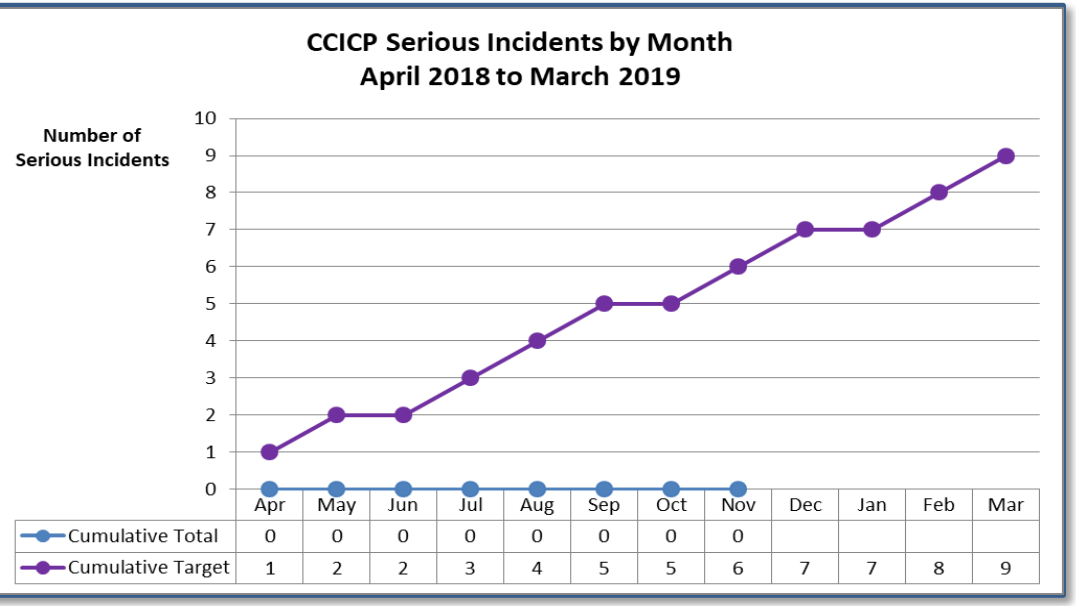
This chart demonstrates the number of incidents that have resulted in harm vs all patient safety incidents.

In November 2018, the gap between harm and all patient safety incidents was 33.

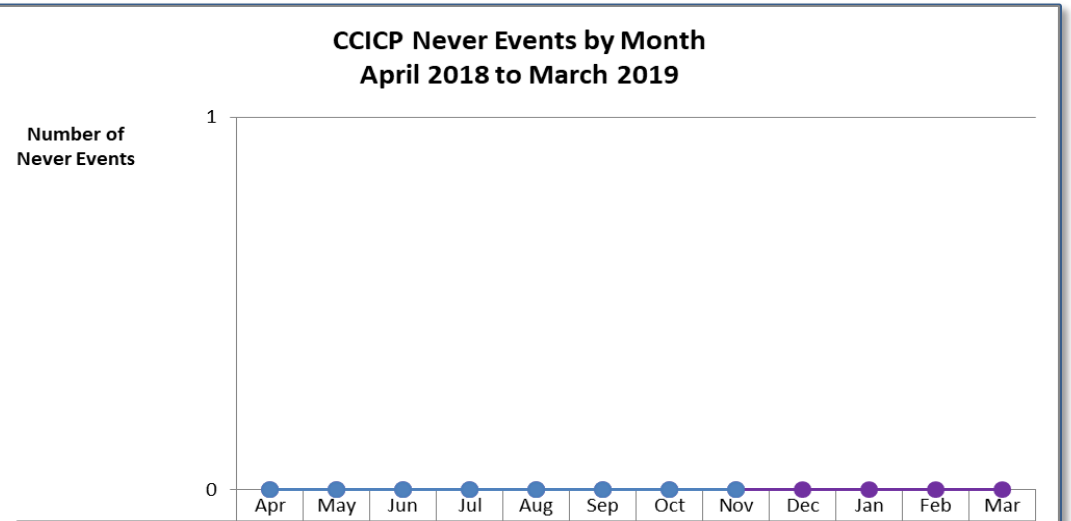
Within healthcare, a safety culture is defined as a "culture where staff have a constant and active awareness of the potential for things to go wrong. It is also a culture that is open and fair and encourages people to speak up about mistakes." An important benefit in a safety culture in the NHS is "A 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.*



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Harm	80	118	101	93	107	93	98	98				
All	97	138	129	110	122	112	112	131				

Description	Aggregate Position	Trend
CCICP 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 November 2018, there were no serious incidents reported.	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	0	0	0	0	0	0	0	0				
Cumulative Target	1	2	2	3	4	5	5	6	7	7	8	9

CCICP Never Events *The target is to have zero Never Events*	This chart demonstrates the number of Never Events that have been reported. For November 2018 no Never Events were reported. No Never Events have been reported for CCICP since the merger of the Trust in October 2016.	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Target	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Total	0	0	0	0	0	0	0	0				

Description	Aggregate Position	Trend

Pressure Ulcers – Community Acquired

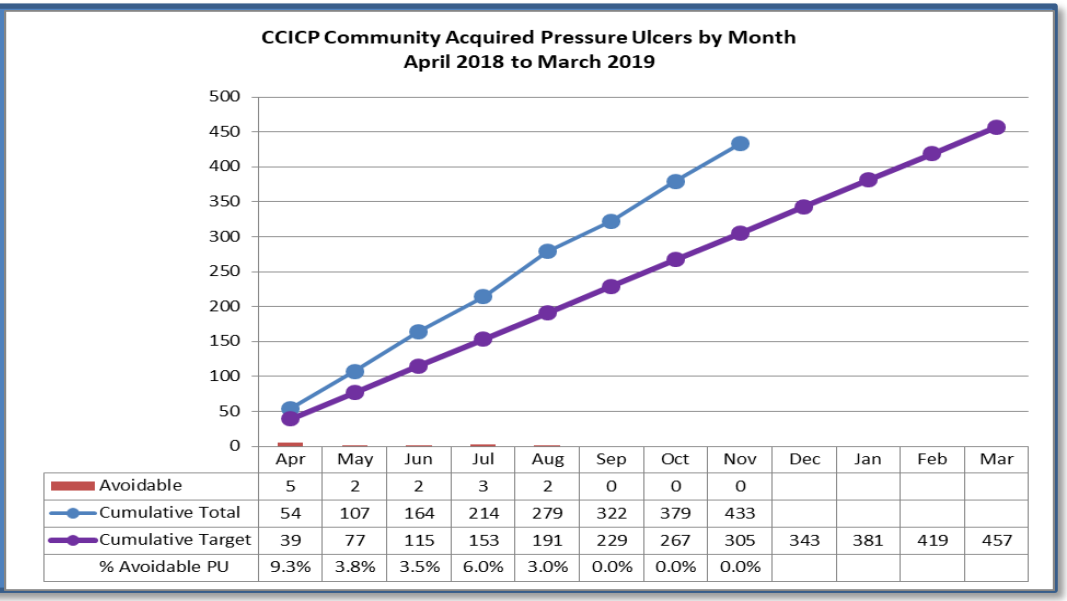
The target is to reduce community acquired pressure ulcers by 10% when compared to the previous financial year by the end of March 2019.

For November 2018, there were a total of 54 community acquired pressure ulcer incidents:

- 0% (0 PU's) has resulted in avoidable harm.
- 52% (28 PU's) have been classed as unavoidable
- 48% (26) are currently undergoing investigation prior to confirmation as to whether the PU was avoidable or unavoidable.

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avoidable	5	2	2	3	2	0	0	0				
Cumulative Total	54	107	164	214	279	322	379	433				
Cumulative Target	39	77	115	153	191	229	267	305	343	381	419	457
% Avoidable PU	9.3%	3.8%	3.5%	6.0%	3.0%	0.0%	0.0%	0.0%				

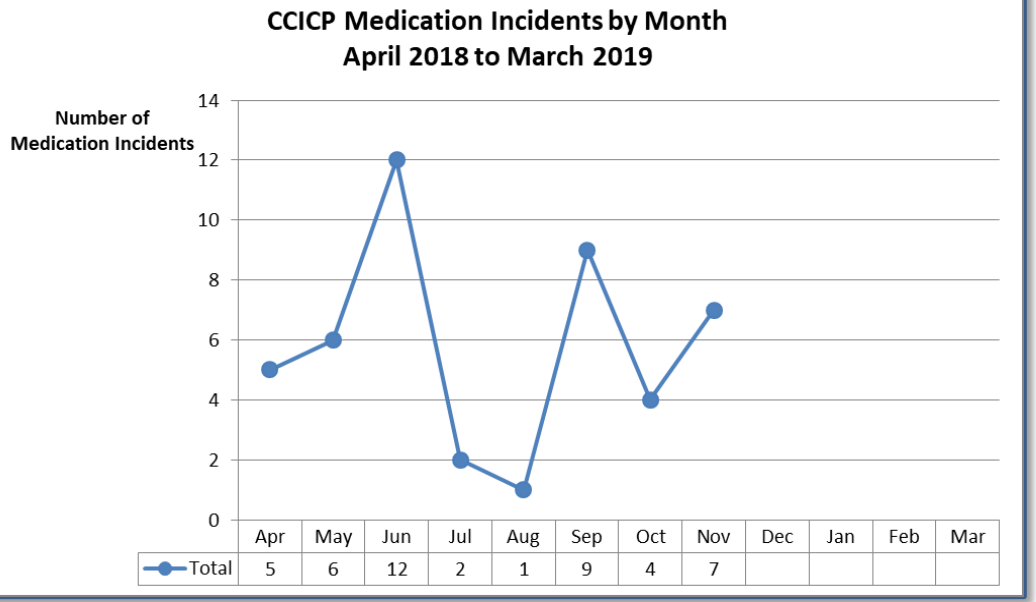
CCICP Medication Incidents.

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

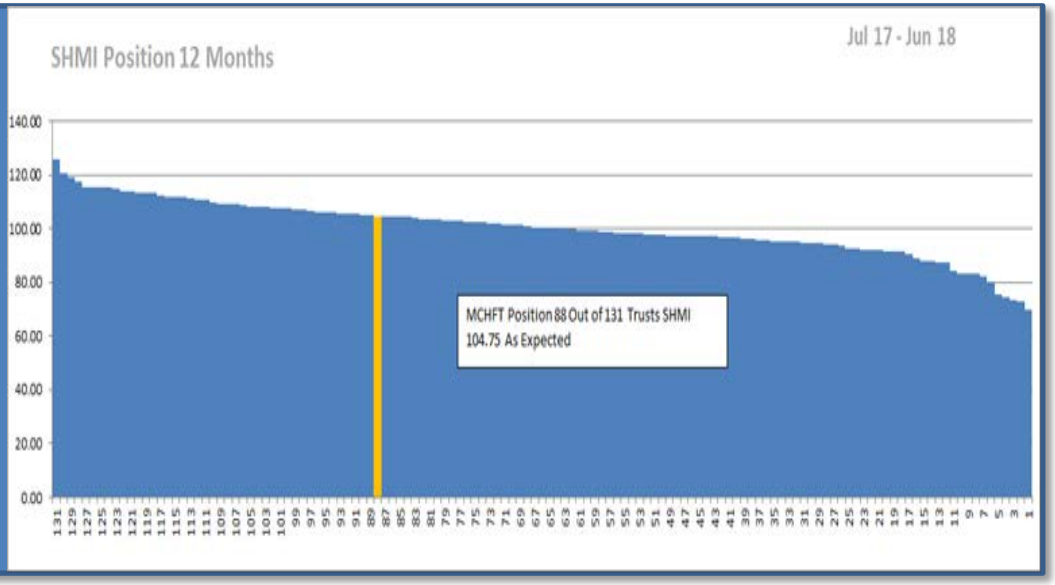
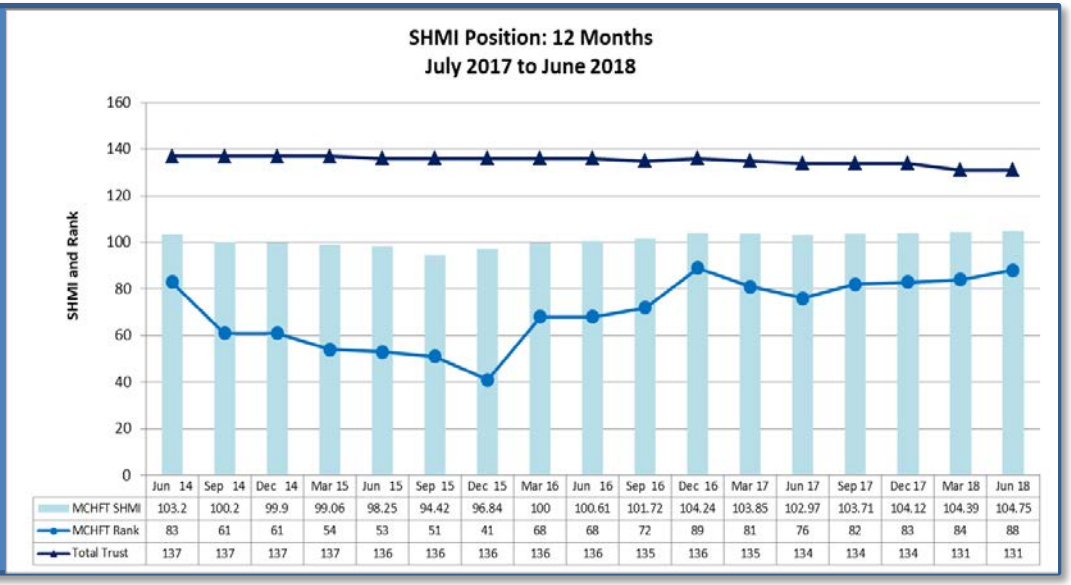
For November 2018, there was a total of 7 medication incidents reported:

- 71.4% (5 medication incident) resulted in no harm
- 28.6% (2 medication incidents) resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

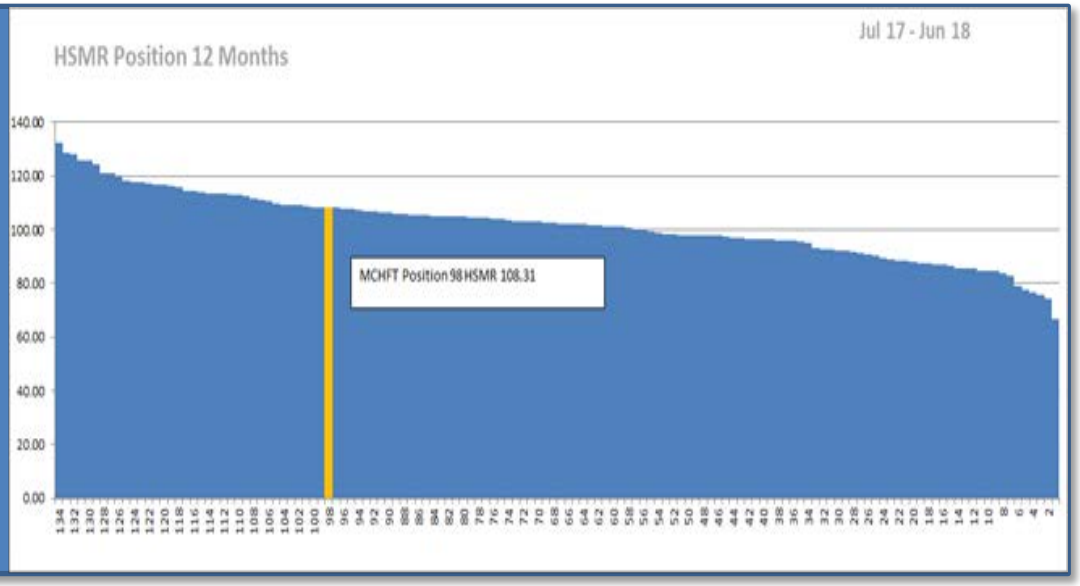
CCICP has a dedicated pharmacy lead who is actively encouraging the reporting of all grades of incidents across all services.

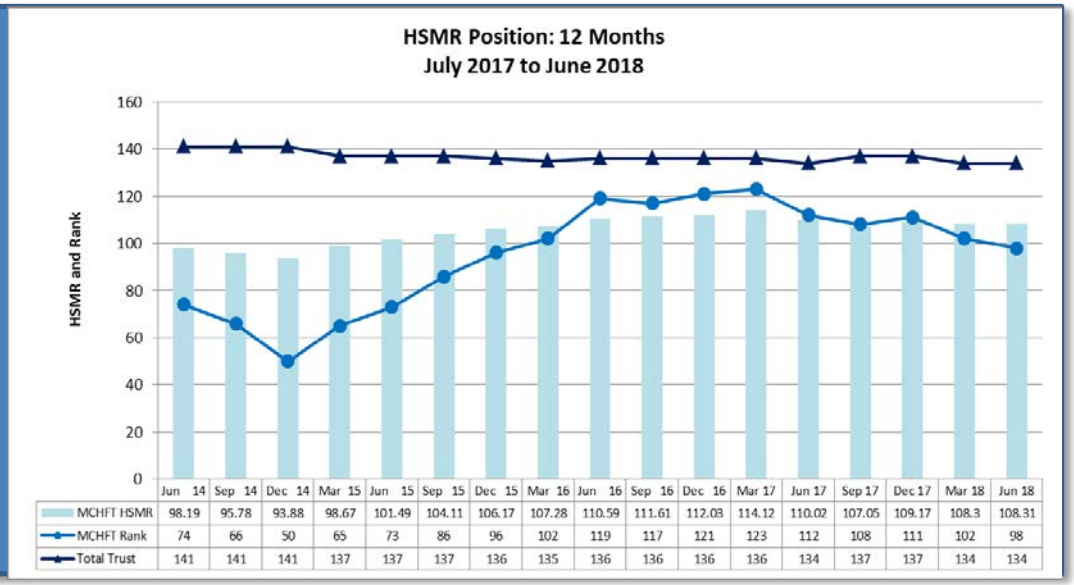


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	5	6	12	2	1	9	4	7				

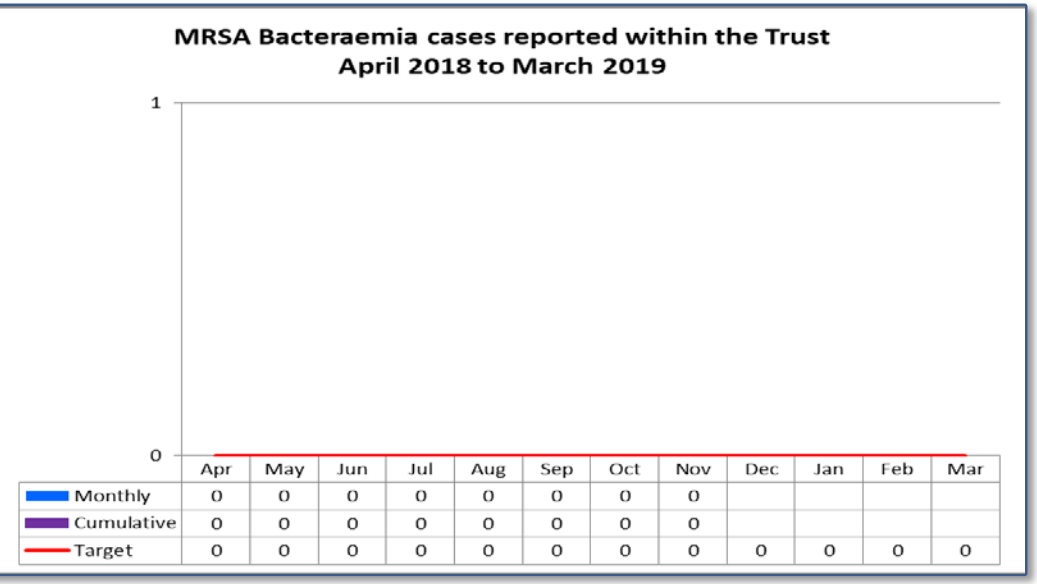
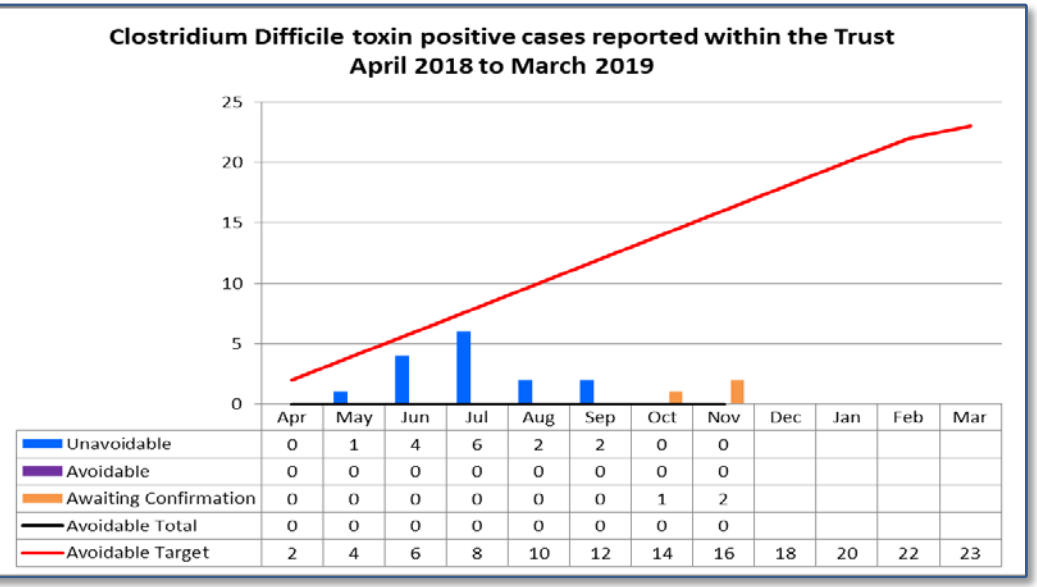
Description	Aggregate Position	Trend
SHMI *The Trust's target is to be at least within the "as expected" bracket.*	The chart benchmarks the Trust's latest SHMI against all NHS Trusts. MCHFT is shown as the yellow bar. The Trust's SHMI is 104.75 for the time period July 2017 to June 2018 and places the Trust 88 out of 131 Trusts and is "as expected".	
MCHFT *12 month rolling position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.*	The chart shows the SHMI and rank of MCHFT for each of the 12 month rolling position submissions for the period July 2017 to June 2018 and is "as expected".	

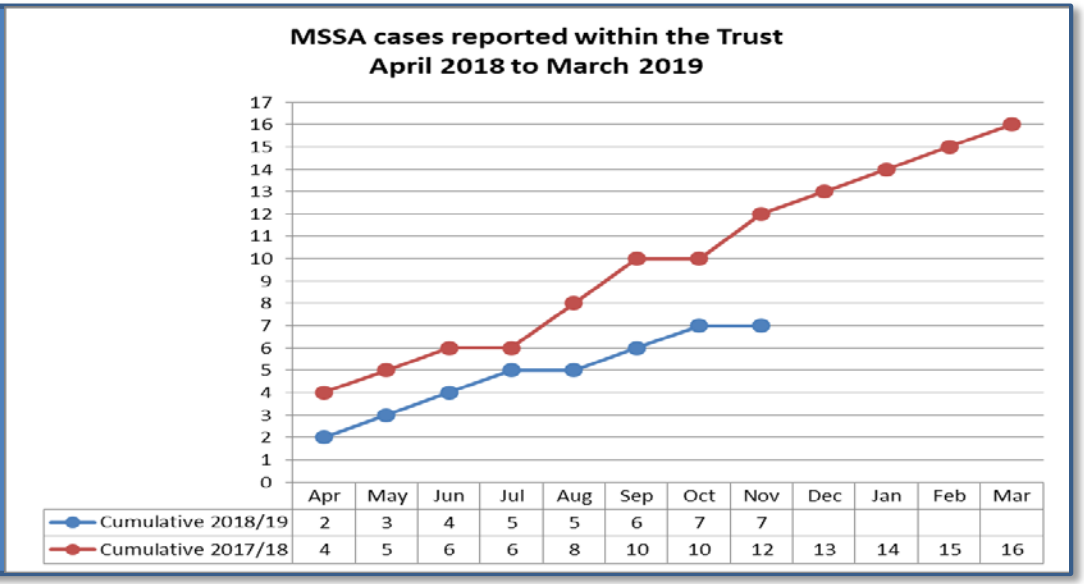
	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17	Sep 17	Dec 17	Mar 18	Jun 18
MCHFT SHMI	103.2	100.2	99.9	99.06	98.25	94.42	96.84	100	100.61	101.72	104.24	103.85	102.97	103.71	104.12	104.39	104.75
MCHFT Rank	83	61	61	54	53	51	41	68	68	72	89	81	76	82	83	84	88
Total Trust	137	137	137	137	136	136	136	136	136	135	136	135	134	134	134	131	131

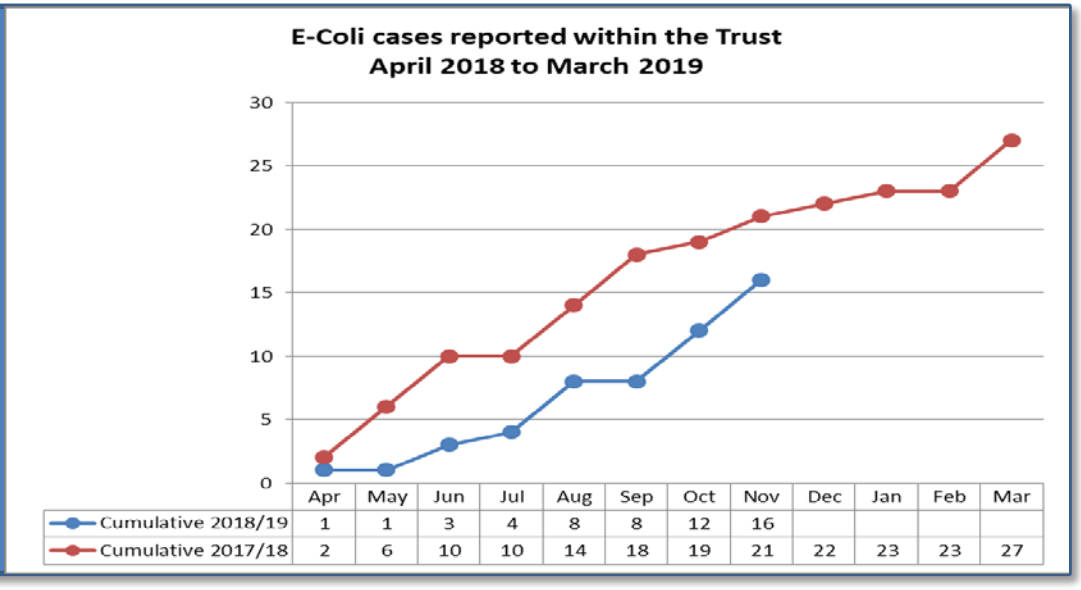
Description	Aggregate Position	Trend
Hospital Standardised Mortality Rate (HSMR) by Trust. *The Trust's target is to be at least within the "as expected" bracket.*	The chart benchmarks the Trust's HSMR against all NHS Trusts. MCHFT is shown by the amber bar. The Trust's HSMR is 108.31 (July 2017 to June 2018) and places the Trust 98 out of 134 Trusts and is "as expected".	

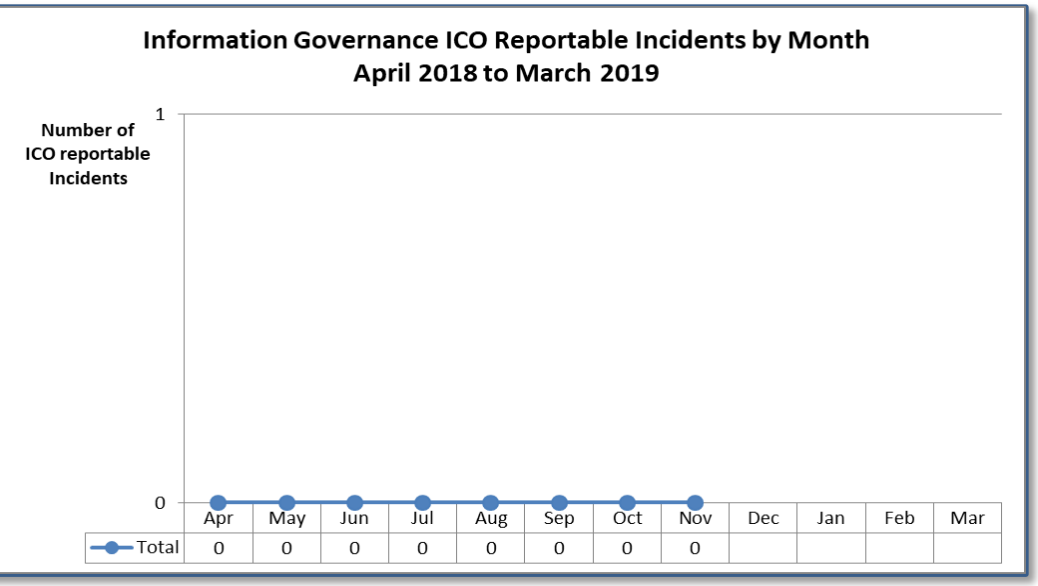
MCHFT *12 month rolling position for HSMR*	The data in the chart shows the HSMR and rank of MCHFT for each of the 12 month rolling position submissions for the period July 2017 to June 2018 and is "as expected".	

	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17	Sep 17	Dec 17	Mar 18	Jun 18
MCHFT HSMR	98.19	95.78	93.88	98.67	101.49	104.11	106.17	107.28	110.59	111.61	112.03	114.12	110.02	107.05	109.17	108.3	108.31
MCHFT Rank	74	66	50	65	73	86	96	102	119	117	121	123	112	108	111	102	98
Total Trust	141	141	141	137	137	137	136	135	136	136	136	136	134	137	137	134	134

Description	Aggregate Position	Trend
MRSA Bacteraemia Cases. *Zero tolerance of MRSA cases.*	In November 2018, no MRSA bacteraemia cases were reported in the Trust. In this financial year there has been no confirmed MRSA bacteraemia cases reported.	
Clostridium Difficile toxin positive cases. *The target is less than 23 avoidable cases of Clostridium Difficile in 2018/19*	In November 2018, no avoidable cases were reported. The total avoidable cases year to date is zero. The total unavoidable is fifteen. 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	

Description	Aggregate Position	Trend
MSSA Cases. *The aim is to have a reduction in MSSA cases when compared to the previous financial year, to demonstrate an incremental improvement*	In November 2018, no MSSA cases were reported in the Trust. In this financial year there has been seven confirmed MSSA cases reported.	

E-Coli Cases. *The aim is to have a reduction in E-Coli cases when compared to the previous financial year, to demonstrate an incremental improvement*	In November 2018, four E-Coli cases were reported. In this financial year there have been sixteen confirmed E-Coli cases reported.	

Description	Aggregate Position	Trend
Information Governance Information Commissioners Office (ICO) reportable incidents.	In November 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.	

CQUIN 2018-19 Performance

CQUIN Indicator	Indicator Name	Milestone Achieved								
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value
1a	**Health & Wellbeing** 5% point improvement in two of the three questions on H&W, MSK & Stress	NO PAYMENTS	No payment	ON TRACK	No payment		No payment		£137,574	**£137,574**
1b	**Health & Wellbeing** Maintain the four changes for improving healthy food for NHS staff, visitors and patients. Introduce three new changes to food and drink provision.	NO PAYMENTS	No payment	ON TRACK	No payment		No payment		£137,574	**£137,574**
1c	**Health & Wellbeing** Achieve an uptake of flu vaccinations of front line clinical staff of 75% by end of February 2019.	NO PAYMENTS	No payment	ON TRACK	No payment		No payment		£137,574 £137,180	**£137,574** **CCICP £137,180**
2a	**Sepsis: Identification** The percentage of patients who met the criteria for sepsis screening and were screened for sepsis.	✓ **Partially**	£25,795 (£10,318 partial payment)	✓ **Partially**	£25,795 (£10,318 partial payment)		£25,795		£25,795	**£103,181**
2b	**Sepsis: Treatment** The percentage of patients who were found to have sepsis and received IV antibiotics within1 hour.	✓ **Partially**	£25,795 (£10,318 partial payment)	✓ **Partially**	£25,795 (£10,318 partial payment)		£25,795		£25,795	**£103,181**
2c	**Sepsis: Antibiotic Review** Percentage of antibiotic prescriptions documented and reviewed by a competent clinician within 72 hours	✓	£25,795	✓	£25,795		£25,795		£25,795	**£103,181**
2d Part 1	**Reduction in antibiotic consumption** Achieve a reduction of x% or more in total antibiotic consumption per 1,000 admissions.	✓	No payment	NO PAYMENTS	No payment		No payment		£34,393	**£34,393**
2d Part 2	**Reduction in carbapenem consumption** Achieve a reduction of x% or more in total carbapenem consumption per 1,000 admissions.	✓	No payment	NO PAYMENTS	No payment		No payment		£34,393	**£34,393**

Board Papers – Quality, Safety & Experience Section: January 2019

CQUIN Indicator	Indicator Name	Milestone Achieved								
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value
2d Part 3	**Reduction in piperacillin tazabactam consumption** Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.	✓	No payment	NO PAYMENTS	No payment		No payment		£34,393	**£34,393**
4	**Mental Health in Emergency Department** Maintain 20% reduction in attendances to the Emergency Department for people with Mental Health needs.	✓	No Payment	✗	£82,545				£330,178	**£412,723**
6	**Offering advice and guidance** Providers to set up and operate advice and guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into secondary care.	✓	£65,908	✓	£65,908		£65,908		£226,998	**£412,723**
9a	**Tobacco screening** Percentage of unique adult patients who are screened for smoking status AND whose results are recorded..	✓	£5,159	✓	£5,159		£5,159		£5,159	**£20,636**
9b	**Tobacco brief advice** Percentage of unique patients who smoke AND are given very brief advice	✓	£20,636	✓	£20,636		£20,636		£20,636	**£82,545**
9c	**Tobacco referral and medication offer** 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	**£103,181**
9d	**Alcohol brief advice or referral** 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	**£103,181**
9e	**Alcohol brief advice or referral** 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	**£103,181**

CQUIN Indicator	Indicator Name	Milestone Achieved								
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value
10	**Improving the assessment of wounds** **(Community Only)** The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.	✓	No payment	✓	£68,590		No payment		£68,590	**£137,180**
11	**Personalised Care and Support Planning** **(Community Only)** This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long-term conditions	✓	No payment	✓	No payment		No payment		£137,180	**£137,180**
PHE1	**Breast Screening Programme Clerical Staff Development (Health Promotion role)** Update and improve the clerical teams knowledge of health promotion to support clients who access The Breast Screening Unit and key partners involved in the Breast Screening Programme	✓	£3,742.50	✓	£3,742.50		£3,742.50		£3,742.50	**£14,969**
PHE2	**Cancer Screening Programme – reducing professional stress and building resilience** Holistic mapping review of health & wellbeing services and support available to staff within the bowel and breast screening programmes for the management of professional stress and building resilience	✓	£5,822	✓	£5,822		£5,822		£5,822	**£23,288**
SP 1	**Nationally Standardised Dose Banding for Adult Intravenous Systemic Anticancer Therapy (SACT) 38** A tool kit has been developed to support CQUIN. Targets will be set for each of the SACT drugs.	✓	£10,292	✓	£10,292		£10,292		£10,292	**£41,167**
SP 2	**Hospital Pharmacy Transformation and Medicines Optimisation**	✓	£15,437	✓	£15,437		£15,437		£15,437	**£61,749**

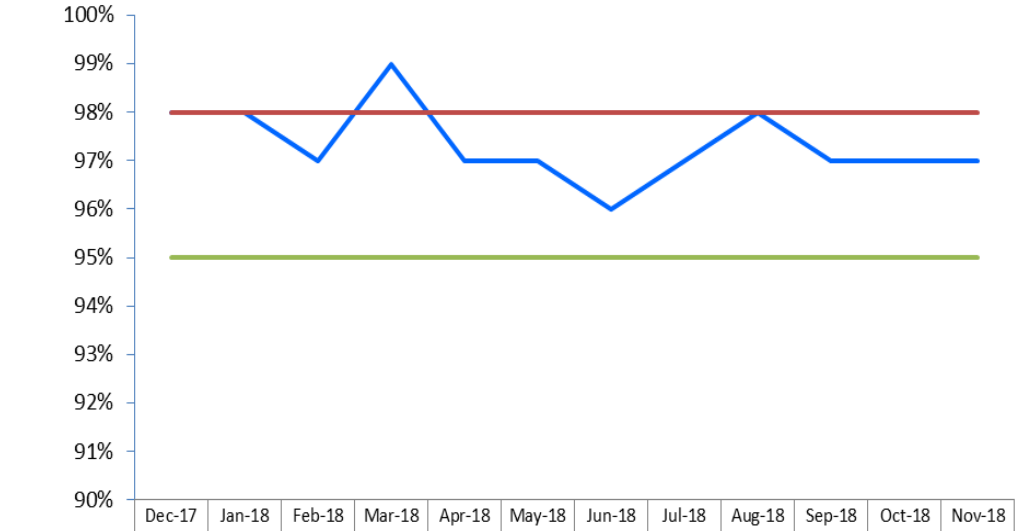
Description	Aggregate Position	Trend

Safety Thermometer - Harm Free Care.

In November 2018, 97% of patients received harm free care as measured by the point prevalence Safety Thermometer.

The Safety Thermometer data is collected during the morning of the first Wednesday of each month and is collected by the nursing staff on duty on the ward/DN caseload assisted by the Senior Nursing Teams. This is applicable to inpatient areas and district nursing caseloads only.

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



	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
MCHFT	98%	98%	97%	99%	97%	97%	96%	97%	98%	97%	97%	97%
National	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Aim	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Board Papers – Quality, Safety & Experience Section: January 2019

Ward Name	Main Specialties	Safety Thermometer Results November 2018			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		**1.45% (12)**	**0.6% (5)**	**0.36% (3)**	**0.24% (2)**
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
CAU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	8.33% (2)	4.17% (1)	0% (0)	4.17% (1)
SAU	Gen. Surgery	0% (0)	5.26% (1)	0% (0)	0% (0)
SSW	Gen. Surgery & Urology	0% (0)	0% (0)	4.55% (1)	0% (0)
Ward 15	Gen. Surgery & Gynae	0% (0)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surgery	0% (0)	0% (0)	0% (0)	0% (0)
Ward 14	Gen. Medicine	0% (0)	0% (0)	3.12% (1)	0% (0)
Ward 10	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	9.38% (3)	3.12% (1)	3.12% (1)	0% (0)
Ward 21B	Rehab	4.17% (1)	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)	3.12% (1)	0% (0)	3.12% (1)
Ward 6	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 7	Gen. Medicine	3.12% (1)	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	2.47% (2)	0% (0)	0% (0)	0% (0)
DN – Dane Bridge	District Nursing	7.69% (1)	0% (0)	0% (0)	0% (0)
DN – Eagle Bridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Grosvenor, Hungerford & Rope Green	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	2.78% (1)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	3.45% (1)	0% (0)	0% (0)	0% (0)
DN OOH	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)

Description	Aggregate Position		Trend
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	93.9% 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 **November 2018 93.9%** October 2018 92.9% September 2018 93.2%	The lowest staffing levels during the day were on Ward 21b at 78%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	99.4% of expected Registered Nurse hours were achieved for night shifts.	Trend **November 2018 99.4%** October 2018 99% September 2018 97.4%	The lowest staffing levels during the night were on Ward 5 at 71.7%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	96.8% of expected HCA hours were achieved for day shifts.	Trend **November 2018 96.8%** October 2018 100.7% September 2018 100.9%	The lowest staffing levels during the day were on Ward 9 at 87.5%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	96% 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 **November 2018 96%** October 2018 103.8% September 2018 103.5%	The lowest staffing levels during the night were on Ward 9 at 80%
Total number of wards that are lower than 85% RN fill days and nights is 6.	Ward 21b (day) 78%, Ward 4 (day) 81.2%, Ward 5 (day) 83.7% and (night) 71.7%, Ward 6 (night) 82.5%, Ward 7 (day) 84.4%, Ward 15 (night) 83.3%.	• Actions taken: Staffing reviewed on daily basis by Matrons/HoN following Escalation process • Risk assessments taken place to review bed occupancy and patient acuity before transferring staff	

Board Papers – Quality, Safety & Experience Section: January 2019

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	39528.7	36967.5	28966.3	29336.3	24667	23895.3	16146.5	17776.2	93.9%	96.8%	99.4%	96%	15121	167.2	65.4	232.6
AMU	1950	1730.3	1470	1445.8	1837.5	1764	1470	1470	88.7%	98.4%	96.0%	100.0%	791	4.4	3.7	8.1
CAU (Winter)	1707.5	1707.5	743.5	743.5	1587	1587	322	322	100.0%	100.0%	100.0%	100.0%	765	4.3	1.4	5.7
Critical Care	3814.5	3814.5	506	506	2318	2318	0	0	100.0%	100.0%	100.0%	-	217	28.3	2.3	30.6
Elmhurst	847.5	847.5	2160	2178	750	787.5	1500	1500	100.0%	100.8%	105.0%	100.0%	874	1.9	4.2	6.1
Ward 1	2125	2037.5	1125	1137.5	1470	1372	735	735	95.9%	101.1%	93.3%	100.0%	902	3.8	2.1	5.9
Ward 13	2216	1976	1920	1896	922.5	871.3	615	645.8	89.2%	98.8%	94.4%	105.0%	893	3.2	2.8	6.0
Ward 14	1662	1446	1440	1638	720	720	1080	1248	87.0%	113.8%	100.0%	115.6%	919	2.4	3.1	5.5
Ward 15	2096	1896	1920	1896	922.5	768.8	615	768.8	90.5%	98.8%	83.3%	125.0%	873	3.1	3.1	6.1
Ward 2	1750	1743.8	1500	1512.5	735	943.3	1102.5	1078	99.6%	100.8%	128.3%	97.8%	928	2.9	2.8	5.7
Ward 21b	1297.5	1011.5	1755	1748.5	750	737.5	750	1050	78.0%	99.6%	98.3%	140.0%	718	2.4	3.9	6.3
Ward 23	1200	1187.3	760	753.7	740	740	740	740	98.9%	99.2%	100.0%	100.0%	643	3.0	2.3	5.3
Ward 4	1662	1350	1800	1692	720	720	1440	1440	81.2%	94.0%	100.0%	100.0%	941	2.2	3.3	5.5
Ward 5	2377.5	1990	1500	1431.3	1470	1053.5	735	1078	83.7%	95.4%	71.7%	146.7%	933	3.3	2.7	6.0
Ward 6	1500	1606.3	1875	1887.5	1470	1212.8	735	955.5	107.1%	100.7%	82.5%	130.0%	809	3.5	3.5	7.0
Ward 7	1637.5	1381.3	1500	1837.5	735	735	1102.5	1261.8	84.4%	122.5%	100.0%	114.4%	918	2.3	3.4	5.7
Ward 9	1166	1014	960	840	615	615	307.5	246	87.0%	87.5%	100.0%	80.0%	327	5.0	3.3	8.3
NICU	1862.5	1720	177.5	166.3	1725	1518	0	0	92.3%	93.7%	88.0%	-	246	13.2	0.7	13.8
Ward 11 SAU	1455	1710	900	1252.5	562	824.3	562	843	117.5%	139.2%	146.7%	150.0%	543	4.7	3.9	8.5
Ward 18 SSW	1307.5	1301.3	1125	1075	735	735	735	784	99.5%	95.6%	100.0%	106.7%	591	3.4	3.1	6.6
Ward 10 Ortho	2576	2216	3120	3040	922.5	912.3	1230	1240.3	86.0%	97.4%	98.9%	100.8%	1075	2.9	4.0	6.9
Ward 26 MLU	760	760	0	0	740	740	0	0	100.0%	-	100.0%	-	37	40.5	0.0	40.5
Ward 26 Labour	2558.7	2520.7	709.3	658.7	2220	2220	370	370	98.5%	92.9%	100.0%	100.0%	178	26.6	5.8	32.4

Experience Section:

Indicators	Last four months			
	Aug-18	Sep-18	Oct-18	Nov-18
Complaints received by month	21	16	17	22
Complaints being reviewed by the Ombudsman	0	0	0	0
Closed complaints by month	18	12	22	19
Contacts raising informal concerns	96	93	88	93
Compliments received in month	330	323	239	535
Number of new claims received in month	5	4	3	3
Number of claims closed	6	4	4	1
Number of inquests concluded	0	0	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	10	6	4	6
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	25%	23%	24%	22%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	85%	84%	85%	88%
F&FT Response Rate Inpatients and Daycases	49%	62%	46%	34%
Proportion of positive responses Inpatients and Daycases	96%	97%	96%	96%
F&FT Response Rate Outpatients	5%	3%	2%	4%
Proportion of positive responses Outpatients	96%	96%	96%	94%
F&FT Response Rate Maternity - Birth	18%	17%	12%	26%
Proportion of positive responses Maternity - Birth	99%	100%	100%	100%
F&FT Response Rate Community (CCICP)	12%	26%	11%	0%
Proportion of positive responses Community (CCICP)	92%	93%	96%	0%

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

Description	Aggregate Position/Description	Trend

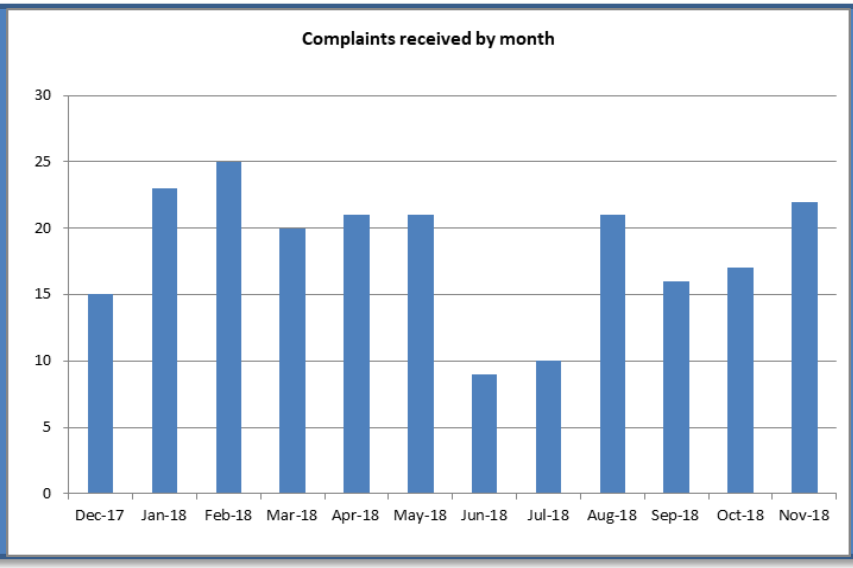
Monthly complaints received by the Trust.

22 complaints were received in November 2018 which covered 84 concerns. Of the categories, the highest categories were:

- Communication
- Discharge – Inappropriate
- Medical – Adverse Outcome

Highest 3 areas receiving complaints/issues were:

- Emergency Department - 4 complaints with 8 issues
- Treatment Centre - 2 complaints with 6 issues
- Ward 11 and CAU - each with 1 complaint raising 5 issues



Formal Complaints

Number of formal complaint issues by division.

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

S&C: 24

DCSS: 13

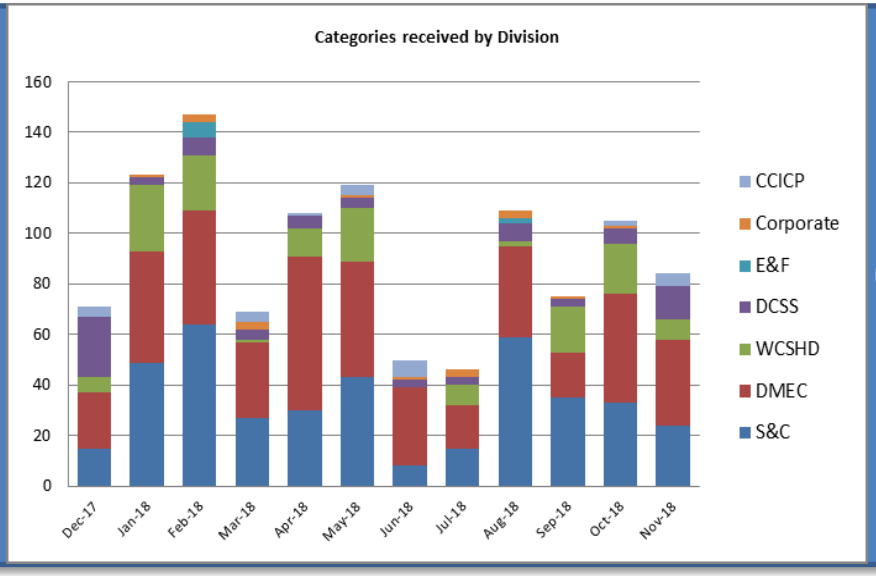
W&CD: 8

DMEC: 34

CCICP: 5

E&F: 0

Corporate Services: 0



Formal Complaint issues by division

Description	Aggregate Position/Description	Trend

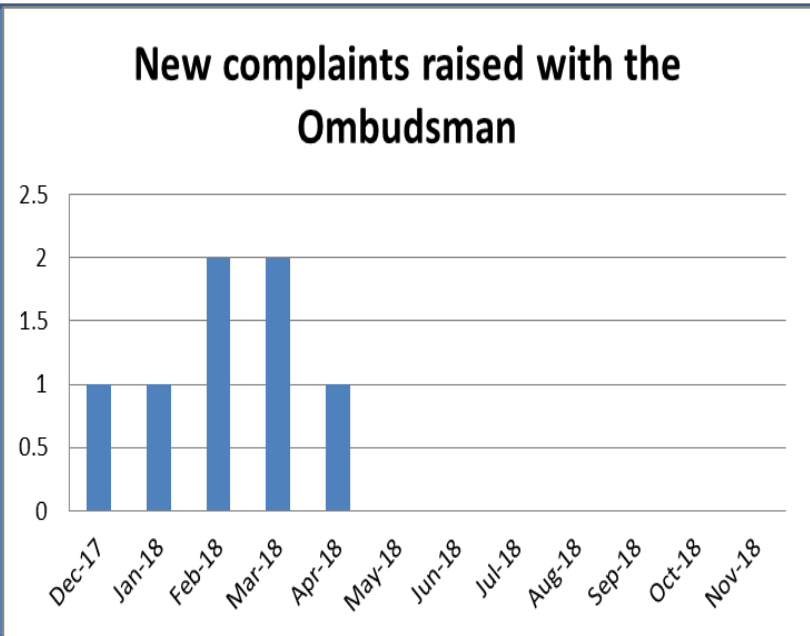
Complaints being reviewed by the Public Health Service Ombudsman

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

2 cases have now closed.

1 case is provisionally now closed, awaiting outcome in writing.

1 case has been active since 2012/2013 and underwent a review external to the PHSO, update request 29/10/18



Ombudsman

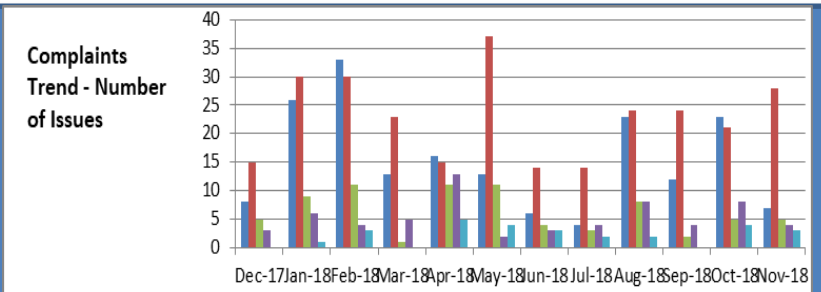
Complaint trends and number of issues.

The main trends in November 2018 were:

Nursing care - 5 complaints raising 7 issues.

Communication - 13 complaints raising 28 issues.

Medical adverse outcome - 5 complaints raising 5 issues.



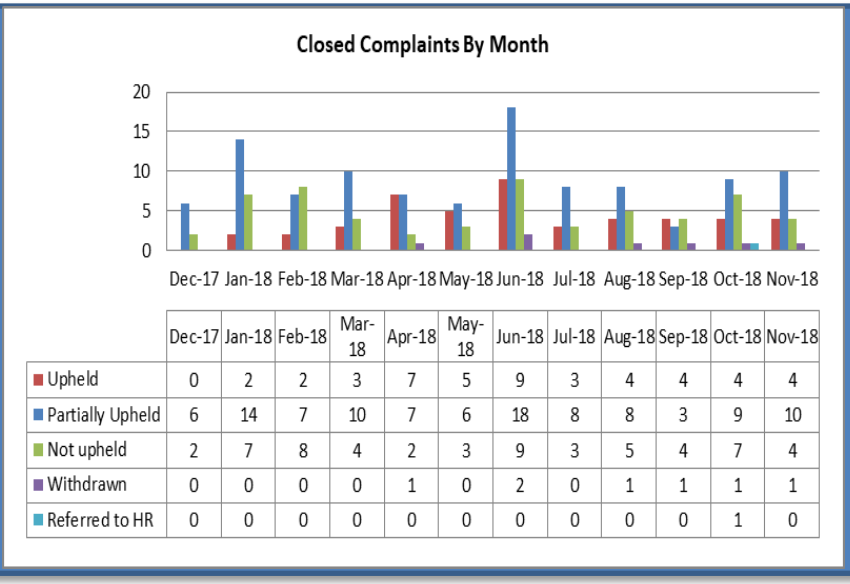
	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Nursing Care	8	26	33	13	16	13	6	4	23	12	23	7
Communication	15	30	30	23	15	37	14	14	24	24	21	28
Medical adverse outcome	5	9	11	1	11	11	4	3	8	2	5	5
Medical diagnosis issues	3	6	4	5	13	2	3	4	8	4	8	4
Medical delay in review	0	1	3	0	5	4	3	2	2	0	4	3

Complaint Trends

Description	Aggregate Position/Description	Trend

Closed Complaints

19 complaints were closed in November 2018.



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

Closed Complaints

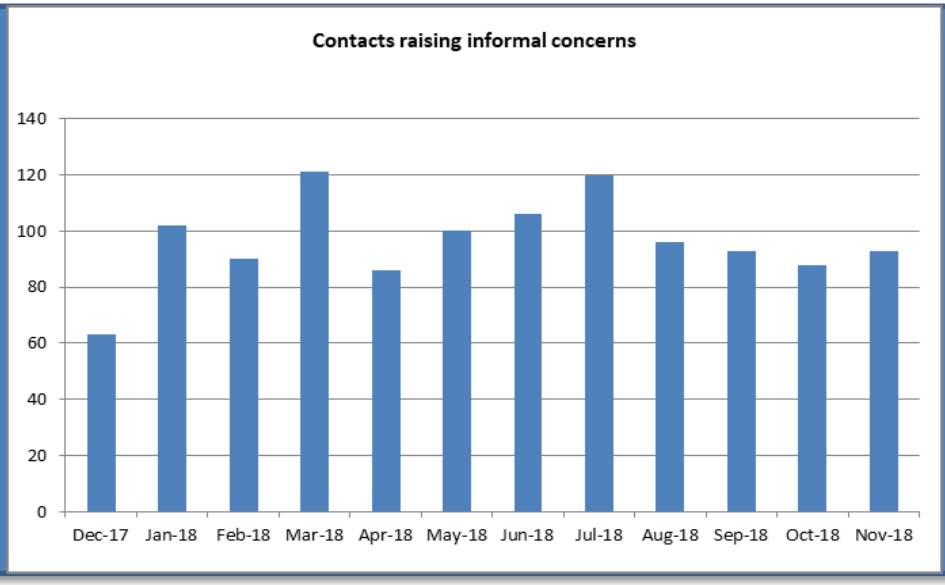
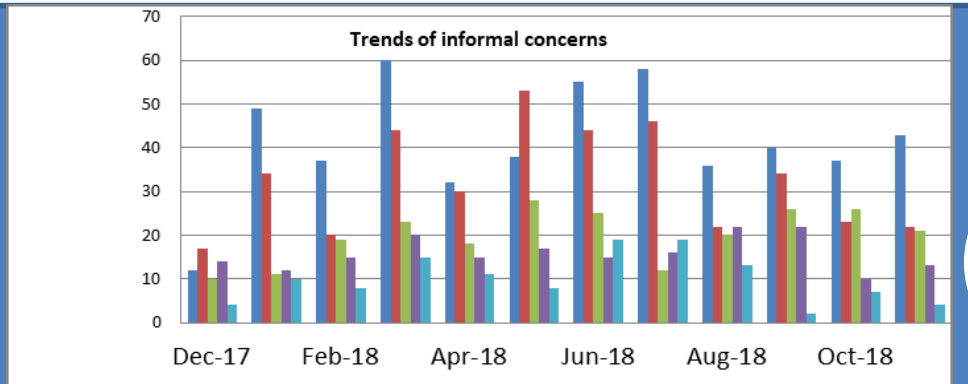
Closed Complaints by Division

The table provides a breakdown of closed complaints by division, demonstrating those complaints which were upheld, not upheld, partially upheld or referred to Human Resources

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
DMEC	0	3	3	1	0	7
Corporate	0	0	0	0	0	0
Surgery &Cancer	2	5	0	0	0	7
Women & Children's	2	1	1	0	0	4
DCSS	0	1	0	0	0	1
CCICP	0	0	0	0	0	0
					Total closed	**19**

Complaints closed by division for November 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 November 2018 was 93 which is an increase of 5 from the previous month. The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 54, with 11 of these individual concerns relating to the Emergency Department and 9 for Gastroenterology.	 Informal Concerns Feedback
Informal Concerns Trends.	Communication was the highest trend for informal concerns in November 2018, with 14 of the issues raised relating to the Division of Medicine and Emergency Care. Of these 14 issues, 2 relate to the Emergency Department and 3 to Cardiology and Gastroenterology respectively. Of the 22 issues relating to care, 16 were regarding medical care and 6 nursing care. 9 of the 22 issues relate to the Division of Medicine and Emergency Care with 4 for the Emergency Department and 9 belong to Surgery and Cancer Division, with 5 relating to Ward 11 specifically	 Informal Concerns Trends

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Communication	12	49	37	60	32	38	55	58	36	40	37	43
Care	17	34	20	44	30	53	44	46	22	34	23	22
Appointments	10	11	19	23	18	28	25	12	20	26	26	21
Attitude of Staff	14	12	15	20	15	17	15	16	22	22	10	13
Treatment	4	10	8	15	11	8	19	19	13	2	7	4

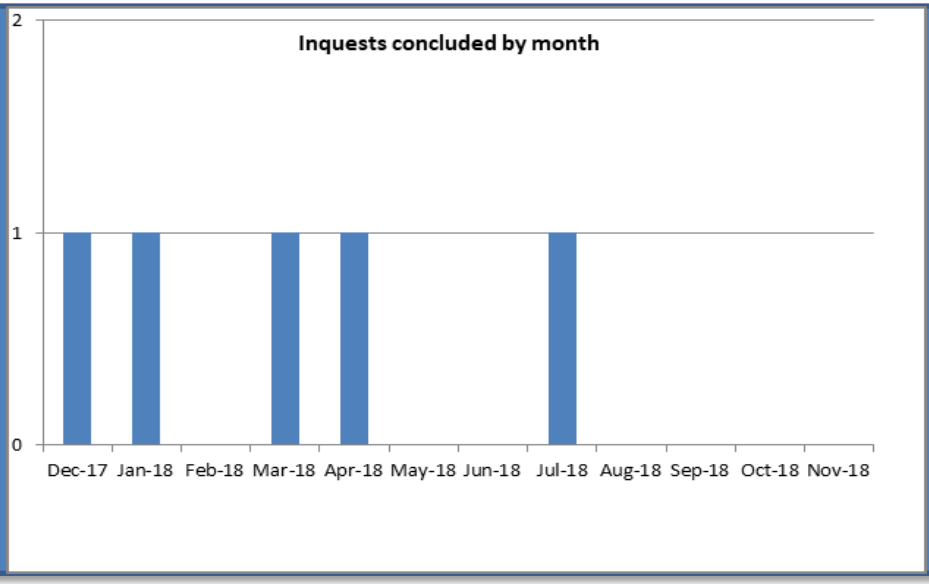
Description	Aggregate Position/Description	Trend
New claims received.	**Narrative and Graph removed under Section 43 of the Freedom of Information Act.**	Claims
Claims closed with/without damages.	**Narrative and Graph removed under Section 43 of the Freedom of Information Act.**	Closed Claims

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

Description	Aggregate Position /Description	Trend

Number of Inquests concluded by month

No inquests were concluded in November 2018.



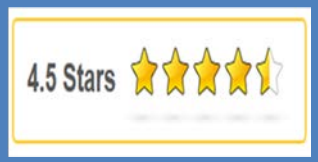
Inquests

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 211 postings received to date.



NHS Choices – Star Ratings

Description	Aggregate Position /description	Trend

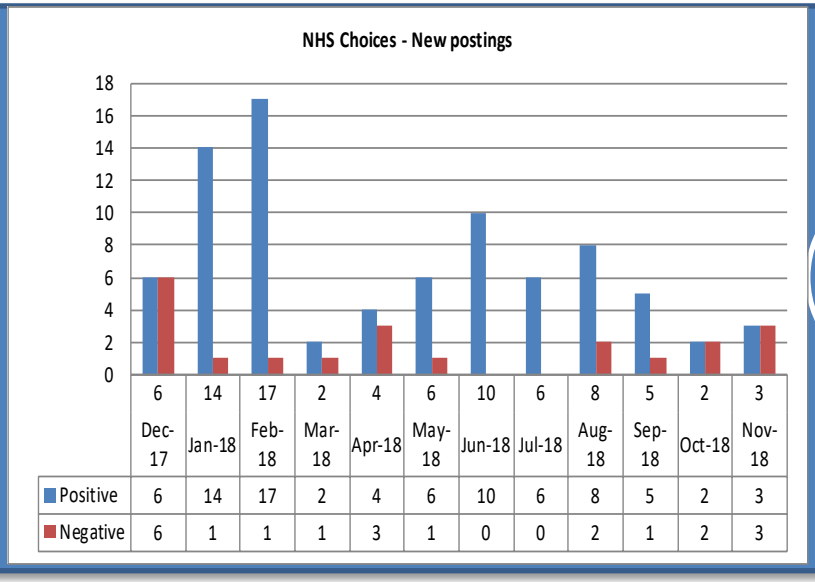
NHS Choices postings

There were 6 postings on NHS Choices in November 2018 of which 3 were negative and 3 were positive. Examples of feedback included:

"Very professional and caring service. We were seen speedily and efficiency was spot on" (Emergency Department)

"My GP referred me for an x-ray and I attended at 4pm on a Friday having been advised the unit was open until 7pm. I was booked in and left within the space of 30 minutes. All staff were polite and helpful, particularly the radiographer. Thank you." (X-Ray)

"Obviously a very busy clinic, running behind time, but the patients still should have sufficient time to discuss matters concerning their problems " (Dermatology)



	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Positive	6	14	17	2	4	6	10	6	8	5	2	3
Negative	6	1	1	1	3	1	0	0	2	1	2	3

NHS Choices – Postings

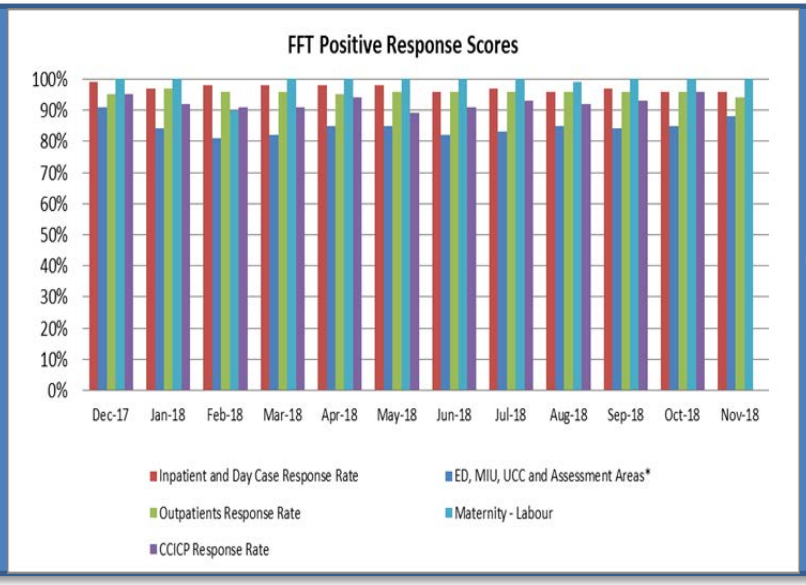
The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

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

Inpatients and day cases 96%; Emergency care /assessment areas 88%; Outpatients 94%; Maternity 100%; CCIP 0%

The Trust has migrated community services systems from a database at East Cheshire to one for CCICP managed by computer services. The data extract required for FFT Is being produced as part of this EMIS project and should be completed mid-January.

FFT text messaging will not commence until February 2019 due to a delay in the order submission for this service.



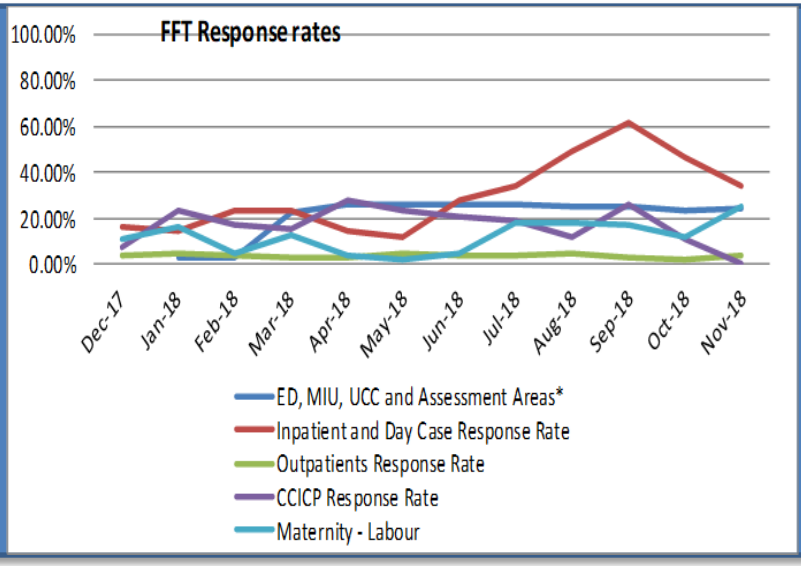
Family & Friends Test

Board Papers – Quality, Safety & Experience Section: January 2019

Description | **Aggregate Position /description** | **Trend**

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

November 2018 Ward/Dept.	% Response	Total responses received	How many would recommend
A&E , UCC & MIU	22%	1426	88%
Inpatients & Day cases	34%	1515	96%
Maternity	26%	28	100%
Outpatients	4%	819	94%
CCICP	0%	0	0%

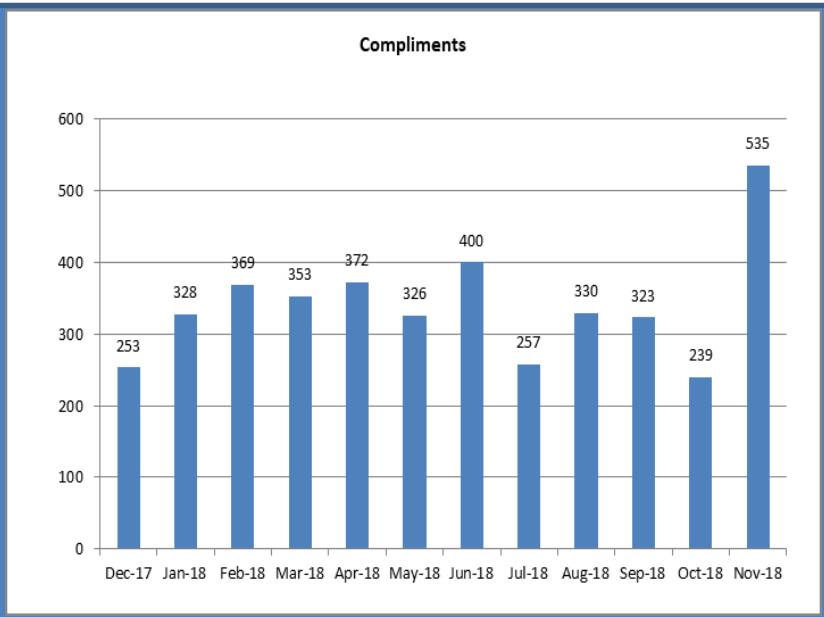


Family & Friends Test

Compliments received

There were 535 compliments received in November 2018. 124 of these were logged by the Customer Care Team and 411 received across the Trust.

'My 4 month old daughter was brought into A&E with breathing difficulties by ambulance. I would really like to commend the service from start to finish. When we arrived at A&E, despite it being an unpleasant reason for being there, every nurse, doctor etc. who supported and cared for my daughter were simply amazing...well done to each and everyone one of them. We were seen, diagnosed and back on our way home within an hour. The ambulance and A&E team on that morning deserve to be praised for delivering such a high quality service. '



Compliments

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Title of Paper:	Guardian of Safe Working Hours Report (Q3)	
Author:	Derek Pegg, Guardian of Safe Working Hours	
Executive Lead:	Heather Barnett, Director of Workforce and OD	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	✓
	Review/Benefits/Audit	

Link to Strategic Domains:		***Link to Domain:***	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	✓
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness		Caring	
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	✓

Link to Board Responsibility:	Performance	
	Accountability	✓
	Strategy	
	Implementation	
Action Required:	Decide	
	Approve	
	Note	✓
	Recommend	
	Delegate	

Positive Benefit:	Assurance that our Junior Doctors are working in accordance with the agreed Contract
Risk:	Common themes associated with exception reports

To be published on Trust Website –complete version	***Yes***
If no, to be published on Trust Website – redacted	***n/a***
If not to be published complete or redacted, please detail the reason why	**n/a**
Presented at Board Meeting of:	**7 January 2018**

Report from the

Guardian of Safe Working Hours

1st October 2018 – 31st December 2018
Report covers 1st October 2018 – 20th December 2018
(due to submission date)

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 December rotation, the most significant changes were in terms of the number of doctors in training rotating to different specialties within the trust.

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 1st April 2018 to 30thOctober 2018.

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

During the period 1st October 2018 – 20th December 2018 a total of 7 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)
01 – 31st October 2018				
47500	Late finish, due to busy shift;	TOIL Agreed 1 hour		
01 – 30th November 2018				
50514	Late finish, due to busy shift;	Exception Open – Currently under review by ES due to complex issues		
50517	Late finish, due to busy shift;	Exception Open – Currently under review by ES due to complex issues		
51556	Late finish; unable to take breaks	Awaiting ES response		
51567	Late finish; unable to take breaks	Awaiting ES response		
51568	Late finish; unable to take breaks	Awaiting ES response		
51569	Late finish; unable to take breaks	Awaiting ES response		
Total Cost to the Trust for the Reporting Period				**£255.30**

Of the seven exception reports submitted :

One was closed with TOIL agreed;

Two remain open as there are more complex issues with the doctor concerned which are being reviewed with the Educational Supervisor;

Three were highlighted as an ‘immediate safety concern’, however, when the details of each of these were reviewed by a senior consultant in that division, there did not appear to be an immediate patient safety issue but a communication issue around the care of patients on the ‘end of life support’, as well as support for the less experienced junior doctors - this has now been addressed.

The remaining exception is currently awaiting the Educational Supervisor to review and respond.

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

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

	Fine Costs
Running Total Fines to Date	£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 eighth 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.

This period has seen a rise in the number of exception reports submitted compared to previous reports and the exceptions reported are coming from a single rota. This has been caused by 1.4 wte equivalent vacancies on this rota and winter pressures. The issue is currently being managed by 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
December 2018

Mid Cheshire Hospital
NHS Foundation Tru

Board of Directors Performance Report

November 2018

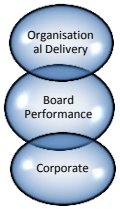
"To Deliver Excellence in Healthcare through Innovation & Collaboration"

Introduction

Performance Report

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

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



The delivery of the service improvements within the 3 key domains are also reflected in the Board Assurance Framework which identifies where the organisation has insufficient assurance in delivering the strategic objectives of the organisation.
Within this Performance Report the indicators within each domain are presented on a summary page with the current month and year to date performance given. All indicators are measured against a NHS Improvement, national, peer or locally agreed target. A further analysis of all measures within each domain is then provided with supporting trend information and narrative. Performance against each indicator is rated as either red/green against the year to date or single month/quarter target as appropriate. Supporting narrative is provided on an exception basis.

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

Tracy Bullock
Chief Executive

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Headline Measures

Organisational Delivery				
Indicator	**Standard**	**YTD**	**Nov-18**	
Cancer				
Rapid Access Referrals (%) *(seen in 2 wks)*	93.00%	96.93%	98.36%	
Total Patients Seen		*6,996*	*917*	
Patients seen >14 days		*215*	*15*	
62 day GP Classic (%)	85.00%	89.80%	88.37%	*
Accountable Patients Treated		*530*	*43*	
No. of Breached Pathways (adjusted)		*54*	*5*	
62 day Screening (%)	90.00%	96.15%	100.00%	*
Accountable Patients Treated		*104*	*6*	
No. of Breached Pathways (adjusted)		*4*	*0*	

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

Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	84.92%	88.09%
A&E Attendances (LH/MIU/UUC) (% to plan)		97.22%	98.33%
A&E Attendances LH & MIU (Vol)		*62,051*	*7,439*

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	92.91%	92.63%
>6wk Diagnostic Waits (%)	1.00%	0.34%	0.17%
Total Patients Waiting for a First Outpatient Appointment			9,430

Indicator	**Standard**	**YTD**
Workforce		
Sickness absence Rolling 12 Month		4.24%
Turnover Rolling 12 Month		11.03%

Corporate					
	YTD Rating		YE Rating	YE Metric	
Indicator	**Plan**	**Actual**	**Forecast**	**Plan**	**Forecast**
Finance					
Use of Resource Rating		3	1		
Capital Service Capacity	2	4	2	2.39	2.37
Liquidity	2	3	1	-1	3
I&E Margin	2	4	1	2.10%	1.70%
Distance from Financial Plan	0	4	2	0.00%	-0.40%
Agency Spend	1	2	1	-23.27%	-12.31%

	YTD Target	**YTD Actual**	**YTD Variance**	**FY Target**	**FY Forecast**	**FY Variance**
Cost Improvement Schemes Total (£000's)	4,699	3,968	-444	6,772	5,717	-1,055
Commission Contact Income SC & VR (£000's)	123,141	123,141	0			
Contract Income (£'000)	149,073	146,651	-2,422			
Pay to Budget (£000's)	-113,946	-115,766	-1,820			
Non Pay to Budget (£000's)	-46,219	-47,959	-1,740			
Agency Trajectory (£000's)	-2,920	-3,607	-687			

Exec Summary

In November 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 November achieved 88.09% against the 95% performance standard. This is a 2.5 percentage point increase compared to October.

The Trust has achieved all three headline cancer access standards for November. 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 November 2018 at 92.63%. The Trust is continuing to monitor this standard.

Diagnostics waiting times continue to perform well, with just 0.17% of patients waiting longer than 6 weeks for their diagnostic test against a regulatory threshold of 1%.

The UoRR metric is 3, primarily a consequence of the override resulting from the impact of the Trust's ability to service DH loans from revenues and depreciation.

The Trusts' I&E position, before exceptional items is a deficit of £4.9M which is £5.7M worse than the planned surplus of £0.9M, with the position excluding any anticipation of the £4.9M MOU with South/Vale Royal CCGs - due to the uncertainty of it being honoured. Had the MOU been honoured this would have resulted in an improvement in the position by £2.3M.

This position also has a provision against the provider sustainability fund (PSF) for the failure to achieve the A&E target. Although the Trust has achieved the Q2 financial target for the PSF (£2M), this is not expected to continue for Q3/4.

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 £687K worse than plan for Agency spend – and there is a high risk that the Trust could breach the ceiling of £5.7M if the rate of agency to date continues throughout Winter.

Single Oversight Framework

Triggers

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

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

The Trust has acheived a Use of Resource rating of 3, which is expected to improved during 2018/19, although is at risk due to the deterioriating 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.

Operational Performance

	Current YTD													Monthly Trend
	Target	Actual	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	
Maximum 6 week wait for Diagnostic procedures	1%	0.34%	0.25%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	0.32%	0.56%	0.31%	0.44%	0.48%	0.17%	
All Cancers: 62 day GP Classic (%) *	85%	89.80%	94.50%	96.77%	87.30%	92.06%	94.06%	87.13%	92.91%	92.00%	91.40%	91.78%	86.11%	86.92%	88.37%	
All Cancers: 62 day Screening (%) *	90%	96.15%	94.12%	100.00%	100.00%	100.00%	100.00%	100.00%	89.47%	91.67%	100.00%	91.84%	100.00%	100.00%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	92.91%	96.44%	95.25%	94.59%	94.13%	92.65%	93.00%	93.27%	93.14%	92.97%	93.05%	92.43%	92.82%	92.63%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	84.92%	88.05%	74.22%	78.38%	77.91%	77.90%	82.65%	85.14%	81.78%	84.57%	87.14%	84.61%	85.50%	88.09%	
STF Trajectory			90.52%	90.52%	90.52%	90.52%	95.00%	92.72%	92.72%	92.72%	93.92%	93.92%	93.92%	90.00%	90.00%	
Provider Submitted Trajectory														88.10%	88.10%	

** 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	2.37	2	2.11	0.10	4
	Liquidity	days	-1	3	1	-3	-8	3
Financial Efficiency	I&E Margin	%	2.10%	1.70%	1	0.20%	-2.90%	4
Financial Controls	Distance from Financial Plan	%	0.00%	-0.40%	2	0.00%	-3.10%	4
	Agency Spend	%	-23.27%	-12.31%	1	-2.01%	21.21%	2
Overall UOR Rating					1			3

Operational Delivery: *Cancer Pathway*

Headline Measures

	Current YTD		Rolling 13 months											
	Target	Actual	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
Rapid Access Referrals (%) (seen in 2 wks)	93%	96.93%	98.23%	95.85%	94.83%	93.05%	98.64%	96.08%	96.76%	97.54%	96.37%	96.73%	96.50%	96.87%	98.36%	
Total Patients Seen		*6996*	*736*	*626*	*715*	*806*	*811*	*766*	*956*	*855*	*855*	*887*	*771*	*989*	*917*	
Patients seen >14 days		*215*	*13*	*26*	*37*	*56*	*11*	*30*	*31*	*21*	*31*	*29*	*27*	*31*	*15*	
% seen within 7 days		*41.6%*	*51.4%*	*52.9%*	*54.6%*	*53.1%*	*61.2%*	*45.2%*	*39.6%*	*43.7%*	*44.4%*	*35.2%*	*51.4%*	*41.5%*	*34.0%*	
62 day GP Classic (%) *	85%	89.80%	94.50%	96.77%	87.30%	92.06%	94.06%	87.13%	92.91%	92.00%	91.40%	91.78%	86.11%	86.92%	88.37%	

** Provisional figures subject to change depending*

104+ day waits - (Cancer patients treated)	1	0	1	2	3	1	1	0	1	0	4	0	0

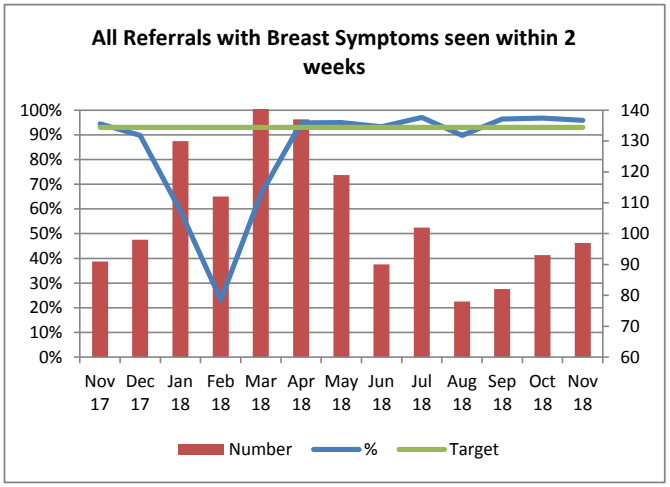
Commentary

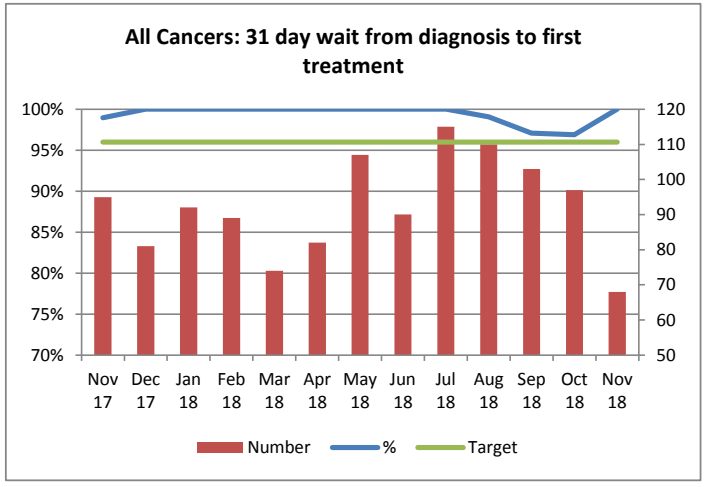
The Trust has achieved all three headline cancer standards during the month of November2018. The figures presented in this paper reflect the Trust's regulatory performance measures (adjusted figures that take into account breach reallocation between providers). From October the new cancer repatriation policy is in use.

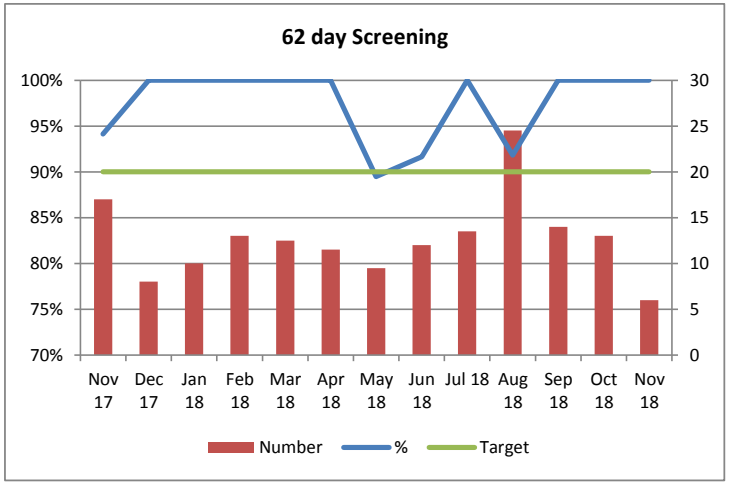
The Trust has continued it's strong performance against the Rapid Access referrals standard achieving 98.36% in November. This is in spite of an increase in demand of 25% on the same month last year.

There were no recorded long wait (104 days and over) for patients on a 62 day cancer pathway in November.

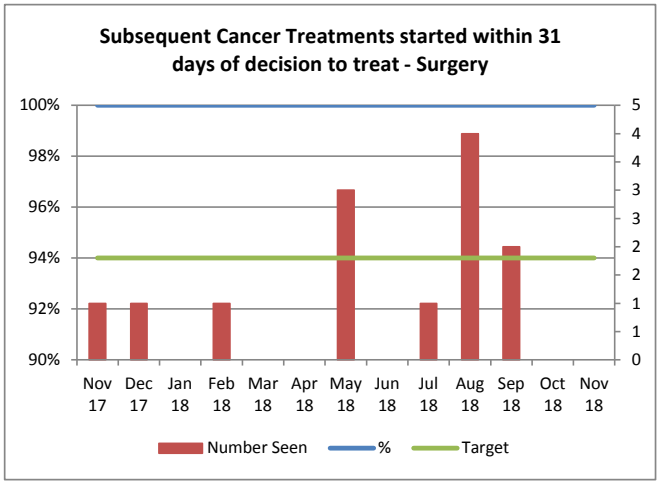
Primary Measures

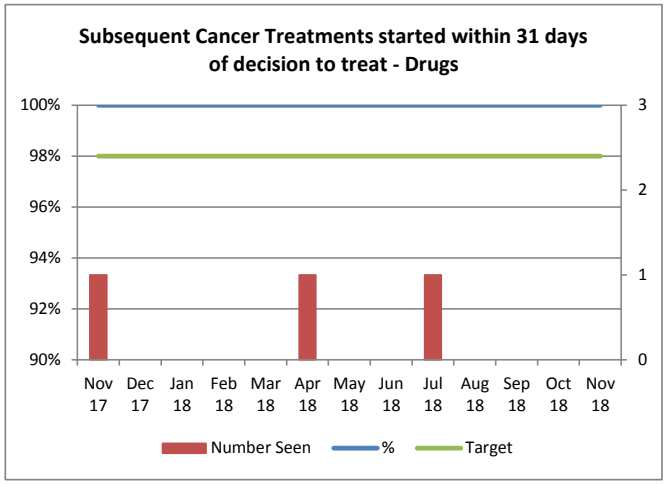


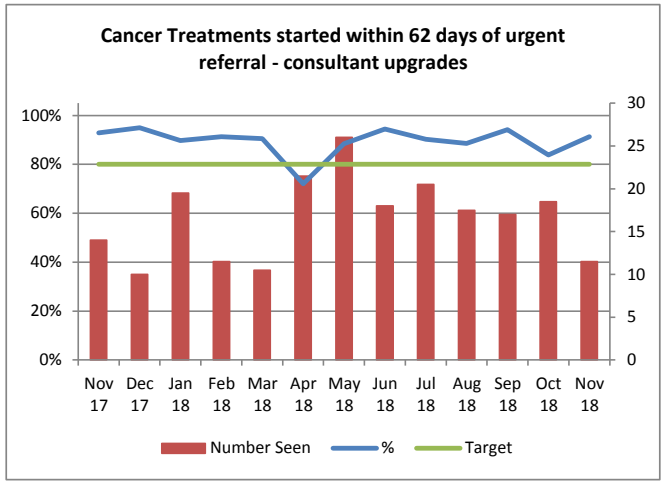




Operational Delivery: *Cancer Pathway*







Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

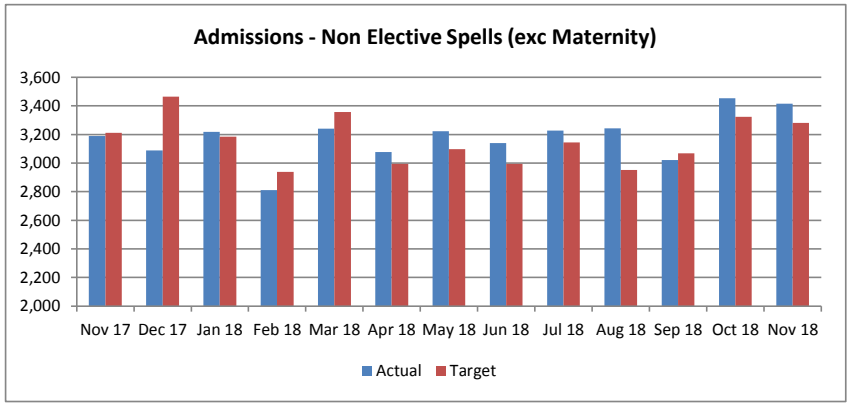
	Current YTD		Rolling 13 months												
	Target	Actual	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)	95%	84.92%	88.05%	74.22%	78.38%	77.91%	77.90%	82.65%	85.14%	81.78%	84.57%	87.14%	84.61%	85.50%	88.09%	
No. of 4hr breaches		*9,359*	*851*	*1,920*	*1,543*	*1,469*	*1,679*	*1,244*	*1,179*	*1,472*	*1,286*	*967*	*1,158*	*1,167*	*886*	

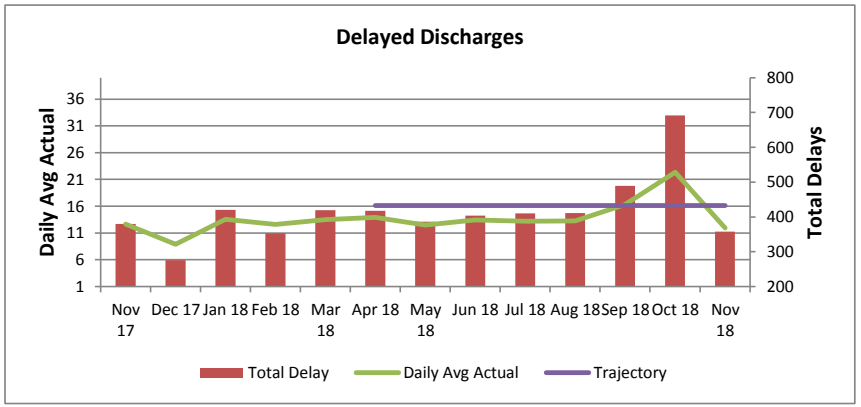
	Plan	Actual	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)		*97.22%*	92.9%	99.3%	97.1%	94.4%	93.6%	93.2%	95.3%	98.9%	99.5%	97.7%	94.8%	100.0%	98.3%	
A&E Attendances (LH/MIU/UUC) (No.)	*60,630*	*62,051*	7,119	7,447	7,138	6,649	7,598	7,170	7,933	8,081	8,337	7,517	7,523	8,051	7,439	
A&E Attendance Case Mix (based on acuity score) — *Major*		*18,633*	*1,605*	*1,815*	*2,191*	*2,173*	*2,422*	*2,288*	*2,460*	*2,386*	*2,168*	*2,380*	*2,228*	2,454	2,269	
Minor		*23,887*	*2,936*	*3,324*	*2,940*	*2,474*	*2,886*	*2,799*	*2,992*	*3,325*	*3,643*	*2,990*	*2,810*	2,768	2,560	
Paediatrics		*12,402*	*1,557*	*1,379*	*1,304*	*1,305*	*1,544*	*1,419*	*1,676*	*1,648*	*1,691*	*1,181*	*1,516*	1,709	1,562	
Resus		*7,129*	*1,021*	*929*	*703*	*697*	*746*	*664*	*805*	*722*	*835*	*966*	*969*	1,120	1,048	
A&E Attendance Location (based on Discharge) — *Major*		*25,298*	*2,776*	*3,201*	*3,038*	*2,761*	*3,204*	*2,957*	*3,170*	*3,136*	*3,121*	*3,225*	*3,090*	*3,412*	*3,187*	
Minor		*23,195*	*2,659*	*2,661*	*2,617*	*2,403*	*2,650*	*2,623*	*2,948*	*3,157*	*3,364*	*2,977*	*2,775*	*2,791*	*2,560*	
Paediatrics		*12,402*	*1,557*	*1,379*	*1,304*	*1,305*	*1,544*	*1,419*	*1,676*	*1,648*	*1,691*	*1,181*	*1,516*	*1,709*	*1,562*	
Resus		*1,156*	*127*	*206*	*179*	*180*	*200*	*171*	*139*	*140*	*161*	*134*	*142*	*139*	*130*	

Commentary

The Trust has achieved 88.09% against the 4-hour access standard in November 2018 . This is a 2.5 percentage point improvement on October and a slight improvement on the same month last year, despite ED having over 300 more attendances than November 17. The number of higher acuity patients (Resus and Majors) arriving in A&E continues to remain high , November 18 saw 26 % more than November 17. As a result of these increases emergency admissions are 4% over target in November.
Patients medically fit for discharge has reduced in November to levels below the trajectory, despite the spike in October.
Recent A&E data (Nov 7th - 19th Dec) when benchmarked with other Emergency Departments in Cheshire and Merseyside compares favourably for Mid Cheshire, showing performace per attendance as slightly above expected levels.

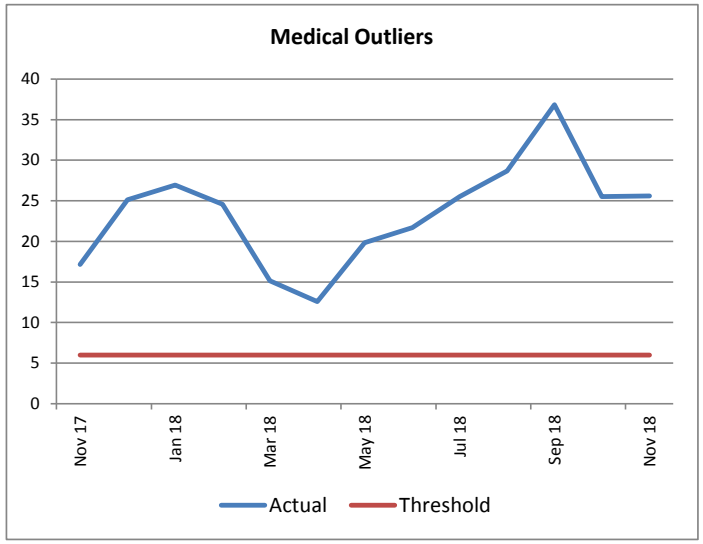
Primary Drivers

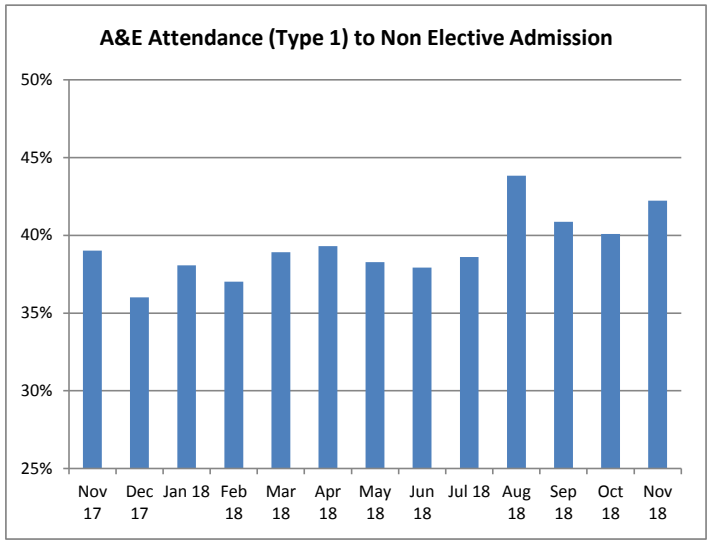


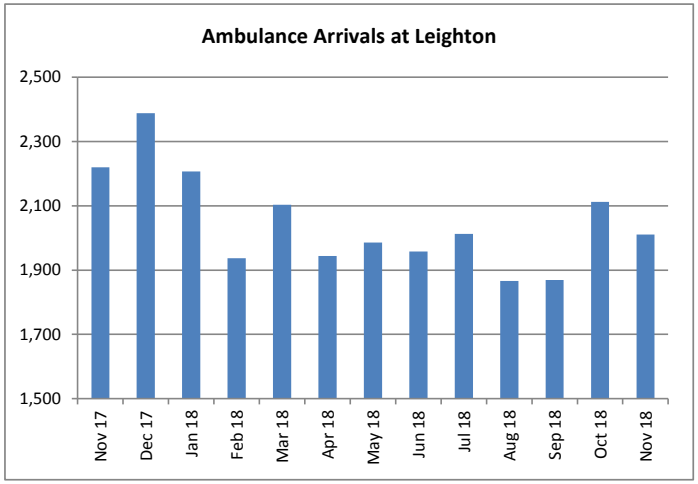


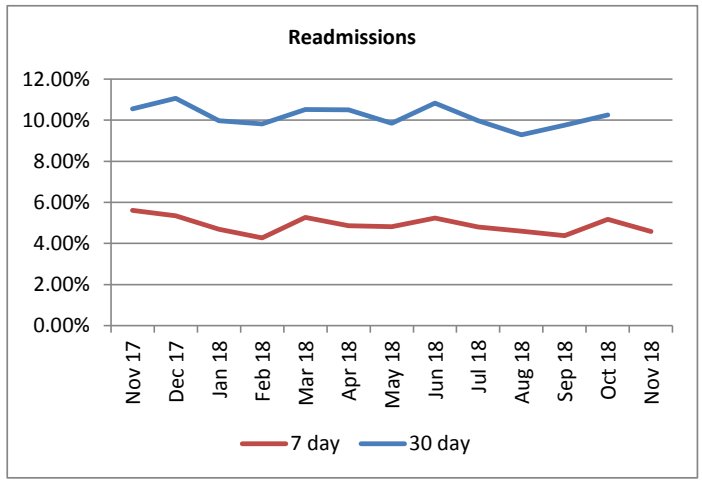
Operational Delivery: *Unplanned Activity A&E*

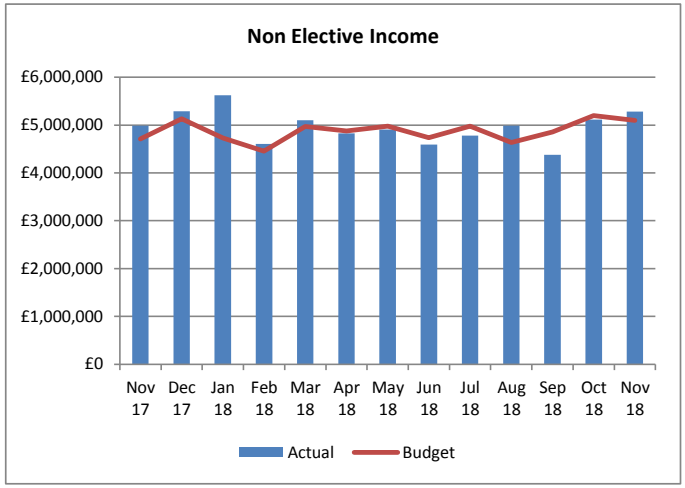
Secondary Drivers





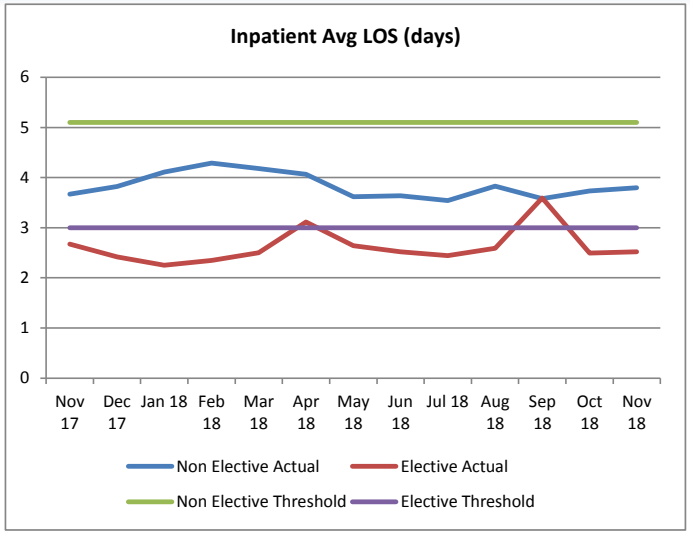


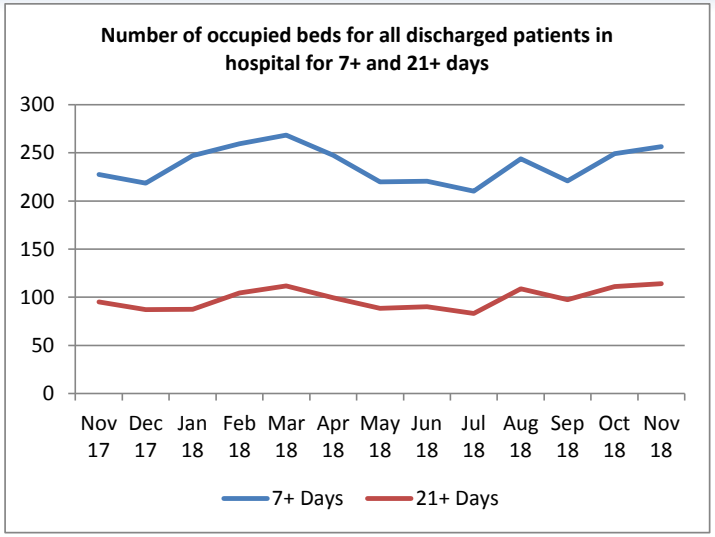


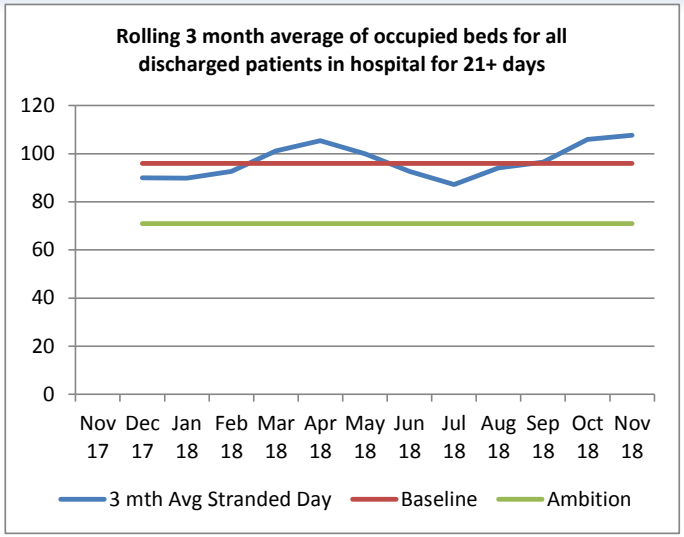


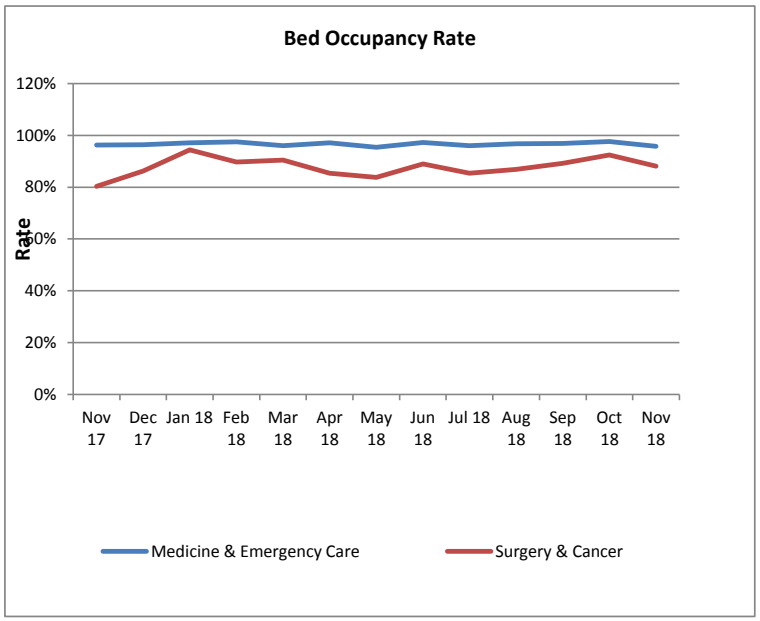
** Readmissions brought in line with national definition*

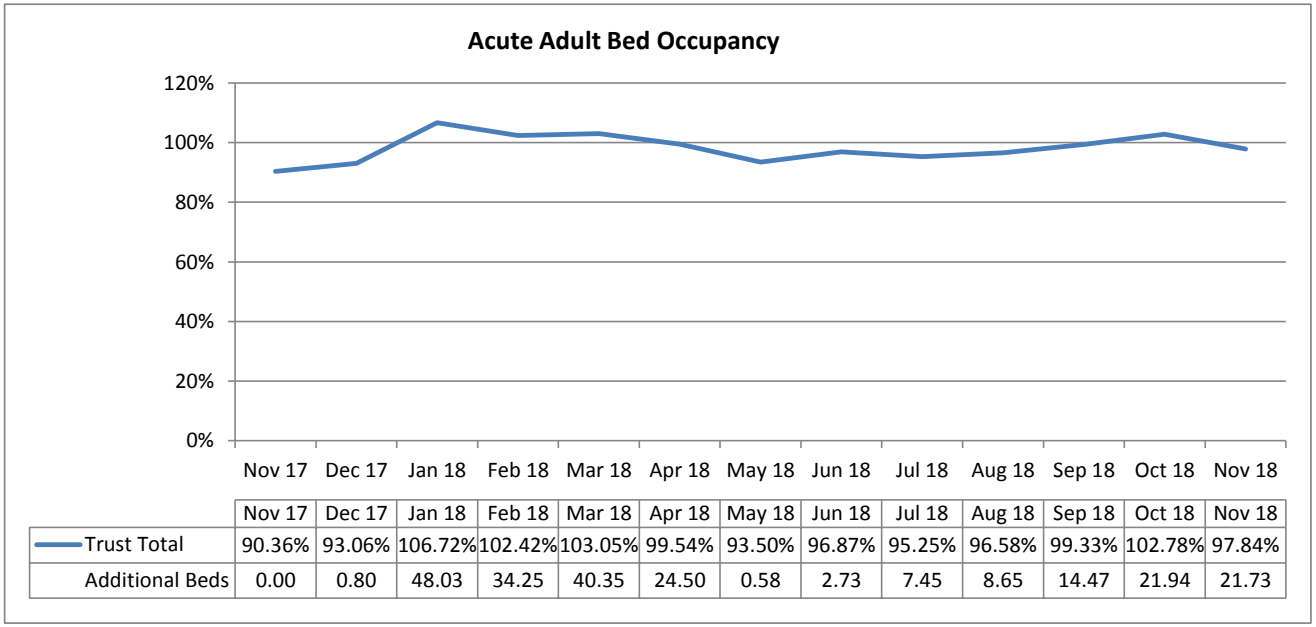
Operational Delivery: *Length of Stay*











	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18
Trust Total	90.36%	93.06%	106.72%	102.42%	103.05%	99.54%	93.50%	96.87%	95.25%	96.58%	99.33%	102.78%	97.84%
Additional Beds	0.00	0.80	48.03	34.25	40.35	24.50	0.58	2.73	7.45	8.65	14.47	21.94	21.73

Operational Delivery: *Planned Activity*

Headline Measures

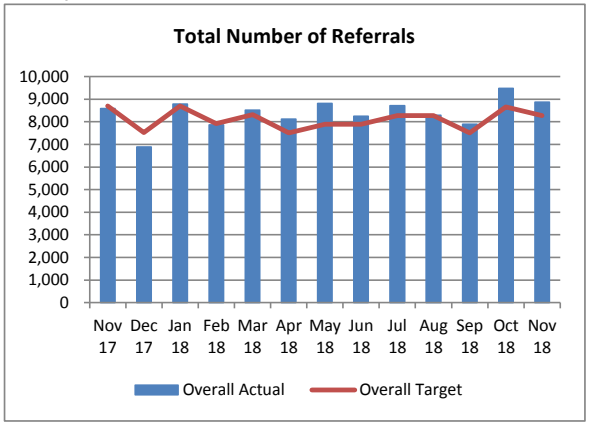
	Current YTD		Rolling 13 months											
	Target	Actual	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	92.91%	96.44%	95.25%	94.59%	94.13%	92.65%	93.00%	93.27%	93.14%	92.97%	93.05%	92.43%	92.82%	92.63%	
Total 18 Weeks		*117,307*	*12,523*	*12,420*	*13,133*	*13,348*	*13,990*	*14,253*	*14,405*	*14,713*	*14,630*	*15,373*	*14,988*	*14,284*	*14,661*	
No. > 18 Weeks		*8,316*	*446*	*590*	*711*	*784*	*1,028*	*998*	*969*	*1,010*	*1,029*	*1,069*	*1,135*	*1,025*	*1,081*	
Open Pathways >39 Weeks Waiting														*5*	*7*	
Diagnostic Waiting Time	1%	0.34%	0.25%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	0.32%	0.56%	0.31%	0.44%	0.48%	0.17%	
Total Number of Waiters		*33,331*	*3,191*	*3,614*	*3,587*	*3,548*	*4,293*	*4,224*	*4,127*	*4,619*	*4,257*	*3,814*	*4,105*	*4,168*	*4,017*	
Waiters of 6 Weeks +		*114*	*8*	*14*	*19*	*3*	*14*	*11*	*7*	*15*	*24*	*12*	*18*	*20*	*7*	
Total Patients Waiting for a First Outpatient Appointment			7,916	8,085	8,342	8,501	8,866	9,243	9,579	9,354	9,496	9,851	9,654	9,496	9,430	
Longest Wait Time (weeks)											*43*	*44*	*44*	*45*	*44*	

Commentary

In November the Trust reported 92.63% against the 92% incomplete pathways standard for RTT. Six specialties have failed to meet the 92% target, these are General Surgery, Urology, Gastroenterology, Dermatology, Cardiology and Trauma and Orthopaedics. The number of open pathways has increased by 3% n November compared to October.
Mid Cheshire have not reported any 52 week breaches for November however there are 7 patients waiting over 39 weeks; (3 in Gastroenterology, 1 in Trauma & Orthopaedics and 3 in Obstetrics). All long wait patients are monitored and reviewed weekly at director led performance meetings.

The Trust has delivered the diagnostic wait time consistently since July 2016. In November 2018, 0.17% of patients waited longer than 6 weeks for their diagnostic tests, with all modalities delivering the standard.

Primary Drivers

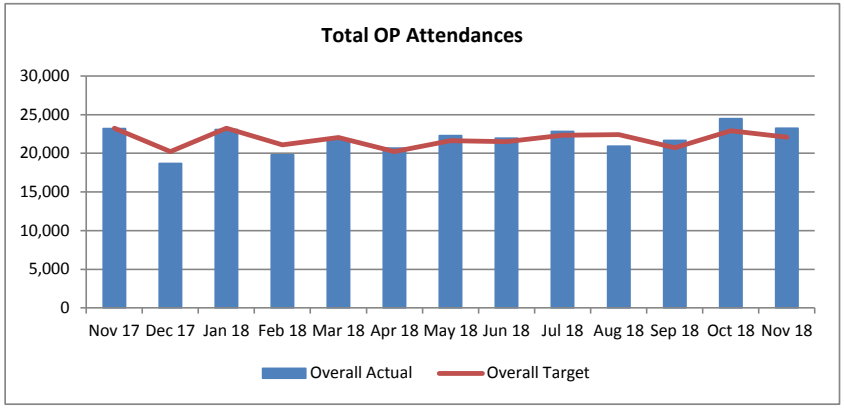


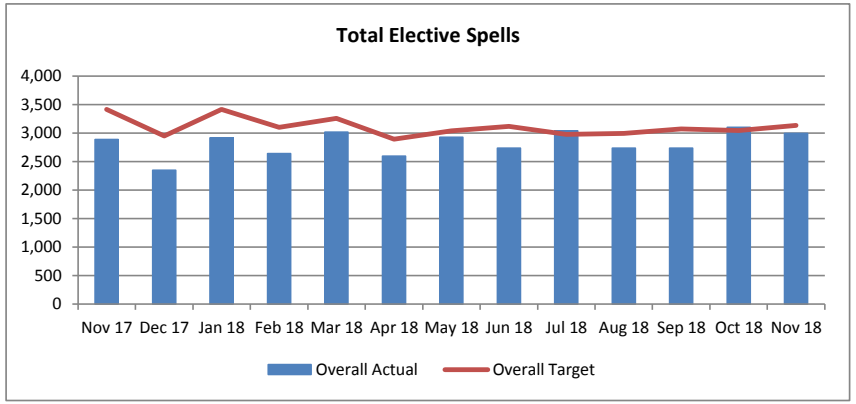
Referral Breakdown

	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
GP Actual	5,424	4,157	5,573	4,928	5,388	4,858	5,400	5,065	5,355	5,184	4,925	5,755	5,684	
GP Target	5,509	4,758	5,509	5,008	5,259	4,683	4,920	4,920	5,157	5,157	4,683	5,394	5,157	
% to Target	98.5%	87.4%	101.2%	98.4%	102.5%	103.7%	109.8%	103.0%	103.8%	100.5%	105.2%	106.7%	110.2%	
Other Actual	3,166	2,731	3,205	2,931	3,119	3,256	3,408	3,186	3,352	3,107	2,968	3,714	3,189	
Other Target	3,195	2,759	3,195	2,904	3,050	2,833	2,976	2,976	3,120	3,120	2,833	3,263	3,120	
% to Target	99.1%	99.0%	100.3%	100.9%	102.3%	114.9%	114.5%	107.1%	107.5%	99.6%	104.8%	113.8%	102.2%	
Total Actual	8,590	6,888	8,778	7,859	8,507	8,114	8,808	8,251	8,707	8,291	7,893	9,469	8,873	
Total Target	8,704	7,517	8,704	7,913	8,308	7,515	7,896	7,896	8,276	8,276	7,515	8,657	8,276	
% to Target	98.7%	91.6%	100.9%	99.3%	102.4%	108.0%	111.6%	104.5%	105.2%	100.2%	105.0%	109.4%	107.2%	
GP % of Total	63.1%	60.4%	63.5%	62.7%	63.3%	59.9%	61.3%	61.4%	61.5%	62.5%	62.4%	60.8%	64.1%	

Operational Delivery: *Planned Activity*

Primary Drivers



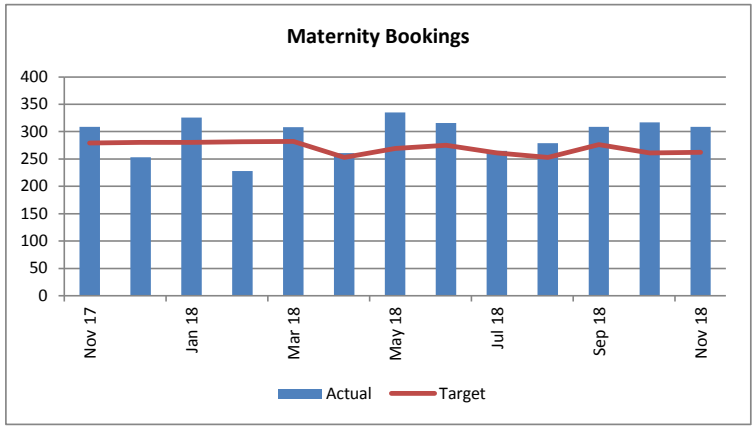


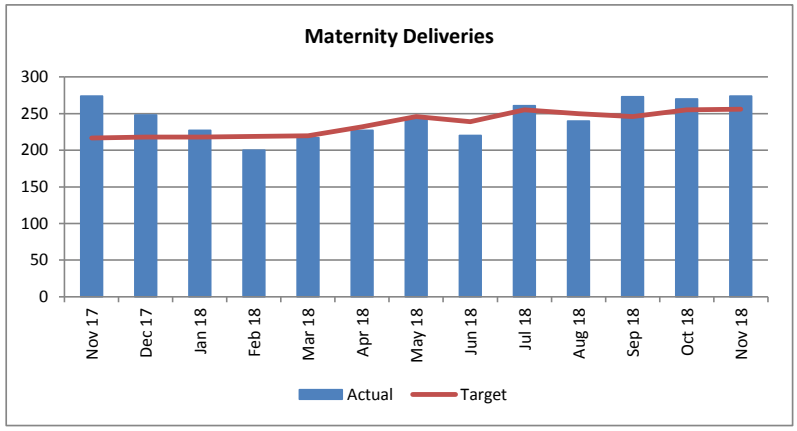
OP Attendance Breakdown	YTD 18 19	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
New Actual	55,177	6,910	5,805	6,862	6,217	6,855	6,472	7,137	6,868	7,001	6,211	6,647	7,713	7,128	
New Target	50,533	7,253	6,272	7,253	6,585	6,909	5,892	6,224	6,212	6,495	6,502	5,934	6,778	6,496	
% to Target	109.2%	95.3%	92.6%	94.6%	94.4%	99.2%	109.9%	114.7%	110.6%	107.8%	95.5%	112.0%	113.8%	109.7%	
F U Actual	122,956	16,304	12,892	16,215	13,583	14,927	14,214	15,172	15,090	15,835	14,737	15,015	16,777	16,116	
F U Target	123,322	15,987	13,971	15,991	14,504	15,152	14,346	15,407	15,283	15,844	15,912	14,774	16,157	15,600	
% to Target	99.7%	102.0%	92.3%	101.4%	93.7%	98.5%	99.1%	98.5%	98.7%	99.9%	92.6%	101.6%	103.8%	103.3%	
Total Actual	178,133	23,214	18,697	23,077	19,800	21,782	20,686	22,309	21,958	22,836	20,948	21,662	24,490	23,244	
Total Target	173,855	23,240	20,243	23,244	21,089	22,061	20,237	21,631	21,495	22,339	22,414	20,708	22,935	22,095	
% to Target	102.5%	99.9%	92.4%	99.3%	93.9%	98.7%	102.2%	103.1%	102.2%	102.2%	93.5%	104.6%	106.8%	105.2%	
New % of Total	31.0%	29.8%	31.0%	29.7%	31.4%	31.5%	31.3%	32.0%	31.3%	30.7%	29.6%	30.7%	31.5%	30.7%	

Elective Spells Breakdown	YTD 18 19	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
I P Actual	2,097	308	234	164	240	273	216	293	263	276	226	259	284	280	
I P Target	2,351	346	298	346	314	330	301	301	294	271	288	281	308	308	
% to Target	89.2%	89.1%	78.6%	47.4%	76.5%	82.8%	71.8%	97.4%	89.4%	101.9%	78.6%	92.2%	92.3%	91.0%	
Daycase Actual	20,779	2,578	2,115	2,753	2,404	2,745	2,378	2,637	2,476	2,766	2,513	2,479	2,817	2,713	
Daycase Target	21,935	3,071	2,650	3,071	2,790	2,931	2,593	2,738	2,825	2,709	2,709	2,795	2,740	2,827	
% to Target	94.7%	83.9%	79.8%	89.6%	86.2%	93.7%	91.7%	96.3%	87.7%	102.1%	92.8%	88.7%	102.8%	96.0%	
Total Actual	22,876	2,886	2,349	2,917	2,644	3,018	2,594	2,930	2,739	3,042	2,739	2,738	3,101	2,993	
Total Target	24,285	3,417	2,947	3,417	3,104	3,260	2,894	3,039	3,119	2,980	2,996	3,076	3,048	3,135	
% to Target	94.2%	84.5%	79.7%	85.4%	85.2%	92.6%	89.6%	96.4%	87.8%	102.1%	91.4%	89.0%	101.8%	95.5%	
I P % of Total	9.2%	10.7%	10.0%	5.6%	9.1%	9.0%	8.3%	10.0%	9.6%	9.1%	8.3%	9.5%	9.2%	9.4%	

Operational Delivery: *Planned Activity*

Primary Drivers



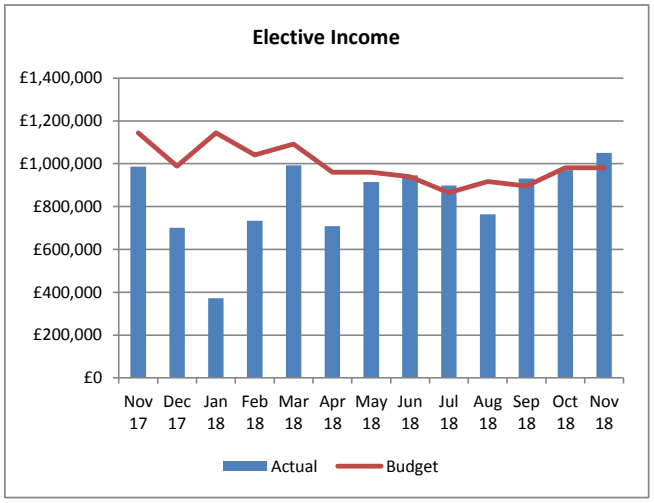


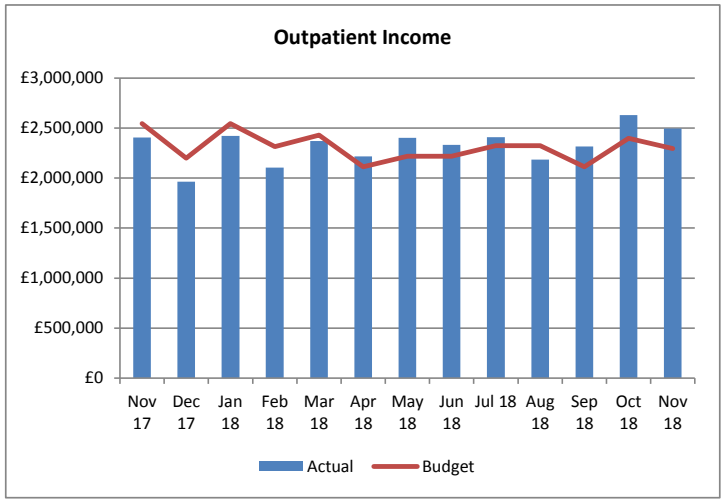
Operational Delivery: *Planned Activity*

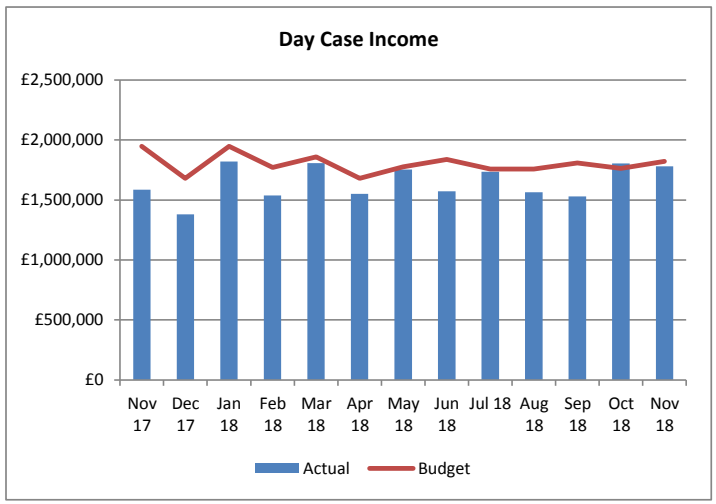
Secondary Drivers

			Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care		96.2%	96.4%	97.2%	97.5%	96.0%	97.1%	95.4%	97.3%	96.1%	96.7%	96.9%	97.7%	95.8%	
	Surgery & Cancer		80.3%	86.2%	94.4%	89.6%	90.4%	85.4%	83.8%	88.9%	85.4%	86.9%	89.2%	92.5%	88.1%	
Elective Inpatient Avg LOS (Days)			2.7	2.4	2.3	2.4	2.5	3.1	2.6	2.5	2.4	2.6	3.6	2.5	2.5	
Delayed Transfers of Care (MFFD)		16.00	13	9	14	13	14	14	12	13	13	13	16	22	12	
Delayed Transfers of Care (% of Acute Beds)			2.7%	1.9%	2.6%	2.5%	2.7%	2.8%	2.7%	2.9%	2.8%	2.8%	3.3%	4.5%	2.4%	
Medical Outliers			17	25	27	25	15	13	20	22	26	29	37	26	26	
Readmission (Emergency Re-admissions after Planned Surgery)																
	30 Day Rate		3.44%	3.15%	3.01%	2.56%	3.28%	3.36%	3.35%	2.99%	3.12%	2.73%	3.01%	3.27%		
	7 Day Rate		1.20%	0.88%	1.27%	0.88%	1.41%	1.00%	1.27%	1.03%	1.42%	1.27%	1.28%	1.16%	1.10%	
Cancelled Operations - Non Clinical - Cancellation Rate			0.75%	2.24%	1.01%	1.23%	1.48%	1.40%	1.07%	0.95%	0.95%	0.95%	0.73%	1.86%	0.66%	
Theatre Efficiency																
	Main Theatres		77.0%	74.4%	74.9%	74.2%	76.8%	79.5%	78.9%	78.9%	76.7%	78.4%	78.4%	77.9%	77.2%	
	TC Theatres		75.5%	77.5%	74.5%	71.5%	71.8%	69.0%	74.2%	72.6%	75.6%	73.2%	73.4%	76.6%	73.5%	
DNA (OP Efficiency)			5.27%	6.21%	5.46%	5.17%	5.41%	5.29%	5.91%	5.85%	6.10%	5.76%	5.56%	5.71%	5.59%	
Hospital Cancellation Rate (OP Efficiency)			6.19%	7.18%	7.34%	6.88%	6.43%	6.72%	6.79%	6.80%	7.03%	7.27%	7.58%	7.62%	7.64%	

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







Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	
	Plan Nov (£'000)	Actual Nov (£'000)	Variance Nov (£'000)	Plan April to Nov (£'000)	Actual April to Nov (£'000)	Variance April to Nov (£'000)	2018/19 (£'000)	Budget 2018/19 £'000
Operating								
Operating Income								
NHS Acute Activity Income								
Elective	982	1,035	53	7,501	7,183	-319	10,659	10,659
Non-Elective	5,098	5,129	31	39,356	38,867	-489	59,628	59,628
Maternity	1,167	1,094	-73	9,395	9,179	-216	14,000	14,000
Day cases	1,819	1,824	4	14,200	13,292	-909	21,139	21,139
Outpatients	2,294	2,515	221	17,996	18,987	991	26,672	26,672
A&E	806	845	40	6,817	7,086	269	10,139	10,139
Other NHS	6,177	5,875	-302	49,171	49,996	825	78,037	78,037
Total NHS Clinical Revenue	**18,341**	**18,316**	**-25**	**144,437**	**144,589**	**152**	**220,274**	**220,274**
Other Operating Income	2,128	2,133	5	17,067	17,225	158	22,502	22,502
Inter-Trust Income	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	**20,469**	**20,449**	**-20**	**161,504**	**161,814**	**310**	**242,776**	**242,776**
Operating Expenses								
Employee Benefits Expenses (Pay)	-14,218	-14,682	-464	-113,946	-115,766	-1,820	-168,313	-168,313
Drugs	-1,379	-1,424	-45	-11,029	-11,168	-139	-15,868	-15,868
Clinical Supplies	-1,552	-1,532	20	-12,552	-12,219	333	-18,370	-18,370
Non Clinical Supplies	-301	-332	-31	-2,392	-2,583	-191	-3,537	-3,537
Other operating expenses	-2,709	-2,734	-25	-20,246	-21,989	-1,743	-31,419	-31,419
TOTAL OPERATING EXPENSES	**-20,159**	**-20,704**	**-545**	**-160,165**	**-163,725**	**-3,560**	**-237,507**	**-237,507**
EBITDA	**310**	**-255**	**-565**	**1,339**	**-1,911**	**-3,250**	**5,269**	**5,269**
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	10	7	24	63	39	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-446	-439	7	-3,568	-3,530	38	-6,190	-6,190
PDC Dividend Expense	-192	-192	0	-1,536	-1,536	0	-2,300	-2,300
Adjusted Financial Performance surplus/(deficit)	**-325**	**-876**	**-551**	**-3,741**	**-6,914**	**-3,173**	**-3,185**	**-3,185**
Provider Sustainability Fund	843	0	-843	4,635	2,065	-2,570	8,428	8,428
Net Surplus/(deficit) before Exceptional Items	**518**	**-876**	**-1,394**	**894**	**-4,850**	**-5,744**	**5,243**	**5,243**
Donations for purchase of assets	24	24	0	192	136	-56	288	288
Depreciation on Donated Assets	-23	-23	0	-184	-184	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	**519**	**-875**	**-1,394**	**902**	**-4,898**	**-5,800**	**5,253**	**5,253**

* EBITDA Total excludes Charitable Income

The Trust delivered a cumulative £4.85M deficit (before exceptional items) against a budget surplus of £0.9M a variance of £5.74M. This excludes any recognition of the MOU – which enacted would improve the position by £2.3M year to date, and leave an underlying deficit of £0.9M before the PSF is applied.

Commissioning/Other income are above plan with some variances as a result of associate contract,Training income, RTA income, CCICP contract variations and NHS recharges.

Pay is £1.82M worse than plan. Within nursing and HCA costs – there has been a continued use of agency nurses, to support unfunded escalation beds and HCA overspends relate to increases in patients who fall into the 1 to 1 care criteria. Medical pay, which has been previously underspending expected to deteriorate through the Winter months due to the employment of high cost agency doctors.

Non-Pay is about balanced with a better than budget position showing against clinical supplies reflecting elective under-performance.

Other operating costs are overspent by £1.8M, of which £1M relate to outsourcing in pathology/radiology – and £0.7M relate to Estates costs (Utilities £161K, Provisions £70K, 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, and the financial target has only been accounted for in Q1 and Q2 (2M). The full year impact of not reaching the A&E target is £2.4M. The impact of not achieving Q3/4 for the financial element is a further loss of £4M.

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	
	Plan Nov (£'000)	Actual Nov (£'000)	Variance Nov (£'000)	Plan April to Nov (£'000)	Actual April to Nov (£'000)	Variance April to Nov (£'000)	2018/19 (£'000)	Budget 2018/19 £'000
Operating								
Operating Income								
NHS Acute Activity Income								
Elective	982	1,035	53	7,501	7,183	-319	10,659	10,659
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Day cases	1,819	1,824	4	14,200	13,292	-909	21,139	21,139
Outpatients	2,294	2,515	221	17,996	18,987	991	26,672	26,672
A&E	806	845	40	6,817	7,086	269	10,139	10,139
Other NHS	3,807	3,443	-364	30,211	30,944	733	49,574	49,574
Total NHS Clinical Revenue	**15,971**	**15,884**	**-87**	**125,477**	**125,537**	**60**	**191,811**	**191,811**
Other Operating Income	2,031	2,031	0	16,316	16,389	73	21,500	21,500
Inter-Trust Income	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	**18,002**	**17,915**	**-87**	**141,793**	**141,926**	**133**	**213,311**	**213,311**
Operating Expenses								
Employee Benefits Expenses (Pay)	-12,417	-12,854	-437	-99,390	-101,613	-2,223	-146,930	-146,930
Drugs	-1,377	-1,420	-43	-11,013	-11,147	-134	-15,844	-15,844
Clinical Supplies	-1,467	-1,444	23	-11,870	-11,490	380	-17,353	-17,353
Non Clinical Supplies	-220	-253	-33	-1,744	-1,922	-178	-2,568	-2,568
Other operating expenses	-2,325	-2,316	9	-17,029	-18,896	-1,867	-26,706	-26,706
Inter-Trust Charges	114	130	16	911	1,021	110	1,364	1,364
TOTAL OPERATING EXPENSES	**-17,692**	**-18,157**	**-465**	**-140,135**	**-144,047**	**-3,912**	**-208,037**	**-208,037**
EBITDA	**310**	**-242**	**-552**	**1,658**	**-2,121**	**-3,779**	**5,274**	**5,274**
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	10	7	24	63	39	36	36
Non-Operating Expenses								
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Net Surplus/(deficit) before PSF/Exceptional Items	**-325**	**-863**	**-538**	**-3,422**	**-7,124**	**-3,702**	**-3,180**	**-3,180**
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Net Surplus/(deficit) before Exceptional Items	**518**	**-863**	**-1,381**	**1,213**	**-5,060**	**-6,273**	**5,248**	**5,248**
Donations for purchase of assets	24	24	0	192	136	-56	288	288
Depreciation on Donated Assets	-23	-23	0	-184	-184	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	**519**	**-862**	**-1,381**	**1,221**	**-5,108**	**-6,329**	**5,258**	**5,258**

The Trust excluding Community Services, delivered a £7.1M deficit against a planned deficit of £3.4M year to date - giving a £3.7M variance against plan cumulatively, excluding the impact of the provider sustainability fund (PSF).

Contract income and other operating income are in line with the plan.

Pay is £2.2M worse than plan cumulative as a result of higher spend on Nursing HCAs, due to unfunded escalation beds during the Summer months leading into Winter. Medical pay, is expected to come under pressure in the remaining 4 months of the financial year due to the use of high cost agency medical doctors covering gaps.

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

Other Operating Expenses is £1.9M worse as a result of continuing outsourcing pressures in Diagnostics and Radiology (£1M) and pressures within estates (£0.7M).

There is a cumulative reflection of the A&E performance provided for within the PSF. There is in addition a provision for the PSF not being met in months 7 & 8, due to the uncertainty of the trust receiving the full MOU value from the CCG.

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Forecast	
	Plan Nov (£'000)	Actual Nov (£'000)	Variance Nov (£'000)	Plan April to Nov (£'000)	Actual April to Nov (£'000)	Variance April to Nov (£'000)	2018/19 (£'000)	Budget 2018/19 £'000
Operating								
Operating Income								
NHS Acute Activity Income								
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	2,432	62	18,960	19,052	92	28,463	28,463
Total NHS Clinical Revenue	**2,370**	**2,432**	**62**	**18,960**	**19,052**	**92**	**28,463**	**28,463**
Other Operating Income	97	102	5	751	836	85	1,002	1,002
Inter-Trust Income	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	**2,467**	**2,534**	**67**	**19,711**	**19,888**	**177**	**29,465**	**29,465**
Operating Expenses								
Employee Benefits Expenses (Pay)	-1,801	-1,828	-27	-14,556	-14,153	403	-21,383	-21,383
Drugs	-2	-4	-2	-16	-21	-5	-24	-24
Clinical Supplies	-85	-88	-3	-682	-729	-47	-1,017	-1,017
Non Clinical Supplies	-81	-79	2	-648	-661	-13	-969	-969
Other operating expenses	-384	-418	-34	-3,217	-3,093	124	-4,713	-4,713
Inter-Trust Charges	-114	-130	-16	-911	-1,021	-110	-1,364	-1,364
TOTAL OPERATING EXPENSES	**-2,467**	**-2,547**	**-80**	**-20,030**	**-19,678**	**352**	**-29,470**	**-29,470**
EBITDA	**0**	**-13**	**-13**	**-319**	**210**	**529**	**-5**	**-5**
Non Operating								
Non Operating Income								
Interest & Asset disposal	0	0	0	0	0	0	0	
Non-Operating Expenses								
Depreciation & Finance Leases	0	0	0	0	0	0	0	
PDC Dividend Expense	0	0	0	0	0	0	0	
Adjusted Financial Performance surplus/(deficit)	**0**	**-13**	**-13**	**-319**	**210**	**529**	**-5**	**-5**
Provider Sustainability Fund	0	0	0	0	0	0	0	**0**
Net Surplus/(deficit) before Exceptional Items	**0**	**-13**	**-13**	**-319**	**210**	**529**	**-5**	**-5**
Donations for purchase of assets	0	0	0	0	0	0	0	0
Depreciation on Donated Assets	0	0	0	0	0	0	0	0
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	**0**	**-13**	**-13**	**-319**	**210**	**529**	**-5**	**-5**

Community Services delivered a £210K surplus cumulative against a planned deficit position of £319K.

Contract income is above plan (£92K), with expected variations in progress with the CCG around Stoma care, Pain and MCATS – being the main reason for variances.

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 £403k 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	(33)	(658)	(634)	(59)	(61)	(717)	(729)
Endoscopy	Endoscopy	4,211	1	(422)	(1,623)	135	(829)	227	1,760	(60)
General Surgery Directorate	General Surgery	11,607	60	386	(6,363)	(238)	(1,236)	(81)	4,069	66
Head & Neck Directorate	Head & Neck	3,588	281	(231)	(1,671)	121	(454)	81	1,743	(29)
Macmillan Cancer Centre	Macmillan Cancer Centre	434	1,306	321	(673)	(54)	(1,187)	(224)	(120)	43
Ophthalmology	Ophthalmology	8,276	39	444	(2,918)	(35)	(2,481)	(237)	2,916	172
Orthopaedic Directorate	Orthopaedics	12,399	161	(12)	(4,384)	80	(2,339)	(92)	5,837	(24)
Theatres & TC	Theatres & TC	0	230	(3)	(4,948)	41	(1,876)	(196)	(6,594)	(158)
Urology Directorate	Urology	3,828	35	62	(1,951)	(106)	(400)	(85)	1,512	(129)
Surgical and Cancer Division	**Surgery & Cancer**	**44,342**	**2,114**	**512**	**(25,189)**	**(691)**	**(10,861)**	**(669)**	**10,406**	**(848)**

The Surgical Division is £848k worse than plan year to date. Pay is £691K worse than budget, with overspends on HCA bank and agency nursing costs high as a result of medical outliers, which have resulted in a failure to close a surgical ward during the Summer months – despite the division requiring fewer beds. Whilst non pay is overspent by £669K, £256K of this is offset by increased charges to the Christie as part of their SLA recharges. - The balance of the overspend relating to increased ward costs associated with medical outliers. Whilst the trust is on a contract block with host commissioners there is a current underperformance on income of £160K relating to endoscopy (£423K) and ENT (£246k).

		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 Mgmn	Divisional Mangement M&EC	0	1	1	(1,507)	(382)	(59)	(14)	(1,565)	(395)
Accident & Emergency Dir	Emergency Department	10,601	532	(27)	(4,489)	(318)	(530)	(84)	6,114	(429)
Anaesthetics & Critical Care	Anaesthetics & Critical Care	4,270	36	(35)	(5,199)	300	(743)	78	(1,637)	343
Medical Directorate	General Medicine	28,446	124	73	(15,819)	(771)	(2,801)	356	9,950	(342)
Urgent Care Centre	Urgent Care Centre	0	0	0	(486)	(7)	0	54	(486)	47
Emergency Services Division	**Medicine & Emergency Care**	**43,317**	**693**	**11**	**(27,501)**	**(1,178)**	**(4,132)**	**391**	**12,377**	**(776)**

The Medicine and Emergency Care Division are £776K worse than plan. The key issue for the division remains related to pay, with nursing pay and HCA spend continuing to reflect the cost of unfunded escalation beds, and increased 1 to 1 care. Medical pay costs are expected to worsen for the last 4 months of the financial year due to the employment of a number of high cost agency doctors who are filling key gaps within the rotas for the division.

		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 Magmn	Divisional Mangement W&C	0	3	3	(877)	34	(87)	23	(961)	60
Gum clinic	Gum clinic	0	0	0	0	0	(1)	(1)	(1)	(1)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	11,959	78	(483)	(5,782)	50	(933)	(35)	5,322	(469)
Paediatric Directorate	Paediatrics	7,738	74	(313)	(5,311)	(197)	(698)	25	1,803	(485)
Women and Childrens Division	**Women and Children**	**19,697**	**155**	**(793)**	**(11,970)**	**(113)**	**(1,719)**	**12**	**6,163**	**(894)**

The Women's and Children's Division is £894K worse than plan. Contract income continues to be significantly below plan for both Gynaecology and Obstetrics - both as a result of lower than planned activity, and reduced market share for gynaecology. Paediatric income is also below plan, however it is expected to recover to some degree, as the profile of paediatric emergency activity is quite different to a general emergency care - which was the profile used for the plan. The pay pressure within paediatrics relates to ANPs and NICU.

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	(193)	24	(21)	(79)	(214)	(55)
Dermatology	Dermatology	1,194	14	(20)	(666)	40	(233)	(17)	309	4
ECG department	ECG	268	13	(5)	(670)	78	(53)	0	(442)	73
Elmhurst	Elmhurst	1,331	116	0	(1,084)	(63)	(104)	19	260	(44)
Integrated Discharge	Integrated Discharge	0	23	23	(210)	(18)	(5)	(3)	(191)	2
Medical Records Department	Medical Records Department	0	0	(1)	(1,202)	(35)	(146)	2	(1,348)	(34)
Outpatients	Outpatients	0	97	(15)	(370)	12	(41)	(5)	(314)	(7)
Pathology Directorate	Pathology	7,911	2,688	385	(6,524)	229	(5,919)	(554)	(1,843)	60
Pharmacy Departments	Pharmacy	2,370	125	(101)	(2,284)	(64)	(2,490)	(159)	(2,278)	(324)
Radiology Directorate	Radiology	2,078	542	(30)	(4,304)	(1)	(1,714)	(435)	(3,398)	(467)
Therapeutic Departments	Therapies	0	0	0	(1,436)	1	(42)	23	(1,477)	24
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,363	2	(62)	(1,180)	(22)	(192)	5	(7)	(79)
Diagnostics and Support Divisi	**Diagnostics and Support**	**16,517**	**3,621**	**175**	**(20,122)**	**181**	**(10,960)**	**(1,202)**	**(10,944)**	**(847)**

The Diagnostics Division is £847K worse than plan year to date, with the key pressures continue to lie with the outsourced radiology and pathology tests £761K (net of medical vacancies). There has been an increase to the charges that are made to East Cheshire Trust which offset the 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
Estates & Facilities Div Mgnt	Divisional Management E&F	0	0	0	(352)	14	(153)	(10)	(505)	4
Catering Directorate	Catering	0	937	31	(1,154)	(66)	(972)	(92)	(1,189)	(127)
Estates Departments	Estates Departments	0	313	(4)	(1,061)	4	(4,823)	(423)	(5,571)	(424)
Hotel Services	Domestics	0	0	0	(917)	1	(11)	(3)	(927)	(1)
Laundry Services Departments	Laundry	0	767	(47)	(769)	(45)	(545)	(19)	(547)	(112)
Security	Security	0	1,152	23	(496)	16	(470)	(73)	186	(34)
Site Services	Porters	0	0	0	(1,946)	(1)	(49)	4	(1,996)	2
Estates & Facilities Division	**Estates & Facilities Division**	**0**	**3,169**	**3**	**(6,696)**	**(78)**	**(7,023)**	**(616)**	**(10,549)**	**(691)**

The Estates and Facilities Division is £691K worse than plan. Within non pay there are some 1718 costs (Carbon Credits £160K, Gritting £13K) and one off costs (£40K wastage, £16K fixture and fitting, £14K overspend on barrier repairs) and the loss of £40K SLA contract within Laundry. Utilities are £161k and expected to be £329K over by year end - which are a significant ongoing financial pressure.

		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	11	11	(1,027)	(9)	(460)	(44)	(1,477)	(42)
Computer Services	Computer Services	0	16	9	(1,011)	31	(1,938)	(321)	(2,933)	(281)
Finance & Information	Finance & Information	0	29	8	(1,995)	91	(496)	14	(2,462)	113
Human Resources	Human Resources	0	340	21	(1,658)	40	(329)	74	(1,647)	135
Risk Manangement & R&D	Risk Management & R&D	0	331	(30)	(1,019)	52	(73)	(6)	(761)	16
Quality Assurance Departments	Nurse Management	0	158	86	(1,870)	(107)	(5,219)	178	(6,931)	157
Trust Central Expenditure	Trust Central Expenditure	3,712	5,729	(2,591)	(1,384)	(392)	(125)	330	7,932	(2,653)
Other Departments	Other Departments	14	159	81	(171)	(47)	(125)	53	(123)	87
	Corporate	**3,725**	**6,773**	**(2,405)**	**(10,135)**	**(341)**	**(8,765)**	**279**	**(8,402)**	**(2,468)**

The Corporate Division is £2.7M worse than budget – as this is where the provision for the provider sustainability fund is held (currently £2.6M).

	Community Services	**19,053**	**836**	**177**	**(14,153)**	**403**	**(4,501)**	**61**	**1,235**	**641**
	EBITDA	**146,651**	**17,362**	**(2,320)**	**(115,765)**	**(1,818)**	**(47,961)**	**(1,745)**	**286**	**(5,883)**

Financial Performance: Commissioner Income Analysis

Commissioner	FY Target (£'000)	YTD Target (£'000)	CEP Adjustmt	Final Actual (£'000)	Final Variance (£'000)
NHS Eastern Cheshire CCG	8,094	5,408	0	5,386	-23
NHS Eastern Cheshire CCG Community	412	275	0	275	0
NHS South Cheshire CCG Community	17,314	11,514	0	11,514	0
NHS South Cheshire CCG	101,698	67,868	124	67,868	0
NHS Vale Royal CCG	55,052	36,763	-1,065	36,763	0
NHS Vale Royal CCG Community	10,522	6,996	0	6,996	0
NHS Warrington CCG	284	193	0	214	21
NHS West Cheshire CCG	3,537	2,359	0	2,398	39
NHS West Cheshire CCG Community	191	127	0	127	0
NHS North Staffordshire CCG	2,307	1,555	0	1,754	199
NHS Shropshire CCG	892	598	0	514	-84
NHS Stoke on Trent CCG	1,609	1,087	0	1,138	51
Public Health England	1,540	950	0	887	-64
NHS Commissioning Board	1,604	1,060	0	1,060	0
Specialist Commissioning Group	8,210	5,517	0	4,761	-756
Non Contract Activity	2,007	1,333	0	1,396	63
Cross Border Flows (non Betsi)	149	99	0	77	-22
Betsi	229	153	0	545	392
Non-Commissioner Specific	12,616	4,927	0	2,576	-2,351
TOTAL	**228,702**	**149,073**	**-941**	**146,651**	**-2,422**

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,962	3,975	3,892	-83
Adult & Neonatal Critical Care	7,896	5,292	5,368	77
Community Paediatrics	1,303	869	869	0
Direct Access Services	9,509	6,428	6,509	81
Unbundled Radiology	3,505	2,369	2,360	-9
High Cost Drugs	9,762	6,746	6,562	-184
Screening Programmes	1,530	1,020	1,051	31
Audiology	1,167	778	699	-79
IVF	258	172	128	-44
CQUIN	4,312	2,119	1,990	-129
PSV	0	0	0	0
Community Services	28,426	18,951	18,857	-94
CEP	-2,817	-1,878	-941	937
WINTER FUNDING	750	500	390	-110
Other	6,623	1,834	2,262	427
TOTAL	**78,186**	**49,175**	**49,996**	**821**

South Cheshire CCG is currently performing below the contract value set, and Vale Royal above - if the contract were set on PbR tariffs between the 2 host CCGs the trust would be £0.94M better off. This is a position which has accelerated in the last 2 months, since the activity from Wales was ceased (at month 6, the trust was better off under the contract cap by £0.3M).

Other commissioners, except East Cheshire, and Shropshire CCGs are in the main over performing against plan. The growing underperformance on the Public Health England contract relates to the delay in starting lists at East Cheshire Trust.

Specialist Commissioning has a negative variance being the result of a high cost drug rebate of £551k in July, and a lower than expected volume of emergency patients who meet the criteria of specialised care.

Cross border flows includes Welsh commissioners where the Trust has completed work with the North Welsh Health board, pre-dominantly in orthopaedic surgery, and ophthalmology. This has now ceased as highlighted above.

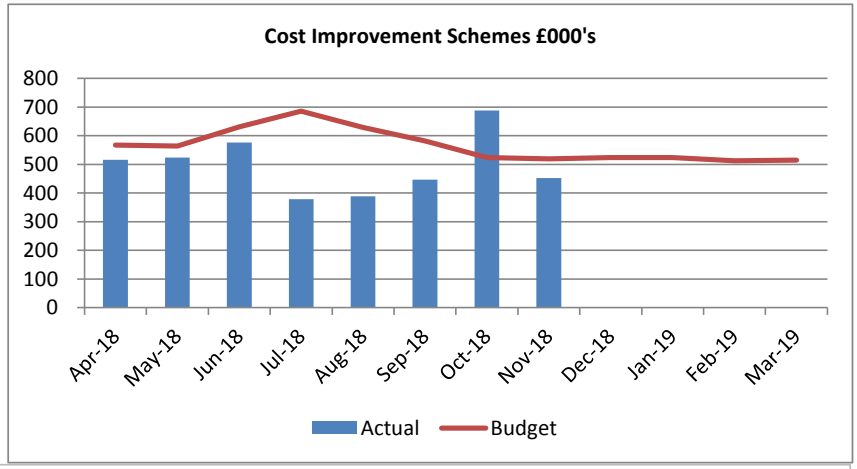
Other contract income is showing £0.8M better than plan.

This is in large part due to expected increases in activity within the plan have not materialised – and where the trust was expecting to have a material CEP adjustment YTD of £1.9M the adjustment on the South and Vale Royal contracts has only been £0.94M.

Aside the CEP adjustment there were gains against the un-coded prior year spells valuation (£140k), Direct Access Services with East Cheshire CCG (£81K), and Adult Critical Care (£77k) offset by anticipated CQUIN income (£129K) and High cost drugs (£184K) – with the rebate of £551K, passed directly onto Specialised Commissioning offsetting an over performance on home care drugs and AMD drugs.

Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	**YTD Target**	**YTD Actual**	**YTD**	**FY Target**	**FY Forecast**	**FY Variance**
Access & Flow	524	439	-85	524	439	-85
Commercial	126	169	44	195	278	83
Drugs	438	200	0	657	657	0
Medical Workforce	1,006	872	-134	1,550	956	-594
Non-Pay Efficiency	916	1,177	260	1,228	1,583	355
Nursing Workforce	572	402	-170	974	688	-286
Procurement	483	186	-247	684	333	-351
Theatres Efficiency	67	67	0	100	100	0
Service redesign	354	309	-45	540	463	-77
Market Share	213	147	-67	320	220	-100
Total (£'000)	**4,699**	**3,968**	**-444**	**6,772**	**5,717**	**-1,055**



The CIP achievement year to date is £444K worse than plan with the failure to close a ward being the key reason to date - however it is recognised that Surgery and Cancer were in effect able to close a ward, but for the increase in medical patients requiring beds. The CIP s for the following are also failing to deliv er at month 8 - improvement of nurse/HCA sickness (£146K), reduction in WLIs (£109K), and the Medical Vacancy factor in Surgery and Cancer (£89K).

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.

Capped Expenditure Schemes (£'000's)						
Scheme Category	**YTD Target**	**YTD Actual**	**YTD**	**FY Target**	**FY Forecast**	**FY Variance**
TeleDerm	41	0	-41	70	0	-70
Non-Pay Efficiency	58	58	0	100	100	0
Drugs	29	29	0	50	50	0
Commercial	117	0	-117	200	0	-200
Procurement	58	0	-58	100	0	-100
Elective	651	408	-243	1,116	510	-606
Total (£'000)	**954**	**495**	**-459**	**1,636**	**660**	**-976**

The CEP schemes rolled over from 1718 are under achieving by £457K, 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 BROUGHT FORWARD	2018/19 ANNUAL BUDGET	2018/19 CUMULATIVE BUDGET TO DATE	2018/19 CUMULATIVE ACTUAL	2018/19 BETTER/WORSE THAN BUDGET	2018/19 FORECAST	2019/20 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
STRATEGIC INVESTMENTS (Requires individual signoff)													
ESTATES													
CAR PARK BARRIERS	Yes	Internal	Yes	44	16	16	16	0	16		60	60	60
BISTRO & 2 OFFICES	Yes	Internal	Yes	120	58	58	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	2071	-207	1864	8600	2295	10,688	10,688
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Yes	174	1475	1475	0	1475	1475	0	174	1,649	1,649
WASTE COMPOUND AND SEGREGATION	Yes	Internal	Yes		350	350	0	350	0	350	0	700	350
TURNKEY FOR REPLACEMENT CT SCANNERS	No	Internal	Yes		165	165	0	165	165	135	0	300	300
BARRIER ACCESS CONTROL	Yes	Internal	Yes		100	50	0	50	100		0	100	100
CAR PARK LAND *	Yes	Loan	Not yet approved		400	80	14	66	40	1860	14	2,260	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	8	92	100		8	100	100
SSD ENABLING *	Yes	Loan	Not yet approved		668	0	0	0	0	668	0	1,336	668
WARD REFURBUISHMENT *	No	Loan	Not yet approved		1600	550	153	397	1400	200	153	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
TOTAL				**562**	**7396**	**4708**	**2326**	**2382**	**5218**	**14748**	**2888**	**22706**	**20528**
IT													
UNDER / OVERS CAPITAL SCHEMES 17/18	Yes	Internal	Yes		0	0	1	-1	0		1	0	0
UPS	Yes	Internal	Yes		250	0	0	0	0	250	0	500	250
Q PULSE	Yes	Internal	Yes	25	37	37	0	37	9	28	25	90	62
HIGH IMPACT STAND ALONE IT SYSTEMS	Yes	Internal	Yes	88	112	62	39	23	112	400	127	600	600
REPLACEMENT BUSINESS INTELLIGANCE SYSTEM	Yes	Internal	Yes		80	80	69	11	80		69	80	80
CONFIGURATION MANAGEMENT SYSTEM	Yes	Internal	Yes		35	35	0	35	0		0	35	0
CORE INFRASTRUCTURE UPGRADE	yes	PDC	Yes		538	304	171	133	418	180	171	718	598
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	100	100	0	500	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	66	6	60	75	100	472	666	641
SYSTEM REFRESH / REPLACEMENT													
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	60	0	60	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
TOTAL				**596**	**3140**	**1107**	**652**	**455**	**1497**	**3921**	1248	**7657**	**6,014**
TOTAL STRATEGIC INVESTMENTS				**1158**	**10536**	**5815**	**2978**	**2837**	**6715**	**18669**	**4136**	**30,363**	**26,542**

The Estates strategic investments capital spend is £2.3M underspent mainly due to the third MRI Scanner £1.4M, a supplier has now been chosen and design work has started. In addition the ward 12 refurbishment schemes is underspent, but has now started. Also there is a delay in the Turnkey works for the replacement CT scanner and the Waste Compound scheme. These are due to start later in the financial year but completion may be in the new financial year. The IT Strategic investments projects are £0.46M which is mainly due to Core Infrastructure upgrade £133K with the remaining variance across a number of schemes.

Financial Performance: Capital Report

SCHEME	BOARD APPROVED	FUNDING SOURCE	FUNDING APPROVED	EXPENDITURE BROUGHT FORWARD	2018/19 ANNUAL BUDGET	2018/19 CUMULATIVE BUDGET TO DATE	2018/19 CUMULATIVE ACTUAL	2018/19 BETTER/WORSE THAN BUDGET	2018/19 FORECAST	2019/20 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
ROLLING ALLOCATIONS (Approved Delegated Budgets)													
ESTATES													
ASBESTOS REMOVAL	Yes	Internal	Yes		271	155	56	99	135	736	56	1,007	871
DESIGN TEAM	Yes	Internal	Yes		313	200	216	-16	313	1252	216	1,565	1,565
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		459	307	13	294	150	1009	13	1,468	1,159
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		2650	1818	1164	654	1,736	7873	1164	10,523	9,609
TOTAL				**0**	**3,693**	**2,480**	**1,449**	**1031**	**2,334**	**10,870**	**1449**	**14,563**	**13,204**
IT													
INTERSITE CONNECTIVITY	Yes	Internal	Yes		50	25	17	8	50		17	50	50
INTERFACING	Yes	Internal	Yes		151	61	82	-21	101	390	82	541	491
IT APPLICATIONS	Yes	Internal	Yes		193	117	17	100	143	475	17	668	618
STORAGE & BACKUP	No	Internal	Yes							250		250	250
TOTAL				**0**	**394**	**203**	**116**	**87**	**294**	**1115**	**116**	**1,509**	**1,409**
TOTAL ROLLING ALLOCATIONS				**0**	**4,087**	**2,683**	**1,564**	**1,119**	**2,628**	**11,985**	**1,564**	**16,072**	**14,613**
ADDITIONAL													
EQUIPMENT	Yes	Internal	Yes		0	0	137	-137	90		137	0	90
PUBLIC WiFi					0	0	0	0	205		0	0	205
ACQUISITION OF SCPH					0	0	0	0	1000		0	0	1,000
PERSONAL CARE PORTAL					0	0	0	0	70		0	0	70
MEDICAL RECORDS RACKING	Yes	Internal	Yes		43	43	60	-17	60		60	43	60
CANCER MDT	Yes	PDC	Yes		30	30	0	30	0		0	30	0
GP STREAMING ESTATES	Yes	PDC	Yes	12	488	488	557	-69	488		569	500	500
GP STREAMING IT FRONT OF HOUSE	Yes	PDC	Yes	108	142	0	0	0	0		108	250	108
COMMUNITY SERVICES	Yes	Internal	Yes	105	630	630	486	144	630		591	735	735
LEASING INVESTMENTS													
EQUIPMENT	Yes	Internal	Yes		600	273	273	0	522	78	273	678	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	0		0	532	0
3RD MRI SCANNER	Yes	Internal	Yes		600	0	0	0	0		0	600	0
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	0	320	0	640	320
TOTAL LEASING INVESTMENTS				**0**	**2833**	**273**	**273**	**0**	**772**	**398**	273	**3231**	**1170**
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)				**1,383**	**15,956**	**9,689**	**5,783**	**3,906**	**11,886**	**30,654**	**7,166**	**47,993**	**43,923**
TOTAL CAPTIAL PROGRAMME				**1,383**	**18,789**	**9,962**	**6,056**	**3,906**	**12,658**	**31,052**	**7,439**	**51,224**	**45,093**

The rolling allocation is £1.1M underspent due to the delay in some of the backlog maintenance and CTVT replacement, Asbestos replacement and IT Applications.

The forecast spend has been reduced by the following: Asbestos £0.136M, Backlog Maintenance £1.08M , Ward Refurbishment £0.2M , Endoscopy Washer Build £0.25M, EPR Project office £0.35M , Virtual Desktop £0.2M, Car Park Land purchase £0.3M, CCTV £0.15M, CTVT £0.15M, Replacement SSD washers build work £0.7M, UPs £0.25M, Virtual Clinics £0.1M, Lab Centre Upgrade £0.8M 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.

There have been three schemes added in year Personal Care Portal £70K and Public Wi-Fi £0.2M which are funded via external money and the acquisition of South Cheshire Private Hospital £1M.

Financial Performance: Statement of Financial Position

	Plan Apr to Nov (£'000)	Actual Apr to Nov (£'000)	Variance (£'000)	Forecast 2018/19 (£'000)
Assets				
Assets, Non-Current	**103,822**	**99,588**	**-4,234**	**106,454**
Assets, Current				
Trade and other Receivables	7,236	7,254	18	9,055
Other Assets (including Inventories & Prepayments)	5,834	6,460	626	6,600
Cash and Cash Equivalents	11,256	9,813	-1,443	12,205
Total Assets, Current	**24,326**	**23,527**	**-799**	**27,860**
ASSETS, TOTAL	**128,148**	**123,115**	**-5,033**	**134,314**
Liabilities				
Liabilities, Current				
Finance Lease, Current	-962	-524	438	-2,147
Loans Commercial Current	-181	-208	-27	-667
Trade and Other Payables, Current	-13,904	-14,651	-747	-13,505
Provisions, Current	-146	-138	8	-225
Other Financial Liabilities	-7,469	-9,550	-2,081	-6,552
Total Liabilities, Current	**-22,662**	**-25,072**	**-2,410**	**-23,096**
Net Current Assets/(Liabilities)	**1,664**	**-1,545**	**-3,209**	**4,764**
Liabilities, Non Current				
Finance Lease, Non Current	-5,097	-4,534	563	-4,077
Loans Commercial Non-Current	-13,690	-12,040	1,650	-16,504
Provisions, Non-Current	-1,604	-1,586	18	-1,489
Trade and Other Payables, Non-Current	0	0	0	**0**
Total Liabilities Non-Current	**-20,391**	**-18,160**	**2,231**	**-22,070**
TOTAL ASSETS EMPLOYED	**85,095**	**79,883**	**-5,212**	**89,148**
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	76,791	76,791	0	76,791
Retained Earnings	-7,288	-12,501	-5,213	-3,236
Donated asset reserve	0	0	0	0
Revaluation Reserve	15,592	15,592	0	15,592
TOTAL TAXPAYERS EQUITY	**85,095**	**79,882**	**-5,213**	**89,147**
TOTAL FUNDS EMPLOYED	**85,095**	**79,882**	**-5,213**	**89,147**

Assets Non-Current
The main reason for the variance is that the plan is the capital programme expenditure being £4.6M less than anticipated which is mainly due to a delay in the third MRI Scanner build £1.46M, Backlog maintenance £0.44M, Waste Compound £0.35M, CT Infrastructure £0.16M, Core Infrastructure Upgrade £0.14M, CTVT £0.2M, CCTV £0.1M, Ward Refurbishment £0.4M and a delay in the renewal of some finance leases £0.7M. This is offset by an underspend on the depreciation charge.

Trade and other Receivables
NHS Trade Receivables are lower than anticipated due to the A&E PSF for quarter 2 and quarter 3 to November not being accrued as the A&E target has not been achieved £1M. In addition the October and November financial element of the PSF has not been accrued whilst there is a debate about whether it will be honoured. This is offset by outstanding debts from University of North Midlands Trust £0.10M, Health Education England £0.5M (Paid early December), Aintree £0.11M, South Cheshire Private Hospital £0.13MK, Cheshire East Council £0.11M, South Cheshire CCG £0.24M, North Staffordshire CCG £0.11M, NHS Property Services £0.13M One to One Nursing £0.10M and The Christies £0.4M.

Other Assets
This higher than anticipated due to higher than expected Drug Stocks.

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

Trade and other Payables
Trade and other payables are more than anticipated due to the management of trade creditors

Other Financial Liabilities
This is mainly due to Accruals being less than expected mainly due to the plan being based on last year's accruals. There are fewer accruals in 2018/19 for CCICP expected expenditure in particular CCICP rental invoices. This is offset by an advance payment by South Cheshire and Vale Royal CCG's £3.372M which has been prepaid out.

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.

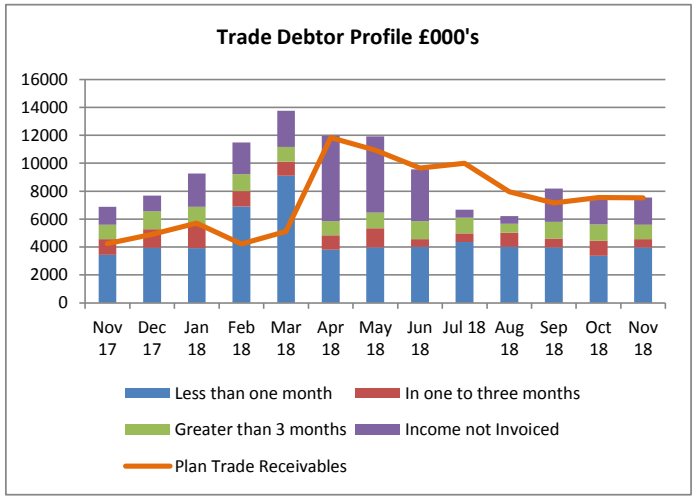
Financial Performance: Cash Position and Working Capital

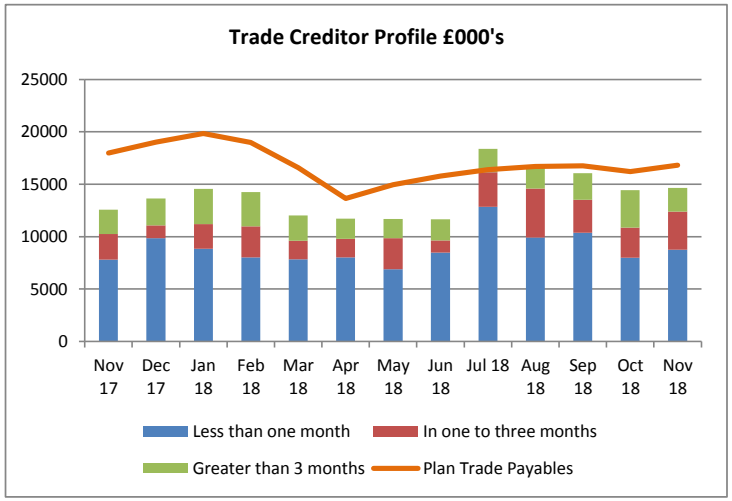
	Plan Apr to Nov (£'000)	Actual Apr to Nov (£'000)	Variance
Surplus/(deficit) after tax	**316**	**-4,898**	**-5,214**
Non-cash flows in operating Surplus/(deficit) total	4,025	3,654	-371
Operating cash flows before movements in working capital	**4,341**	**-1,244**	**-5,585**
Increase/(Decrease) in working capital Total	7,506	10,818	3,312
Net cash inflow/(outflow) from operating activities	**11,847**	**9,575**	**-2,272**
Net cash inflow/(outflow) from investing activities total	-8,855	-6,082	2,773
Net Cash inflow/(outflow) before financing	**2,992**	**3,493**	**501**
Net cash inflow/(outflow) from financing activities Total	503	-1,440	-1,943
Net increase/(decrease) in cash and cash equivalents	**3,495**	**2,053**	**-1,442**
Opening cash balance	**7,761**	**7,761**	**0**
Closing cash balance	**11,256**	**9,814**	**-1,442**

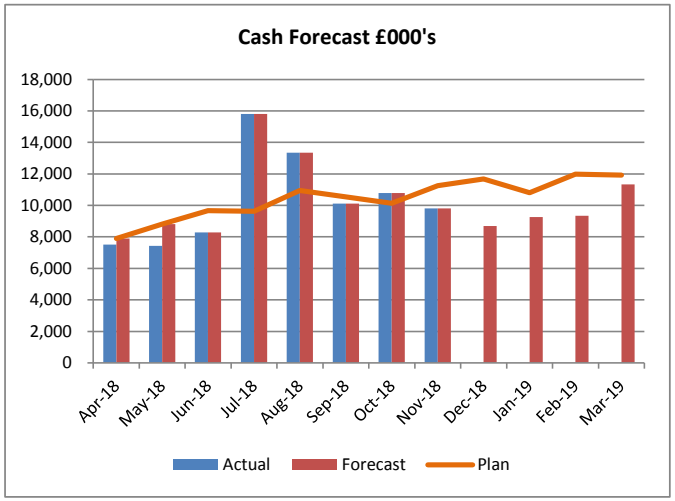
Cash is £1.4M less than anticipated; this mainly due to the failure of the Q1 A&E target (£0.4M).

In addition the delay in the capital payment is improving the cash position but this is offset by £0.65M of a capital loan for the ward refurbishment and the MRI Scanner which has not been drawn down.

Working capital has improved due to the increase in trade creditors offset by a significant deficit against plan due to the CCG's current decision not to honour the Memorandum of Understanding (MOU). The CCG's decision will mean that the Trust may require a significant working capital loan at the end of the year.







Finance: *Staff Costs*

Headline Measures

	YTD £000's	Rolling 13 months £000's												
		Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
Pay Budget	113,948	13,799	13,721	13,916	13,817	13,785	14,001	14,112	14,008	14,158	14,900	14,225	14,325	14,219	
Pay Actual	115,767	13,826	13,692	14,278	14,017	14,133	14,094	14,152	14,237	14,183	14,960	14,639	14,820	14,682	
Variance	-1,819	-27	29	-362	-200	-348	-93	-40	-229	-25	-60	-414	-495	-463	
% to Budget	*101.6%*	*100.2%*	*99.8%*	*102.6%*	*101.4%*	*102.5%*	*100.7%*	*100.3%*	*101.6%*	*100.2%*	*100.4%*	*102.9%*	*103.5%*	*103.3%*	
Nursing Staff % to Budget	102.8%	102.9%	102.4%	105.9%	104.7%	105.0%	101.7%	99.9%	102.1%	100.5%	103.5%	103.1%	104.3%	107.0%	
Medical Staff % to Budget	99.5%	97.4%	95.3%	98.5%	97.1%	103.2%	95.4%	100.5%	99.2%	97.3%	92.0%	104.2%	107.2%	100.0%	
Other Staff % to Budget	101.7%	99.1%	99.8%	101.6%	100.7%	99.5%	102.9%	100.6%	102.7%	101.6%	102.0%	102.0%	100.3%	101.4%	

Figures exclude Community Services for 2016/17

Commentary

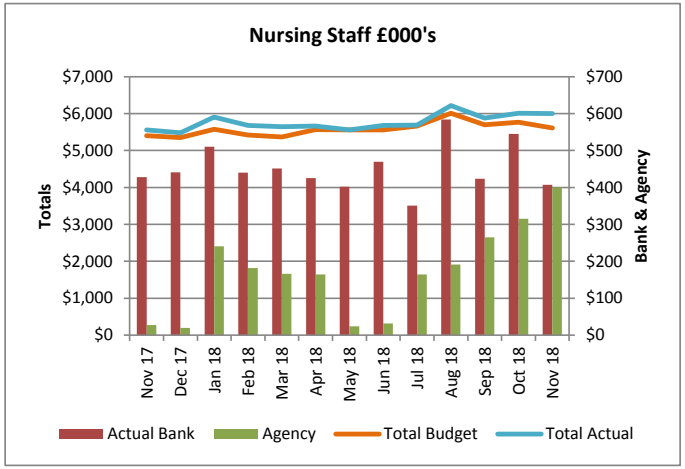
Pay is worse than budget by £1.8M year to date.

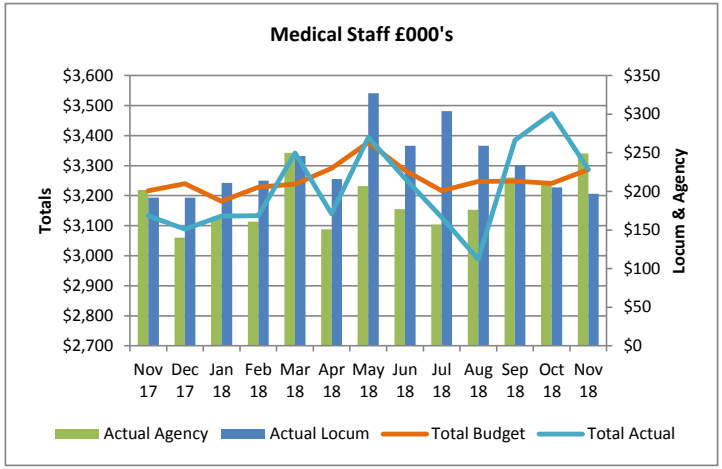
Nursing costs associated with keeping escalation beds/CAU assessment area open in April have been offset against agreed additional Winter money funding within contract income, however the escalation over the Summer, which extended in Autumn are unfunded. Bank use over establishment for HCAs continues to support one to one patient supervision and is a financial pressure. Nursing vacancies and sickness levels have remained static in the month.

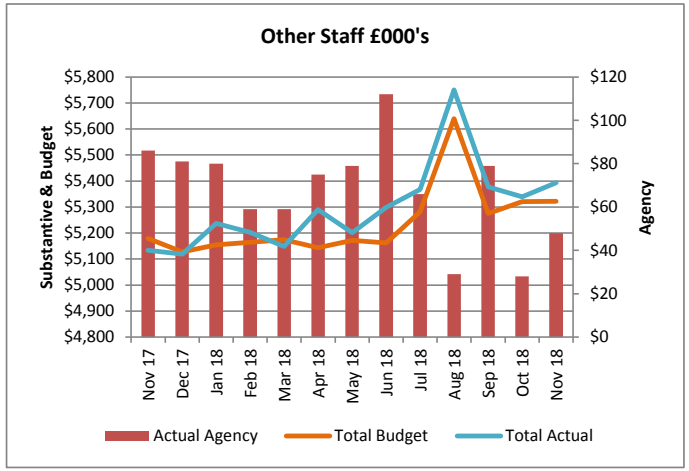
Medical pay is balanced in month, however it is expected to come under pressure due to the use of high cost agency doctors in Medicine & Emergency Care, covering vacancies - which is likely to continue throughout remainder of the financial year.

The agency spend is continuing to exceed the plan in November. 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

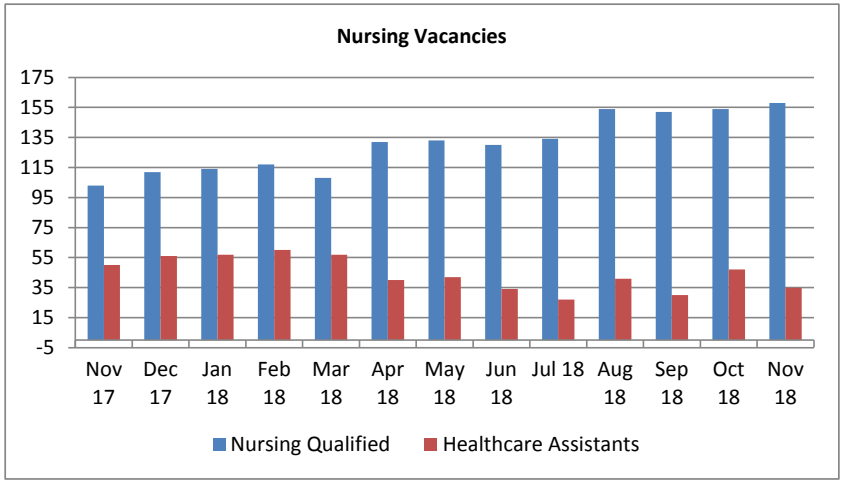






Finance: *Staff Costs*

Secondary Drivers



Medical vacancies under review

Agency Trajectory

	YTD	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
Plan	-2,920	-477	-506	-495	-470	-484	-365	-365	-365	-365	-365	-365	-365	-365	
Actual	-3,607	-721	-572	-668	-618	-574	-389	-310	-320	-387	-395	-563	-546	-697	
Variance	-687	-244	-66	-173	-148	-90	-24	55	45	-22	-30	-198	-181	-332	
CCICP Actual	0	-77	-152	-210	4	-77	0	0	0	0	0	0	0	0	

	Rolling 13 Months													
	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Monthly Trend
Sickness Rate (Rolling 12 mths)	4.23%	4.25%	4.28%	4.28%	4.38%	4.38%	4.37%	4.30%	4.29%	4.27%	4.27%	4.26%	4.24%	
Total Leavers	39	33	46	37	59	39	41	38	38	63	48	34	34	
Turnover (Rolling 12 mths)	10.93%	10.71%	10.70%	10.66%	11.18%	11.33%	11.28%	11.33%	11.17%	11.67%	11.54%	11.25%	11.03%	

Quality Governance

Organisational Quarterly Risk Register Report

2018/19

Quarter 2

'Delivering Excellence in Healthcare through Innovation and Collaboration'

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1. Purpose

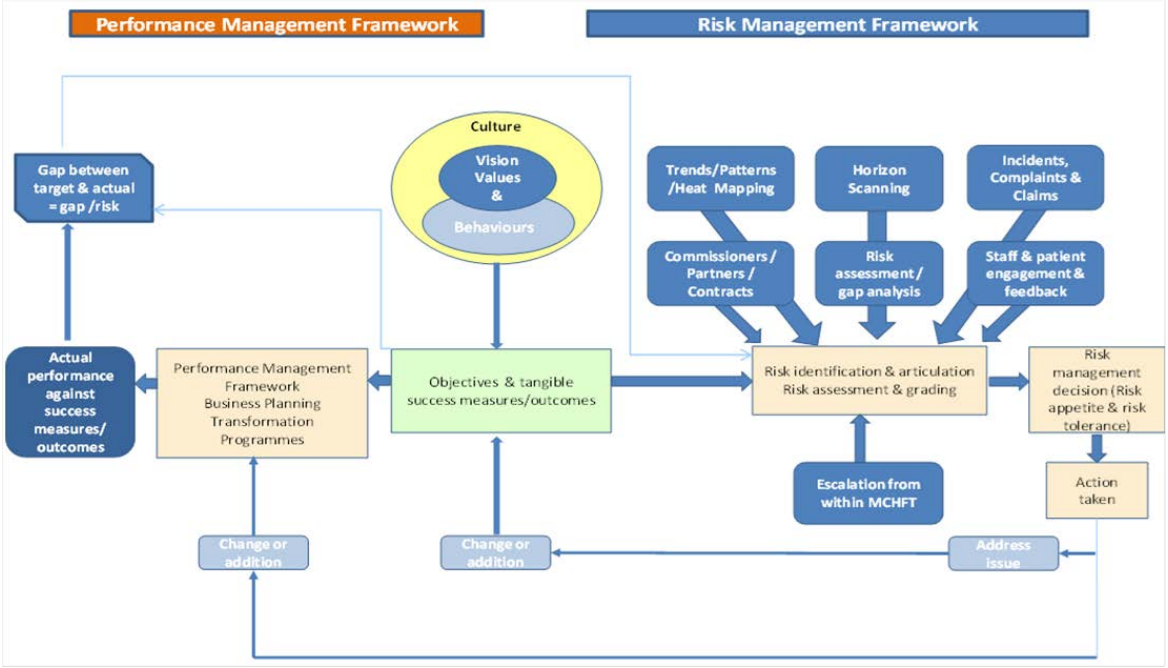
The new *Risk Management Strategy & Framework 2017/20* approved in August 2017 and forms part of the Trust's wider internal control and governance arrangements. It defines the strategy, policy, principles and mandatory requirements for how we manage risks across the organisation, highlights key aspects of the risk management and assurance process, and identifies the main reporting and escalation procedures. The purpose of this report is to provide the local position in Medicine and Emergency Care for review, challenge and discussion at Divisional Board with the outcome of providing assurances in relation to the divisional objectives.

2. Current position & next steps

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

3.

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



4. Top five divisional risks

Risk Title	Mitigated (With controls) Risk Rating	Shift				Key links to BAF 2018/19
		Q1-18/19	Q2-18/19	Q3-18/19	Q4-18/19	
Delivery of key local and National targets and standards, in particular the 4 hour standard in A&E	5(C) x 4(L) = 20	Under Review	⇔			Q1,Q2,E1, E2,P1,P2
Workforce capacity and skill mix to consistently deliver high quality care, seven days a week	5(C) x 4(L) = 20	Under Review	⇔			Q1,Q2,P1, P2,E2,W2
Lack of pace in the significant transformational change required to deliver the Cheshire East Place Strategy and consequently the Health and Care Partnership (HCP) for Cheshire & Mersey	4(C) x 4(L) = 16	Under Review	⇔			Q1,Q2,P1, P2,E2,W2, T1,T2a,T2 b
The Long Term Financial Sustainability of the Trust.	5(C) x 4(L) = 20	Under Review	⇔			E1,E2,P1, P2,T1,T2a, T2b
A Lack of funding to Implement the Information Management and Technology Strategy.	3(C) x 4(L) = 12	Under Review	⇩			Q1,Q2,E1, E2,T2a,T2 b

5. New risks in quarter 2 rated 12 & above

- EC0414 - Delays within the Division for routine outpatient follow up
- EC0415 - Risk of the Trust IM&T Strategy not supporting DMEC Divisional objectives
- EC0417 - National Access Targets in ED
- EC0418 - Minor Injury Service at VIN
- Inaccurately completed discharge letters requiring intervention by a pharmacist
- Cardiac CT imaging
- Control of the backlog of patients awaiting routine follow up in Dermatology
- Control of the backlog of patients awaiting routine follow up in Clinical Haematology
- CS0374 – Lack of pace in the significant transformational change required to deliver the Cheshire East Place strategy and consequently the Health and Care Partnership (HCP) for Cheshire & Mersey

6. Risks past the review date rated 12 & above

- EC0405 – Change in speciality on Ward 7 which is impacting upon acuity – 10/07/2018
- MS0142 – The implications of an independent midwifery service practicing within the geographical area for MCHFT – 09/07/2018
- PG0272 – Inadequate availability of medical staff to cover rotas – Obs and Gynae – 17/09/2018

7. Potential new risks awaiting assessment / horizon scanning

- Bowel Screening and gFOBt programme – proposed April 2019

- The use of the Surgical Ambulatory Care Unit (SACU) as bedded escalation area thus displacing the SACU.
- Potential risks identified from the review of NICE Guidance, Quality Standards and Royal College/National Guidance.
- Lack of dedicated multidisciplinary team of Specialist Allied Health Professionals supporting the Neonatal Team – moderate 4 – awaiting input
- On call Community Midwives staffing awaiting input
- Labour ward coordinator cover
- Clinical risk from external provider assessment with DGM for agreement
- CTG Training awaiting approval at Governance meeting
- Saving Babies Lives (scanning capacity) awaiting approval at Governance meeting
- Non-compliance with National guidelines ATP role in maternity theatre risk has been escalated to Divisional boar
- Consultant Dermatology capacity
- Increase in referrals to Dermatology following closure of private provider

8. Risk Register - Summary on a page

The total number of risks on the risk register currently is **313**. The scores of the mitigated assessed risks are depicted in the brackets on the matrix below. Detailed risks rated 20 and above are presented in Appendix A. As work on the risk register progresses to apply a more consistent approach to both the articulation of the risk, the grading and centralisation of improvement actions, it is expected a shift will be seen in the overall risk profile of the organisation.

Total number of risks:															**313**
Risk Matrix	**Likelihood**														
Impact	**1**			**2**			**3**			**4**			**5**		
	Rare			**Unlikely**			**Possible**			**Likely**			**Almost certain**		
	Score	**Total**	**%**	**Score**	**Total**	**%**	**Score**	**Total**	**%**	**Score**	**Total**	**%**	**Score**	**Total**	**%**
5 Catastrophic	5	13	4.2%	10	52	16.6%	15	13	4.2%	20	3	1%	25	-	-
4 Major	4	8	2.6%	8	51	16.3%	12	62	19.8%	16	19	5.8%	20	2	0.6%
3 Moderate	3	5	1.6%	6	24	7.7%	9	35	11.2%	12	8	2.6%	15	3	1%
2 Minor	2	1	0.3%	4	7	2.2%	6	1	0.3%	8	4	1.3%	10	1	0.3%
1 Negligible	1	-	-	2	-	-	3	1	0.3%	4	1	0.3%	5	-	-

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

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

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

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

10. Summary of the divisional risk register by mitigated risk score (Rated 15 & above)

*In development

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
CS0327	**Director of Finance** Mark Oldham		Long Term Financial Sustainability of MCHFT	02/09/2015		**Under Review**		**5x4 = 20**			**5x2 = 10**	*The Trust has delivered its financial control total for 2017/18 and agreed a contract for 2018/19 which supports the delivery of the 2018/19 financial target. This risk has been reviewed and has been scored as 5x4=20 as confidence is now higher that the memorandum of understanding will be delivered. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.*
CS0328	**Medical Director** Dr Dodds		Workforce capacity and skill mix to consistently deliver high quality care, seven days a week	24/09/2015		**5x4 = 20**	**5x4 = 20**	**5x4 = 20**			**5x2 = 10**	*This risk now incorporates two previous risks. It has been rewritten and rescored. It was originally titled 'Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)'. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.*
CS0325	**Chief Operating Officer** Chris Oliver		Delivery of key local and National targets and standards, in particular the 4 hour standard in A&E	29/09/2016		**Under Review**		**5x4 = 20**			**5x2 = 10**	*This risk was previously titled* 'Operational Sustainability of MCHFT'. The risk has been reviewed and rescored with the focus being on the Trust's target for the 4 hour standard in A&E. *The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.*

Reference	Lead	Divisional Objective	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
CS0284	**Director of Nursing & Quality** Julie Tunney		Registered Nurse staff shortages	02/01/2013		**Under Review**		**4x4 = 16**			**4x2 = 8**	*The risk has been reviewed and rescored. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.*
CS0233	**Patient Safety Manager** Sheila Townsend		Medical devices Training in MCHFT	02/02/2011		**5x3 = 15**	**5x3 = 15**	**5x3 = 15**			**5x1 = 5**	*Risk under review and is currently being re-written and re-scored.*
CS0268	**Telecommunications Manager** Debbie Walton		Loss/unavailability of Switchboard telecommunications equipment	19/01/2013		**5x3 = 15**	**5x3 = 15**	**5x3 = 15**			**5x2 = 10**	*We are in the process of installing a new telephone system, until this is completed, the risk and scores will remain. Once completed, we will reassess the risk assessment.*
CP0061	Marie Buckley		Controlled drugs management	14/02/2018		**4x4 = 16**	**4x4 = 16**	**4x4 = 16**			**4x2 = 8**	The Pharmacist is in the process of reviewing MCHFTs and CCICPs procedural documents. Due to unforeseen circumstances the completion date planned for 30th June has had to be revised. It is anticipated that completion will be 31st August 2018
CS0370	**Director of Finance**		Potential Claims relating to Reportable Occupational Disease - including Mesothelioma & Noise induced Hearing Loss	13/11/2014		**4x4 = 16**	**4x4 = 16**	**4x4 = 16**			**4x4 = 16**	Reviewed no change

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
CS0371	**Head of L&D**		Lack of in-house trainer resources to deliver Conflict Resolution Training	31/01/2018		**4x4 = 16**	**4x4 = 16**	**4x4 = 16**			**4x2 = 8**	Reviewed no change
CS0374	**Chief Executive**		Lack of pace in the significant transformational change required to deliver the Cheshire East Place strategy and consequently the Health and Care Partnership (HCP) for Cheshire & Mersey	09/08/2018		New		**4x4 = 16**			**4x2 = 8**	New risk, therefore no details required at time of report.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures							Position Statement
					Controls Assurance Rating*	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Target Rating	
DC0887	David Butterworth		Consultant Histopathologist Capacity	24/03/2015		4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x2 = 8	*Risk reviewed 31/08/2018: Joint recruitment is being undertaken with UHNM as part of the ongoing recruitment campaign. Training has been given to Pathology staff in additional procedures and Consultant of the Week has been implemented as a point of contact for technical staff queries.*
DC1025	David Stokes		CT Scanning Equipment	16/11/2017				5x3 = 15	5x3 = 15	5x3 = 15	5x1 = 5	*Risk reviewed 31/08/2018: A Unique Works number has been sent to Medical Imaging for the equipment to be ordered. However, the environmental works are awaited now by Estates & Facilities.*

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
EC0379	**Matron** Rachel Wilkinson		Risks associated with inadequate staffing levels - Ward 2	10/11/2016		4x5 = 20	4x5 = 20	4x4 = 16			2x3 = 6	*Risk score changed to Likely (4) rather than Almost Certain (5) due to the controls in place which as a result has meant no major / catastrophic harm incidents have been reported on the Ward since Feb 2016. Risk review is scheduled for December 2018.*
EC0327	**Consultant Anaesthetist** Michelle Green		Lack of secondary Anaesthetic on-call cover	31/07/2010		4x5 = 20	4x5 = 20	4x5 = 20			4x2 = 8	*ACCP's have been recruited and start in November 18 (2 years training programme). Speciality Doctors will support over the 2 year training period Risk should be able to be closed upon their commencement. Risk review is scheduled for November 2018.*
EC0397	**Matron** Naomi Jenkins		Risks associated with inadequate staffing levels on Ward 5	19/06/2017		5x4 = 20	5x4 = 20	4x4 = 16			2x2 = 4	*Risk score changed to Likely (4) rather than Almost Certain (5) due to the controls in place which as a result has meant there has only been 3 incidents reported as major harm since 2014. Risk review is scheduled for December 2018.*
EC0287	**Associate Medical Director** Doug Robertson		Risks associated with insufficient numbers of junior doctors across the ECD Division	01/03/2013		5x4 = 20	5x4 = 20	5x3 = 15			4x2 = 8	*Position has improved on the previous quarter as there are only 2 vacancies for this period which are due to Visa issues. Risk review is scheduled for November 2018.*
EC0388	**Matron** Naomi Jenkins		Cardiac Monitoring System	13/06/2017		5x4 = 20	5x4 = 20	5x3 = 15			5x1 = 5	*Due to rarity of incidents being reported about this issue likelihood changed to Possible (likelihood for target also amended to Rare). Risk review is scheduled for November 2018.*

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
EC0387	**Divisional General Manager** Zoe Harris		Lack of service provision within Respiratory	23/03/2017		4x5 = 20	4x5 = 20	4x4 = 16			4x2 = 8	*There are now 3 wte in post and 1 more to be appointed in January 19. As a result of the increase in the likelihood has been reduced to Likely. Risk review is scheduled for November 2018.*
EC0384	**Divisional General Manager** Zoe Harris		Lack of service provision within Cardiology	29/11/2016		4x5 = 20	4x5 = 20	4x5 = 20			4x3 = 12	*There is currently 2.7wte Consultant vacancy within Cardiology. There is a NHS Locum position currently being re-advertised as previous candidates could not be appointed. A partnership agreement is in place with UHNM to provide sessions and it is being investigated to see if additional sessions could be provided. Risk review is scheduled for November 2018.*
EC0399	**Matron** Naomi Jenkins		Non-Invasive Ventilation and Tracheostomy patients on Ward 5	12/09/2017		4x5 = 20	4x5 = 20	4x4 = 16			4x3 = 12	*Although the vacancies on the Ward are still an issue (EC0397) the likelihood has been changed to Likely (4) rather than Almost Certain (5) due to the controls in place and no incidents related to NIV care reported in 2018. Risk review is scheduled for November 2018.*
EC0329	**Divisional General Manager** Zoe Harris		Failure to deliver National Access Targets within ED and the increasing level of delays impacting upon patient flow and quality of care / patient experience.	03/06/2015		4x4 = 16	4x4 = 16	4x4 = 16			4x3 = 12	*There has been a continued unprecedented demand within the Trust since the Christmas period which has impacted upon the delivery of the 4 hour standard. Risk review is scheduled for October 2018.*

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
EC0402	**Divisional General Manager** Zoe Harris		Lack of Service Provision within Diabetes	23/03/2017		4x4 = 16	4x4 = 16	4x4 = 16			4x2 = 8	*We have 1 substantive Diabetologist / Endocrinologist at the moment. An additional post went out to advert, however, no one was shortlisted form the applicants so the post has been re-advertised. The alternate ward cover hasn't been implemented; however there has been an increase in the outpatient provision available with the Associate Medical Director running three clinics per week. Risk review is scheduled for November 2018.*
EC0403	**Divisional General Manager** Zoe Harris		Lack of service provision within Endocrinology	09/01/2018		4x4 = 16	4x4 = 16	4x4 = 16			4x2 = 8	*We have 1 substantive Diabetologist / Endocrinologist at the moment. An additional post went out to advert, however, no one was shortlisted form the applicants so the post has been re-advertised. The alternate ward cover hasn't been implemented; however there has been an increase in the outpatient provision available with the Associate Medical Director running three clinics per week. Risk review is scheduled for November 2018.*
EC0317	**Clinical Service Manager** Julie Love		Delayed discharge from Critical Care	01/02/2010		3x5 = 15	3x5 = 15	3x5 = 15			3x2 = 6	*Due to the unprecedented demand within the Trust this has impacted on the number of delayed discharges from Critical Care. Additional measures have been added to the handover to support. Risk review is scheduled for January 2019.*

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
EC0381	**Matron** Naomi Jenkins		Risks associated with insufficient advanced life support (ALS) covered registered nurses in the coronary care unit (CCU)	21/11/2016		5x3 = 15	5x4 = 20	4x4 = 16			2x2 = 4	*The consequence has been updated to Major based on the controls in place. Risk review is scheduled for December 2018.*
EC0414	**Divisional General Manager** Zoe Harris		Delays within the Division for routine outpatient follow up	11/07/2018				4x4 = 16			4x1 = 4	*New risk added in quarter, for review in October 2018.*
EC0417	**Divisional General Manager** Zoe Harris		National Access Targets in ED	07/09/2018				4x4 = 16			4x1 = 4	*New risk added in quarter, for review in December 2018.*
EC0342	**Divisional General Manager** Zoe Harris		Failure to Meet Access Targets Across the Specialities within the Division	15/06/2015		2x5 = 10	2x5 = 10	3x5 = 15			2x5 = 10	*Still a number of areas failing to meet target so risk score has been increased to 15 and reviews increased to Quarterly. Next review in November 2018.*
EC0346	**Divisional General Manager** Zoe Harris		Gastroenterology Service Provision at MCHFT	03/03/2016		5x2 = 10	5x2 = 10	5x3 = 15			5x2 = 10	*Of the 5 in post 3 are Locums. 1 of the two substantive posts is about to go on Maternity Leave so risk likelihood changed to possible and review to Quarterly. Next review in November 2018.*

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
EF0101	**Head of Estates** Paul Dyche		Legionella- Water distribution/temperature at Leighton Hospital	09/12/2010		**5x3 = 15**	**5x3 = 15**	**5x3 = 15**			**5x1 = 5**	*Risk reviewed and amended accordingly*
EF0260	**Head of Estates** Paul Dyche		Loss of Mechanical Infrastructure and associated resources: Leighton Hospital	25/05/2010		**4x4 = 16**	**4x4 = 16**	**4x4 = 16**			**4x1 = 4**	*Risk reviewed and amended accordingly*
EF0351	**Director of Estates & Facilities** Mike Babb		Strategic Backlog Maintenance	01/01/2013		**3x5 = 15**	**3x5 = 15**	**3x5 = 15**			**3x5 = 15**	Unable to amend assessment until new Backlog programme is drafted and agreed. Confirmation of Backlog Programme due in April (new Financial year)
EF0393	**Director of Estates & Facilities** Mike Babb		Risks to the Continuity of MCHFT Critical Functions identified by the Estates and Facilities Division	11/04/2014		**5x3 = 15**	**5x3 = 15**	**5x3 = 15**			**5x1 = 5**	Reviewed no change at this time

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
SC0535	Divisional Head of Nursing		Insufficient staffing within Inpatient locations			4x2 = 8	4x2 = 8	4x4 = 16			4x2 = 8	The risk is currently under further review and further development by the Divisional HoN, following an investment enabling the introduction of as 12 hour shift pattern within the Surgery & Cancer Divisional inpatient locations.
SC0614	Divisional General Manager	D1	Delivering high quality clinical care 7 days per week	29/03/2018		5x3 = 15	5x3 = 15	5x3 = 15			5x2 = 10	Work is ongoing to review develop and enhance the workforce to meet the needs of the current divisional footprint and to support the implementation of 7 day services where required.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures							Position Statement
					Controls Assurance Rating*	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target Rating	
PG0057	**DGM**		Inadequate Availability of Medical Staff within Paediatrics	22/04/2009		**5x3 = 15**	**5x4 = 20**	**5x3 = 15**			**5x1 = 5**	Risk rating reduced 10.9 Divisional agreement to reduce risk due to two new Consultants now in post.
PG0272	**Obs and Gynae Clinical Lead**		Inadequate availability of medical staff to cover rotas - Obs and Gynae	08/06/2016		**5x3 = 15**	**5x3 = 15**	**5x3 = 15**			**5x2 = 10**	At present O&G have two gaps on the senior trainee rota, 0.4 WTE gap on the junior trainee rota – Clinical Lead for Obs and Gynae has reviewed the risk and confirmed current rating remains.

11. Closed / de-escalated risks previously rated 12 & above

Ref	Lead	Divisional Objective*	Title	Date of Initial Assessment	2018/19						Rationale De-escalation / Closure	Date
					Controls Assurance Rating*	Q4 17/18	Q1	Q2	Q3	Q4		
CS0302	**Head of Information Governance** Cora Suckley		Information Governance Overarching Risk Assessment	08/08/2014		**5x4 = 20**	**5x4 = 20**	**Closed**			**10**	*Risk closed as superseded by Cyber Security and GDPR risks.*	28/09/2018
CS0023	**Emergency Planning Officer** Neil Furness		Influenza Type Disease Pandemic Causing Disruption to Services			**5x3 = 15**	**5x3 = 15**	**Closed**				*Risk closed as managed via Trust Influenza Plan*	28/09/2018
EC0396	**Divisional General Manager** Zoe Harris		Lack of service provision within the Heart Failure service	19/01/2018		**4x3 = 12**	**4x3 = 12**	**Closed**			**4x1 = 4**	*Service Provision is in place. Backlog still exists but risk is included on EC0384*	28/09/2018
EC0407	**Service Manager** Michelle Huxley		Lack of resource within the palliative care team	01/02/2018		**3x4 = 12**	**3x4 = 12**	**Closed**			**3x2 = 6**	*A Nurse has been appointed to the service and funding secured for an administrator which is out for advert. As such there risk isn't currently live.*	24/09/2018
EC0410	**Lead Nurse** Sian Axon		No Supernumerary Critical Care Nurse in Charge	05/03/2018		**3x5 = 15**	**3x5 = 15**	**Closed**			**3x2 = 6**	*Closed as this post is now in the budgeted establishment.*	06/08/2018

Ref	Lead	Divisional Objective*	Title	Date of Initial Assessment	2018/19						Rationale De-escalation / Closure	Date
					Controls Assurance Rating*	Q4 17/18	Q1	Q2	Q3	Q4 Target Rating		
EC0411	**Divisional General Manager** Zoe Harris		Lack of outpatient follow up for stoke and TIA patients	06/03/2018		**4x3 = 12**	**4x3 = 12**	**Closed**		**4x2 = 8**	*Backlog has been cleared so no issue with outpatient follow up. Still some issues with staffing, this is covered on EC0404*	24/09/2018
SC0558	Mark Wilde		Risks associated with reduced numbers of Middle - Junior grade medical staff	31/08/2015		**4x4 = 16**	**4x4 = 16**	**12**			Risk score revised to 4x3=12 based on incrsaed junior doctor allocation August 2018 to all specialities.	11/09/2018
SC0586	Emma Reay		Use of lasers in inpatient theatres	08/05/2017		**12**	**12**	**8**			The risk assessment has been reveiwed and revised.	12/07/2018
PG0057	Paediatric Clinical Lead		Inadequate Availability of Medical Staff within Paediatrics	22/10/09		**20**	**15**	**Closed**		**5**	*Divisional agreement to reduce risk due to two new Consultants now in post.*	10/09/2018

Ref	Lead	Divisional Objective*	Title	Date of Initial Assessment	2018/19						Rationale De-escalation / Closure	Date
					Controls Assurance Rating*	Q4 17/18	Q1	Q2	Q3	Q4	Target Rating	
PG0081	CAU Ward Manager		Safety of Children and Staff on CAU in Relation to Staffing	29/09/15		**16**	**12**	**8**				*Agreement reached following discussion at the Paediatric Risk Review meeting that rating should be reduced. This risk had been upgraded to an extreme risk in Q1 due to CAU going to Summer numbers. Discussions with the Head of Nursing resulted in the need to downgrade it back to 12 due to there being no staffing incidents reported to support the increase in severity. Staff reminded of the need to report these incidents*	25/09/2018
DC1015	Kay Brown		Office temperature med rec	20/05/2017		**9**	**9**	**Closed**			**3**	*Air conditioning installed and fully operational.*	04/09/2018

Appendix A: Detailed Risks Rated 15 & Above

CS0327 – Long Term Financial Sustainability of MCHFT	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
								T (5x2)				C (5x4)	I (5x5)

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>"	Lead	Control Measures	Controls Assurance Rating	Position Statement	Original Date
Risk: The Trust becomes financially unsustainable **Cause:** • Non Delivery of CIP targets • Underperformance on Elective Activity • Increasing premium costs of staff to cover gaps • Non Electivity Demand outstripping bed capacity • Loss of contracts due to competition • Increasing efficiency requirements in the National Tariff **Effect/Impact:** • Cash flow implications of deteriorating trading position • Quality & performance of services	**Director of Finance** Mark Oldham	1. Monthly CIP performance meetings 2. Quality Impact Assessment of CIP schemes 3. Theatre Productivity Group plans 4. Cash flow monitoring and debt collection processes 5. Budget meetings on monthly basis 6. Recruitment initiatives (foreign and domestic) and Premia incentives 7. Tendering for services (new and existing) 8. Stronger Together Programme 9. Weekly performance meetings re: activity delivery 10. Annual Plan 11. Trust Strategy & local plans 12. Borrowings in place for key schemes		*The Trust has delivered its financial control total for 2017/18 and agreed a contract for 2018/19 which supports the delivery of the 2018/19 financial target. This risk has been reviewed and has been scored as 5x4=20 as confidence is now higher that the memorandum of understanding will be delivered. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.*	29/05/2012 **Review Frequency** Monthly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 2 **BAF Links** Q1, Q2, P1, P2, E1, E2, W1, T1, T2a, T2b

Shift

2016-17		
Q1	25	►
Q2	20	▼
Q3	20	►
Q4		
2017-18		
Q1		
Q2	20	►
Q3		
Q4		

Shift Position

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

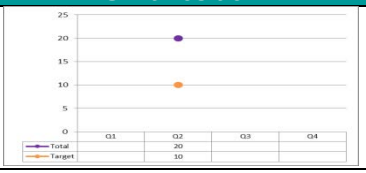
CS0325 – Delivery of key local and National targets and standards, in particular the 4 hour standard in A&E	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
								T (5x2)				C (5x4)	I (5x5)

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>"	Lead	Control Measures	Controls Assurance Rating	Position Statement	Original Date
There is a risk that National standards, performance targets and commissioner contractual requirements may not be achieved, as a result of an increasing demand on Trust services, which may lead to regulatory sanction and financial penalties.	**Director of Operations** Chris Oliver	1. Corporate governance infrastructure, systems and processes. 2. An Escalation Policy and a number of clinical pathways in place. 3. Performance management framework 4. Monitoring of performance at Trust Board, Audit Committee, PAFC and divisional boards 5. Monitoring of performance by CCG's 6. Quality, Safety and Improvement Strategy 2018/19 7. Monthly meeting with DGMs 8. Monthly finance and activity review meetings 9. Daily monitoring and 4 x daily bed management meetings with site reports populated 7 times a day 10. Weekly performance review meeting (PMG) 11. Breach analysis weekly 12. Access and Flow Transformation Programme 13. Horizon scanning, agility and ability to respond 14. RTT Task and Finish group and action plan 15. Quarterly elective capacity and demand internal meetings 16. Cancer Performance Management (PTL) and Board Meetings 17. Annual Capacity and Demand Planning Process		*This risk was previously titled* 'Operational Sustainability of MCHFT'. The risk has been reviewed and rescored with the focus being on the Trust's target for the 4 hour standard in A&E. *The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.*	09/09/2015 **Review Frequency** Monthly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 3 **BAF Links** Q1, Q2, E1, E2, W1, W2, W3

Shift

2016-17		
Q1	16	►
Q2	16	►
Q3	16	►
Q4		
2017-18		
Q1		
Q2	20	►
Q3		
Q4		

Shift Position



Key: I = Initial Risk Rating; C = Current Risk Rating; T = Target Risk Rating

▲ = Risk rating has increased since previous quarter

► = No change from previous quarter

▼ = Risk rating has decreased since previous quarter

CS0328 – Workforce capacity and skill mix to consistently deliver high quality care, seven days a week	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
								T (5x2)				C (5x4)	I (5x5)

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>"	Lead	Control Measures	Controls Assurance Rating	Position Statement	Original Date
There is a risk that patients may not receive timely, high quality care, as a result of a failure to provide adequate numbers of staff with the appropriate skills seven days a week, which may lead to an adverse impact on patient safety, patient experience and clinical outcomes.	**Medical Director** Dr Paul Dodds	1. Recruitment to additional Consultant posts in the major acute specialties. 2. Divisional business cases in development to support the expansion of Consultant numbers to deliver the Seven Day Services Clinical Standards 3. Annual review of Consultant job plans to increase on site "out of hours" Consultant presence. 4. Recruitment to additional roles (e.g. Advanced Nurse Practitioners) to supplement the "out of hours" clinical / medical workforce. 5. Critical Care Outreach Service available 24/7 6. Prompt access to diagnostic services, including medical imaging and pathology. 7. Policy for Adult Inpatient Vital Signs and Early Warning Score Monitoring 8. Advancing Quality programme. 9. Development of clinical pathways with external partners to ensure that patients receive appropriate, high quality care "out of hours" (e.g. stroke thrombolysis with the University Hospitals of North Midlands). 10. Engagement in the Getting It Right First Time (GIRFT) national programme 11. Quality governance infrastructure, systems and processes. 12. Patient Safety Summit 13. Seven Day Services Steering Group 14. Deteriorating Patient Steering Group 15. Implementation of the Structured Judgement Review process to review in-patient deaths 16. Quality and Safety Improvement Strategy 2018/19 17. On-call rotas for executives and clinical specialties (e.g. Pharmacist) 18. Bank and agency staffing arrangements 19. Education and development programmes		*This risk now incorporates two previous risks. It has been rewritten and rescored. It was originally titled 'Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)'. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.*	24/09/2015 **Review Frequency** Monthly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 3 **BAF Links** Q1, Q2, P1, P2, E1, E2, W1, W2, W3

Shift

2016-17		
Q1	20	►
Q2	20	►
Q3	20	►
Q4		
2017-18		
Q1		
Q2	20	►
Q3		
Q4		

Shift Position

Key: I = Initial Risk Rating ▲ = Risk rating has increased since previous quarter

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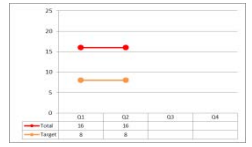
T = Target Risk Rating ▼ = Risk rating has decreased since previous quarter

DC0887 – Consultant Histopathologist Capacity	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
							T (4x2)				C (4x4)	I (4x5)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
There are risks of: Increased turnaround times for histology and diagnostic cytology specimens Delay to cancer pathways Inadequate cover at MDT meetings due to inadequate numbers of Consultant Histopathologists. Inability to continue to offer a post mortem (PM) service on the Macclesfield site Inability to provide specialist knowledge Backlogs in technical duties Lack of clinical leadership Causes Inadequate numbers of consultants, Inability to recruit to substantive posts Requirement to send work for external reporting. Insufficient numbers of remaining Pathologists who can perform PM. Loss of experts in various fields, e.g. no colorectal lead. Resignation of Clinical Lead and non-replacement of this post. Impact Delay in diagnosis and treatment with potential moderate harm to patients Non-delivery of key objective / service due to lack of staff Ongoing unsafe staffing levels Disruption causing unacceptable impact on patient care Unsatisfactory patient experience leading to justified complaint and/or potential litigation Local Media - short term - minor effect on public attitudes / staff morale Elements of public expectation not being met	Dr D Butterworth, Consultant Histopathologist & Associate Medical Director for Diagnostics & Clinical Support Services and Women's and Children's Divisions	1. Locum Consultants are employed when available. Consultants to P code and triage cases. Consultants perform waiting list initiative sessions. External reporting of non-urgent cases 1WTE band 8A BMS Advanced Practitioner commenced 1/9/16. 1WTE band 7 (dissector) is to start on the 24/10/16 who will perform specimen dissection, freeing up Consultant time for reporting and MDT attendance etc. Investigating possibility of joint Consultant appointments at alternative trusts. 2. Business Continuity Plan (BCP09) for Consultant Histopathologist vacancies. Locum Consultants are employed when available. Consultants to P code and triage cases. Consultants perform waiting list initiative sessions. External reporting of non-urgent cases. 1WTE band 8A BMS Advanced Practitioner commenced 1/9/16. 1WTE band 7 (dissector) is to start on the 24/10/16 who will perform specimen dissection, freeing up Consultant time for reporting and MDT attendance etc. Investigating possibility of joint Consultant appointments with alternative trusts. Business Continuity Plan (BCP09) for Consultant Histopathologist vacancies. 3. Locum Consultants are employed when available. Consultants to P code and triage cases. Consultants perform waiting list initiative sessions. External reporting of non-urgent cases. 1WTE band 8A BMS Advanced Practitioner commenced 1/9/16. 1WTE band 7 (dissector) is to start on the 24/10/16 who will perform specimen dissection, freeing up Consultant time for reporting and MDT attendance etc. Investigating possibility of joint Consultant appointments with alternative trusts. Business Continuity Plan (BCP09) for Consultant Histopathologist vacancies. Communication sent to users regarding organisation of cases at MDT to minimise time required by Pathologists. 4. Locum Consultants are employed when available. Investigating alternative ways of working, to free up Consultant time- advanced practitioners /senior BMS dissectors. Meeting arranged with Coroner to look at solutions in collaboration with local hospitals. Investigating possibility of joint Consultant appointments with other trusts. Business Continuity Plan (BCP09) for Consultant Histopathologist vacancies. 5. Locum Consultants are employed when available. Investigating possibility of joint Consultant appointments with other trusts. 6. Use of Bank staff as required, if available. Training in additional procedures. 7. Consultant of the week' to be rostered as a point of Contact for technical staff queries.		Risk reviewed 31/08/2018: Joint recruitment is being undertaken with UHNM as part of the ongoing recruitment campaign. Training has been given to Pathology staff in additional procedures and Consultant of the Week has been implemented as a point of contact for technical staff queries.	24/03/2015 **Review Frequency** Quarterly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 1 **Links to Divisional Objectives** **Shift** **2016-17** Q4 16 ► **2017-18** Q1 16 ► Q2 16 ► Q3 16 ► Q4 16 ► **2018-19** Q1 16 ► Q2 16 ► **Shift Position** 

Key:

I = Initial Risk Rating
▲ = Risk rating has increased since previous quarter

C = Current Risk Rating
► = No change from previous quarter

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

CS0284 – Registered Nurse staff shortages	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
							T (4x2)				C 4x4	I (4x5)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>"	Lead	Control Measures	Controls Assurance Rating*	Position Statement	Original Date
Risk: There is a risk that patients may not receive timely interventions to address their clinical needs **Cause:** As a result of a reduced staffing capacity of registered nurses **Effect/Impact:** Which may lead to adverse clinical outcomes for patients Which may lead to regulatory sanctions Which may to an increase in complaints Which may lead to litigation Which may negatively impact on Trust reputation Which may lead to an adverse financial impact Which may lead to low staff morale	**Director of Nursing & Quality** Julie Tunney	1.Trust Escalation Policy with revised staff escalation matrix, includes: Delivery of a daily staffing meeting with the aim of identifying staff to address gaps Consideration given to the use of agency staff following executive authorisation. 2.The Trust has the following 24/7 support services available: Senior Manager On-Call proving advice Clinical site managers Executive on-call 3. Launch of a multi-disciplinary clinical workforce group (Consisting of task and finish groups to recruit RN roles and roles outside of the traditional RN recruitment.) This group reports progress to the Executive Workforce Group. 4. Revised and active recruitment of newly qualified nurses, as part of a multi-disciplinary clinical workforce group 5.Fast tracking of ECF's to reduce delays in the recruitment process. 6.Use of exit interview data to inform retention strategies. 7.Trust promotional information added to job descriptions on NHS Jobs. 8.Adverts revised to include set interview days. 9.Temporary staffing efficiencies programme, specifically targeted at: Robust recruitment plan in place Efficient rota management, with the implementation of an electronic roster and KPI's to monitor performance Improved ways of working for hospital bank SBAR tool in place to provide rationale for usage of off-framework agencies Awareness of agency cap and internal trajectory. Transgressions authorised by the executive team are reported to the Transformation and People Committee 10.Set of monthly arranged recruitment days across quarter 2. Those offered posts are then invited to 'Keep in Touch Days' 11. Revision of hospital bank service, including ways of recruitment, registered and unregistered fill rate.		*The risk has been reviewed and rescored. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.*	02/01/2013 **Review Frequency** Monthly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 9 **BAF Links** Q1, Q2, E1, E2, W1, W2, W3

Shift

2017-18		
Q1	20	►
Q2	20	►
Q3	20	►
Q4		
2018-19		
Q1		
Q2	16	►
Q3		
Q4		

Shift Position

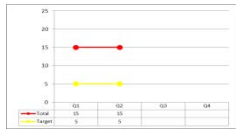
Key: I = Initial Risk Rating ▲ = Risk rating has increased since previous quarter | C = Current Risk Rating ► = No change from previous quarter | T = Target Risk Rating ▼ = Risk rating has decreased since previous quarter

DC1025 – CT Scanning Equipment	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
					T (5x1)					C (5x3)			

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
Risk: Unsupported CT Scanner Hardware post March 2018 Insufficient CT Capacity to meet demand Cause: 8 year old Lightspeed CT Scanner due for replacement Impact: Potential harm to patients resulting from delayed diagnosis Unsatisfactory patient experience resulting in complaints and litigation Failure to meet local and national targets Loss of 50% of CT scanning service Loss of income due to reduction in scanning capacity Reputational damage adverse publicity	David Stokes, Medical Imaging Service Manager	1. Clinical examination and judgement to prioritise CT scanning requirements 2. Outsourcing undertaken where appropriate 3. Maintenance contract in place until March 18 and agreement with manufacturer that post March 18 repairs will be made on a best endeavours basis		Risk reviewed 31/08/2018: A Unique Works number has been sent to Medical Imaging for the equipment to be ordered. However, the environmental works are awaited now by Estates & Facilities.	05/12/2017 **Review Frequency** Quarterly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 1 **Links to Divisional Objectives**

Shift		
2016-17		
Q4		
2017-18		
Q1		
Q2		
Q3		
Q4	15	►
2018-19		
Q1	15	►
Q2	15	►

Shift Position



Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

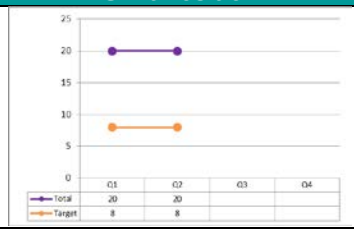
▲ = Risk rating has increased since previous quarter ► = No change from previous quarter ▼ = Risk rating has decreased since previous quarter

EC0327 – Lack of secondary Anaesthetic on-call cover	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
							T (4x2)					I & C (4x5)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
There is a risk that patients may not receive the level of care required as a result of the anaesthetic service being unable to meet demand due to a lack of secondary anaesthetic on-call cover. This may lead to potential patient safety and harm as a result of a delay. Cause: Critical Care & Maternity share 'second on' rota provision, which may affect service provision & patient safety Consequence: - Anaesthetic service unable to meet demand. - Reduced quality of care. - Potential patient safety harm due to delays in treatment - Unable to support off site transfers - None compliance with National Guidelines. - Failure to achieve Anaesthetic Clinical Service Accreditation. - Increased cost due to utilisation of Consultant cover. - Increase in work related stress. - Non-compliance with Deanery regulations regarding breaks.	**Clinical Lead** Michelle Green	1. First on rota (lower ST's doctor) anaesthetist provision. However don't always have Critical Care or Obstetric competencies. 2. Consultant Anaesthetist available 24/7 & general and Intensivist Consultant Anaesthetist split rota 3. Specialty/ Hospital Grades and Higher ST doctor rota on as second -on; 4. Specialty doctor & Higher ST 1:12 combined rota which is split at the weekends 5. Access to Consultant on-call- Out of hours. 6. Access to Critical Care Outreach Service - Nurses are not supernumerary which does not guarantee support. 7. Trainee Doctor bank provision. 8. Rota planning sent to Medical Staffing to support with any vacancy shifts. 9. Business case approved within MCHFT for splitting of the rota which is to be presented to the commissioners. 10. Finance has been agreed to fund the complete split, the date for the split is 1st November 2018. 11. Recruitment has been undertaken and jobs offered to facilitate this. 12. Rotas have been redesigned and agreed with the current employees to facilitate this		*ACCP's have been recruited and start in November 18 (2 years training programme). Speciality Doctors will support over the 2 year training period Risk should be able to be closed upon their commencement. Risk review is scheduled for November 2018.*	31/07/2010 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 6 **BAF Links** **Q1** **Shift**

2017-18		
Q1	15	►
Q2	15	►
Q3	20	▲
Q4	20	►
2018-19		
Q1	20	►
Q2	20	►
Q3		
Q4		

Shift Position



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

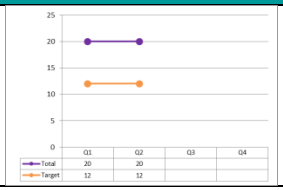
EC0384 – Lack of service provision within Cardiology	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
									T (4x3)			I&C (4x5)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
There is a risk that patients may have a delay in their diagnosis or follow up as a result of vacancies with consultants in cardiology that could result in a reduced quality of care and patient experience. Causes: Current waiting time is 20 weeks (there are an additional 300 patients not even added to this waiting list) Current waiting time for urgent referrals is 9 weeks (should be 2-4 weeks) Even if vacancies are filled there will still be a gap of 3000 slots Consequences: Major / Catastrophic harm to patients due to delay in treatment Financial impact to the Trust due to not being able to meet the RTT due to the lack of Consultant Cardiologist Reduced flow within Cardiology due to lack of Consultant Cardiologist Inpatient care Reduction in outpatient services Failure to meet RTT Failure to comply with the 6 week diagnostic wait time for DSE & TOE There will be no emergency inpatient service for TOE Reduction within the heart failure service	**DGM** Zoe Harris	1. Locum in position. 2. Partnership agreement in place with UHNM to provide sessions.		*There is currently 2.7wte Consultant vacancy within Cardiology. There is a NHS Locum position currently being re-advertised as previous candidates could not be appointed. A partnership agreement is in place with UHNM to provide sessions and it is being investigated to see if additional sessions could be provided. Risk review is scheduled for November 2018.*	29/11/2016

Review Frequency
Monthly
Monitoring Group
EQGG
Risk Source
Risk Assessment
Version
5
BAF Links
Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1	20	►
Q2	20	►
Q3	16	▼
Q4	20	▲
2018-19		
Q1	20	►
Q2	20	►
Q3		
Q4		

Shift Position



Key: I = Initial Risk Rating ▲ = Risk rating has increased since previous quarter

C = Current Risk Rating ► = No change from previous quarter

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

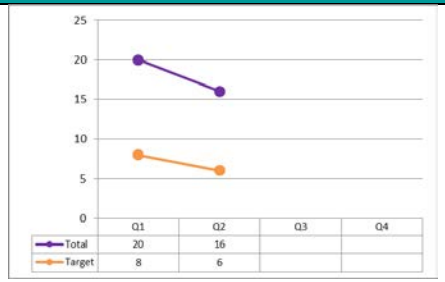
EC0379 - Risks associated with inadequate staffing levels - Ward 2	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
						T (2x3)					C (4x4)	I (4x5)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
There is a risk that patients may not receive timely, high quality care as a result of low staffing levels on Ward 2, which may lead to an adverse impact on patient safety, experience, outcomes and overall quality of care. Cause: - Risk of Patients not getting the quality and timely care they require due to insufficient staffing levels to meet dependency needs - There is a risk of that the Ward Manager is not able to undertake the managerial roles due to the inadequate staffing levels on ward 2. - There is a risk that annual leave has been approved on full nursing establishment booked for this financial year impacting upon the ability to safely staff the ward with the appropriate skill mix and skill set. - There is a risk of reduced staff morale, increased sickness and worked related stress due to insufficient staffing levels on ward 2. - There is a risk that the nursing team will be unable to assist consultants on ward rounds that are 5 times a week on the same day and time for both consultants due to insufficient staffing levels on ward 2 - There is a risk of increased financial impact to ward 2's budget due to bank/agency spend - There is a risk of registered nurses not meeting the revalidation requirements or meet mandatory training due to cancellation of training. Consequence: - Acutely unwell patient's not receiving appropriate monitoring - Hospital acquired pressure ulcers - Falls	**Matron** Rachel Wilkinson	1. Agency and Bank staff used on Ward 2. Matrons reviewing staffing across Wards on a shift by shift basis to see if staff can be re-allocated to support low staffed areas 3. Ward Manager working in the staffing numbers to provide patient care 4. Trust recruitment drives to get additional staff in to the Trust		*Risk score changed to Likely (4) rather than Almost Certain (5) due to the controls in place which as a result has meant no major / catastrophic harm incidents have been reported on the Ward since Feb 2016. Risk review is scheduled for December 2018.*	10/11/2016

Review Frequency
Quarterly
Monitoring Group
EQGG
Risk Source
Risk Assessment
Version
7
BAF Links
Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1	20	▶
Q2	20	▶
Q3	20	▶
Q4	20	▶
2018-19		
Q1	20	▶
Q2	16	▼
Q3		
Q4		

Shift Position



- Medication incidents - Reduction in scores of key performance indicators - Infection control - Complaints - Delays in MDT referrals - Delays in incident analysis - Delays in booking and releasing staff for mandatory training - Management of sickness and absence - Reduction in numbers of staff appraisals completed. - Reduced score on the CARES audit				

Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

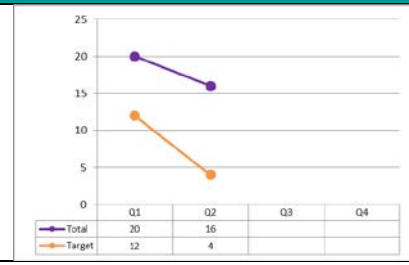
▲ **=** Risk rating has increased since previous quarter ► **=** No change from previous quarter ▼ **=** Risk rating has decreased since previous quarter

EC0397 - Risks associated with inadequate staffing levels on Ward 5	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
				T (2x2)							C (4x4)	I (4x5)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
Risk: Inadequate staffing ratio on ward 5. Cause: Due to the budgeted establishment not being achieved. Effect/Impact: Potential impact on service provision, quality of care and patient experience. Potential patient safety harm due to delays in nursing review/intervention. Treatment is delayed, resulting in increased length of stay and inability to meet patients basic care needs. Reduced quality of care. Increased work related stress. Higher incident reporting. Increased length of stay. Financial implications with increased use of agency staff. Potential delays in the completion of training and staff appraisals. Potential for inappropriate skill mix. Unable to facilitate NIV treatment. Shifts may remain uncovered due to vacancies throughout the division Vacant shifts not always covered by bank and agency staff.	**Matron** Naomi Jenkins	1. On-going recruitment. 2. Daily staffing review undertaken by the Matrons within the Division. 3. Ward escalation to Matrons when gaps present in rota. 4. Ward Managers within the Division review off duty to review the skill mix. 5. Use of Nurse Bank and Agency staff. 6. Planned implementation for a Pharmacy technician to be utilised on ward 5. 7. Safety huddles. 8. Involvement of Critical Care to facilitate NIV where appropriate.		*Risk score changed to Likely (4) rather than Almost Certain (5) due to the controls in place which as a result has meant there has only been 3 incidents reported as major harm since 2014. Risk review is scheduled for December 2018.*	19/06/2017 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 6 **BAF Links** Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1	20	►
Q2	20	►
Q3	20	▼
Q4	20	►
2018-19		
Q1	20	▲
Q2	16	▼
Q3		
Q4		

Shift Position



Key: I = Initial Risk Rating ▲ = Risk rating has increased since previous quarter

C = Current Risk Rating ► = No change from previous quarter

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

EC0399 – Increased patient dependency when caring for 4 dependent Respiratory patients, which may be a combination of Non Invasive Ventilation and Tracheostomy patients	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
				T (2x2)							C (4x4)	I (4x5)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
Risk: Increased patient acuity for NIV & tracheostomy patients in a clinical area which already has significant nursing vacancies. Cause: Complex intervention. Vacancies within Ward 5. Effect/Impact: Potential impact on service provision, quality of care and patient experience. Potential patient safety harm due to delays in nursing review/intervention. Treatment is delayed, resulting in increased length of stay and inability to meet patients basic care needs. Reduced quality of care. Increased work related stress. Higher incident reporting. Increased length of stay. Financial implications with increased use of agency staff. Shifts may remain uncovered due to vacancies throughout the division Vacant shifts not always covered by bank and agency staff. Potential for inappropriate skill mix. Unable to facilitate NIV treatment.	**Matron** Naomi Jenkins	1. On-going recruitment. 2. Daily staffing review undertaken by the Matrons within the Division. 3. Ward escalation to Matrons when gaps present in rota. 4. Ward Managers within the Division review off duty to review the skill mix. 5. Use of Nurse Bank and Agency staff. 6. Safety huddles. 7. Involvement of Critical Care to facilitate NIV where appropriate. 8. Daily assessment of the ward acuity. 9. Selected location for NIV and tracheostomy patients to be nursed. 10. CCOS referrals. 11. Trust EWS Escalation Guidelines.		*Although the vacancies on the Ward are still an issue (EC0397) the likelihood has been changed to Likely (4) rather than Almost Certain (5) due to the controls in place and no incidents related to NIV care reported in 2018. Risk review is scheduled for November 2018.*	12/09/2017 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 7 **BAF Links** Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1		
Q2	16	►
Q3	16	►
Q4	20	▲
2018-19		
Q1	20	►
Q2	16	▼
Q3		
Q4		

Shift Position

Key: I = Initial Risk Rating ▲ = Risk rating has increased since previous quarter

C = Current Risk Rating ► = No change from previous quarter

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

EC0402 – Lack of service provision within Diabetes	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
									T (4x3)		I&C (4x4)		

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
1 There is a risk of a delay in diagnosis resulting in delays with treatment for inpatients/outpatients due to the lack of service provision within Diabetes Medicine. 2 There is a financial impact to the Trust due to not being able to meet the RTT due to the lack of Diabetes Consultant. 3 There is a risk of reduced flow within Diabetes service due to lack of Diabetes Consultant.	**DGM** Zoe Harris	1 & 2 Secure locum position Explore partnership working with external Trust- sessional and joint posts Explore ways of delivering the service e.g. implementation of additional ANPs/clinical nurse specialist Task and finish group established to explore ways to develop the service and the substantive recruitment process Management of patients within the community To gain support from the Divisional AMD and the Clinical Lead for Internal Medicine who have Diabetes as their specialism. 2 To explore the possibility of virtual clinics 3 Secure locum position Explore partnership working with external Trust- sessional and joint posts Explore ways of delivering the service e.g implementation of additional ANPs/ clinical nurse specialists Friends & family feedback Complaints managed by Matron and ward manager LOS meetings Integrated discharge team To gain support from the Divisional AMD and the Clinical Lead for Internal Medicine who have Diabetes as their specialism.		*We have 1 substantive Diabetologist / Endocrinologist at the moment. An additional post went out to advert, however, no one was shortlisted form the applicants so the post has been re-advertised. The alternate ward cover hasn't been implemented; however there has been an increase in the outpatient provision available with the Associate Medical Director running three clinics per week. Risk review is scheduled for November 2018.*	05/01/2018 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 2 **BAF Links** Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1		
Q2		
Q3		
Q4	16	►
2018-19		
Q1	16	►
Q2	16	►
Q3		
Q4		

Shift Position

Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

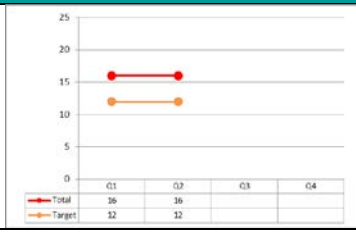
▲ = Risk rating has increased since previous quarter ► = No change from previous quarter ▼ = Risk rating has decreased since previous quarter

EC0403 – Lack of service provision within Endocrinology	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
									T (4x3)		I&C (4x4)		

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
1: There is a risk of a delay in diagnosis resulting in delays with treatment for inpatients/outpatients due to the lack of service provision within Endocrinology Medicine. 2: There is a financial impact to the Trust due to not being able to meet the RTT due to the lack of Endocrinology Consultant. 3: There is a risk of reduced flow within Endocrinology service due to lack of Endocrinology Consultant.	**DGM** Zoe Harris	1 & 2 To gain support from the Divisional AMD who has Endocrinology as their specialism. 3 Friends & family feedback. Complaints managed by Matron and ward manager. LOS meetings. Integrated discharge team. To gain support from the Divisional AMD who has Endocrinology as their specialism.		*We have 1 substantive Diabetologist / Endocrinologist at the moment. An additional post went out to advert, however, no one was shortlisted form the applicants so the post has been re-advertised. The alternate ward cover hasn't been implemented; however there has been an increase in the outpatient provision available with the Associate Medical Director running three clinics per week. Risk review is scheduled for November 2018.*	09/01/2018 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 2 **BAF Links** Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1		
Q2		
Q3		
Q4	16	►
2018-19		
Q1	16	►
Q2	16	►
Q3		
Q4		

Shift Position



Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

▲ = Risk rating has increased since previous quarter ► = No change from previous quarter ▼ = Risk rating has decreased since previous quarter

EC0414 – Delays within the Division for routine outpatient follow up	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
				T (4x1)							I&C (4x4)		

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
Risk: Failure to deliver timely routine outpatient follow up. Cause: Due to the current capped expenditure programme. Cancellation of clinics. Consultant vacant posts. Use of locums may generate increased follow ups. Capacity & demand Effect/Impact: Potential impact on service provision, quality of care and patient experience. Potential patient safety harm due to delays in medical review/intervention. Reduced quality of care. Delay in diagnosis and management of possible cancers. Increase number incidents Increase number of complaints and legal claims.	**DGM** Zoe Harris	1. Virtual clinics 2. Waiting list cleanse 3. Realignment of the clinic template		*New risk added in quarter, for review in October 2018.*	11/07/2018 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 1 **BAF Links** Q1, Q2, E2, W1, W2

Shift

2017-18		
Q1		
Q2		
Q3		
Q4		
2018-19		
Q1		
Q2	16	►
Q3		
Q4		

Shift Position

Key: I = Initial Risk Rating | C = Current Risk Rating | T = Target Risk Rating

▲ = Risk rating has increased since previous quarter

► = No change from previous quarter

▼ = Risk rating has decreased since previous quarter

EC0417 – National Access Targets in ED	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
				T (4x1)							C (4x4)		

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
There is a risk that patients may not receive timely assessment, interventions or management to address their clinical and medical needs, as a result of a failure to meet National Access Targets, which may lead to an adverse impact on patient safety and clinical outcomes.	**DGM** Zoe Harris	1. Trust Escalation Policy 2. Matron and Service Manager presence in clinical areas to expedite treatment plans 3. Trust ED National Access targets reviewed/monitored 4. Fourtimes a day bed/escalation meetings 5. Where possible increased HCA provision during escalation period is utilised 6. Addition of one staff nurse cover during winter period 7. Development of the front of house, including streaming 8. On-going recruitment 9. Monthly access and flow meetings and length of stay monitored across the Trust 10. Utilisation of Emergency Nurse Practitioners 11. Collaborative working with other health care providers, UCC, Ambulatory Care and Surgical Ambulatory Care 12. Ambulatory care and assessment areas direct admission process in place during weekdays for appropriate patients 13. Recruitment of 4 new registered nurses		*New risk added in quarter, for review in December 2018.*	07/09/2018 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 1 **BAF Links** Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1		
Q2		
Q3		
Q4		
2018-19		
Q1		
Q2	16	►
Q3		
Q4		

Shift Position

Key: I = Initial Risk Rating ▲ = Risk rating has increased since previous quarter

C = Current Risk Rating ► = No change from previous quarter

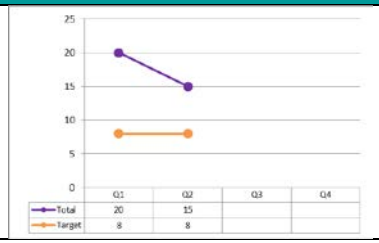
T = Target Risk Rating ▼ = Risk rating has decreased since previous quarter

EC0287 – Risks associated with insufficient numbers of junior doctors across the ECD Division	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
							T (4x2)			C (5x3)		I (5x4)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
Risk: Insufficient numbers of junior Doctors across the Division. Cause: Lack of sufficient medical workforce due to vacancies. Effect/impact: Potential patient safety harm due to delays in medical review/treatment Non-compliance with National Guidance and Best Practice Standards for patient care. Reduced quality of care. Reduction in access and flow targets. Potential breaches within European Working Time directives. Potential breaches with RTT. Potential lack of on call cover. Potential impact on service provision, quality of care and patient experience. Financial implications due to increased use of locum agency.	**Associate Medical Director** Dr Doug Robertson	1. Use of locum agencies. 2. Ongoing recruitment. 3. Ongoing job planning within the Division. 4. Forward planning of on call rota. 5. Consultant to cover when no Medical Registrar available. 6. Access and flow meetings and length of stay monitored. 7. RTT monitored within the Division.		*Position has improved on the previous quarter as there are only 2 vacancies for this period which are due to Visa issues. Risk review is scheduled for November 2018.*	01/03/2013 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 10 **BAF Links** Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1	20	►
Q2	20	►
Q3	20	►
Q4	20	►
2018-19		
Q1	20	►
Q2	15	▼
Q3		
Q4		

Shift Position



Key: I = Initial Risk Rating ▲ = Risk rating has increased since previous quarter

C = Current Risk Rating ► = No change from previous quarter

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

EC0317 – Delayed discharge from Critical Care	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
						T (3x2)			I (4x3)	C (3x5)			

Potential Risk	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
There is a risk that patients may have a delay in their rehabilitation process as a result of beds being unavailable on Wards for Critical Care discharge patients, this could result in reduced quality of care, patient experience and increased lengths of stay.	**Clinical Service Manager** Julie Love	1. As soon as patient is deemed ready for ward, parent medical team advised of decision. Bed management team informed that patient ready for ward. And special notifications advised e.g. admit to side room. Shiftly liaison with bed management team. IR1 Incident report form completion if delay becomes >4° or if OOH discharge between 22:00-07:00. ICE discharge ready re GP letters. ICNARC data collection, KPI and dashboard data measure this occurrence. This is monitored via Trust Critical care Delivery Group (TCCDG) and reports sent from Cheshire & Mersey Critical Care Network to the Trust at executive level. 2. Report update is e mailed to site and patient placement team daily and any delayed discharges from Critical Care are reported at site/bed meetings which take place 4 times a day. 3. Physiotherapy support continues within in patient pathway. Explanation & education given appropriate to patients' journey & condition. Self care and independence encourage as appropriate. ear plugs and eye masks offered. 4. Operational, admission + discharge policy for Critical Care. Discharge sheet completed when patient deemed ready for ward and on a daily basis until discharge. Priority response gained from domestic team when bed area ready to clean. Bed Management team updated on shiftily basis and made aware of bed status over Critical care and number of delayed discharges.DOS (Directory of Services) are updated by the nurse in charge x 4 a day. Updated of bed situation/status in conjunction with covering anaesthetic registrar. Policy for admission/discharge from Critical Care clearly outlines admission and discharge criteria. 5. Involve relevant medical staff in discharge process e.g. TTO. Complete an Incident Report Form to identify risk issues and breach of network standard. Discharge Policy clearly outlines roles and responsibilities of staff discharging patients from MCHFT. Monitor incidence of discharge to home and report to sub-division and division feeding into TCCDG + Critical Network as appropriate. Local network monitoring discharge home from Critical care to develop a report. Check list developed to assist staff when discharging patient Operational, admission + discharge policy for Critical Care. 6. Patient discharge sheet completed when patient deemed ready for ward and on a daily basis until discharge.		*Due to the unprecedented demand within the Trust this has impacted on the number of delayed discharges from Critical Care. Additional measures have been added to the handover to support. Risk review is scheduled for January 2019.*	01/02/2010 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 8 **BAF Links** Q1, Q2, E2, W1, W2

Shift

2017-18		
Q1	15	►
Q2	15	►
Q3	15	►
Q4	15	►
2018-19		
Q1	15	►
Q2	15	►
Q3		
Q4		

Shift Position

Key: I = Initial Risk Rating; C = Current Risk Rating; T = Target Risk Rating

▲ = Risk rating has increased since previous quarter

► = No change from previous quarter

▼ = Risk rating has decreased since previous quarter

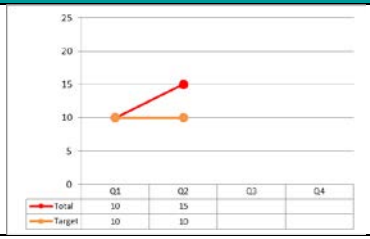
EC0342 – Failure to Meet Access Targets Across the Specialities within the Division	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
								T (2x5)		I&C (3x5)			

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
1. There is a risk of patients unable to access treatment due to the failure to meet the access targets. (3x3) 2. There is a risk of financial penalty due to the failure to meet the access targets. (3x3) 3. There is a risk of financial costs to the division due to the failure to meet the access targets. (3x3) 4. There is a risk of a negative impact on the patients experience due to the failure to meet the access targets. (3x3) 5. There is a risk of an increase in the number of complaints received due to the failure to meet the access targets. (2x5) 6. There is a risk of adverse publicity due to the failure to meet the access targets. (2x5)	**DGM** Zoe Harris	Weekly monitoring of the use of waiting list initiatives. The use of external agencies for virtual clinics. General practitioners with specialist interest to assist with clinics.		*Still a number of areas failing to meet target so risk score has been increased to 15 and reviews increased to Quarterly. Next review in November 2018.*	15/06/2015

Review Frequency	Monitoring Group	Risk Source	Version	BAF Links
Quarterly	EQGG	Risk Assessment	3	Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1	15	►
Q2	10	▼
Q3	10	►
Q4	10	►
2018-19		
Q1	10	►
Q2	15	▲
Q3		
Q4		

Shift Position



Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

▲ = Risk rating has increased since previous quarter ► = No change from previous quarter ▼ = Risk rating has decreased since previous quarter

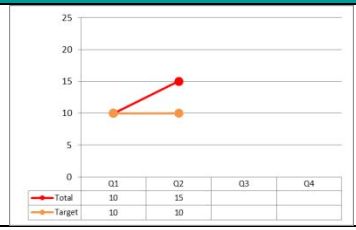
EC0346 – Gastroenterology Service Provision at MCHFT	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
								T (2x5)		C (3x5)		I (5x4)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
1. There is a risk of fatality due to the lack of Consultant Gastroenterologists. (5x2) 2. There is a risk of a delay in diagnosis which may lead to the need for surgical intervention due to the lack of Consultant Gastroenterologist. (4x2) 3. There is a risk of no Consultant clinical provision for the nurse led clinics due to the lack of Consultant Gastroenterologist. (5x2) 4. There is a financial impact to the Trust due to the lack of Consultant Gastroenterologist. (5x2) 5. There is a risk of no Registrar cover and a lack of middle grade doctors due to the withdrawal from the Deanery due to the lack of Consultant Gastroenterologist. (5x2) 6. There is a risk of non-compliance with NICE Clinical Guidance 166 and 184 clinics due to the lack of Consultant Gastroenterologist. (5x2	**DGM** Zoe Harris	Partnership working out of hours with UHNM. 2 slots available on the endoscopy list for emergency GI bleeds. The use of Locum Consultants:- short term for the endoscopy service and long term for ward rounds and clinics. The plan is to recruit to 5 substantive Consultant Gastroenterologist posts. There are currently only 2 substantive. Gastroenterologist Consultants within the Trust alongside 2 NHS Locum Consultants and 1 Agency. The plan will be to replace the agency locum consultant with an NHS locum Consultant. There are substantive interviews taking place on 8/6/17. To gain agreement with other trusts to provide assistance and support with the Gastroenterology clinics. Recruitment of overseas Consultant. Continuing overseas recruitment. Partnership working agreement with UHNM from October 2015		*Of the 5 in post 3 are Locums. 1 of the two substantive posts is about to go on Maternity Leave so risk likelihood changed to possible and review frequency to Quarterly. Next review in November 2018.*	06/08/2015 **Review Frequency** Quarterly **Monitoring Group** EQGG **Risk Source** Risk Assessment **Version** 7 **BAF Links** Q1, Q2, E2, W1, W2

Shift

2017-18		
Q1	10	►
Q2	10	►
Q3	10	►
Q4	10	►
2018-19		
Q1	10	►
Q2	15	▲
Q3		
Q4		

Shift Position



Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

▲ = Risk rating has increased since previous quarter ► = No change from previous quarter ▼ = Risk rating has decreased since previous quarter

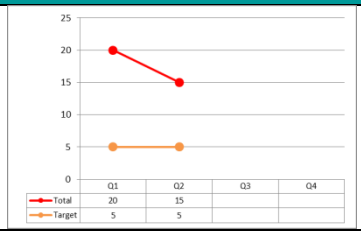
EC0388 – The risks associated with the loss of the cardiac monitoring system	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
					T (5x1)					I&C (5x3)			

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
Risk: Inability to motor cardiac patients via the telemetry system. Cause: The loss of the central cardiac monitoring system (Philips). Effect/Impact: Potential patient safety harm due to loss of monitoring. Undetected arrhythmia resulting in delays in treatment/management. Reduced quality of care. Higher incident reporting. Increased length of stay. Potential impact on service provision, quality of care and patient experience. Increased work related stress.	**Matron** Naomi Jenkins	1. Inclusion within the BCP regarding actions which are to be taken in the event of a loss of cardiac monitoring. 2. To alert senior cardiology doctors regarding the loss of cardiac monitoring. 3. Out of hours to inform the Clinical Site Manager & senior medical doctors regarding the loss of cardiac monitoring. 4. Issues identified with the cardiac monitoring system is to be escalated to EBME who will contact Philips.		*Due to rarity of incidents being reported about this issue likelihood changed to Possible (likelihood for target also amended to Rare). Risk review is scheduled for November 2018.*	21/11/2016

Review Frequency
Quarterly
Monitoring Group
EQGG
Risk Source
Risk Assessment
Version
4
BAF Links
Q1, Q2, E2, W1, W2

Shift		
2017-18		
Q1	15	►
Q2	15	►
Q3	15	►
Q4	20	►
2018-19		
Q1	20	▲
Q2	15	▼
Q3		
Q4		

Shift Position



Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

▲ = Risk rating has increased since previous quarter ► = No change from previous quarter ▼ = Risk rating has decreased since previous quarter

EC0387 – Lack of service provision within Respiratory	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
									T (4x3)		C (4x4)	I (4x5)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
1. There is a risk of a delay in diagnosis resulting in delays with treatment due to the lack of service provision within Respiratory Medicine (4x5) 2. There is a financial impact to the Trust due to not being able to meet the RTT and cancer standards due to the lack of Respiratory Consultant. (3x5) 3. There is a risk of reduced flow within Respiratory Medicine due to lack of Respiratory Consultant (3x4)	**DGM** Zoe Harris	Secure locum position. Explore partnership working with external Trust-sessional and joint posts. The job description has been written and has been sent to the college for approval. Explore ways of delivering the service e.g. implementation of additional ANPs/clinical nurse specialist. Business case has been written and is due for presentation to Divisional Board in October 2017. Task and finish group established to explore ways to develop the service and the substantive recruitment process.		*There are now 3 wte in post and 1 more to be appointed in January 19. As a result of the increase in the likelihood has been reduced to Likely. Risk review is scheduled for November 2018.*	23/03/2017

Review Frequency	Quarterly
Monitoring Group	EQGG
Risk Source	Risk Assessment
Version	4
BAF Links	

Shift		
2017-18		
Q1	20	►
Q2	20	►
Q3	20	►
Q4	20	►
2018-19		
Q1	20	►
Q2	16	▼
Q3		
Q4		

Shift Position

Key: I = Initial Risk Rating ▲ = Risk rating has increased since previous quarter

C = Current Risk Rating ► = No change from previous quarter

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

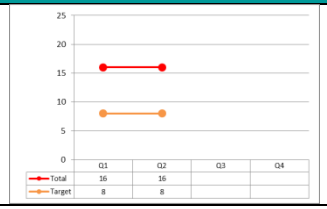
EC0329 – National Access Targets in ED	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
							T (4x2)				I&C (4x4)		

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
There is a risk that patients may not receive timely assessment, interventions or management to address their clinical and medical needs, as a result of a failure to meet National Access Targets, which may lead to an adverse impact on patient safety and clinical outcomes.	**DGM** Zoe Harris	The NHS Constitution standardised that a minimum of 95% of patients must be admitted or discharged within the 4 hours of attending the Emergency Department. It also states that patients should not wait longer than 12 hours on a trolley (once the decision to admit is made)any such breach is classed as a Never Event. No patient should spend longer than 4 hours between arriving at the A&E unit and admission, discharge or transfer, unless there are stated clinical reasons for keeping the patient in the unit. There is potential for an increase in complaints and claims, which may also lead to an adverse impact on Trust reputation. Staff welfare may also be affected due to additional work pressures		*There has been a continued unprecedented demand within the Trust since the Christmas period which has impacted upon the delivery of the 4 hour standard. Risk review is scheduled for October 2018.*	03/06/2015

Review Frequency
Quarterly
Monitoring Group
EQGG
Risk Source
Risk Assessment
Version
4
BAF Links

Shift		
2017-18		
Q1	16	►
Q2	16	►
Q3	16	►
Q4	16	►
2018-19		
Q1	16	►
Q2	16	►
Q3		
Q4		

Shift Position



Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

▲ = Risk rating has increased since previous quarter

► = No change from previous quarter

▼ = Risk rating has decreased since previous quarter

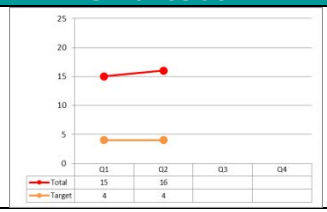
EC0381 – Risks associated with insufficient advanced life support (ALS) covered registered nurses in the coronary care unit (CCU)	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
				T (2x2)						I (5x3)	C (4x4)		

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <impact>"	Lead	Control Measures	Confidence in Controls	Position Statement	Original Date
1. There is a risk that a cardiac event will be missed if CCU is not staffed sufficiently. The risk includes patients who are being monitored via telemetry. (5x3) 2. There is a risk of reduced staff morale, increased sickness and worked related stress due to the remaining ALS covered registered nurse on CCU not being able to take their allocated break. (4x4) 3. There is a risk of reduced flow within ward 1 & CCU which may have an impact upon the Trust due to insufficient staffing on CCU outside of the coordinators hours. (2x4)	**Matron** Naomi Jenkins	1. In hours there is to be escalation to the divisional floor manager and or ward matron prior to using the second nurse on CCU to facilitate staffing within another area of the trust. Out of hours the clinical site manager must gain approval from the senior manager on call prior to using the second nurse on CCU to facilitate staffing within another area of the trust. There is a maximum provision of ALS providers who can be on annual leave/study leave off at one time. Divisional escalation regarding staffing issue. If there is no ALS provider on shift the off duty will be reviewed to see if an ALS provider can be changed onto that shift, alternatively staff from critical care will be utilised. Cancelation of non-essential study days. 2. Referral to occupational health. Work related stress risk assessment. Return to work interviews for all staff returning from short or long term sickness. Matrons review of staffing 3 times a week. Utilise ANPs and NNPs where possible to facilitate breaks. 3. Ward Manager used in the role of ward coordinator. LOS weekly meetings to escalate delays with patients management plans. Close working with IDT. Escalation of patient investigation delays to medical floor manager. Timely referrals to external agencies.		*The consequence has been updated to Major based on the controls in place. Risk review is scheduled for December 2018.*	21/11/2016

Review Frequency: Quarterly
Monitoring Group: EQGG
Risk Source: Risk Assessment
Version: 6
BAF Links:

Shift		
2017-18		
Q1	15	►
Q2	15	►
Q3	15	►
Q4	15	►
2018-19		
Q1	15	►
Q2	16	▲
Q3		
Q4		

Shift Position



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

PG00057 – Inadequate Availability of Medical Staff within Paediatrics	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
					T (5x1)					C (5x3)		I (5x4)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>"	Risk Owner	Existing Control Measures	Controls Assurance Rating	Position Statement	Original Date
1. Risk of delayed treatment, inappropriate/incorrect delivery of care due to insufficient availability of medical cover resulting from national shortfall of doctors. 2. Risk of nursing staff having to make clinical decisions due to insufficient availability of medical cover resulting in possible incorrect delivery of care and subsequent loss of NMC registration. 3. Risk of loss of services relating to paediatrics and neonatal services due to insufficient availability of medical cover leading to breach of 13 week outpatient target and/or 18week RFTT. Potential risk of closure of inpatient services. 4. Risk of statutory duty to maintain patient safety and possible prompt for CQC review	**Clinical Lead**	1. Locum cover provided where available. Existing consultants and medical staff working over and above expected shifts to alleviate some of the shortfall. This is not sustainable. Medical staffing continues to attempt to recruit to vacancies. Clinics reduced or cancelled if no middle grades available, priority given to ward and emergency work. Neonatal and Paediatric ANPs placed on medical rota Sept 17 to address gaps. 2. Nursing staff aware of requirement to work to NMC Code of Conduct. Locum cover provided where available. Existing consultants and medical staff working over and above expected shifts to alleviate some of the shortall. This is not sustainable. Medical staffing continues to attempt to recruit to vacancies. Clinics reduced or cancelled if no middle grades available, priority given to ward and emergency work. 3. Locum cover provided where available. Existing consultants and medical staff working over and above expected shifts to alleviate some of the shortall. This is not sustainable. Medical staffing continue to attempt to recruit to vacancies Clinics reduced or cancelled if no middle grades available, priority given to ward and emergency work. 4. Quality review meetings focusing on CQC domains. Staffing issues discussed monthly at divisional governance meetings and Labour Ward forum. Staffing incidents also discussed at the fortnightly Patient Safety Summit. Gaps in rotas examined on daily basis and issues escalated. Senior Management team aware of staffing situation.		One Consultant started 7th September - DBS is outstanding at present so requires supervision at present. Another Consultant due to start on Monday 10th September hopefully but awaiting references so this may be delayed if are not able to get them in time. Interviews scheduled for later in September for the permanent posts. Reduction in risk rating agreed with Consultant Paediatric Clinical Lead – e mail attached on Ulysses	22/04/2009 **Review Frequency** Monthly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 5 **Links to Divisional Objectives**

Shift		
2017-18		
Q1	15	►
Q2	15	►
Q3	15	►
Q4	15	►
2018-19		
Q1	20	▲
Q2	15	▼
Q3		
Q4		

Shift Position

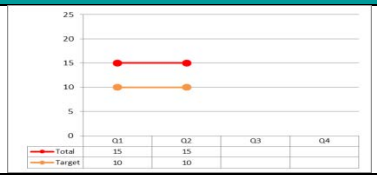
Key: I = Initial Risk Rating ▲ = Risk rating has increased since previous quarter | C = Current Risk Rating ► = No change from previous quarter | T = Target Risk Rating ▼ = Risk rating has decreased since previous quarter

PG0272 – Inadequate availability of Medical Staff to cover rotas – Obs and Gynae	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
								T (5x2)		C (5x3)		I (5x4)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>"	Risk Owner	Existing Control Measures	Controls Assurance Rating	Position Statement	Original Date
Risk: Risk of delayed treatment and inappropriate delivery of care **Cause:** Lack of sufficient medical workforce due to vacancies **Effect/impact:** •Potential patient safety harm due to delays in medical review/treatment •Non-compliance with National Guidance and Best Practice Standards for patient care. •Reduced quality of care. •Reduction in access and flow targets. •Potential breaches within European Working Time directives. •Potential breaches with RTT. •Potential lack of on call cover. •Potential impact on service provision, quality of care and patient experience. •Financial implications due to increased use of locum agency.	**Clinical Lead**	1. Full complement of Junior Trainees. Gaps in rotas identified well in advance by Rota Co-ordinator who then liaises with Gynae Assistant Service Manager (now aware of gaps until August 16). All attempts made to fill gaps - advertise with Medical Resourcing 4-6 weeks prior to gap. E mails sent out to all trainees including AMPs to identify any staff able to fill gap. Advertisment of shift at higher level (still within Monitor rate). Escalation to Consultants within 1 week of the gap if still unable to fill. 2. There is always a Consultant on call available. Full complement of Junior Trainees. Gaps in rotas identified well in advance by Rota Co-ordinator who then liaises with Gynae Assistant Service Manager (now aware of gaps until August 16). All attempts made to fill gaps - advertise with Medical Resourcing 4-6 weeks prior to gap. Staff in Maternity have access to AMPs for advice or clinical review if required. E mails sent out to all trainees including AMPs to identify any staff able to fill gap. Advertisement of shift at higher level (still within Monitor rate). Escalation to Consultants within 1 week of the gap if still unable to fill. Obs/Gynae escalation plan in place. All qualified staff work within their NMC Code of Conduct and are aware not to undertake duties that they are not competent to carry out. 3. Full complement of Junior Trainees. Gaps in rotas identified well in advance by the Rota Co-ordinator who then liaises with the Gynae Assistant Service Manager. All attempts made to fill gaps which are advertised with Medical Resourcing 4-6 weeks prior to the gap. E mails are sent out to all trainees including AMPs to identify any staff able to fill the gap. Shifts can be advertised at a higher level (still within Monitor rate). Escalation to Consultants within 1 week of the gap if still unable to fill. 4. Quality review meetings focusing on CQC domains. Staffing issues discussed monthly at divisional governance meetings and Labour Ward forum. Staffing incidents also discussed at the fortnightly Patient Safety Summit. Gaps in rotas examined on daily basis and issues escalated. Senior Management team aware of staffing situation.		At present O&G have two gaps on the senior trainee rota until 05/11/18. These are currently being filled by locums (internal and agency). From 05/11/18 one of these gaps will be by 1 WTE doctor. The other gap will only be partially filled in terms of the on-calls, as the trainee is returning from Mat leave and can not cover weekend or night on calls, just 5-9pms during the week. This will be for at least 6 months from 05/11/18. These on calls will need to be filled with locums. There are 0.4 WTE gap on the junior trainee rota until 05.02.19. Consultant Obs and Gynae Clinical Lead has confirmed that this risk is to remain at its current rating. Confirmation e mail attached on Ulysses.	08/06/2016 **Review Frequency** Quarterly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 4 **Links to Divisional Objectives**

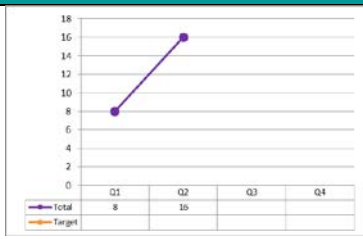
Shift		
2017-18		
Q1	15	►
Q2	15	►
Q3	15	►
Q4	15	►
2018-19		
Q1	15	►
Q2	15	►
Q3		
Q4		

Shift Position



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

SC0535: Insufficient staffing within Inpatient locations	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
							I (4x2)				C (4x4)		

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>"	Risk Owner	Existing Control Measures	Controls Assurance Rating	Position Statement	Original Date
1. Risk of Inability to comply with the Adult In-patient Vital Signs and Early Warning Score Monitoring standard of clinical observations on each patient once per shift due to: • Insufficient qualified & unqualified ward staffing at night. • Pressures of shift workload at night. • The dependency needs of current inpatients at night. 2. Risk of sub-standard delivery of care due to insufficient qualified & unqualified staff at night: • Inability to meet the Acuity suggested by the Safer Nursing Care Tool due to insufficient funding. • Potential of one qualified member of staff in the event of any sickness/absence. • Inability to meet the pressure area requirements of vulnerable patients e.g. Turning and re-positioning. • Inability to administer oral, Intra-muscular and Intravenous analgesics in a timely manner. • Inability to commence/re-charge Patient Controlled Analgesia in a timely manner. • Delays in IV drug administration. Management of Central/PIC Lines delayed due to lack of qualified staff availability.	Divisional Head of Nursing Sally Mann	1. Minimum staffing levels agreed within division for inpatient locations. Additional qualified nurse on the night shift for Wards 15 and 13 agreed by Executives until the end of March 2015, pending investment rounds. (This is reliant on attaining Bank/Agency staff). Additional qualified nurse on a Twilight shift Monday- Friday for Ward 12 agreed by Executives until the end of March 2015, pending investment rounds. (This is reliant on attaining Bank/Agency staff). Escalation of staffing issues to designated divisional co-ordinator Escalation to Clinical Site Manager or Hospital at Night Team out of hours Escalation to Senior Manager on-call if remains a risk/patient safety issue. 2. Additional qualified nurse on the night shift for Wards 15 and 13 agreed by Executives until the end of March 2015, pending investment rounds. (This is reliant on attaining Bank/Agency staff). Additional qualified nurse on a Twilight shift Monday- Friday for Ward 12 agreed by Executives until the end of March 2015, pending investment rounds.(This is reliant on attaining Bank/Agency staff). Escalation of staffing issues to designated divisional co-ordinator. Escalation to Clinical Site Manager out of hours. Escalation to Senior Manager on-call if remains a risk/patient safety issue Access to Critical Care Outreach Service. Acuity Data Collection. Care Indicators.		The risk is currently under further review and development by the Divisional HoN, following an investment enabling the introduction of as 12 hour shift pattern within the Surgery & Cancer Divisional inpatient locations.	08/09/2017 **Review Frequency** Quarterly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 2 **Links to Divisional Objectives** **Domain 4** **Shift** **2016-17** Q1 8 ► Q2 8 ► Q3 8 ► Q4 8 ► **2017-18** Q1 8 ► Q2 16 ▲ Q3 Q4 **Shift Position** 

Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

▲ = Risk rating has increased since previous quarter ► = No change from previous quarter ▼ = Risk rating has decreased since previous quarter

SC0614: Delivering high quality clinical care 7 days per week	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
								T (5x2)		C (5x3)		I (5x4)	

Potential Risk "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>"	Risk Owner	Existing Control Measures	Controls Assurance Rating	Position Statement	Original Date
Risks: Risk of harm to patient's (including increased mortality rates) . A delay in treatment and diagnosis due to a reduced weekend, bank holidays and out of hours service. Lack of senior clinical and managerial decision makers available on site 7 days/week. Risk of failure to achieve national standards in relation to Emergency Department performance due to a reduced weekend, bank holidays and out of hour's services. Risk of increased demand on MCHFT services at weekends, bank holidays and out of hours due to inappropriate attendances at ED due to lack of GP availability. **Cause:** Lack of access to therapy support services out of hours, weekend and at bank holidays. Poor patient flow from increased length of stay **Effect:** Increased length of stay	Divisional General Manager Mark Wilde	Trust Escalation Policy to co-ordinate and manage unexpected surges. Divisional Business Continuity Plans. Escalation policy for the deteriorating patient. Clinical pathways for specified conditions. The Trust has services available 7 days/week for emergency and critically ill patients: Level 2 and Level 3 critical care beds. Access to diagnostics including medical imaging and pathology services. On call pharmacist Management arrangements: Consultants rotas provide 7 days/week on call for all acute specialties. SMOC 7 days/week on call cover. Critical care outreach service 7 days/week. Night Nurse Practitioner service. Clinical Site Managers. 7 days/week medical and nursing workforce. Executive on call rota		*The business case for SACU / 7 day service has been submitted prior to Executive Review 09/2018.*	08/09/2017 **Review Frequency** Quarterly **Monitoring Group** Executive Quality Governance Group **Risk Source** Risk Assessment **Version** 2 **Links to Divisional Objectives** **Domain 4**

Shift		
2016-17		
Q1		
Q2		
Q3		
Q4	15	►
2017-18		
Q1	15	►
Q2	15	►
Q3		
Q4		

Shift Position

Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating

▲ = Risk rating has increased since previous quarter ► = No change from previous quarter ▼ = Risk rating has decreased since previous quarter

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

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

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

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

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

Appendix C – Risk Matrices

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

Likelihood	Definition	Estimated Probability	Lessons Learned
Almost certain	This event may be imminent or there are strong indications it will occur in the future. Not confident risk can be managed at this level and contingency is required	More than 80% chance of occurring	A regular occurrence. Circumstances found frequently
Likely	This event is likely to occur in most circumstances. Requires additional mitigation/contingency. Little confidence risk can be managed at this level.	51% to 80% chance of occurring	Has occurred from time to time and may do so again in the future
Possible	This event is likely to occur at some time even if controls operate normally. Confident risk can be managed at this level	21% to 50% chance of occurring	Has occurred previously but not often, and may have been in a limited way
Unlikely	Not expected, this event has a small chance of occurring at some time	6% to 20% chance of occurring	Has not happened, or happened in a very limited way
Rare	Highly unlikely, will occur only in very exceptional circumstances. Very confident risk can be managed at this level. Controls operate normally	Less than a 5% chance of occurring	Has rarely happened

Appendix D – Risk Management Systems Review

Reporting period – 1st July 2018 to 30th September 2018

	Domain	Actions Completed	Next Reporting Period Actions Due	Missed Target Dates	Revised Target Dates	Comments
1	Research	Ulysses Webinar (RR Risks)	Ulysses Webinar (None RR Risks)			Second webinar to discuss storage and reporting on none risk register risks.
2	Review and develop current procedural documents	Approval and implementation of updated Risk Management Strategy and Assurance Framework.	Draft new Risk Assessment Procedural document (To include reference to all types of risk assessments)			All actions in this section are progressing on target.
3	Review and develop risk assessment processes	New risk register risk assessment form, task/event specific risk assessment form and workplace H&S risk assessment form developed and stored on intranet. (Frequently used forms). All identified risk assessment forms assessed meet requirements. Temporary storage arrangements made for non-risk register risk assessments	Determine the appropriate storage location for risk assessments other than risk register risk assessments. Create storage facility for risk assessments other than risk register risk assessments.			All actions in this section are now progressing on target.
4	Review and develop Trust risk registers	All risks now written on revised Trust RR risk assessment template, and as described in the Trust Risk Management Strategy and Assurance Framework. Write any identified non-risk register risk assessments onto the new bespoke templates for task specific and workplace risk assessments, as appropriate.	Review of divisional risk registers and remove any non-risk register risk assessment, as appropriate. Transfer all identified non-risk register risk assessments to the temporary storage location. Rewrite all risks on corporate and divisional risk registers 15 and over, not written in accordance with Strategy and update version in Ulysses. Develop risk registers for specialist groups; such as; H&SG, IGWG, IP&C, EPG, EWAG) Develop new risk register report.	30-9-18	18-11-18	The review of divisional risk registers has commenced, however action timeframe extended to reflect time for discussion with divisional SMT. Develop risk registers for specialist groups; such as; H&SG, IGWG, IP&C, EPG, EWAG) and Develop new risk register report are new additional actions.
	Domain	Actions Completed	Next Reporting Period Actions Due	Missed Target Dates	Revised Target Dates	Comments

5	Develop the Ulysses data management system	Develop and implement a web-based template risk assessment form based on Trust paper version.	Develop the capacity in Ulysses to store and report on none risk register risks.			Web based template to be used within pilot sites only at this stage. All actions in this section are progressing on target.
Domain		**Actions Completed**	**Next Reporting Period Actions Due**	**Missed Target Dates**	**Revised Target Dates**	**Comments**
6	Identify, plan and deliver the educational requirements	Produce and deliver a 'Non-Risk Register Risk Assessments' development session for the Quality Governance team. Determine educational requirements for managers and develop sessions.	Arrange attendance at management meetings to discuss risk management.			All actions in this section are progressing on target.
7	Develop an effective communication process	Draft and publish article in CEO Brief.	Develop risk management page in Ulysses to provide information and guidance on risk management processes.			All actions in this section are progressing on target.
8	Develop performance management and assurance framework	Report progress to QG Senior Team Develop a report for reporting progress on the Implementation Plan.	Commence reporting within the Quarterly Organisation Risk Register Report to EQGG.			All actions in this section are now progressing on target.
P1	Pilot Site 1 (CCICP)	Establish pilot site project team. Risk managers to complete Ulysses Risk Management Training. Commence pilot site. All new risk register risks entered into Ulysses in agreed format	Establish risk assessment web based reporting. Trial of new task/event specific risk assessment forms; completion and storage.			Pilot site to commenced September 2018. All actions in this section are now progressing on target.
P2	Pilot Site 2 (Estates & Facilities)	Establish pilot site project team. Risk managers to complete Ulysses Risk Management Training. Complete initial basic sanitisation of the risk register. Commence pilot site All new risk register risks to be entered into Ulysses in agreed format	Establish risk assessment web based reporting. Trial of new task/event specific risk assessment forms; completion and storage.			Pilot site commenced August 2018. All actions in this section are now progressing on target.

Title of Paper:	Corporate Governance Handbook Annual Review	
Author:	Katharine Dowson	
Executive Lead:	Tracy Bullock	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	x
	Review/Benefits/Audit	

Link to Strategic Domains:		***Link to Domain:***	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness	x	Caring	
Aspiring to Excellence in Practice Through Our Workforce	x	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	x

Link to Board Responsibility:	Performance	
	Accountability	x
	Strategy	
	Implementation	
Action Required:	Decide	
	Approve	x
	Note	
	Recommend	
	Delegate	

Positive Benefit:	To ensure that the governance processes set out in this document are up to date and in line with best practice.
Risk:	Non-compliance

To be published on Trust Website –complete version	***Y*** *(delete as appropriate)*
If no, to be published on Trust Website – redacted	***N*** *(delete as appropriate)*
If not to be published complete or redacted, please detail the reason why	
Presented at Board meeting of:	7 January 2019

Corporate Governance Handbook 2018 – version 9

Background
The Corporate Governance Handbook (CGH) was last approved by the Board of Directors in March 2018 following an annual review at the end of 2017. This review has therefore been relatively light-touch with the only significant amendments being to the authorisation limits for revenue expenditure in the Financial Standing Orders (SFI)s and the addition of information about the role of the Freedom to Speak up Guardian in the Code of Conduct.

Changes have been proposed to the standing orders of the Trust to align them to new guidance or update them. No material changes have been made. Any agreed changes will be updated in the constitution when it is next revised by the Council of Governors.

The following tables summarises the changes made. An electronic copy of the handbook has been circulated with this paper with tracked changes.

Section	Page	Changes	Comments
Associated Key Documents	4	Updated	
Standing Orders			
Trust Strategy	5	Summary picture added.	
1.5 Powers	9	Addition of cross-reference to Reservation and Delegation of Powers.	Clarity on link to later in the document
3.3 Eligibility and appraisal of Chairman and NEDs	11	Addition of sentence in regard to Fit and Proper Persons Regulations, action to be taken if the annual FPPR check is not passed.	
8.2 Interests of Directors	18	Update of description of interests.	As per NHS England guidance
8.4 Interests of Directors	19	Directors register of interests to be published on the Trust website.	As per NHS England guidance
8.4 Interests of Directors	19	Definition of family to also include close associates.	As per NHS England guidance
Standing Financial Instructions			
Foreword	23 - 51	Department of Health updated to Department of Health and Social Care throughout.	
1.3.2 Responsibilities and delegation	26	Addition of cross-reference to Reservation and Delegation of Powers.	
21.7 Reporting of suspected fraud or corruption	52	Aligns nominated individuals to anti-fraud bribery and corruption policy.	
Standing Orders: Delegation of Powers to Board Committees			
Board Committees	58	Remove requirement to place a copy of the draft minutes on the Trust's intranet and add requirement to put a copy of the approved minutes on the Trust website.	As per current practice.

Board Committees	58	Clarification that Board should approve the appointment of Board Committee Chair posts.	As per Board Standing Orders
Subcommittees and Groups that report to Board Committees	59	Updated.	
Terms of Reference for Board Committees	60-80	ToR for Board committees updated.	
Standing Orders: Reservation and Delegation of Powers			
4.2 Authorisation of requisitions for revenue expenditure	90	Increase in authorised levels for Director of Finance, DGMs, Senior Divisional Nurse, clinical led or functional head (now also including Associate Medical Directors).; Matron or Service Manager and Ward of Departmental Manager.	On advice of Director of Finance
4.2 Authorisation of requisitions for revenue expenditure	90	Addition of Deputy DGM authorisation level.	On advice of Director of Finance
4.5 Revenue Expenditure (excluding Trust funds)	94/ 94a	Diagram showing new authorisation levels.	On advice of Director of Finance
5 Cheques and BAC signatories	97	Change of name from K Edge to R Davies and E Carmichael to H Barnett.	
Standing Orders: Board Reports			
Finance and Performance Reports to the Board	110	Addition of MSSA reporting	
Standing Instructions for Non-Financial Risk			
Standing Instructions for Non-Financial Risk	121-135	Update of job titles, department name and committee names from Integrated Governance to Quality Governance.	On advice of Acting Associate Director of Quality Governance
2.6 Quality Governance Department	123-129	Change of Risk Management Strategy & Framework to Risk Management Strategy & Assurance Framework (RMAF).	On advice of Acting Associate Director of Quality Governance
2.10 Divisional Reporting Mechanisms	124	Removal of reference to the Operational Safety and Effectiveness Group and additional paragraph included.	On advice of Acting Associate Director of Quality Governance
3.3 – 3.5	125-126	Update of Numbering	On advice of Acting Associate Director of Quality Governance
7.6 Acceptable Risk/ Risk Appetite	129	Additional reference to RMAF	On advice of Acting Associate Director of Quality Governance
8. Emergency Preparedness	132	Minor updates to job title and change to governance escalation route.	On advice of Acting Associate Director of Quality Governance
Code of Conduct for Board of Directors and Staff			
1.12	155	Reference to Nolan Principles and NHS Managers Code of Conduct added.	On advice of Director of Workforce and OD

2.8 Bequests and gifts from patients	156	Addition of vouchers as equivalent to cash.	On advice of Trust Board Secretary
2.20 Breach of standards and declaration of interests	160	Sentence about breaches of compliance moved to new section 2.21 Whistleblowing.	Agreed by Freedom to Speak up Guardian
2.21 Whistleblowing Policy and Freedom to Speak up Guardian	160	New paragraph.	Agreed by Freedom to Speak up Guardian
Glossary			
SFIs	165	Definition of SFIs included.	

Katharine Dowson
Trust Board Secretary
January 2019

The full revised version of the Corporate Governance Handbook has been issued electronically to all Board Members.

We Care Because You Matter

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

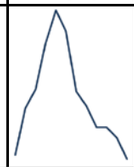
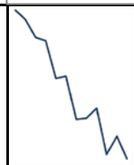
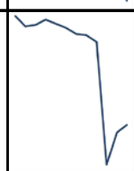
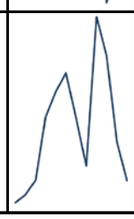
Board of Directors

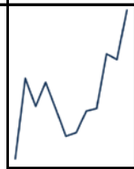
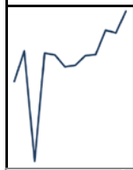
Workforce Report

January 2019

(Nov 2018 data)

Performance Report Month: Workforce Chapter
Nov-18

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average
Sickness Absence	3.40%	4.24%	Rolling 12m average Sickness Absence described as a Percentage	The rolling position has reduced slightly from the previous month. Corporate is currently green and meeting the target and DCSS, WC and CCICP are amber.		↓	
In-Month Sickness Absence	N/A	4.45%	In-month 12m average Sickness Absence described as a Percentage	The in-month position increased slightly (0.14%). Four divisions experienced reduced sickness absence levels in November.		↑	
Appraisal Rate	90.00%	81.41%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	Overall, there was a slight (1%) reduction in the appraisal rates across the Trust. All divisions are amber with the exception of MEC and WC who are red. CCICP delivered a 6.5% improvement in month and are now amber.		↓	
Mandatory Training	90.00%	72.46%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Training compliance increased by 3.07% in November. All divisions delivered an improvement and WC are now amber at 83%.		↑	
Staff Turnover	10.00%	11.12%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	Turnover again reduced across all divisons in November and DCSS, EF and WC are all now green against target.		↓	

Measure	Target	Performance	Description	Narrative	Rolling Trend		
Agency Spend	(365)	(698)	In month and cumulative total spend for the Trust.	Agency spend was higher in November than in October and the agency spend target and NHSI ceiling target were both exceeded. Medical agency increased by £40k on October spend and nursing agency spend increased by £85k.		↑	N/A
NHSI Ceiling	less than 100%	191.2%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement			↑	N/A
Over Cap Rates	N/A	0%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates			↓	N/A

Key

Adverse Increase	↑
Positive Increase	↑
Adverse Reduction	↓
Positive Reduction	↓
Neutral Change/ No Change	↑↓=

Title of Paper:	IT Strategy	
Author:	Amy Freeman and Matt Palmer	
Executive Lead:	Dr Paul Dodds	
Type of Report:	Concept Paper	
	Strategic Options Paper	✓
	Business Case	
	Information	
	Review/Benefits/Audit	

Link to Strategic Domains:		***Link to Domain:***	
Delivering Outstanding Clinical Quality, Safety & Experience	✓	Safe	✓
Being a Leading partner in a Progressive Health Economy	✓	Effective	✓
Striving for Outstanding Organisational Effectiveness	✓	Caring	✓
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	✓
Creating a 21st Century Infrastructure for Transformative Health and Social Care	✓	Well-Led	✓

Link to Board Responsibility:	Performance	
	Accountability	
	Strategy	✓
	Implementation	
Action Required:	Decide	
	Approve	✓
	Note	
	Recommend	
	Delegate	

Positive Benefit:	An up to date IT strategy which documents the digital priorities for the Trust and sets out the key programmes to ensure delivery.
Risk:	Funding may not be available for all schemes; business cases will be worked up on a case by case basis. Health and Care Partnership for Cheshire and Merseyside may identify alternative programmes of work which may detract from this local strategy. Eastern Cheshire Partnership may identify alternative programmes of work which may detract from this local strategy.

To be published on Trust Website –complete version	***Yes***
If no, to be published on Trust Website – redacted	**N/A**
If not to be published complete or redacted, please detail the reason why	**N/A**
Presented at Board Meeting of:	**7 January 2019**

Mid Cheshire Hospitals NHS Foundation Trust

Digital Strategy

2018 - 2022

Freeman Amy (RBT) Mid Cheshire Tr
9/18/2018

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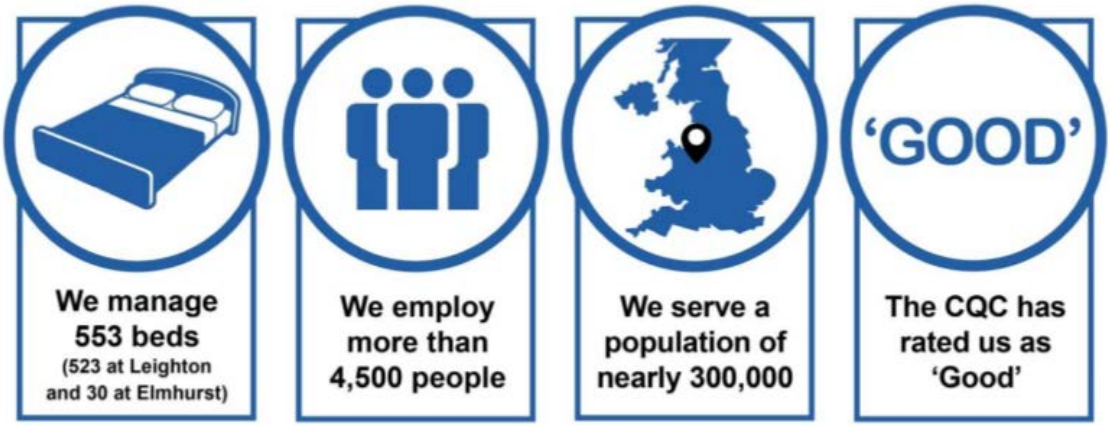
Foreword

Introduction

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) provides good quality, safe and effective healthcare to the people of Cheshire and beyond.



The Trust, which manages Leighton Hospital in Crewe (shown in Figure 1), Victoria Infirmary in Northwich, and Elmhurst Intermediate Care Centre in Winsford. MCHFT was established as an NHS Trust in April 1991 and became a Foundation Trust in April 2008.

Figure 1

Fact File			
Locations	3	Staff	4500
Beds	553	Wards	18

Population Served	300,000	CCGs	2
Established	1991	Foundation Trust	2008
Income (2016/2017)	£227,291,000	Expenditure (2016/2017)	£223,612,000
Patients cared for in A&E (2016/2017)	86,000	Operations performed (2016/2017)	35,000
Patients cared for at outpatient appointments (2016/2017)	285,000	Diagnostic requests (2016/2017)	226,000

MCHFT has 4 operational divisions, 1 community partnership and two supporting divisions. ICT Services Department reports into the Medical Director and Deputy Chief Executive within the Corporate Services Division.

The Trust is also part of Central Cheshire Integrated Care Partnership (CCICP), a new and unique local health partnership that also includes Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and the South Cheshire and Vale Royal GP Alliance. Together, the partnership provides a range of community health services for people across South Cheshire and Vale Royal.

MCHFT is continually working towards providing the safest and highest quality care possible and is regularly recognised for its work and achievements. The Trust is consistently named as one of the top employers in the NHS, is one of a few acute hospital Trusts in England to have a 'Good' rating by the Care Quality Commission (CQC), and achieved the best results of all acute Trusts in the 2016 national NHS Staff Survey.

MCHFT also has a formal clinical partnership with the University Hospitals of North Midlands (UHNM) and benefits from links with the University of Chester, Manchester Metropolitan University and Staffordshire University.

MCHFT are proud to deliver a diverse range of planned and unplanned services on a 24 x 7 basis.

Audiology	Breast Care Unit	Cardio Respiratory and ECG Services	Cheshire Occupational Health Service
Children's Services	Critical Care (Intensive Care)	Critical Care Outreach Service	Community Services
Dementia	Dermatology	Gynaecology	General Surgery
Emergency Department (Accident and Emergency)	Ear, Nose and Throat (ENT)	Dietetics and Nutrition	Integrated Discharge Team
Occupational Therapy	Physiotherapy	Maternity	Medical Imaging
Infection Prevention and Control	Ophthalmology (Eye Care Centre)	Pathology Laboratory	Pharmacy
Phlebotomy Service (Blood Tests)	Macmillan Cancer Unit	Respiratory Medicine	Resuscitation Services
Theatres and Endoscopy	Trauma & Orthopaedics	Treatment Centre	Wheelchair Assessment Centre
Urology	Upper GI	Gynaecology	Paediatrics

Table 1

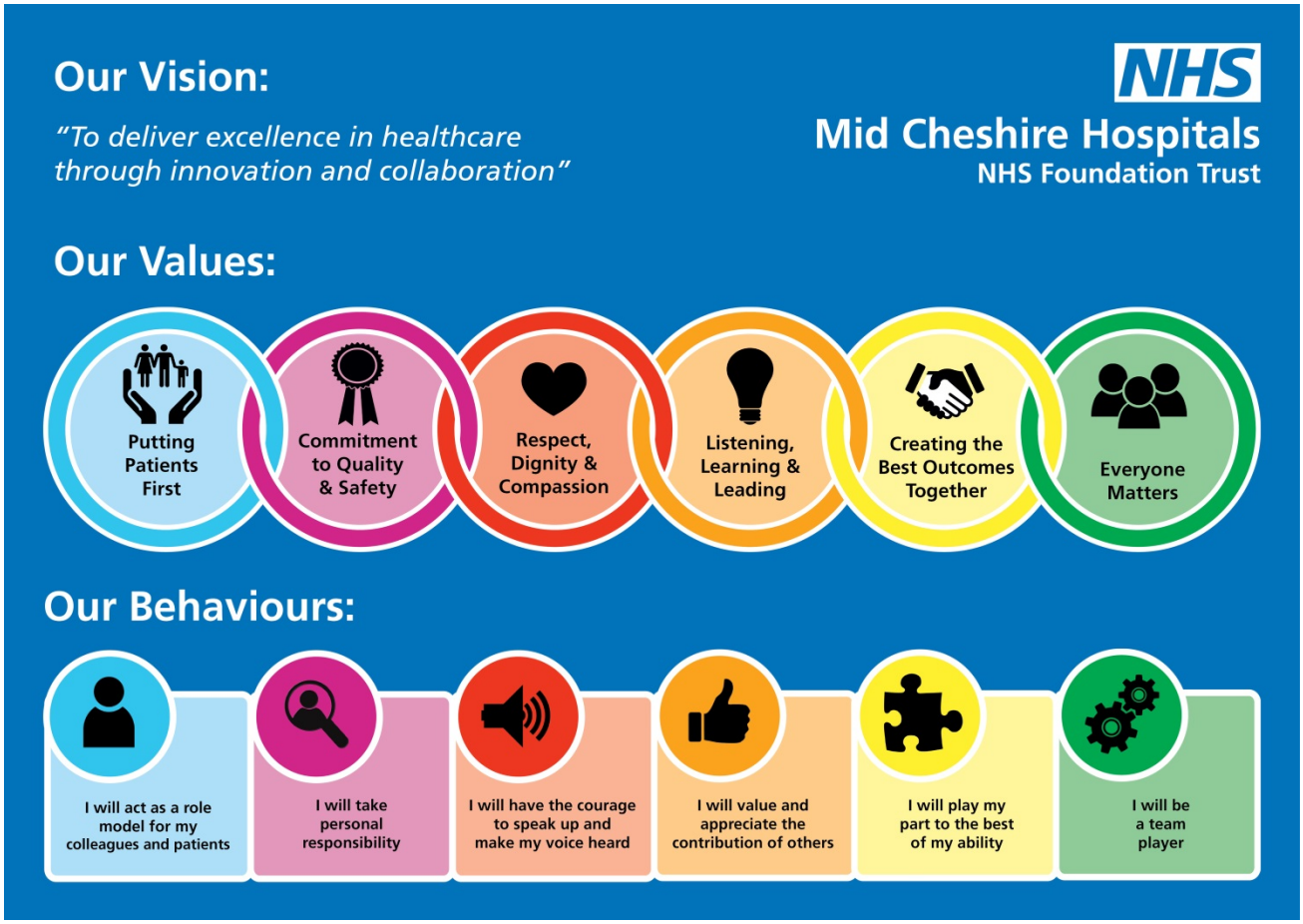
MCHFT provides health and care services in hospital locations as well as in the community including health centres, nursing homes, schools and in patients own homes.

MCHFT have worked hard to become a CQC “good” performing Trust with limited IT investment and it is understood and accepted that further significant improvements will require the use of technology.

ICT Services is operationally led by Amy Freeman – Associate Director of IT and clinically led by Mr Cefin Barton Consultant Orthopaedic Surgeon and Chief Clinical Information Officer (CCIO) and Mrs Sally Divisional Head of Nursing and Chief Nurse Information Officer (CNIO).

Trust Strategies

Trust has developed a vision and a set of values and goals that will help direct the ICT strategy.



In September 2017 MCHFT drafted the “Trust Strategy 2017/18 with 2020/21 Horizon” this strategy details five strategic domains:-

Figure 2

Each division has produced a plan on a page in response to the strategy which details a number of schemes, projects and priorities aligned with the strategy.

This strategy also recognises that MCHFT will further develop and enhance its working arrangements with other acute providers most notably but not exclusively the University Hospital of North Midlands (UHNM) and East Cheshire Hospitals NHS Trust (ECT), where clinical and financial sustainability of some acute services can only be achieved in partnership.

The full strategy is available in appendix xx

Domain 1 - Delivering Outstanding Clinical Quality, Safety & Experience

Objective Q1 – To aspire to the delivery of “outstanding” clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework.

Objective Q2 – To drive continuous quality improvement and promote research and innovation, whilst reducing unwarranted clinical variation and progressing from “Good” to an “Outstanding” organisation.

Domain 2 - Being a Leading Partner in a Progressive Health Economy

Objective P1 - To fully engage with all strategic partners to maximise the opportunities and advantages associated with horizontal integration in the designing and delivery of sustainable health services for the population of Central and Eastern Cheshire, whilst acknowledging and responding to:

- National and regional strategies.
- The need for sustainable high quality clinical services.
- The diverse needs of our local population through effective inclusion strategies.
- Favourable economies of scale and removal of unwarranted variation.
- The cost effective sustainable use of resources.

Objective P2 - To work with all key stakeholders to deliver a wholly integrated health and social care system, taking on clear collective responsibility for resources and population health, so that our residents receive better coordinated care within the designated financial envelope, whilst ensuring:

- National and regional strategies are implemented.
- The sustainable use of resources to deliver agreed health outcomes.
- The development of a collective decision making and governance structure.
- Sustainable clinical services through the development of Accountable Care Systems (ACS) / Organisations (ACO) and the implementation of new models of care (e.g. Home first principles)

Domain 3 - Striving for Outstanding Organisational Effectiveness

Objective E1 - To ensure full compliance with the NHS Improvement Provider License, ensuring financial sustainability, financial efficiency and financial controls, whilst safeguarding the quality of our services.

Objective E2 - To maintain compliance with, and aspire to achieve incremental improvements against, the NHS Improvement Single Oversight Framework Operational Performance Metrics, whilst safeguarding the quality of our services.

Domain 4 - Aspiring to Excellence in Practice through our Workforce

Objective W1 - Our cadre of patient centred leaders will be skilled in continually promoting and building upon our open and honest culture. This will be achieved through sharing the Trust's vision, values, behaviours and objectives from Board to ward / care environment.

Objective W2 - We will have in place a flexible and responsive workforce to meet patient needs by ensuring:

- We have sufficient workforce numbers, with the right skills, in the right place, at the right time to meet the demands of our services across seven days.
- Representing the diversity of our local population.
- Staff continually engaging in professional development regardless of their role.

- Effective workforce planning to secure existing and mitigate against anticipated shortages in skills.
- Take a proactive approach to developing our future workforce by engaging with partners, the local community and education providers including

Objective W3 - Our staff will feel valued, included and recognised for the work they do. They will also feel engaged as both employees and members of the Trust. We will encourage our staff to improve and maintain their own health and wellbeing, ensuring that MCHFT/CCICP as an organisation sets our own example for delivering excellence in quality, care and services.

Domain 5 - Creating a 21st Century Infrastructure for Transformative Health and Social Care

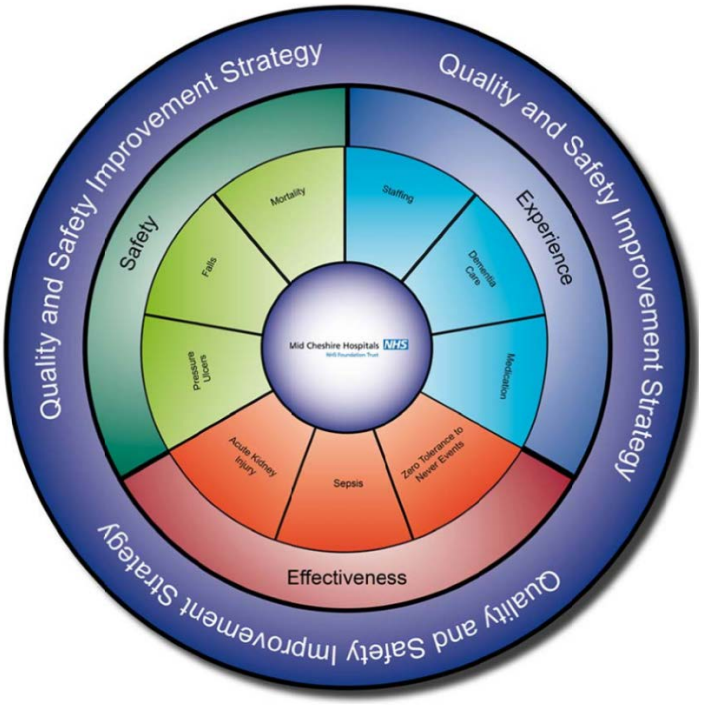
Objective T1 - To deliver an agreed, costed and phased Estates Strategy which will make the best use of the Trust's estate taking into consideration the entire estate across the central Cheshire system, national and regional agendas and in particular the strategic aim of the system to become an Accountable Care System.

Objective T2 - To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data

Quality and Safety Improvement Strategy

The purpose of the Quality and Safety Improvement Strategy is to support the delivery of the organisations vision:

"To deliver excellence in healthcare through innovations and collaboration"



The strategy focuses on three central requirements for quality, experience, safety and effectiveness. A number of the areas of focus will be directly supported by the clinical transformation enabled by a new digital clinical system, these are shown below.

Experience

We will continue to support patients who have concerns about their memory and we will work with patients who have dementia and their carers to promote a positive experience whilst in the hospital.

We will ensure the use of safe and effective medication across the organisation.

Safety

Our summary hospital-level mortality indicator (SHMI) will remain at or below 100.

We will reduce in-patient fall incidents by 10%.

We will eliminate avoidable pressure ulcers.

Effectiveness

We will ensure the prompt recognition and treatment of Acute Kidney Injury (AKI) ensuring that 90% of patients are receiving appropriate care as per the AKI pathway.

We will ensure the prompt recognition and treatment of sepsis, ensuring that 90% of patients are receiving appropriate care as per the sepsis pathway.

In addition MCHFT will support the Sign Up to Safety Campaign and reduce patient safety incidents in the targeted areas of mortality, pressure ulcers, falls, AKI, sepsis and never events.

Whilst some progress towards these objectives can be met with training, paper based assessments, paper based care pathways, policy improvements and monitoring, however, the strategy does identify the need to explore electronic solutions.

Regional Context

Integrated Care Initiatives

Since 2014 Cheshire has benefited from the vision and goals of:-

The **Connecting Care Strategy** in Central Cheshire - “Connecting Care in communities to ensure good quality, personal, seamless support in a timely, efficient way to improve health and wellbeing.”

and

The **Caring Together Strategy** in East Cheshire - “Caring Together to deliver a new system of health and social care across Eastern Cheshire that joins-up local care for all our wellbeing.”

Across the health economy £2.2m has been invested in a shared care record this contract is up for renewal in 2020. Not all the data feed requirements of the Cheshire Care Record have been able to be delivered with our current legacy systems.

These two partnerships joined together to form a new multi-agency joint Board in 2018 which will cover all of Cheshire. To deliver joined up working and seamless transfers of care between the organisations who deliver care there is a burning need to eradicate the Trusts reliance on paper to allow digital clinical data to flow timely and securely between organisations.

The diagram below shows the scope of the integrated care ambitions of the new joint Board.

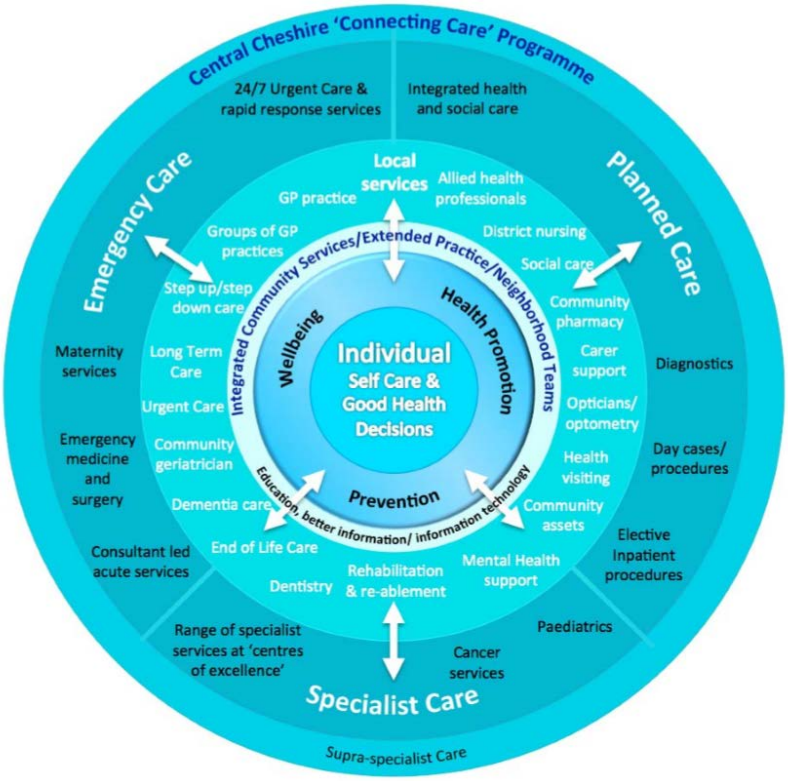


Figure 3

Stronger Together

MCHFT and UHNM have had a long term working relationship which spans over 15 years under the Stronger Together programme. Stronger Together delivers 17 shared care pathways.

Stronger Together the partnership between MCHFT and UHNM delivers 17 shared care pathways including haematology, Ear, Notes and Throat, Upper GI Cancer, Neurology, Renal, Stroke, Major Trauma, Upper GI Bleeds, Endoscopy, Vascular, Cardiology, Nuclear Medicine, Cytology, Breast Surgery and Interventional radiology.

MCHFT have a desire to build on the success of Stronger Together which is becoming increasingly dependent on the ability to efficiently and securely share clinical data through the care pathways, which, is currently not available today.

Sustainability and Transformation Plan

In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England were asked to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

To deliver plans that are based on the needs of local populations, local health and care systems came together in January 2016 to form 44 STP 'footprints'. The health and care organisations within these geographic footprints are working together to develop STPs which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term.

MCHFT are aligned to NHS Cheshire and Merseyside which is a geographically based Sustainable Transformation Programme (STP), the Health and Care Partnership for Cheshire and Merseyside is split into 9 placed based care areas and have an ambitious portfolio of 19 programmes including the CM402 Digital Revolution programme underpinned by the Digit@ll Strategy.

The digital vision for Cheshire and Merseyside is to:

- Empower individuals to care for themselves and take control of their own health and wellbeing.
- Empower our staff to have access to high quality information, equipped with the digital resources they need to deliver safe, high quality and efficient care.
- Achieve a joined-up, efficient and informed patient journey, based on secure, real-time patient data.
- Make Cheshire and Merseyside the area innovators want to come to learn about digital excellence.

In order to deliver the vision, they will focus on five key digital transformation themes:

With an increased focus on joined up care, pathway design, increased efficiency by using the latest technology and reduced duplication it makes sense that the MCHFT ICT Strategy supports and enhances the objectives detailed in the Digit@ll Strategy. The table below details the Cheshire and Merseyside Digital Objectives and work programmes.

Transformation Theme	Work Programme
	Empowering the person – person held records and patient online
	Assistive technology
	Digital inclusion
	Workforce skills and development
	Get brilliant basics
	Place based harmonization
	Operational productivity and efficiency
	Share2care
	Diagnostics transformation
	Making C&M the place for innovation – and new technology
	Digital sandpit
	Research and development
	Capacity and demand
	Cyber standards
	Cyber partnership

National Context

The ICT Strategy has its origins in a number of Government policy initiatives, as now described.

- “Harnessing the information revolution”

- “Making IT work: harnessing the power of health information technology to improve care in England” – Robert Wachter
- “Operational productivity and performance in English NHS acute hospitals: Unwarranted variations - An independent report for the Department of Health by Lord Carter of Coles”
- General Data Protection Regulation (GDPR) - May 2018
- NHS England - Cyber Security Programme
- EHI Clinical Digital Maturity Index
- Global Digital Exemplars

Harnessing the Information Revolution

The key challenges for the health and care system, nationally, regionally and locally is to meet the health and care demands of a publically funded system, within the context of an aging population. This is further exacerbated by a population living longer with many long term conditions, and being cared for by a “stretched” health and care system that needs to balance delivery and quality of care with limited human and financial resources. As a consequence of these key challenges, the health and care system needs to radically change how and where health care services can be delivered, in order to continually improve outcomes for patients and the quality of care.

Advances in digital technologies have meant things that were once thought impossible or perhaps ‘the work of science fiction’ is now common place. For example, we can electronically transfer money between individuals almost instantly and many people virtually ‘shop’ from the comfort of their own home using the Internet.

NHS England launched “harnessing the information revolution” which set out guidelines in the NHS Five Year Forward View, with the overarching objective of making the NHS paperless by 2020. This vision is also encompassed in the National Information Board’s Personalised Health and Care 2020 Framework. This clear expectation for NHS providers to become paper free is also manifesting itself though the above mentioned sustainability transformation plans, digital maturity initiatives, the production and ownership of local digital roadmaps and changes in commissioning specifications. The journey to paper free is not dictated and organisations are welcome to identify an approach that best suits their circumstances although there is a growing expectation for increased sharing.

The 5YFV also sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health.

Making IT work: harnessing the power of health information technology to improve care in England

In September 2016 Robert Wachter published the above paper which talks in detail about how the NHS can benefit from using IT in the provision of care. Wachter identified the following findings and principals.

1. Digitise for the correct reasons	2. It is better to get digitisation right than to do it quickly
3. 'Return on investment' from digitisation is not just financial	***4. When it comes to centralisation, the NHS should learn, but not over-learn, the lessons of NPfIT***
5. Interoperability should be built in from the start	6. While privacy is very important, so too is data sharing
7. Health IT Systems must embrace user-centered design	8. Going live with a health IT system is the beginning, not the end
9. A successful digital strategy must be multifaceted, and requires workforce development	***10. Health IT entails both technical and adaptive change***

Wachter believes that the NHS is poised to launch a successful national strategy to digitise the secondary care sector, and to create a digital and interoperable healthcare system. By using national incentives strategically, balancing limited centralisation with an emphasis on local and regional control, building and empowering the appropriate workforce, creating a timeline that stages implementation based on organisational readiness, and learning from past successes and failures as well as from real-time experience, this effort will create the infrastructure and culture to allow the NHS to provide high quality, safe, satisfying, accessible, and affordable healthcare.

To those who wonder whether the NHS can afford an ambitious effort to digitise in today's environment of austerity and a myriad of ongoing challenges, we believe the answer is clear: the one thing that NHS cannot afford to do is to remain a largely non-digital system. It is time to get on with IT.

Carter Review

In February 2016 the Department of Health published the "Operational productivity and performance in English NHS acute hospitals: Unwarranted variations - An independent report for the Department of Health by Lord Carter of Coles". This publication details potential approaches and solutions to improve efficiency in hospitals and includes a number of key recommendations that could be enabled with an investment in a Trust wide digital clinical system.

Carter Review	Detail
Recommendation 2	"Develop and implement measures for analyzing staff deployment, including metrics such as Care Hours per Patient Day (CHPPD)." Whilst an electronic rostering system is required to enable this information to be automated a digital clinical system with bed management capabilities will support accurate metric production.
Recommendation 3	"Trust's Chief Clinical Information Officer moving prescribing and administration from traditional paper charts to Electronic Prescribing and Medicines Administration systems (EPMA)." This recommendation is dependent on implementing an EPMA which will be delivered as part of this project.
Recommendation 8	Model Hospital and "the innovative use of system-wide information and communications technologies approved by NHS Digital that support the clinical processes, with the aim of improving the quality, efficiency and safety of the care delivered. Such systems can also empower patients to

	be effective members of their own care teams, thus improving their experience." This recommendation is fully supported by the implementation of a rich digital clinical system.
Recommendation 9	"Trusts having in place by October 2018, fully integrated and utilised e-prescribing systems, patient-level costing and accounting systems, e-catalogue and inventory systems for procurement, RFID systems where appropriate, and electronic health records;" Whilst this business case does not directly support the implementation of neither e-catalogue and inventory systems for procurement nor RFID systems, it is the foundation for these and does directly deliver e-prescribing, patient-level costing and electronic health records.
Recommendation 10	"Trusts to optimise their IT systems to allow the capture of patient's data across a variety of care settings – e.g. acute, community, and care homes" This business case supports the delivery of a shared care record which will enable the accessing of data in any care setting for the delivery of acute care services.

GDPR

The Trust complies with the UK Data Protection Act 1998 (DPA) however by 25th May 2018 the Trust must also be compliant with the European Union General Data protection Regulation (GDPR).

- The GDPR Refines and tightens up existing concepts of the DPA
- It has introduced new concepts such as: accountability, demonstrating and designing compliance
- There are increased enforcement penalties where information incidents occur both by the Information Commissioners Office (ICO) and data subjects (Citizens). Fines can be up to £17m or 4% of turnover.
- Enhanced rights for data subjects
- Expectations of uniformity and portability of information
- Privacy Impact Assessments will be mandatory for all services and systems.

There are additional areas where the Trust must be compliant and the cost of upgrading current systems against implementing systems which are built to comply with both DPA and GDPR should be reviewed carefully as there may be inbuilt costs by extending contracts with current systems and additional upgrade fees to become compliant in the interim.

NHS England – Cyber Programme

The project is working with colleagues in NHS Digital and NHS Improvement to ensure that Trusts, CCGs and CSUs are aware of their accountabilities and responsibilities and undertake cyber security actions, including:-

- Completing independent assessments organised through NHS Digital.
- Ensure the outcome of cyber security assessments are acted upon, to mitigate risks
- Ensure that the 39 Critical alerts have been actioned within each organisation and subsequent critical/high alerts, or that plan is in place to action the responses before the end of October

- Ensure that organisations subscribe to NHS Digital CareCERT Collect, act on advisories when they are issued, and submit remediation plans.

MCHFT are unable to mitigate a critical risk identified in the January 2018 NHS Digital cyber review due to the technical architecture of the PAS.

EHI Clinical Digital Maturity Index

The Driving Digital Maturity Programme (DMA) aims to ensure that the NHS is paper free at the point of care. A paper-free NHS and care system enables professionals to access information at the point of care in a secure, timely and reliable manner. This supports effective decision-making to improve patient outcomes and delivers high quality care. Going paperless at the point of care is a high priority as a continued dependence on paper records and duplicated error-prone manual processes makes care less efficient and risk patient safety. In addition significant efficiencies are not currently being achieved.

The national DMA and analysis has provided baseline digital maturity metrics (refreshed, audited and published annually) guiding the project, footprint communities and providers on gaps in technology capabilities and provider readiness to utilise existing digital assets or new digital assets.

The DMA forms part of the Local Digital Roadmap (LDR) for the organisation, required by NHS England. This LDR is part of an organisation's Sustainability and Transformation plans which form part of the requirements for access to any central financial support and investment for technology enabled transformation. The Trust undertook its assessment in 2017 and ranked 17th out of 21 Trusts in the STP Footprint.

Global Digital Exemplars

A Global Digital Exemplar is an internationally recognised NHS provider delivering exceptional care, efficiently, through the use of world-class digital technology and information. Exemplars will share their learning and experiences to enable other trusts to follow in their footsteps as quickly and effectively as possible.

NHS England is currently supporting selected digitally advanced acute trusts who through funding and international partnership opportunities will become Exemplars over the next two to three and a half years.

All Acute Global Digital Exemplars are now partnered with fast followers – trusts who will support the spread of best practice and innovation.

Fast followers are supported by NHS England funding, matched locally, and will enable Global Digital Exemplars to establish proven models that can be rolled out across the NHS more broadly. In some cases, this will be sharing software or a common IT team. Others will adopt standard methodologies and processes.

It is MCHFTs ambition to benefits from the GDE programme through sharing and learning from GDE Trusts particularly those in NHS Cheshire and Merseyside.

In developing this strategy we have drawn on the vision, values and goals. We have also taken account of the business drivers articulated in other relevant documentation and discussions, including:

- Divisional strategic plans
- Consultation with members of the Board and key stakeholders involved in both developing the new organisation and delivering day to day critical services

Statement of Intent

The overall aim of this strategy is to outline the key principles and objectives that will deliver improvements in ICT to support the Trust to achieve its strategic priorities.

The document outlines a vision for ICT at the Trust and how improvements will be achieved. It will:

- Detail the main workstreams that once implemented will support the delivery of enhanced care.
- Identify the delivery approach that will be used to manage the implementation of the strategy.
- Provide assurance of how risks to the delivery of the strategy will be effectively managed.
- Illustrate how workstreams support the Digit@ll strategy.
- Illustrate how workstreams support Place.

Current ICT Position

Clinical IT Strategy 2016-2018

The previous Clinical IT Strategy was approved in February 2016 and identified 4 gaps in Clinical IT provision:

- Electronic Document Management System (EDMS)
- Clinical Portal
- Electronic Patient Record (EPR)
- High Impact Standalone Systems

Electronic Document Management System (EDMS)

An EDMS would provide access to digital patient records through the scanning of patient case notes. It would provide cost savings in medical records and estates – both capital and revenue. It would also help to effect the cultural shift towards digital. An EDMS would meet 20-25% of the Clinician's requirements.

Clinical Portal

A Clinical Portal pulls data from multiple Departmental systems in a single view on a single platform requiring one sign on for clinicians to view. A Clinical Portal would meet around 50% of the Clinician's requirements.

However, clinical portals do not provide the richer functionality need by clinicians in area such as clinical noting

Electronic Patient Record (EPR)

The 2016 Clinical IT Strategy considered the different types of EPR ('Best of Breed', Core and Enterprise) and concluded that a 'Core EPR' would be the best fit for the Trust due the lower level of system integration required and their proven track record of implementation in the NHS.

High Impact Standalone Systems

Are small (significantly below £250K), independent of the patient record platforms that show clinical benefit or revenue savings in short timescales (<6 months).

Recommended Approach

It was felt at the time of the strategy that 75% of clinician's requirements at the Trust would be met by having an EDMS system and Clinical Portal and a 'benefits led' roadmap was identified to begin work on the two projects.

Position

When investigated, the potential revenue savings generated in the EDMS project were not achievable as the potential staff and space savings were offset by the large volume and quality of case notes at the Trust. In addition when reviewing a set of example case notes 60% to 70% of the paper notes originated from a digital system for example electronic referrals, pathology results and radiology reports. It was not logical to scan in content that was already available digitally.

A number of Trusts who had moved to notes scanning had reported limited return on investment due to the digital records being difficult to navigate and search for information.

Following an EPR reference visit, the appointment of a new Associate Director of IT, a review of the business case and reduction in cost of digital clinical systems, the direction of the Trust changed to focussing on producing a business case for a digital clinical system which was approved in January 2018.

ICT Department

The ICT Department is an established internal support department which has evolved and grown organically over time as the needs of the Trust have changed. The current headcount stands at 41 (including part-time staff and fixed term contractors). The department is structured into the following core teams:-

- Systems support
- Infrastructure support
- Support services – Service Desk
- ICT training
- ICT project management
- Telephony and switch board
- Leadership including Chief Clinical Information Officer and Chief Nurse Information Officer

Range of Services

The ICT Services department provides the following range of ICT services to the Trust:

Technical Services

- IT service desk
- End user computing
- Infrastructure services
- Telecommunication services
- Clinical system support
- Business system support
- User administration
- System development

Business Intelligence and Data Management

- Data warehouse
- Data management and data quality
- System interfaces and messaging

Professional Services

- Programme management office
- Project management
- IT Training
- IT Security
- Testing
- Research and development
- Switchboard

Service Providers

The ICT Service is predominantly an in-house support service with a small number of service contracts. A range of service contracts are in place to support the internal support teams offering vendor system support and maintenance. A fully managed IT service is provided by Midlands and Lancashire Clinical Support Unit (MLCSU) for the IT service provided to CCICP. The MLCSU service supports 750 staff across 36 locations. The service is contracted via the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) for legacy reasons. There is a service level agreement (SLA) in place and performance against this SLA is acceptable, however, the SLA no longer meets the needs of the service.

The impact of this mixed service provider economy is an inconsistent service across the organisation and duplication and in some case incompatibility of processes, technology and services.

N3, Cloud or Internet Hosted Services

The Trust has a number of Software as a Service (SaaS) providers who host their software either within the N3 network, internet facing or cloud hosted services.

Usage of National Systems such as, Summary care record, eReferrals and electronic staff record (ESR) are accessed via N3.

QES are the provider of our Bed Management and Integrated Discharge Team Management systems via a hosted solution. We have a contract in place however both solutions are under development.

Delivery of our Text message service is provided through Healthcare Communications Limited, supported through secure N3 connections. An SLA is in place and performance against this SLA is good.

The Trust is also starting to utilise the power of Cloud computing as Infrastructure as a Service (IaaS) with a core strategic partner - Microsoft using their Azure platform. Currently this is only utilised for our Data warehouse service and remote desktop service but will be looking to extend its use which is detailed later in this strategy.

Infrastructure

Infrastructure at a glance:

Fact File		
2519 desktops and laptops	216 printers (including 99 Multi-Function Devices)	7 physical servers
87 managed network switches	340 Wi-Fi points providing 98% site coverage	5000+ registered users
143 virtual servers	25TB of data stored	2500 + Telephone handsets
800 + pagers	140 tablets	311 mobile phones
80 + applications hosted		

Over the past 5 years there has been regular investment in the IT Infrastructure, particularly with our hyper converged server and storage environment which hosts our virtualised server estate and document storage systems.

The Trust's data network was installed in 2012 and is scheduled to be refreshed in part in late 2018. Small network upgrades have occurred since this date usually when equipment becomes End of Life (EoL) by the vendor.

Our server estate is mainly virtualised. We run 143 virtual servers mainly running Windows Server 2008 which becomes EoL in March 2019.

We also have two AIX systems which run our Patient Administration System and Laboratory Management Information System. These are both old and due replacements in the next 12-18 months.

Leveraging the investment in on-site infrastructure has delayed our deployment to 'the cloud'; however, in 2018 we migrated our on premise e-mail system to Office 365 which has enabled access from anywhere on any device and has added the benefits of OneDrive storage and Skype for Business for our users.

NHS Digital sponsored Penetration tests and cyber security audit demonstrated that there are vulnerabilities to cyber-attack and attack from within. These vulnerabilities are being addressed through network and system upgrades although progress in some areas is slow.

There are a number of Infrastructure projects underway at the Trust, some have been running for a considerable amount of time; these include migrating network shares and legacy systems from an old Storage Area Network (SAN) and the migration of server operating systems from Server 2003.

Other projects underway include the move away from roaming profiles to folder redirection and the deployment of a new internet content system which will replace our legacy proxy server.

The team is great at starting new initiatives however sometimes getting projects over the line can be challenging.

Clinical Systems

The Trust operates a number of service specific clinical systems (circa 40) and these systems are used inconsistently across the Trust.

The Trust operates a patient administration system (PAS) which is used across most of the Trusts services and is a key source of performance information. The PAS was purchased in 2001. The contract for the PAS runs out in 2018. It is fair to say that health technology has moved on significantly since the PAS was introduced and the Trust is not benefiting from the advancement in technology.

A number of specialist systems are now out of contract and are being renewed on a rolling annual contract or are due for renewal in the next 18 months.

The Trust operates a laboratory information management system (LIMS) which enables the Cheshire Pathology Service across MCHFT and ECT. This system is 21 years old and

MCHFT have been given notice by the provider of their intent to sunset the solution. A replacement solution is required, as part of increased partnership working with UHNM a joint solution is being considered.

Pathology and radiology requests are made using Sunquest ICE allowing clinicians to electronically place orders and see the results.

The orthopaedics service benefits from a virtual clinic platform, allowing patients suffering from a fracture to be reviewed by a consultant without the need to attend a physical clinic. In the event that a physical visit is deemed necessary the patient is invited to the appropriate specialist clinic.

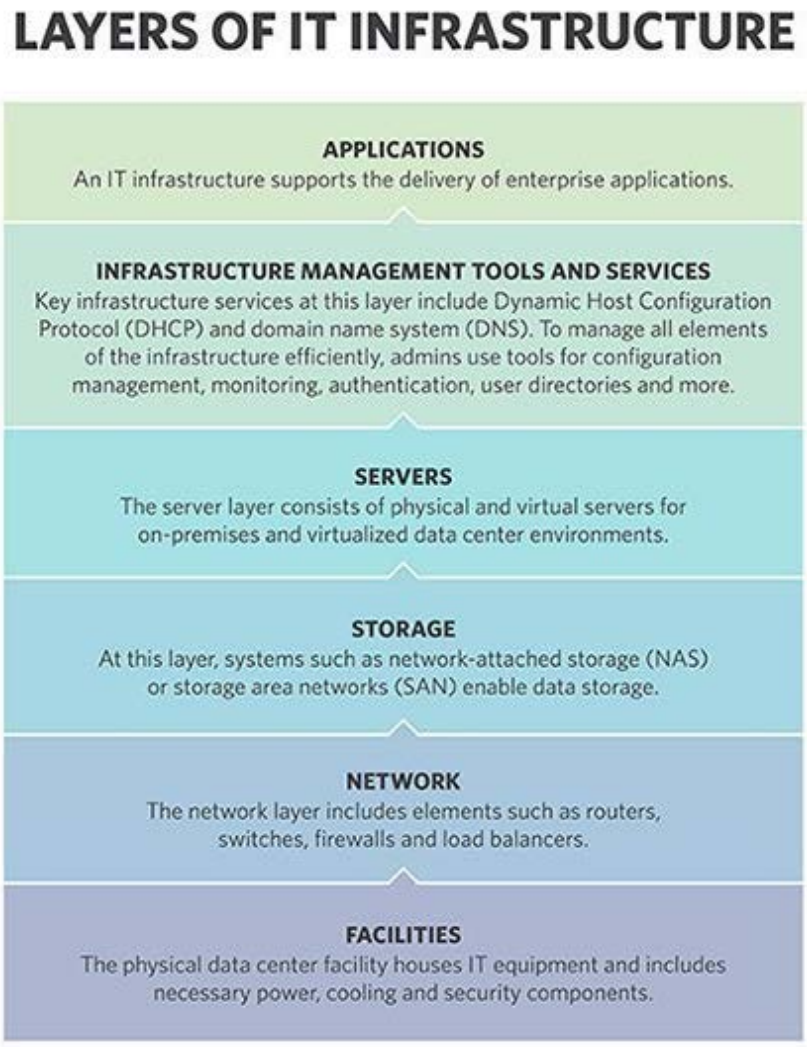
Historically clinical teams have procured clinical systems that directly support the service they provide. These systems meet the needs of the service but are disconnected from any central record resulting in an incomplete picture of patient care.

A large proportion of our clinical records are manual or paper. Records of this kind can only be used in one place at any one time; this restricts multi-disciplinary working and can delay some aspects of patient care.

CCICP benefit from EMIS Community which is a digital clinical system for community services. This system (subject to data sharing agreements) allows the clinician visibility of the primary care record enabling improved visibility of the patients' needs. In addition out colleagues in general practice have visibility of community services activities and interventions without needed to leave their core system.

Clinical System Support

Core clinical systems such as PAS and Order Communications are fully supported by the ICT Services System Support Team; however, there are a number of specialist systems that operate hybrid support arrangements. Hybrid support involves ICT Services Infrastructure Team supporting the facilities, network, storage, servers and infrastructure management tools and the clinical department supporting and administering the application and managing the contract with the supplier.



This arrangement is helpful for the clinical department as they are able to make changes to the application in line with their business priorities; however, there are a number of risks associated with this approach:

- Single point of expertise with limited knowledge resilience
- Unmanaged change activities which can lead to service unavailability
- Un-assured user administration
- Unintended consequences on dependant infrastructure or clinical systems following system changes
- Lack of clear ownership over incidents
- Lack of clear ownership over third party supplier and contract management

End User Computing

MCHFT have an average end user computing age of 8.5 years, combined with half the estate (1047 devices) being 10 years or older. The Service Desk receive regular complaints about IT faults that they are unable to resolve due to the age of the IT estate. This leads to significant frustration amongst both users and IT support staff alike. There are five cyber security risks identified in a recent NHS Digital audit that cannot be mitigated without replacing the older IT equipment.

Of the Trust devices, there are a mix of around 10 different hardware builds which makes support and management of the estate difficult.

Software deployment for machines is via a number of methods – manual install; group policy or via our anti-virus product. Again, this makes managing desktops problematic.

We run a number of security products at the desktop and whilst we have begun standardising the systems we still run two anti-virus systems on desktops which cause performance issues on a number of desktops.

Telephony

In 2017, the Trust upgraded its legacy Switchboard to a Voice Over IP (VoIP) solution. Due to other priorities, the rollout of the new system has been slow. Currently around 40% of replacement handsets have been deployed. Feedback on the mobile VoIP handsets has been positive.

Contact Centre

Our Contact Centre system is deployed in multiple areas of the Trust and manages around 1,000 calls per day. We have the capability to extend this further in the future.

Paging

Paging at the Trust is used for both emergency and non-emergency situations. Emergency for fire alarms, cardiac arrests etc and non-emergency for contacting mobile staff. This usage is primarily due to poor mobile signal in the Trust. We envisage the rollout of Skype and mobile VoIP handsets will reduce the number of pagers in the future.

IT Service Desk

The IT Service Desk is manned 24/7/364 (shut Christmas Day) and is backed by an emergency on-call service. The Service Desk has a good reputation for providing a quality service. On average, the desk takes around 300 calls per day. The recent introduction of a password reset tool has reduced this figure by around 40 calls per day.

Our Service Desk system is currently not fit-for purpose. We currently only run an ‘Incident Management’ system which causes reporting difficulties and a lack of asset information makes system information unreliable.

A hardware and software asset system has recently been implemented and the data from this system will feed into an upgrade to the Service Desk system which is due to be implemented by November 2018.

Project Management

The ICT Project Management Team delivers a range of clinical and non-clinical IT projects for the Trust and can have up to 25 live projects on the portfolio at any one time. The team is made up of 4 permanent project staff. The number of projects staff flexes dependant on the demand and project funding, co-opting fixed term staff in when required. The structure of the permanent team is top heavy with two senior IT Project Managers jointly running the team. The structure does not work and it is key to move to a structure with a single accountable leader.

Training

MCHFT benefit from a small (2 FTEs) dedicated IT Training function. This service provides training for centrally supported clinical systems as well as standard productivity tools such as Microsoft Excel. Alongside face to face training courses, training is also currently delivered using a train the trainer approach whereby operational staff are nominated as Core Trainers and receive training, lesson plans and materials to enable them to deliver training to staff in their team. This approach has resulted in varied quality with not all staff receiving the consistent training they require leading to significant data quality issues which affect both operational and commissioner reporting.

The training team have started to invest time in creating training content using videos and interactive online training solutions to enable a more flexible but consistent approach to training.

IT Service Management

The past 12 months have seen the implementation of a more structured Change Management system. However, it is still primarily a paper-based system which requires a significant amount of administration time to manage. Around 8 'Changes' are discussed and actioned every week alongside an average of 6 'Standard Changes'. As the Change Advisory Board meet weekly, we only rarely have the need for Emergency Changes.

The formal recording of changes has proved invaluable during incidents allowing visibility of what changes have took place during the period of investigation. Allowing in some cases changes to be reversed to restore service.

Communication and visibility of agreed changes could be improved with the introduction of a change calendar which details when services are subject to change.

The recruitment of a configuration manager has allowed significant improvements to be made in terms of understanding the IT estate, the dependency between different elements of the infrastructure allowing improved planning and change management. There is work still to be made in this area however it is progressing well.

IT problem management processes are yet to be developed but is recognised as an important part of the service desks role.

IT service business continuity management is in place but a test of these plans are overdue. In addition the need for a robust security incident management plan is required and this is being worked on with the EPRR team.

EHI Clinical Digital Maturity Index

<<Insert current performance against the EHI>>

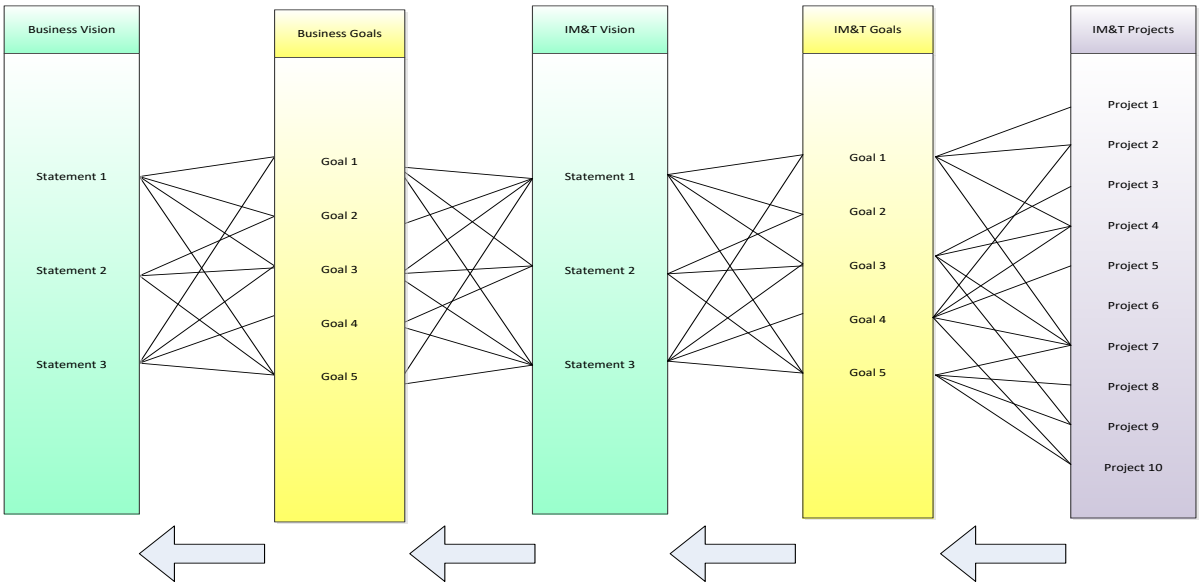
Success Stories

Within the Trust there are some excellent examples of good use of IT to enable teams to work more effectively and/or where IT has supported innovation.

- Virtual facture clinic allowing patients to be assessed by a consultant without requiring a face to face visit.
- End user computing devices which are 10 years old or older are being replaced as part of an on-going replacement programme.
- Email services migrated to a secure DCB1596 complaint email platform.
- Collaboration solutions including Skype for Business, Teams, and SharePoint are in use enabling improved collaboration both inside and with external stakeholders.
- New Corporate Intranet site available on smartphones with a modern look and feel and extensive search capability.
- Skype for Care Homes service allowing patients in care homes to obtain unplanned/emergency clinical advice without being transported to A&E.
- Carestream picture archive and communication system (PACS) system deployed, replacing a 12 year old system and moving MCHFT onto the Cheshire and Merseyside PACS Collaborative enabling cross organisational visibility of PACS images and global reporting work list.
- Awarded £800,000 under the NHS England cyber security bid to improve the Trusts resilience against Cyber Attack.
- Delivered NHS Wi-Fi for staff to connect to the Wi-Fi with personal mobile devices allowing increased connectivity for staff.
- Modern digital clinical system for CCICP configured to support the new care community model of care.
- Legacy telephone system being replaced with modern voice over internet protocol (VOIP) solution.
- Virtual multi-disciplinary team meeting solution for Community Heart Failure Team and Cardiology.
- Trust wide password reset tool allowing staff to reset their own network account passwords seeing a reduction on average of 45 support calls a day to the IT Service Desk.
- Secured funding for a dedicated Senior IT Technician – Cyber Security to enable improved management of the Trusts Cyber Security position.
- Flexible training offer through the introduction of online training services.
- Log in time diagnostics undertaken resulting in a new log in process reducing log in times to sub 1 minute. Further roll out activities required.

Vision

In response to the Trust's vision and goals the ICT Service has developed a vision, vision statement and goals which directly support the goals of the business. All programmes and projects will directly support the vision and goals of the IT vision as shown in the diagram below.



ICT Vision and Vision Statements

To deliver a digital environment that empowers our staff, partners and patients to more effectively communicate, collaborate and engage in knowledge and information that will ultimately lead to the transformation of healthcare services and outcomes which are

Clinically led, digitally enabled

The following ICT vision statements (IVS) aim to mature the digital offer to MCHFT enabling improved service quality and patient safety.

IVS1 – Digital solutions enable better quality and safer care and empowers swift clinical decision making.

IVS2 - The Trust will have a modern IT service, built around business requirements and clear specifications.

IVS3 - ICT services and its supply partners deliver excellent quality services that meet the needs of the Trust.

IVS4 – Strive to deliver a single primary digital clinical system to suit the changing needs of the Trust, enabling a reduction of localised clinical systems.

IVS5 – Develop an IT literate workforce to use IT systems as naturally as they would use a pen and paper or printed records.

IVS6 – Flexible access to ICT services ensuring staff can securely access the information they need regardless of their location or choice of device.

IVS7 - ICT delivers value for money.

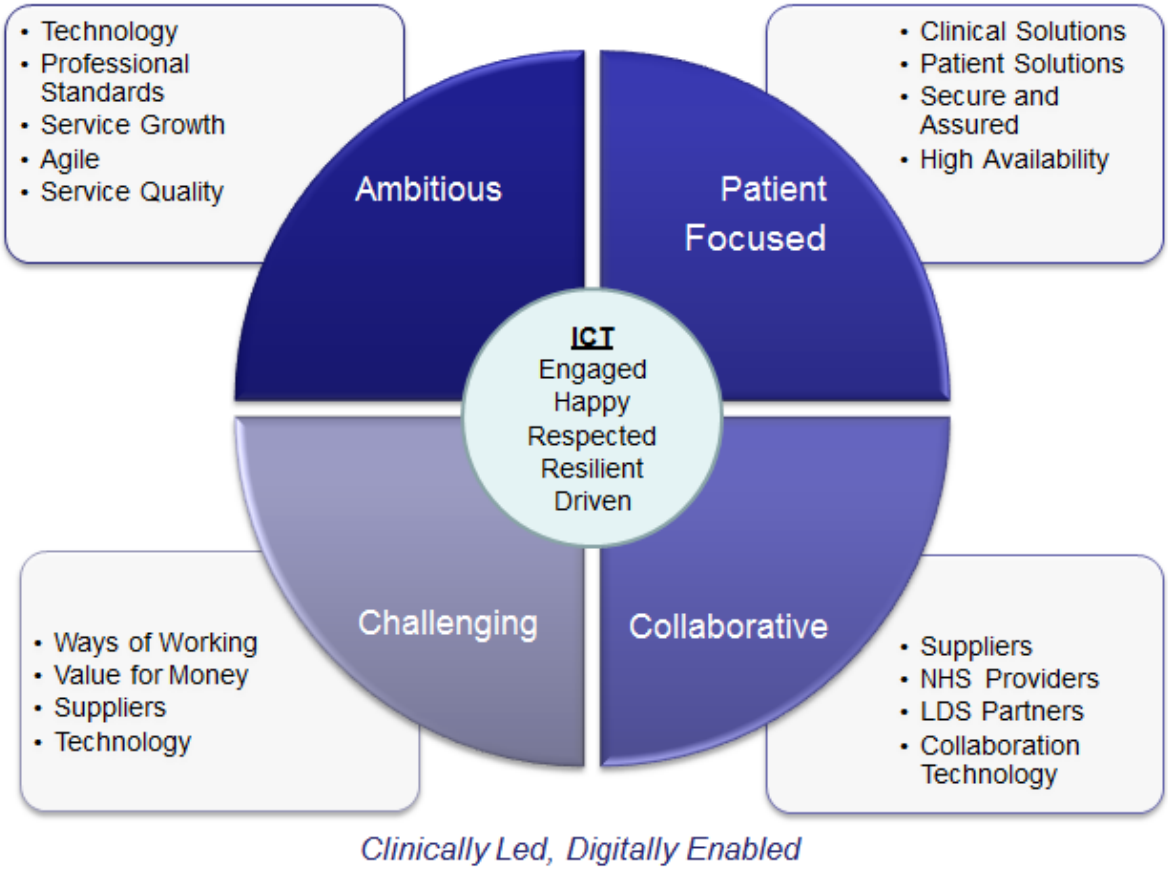
IVS8 - ICT becomes a key enabler for the Trust, supporting the development of new Trust services and research areas.

ISV9 - To deliver digital services ensuring Trust compliance with legal and national information governance obligations, through the effective use of, and protection of, our information to ultimately support the high quality delivery of our services.

ISV10 - Communication is promoted and enhanced through the use of IT.

Mission Statement

ICT Services' mission is to be patient focused, ambitious, collaborative and challenging.



Goals

Each ICT vision statement (IVS) is underpinned by a number of ICT goals (IG) detailed below.

IVS1 – Digital solutions enable better quality and safer care and empowers swift clinical decision making.

IG2 – Digital solutions enhance the care experience.

IG3 – Digital solutions support staff independence and improved decision making.

IG4 – Digital solutions support the STP Share2Care programme through enhanced sharing of clinical records with partners and patients.

IG6 – Digitally enabled clinical decision support services for Sepsis and Acute Kidney Injury.

IVS2 - The Trust will have a modern IT service, built around business requirements and clear specifications.

IG7 - ICT enables quality and safe clinical services to be delivered.

IG8 - ICT infrastructure that enables our patients and partners to interact with us easily.

IG9 - The IT estate is subject to proactive refresh principals.

IG10 - ICT enables collaboration with Place.

IG11 – ICT Services are underpinned by fully supported applications, operating systems, databases and hardware.

IVS3 - ICT services and its supply partners deliver excellent quality services that meet the needs of the Trust.

IG11 - The Trust have an exemplar ICT team striving for recognised industry standards and best practice.

IG12 - ICT adopts a service management and Information Technology Infrastructure Library (ITIL) culture.

IG13 - Through developing our relationships and management of strategic suppliers, we will gain greater knowledge of future IT Healthcare trends, strategies and focus areas.

IG14 - ICT can provide the Trust with assurance that it has robust disaster recovery arrangements in place including mature cyber security management.

IVS4 – Strive to deliver a single digital clinical system to suit the changing needs of the Trust and Place, enabling a reduction of localised clinical systems.

IG15 – Deliver a digital clinical system to enable creation of and access to rich electronic clinical records.

IG16 - All clinical data is visible in one system and accessible flexibly.

IG17 - Reduced clinical system complexity and silo working.

IG18 - The Trust is able to securely share records with Place and the wider Cheshire and Merseyside.

IG19 – The Trust reduces its reliance on paper moving to paper light operation.

IVS5 – Develop an IT literate workforce to use IT systems as naturally as they would use a pen and paper or printed records.

IG20 – Staff are confident in the use of IT.

IG21 – Solution design is centred around the user for intuitive use.

IG21 - The IT training service offers blended learning opportunities allowing staff to access training to suit their learning style.

IG21 – The IT core trainers service is quality assured to ensure staff receive consistent and appropriate training whilst on the job.

IG22 – New staff to benefit from a digital skills assessment and offered tailored training to bridge any computer confidence gaps.

IVS6 – Flexible access to ICT services ensuring staff can securely access the information they need regardless of their location or choice of device.

IG5 - Access to information is simple and flexible.

IG24 - Ubiquitous access and flexibility to all.

IG26 - Staff have equal access to a good quality information technology environment that provides effective support for clinical and business processes.

IVS7 - ICT delivers value for money.

IG27 - Benefits in IT investment are realised.

IG28 - IT investment made is in systems and services that directly supports the vision and strategy.

IG29 - IT delivers improved productivity.

IG30 - Procurement processes ensure value for money.

IG31 - Investments are considered in terms of Total Cost of Ownership.

IVS8 - ICT becomes a key enabler for the Trust, supporting the development of new Trust services and research areas.

IG32 - The IT strategy links to the Operational Design strategy.

IG33 - The IT Strategy links to the Estates strategy.

IG34 - The IT Strategy links to the Digit@ll strategy.

IG35 - We have a strong connection with front line staff.

IG36 - IT is innovative and enables research.

ISV9 - To deliver digital services ensuring Trust compliance with legal and national information governance obligations, through the effective use of, and protection of, our information to ultimately support the high quality delivery of our services.

IG37 - IT services are secure and reduce cyber security threats.

IG38 - Staff are aware of their IG responsibilities.

IG39 - Staff receive and maintain effective cyber security training and guidance.

ISV10 - Communication is promoted and enhanced through the use of IT.

IG40 - Improved business continuity and emergency planning preparedness

IG41 - Improved organisation and team communication.

IG42 - Improved collaboration and information sharing.

IG43 - Improved visibility of those you want to communicate with.

IG44 - Flexible communication for remote workers.

Where possible the achievement of goals will be measured using key performance indicators (KPIs). These KPIs will be detailed in the associated business cases and managed through the projects benefits realisation.

Strategy Governance

This strategy sets out a range of projects and programmes that will deliver a range benefits to the business. Business priorities and technology advancements can change quickly and

as such this ICT Strategy will be a living document that will be subject to formal change control.

Governance arrangements in the form of Information Technology Strategy Group (ITSG) will hold ICT Services to account for the strategy. This senior level group will be charged with steering, governing and performance managing the ICT programme in order to achieve the targets, objectives and benefits set out in the strategy.

Membership includes the Medical Director, representation from the business, Associate Director of IT, ICT Programme Manager and IT Support Manager. The ICT Strategy will report through the Performance and Finance Committee (PAF) to the Trust Board with clear terms of reference. PAF is the principal committee that reviews the overall financial performance of the Trust, the achievement of the Cost Improvement Programmes, the forecast financial and contractual performance of the Trust, and its capital and investment strategy.

IT User Groups will also continue for specific IT systems/services or initiatives for example the PACS User Group. A new user group will be established for the digital clinical system.

The success of the ICT strategy and on-going long term digital journey will require on-going continuous improvement; this will require clinical stewardship from a mature clinical informatics capability. A Clinical Informatics Group (CIG) will be established to directly support the clinically led, digitally enabled vision. The CIG will be chaired by the CCIO and supported by the Associate Director of IT. The group will provide clinical informaticians a framework to develop and drive clinical development of new digital clinical systems. In addition the CIG will enhance skills of staff and deliver new opportunities to wider their experience. This group will build on and add to the existing clinical informatics workforce which currently exists in Pharmacy, Pathology, Radiology, Maternity, Theatres, Ophthalmology, CCIO and CNIO. Wrapping a structure, support and process framework around the clinical informaticians allowing them to lead our digital journey.

Programmes

To deliver the ICT vision a number of programmes will monitor progress.

Each programme will be made up of a number of supporting projects or work streams which together will deliver the benefits.

Digital Clinical Systems

What is required?

In February 2016 the Department of Health published the “Operational productivity and performance in English NHS acute hospitals: Unwarranted variations - An independent report for the Department of Health by Lord Carter of Coles”. This publication details potential approaches and solutions to improve efficiency in hospitals and includes a number of key recommendations that are required to be enabled with an investment in digital clinical systems.

Carter Review	Detail

Recommendation 2	"Develop and implement measures for analysing staff deployment, including metrics such as Care Hours per Patient Day (CHPPD)." Whilst an electronic rostering system is required to enable this information to be automated a digital clinical system with bed management capabilities will support accurate metric production.
Recommendation 3	"Trust's Chief Clinical Information Officer moving prescribing and administration from traditional paper charts to Electronic Prescribing and Medicines Administration systems (EPMA)." This recommendation is dependent on implementing an EPMA which will be delivered as part of this project.
Recommendation 8	Model Hospital and "the innovative use of system-wide information and communications technologies approved by NHS Digital that support the clinical processes, with the aim of improving the quality, efficiency and safety of the care delivered. Such systems can also empower patients to be effective members of their own care teams, thus improving their experience." This recommendation is fully supported by the implementation of a rich digital clinical system.
Recommendation 9	"Trusts having in place by October 2018, fully integrated and utilised e-prescribing systems, patient-level costing and accounting systems, e-catalogue and inventory systems for procurement, RFID systems where appropriate, and electronic health records;" Whilst this business case does not directly support the implementation of neither e-catalogue and inventory systems for procurement nor RFID systems, it is the foundation for these and does directly deliver e-prescribing, patient-level costing and electronic health records.
Recommendation 10	"Trusts to optimise their IT systems to allow the capture of patient's data across a variety of care settings – e.g. acute, community, and care homes" This business case supports the delivery of a shared care record which will enable the accessing of data in any care setting for the delivery of acute care services.

In addition to the demands of the Carter report the Trust are operating a number of legacy clinical systems that require intervention for cyber security purposes. In addition, a number of solutions in use do not meet the changing needs of the business.

Digital Clinical System

The patient administration system is operating on a burning platform including an unsupported and unpatched operating system, unsupported and unpatched database and close to capacity hardware which could lead to unpredictable recovery times should a failure occur.

ICT services will work to deliver a rich digital clinical system mega suite which will replace/consolidate a number of legacy clinical systems in favour of an integrated electronic patient record. This will deliver;

Functionality	Functionality
PAS	ePrescribing and medicines administration
Messaging Engine	Digital Observations
Integration Engine	Emergency Department System
Maternity	Advanced Clinical Decision Support
Order Communications	Supported Hardware Infrastructure
Theatre Management	Hardware Capacity
Electronic Handover	Supported Operating Systems
Virtual Clinic	Supported Database Systems
Digital Dictation	Support for 7 Day Working
Electronic Records	Security Patching
Clinical Portal	System Training
Digital Data Capture	Effective contract management
Women's Health	

Please see the Digital Clinical System strategic outline business case for more details.

Laboratory Information Management System

The laboratory information management system is 21 years old and MCHFT have been given notice by the provider of their intent to sunset the solution. The system is operating on a burning platform including an unsupported and unpatchable database system and server hardware which goes end of service on the 31st March 2019. In addition MCHFT and UHNM are investigating the feasibility of developing a pathology network which will be enabled by an enterprise ready LIMS system.

ICT services will procure and implement a replacement LIMS either independently or with UHNM to overcome the challenges of the current legacy system.

Please see the laboratory information management system strategic outline business case for more details.

Electronic Prescriptions and Medicines Administration (EPMA)

EPMA is a carter recommendation and a key project for the Trust to improve patient safety. EPMA functionality will be delivered as part of the Digital Clinical System programme under a dedicated workstream.

Virtual Hospital

The virtual fracture clinic has been a real success for the Trust and patients and MCHFT and the Clinical Commissioning Group (CCG) is looking to extend the benefits to other clinical areas including cardiology, gastroenterology and respiratory medicine.

The new digital clinical system will support virtual hospital/clinic services however in the short term MCHFT look to expand the existing virtual clinic solution Bluespier to the clinical areas identified for change.

Patient Portal

Cheshire East Council have procured a patient portal solution for use across East Cheshire Place and MCHFT are looking to benefit from this service in Cancer Services supporting patients manage their recovery and CCICP for the improved management of diabetes.

MCHFT will adopt the Cheshire East Council solution for the duration of the pilot and if the expected benefits around patient self-management are realised a business case will be produced to increase the scope of the solution.

The Digit@ll strategy includes a provision for a patient held record so MCHFT will remain close to this programme and look for opportunities to consolidate onto this STP platform in the future.

Blood Management

The blood management system in use at MCHFT - Bloodhound has been superseded by an alternative blood management product – Blood360. Msoft the supplier of Bloodhound issued a service notice on Bloodhound requiring the Trust to migrate to the replacement product.

MCHFT have taken the opportunity to review the blood management solutions in the market as well as review the systems in use across the STP. In September 2018 a contract was signed with Haemonetics for their Blood Track product. This replacement solution will be delivered during 2018.

Share2Care

The Digit@ll strategy has established an STP wide programme to deliver a longitudinal patient care record. Providers are required to deliver clinical information in support of this shared care record.

Share2Care has been established at an opportune moment as the Cheshire Care Record solution goes out of contract in 2020. This offers East Cheshire Place the opportunity to review its options around shared care records. A decision is yet to be made about the direction of travel for the Cheshire Care Record and this options analysis will be a key activity over the next 18 months. In any event MCHFT have assumed the need to feed Share2Care with data and are working on feeds to satisfy this requirement.

Benefits

The benefits of a new digital clinical system and LIMS system is presented in significant detail in the respective business cases so are not duplicated here however as an overview the delivery of modernised digital clinical systems improve patient care through increased efficiency, safety controls, increased visibility of patient information and reduced dependency on paper records and quality of handwriting. Operating clinical systems on supported hardware and software reduces the risk of system unavailability through minimising cyber security risks and minimises the time to recover failed system keeping any outages to a minimum.

Virtual hospital services benefit the patient as their case can be reviewed by a consultant without the need of an appointment leading to reduced wait times should further interventions be required. Increased efficiency as virtual assessments take less time that face to face consultations, ensuring face to face consultations are reserved for those who will really benefit from them.

The adoption of patient portal services for the management of long term conditions allow patients to directly engage in their care, understand their numbers and follow and contribute to visible care plans is said to improve acuity and reduce follow up sessions. This will be proved through the pilots and if evidenced will enable an increase in similar services.

The benefits of Share2Care are detailed in the Digit@ll strategy and are not repeated here however local to Cheshire it offers potential opportunities to consolidate shared care record solutions going forward. This is yet to be fully appraised.

This programme supports a number of ICT Vision Statements;

IVS1, IVS2, IVS4, IVS6, IVS7, IVS9, IVS10

This programme directly supports the following Digit@ll programmes;

- Get brilliant basics
- Place based harmonisation
- Operational productivity and efficiency

This programme indirectly supports the following Digit@ll programmes;

- Empowering the person – person held records and patient online
- Share2Care

Underpinning Projects

The following underpinning projects will be established to deliver the programme;

- Digital clinical systems project
- LIMS replacement project
- Patient Knows Best project
- Share2care project
- Blood Track project
- Cyber security – legacy systems project

Business Systems

What is required?

MCHFT operate a number of key business processes using manual paper or spreadsheet arrangements. MCHFT are missing out on digitising and in some cases automating these processes to improve efficiency, visibility of the process and reduce process errors. This section of the strategy looks at a number of business systems that when adopted could transform the offer to staff and managers.

Electronic Rostering

In February 2016 the Department of Health published the "Operational productivity and performance in English NHS acute hospitals: Unwarranted variations - An independent report for the Department of Health by Lord Carter of Coles". This publication details potential approaches and solutions to improve efficiency in hospitals and includes a key recommendation of the report is the delivery of an electronic rostering solution.

Carter Review	Detail
Recommendation 2	"Develop and implement measures for analysing staff deployment, including metrics such as Care Hours per Patient Day (CHPPD)." Whilst an electronic rostering system is required to enable this information to be automated a digital clinical system with bed management capabilities will support accurate metric production.

Currently:-

- The staff rosters are produced manually and locally.
- The process for roster production varies between Hospital and community services and is inconstant with the Trust rostering policy.
- The timeliness of roster production is variable.
- Requests to change shifts are made through contacting rota owners.
- Annual Leave is booked using paper forms or leave cards.
- Sickness is recorded in ESR following notification to line managers.
- Bank and agency staff are requested manually and usually at short notice.
- Compliance with the Working Time Regulations is monitored manually.
- Visibility of resource capacity across wards is not easily available.

Complimentary to the internal safety controls already in place at MCHFT, NHS England Safer Staffing programme commenced in 2015. This programme requires extensive data returns for assurance purposes. The required data for these returns are collated manually and as such are subject to human error.

This manually driven method of operation does not easily allow capacity and demand business intelligence to be exploited which could result in an increased proactive approach to managing staffing levels as well as reduced effort in the production of information returns for external organisations.

To modernise this current method of working a full business case to implement electronic rostering was approved in the summer of 2018 and a contract with Allocate for the products Health Roster and Safe Care was signed in August 2018. A project has been established to deliver this project by the end of 2019.

Electronic Expenses

Currently expenses claims are undertaken inconsistently hospital based staff operate a paper based claim process and community based staff operate an electronic based process through NHS SBS. The paper based process is prone to error, un-intentional fraud, policy

non-compliance. The electronic solution in use is expensive and alternatives are available as part of the nationally funded ESR programme.

A consistent electronic system used across both staff groups is required to overcome the limitations of the paper based process.

A digital solution automatically calculates mileage and applies home to base mileage calculation rules. Staff will have visibility of their expenses claim. Claims will be unable to be made on non-working days. Claims will processed automatically into the payroll system reducing the administration.

Location Based Filing

Currently the MCHFT clinical records department file records based on the date the patient first accessed clinical services. Files are pulled, distributed, returned and prepped for filing and then filed based on the date. This requires files to be handled a number of times before they are placed back on the filing shelf. Alternative filing approaches are available including location based filing. This reduces the number of times the file is handled, to file the record you scan the file, locate a shelf with space for the file and scan shelf and place the file on the scanned shelf. When the file is required the location of the file is detailed on the system and the staff can pull the file from the shelf.

Data Warehouse

In early 2018 MCHFT approved a business case for a new data warehouse to replace the aged SQL 2005 data warehouse. The project has seen the data warehouse move to the Cloud using Microsoft Azure. This project will deliver a modern data warehouse platform based on Kimball methodology. This modern methodology allows a flexible approach to data allowing you to add new data feeds, add patient level security and drill down reporting. This project will continue in to early 2019.

Ecommunity

In our community services, activities are allocated inconsistently across the service. An opportunity to ensure that the right skilled member of staff, for the right activity, in the right location, for the right patient has been identified. This skills based allocation approach is welcomed and supported by CQC.

Staff plan the order and as a consequence route of the visits. The order selected is not always the most effective resulting in an estimated 121,770 unnecessary miles and 4,059 unnecessary hours of travel.

After receiving the day's list of activities staff leave the office and start their visits. The lone working arrangements to protect staff would benefit from improvement through knowing in real-time the location of the planned visit, the status of each visit and the planned travel route for each visit.

The management of service demand and capacity is currently a challenge and is often undertaken real-time resulting in the rescheduling of low priority activities or use of bank/agency staff. If demand and capacity was visible across teams and activity planning was undertake on a proactive basis peaks in demand could be managed as a whole service enabling cross team support based on factual demand and capacity data. This would

reduce the demand on short term bank and agency and improve safe staffing reporting leading to a reduction of £20,000 per annum spend on agency staff.

Patients are not routinely advised of the time of their home visit. Enabling patients to be informed of the approximate time of their visit would enable them to plan their day around the clinical visit including visitors, meals, personal hygiene routines etc. leading to an improved patient experience.

Benefits

This programme will see MCHFT move to modern digital solutions for processes that are currently undertaken manually. In most cases business cases have been produced and have been approved and the solutions are in flight. For detailed benefits information for electronic rostering, data warehouse and ecommunity please the approved business cases. The benefits of electronic expenses include improved policy enforcement, visibility of the approval process, reduced payroll administration, automated mileage calculations including home to work mileage deductions, and reduced unintentional fraud.

The benefits of location based filing include reduced administration due to the elimination of double handling, reduced file wear and tear through the elimination of double handling, reduced lost files due to bar code scanning of the file and shelf and increased speed of file retrieval.

This programme supports a number of ICT Vision Statements;

IVS2, IVS3, IVS7, IVS9

This programme directly supports the following Digit@ll programmes;

- Operational productivity and efficiency
- Capacity and demand

Underpinning Projects

The following underpinning projects will be established to deliver the programme;

- Electronic rostering project
- Electronic expenses project
- Location based filing project
- Data warehouse project
- Ecommunity project

Communications

What is required?

MCHFT have invested in a range of communication tools including a new telephony system under the VOIP project which is due to be completed early 2019 and the Office 365 project which was completed in the summer of 2018. This project saw the delivery of a security accredited email solution, video conferencing solution, new corporate Intranet and collaboration solution. A number of specific clinical use cases for this communication technology has been piloted during the project including virtual multi-disciplinary team

meetings, video consultations, cross organisation collaboration spaces and surveys. ICT services are keen to see the expansion of the use of these tools and technologies in to additional clinical areas. Outside of the Office 365 communication toolset there is a number of communication channels and tools which can add value.

Microsoft Teams

MCHFT benefit from Microsoft Teams which is part of the Office 365 subscription. Microsoft Teams allows staff to set up a collaboration space that can be used by staff internally or externally to the organisation. This collaboration space is a flexible space that can be tailored for the team that uses it but in general includes a discussion page, file sharing, virtual meetings, action registers, risk logs and more. Microsoft Teams lends itself well to MDTS, projects, sharing clinical best practice.

WhatsApp Replacement

WhatsApp is in wide use across the Trust and is being used for a range of purposes including team co-ordination, requests for clinical opinion and support, internal referrals, arranging roster cover and general informal team communication. The use of instant group communication/chat is very powerful and adds real benefit to those who use it. The challenge with WhatsApp for the NHS is that the data is held in America which if it used for patient identifiable data PID is in breach of information governance guidance. The ability to send photos, videos and audio messages is powerful, however, the app by default saves these files to the smart phones in built photo library which renders the images unencrypted need and susceptible to interception. The messages are encrypted and there is no system administration function which prevents messages from being moderated or audited. An alternative feature rich solution is required. ICT Services are working with Microsoft on developing Teams to meet this valid operational requirement.

Virtual Multi-Disciplinary Team Meetings

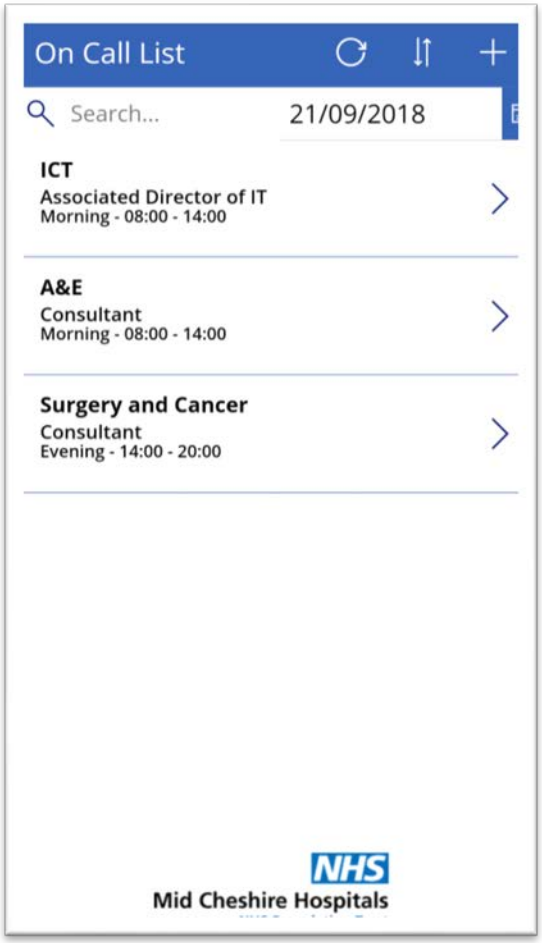
As we increase place-based working and our service becomes increasingly integrated the need to participate in MDT meetings will grow. ICT are keen to develop the model in use by the Heart Failure team and Cardiology and offer this to other clinical services. Saving time, mileage, allowing desktop sharing and meeting recording.

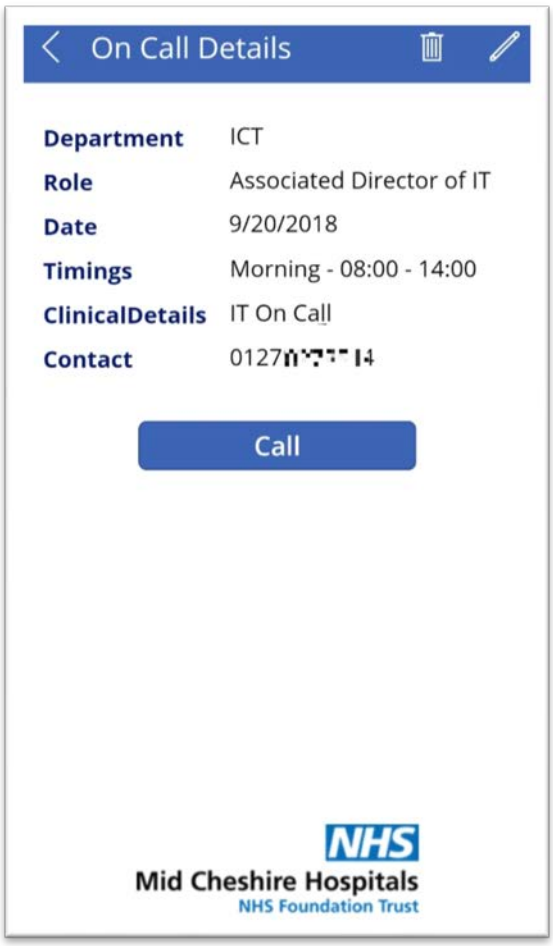
Hybrid Mail

MCHFT currently prints, stuffs and posts clinical letters manually at the price of 34p per stamp (second class). Opportunities exist with hybrid mail suppliers to automate the process and offer digital appointment letters, this modern innovation, the Patient Portal delivers digital appointment letters via a single text and secure mini URL link. Patients can access all appointment information digitally – anytime and anywhere! If a patient doesn't access the portal within 48 hours, a postal letter is automatically sent.

On Call App

MCHFT benefit from an on call rota system which details who is on call across clinical, operational, corporate services for the Trust. The challenge with the system is that it is not available to view by all staff and you need to be on the corporate network to be able to see who is on call. A manual copy of the rota is produced on a weekly basis taking up to 3 days which is emailed or printed for interested parties. An app available on mobile devices would overcome the need to manually produce the lists. ICT Services plan to develop the prototype shown below for Trust wide use allowing real time access to the on call rota anywhere.





Benefits

The benefits of the consistent deployment of communications technologies will result in improved communication across remote teams, improve information management and improved Place contacts.

Cost savings will be provided with the reduction in travel and postage.

This programme supports a number of ICT vision statements.

IVS1, IVS2, IVS6, IVS7, IVS8, IVS9, IVS10

This programme directly supports the following Digit@ll programmes;

- Assistive technology
- Digital inclusion
- Operational productivity and efficiency
- Making C&M the place for innovation and new technology

Underpinning Projects

The following underpinning projects will be established to deliver the programme;

- Microsoft Teams
- VOIP
- Intranet Development
- WhatsApp replacement
- Hybrid Mail
- Clinical MDTs
- On Call App

Infrastructure

What is required?

A robust, secure, high performing and highly available infrastructure that is taken for granted by our staff and patients.

WIFI

NHS Digital compliant guest WIFI services allowing free WIFI for patients without time restrictions. Secure WIFI services ensuring that 140 points out of manufacturer support in the next 18 months are replaced.

Security

The Trust has a reliance on IT to deliver highly available, fault tolerant systems. These systems are under constant threat from sophisticated malicious code that can seriously disrupt services, are a threat to patient care, and can harm our reputation. To counter the evolving cyber security threat to the Trust, ICT will review, update and implement new integrated controls and countermeasures to increase our resilience as well as improve our prevention and detection capabilities.

We will implement systems, controls and reports to assess the vulnerabilities and minimise the risks relating to the integrity, availability and confidentiality of the Trusts data, its applications and their use. Working with the Information Governance Department, we will develop an IT Cyber Security Policy that defines relevant standards, governance and procedures as well as Security Incident Management tools and processes.

Where appropriate, we will take advantage of the security advice and tools provided by NHS Digital. We recognise that the need for remote access and cloud- based services is growing, and that we must provide a more open network to support these business requirements, however, there will always be conflict between being more open and being secure, and we must maintain a good balance between these two competing forces. There will be times when we have to make difficult decisions in respect to this.

A number of Trust systems utilise operating systems and applications that are either out of manufacturer support (Server 2003 / SQL 2005) or coming to the end of their supported life (Server 2008 / SQL 2008). It is our aim to move these to a supported operating systems and application versions.

There are also a number of unsupported devices connected to the Trust network which IT do not manage which we need to ensure meet our minimum code of connectivity and are segregated where possible.

Device Patching

The department currently operates a strict patching policy for Trust managed Windows devices. Patches are deployed 24 hours after release from Microsoft and workstations are forced to restart to install the upgrades.

Server reboots are managed following discussion with the departments who use the system. Moving forward we want to have scheduled maintenance windows to install updates and perform regular maintenance.

Non-Windows patches are deployed on a more ad-hoc basis. Network patching is currently sparse and usually provided by 3rd party suppliers. However, as vulnerabilities are identified and patched by vendors, it is important that we protect our network by patching in a timelier manner. As part of the network upgrade, a system to update network devices is being deployed and staff will be trained to provide these updates in-house. Again, these updates will require maintenance windows to be deployed.

Network Segmentation

In March 2018, the Trust received funding from NHS Digital to improve its security posture by upgrading its network infrastructure.

The main element of this upgrade is the introduction of a Network Access Control (NAC) system to enable the Trust's network to be segmented. This will enable us to profile devices that connect to the network and based on their status and allow the appropriate level of access to Trust resources.

By deploying NAC, we will be able to connect non-Trust devices without compromising the security of other devices on the network. These policies will apply to medical devices, diagnostic devices, Estates devices and provide the basis for a 'Bring Your Own Device' policy.

Devices that meet the Code of Connectivity specified by our Information Governance Department will be segmented from the main Trust network as a minimum. Devices that do not meet the code of connection will not be connected.

Examples of non-Trust Devices requiring a Code of Connectivity inclue:

- Medical Devices – Dermatology / ICU / Ophthalmology
- Diagnostic Devices – Medical Imaging / Pathology
- Estates systems – Building Management System, Nurse Call System etc.

The long term aim will be that all medical devices are connected to the network and able to populate the Trust's EPR system.

'Cloud First'

Whilst being aware of the Government's 'Cloud First' policy, our uptake to the cloud has at present been slow and limited to our move to Office 365 and the Data Warehouse.

In 2017, we became a ‘Microsoft Transformational Trust’ and our aim is to leverage the benefits of existing infrastructure investment but ensuring we have the flexibility to move services to the cloud as required.

In order to achieve this, we are undertaking a ‘Cloud Readiness Assessment’ to identify servers and systems we could migrate to Microsoft Azure. Our long term aim is to move systems to the Cloud rather than purchase expensive capital equipment to expand our onsite data centres.

Backup strategy

Due to the volume of data that the Trust generates it has become impractical to backup to tape. We currently replicate data centres to the Treatment Centre disaster recovery (DR) site; going forwards the aim is to replicate the DR data to the Cloud using the same vendor technology so we have a secure off-site copy. A trial is currently being progressed.

As part of our Microsoft Enterprise Agreement, we also have access to a StorSimple appliance to archive users personal and share data to the Cloud to mitigate the overhead of managing large volumes of historical data on premise. It is planned that this device will be available in Q1 2019.

Some of the legacy applications and hardware we use make a consistent backup policy difficult which is a further argument for standardisation.

On-boarding of CCICP

In March 2019, the IT Support contract CCICP has with the MLCSU ends. We intend to tender a ‘network only’ support model with the MLCSU which will enable our Service Desk to manage CCICP users, devices and telephony. This will provide both MCHFT and CCICP staff to benefit from a single network and where possible single systems (E-mail, Incident Management, Ordering etc.)

At the same time that we join the CCICP network, we will also on-board the Pathology Department located at ECT to again leverage the same benefits.

Remote Access

As part of our network upgrade, we will be implementing a new Virtual Private Network system to allow corporate devices to access the network from any location with a WIFI connection.

Due to security concerns, we will only allow corporately managed devices to connect in this manner.

Remote access from non-corporate devices will be via our Virtual Desktop Infrastructure (VDI) system which will be available over an internet web portal and accessed via soft token 2 factor authentication.

Benefits

Secure and utility based infrastructure that just works will be a foundation platform to build our clinical and business application services.

This programme supports a number of ICT vision statements;

IVS1, VS2, IVS6, IVS7, IVS8, IVS9

This programme directly supports the following Digit@ll programmes;

- Cyber standards
- Cyber partnership
- Get brilliant basics
- Operational productivity and efficiency

Underpinning Projects

Infrastructure Targets at a glance:

- Implement NHS Digital Cyber Security audit actions
- Further standardise IT Infrastructure and devices to ensure ease of manageability and support
- Segment network based on device posture
- Implement patch windows for all network attached devices
- Reducing the incidence which users contact the IT Service Desk
- Complete Cloud Readiness Assessment and identify potential systems to migrate
- Implement Cloud backup solution
- Implement remote access solutions
- CCICP Insource

IT Service Enhancement

What is required?

As the demand for increased digital solutions is placed on ICT Services the department needs to have the capacity and capability to support additional services. As the dependency on digital solutions increases ICT Services will need to be able to manage systems and the dependant infrastructure in a controlled and planned way to reduce the risk of system unavailability.

The Trust provides a 24/7/365 service, and requires a strong, secure underpinning IT infrastructure to support the delivery of patient care and business functions. Our priority will be to ensure we deliver business as usual support across the Trust. As we move to modern IT systems and including increased usage of social media applications, we must always be vigilant to the Cyber security threats that this will bring. Our support service must be flexible and responsive enough to shift focus on supporting the needs of the business whilst also remaining vigilant.

The Service Desk currently has a high ‘first time fix’ ratio; however, in some instances this is through circumventing known issues rather than resolve them. Our aim is to provide the Service Desk and Infrastructure teams the environment to find root cause solutions to give resolution to the issue.

ITIL Processes and Service Desk Upgrade

A number of processes have been identified for development; configuration management, knowledge management, problem management, release management, change management, end user training, system standardisation and end user self-service. These ITIL processes will increase the professionalism and accessibility of the service. ICT

Services have purchased an upgrade to the Sunrise service management solution which will allow these ITIL processes to be managed digitally. The upgrade will allow end users to log and view their support calls, access web based training videos and training, request equipment or services on line.

Clinical Informatics staff that provide support for local clinical systems will be invited to log support calls including third party support calls on the Trust IT service management tool to allow visibility of IT incidents and common requests.

Finance

IT equipment will be moving to a revenue based lease model smoothing the cost of IT over a number of years.

Assets will move to a rolling refresh cycle allowing for an extended life of devices utilising Windows 10 efficiencies, Virtual Desktop Infrastructure (VDI) and web based architecture (SaaS) for clinical systems.

An improved centralised asset management processes will ensure that assets can be centrally managed, allowing unused assets to be allocated to new starters. An up to date and centrally managed Central Management Database (CMDB) will be developed to manage IT assets including mobile phones. Mobile Device Management will also allow the tracking and lock down of devices against high spend items, inappropriate content and device encryption.

The IT recharge policy will be reviewed to encourage the use of standard IT services.

All digital initiatives and deliverables requiring funding will be presented for approval via the high impact stand alone or business case submission route. Depending on value these will be presented to PAF. Project benefits realisation function will be established as part of every business case.

Procurement

The equipment allocations (user device) process was implemented which details what IT equipment are provided to staff, in clinical settings ratios of staff to computers ensures easy access to computers for all staff.

To improve the utilisation of IT equipment a further review will be performed to ensure the correct devices are being purchased for the varying user device allocations. This will allow an audience of service users to provide feedback on preferred devices including new in demand devices such as tablets.

To allow the cost of procurement to be minimised, ICT will aim to procure commodity IT systems and services through the use of national procurement frameworks, undertaking mini competitions where further competition would add value.

Develop an IT Catalogue service to make ordering IT services easy and quick, encouraging the selection of standard IT services, hardware or software. Expansion of this service will be performed wherever new services/items go into production use (e.g. new mobile phone providers).

Continue the prevention of local service teams ordering IT systems and services that do not meet corporate standards or IT vision, purchase requisitions will be filtered through ICT for approval.

Benefits

The benefits of this programme

- The right mix of skills and capacity in the ICT department will ensure that ICT services are well managed, agile and meet the needs of the business.
- Reduced Business as Usual (BAU) resourcing cost profile.
- A portfolio of services and projects can be proactively managed and benefits are realised.
- Device selections are agreed by Service Users
- Access to IT services is simple which encourages staff to adhere the agreed standards.
- Staff that are confident in using systems are more likely to embrace it and use it improving data quality.
- Improved knowledge will result in less service calls to the service desk and in turn increased productivity.
- Reduced downtime and increased system availability.
- Single IT service provision over the hospital and CCICP.

This programme supports a number of ICT vision statements;

IVS2, IVS3, IVS6, IVS7, IVS8

This programme directly supports the following Digit@ll programmes;

- Get brilliant basics
- Operational productivity and efficiency
- Cyber standards

Underpinning Projects

The following underpinning projects will be established to deliver the programme;

- Sunrise upgrade project
- Inventory management & configuration management database project
- CCICP insourcing project

End User Computer Programme

What is required?

MCHFT have historically operated a replacement of failure programme for end user computers, only replacing devices once they fail and are unable to be repaired. This has resulted in an aged estate which impacts the efficiency of;

- Staff when logging on and off the device – up to 18 minutes
- Staff dealing with IT faults detracting them away from their core role

- IT support services responding to high call volumes where quick fixes are not available due to the age of the equipment
- Managing devices to mitigate against cyber threat due to capacity and speed of the devices.

Across the Trust we currently lose 273 productive hours per day due to longer log in times alone, equating to £4,186 per day or £942,060 per year (calculations are based on 2200 users who regularly log on, once per day, paid a salary of mid-point band 4, 5 days per week, 45 weeks per year).

In the spring of 2018 the device business case was approved and a project approved to replace all 10 year old devices. It is critical that this is an annual programme because:-

- MCHFT require an efficient end user device service which allows staff to quickly log in and run the clinical applications required to deliver excellent patient care
- MCHFT require a reliable end user device service where devices fail less often saving time from logging support calls
- ICT Services need to mitgate the following user device based cyber risks through removing the devices that are too old to patch and run security software:-
    - CC-1396 | Intel Critical Privilege Escalation Vulnerability
    - CC-1912 | Spectre CPU Vulnerability
    - Dionach - Stage 2 Test #3 Boundary Firewalls and Internet Gateways
    - Dionach - Stage 2, Test #4 Secure Configuration
    - Dionach – Stage 2, Test #4 Patch Management
- ICT Services require less support calls so they can transition from a reactive support service to a proactively managed support service
- MCHFT require an end user device service that is ready for new or upgraded clinical and operational IT systems without the risk of poor performance
- An on-going rolling refresh programme that ensures that the estate remains modern, efficient and secure
- An end to clinic slot cancelations due to poor performing end user devices
- A reduction in the number if IR1s reported due to end user device issues

The mix of different technologies used at the Trust causes issues in providing support and on-going management. The aged PC fleet causes performance issues for users and makes rectifying faults slower.

We also have a number of different types of devices as historically, Divisions have purchased their own equipment as budget has allowed. This has led to a mix of desktops, laptops, tablets, PDA’s and operating systems running on the network.

Our current applications are all certified to work with Microsoft Operating Systems and web browsers. For this reason, we are standardising our user offerings to Microsoft devices running Windows 10 software and Internet Explorer browser.

Standardising on device and software will benefit the Trust from having Service Desk staff competent in supporting device models, operating systems and software. By then leveraging standard software deployment and management systems we’ll also be able to increase the efficiency of the Service Desk.

Virtual Private Network

As the popularity of mobile devices increases and we see staff opting to use laptop/tablet devices across the Trust the need for these mobile devices to be able to seamlessly connect

to the corporate network and clinical systems. Funding was awarded as part of the NHSE Cyber Bid to fund a new modern zero touch VPN solution allowing staff with MCHFT issued devices to connect to the network from anywhere with an internet connection.

Windows 10

On the 14th January 2020 support for Windows 7 ends and updates including security patches will no longer be released. It is paramount to migrated to Windows 10. Windows 10 licences have been provisioned and funded by NHS Digital on condition that services subscribe to the Microsoft Advanced Threat Protection Service. MCHFT have subscribed to this service and has been allocated the required licences.

Devices being deployed under the device refresh programme are being deployed with Windows 10 and this will continue during 2019.

Office 2010 Replacement

On the 13th October 2020 support for Office 2010 ends and updates including security patches will no longer be released. In addition support for Outlook 2010 and Office 365 Exchange Online will also end and we are already starting to see some minor compatibility issues with Outlook 2010. The Office 365 business case detailed a requirement to increase our Office 365 licences in 2020.

Benefits

- Spend on IT will be easily identified and managed.
- IT assets will be fairly distributed and redundant equipment will be reallocated to staff.
- Cyber risks associated with running unsupported software will be mitigated.
- Increased productivity through access to modern computing devices.
- Increased mobility and flexibly supporting modern estate strategies and agile working.
- Increased end user satisfaction and reduced frustration.

This programme support a number of ICT vision statements;

IVS1, IVS2, IVS6, IVS7, IVS8, IVS9

This programme directly supports the following Digit@ll programmes;

- Get brilliant basics
- Operational productivity and efficiency
- Cyber standards
- Cyber partnership

Underpinning Projects

The following underpinning projects will be established or already underway to deliver the programme.

- Device refresh project (Hospital and CCICP)
- Device standardisation

- Cyber security network improvement project
- Windows 10 rollout
- Office 365 E3 licence rollout

Delivery Approach

This strategy will be delivered as a series of interdependent and interlinked programmes and projects managed by a programme office. Projects will be delivered adopting the elements of the Prince2 project management methodology that are proportionate and appropriate for each project.

Each project will have a defined project organisation and governance arrangements established which will direct the project and ensure delivery.

Where projects are new and investment is significant, complex or contentious a business case will be produced. The business case will be processed for approval in line with the standing financial instructions and is a gateway to ensure the initiative is clearly defined and benefits and costs are understood.

Where projects are aligned to the STP joint governance, reporting and delivery workstreams will be established to ensure alignment and skills sharing.

Essential to the delivery of this strategy is the effective engagement of clinicians as well as business leaders. Clinical engagement is essential if ICT projects and changes are to be seen as enablers to clinical and business improvements. Large projects will benefit from the creation of stakeholder engagement groups and Clinicians and Business Leaders will:

- Drive the design and introduction of new technology and clinical systems
- Become responsible for the ownership of systems, and
- Be held accountable for the realisation of benefits associated with the implementation of clinical and business systems.

Clinicians are the public face of the organisation. They may have considerable experience of the NHS. This gives them a wealth of knowledge about the strengths and weaknesses of Trust systems and processes, and also puts them in a good position to determine what will work. They should have a clear understanding of how developments in ICT could help improve the quality of care and patient safety. We will build upon relationships with the professional groups who are affected by the large projects as these will be responsible for, and deliver, much towards the success of this strategy.

The clinical and business voice will be heard and their views will be incorporated in the case for change, and in articulating clinical, business and patient benefits.

Delivery Plan

The delivery of the projects and workstreams will be managed as a programme from a Programme Office. A high level overall plan will be produced which shows all the projects and work streams and any identified dependencies. This high level plan will be kept up to date. Individual detailed project plans will be developed and managed by the allocated Project Manager.

Risk Management

The delivery of projects in this ICT strategy is critical as it is a key enabler to deliver our Service Developments, on-going clinical systems development, STP and Trust Operational Plan.

ICT follows the Trust's processes for the management of its risks. Components of this strategy will be managed in accordance with Trust's risk management practice that is applicable at that time and will be reviewed regularly to reflect any changes and developments that may be made to the Trust's overall risk framework during the period covered by this strategy.

A departmental risk register is in place which provides the description of risk, impact, probability, overall risk score, details of risk control, actions planned, action progress, impact, probability, residual risk, lead officer and lead director. A risk and issues log is also maintained at project level as per Prince 2 methodology.

Risks scored above the corporate threshold are escalated in to the corporate risk process which will help asses any wider dependencies particularly where the risk may impact the delivery of key health service improvements.

As per guidelines, the current ICT risk register can be found within the Safeguarding system.

Equality and Diversity

Throughout its activities, the Trust will seek to treat all people equally and fairly. This includes those seeking and using the services, employees and potential employees. No-one will receive less favourable treatment on the grounds of sex/gender (including Trans People), disability, marital status, race/colour/ethnicity/nationally, sexual orientation, age, social status, their trade union activities, religion/beliefs or caring responsibilities nor will they be disadvantaged by conditions or requirements which cannot be shown to be justifiable. All staff, whether part time, full-time, temporary, job share or volunteer; service users and partners will be treated fairly and with dignity and respect.