

# AGENDA

**Board of Directors**  
A meeting will be held in Public at  
**09.30am on Monday, 4 February 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.	<b>Welcome and Apologies</b> To welcome members of the public and attendees and to receive apologies for absence from Board Members. (to note)	I	Chairman <b>09.30</b>	-
2.	<b>Patient or Staff Story</b> (verbal)	I/D	Director of Nursing & Quality <b>09.32</b>	-
3.	<b>Board Member's Interests</b> (to note) To <b>consider</b> any <ul style="list-style-type: none"> <li>Changes to Directors' interests since the last meeting</li> <li>Conflicts of interest deriving from this agenda</li> </ul>	I	Chairman <b>09.50</b>	-
4.	<b>Minutes of the Last Meeting</b> To <b>approve</b> the minutes of the Board of Directors meeting held in Public on Monday, 7 January 2019	A	Chairman <b>09.52</b>	4
5.	<b>Matters Arising and Action Log</b> (attached) (to approve)	A	Chairman <b>09.55</b>	19
6.	<b>Annual Work Programme 2018/19</b> (attached) (to approve)	I/A	Chairman <b>09.57</b>	20
7.	<b>Chairman's Announcements</b> (to note a verbal report) <p>7.1 Annual Board Committee Meetings</p> <p>7.2 Chief Executive Recruitment</p> <p>7.3 Meeting with East Cheshire Trust</p>	I	Chairman <b>10.00</b>	-
8.	<b>Governor's Items</b> (to note a verbal report) <p>8.1 Council of Governors – 24 January 2019</p>	I	Chairman <b>10.10</b>	-
9.	<b>Chief Executive's Report</b> (to note a verbal report) <p>9.1 System Update</p> <p>9.2 Executive Away Day</p>	I	Chief Executive <b>10.15</b>	-

Item No	Title of Item	Action	Led By	Page No.
9.3	NHSI Performance Review Meeting			
9.4	NHS Long Term Plan			
10.	CARING			
10.1	Quality, Safety & Experience Report (attached) (for discussion)	I/D	Director of Nursing & Quality 10.35	21
11.	SAFE			
11.1	Draft Quality Governance Committee notes from the meeting held on 14 January 2019 (attached) (to note)	I	Committee Chair 10.45	61
11.2	Serious Untoward Incidents and RIDDOR Events (verbal) (to note)	I/D	Deputy Chief Executive/ Medical Director 10.50	-
12.	RESPONSIVE			
12.1	Performance Report (attached) (to note)	I/D	Director of Finance 10.55	77
12.2	Draft Performance & Finance Committee notes from the meeting held on 24 January 2019 (attached) (to note)	I	Committee Chair 11.05	103
12.3	Legal Advice (verbal) (to note)	I	Chief Executive 11.10	-
12.4	Freedom to Speak up Guardian Q3 (attached) (to note)	I/D	Director of Nursing & Quality 11.15	119
13.	WELL-LED			
13.1	Visits of Accreditation, Inspection or Investigation (verbal) (to note)	I	Chief Executive 11.20	-
13.2	Audit Committee notes from the meeting held on 14 January (attached) (to approve)	A/D	Chief Executive 11.25	122
13.3	Fit and Proper Persons Annual Review (attached) (to approve)	A/D	Chief Executive 11.30	136
13.4	Workforce Data Quality and Reporting (attached) (to approve)	A/D	Director of Workforce and OD 11.35	139
13.5	Gender Pay Gap Report (attached) (to approve)	A/D	Director of Workforce and OD 11.50	154

Item No	Title of Item	Action	Led By	Page No.
13.6	<b>Request to Use the Trust Seal</b> <i>(attached) (to approve)</i>	A/D	Chief Executive <b>12:00</b>	<b>166</b>
<b>14.</b>	<b>EFFECTIVE</b>			
14.1	<b>Workforce Report</b> <i>(attached) (to note)</i>	I/D	Director of Workforce and OD <b>12.05</b>	<b>169</b>
14.2	<b>Transformation and People Committee notes from the meeting held on 10 January 2019</b> <i>(attached) (to note)</i>	I	Committee Chair <b>12.15</b>	<b>172</b>
14.3	<b>Consultant Appointments</b> <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director <b>12.20</b>	-
<b>15.</b>	<b>Any Other Business</b> <i>(verbal)</i>	A/I/D	Chairman	-
<b>16.</b>	<b>Time, Date and Place of Next Meeting</b>			
	To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on <b>Monday, 4 March 2019</b>	I	Chairman	

### Board of Director Meeting held in Public (Action Log)

Action No	Date of Meeting	Action	Lead	Deadline Date	Comments	Date of Board meeting to be reviewed	Status
19/01/14.4.2	07-Jan-19	Digital Strategy Slides to be circulated	K Dowson	31-Jan-19	Done	05-Feb-19	

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				



# Executive Quality Governance Group

## Quality, Safety and Experience Report

### February 2019

(December 2018 data)



## Board Papers – Quality, Safety & Experience Section: February 2019

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## Board Papers – Quality, Safety & Experience Section: February 2019

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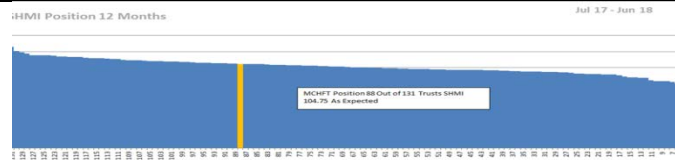
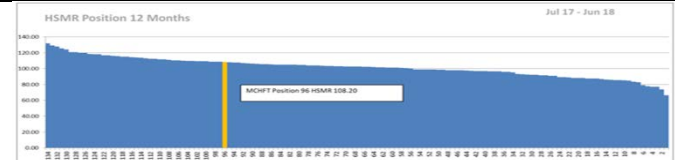

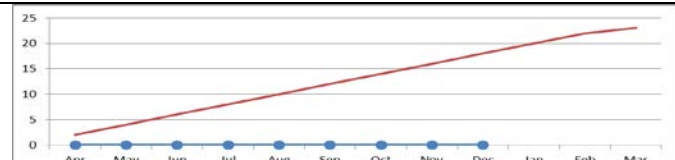

Board Papers – Quality, Safety & Experience Section: February 2019

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

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

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

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

Indicators	Target	Trajectory 2018/19
<b>SHMI</b> The Trust's target is to be at least within the "as expected" bracket. This has been achieved for the latest reporting period.	As expected	 <p>SHMI Position 12 Months</p> <p>Jul 17 - Jun 18</p> <p>MCHFT Position 88 Out of 131 Trusts SHMI 104.75 As Expected</p>
<b>HSMR</b> The Trust's target is to be at least within the "as expected" bracket. This has been achieved for the latest reporting period.	As expected	 <p>HSMR Position 12 Months</p> <p>Jul 17 - Jun 18</p> <p>MCHFT Position 96 Out of 131 Trusts HSMR 108.20</p>
<b>MRSA</b> Zero tolerance of MRSA cases.	Zero	 <p>MRSA</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p>
<b>C-Diff Avoidable</b> The target is less than 23 avoidable cases of Clostridium Difficile in 2018/19.	Less than 23 at end of March 2019	 <p>C-Diff Avoidable</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p>
<b>Safety Thermometer</b> The Trust target is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	>95%	 <p>Safety Thermometer</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p>

## Board Papers – Quality, Safety & Experience Section: February 2019

### 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.

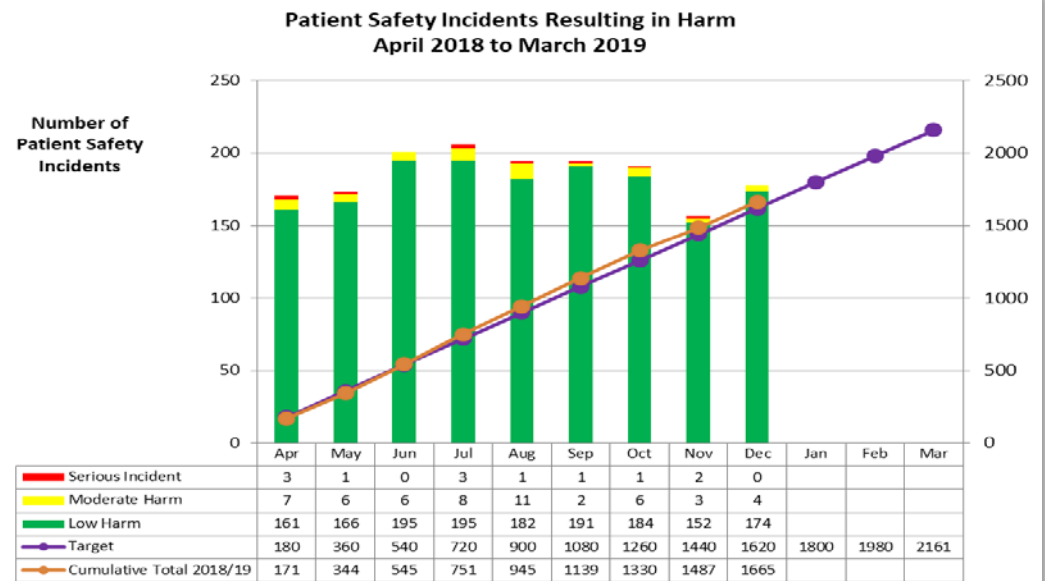
For December 2018, there were a total of 178 patient safety harm incidents:

97.8% (174 incidents) have resulted in low harm  
2.2% (4 incidents) have resulted in moderate harm  
0% (0 incidents) resulted in serious harm

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

These include:

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



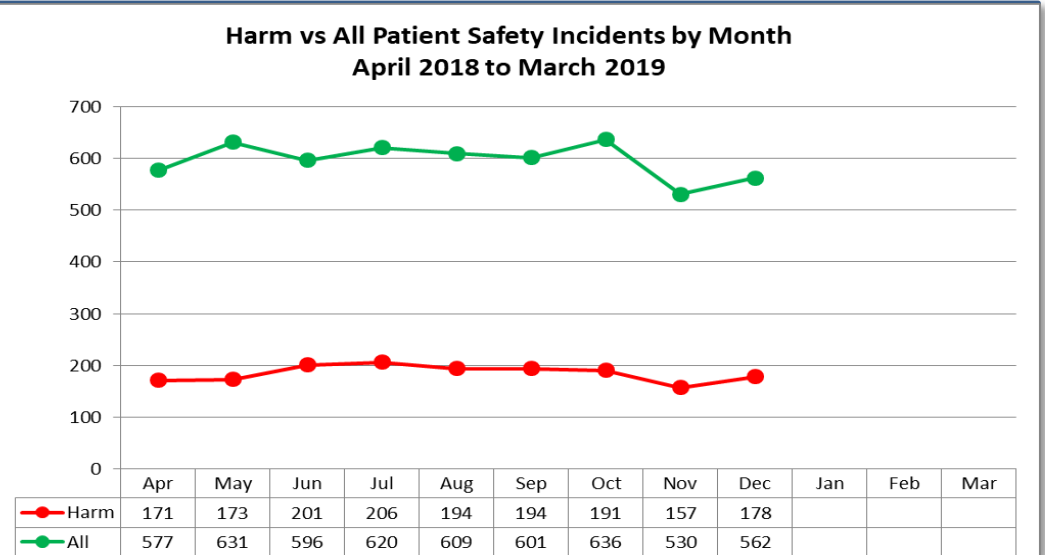
#### Harm vs All Patient Safety Incidents

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

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

In December 2018, the gap between harm and all patient safety incidents was 384. The aim over the twelve month period is to see this gap widening.

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



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

Description

Aggregate Position

Trend

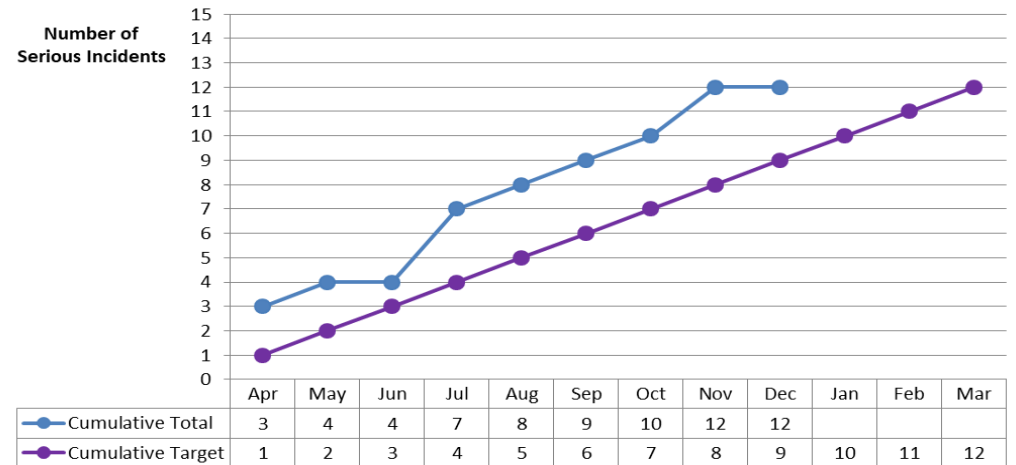
Serious Incidents

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

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

For December 2018, there were no serious incidents reported.

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



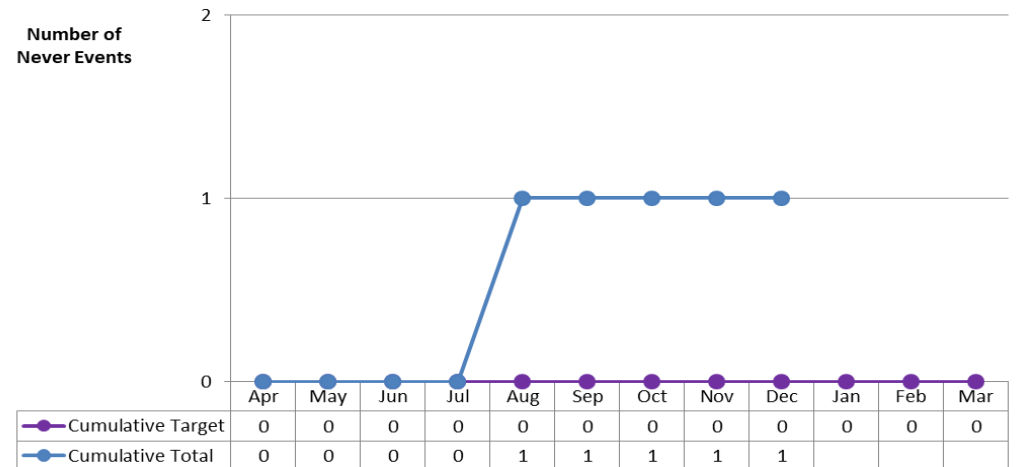
Never Events

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

*The target is to have zero Never Events*

For December 2018 no Never Events were reported.

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



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

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.*

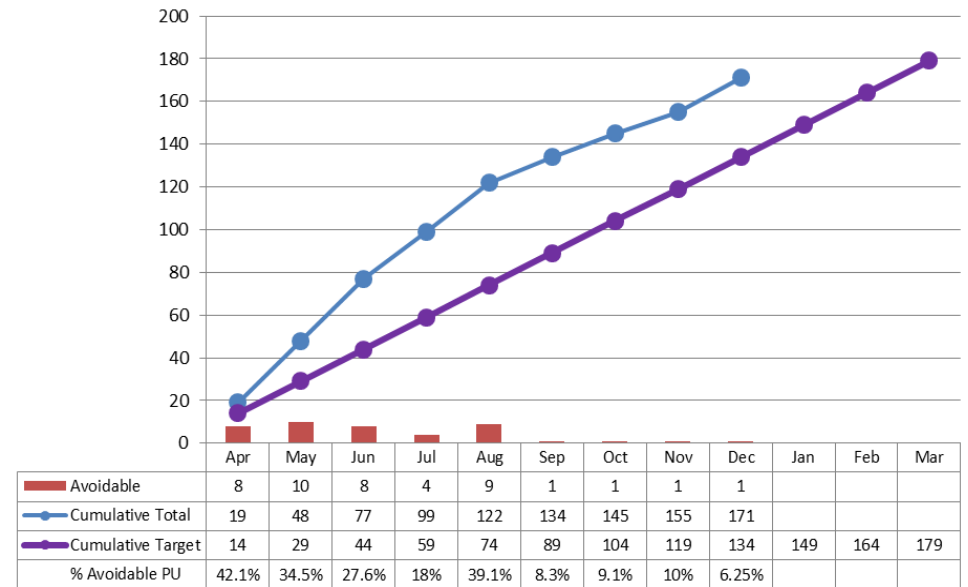
For December 2018, there were a total of 16 hospital acquired pressure ulcer incidents:

- 6.25% (1 PU) has resulted in avoidable harm. This was an unstageable pressure ulcer. Avoidable pressure ulcers are reviewed at the monthly pressure ulcer panel.
- 93.75% (15 PU's) have been classed as unavoidable following investigation. Twelve were category 2 pressure ulcers, one was a category 3 pressure ulcer and three 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

Hospital Acquired Pressure Ulcers by Month  
April 2018 to March 2019



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

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*

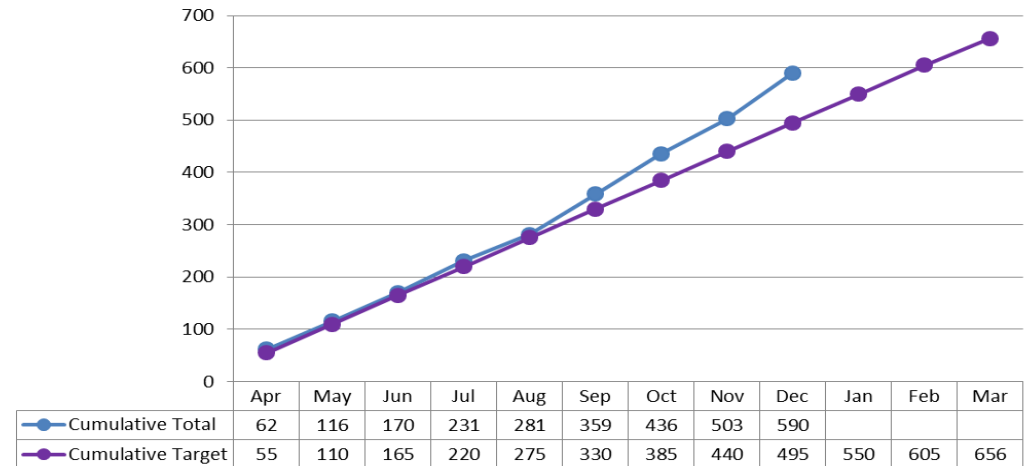
For December 2018, there were a total of 87 inpatient falls

- 73.6% (64 falls) have resulted in no harm
- 24.1% (21 falls) have resulted in low harm
- 2.3% (2 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

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



Medication Harm Incidents

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

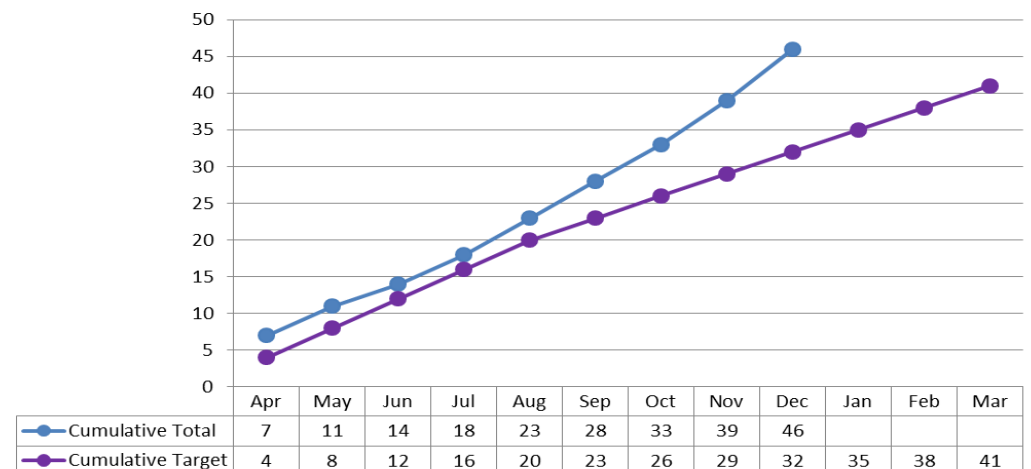
For December 2018, there were a total of 7 medication incidents resulting in harm reported:

- 100% (7 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

Improvement actions include:

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

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





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

Central Cheshire Integrated Care Partnership (CCICP)

Description

Aggregate Position

Trend

CCICP Patient Safety Harm Incidents

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

For December 2018, there were a total of 113 patient safety harm incidents:

- 94.7% (107 incidents) have resulted in low harm
- 5.3% (6 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm

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

These include:

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

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



CCICP Harm vs All Patient Safety Incidents

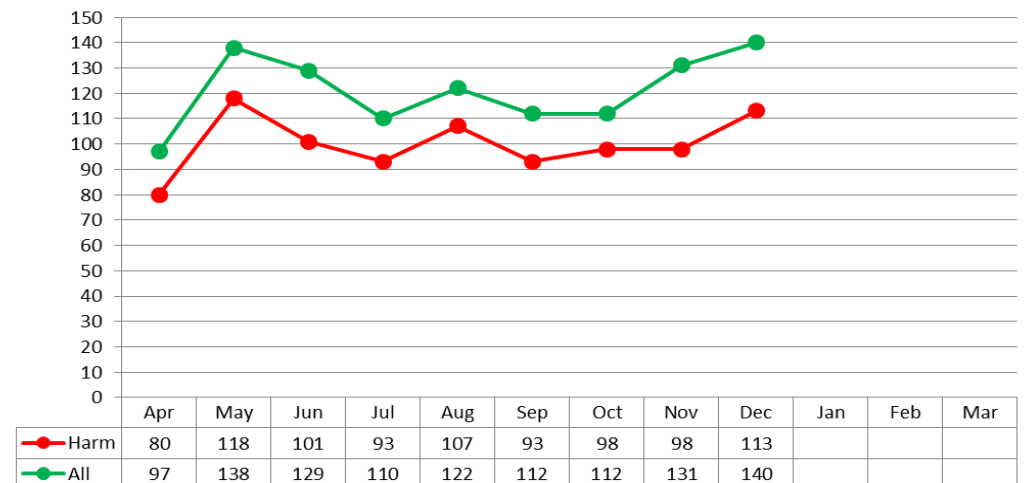
*The aim is to increase no harm reporting and eventually widen the gap between harm and all incidents.*

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

In December 2018, the gap between harm and all patient safety incidents was 27.

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

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





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

Description

Aggregate Position

Trend

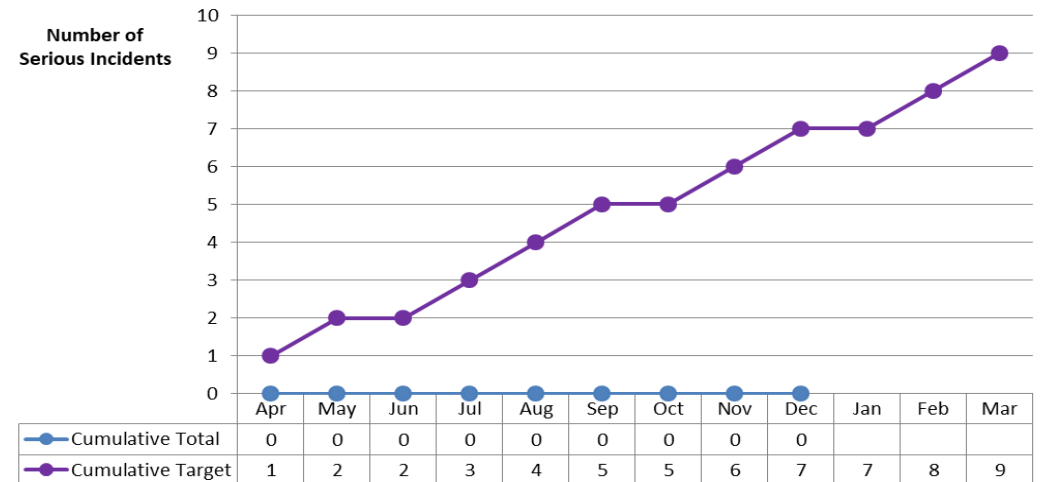
CCICP Serious Incidents

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

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

For December 2018, there were no serious incidents reported.

CCICP Serious Incidents by Month  
April 2018 to March 2019



CCICP Never Events

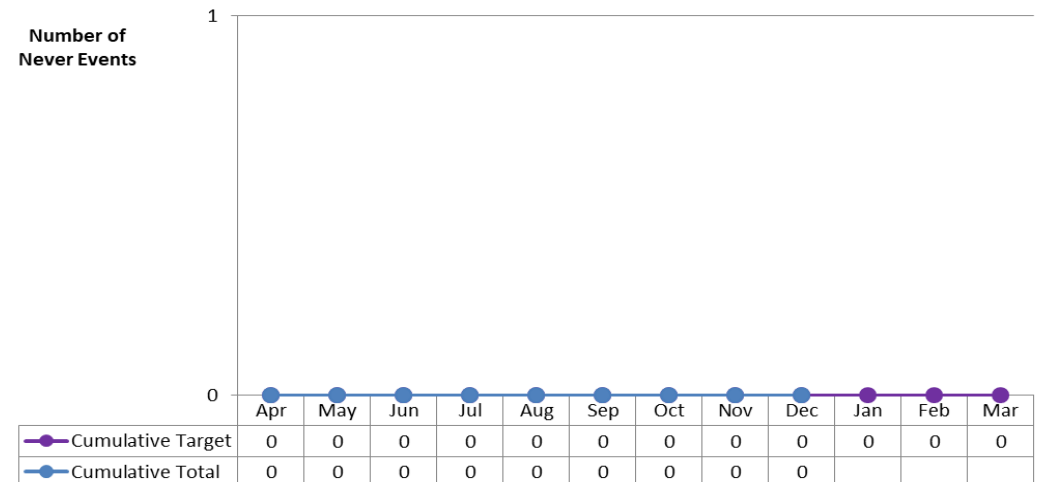
This chart demonstrates the number of Never Events that have been reported.

*The target is to have zero Never Events*

For December 2018 no Never Events were reported.

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

CCICP Never Events by Month  
April 2018 to March 2019



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

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.*

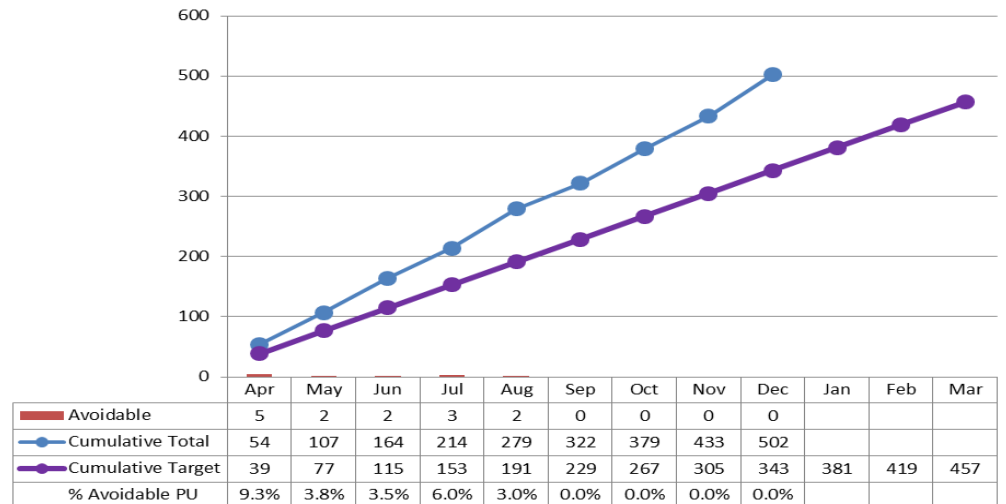
For December 2018, there were a total of 69 community acquired pressure ulcer incidents:

- 0% (0 PU's) has resulted in avoidable harm.
- 47.8% (33 PU's) have been classed as unavoidable
- 52.2% (36 PU's) 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

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



CCICP Medication Incidents.

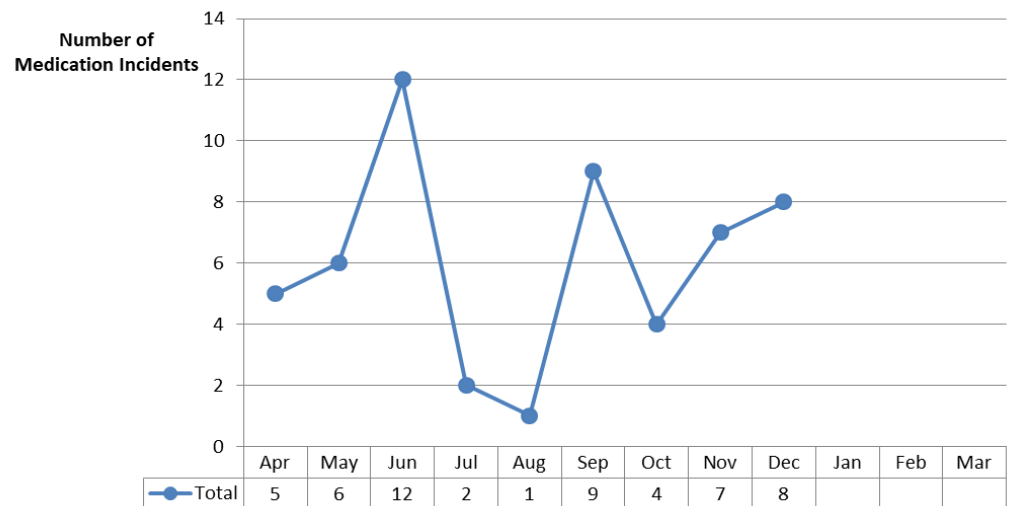
*The aim is to increase no harm reporting of Medication Incidents.*

For December 2018, there was a total of 8 medication incidents reported:

- 100% (8 medication incident) resulted in no harm
- 0% (0 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.

CCICP Medication Incidents by Month  
April 2018 to March 2019



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

Description

Aggregate Position

Trend

SHMI

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

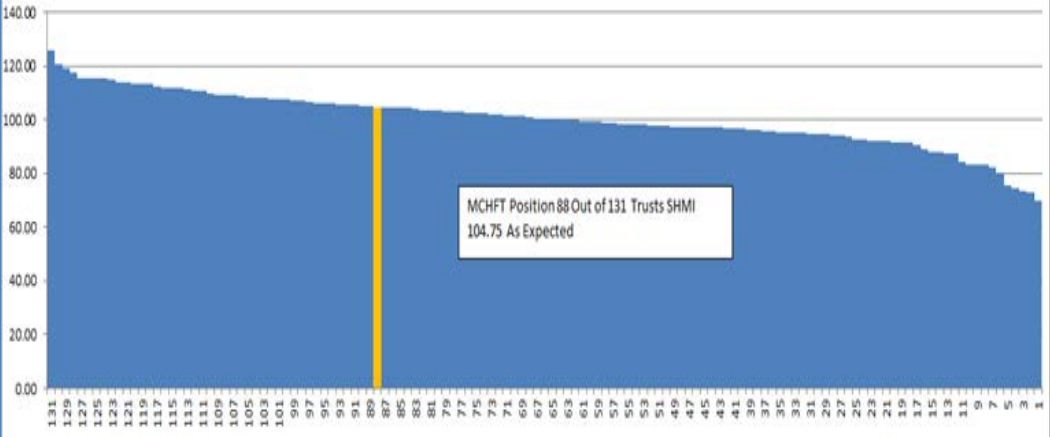
The chart benchmarks the Trust's latest SHMI against all NHS Trusts.

MCHFT is shown as the yellow bar.

The Trust's SHMI is 104.75 for the time period July 2017 to June 2018 and places the Trust 88 out of 131 Trusts and is "as expected".

SHMI Position 12 Months

Jul 17 - Jun 18



MCHFT

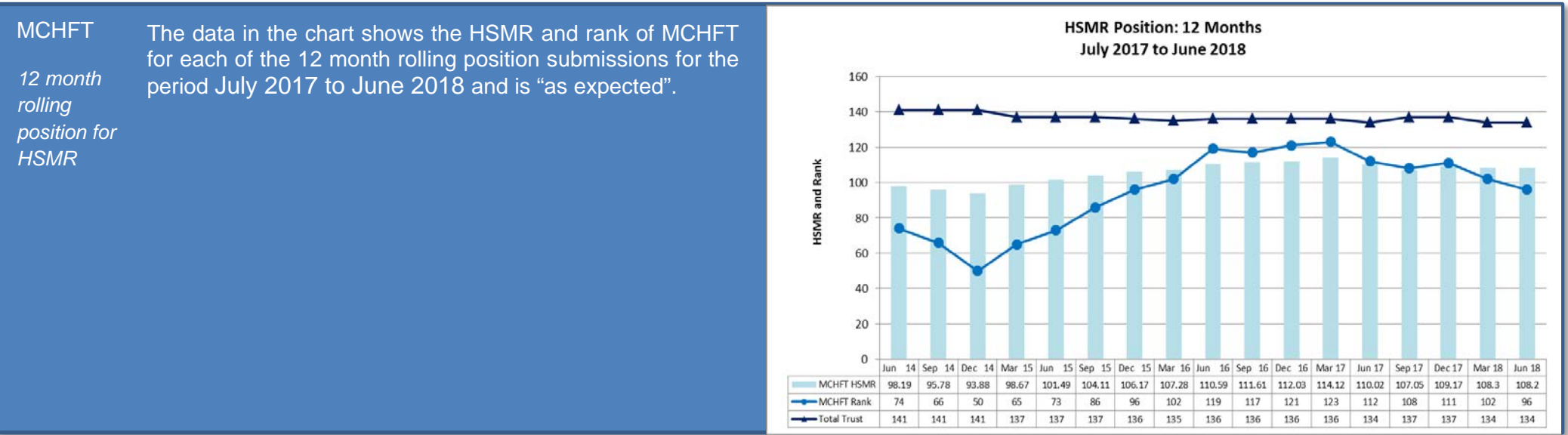
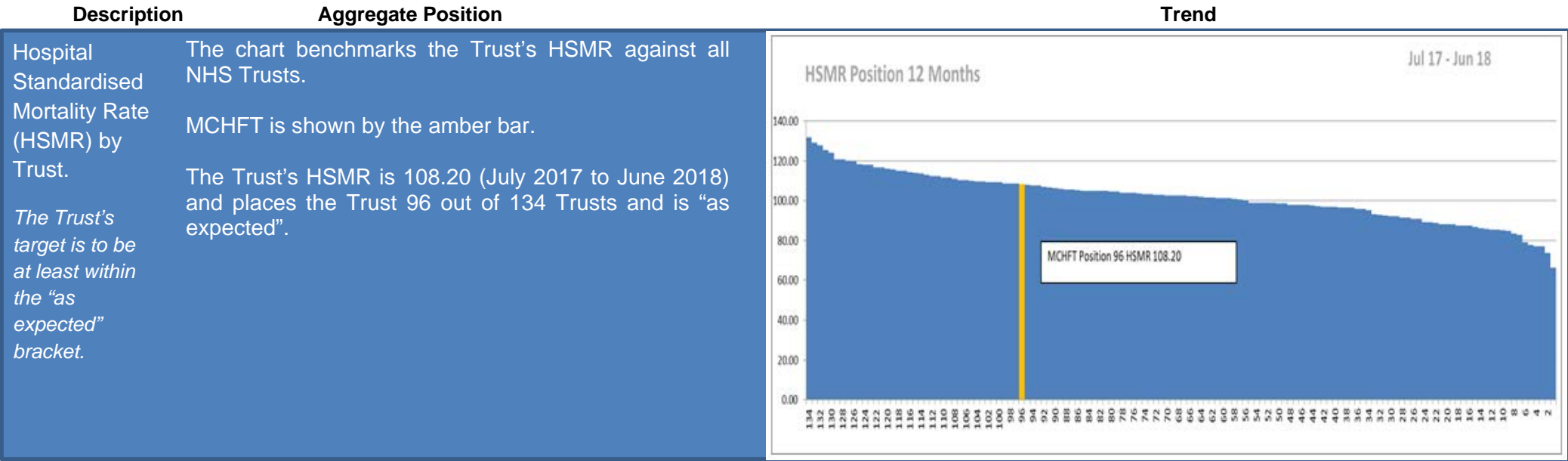
12 month rolling position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.

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".

SHMI Position: 12 Months  
July 2017 to June 2018



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



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

Description

Aggregate Position

Trend

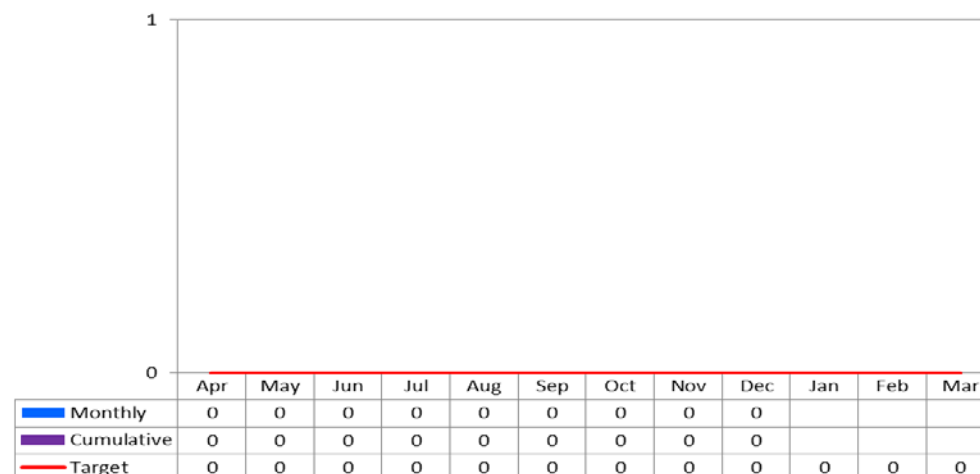
MRSA Bacteraemia Cases.

Zero tolerance of MRSA cases.

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

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

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



Clostridium Difficile toxin positive cases.

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

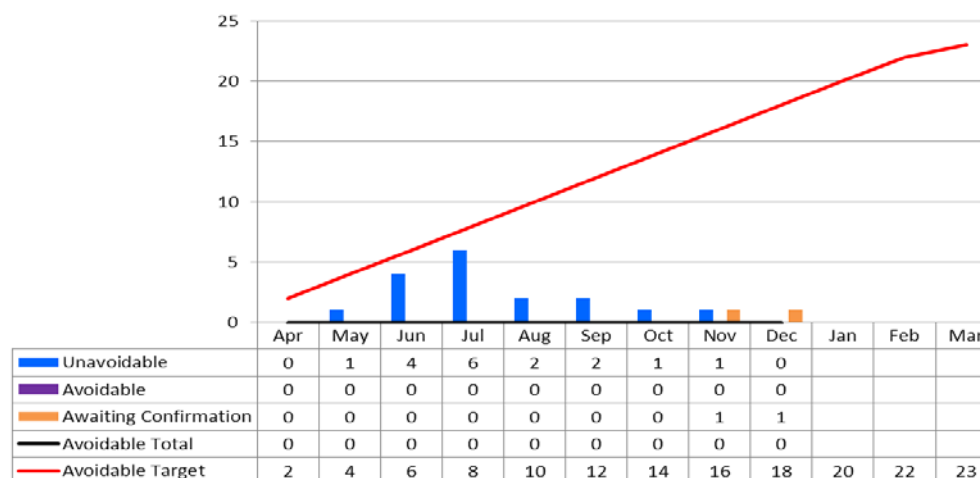
In December 2018, no avoidable cases were reported.

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

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



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

Description

Aggregate Position

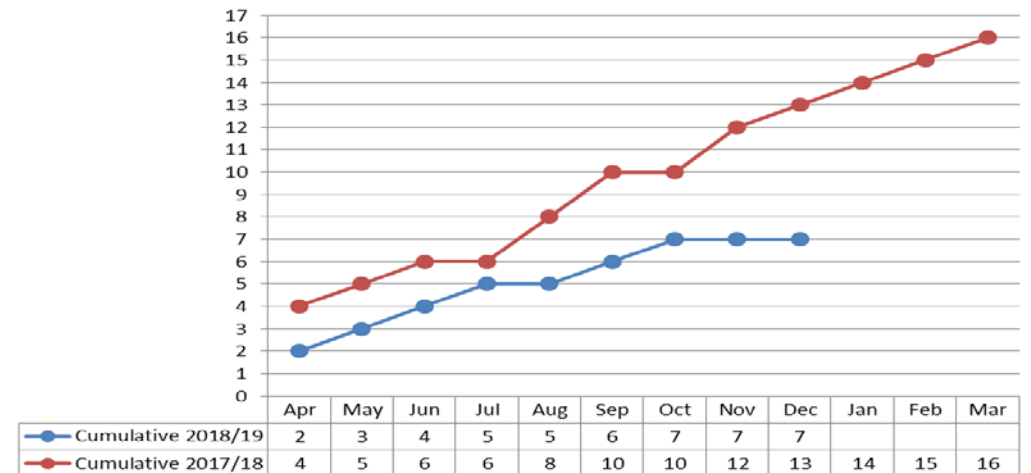
Trend

MSSA Cases. In December 2018, no MSSA cases were reported in the Trust.

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

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

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

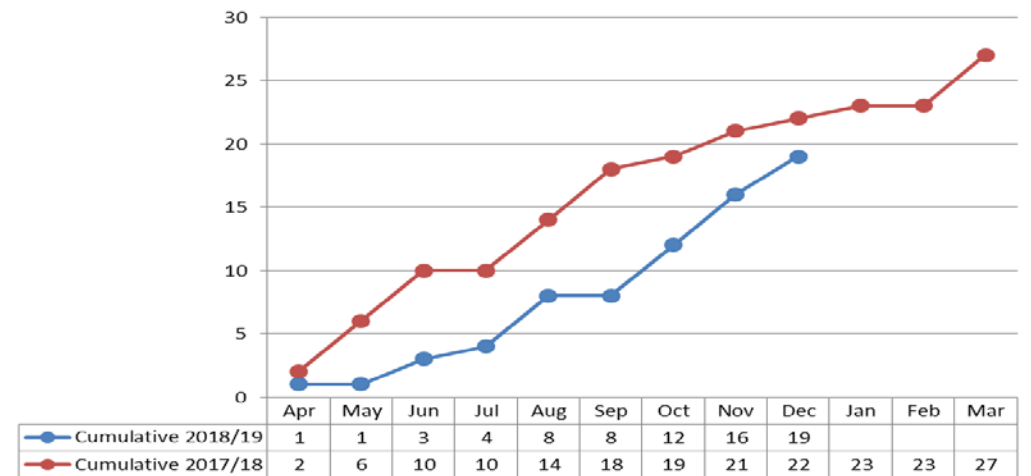


E-Coli Cases. In December 2018, three E-Coli cases were reported.

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

In this financial year there have been nineteen confirmed E-Coli cases reported.

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



## Board Papers – Quality, Safety & Experience Section: February 2019

### Description

### Aggregate Position

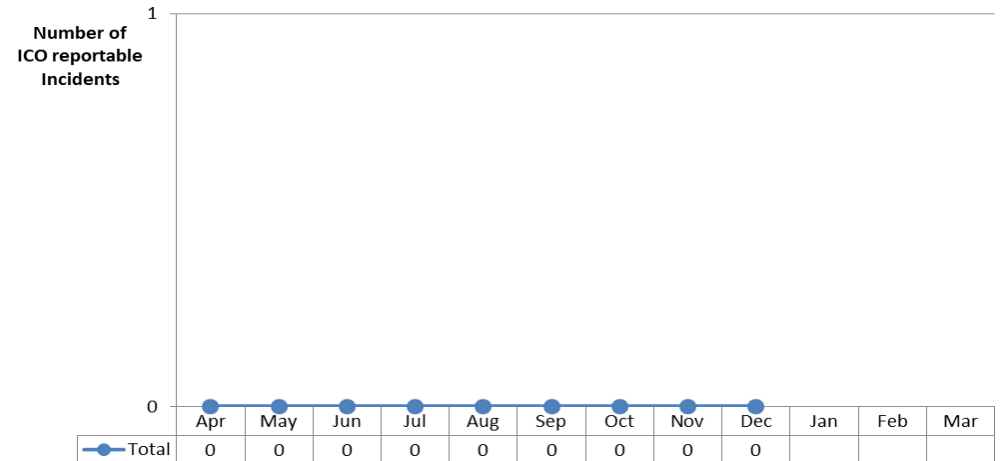
### Trend

Information Governance Information Commissioners Office (ICO) reportable incidents.

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

















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

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



















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

**CQUIN 2018-19 Performance**













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



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

CQUIN Indicator	Indicator Name	Milestone Achieved								Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	
<b>2d Part 3</b>	<b>Reduction in piperacillin tazabactam consumption</b> Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.		No payment		No payment		No payment		£34,393	<b>£34,393</b>
<b>4</b>	<b>Mental Health in Emergency Department</b> Maintain 20% reduction in attendances to the Emergency Department for people with Mental Health needs.		No Payment		£82,545				£330,178	<b>£412,723</b>
<b>6</b>	<b>Offering advice and guidance</b> Providers to set up and operate advice and guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into secondary care.		£65,908		£65,908		£65,908		£226,998	<b>£412,723</b>
<b>9a</b>	<b>Tobacco screening</b> Percentage of unique adult patients who are screened for smoking status AND whose results are recorded..		£5,159		£5,159		£5,159		£5,159	<b>£20,636</b>
<b>9b</b>	<b>Tobacco brief advice</b> Percentage of unique patients who smoke AND are given very brief advice		£20,636		£20,636		£20,636		£20,636	<b>£82,545</b>
<b>9c</b>	<b>Tobacco referral and medication offer</b> Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.		£25,795		£25,795		£25,795		£25,795	<b>£103,181</b>
<b>9d</b>	<b>Alcohol brief advice or referral</b> Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems		£25,795		£25,795		£25,795		£25,795	<b>£103,181</b>
<b>9e</b>	<b>Alcohol brief advice or referral</b> Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral if the patient is potentially alcohol dependent		£25,795		£25,795		£25,795		£25,795	<b>£103,181</b>

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

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

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

Description

Aggregate Position

Trend

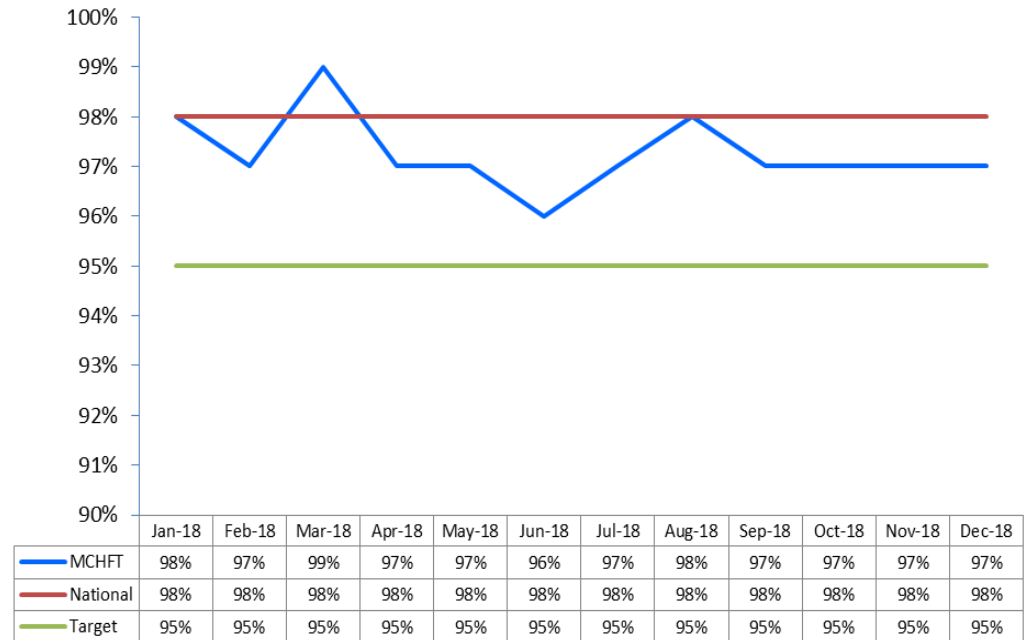
Safety Thermometer - Harm Free Care.

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

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

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

Percentage of patients with Harm Free Care  
Safety Thermometer



# Board Papers – Quality, Safety & Experience Section: February 2019

Ward Name	Main Specialties	Safety Thermometer Results December 2018			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
<b>MCHFT</b>		<b>0.84% (7)</b>	<b>0.72% (6)</b>	<b>1.08% (9)</b>	<b>0.6% (5)</b>
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
CAU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	11.11% (1)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
SAU	Gen. Surgery	0% (0)	7.69% (1)	0% (0)	0% (0)
SSW	Gen. Surgery & Urology	4.76% (1)	0% (0)	0% (0)	0% (0)
Ward 15	Gen. Surgery & Gynae	0% (0)	8.33% (2)	0% (0)	0% (0)
Ward 13	Gen. Surgery	0% (0)	0% (0)	0% (0)	6.45% (2)
Ward 14	Gen. Medicine	0% (0)	3.12% (1)	6.25% (2)	0% (0)
Ward 10	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	0% (0)	3.33% (1)	0% (0)	0% (0)
Ward 21B	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	0% (0)	0% (0)	6.25% (2)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.12% (1)
Ward 6	Gen. Medicine	0% (0)	0% (0)	7.69% (2)	7.69% (2)
Ward 7	Gen. Medicine	0% (0)	3.23% (1)	3.23% (1)	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 – Ashfields and Haslington	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Dane Bridge	District Nursing	5.56% (1)	0% (0)	0% (0)	0% (0)
DN – Eagle Bridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	1.69% (1)	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	3.23% (1)	0% (0)	3.23% (1)	0% (0)
DN – Winsford	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN OOH	District Nursing	25% (2)	0% (0)	0% (0)	0% (0)

**Board Papers – Quality, Safety & Experience Section: February 2019**

<b>Description</b>	<b>Aggregate Position</b>	<b>Trend</b>	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>93.2% of expected Registered Nurse hours were achieved for day shifts.</p> <p>Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing &amp; Quality and the Deputy Director of Nursing &amp; Quality.</p>	<p>Trend</p> <p><b>December 2018 93.23%</b></p> <p>November 2018 93.9%</p> <p>October 2018 92.9%</p>	The lowest staffing levels during the day were on Ward 21b at 74.2%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	97.7% of expected Registered Nurse hours were achieved for night shifts.	<p>Trend</p> <p><b>December 2018 97.72%</b></p> <p>November 2018 99.4%</p> <p>October 2018 99%</p>	The lowest staffing levels during the night were on Ward 5 at 72.6%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	94.3% of expected HCA hours were achieved for day shifts.	<p>Trend</p> <p><b>December 2018 94.33%</b></p> <p>November 2018 96.8%</p> <p>October 2018 100.7%</p>	The lowest staffing levels during the day were on NICU at 38.7%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>95.8% of expected HCA hours were achieved for night shifts.</p> <p>For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.</p>	<p>Trend</p> <p><b>December 2018 95.76%</b></p> <p>November 2018 96%</p> <p>October 2018 103.8%</p>	The lowest staffing levels during the night were on Ward 1 at 85.5%
Total number of wards that are lower than 85% RN fill days and nights is 4.	Ward 21b (day) 74.2%, Ward 5 (day) 82.4% and (night) 72.6%, Ward 9 (day) 74.5% and (night) 82.3%, Ward 6 (night) 80.6%.	<ul style="list-style-type: none"> <li>• Actions taken: Staffing reviewed on daily basis by Matrons/HoN following Escalation process</li> <li>• Risk assessments taken place to review bed occupancy and patient acuity before transferring staff</li> </ul>	

# Board Papers – Quality, Safety & Experience Section: February 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	40673.4	38034.8	29777.2	30250.5	25743.3	24809.3	16697.1	18335.4	93.23%	94.33%	97.72%	95.76%	15015	172	68	239
AMU	2011.3	1815.8	1519	1574.3	1898.8	1800.8	1519	1494.5	90.3%	103.6%	94.8%	98.4%	820	4.4	3.7	8.2
CAU (Winter)	1719	1719	695	695	1828.5	1828.5	345	345	100.0%	100.0%	100.0%	100.0%	476	7.5	2.2	9.6
Critical Care	3997.5	3997.5	452.5	452.5	2460.5	2460.5	0	0	100.0%	100.0%	100.0%	-	243	26.6	1.9	28.4
Elmhurst	871.5	871.5	2232	2316	775	762.5	1550	1600	100.0%	103.8%	98.4%	103.2%	887	1.8	4.4	6.3
Ward 1	2181.3	2056.3	1162.5	1137.5	1519	1470	759.5	649.3	94.3%	97.8%	96.8%	85.5%	976	3.6	1.8	5.4
Ward 13	2272	2064	1984	1936	953.3	881.5	635.5	635.5	90.8%	97.6%	92.5%	100.0%	914	3.2	2.8	6.0
Ward 14	1704	1500	1488	1590	744	744	1116	1236	88.0%	106.9%	100.0%	110.8%	953	2.4	3.0	5.3
Ward 15	2152	1936	1984	2096	953.3	850.8	635.5	973.8	90.0%	105.6%	89.2%	153.2%	844	3.3	3.6	6.9
Ward 2	1793.8	1718.8	1550	1562.5	759.5	1029	1139.3	1163.8	95.8%	100.8%	135.5%	102.2%	933	2.9	2.9	5.9
Ward 21b	1336.5	992	1813.5	1943.5	775	775	775	1112.5	74.2%	107.2%	100.0%	143.5%	738	2.4	4.1	6.5
Ward 23	1238	1238	785.3	785.3	764.7	764.7	764.7	764.7	100.0%	100.0%	100.0%	100.0%	592	3.4	2.6	6.0
Ward 4	1704	1476	1860	1770	744	768	1488	1476	86.6%	95.2%	103.2%	99.2%	992	2.3	3.3	5.5
Ward 5	2452.5	2021.3	1550	1543.8	1519	1102.5	759.5	1114.8	82.4%	99.6%	72.6%	146.8%	964	3.2	2.8	6.0
Ward 6	1550	1650	1937.5	2050	1519	1225	759.5	955.5	106.5%	105.8%	80.6%	125.8%	850	3.4	3.5	6.9
Ward 7	1681.3	1500	1550	1750	759.5	759.5	1139.3	1335.3	89.2%	112.9%	100.0%	117.2%	973	2.3	3.2	5.5
Ward 9	1190	886	992	752	635.5	522.8	317.8	307.5	74.5%	75.8%	82.3%	96.8%	268	5.3	4.0	9.2
NICU	1924.6	1756.1	183.4	71	1782.5	1621.5	0	0	91.2%	38.7%	91.0%	-	277	12.2	0.3	12.4
Ward 11 SAU	1500	1590	930	1155	580.7	665	580.7	627.6	106.0%	124.2%	114.5%	108.1%	394	5.7	4.5	10.2
Ward 18 SSW	1338.8	1232.5	1162.5	1243.8	759.5	759.5	759.5	869.8	92.1%	107.0%	100.0%	114.5%	573	3.5	3.7	7.2
Ward 10 Ortho	2648	2480	3224	3136	953.3	922.5	1271	1291.5	93.7%	97.3%	96.8%	101.6%	1116	3.0	4.0	7.0
Ward 26 MLU	785.3	791.7	0	0	764.7	764.7	0	0	100.8%	-	100.0%	-	36	43.2	0.0	43.2
Ward 26 Labour	2622	2742.3	722	690.3	2294	2331	382.3	382.3	104.6%	95.6%	101.6%	100.0%	196	25.9	5.5	31.4

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

**Experience Section:**

Indicators	Last four months			
	Sep-18	Oct-18	Nov-18	Dec-18
Complaints received by month	16	17	22	14
Complaints being reviewed by the Ombudsman	0	0	0	0
Closed complaints by month	12	22	19	15
Contacts raising informal concerns	93	88	93	65
Compliments received in month	323	239	535	507
Number of new claims received in month	4	3	3	5
Number of claims closed	4	4	1	2
Number of inquests concluded	0	0	0	1
NHS Choices - Star Ratings (Leighton)	4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)	5	5	5	5
NHS Choices - Number of new postings	6	4	6	4
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	23%	24%	22%	23%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	84%	85%	88%	87%
F&FT Response Rate Inpatients and Daycases	62%	46%	34%	32%
Proportion of positive responses Inpatients and Daycases	97%	96%	96%	95%
F&FT Response Rate Outpatients	3%	2%	4%	3%
Proportion of positive responses Outpatients	96%	96%	94%	96%
F&FT Response Rate Maternity - Birth	17%	12%	26%	13%
Proportion of positive responses Maternity - Birth	100%	100%	100%	100%
F&FT Response Rate Community (CCICP)	26%	11%	0%	0%
Proportion of positive responses Community (CCICP)	93%	96%	0%	0%

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

## Board Papers – Quality, Safety & Experience Section: February 2019

### Description

### Aggregate Position/Description

### Trend

Monthly complaints received by the Trust.

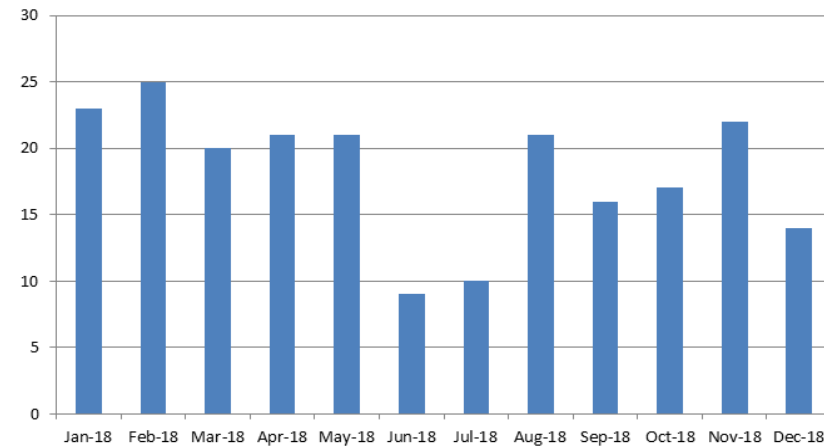
14 complaints were received in December 2018 which covered 61 concerns. The highest categories were:

- Communication
- Medical – Adverse Outcome
- Medical – Delay in Treatment
- Nursing - Other

Highest 3 areas receiving complaints/issues were:

- Emergency Department - 3 complaints with 6 issues
- Orthopaedic medical staff - 3 complaints with 5 issues
- Ward 3 – 2 complaints with 5 issues

Complaints received by month



Formal Complaints

Number of formal complaint issues by division.

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

S&C: 20

DCSS: 4

W&CD: 5

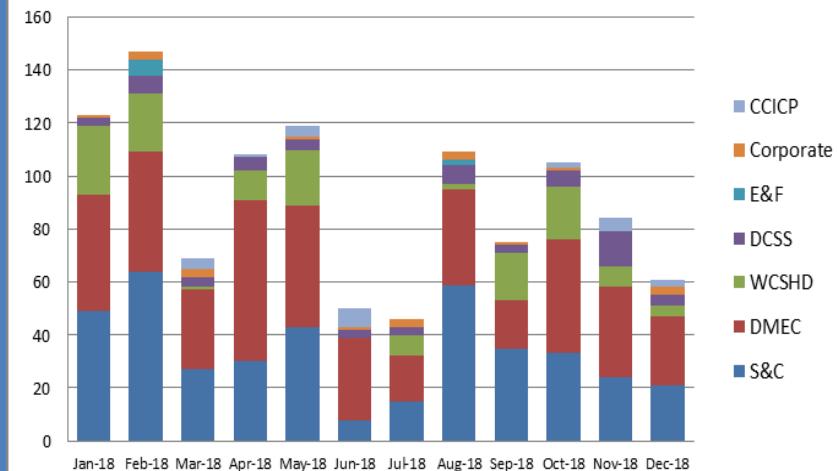
DMEC: 26

CCICP: 3

E&F: 0

Corporate Services: 3

Categories received by Division



Formal Complaint issues by division



## Board Papers – Quality, Safety & Experience Section: February 2019

### Description

### Aggregate Position/Description

### Trend

Complaints being reviewed by the Public Health Service Ombudsman

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

Of the 4 cases that were on-going:-

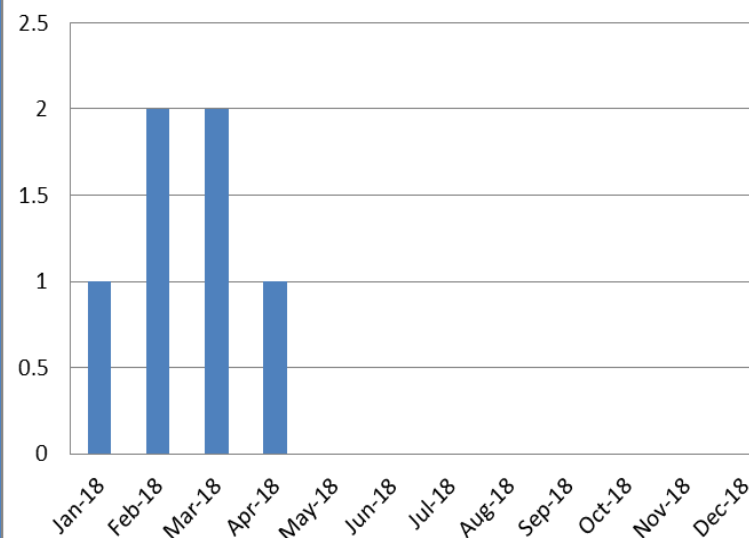
3 cases have now closed.

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

From the 1 January 2018 to the 31 December 2018, a total of 6 complaints were reviewed by the PHSO of which none were upheld.

This is a 50% reduction in the number of complaints referred to the PHSO in comparison to the previous 12 month reporting period for 2017.

New complaints raised with the Ombudsman



Ombudsman

Complaint trends and number of issues.

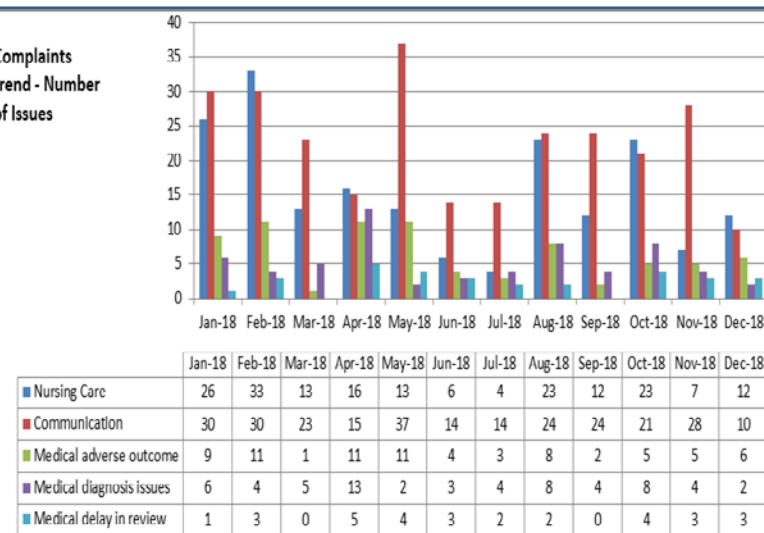
The main trends in December 2018 were:

Nursing care - 7 complaints raising 12 issues.

Communication - 8 complaints raising 10 issues.

Medical adverse outcome - 6 complaints raising 6 issues.

Complaints trend - Number of Issues



Complaint Trends

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

Description

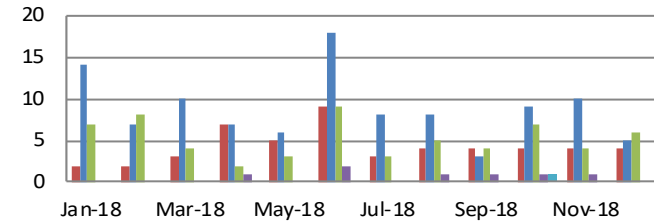
Aggregate Position/Description

Trend

Closed  
Complaints

15 complaints were closed in December 2018.

Closed complaints by month



Closed  
Complaints

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

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	2	0	0	5
Corporate	0	0	0	0	0	0
Surgery & Cancer	2	2	4	0	0	8
Women & Children's	1	0	0	0	0	1
DCSS	1	0	0	0	0	1
CCICP	0	0	0	0	0	0
Total closed						15

**Board Papers – Quality, Safety & Experience Section: February 2019**

**Complaints closed by division for December 2018**

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

**No Complaints for CCICP, Estates and Facilities or Corporate Services**

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

Description

Aggregate Position/Description

Trend

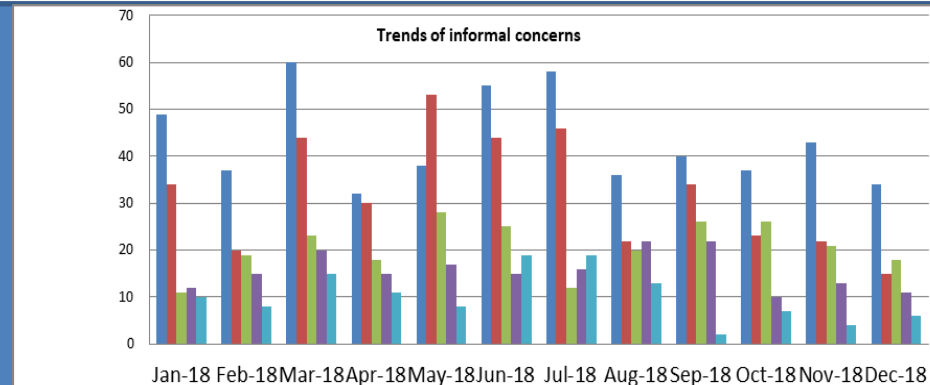
Informal Concerns Numbers. The number of contacts raising informal concerns for December 2018 was 65 which is a decrease of 28 from the previous month.

The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 37, with 10 of these individual concerns relating to the Emergency Department and Gastroenterology respectively.



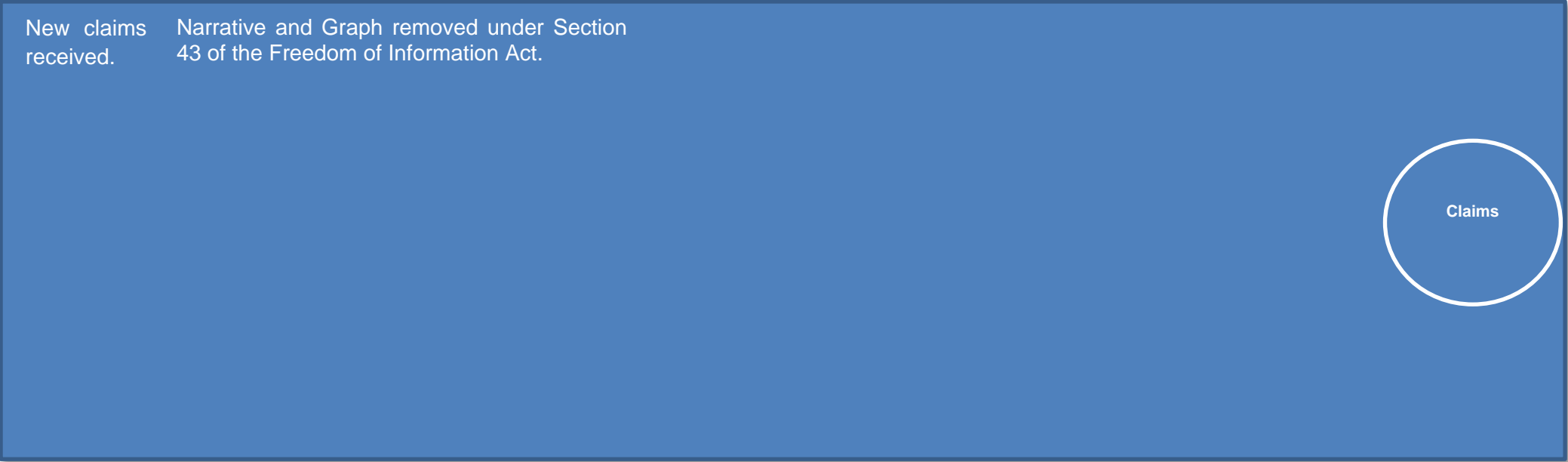

Informal Concerns  
Feedback

Informal Concerns Trends. Communication was the highest trend for informal concerns in December 2018, with 13 of the 34 issues raised relating to the Division of Medicine and Emergency Care. Of these 13 issues, 3 relate to the Cardiology Medical Staff and 2 belong to Rheumatology Medical Staff and Ward 7 respectively. Of the 15 issues relating to care, 9 were regarding medical care. Six of the 15 issues relate to the Division of Medicine and Emergency Care with 3 for the Emergency Department, 2 being nursing and 1 being medical. Five of the 15 issues belong to the Surgery and Cancer Division, with 3 pertaining to medical care from different departments.



Informal Concerns  
Trends

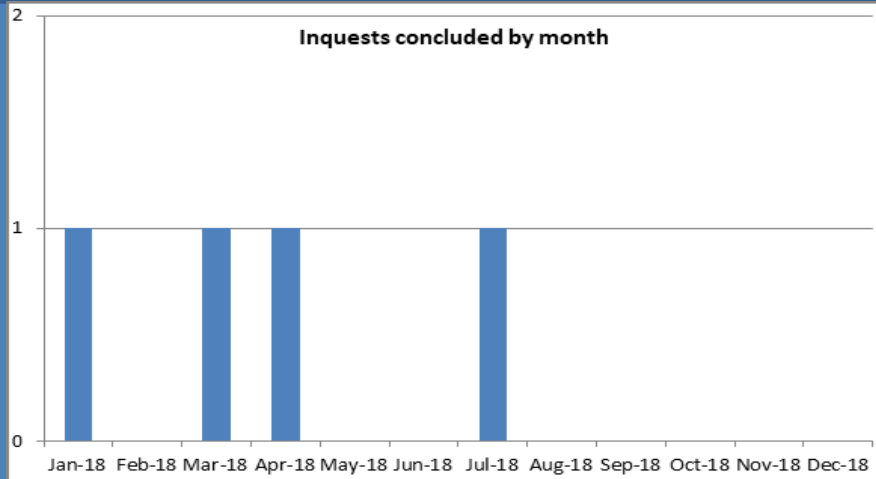


Board Papers – Quality, Safety & Experience Section: February 2019

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

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

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

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

Description	Aggregate Position /Description	Trend																										
Number of Inquests concluded by month	No inquests were concluded in December 2018.	<div><p>Inquests concluded by month</p><table border="1"><thead><tr><th>Month</th><th>Inquests</th></tr></thead><tbody><tr><td>Jan-18</td><td>1</td></tr><tr><td>Feb-18</td><td>0</td></tr><tr><td>Mar-18</td><td>1</td></tr><tr><td>Apr-18</td><td>1</td></tr><tr><td>May-18</td><td>0</td></tr><tr><td>Jun-18</td><td>0</td></tr><tr><td>Jul-18</td><td>1</td></tr><tr><td>Aug-18</td><td>0</td></tr><tr><td>Sep-18</td><td>0</td></tr><tr><td>Oct-18</td><td>0</td></tr><tr><td>Nov-18</td><td>0</td></tr><tr><td>Dec-18</td><td>0</td></tr></tbody></table></div>	Month	Inquests	Jan-18	1	Feb-18	0	Mar-18	1	Apr-18	1	May-18	0	Jun-18	0	Jul-18	1	Aug-18	0	Sep-18	0	Oct-18	0	Nov-18	0	Dec-18	0
Month	Inquests																											
Jan-18	1																											
Feb-18	0																											
Mar-18	1																											
Apr-18	1																											
May-18	0																											
Jun-18	0																											
Jul-18	1																											
Aug-18	0																											
Sep-18	0																											
Oct-18	0																											
Nov-18	0																											
Dec-18	0																											
NHS Choices Star Ratings	<p>Leighton Hospital is rated at 4.5 stars.</p> <p>Victoria Infirmary, Northwich is rated at 5 stars.</p> <p>The above ratings are based on 209 postings received to date.</p>	<div><div><p>4.5 Stars</p></div><div><p><b>Victoria Infirmary (Northwich)</b></p><p>01606 564000</p><p>Warrington Hill, Warrington Hill, Northwich, Cheshire, CW8 1AW</p><p><a href="http://www.mchd.nhs.uk">http://www.mchd.nhs.uk</a></p><p>Overview   Departments and services   Facilities   Contact details, map and directions</p><p><b>Ratings</b></p><div><p>5 Stars</p></div><p>NHS Choices users' overall rating Based on 19 ratings for this hospital</p></div></div>																										

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

Description

Aggregate Position /description

Trend

NHS Choices postings

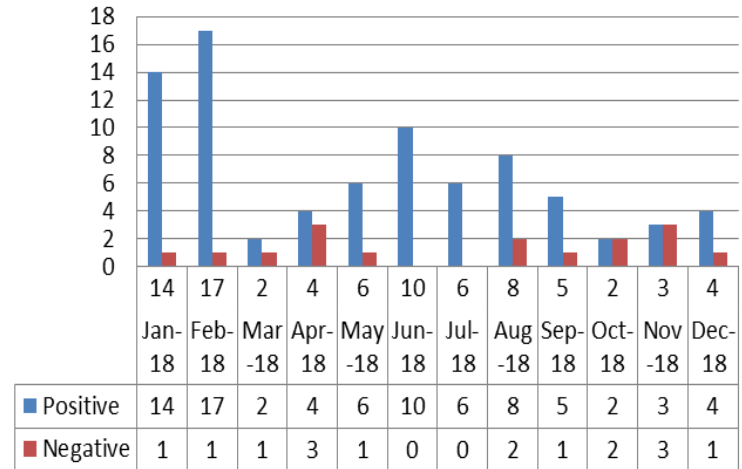
There were 5 postings on NHS Choices in December 2018 of which 1 was negative and 4 were positive. Examples of feedback included:

"I am so impressed with care I received and the thoroughness of the investigations that took place. All the staff were pleasant and did their best to put me at ease and get to the root of the problem" (Emergency Department)

"To the surgeon performed a knee replacement operation one year ago.... my knee is like brand new now and I'm living my life again " (Orthopaedics)

"I would like to thank the amazing team for making me feel at ease from start to finish. I was treated with care, compassion, respect and dignity, even though it was clear, whilst I was in the recovery department, that they were short staffed and under pressure. (Gynae Surgery)

NHS Choices - New postings



NHS Choices  
-  
Postings

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

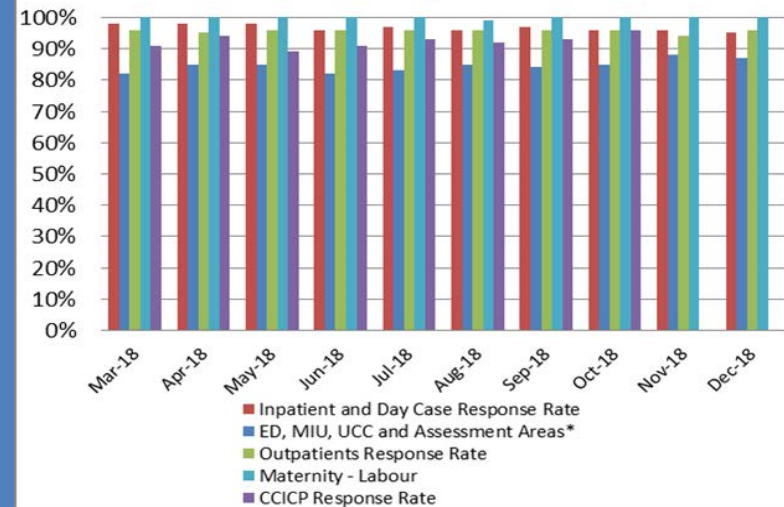
In December 2018 the Trust has scored the following positive response scores:

Inpatients and day cases 95%; Emergency care /assessment areas 87%; Outpatients 96%; Maternity 100%; CCICP 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 the EMIS project and should be completed mid January.

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

FFT positive response scores



Family & Friends Test



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

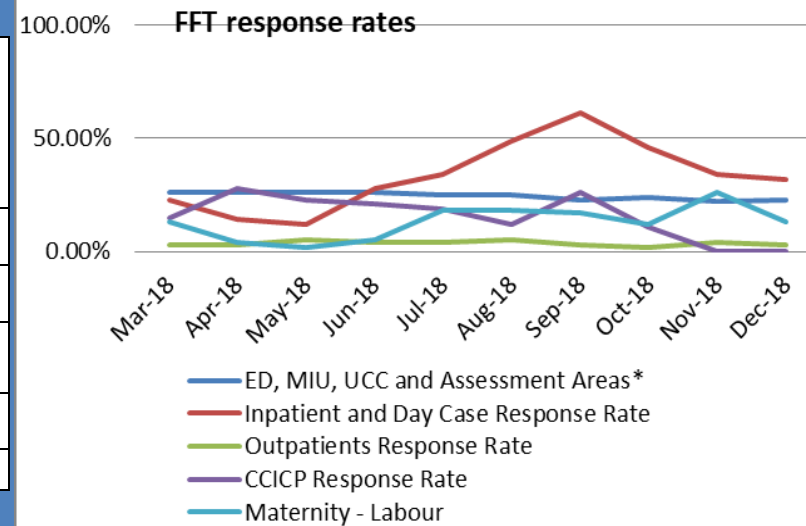
Description

Aggregate Position /description

Trend

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

December 2018	% Response	Total responses received	How many would recommend
Ward/Dept.			
A&E , UCC & MIU	23%	1426	87%
Inpatients & Day cases	32%	1515	95%
Maternity	13%	28	100%
Outpatients	3%	819	96%
CCICP	0%	0	0%



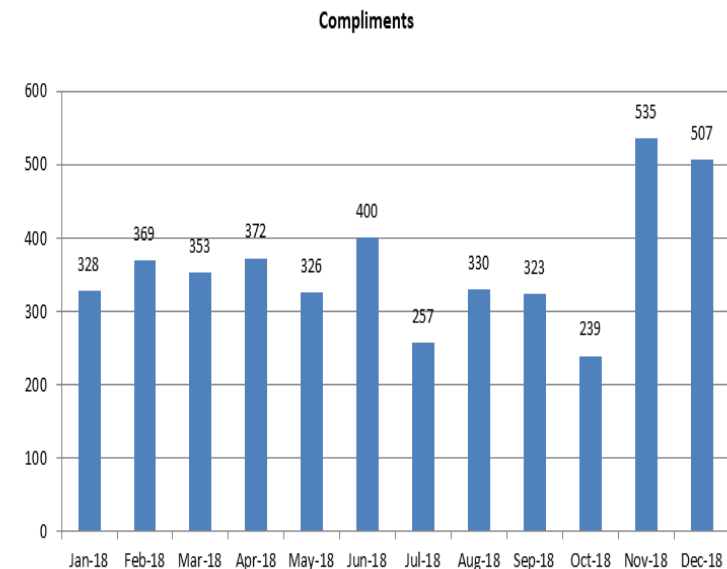
Family & Friends Test

Compliments received

There were 507 compliments received in December 2018. 115 of these were logged by the Customer Care Team and 392 received across the Trust.

'I just wanted to offer my praise and thanks to the Eye Care Centre. A finding by an optician had me referred for verification of the find followed by treatment. What excellent staff. Courteous, efficient, kind and caring. I truly appreciate the treatment and care I have received, very personal and very reassuring.'

'I am writing to say how impressed I am with the care from the Rheumatology Team. They have been amazing and the process has been so well organised and coordinated. I am so impressed with the whole system I felt I needed to say thanks to a great team.'



Compliments

# **Board of Directors Performance Report**

**December 2018**

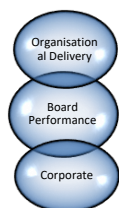
**"To Deliver Excellence in Healthcare through Innovation &  
Collaboration"**

# Introduction

## Performance Report

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

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



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

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

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

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

## Contents

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# Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Dec-18
<b>Cancer</b>			
Rapid Access Referrals (%) (seen in 2 wks)	93.00%	97.02%	97.78%
Total Patients Seen		7,851	855
Patients seen >14 days		234	19
62 day GP Classic (%)	85.00%	89.99%	86.90%
Accountable Patients Treated		585	51
No. of Breached Pathways (adjusted)		59	7
62 day Screening (%)	90.00%	94.98%	81.80%
Accountable Patients Treated		120	11
No. of Breached Pathways (adjusted)		6	2

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

<b>Unplanned Activity</b>			
4 Hour Access Standard (%)	95.00%	84.78%	83.56%
A&E Attendances (LH/MIU/UUC) (%) to plan)		97.07%	95.79%
A&E Attendances LH & MIU (Vol)		69,409	7,358

<b>Planned Activity</b>			
Incomp Pathways <18wk (%)	92.00%	92.78%	92.05%
>6wk Diagnostic Waits (%)	1.00%	0.36%	0.54%
Total Patients Waiting for a First Outpatient Appointment			8,948

Indicator	Standard	YTD
<b>Workforce</b>		
Sickness absence Rolling 12 Month		4.30%
Turnover Rolling 12 Month		10.89%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
<b>Finance</b>					
Use of Resource Rating		3	2		
Capital Service Capacity	2	4	2	2.39	2.15
Liquidity	2	2	1	-1	1
I&E Margin	3	3	1	2.10%	1.00%
Distance from Financial Plan	0	2	3	0.00%	-1.10%
Agency Spend	2	3	1	-23.27%	-12.31%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	5,223	4,427	-672	6,772	5,675	-1,097
Commission Contact Income SC & VR (£000's)	138,010	138,009	-1			
Contract Income (£'000)	167,277	169,558	2,281			
Pay to Budget (£000's)	-128,308	-130,860	-2,552			
Non Pay to Budget (£000's)	-52,140	-54,629	-2,489			
Agency Trajectory (£000's)	-3,285	-4,467	-1,182			

## Exec Summary

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

To note the 62 day Screening standard is monitored quarterly and performance for the quarter is compliant against the 90% standard.

The 4 hour Access Standard in December achieved 83.56% against the 95% performance standard.

The Trust has achieved two of the three headline cancer access standards for December. Rapid access referrals and 62 day GP Classic treatment pathways have continuously achieved above target for over 12 months. However 62 day Screening has achieved 81.80% against the 90% target.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in December 2018 at 92.05%. The Trust is continuing to monitor this standard.

Diagnostics waiting times continue to perform well, with just 0.54% 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 £1.8M which is £2.2M worse than the planned surplus of £0.4M, with the position including £3.8M of the MOU with South/Vale Royal CCGs.

This position has a provision against the provider sustainability fund (PSF) for the failure to achieve the A&E target (£1.6M). The Trust has met the control total for the first three quarters and therefore this is including within the position.

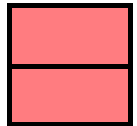
There is a variation in the CIP scheme against, with challenges around delivering improvements to sickness rates within nursing and maintaining the medical vacancy factor.

The Trust is currently £1.1M worse than plan for Agency spend – and it is now very likely that Trust will breach the ceiling of £5.7M if the rate of agency to date continues throughout Winter.

# Single Oversight Framework

## Triggers

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



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

The Trust has achieved a Use of Resource rating of 3, which is expected to improve during 2018/19, although is at risk due to the deteriorating financial position. This results in a 'trigger' on the Finance & Resource theme. This is primarily driven by the capital service capacity metric which will improve when short term loans required to support liquidity are repaid in the year.

## Operational Performance

	Current YTD		Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.36%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	0.32%	0.56%	0.31%	0.44%	0.48%	0.17%	0.54%	
All Cancers: 62 day GP Classic (%) *	85%	89.99%	96.77%	87.30%	92.06%	94.06%	87.13%	92.91%	92.00%	91.40%	91.78%	86.11%	86.50%	93.40%	86.90%	
All Cancers: 62 day Screening (%) *	90%	94.98%	100.00%	100.00%	100.00%	100.00%	100.00%	89.47%	91.67%	100.00%	91.84%	100.00%	100.00%	100.00%	81.80%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	92.78%	95.25%	94.59%	94.13%	92.65%	93.00%	93.27%	93.14%	92.97%	93.05%	92.43%	92.82%	92.28%	92.05%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	84.78%	74.22%	78.38%	77.91%	77.90%	82.65%	85.14%	81.78%	84.57%	87.14%	84.61%	85.50%	88.12%	83.56%	
STF Trajectory			90.52%	90.52%	90.52%	95.00%	92.72%	92.72%	92.72%	93.92%	93.92%	93.92%	0.00%	0.00%	0.00%	
Provider Submitted Trajectory														88.10%	88.10%	

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

## Financial & Resource

Financial & Resource		Unit	YE Plan	YE Forecast	YE Rating	YTD Plan	YTD Actual	YTD Rating
Financial Sustainability	Capital Service Capacity	0.0x	2.39	2.15	2	1.76	1.19	4
	Liquidity	days	-1	1	1	-4	-6	2
Financial Efficiency	I&E Margin	%	2.10%	1.00%	1	-0.10%	-0.90%	3
Financial Controls	Distance from Financial Plan	%	0.00%	-1.10%	3	0.00%	-0.80%	2
	Agency Spend	%	-23.27%	-12.31%	1	1.39%	38.02%	3
Overall UOR Rating			2					3

# Operational Delivery: Cancer Pathway

## Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.02%	95.85%	94.83%	93.05%	98.64%	96.08%	96.76%	97.54%	96.37%	96.73%	96.50%	96.87%	98.36%	97.78%	
Total Patients Seen		7851	626	715	806	811	766	956	855	855	887	771	989	917	855	
Patients seen >14 days		234	26	37	56	11	30	31	21	31	29	27	31	15	19	
% seen within 7 days		40.9%	52.9%	54.6%	53.1%	61.2%	45.2%	39.6%	43.7%	44.4%	35.2%	51.4%	41.5%	34.0%	35.4%	
62 day GP Classic (%) *	85%	89.99%	96.77%	87.30%	92.06%	94.06%	87.13%	92.91%	92.00%	91.40%	91.78%	86.11%	86.50%	93.40%	86.90%	

\* Provisional figures subject to change depending

104+ day waits - (Cancer patients treated)

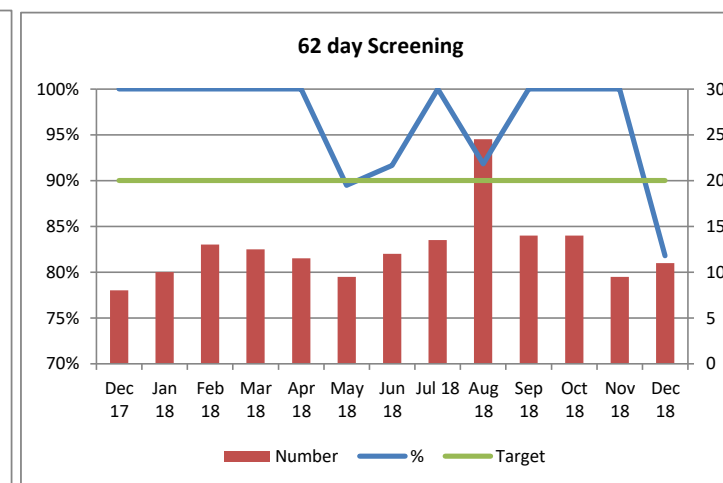
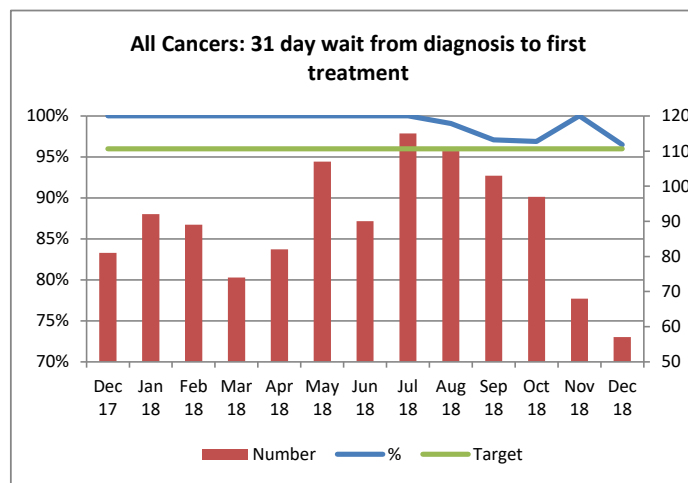
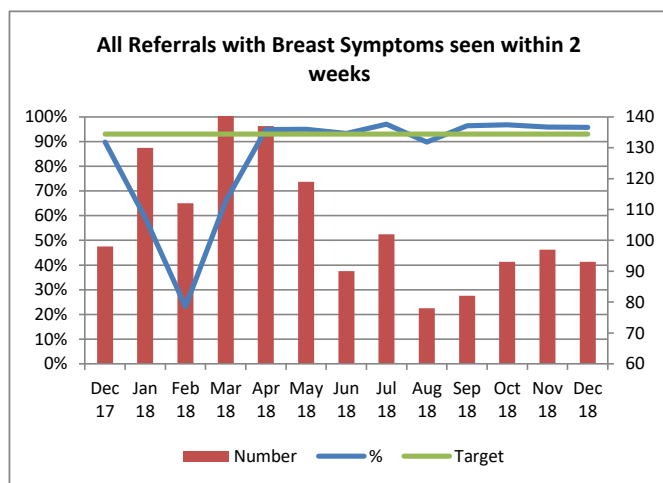
0	1	2	3	1	1	0	1	0	4	0	0	3
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## Commentary

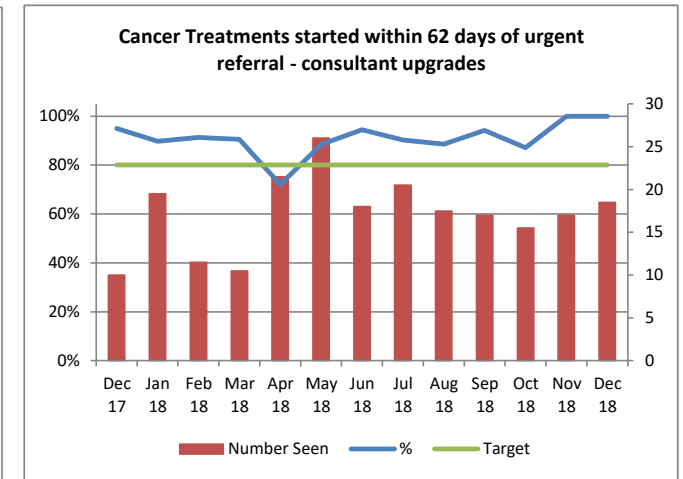
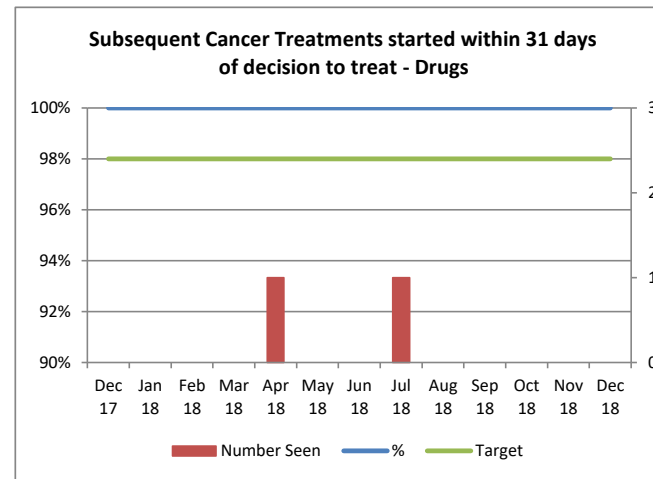
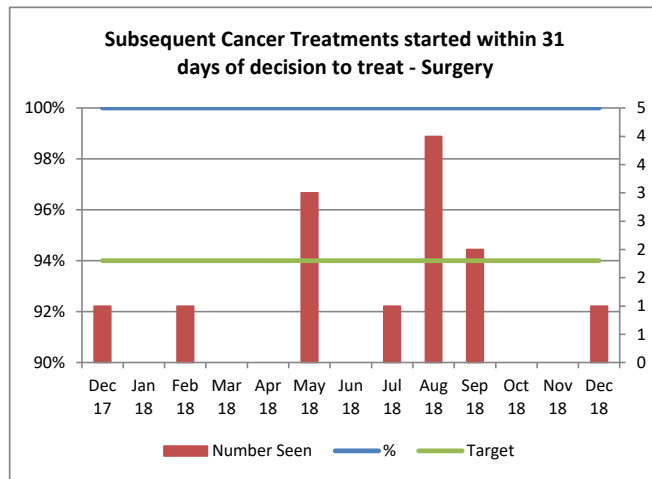
The Trust has achieved two of the three headline cancer standards during the month of December 2018. The figures presented in this paper reflect the Trust's regulatory performance measures (adjusted figures that take into account breach reallocation between providers). From October the new cancer repatriation policy is in use.

The Trust has continued its strong performance against the Rapid Access referrals standard achieving 97.78% in December. However 62 day Screening has achieved 81.80% against a 90% target, with two patients out of 11 patients breaching. The standard is monitored quarterly and performance for the quarter is compliant. There were three recorded long wait (104 days and over) for patients on a 62 day cancer pathway in December.

## Primary Measures















## Operational Delivery: *Cancer Pathway*



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

## Headline Measures

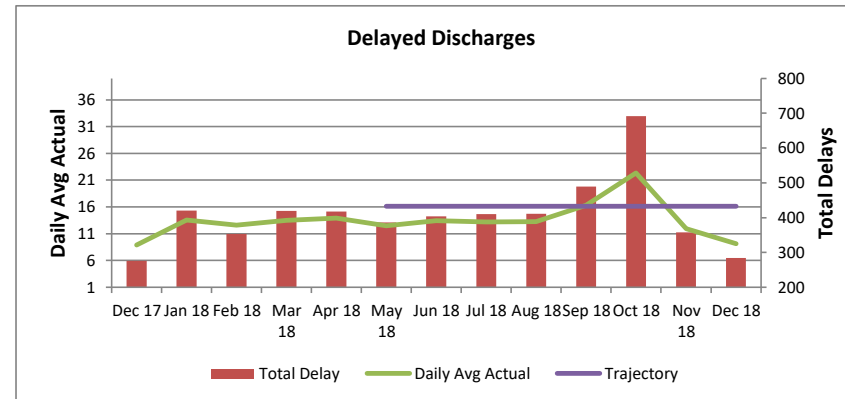
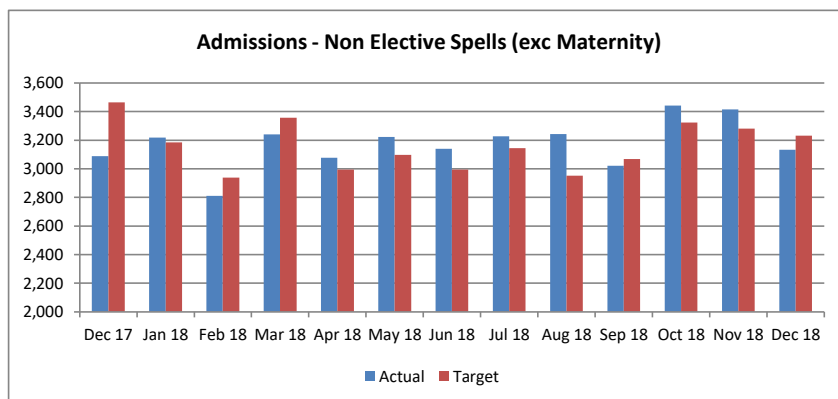
			Current YTD		Rolling 13 months													
			Target	Actual	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)			95%	84.78%	74.22%	78.38%	77.91%	77.90%	82.65%	85.14%	81.78%	84.57%	87.14%	84.61%	85.50%	88.12%	83.56%	
No. of 4hr breaches				10,567	1,920	1,543	1,469	1,679	1,244	1,179	1,472	1,286	967	1,158	1,167	884	1,210	
			Plan	Actual	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)				97.07%	99.3%	97.1%	94.4%	93.6%	93.2%	95.3%	98.9%	99.5%	97.7%	94.8%	100.0%	98.3%	95.8%	
A&E Attendances (LH/MIU/UUC) (No.)			67,914	69,409	7,447	7,138	6,649	7,598	7,170	7,933	8,081	8,337	7,517	7,523	8,051	7,439	7,358	
A&E Attendance Case Mix (based on acuity score)	Major			20,868	1,815	2,191	2,173	2,422	2,288	2,460	2,386	2,168	2,380	2,228	2,454	2,269	2,235	
	Minor			26,492	3,324	2,940	2,474	2,886	2,799	2,992	3,325	3,643	2,990	2,810	2,768	2,560	2,605	
	Paediatrics			13,825	1,379	1,304	1,305	1,544	1,419	1,676	1,648	1,691	1,181	1,516	1,709	1,562	1,423	
	Resus			8,224	929	703	697	746	664	805	722	835	966	969	1,120	1,048	1,095	
A&E Attendance Location (based on Discharge)	Major			28,474	3,201	3,038	2,761	3,204	2,957	3,170	3,136	3,121	3,225	3,090	3,412	3,187	3,176	
	Minor			25,768	2,661	2,617	2,403	2,650	2,623	2,948	3,157	3,364	2,977	2,775	2,791	2,560	2,573	
	Paediatrics			13,825	1,379	1,304	1,305	1,544	1,419	1,676	1,648	1,691	1,181	1,516	1,709	1,562	1,423	
	Resus			1,342	206	179	180	200	171	139	140	161	134	142	139	130	186	

## Commentary

The Trust has achieved 83.56% against the 4-hour access standard in December 2018. This is a nine percentage point increase on the same month last year (74.22%), despite seeing similar number of attendances. The number of higher acuity patients (Resus and Majors) arriving in A&E has increased again this month, with 45% of attendances either Resus or Majors. Despite the increase in acuity mix, emergency admission have decreased to 97% of target in December.

Patients medically optimised for discharge has reduced again in December with a daily average of nine against a threshold of 16. All other unplanned measures remain relatively stable compared to previous months.

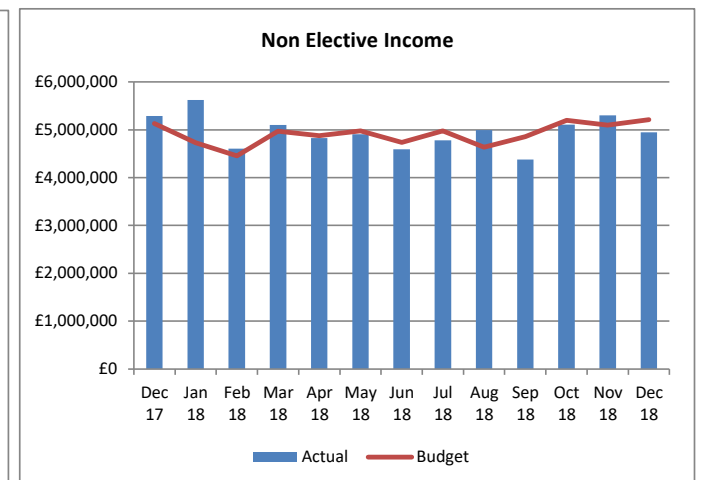
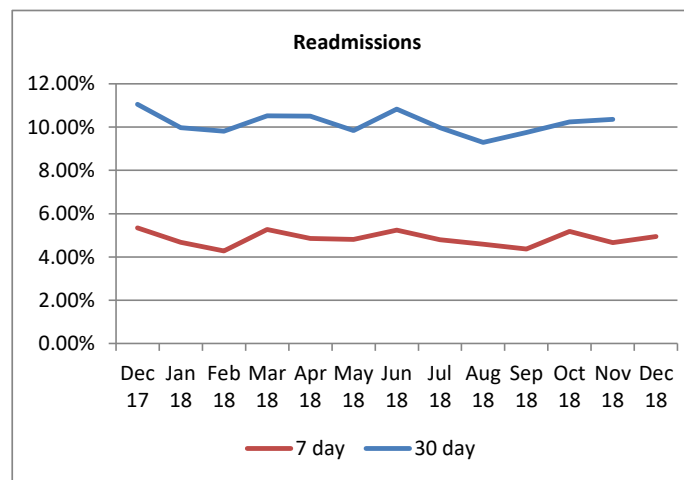
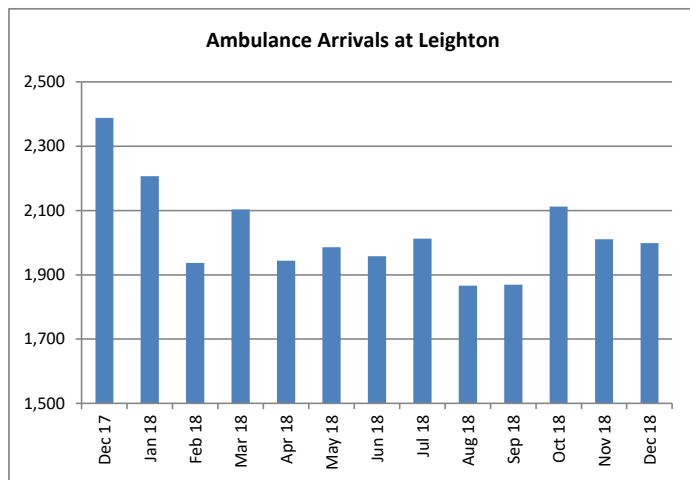
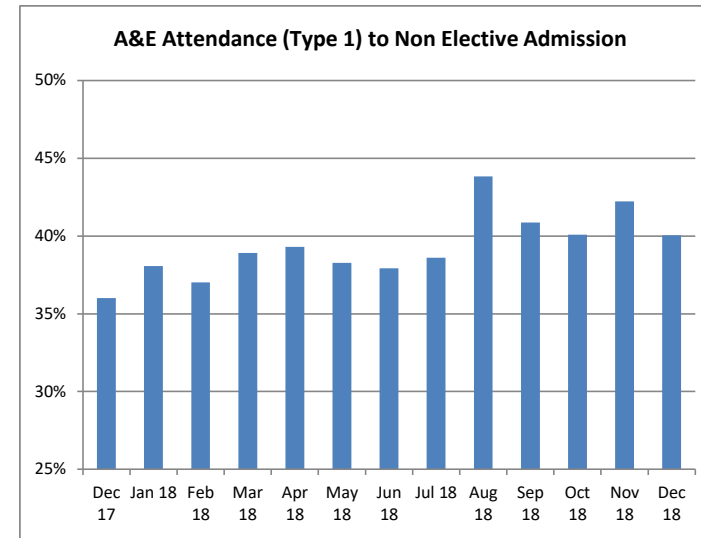
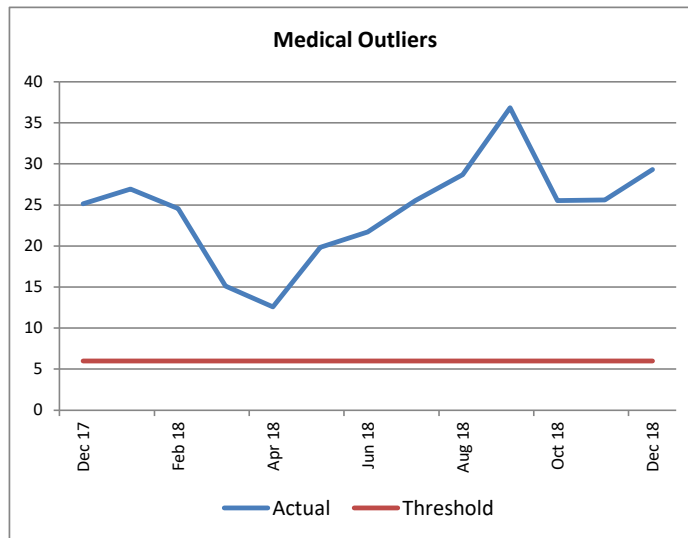
## Primary Drivers





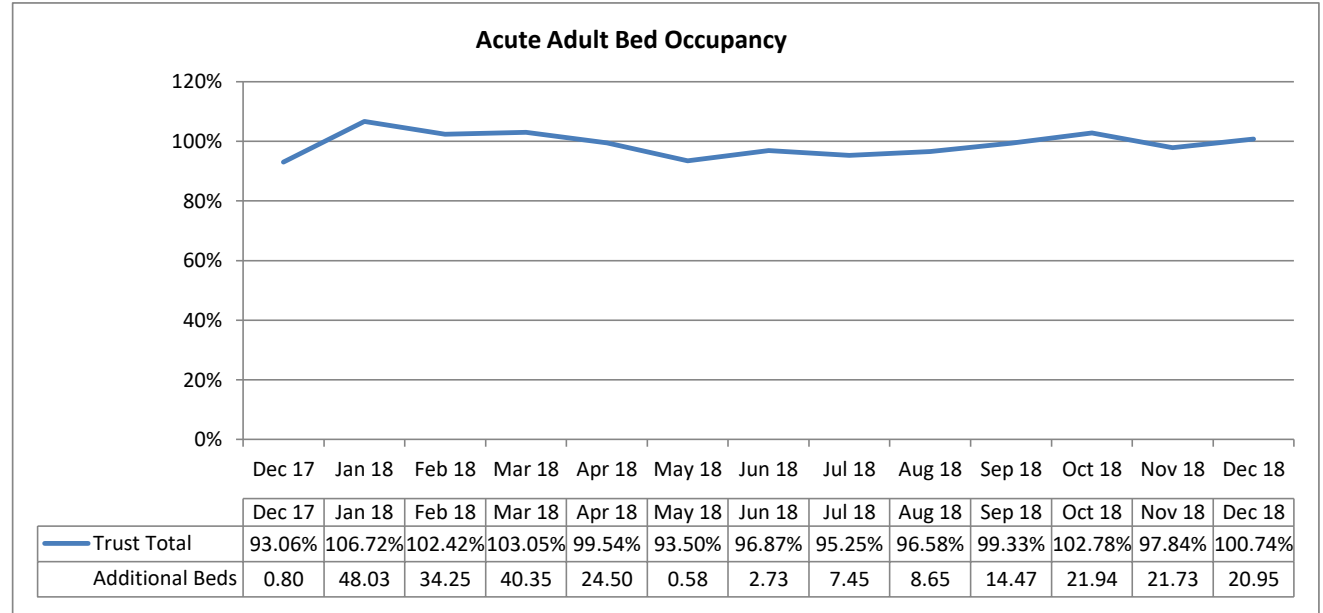
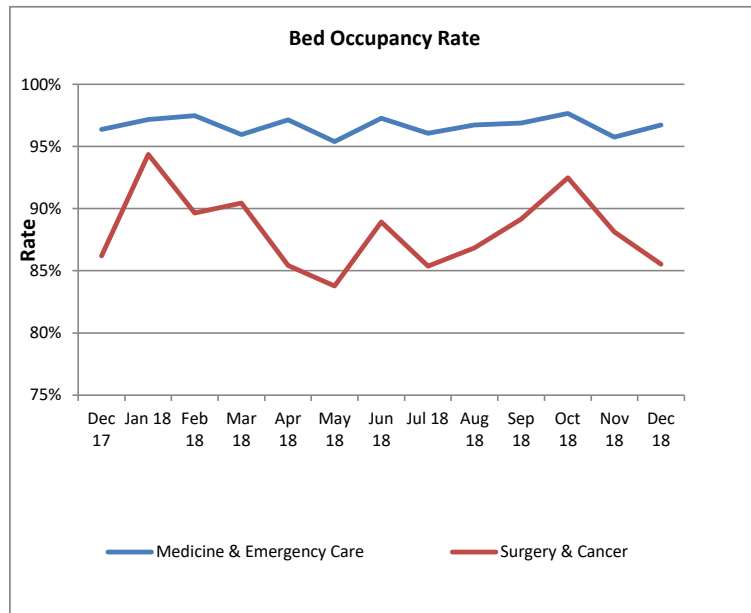
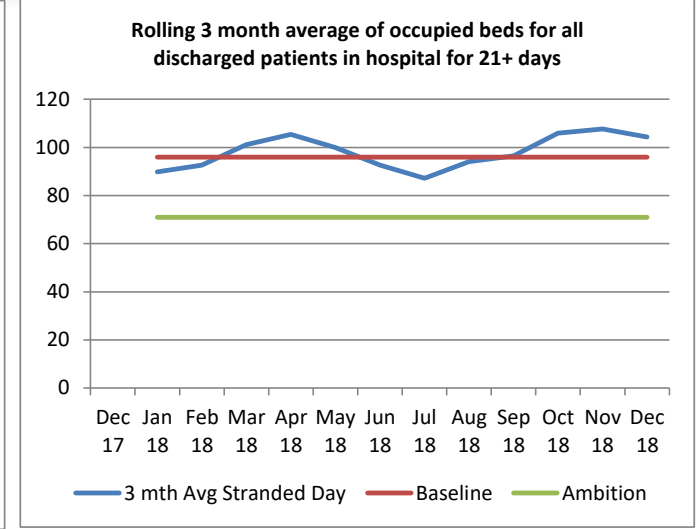
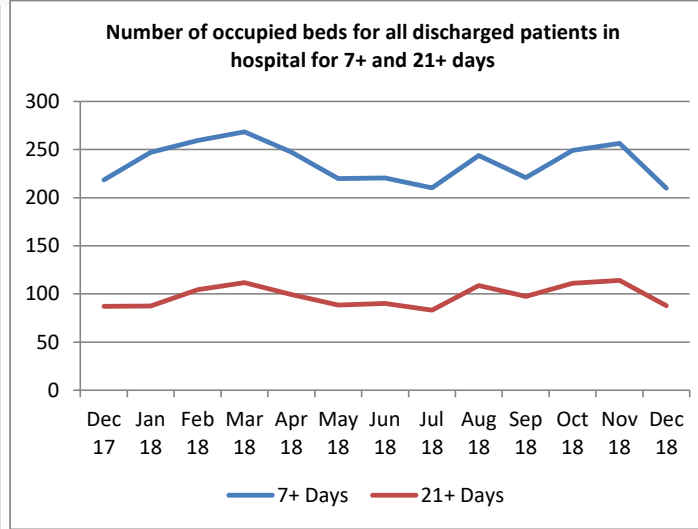
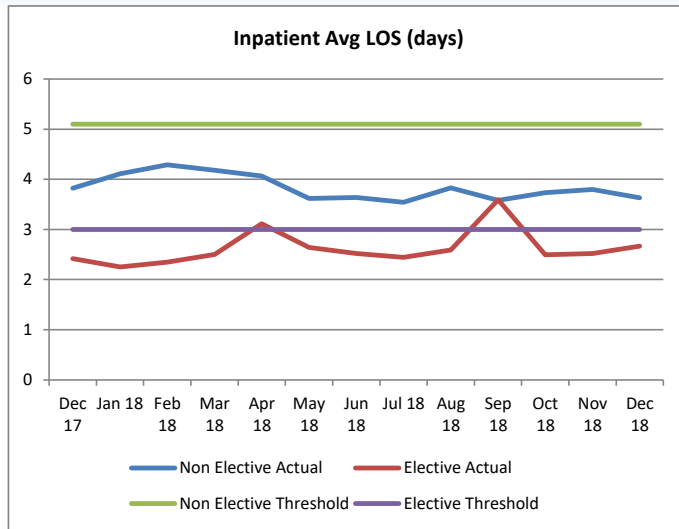
# Operational Delivery: *Unplanned Activity A&E*

## Secondary Drivers



\* Readmissions brought in line with national definition

# Operational Delivery: *Length of Stay*



# Operational Delivery: *Planned Activity*

## Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	92.78%	95.25%	94.59%	94.13%	92.65%	93.00%	93.27%	93.14%	92.97%	93.05%	92.43%	92.82%	92.28%	92.05%	
Total 18 Weeks		131,335	12,420	13,133	13,348	13,990	14,253	14,405	14,713	14,630	15,373	14,988	14,284	14,331	14,358	
No. > 18 Weeks		9,483	590	711	784	1,028	998	969	1,010	1,029	1,069	1,135	1,025	1,106	1,142	
Open Pathways >39 Weeks Waiting											9	7	5	7	10	
Diagnostic Waiting Time	1%	0.36%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	0.32%	0.56%	0.31%	0.44%	0.48%	0.17%	0.54%	
Total Number of Waiters		37,201	3,614	3,587	3,548	4,293	4,224	4,127	4,619	4,257	3,814	4,105	4,168	4,017	3,870	
Waiters of 6 Weeks +		135	14	19	3	14	11	7	15	24	12	18	20	7	21	
Total Patients Waiting for a First Outpatient Appointment			8,085	8,342	8,501	8,866	9,243	9,579	9,354	9,496	9,851	9,654	9,496	9,430	8,948	
Longest Wait Time (weeks)											44	44	45	44	46	

## Commentary

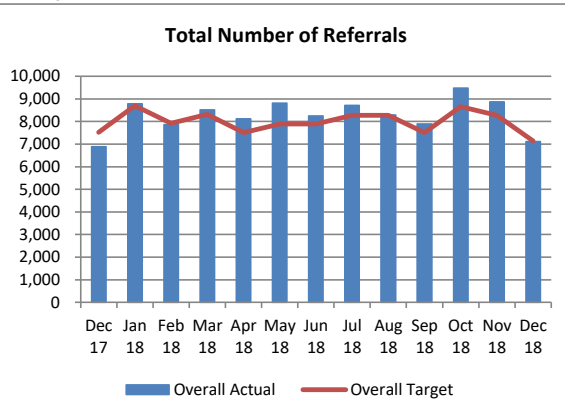
In December the Trust reported 92.05% against the 92% incomplete pathways standard for RTT. The number of incomplete pathways is 15.6% higher in December than the same period last year, as a result of actions taken under the capped expenditure process.

Six specialties have failed to meet the 92% target in December, these are General Surgery, Urology, Gastroenterology, Dermatology, Cardiology and Trauma and Orthopaedics.

Mid Cheshire have not reported any 52 week breaches for December however there are 10 patients waiting over 39 weeks; (3 in General Services, 2 in Urology, 2 in Ophthalmology, 2 in Gastroenterology and 1 in Rheumatology). 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 December 2018, 0.54% of patients waited longer than 6 weeks for their diagnostic tests, with all modalities delivering the standard.

## Primary Drivers

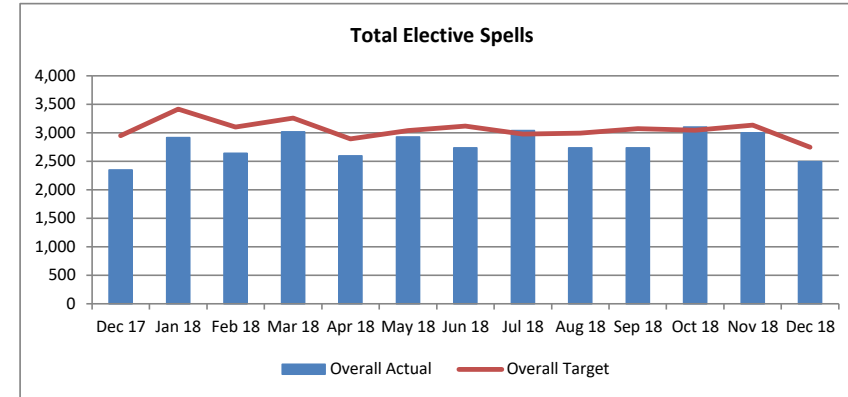
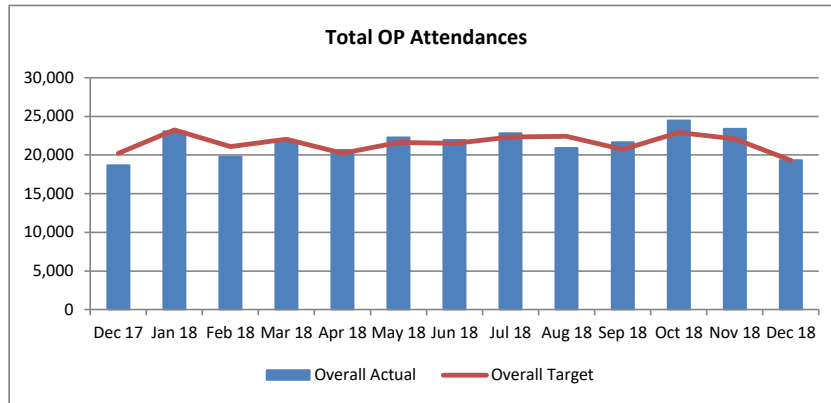


## Referral Breakdown

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Monthly Trend
GP Actual	4,157	5,573	4,928	5,388	4,858	5,400	5,065	5,355	5,184	4,925	5,755	5,684	4,411	
GP Target	4,758	5,509	5,008	5,259	4,683	4,920	4,920	5,157	5,157	4,683	5,394	5,157	4,446	
% to Target	87.4%	101.2%	98.4%	102.5%	103.7%	109.8%	103.0%	103.8%	100.5%	105.2%	106.7%	110.2%	99.2%	
Other Actual	2,731	3,205	2,931	3,119	3,256	3,408	3,186	3,352	3,107	2,968	3,714	3,189	2,696	
Other Target	2,759	3,195	2,904	3,050	2,833	2,976	2,976	3,120	3,120	2,833	3,263	3,120	2,689	
% to Target	99.0%	100.3%	100.9%	102.3%	114.9%	114.5%	107.1%	107.5%	99.6%	104.8%	113.8%	102.2%	100.3%	
Total Actual	6,888	8,778	7,859	8,507	8,114	8,808	8,251	8,707	8,291	7,893	9,469	8,873	7,107	
Total Target	7,517	8,704	7,913	8,308	7,515	7,896	7,896	8,276	8,276	7,515	8,657	8,276	7,135	
% to Target	91.6%	100.9%	99.3%	102.4%	108.0%	111.6%	104.5%	105.2%	100.2%	105.0%	109.4%	107.2%	99.6%	
GP % of Total	60.4%	63.5%	62.7%	63.3%	59.9%	61.3%	61.4%	61.5%	62.5%	62.4%	60.8%	64.1%	62.1%	

# Operational Delivery: *Planned Activity*

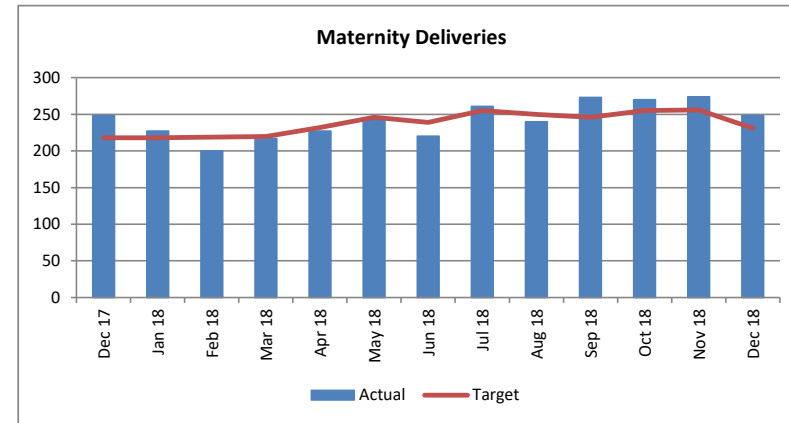
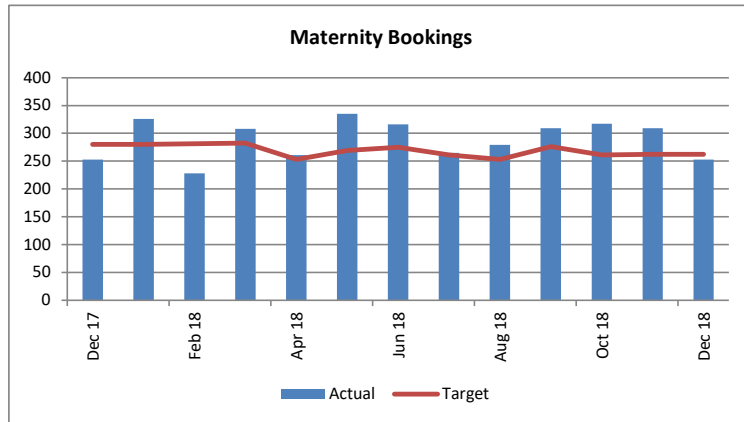
## Primary Drivers



OP Attendance Breakdown		YTD 18 19	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Monthly Trend
New Actual		61,174	5,805	6,862	6,217	6,855	6,472	7,138	6,868	7,001	6,211	6,648	7,713	7,202	5,921	
New Target		56,158	6,272	7,253	6,585	6,909	5,892	6,224	6,212	6,495	6,502	5,934	6,778	6,496	5,625	
% to Target		108.9%	92.6%	94.6%	94.4%	99.2%	109.9%	114.7%	110.6%	107.8%	95.5%	112.0%	113.8%	110.9%	105.3%	
F U Actual		136,469	12,892	16,215	13,583	14,927	14,214	15,170	15,089	15,835	14,737	15,014	16,778	16,207	13,425	
F U Target		137,023	13,971	15,991	14,504	15,152	14,346	15,407	15,283	15,844	15,912	14,774	16,157	15,600	13,701	
% to Target		99.6%	92.3%	101.4%	93.7%	98.5%	99.1%	98.5%	98.7%	99.9%	92.6%	101.6%	103.8%	103.9%	98.0%	
Total Actual		197,643	18,697	23,077	19,800	21,782	20,686	22,308	21,957	22,836	20,948	21,662	24,491	23,409	19,346	
Total Target		193,181	20,243	23,244	21,089	22,061	20,237	21,631	21,495	22,339	22,414	20,708	22,935	22,095	19,326	
% to Target		102.3%	92.4%	99.3%	93.9%	98.7%	102.2%	103.1%	102.1%	102.2%	93.5%	104.6%	106.8%	105.9%	100.1%	
New % of Total		31.0%	31.0%	29.7%	31.4%	31.5%	31.3%	32.0%	31.3%	30.7%	29.6%	30.7%	31.5%	30.8%	30.6%	
Elective Spells Breakdown		YTD 18 19	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Monthly Trend
I P Actual		2,337	234	164	240	273	216	293	263	276	226	259	284	280	240	
I P Target		2,592	298	346	314	330	301	301	294	271	288	281	308	308	241	
% to Target		90.2%	78.6%	47.4%	76.5%	82.8%	71.8%	97.4%	89.4%	101.9%	78.6%	92.2%	92.3%	91.0%	99.7%	
Daycase Actual		23,041	2,115	2,753	2,404	2,745	2,378	2,637	2,476	2,766	2,513	2,479	2,817	2,720	2,255	
Daycase Target		24,442	2,650	3,071	2,790	2,931	2,593	2,738	2,825	2,709	2,709	2,795	2,740	2,827	2,507	
% to Target		94.3%	79.8%	89.6%	86.2%	93.7%	91.7%	96.3%	87.7%	102.1%	92.8%	88.7%	102.8%	96.2%	89.9%	
Total Actual		25,378	2,349	2,917	2,644	3,018	2,594	2,930	2,739	3,042	2,739	2,738	3,101	3,000	2,495	
Total Target		27,033	2,947	3,417	3,104	3,260	2,894	3,039	3,119	2,980	2,996	3,076	3,048	3,135	2,748	
% to Target		93.9%	79.7%	85.4%	85.2%	92.6%	89.6%	96.4%	87.8%	102.1%	91.4%	89.0%	101.8%	95.7%	90.8%	
I P % of Total		9.2%	10.0%	5.6%	9.1%	9.0%	8.3%	10.0%	9.6%	9.1%	8.3%	9.5%	9.2%	9.3%	9.6%	

## Operational Delivery: *Planned Activity*

### Primary Drivers

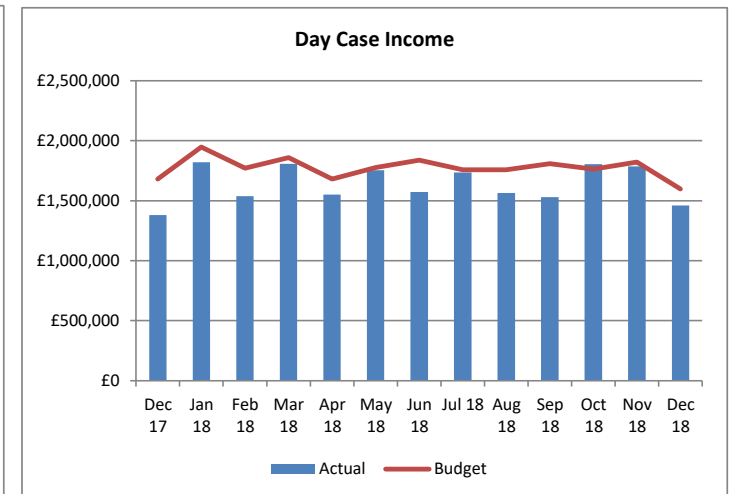
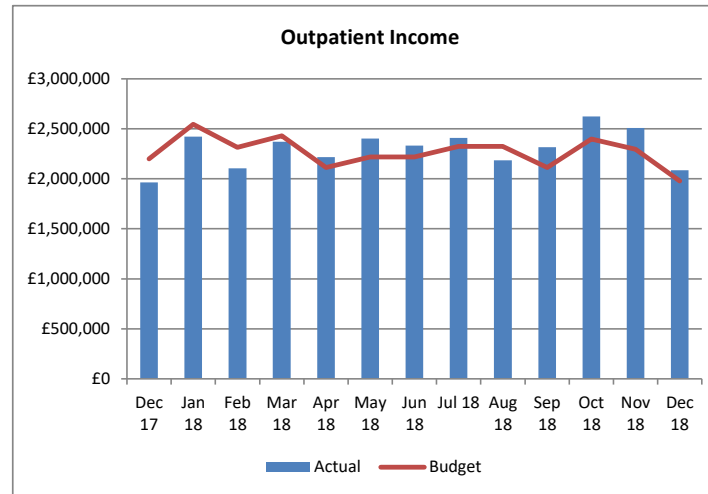
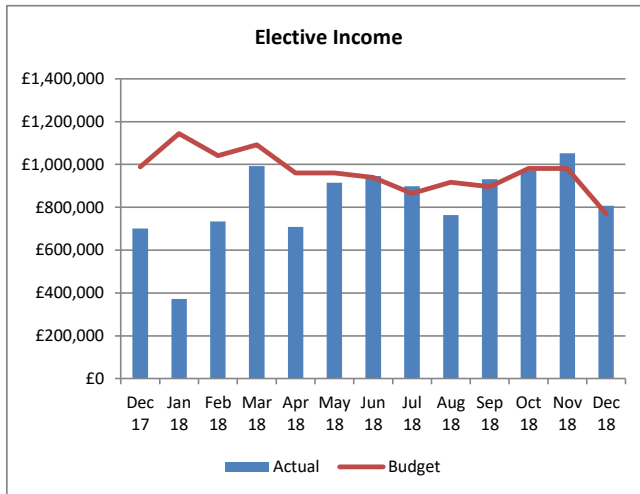


# Operational Delivery: *Planned Activity*

## Secondary Drivers

		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	96.4%	97.2%	97.5%	96.0%	97.1%	95.4%	97.3%	96.1%	96.7%	96.9%	97.7%	95.8%	96.7%		
	Surgery & Cancer	86.2%	94.4%	89.6%	90.4%	85.4%	83.8%	88.9%	85.4%	86.9%	89.2%	92.5%	88.1%	85.5%		
Elective Inpatient Avg LOS (Days)		2.4	2.3	2.4	2.5	3.1	2.6	2.5	2.4	2.6	3.6	2.5	2.5	2.7		
Delayed Transfers of Care (MFFD)		16.00	9	14	13	14	12	13	13	13	16	22	12	9		
Delayed Transfers of Care (% of Acute Beds)			1.9%	2.6%	2.5%	2.7%	2.8%	2.7%	2.9%	2.8%	2.8%	3.3%	4.5%	2.4%	1.8%	
Medical Outliers		25	27	25	15	13	20	22	26	29	37	26	26	29		
Readmission (Emergency Re-admissions after Planned Surgery)																
	30 Day Rate	3.15%	3.01%	2.56%	3.28%	3.36%	3.35%	2.99%	3.12%	2.73%	3.01%	3.28%	2.96%			
	7 Day Rate	0.88%	1.27%	0.88%	1.41%	1.00%	1.27%	1.03%	1.42%	1.27%	1.28%	1.16%	1.15%	1.13%		
Cancelled Operations - Non Clinical - Cancellation Rate		2.24%	1.01%	1.23%	1.48%	1.40%	1.07%	0.95%	0.95%	0.95%	0.73%	1.86%	0.66%	1.40%		
Theatre Efficiency																
	Main Theatres	74.4%	74.9%	74.2%	76.8%	79.5%	78.9%	78.9%	76.7%	78.4%	78.4%	77.9%	77.2%	73.9%		
	TC Theatres	77.5%	74.5%	71.5%	71.8%	69.0%	74.2%	72.6%	75.6%	73.2%	73.4%	76.6%	73.5%	72.0%		
DNA (OP Efficiency)		6.21%	5.46%	5.17%	5.41%	5.29%	5.91%	5.85%	6.10%	5.76%	5.56%	5.73%	5.62%	5.93%		
Hospital Cancellation Rate (OP Efficiency)		7.18%	7.34%	6.88%	6.43%	6.72%	6.79%	6.80%	7.03%	7.27%	7.58%	7.62%	7.64%	8.25%		

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



## Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Budget 2018/19 £'000
	Plan Dec (£'000)	Actual Dec (£'000)	Variance Dec (£'000)	Plan April to Dec (£'000)	Actual April to Dec (£'000)	Variance April to Dec (£'000)	2018/19 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	768	808	40	8,269	7,991	-279	10,659	10,659
Non-Elective	5,209	4,972	-237	44,565	43,839	-726	59,628	59,628
Maternity	1,101	1,086	-15	10,496	10,265	-231	14,000	14,000
Day cases	1,598	1,465	-133	15,798	14,757	-1,042	21,139	21,139
Outpatients	1,977	2,089	112	19,973	21,076	1,103	26,672	26,672
A&E	819	833	14	7,636	7,919	283	10,139	10,139
Other NHS	5,931	9,883	3,952	55,104	59,876	4,771	78,037	78,037
<b>Total NHS Clinical Revenue</b>	<b>17,403</b>	<b>21,136</b>	<b>3,733</b>	<b>161,842</b>	<b>165,722</b>	<b>3,880</b>	<b>220,274</b>	<b>220,274</b>
<i>Other Operating Income</i>	2,128	2,495	367	19,198	19,721	523	22,502	22,502
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
<b>TOTAL OPERATING INCOME</b>	<b>19,531</b>	<b>23,631</b>	<b>4,100</b>	<b>181,040</b>	<b>185,443</b>	<b>4,403</b>	<b>242,776</b>	<b>242,776</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-14,362	-15,095	-733	-128,308	-130,860	-2,552	-168,313	-168,313
Drugs	-1,289	-1,562	-273	-12,318	-12,730	-412	-15,868	-15,868
Clinical Supplies	-1,753	-1,756	-3	-14,308	-13,975	333	-18,370	-18,370
Non Clinical Supplies	-305	-383	-78	-2,696	-2,965	-269	-3,537	-3,537
Other operating expenses	-2,576	-2,966	-390	-22,818	-24,959	-2,141	-31,419	-31,419
<b>TOTAL OPERATING EXPENSES</b>	<b>-20,285</b>	<b>-21,761</b>	<b>-1,476</b>	<b>-180,448</b>	<b>-185,488</b>	<b>-5,040</b>	<b>-237,507</b>	<b>-237,507</b>
<b>EBITDA</b>	<b>-754</b>	<b>1,870</b>	<b>2,624</b>	<b>592</b>	<b>-45</b>	<b>-637</b>	<b>5,269</b>	<b>5,269</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	3	11	8	27	74	47	36	36
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	-444	-455	-11	-4,016	-3,985	31	-6,190	-6,190
PDC Dividend Expense	-192	-192	0	-1,725	-1,725	0	-2,300	-2,300
<b>Adjusted Financial Performance surplus/(deficit)</b>	<b>-1,387</b>	<b>1,233</b>	<b>2,620</b>	<b>-5,122</b>	<b>-5,682</b>	<b>-560</b>	<b>-3,185</b>	<b>-3,185</b>
<b>Provider Sustainability Fund</b>	843	1,770	927	5,478	3,835	-1,643	8,428	8,428
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>-544</b>	<b>3,003</b>	<b>3,547</b>	<b>356</b>	<b>-1,847</b>	<b>-2,203</b>	<b>5,243</b>	<b>5,243</b>
Donations for purchase of assets	24	34	10	213	170	-43	288	288
Depreciation on Donated Assets	-25	-25	0	-209	-209	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>-545</b>	<b>3,012</b>	<b>3,557</b>	<b>360</b>	<b>-1,886</b>	<b>-2,246</b>	<b>5,253</b>	<b>5,253</b>

The Trust delivered a cumulative £1.85M deficit (before exceptional items) against a budget surplus of £0.36M, giving a variance of £2.2M. This includes an accrual £3.8M, reflecting the MOU – which has helped the Trust achieve the control total and earn the PSF for Q3.

Commissioning/Other income are above plan by £0.5M with the drugs recharges offsetting an increased non pay cost.

Pay is £2.6M worse than plan. Within nursing and HCA costs – there has been a continued use of agency nurses, to support unfunded escalation beds despite the planned Winter ward. Medical pay, which has been previously underspending is now overspending due to the employment of high cost agency doctors, with an in month overspend of £0.3M.

Drugs are overspending as a result of increased use by external contracts, which are offset within other operating income. Clinical supplies continue to be underspent, which is linked to elective under performance.

Other operating costs are overspent by £2.1M, of which £1.2M 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, however the trust has achieved the financial incentive for meeting the control total for the first 3 quarters. The full year impact of not reaching the A&E target is £2.5M.

\* EBITDA Total excludes Charitable Income

## Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	Budget 2018/19 £'000
	Plan Dec (£'000)	Actual Dec (£'000)	Variance Dec (£'000)	Plan April to Dec (£'000)	Actual April to Dec (£'000)	Variance April to Dec (£'000)	2018/19 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	768	808	40	8,269	7,991	-279	10,659	10,659
Non-Elective	5,209	4,972	-237	44,565	43,839	-726	59,628	59,628
Maternity	1,101	1,086	-15	10,496	10,265	-231	14,000	14,000
Day cases	1,598	1,465	-133	15,798	14,757	-1,042	21,139	21,139
Outpatients	1,977	2,089	112	19,973	21,076	1,103	26,672	26,672
A&E	819	833	14	7,636	7,919	283	10,139	10,139
Other NHS	3,561	7,453	3,892	33,774	38,384	4,609	49,574	49,574
<b>Total NHS Clinical Revenue</b>	<b>15,033</b>	<b>18,706</b>	<b>3,673</b>	<b>140,512</b>	<b>144,230</b>	<b>3,718</b>	<b>191,811</b>	<b>191,811</b>
<i>Other Operating Income</i>	2,031	2,388	357	18,350	18,778	428	21,500	21,500
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
<b>TOTAL OPERATING INCOME</b>	<b>17,064</b>	<b>21,094</b>	<b>4,030</b>	<b>158,862</b>	<b>163,008</b>	<b>4,146</b>	<b>213,311</b>	<b>213,311</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-12,542	-13,250	-708	-111,932	-114,863	-2,931	-146,930	-146,930
Drugs	-1,287	-1,558	-271	-12,300	-12,705	-405	-15,844	-15,844
Clinical Supplies	-1,668	-1,660	8	-13,541	-13,150	391	-17,353	-17,353
Non Clinical Supplies	-224	-305	-81	-1,967	-2,226	-259	-2,568	-2,568
Other operating expenses	-2,188	-2,561	-373	-19,215	-21,461	-2,246	-26,706	-26,706
Inter-Trust Charges	92	105	13	1,003	1,125	122	1,364	1,364
<b>TOTAL OPERATING EXPENSES</b>	<b>-17,818</b>	<b>-19,230</b>	<b>-1,412</b>	<b>-157,952</b>	<b>-163,281</b>	<b>-5,329</b>	<b>-208,037</b>	<b>-208,037</b>
<b>EBITDA</b>	<b>-754</b>	<b>1,865</b>	<b>2,618</b>	<b>910</b>	<b>-273</b>	<b>-1,182</b>	<b>5,274</b>	<b>5,274</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	3	11	8	27	74	47	36	36
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	-444	-455	-11	-4,016	-3,985	31	-6,190	-6,190
PDC Dividend Expense	-192	-192	0	-1,725	-1,725	0	-2,300	-2,300
<b>Net Surplus/(deficit) before PSF/Exceptional Items</b>	<b>-1,386</b>	<b>1,228</b>	<b>2,614</b>	<b>-4,804</b>	<b>-5,910</b>	<b>-1,105</b>	<b>-3,180</b>	<b>-3,180</b>
<b>Provider Sustainability Fund</b>	843	1,770	927	5,478	3,835	-1,643	8,428	<b>8,428</b>
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>-543</b>	<b>2,998</b>	<b>3,541</b>	<b>674</b>	<b>-2,075</b>	<b>-2,749</b>	<b>5,248</b>	<b>5,248</b>
Donations for purchase of assets	24	34	10	213	170	-43	288	288
Depreciation on Donated Assets	-25	-25	0	-209	-209	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>-544</b>	<b>3,007</b>	<b>3,551</b>	<b>678</b>	<b>-2,114</b>	<b>-2,792</b>	<b>5,258</b>	<b>5,258</b>

The Trust excluding Community Services, delivered a £5.9M deficit against a planned deficit of £4.8M year to date - giving a £1.1M variance against plan cumulatively, excluding the impact of the provider sustainability fund (PSF).

The trust has accrued £3.8M of the MOU into the position, outside of this there are gains on other operating income associated with increased use of drugs from external contracts which are offset by drug costs.

Pay is £2.9M worse than plan cumulative as a result of higher spend on Nursing, due to unfunded escalation beds during the Summer months leading into Winter, being on top of the planned Winter ward. Medical pay, is also under pressure as a result of gaps being filled with high cost agency staff.

The underspend in clinical supplies of £0.4M is an offset of planned underperformance and the overspend on drugs is offset against increased other operating income.

Other Operating Expenses is £2.2M worse as a result of continuing outsourcing pressures in Diagnostics and Radiology (£1.2M) and pressures within Estates (£0.7M).

There is a cumulative reflection of the A&E performance provided for within the PSF, and it is assumed that the control total has been met for the first 3 quarters.



## Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Forecast	Budget 2018/19 £'000
	Plan Dec (£'000)	Actual Dec (£'000)	Variance Dec (£'000)	Plan April to Dec (£'000)	Actual April to Dec (£'000)	Variance April to Dec (£'000)	2018/19 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	0	0	0	0	0	0	0	
Non-Elective	0	0	0	0	0	0	0	
Maternity	0	0	0	0	0	0	0	
Day cases	0	0	0	0	0	0	0	
Outpatients	0	0	0	0	0	0	0	
A&E	0	0	0	0	0	0	0	
Other NHS	2,370	2,430	60	21,330	21,492	162	28,463	28,463
<b>Total NHS Clinical Revenue</b>	<b>2,370</b>	<b>2,430</b>	<b>60</b>	<b>21,330</b>	<b>21,492</b>	<b>162</b>	<b>28,463</b>	<b>28,463</b>
<i>Other Operating Income</i>	97	107	10	848	943	95	1,002	1,002
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
<b>TOTAL OPERATING INCOME</b>	<b>2,467</b>	<b>2,537</b>	<b>70</b>	<b>22,178</b>	<b>22,435</b>	<b>257</b>	<b>29,465</b>	<b>29,465</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-1,820	-1,845	-25	-16,376	-15,997	379	-21,383	-21,383
Drugs	-2	-4	-2	-18	-25	-7	-24	-24
Clinical Supplies	-85	-96	-11	-767	-825	-58	-1,017	-1,017
Non Clinical Supplies	-81	-78	3	-729	-739	-10	-969	-969
Other operating expenses	-388	-404	-17	-3,603	-3,497	106	-4,713	-4,713
Inter-Trust Charges	-92	-105	-13	-1,003	-1,125	-122	-1,364	-1,364
<b>TOTAL OPERATING EXPENSES</b>	<b>-2,467</b>	<b>-2,532</b>	<b>-64</b>	<b>-22,496</b>	<b>-22,208</b>	<b>288</b>	<b>-29,470</b>	<b>-29,470</b>
<b>EBITDA</b>	<b>0</b>	<b>5</b>	<b>6</b>	<b>-318</b>	<b>228</b>	<b>546</b>	<b>-5</b>	<b>-5</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	0	0	0	0	0	0	0	
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	0	0	0	0	0	0	0	
PDC Dividend Expense	0	0	0	0	0	0	0	
<b>Adjusted Financial Performance surplus/(deficit)</b>	<b>0</b>	<b>5</b>	<b>6</b>	<b>-318</b>	<b>228</b>	<b>546</b>	<b>-5</b>	<b>-5</b>
Provider Sustainability Fund	0	0	0	0	0	0	0	0
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>0</b>	<b>5</b>	<b>6</b>	<b>-318</b>	<b>228</b>	<b>546</b>	<b>-5</b>	<b>-5</b>
Donations for purchase of assets	0	0	0	0	0	0	0	0
Depreciation on Donated Assets	0	0	0	0	0	0	0	0
Prior Period Adjustments	0	0	0	0	0	0	0	0
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>0</b>	<b>5</b>	<b>6</b>	<b>-318</b>	<b>228</b>	<b>546</b>	<b>-5</b>	<b>-5</b>

Community Services delivered a £228K surplus cumulative against a planned deficit position of £318K.

Contract income is above plan (£162K), 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 £379k 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	(37)	(735)	(713)	(63)	(66)	(798)	(816)
Endoscopy	Endoscopy	4,669	1	(522)	(1,827)	152	(933)	263	1,910	(106)
General Surgery Directorate	General Surgery	12,968	66	401	(7,197)	(304)	(1,435)	(120)	4,402	(23)
Head & Neck Directorate	Head & Neck	3,990	324	(254)	(1,892)	125	(525)	89	1,897	(39)
Macmillan Cancer Centre	Macmillan Cancer Centre	489	1,534	429	(759)	(62)	(1,374)	(291)	(110)	77
Ophthalmology	Ophthalmology	9,251	45	529	(3,292)	(49)	(2,785)	(253)	3,218	227
Orthopaedic Directorate	Orthopaedics	13,842	192	22	(4,986)	38	(2,674)	(94)	6,374	(34)
Theatres & TC	Theatres & TC	0	264	2	(5,556)	51	(2,165)	(242)	(7,457)	(188)
Urology Directorate	Urology	4,227	39	27	(2,193)	(113)	(446)	(89)	1,627	(174)
<b>Surgical and Cancer Division</b>	<b>Surgery &amp; Cancer</b>	<b>49,437</b>	<b>2,465</b>	<b>599</b>	<b>(28,436)</b>	<b>(874)</b>	<b>(12,401)</b>	<b>(801)</b>	<b>11,064</b>	<b>(1,077)</b>

The Surgical Division is £1M worse than plan year to date. Pay is £0.7M 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. Overspends on the medical pay budget relate largely to Ophthalmology – which link to delivery of activity out of area. Whilst non pay is overspent by £0.8M, £0.4M of this is offset by increased charges to the Christie as part of their SLA. 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 contract income of £116K relating to endoscopy (£0.5M) and ENT (£0.2M).

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Emergency Care Divisional Mgmt	Divisional Management M&EC	0	2	2	(1,697)	(436)	(72)	(21)	(1,768)	(455)
Accident & Emergency Dir	Emergency Department	11,881	613	(34)	(5,083)	(379)	(607)	(105)	6,804	(518)
Anaesthetics & Critical Care	Anaesthetics & Critical Care	4,779	37	(59)	(5,942)	251	(853)	73	(1,979)	264
Medical Directorate	General Medicine	32,091	299	233	(18,086)	(1,169)	(3,282)	272	11,022	(664)
Urgent Care Centre	Urgent Care Centre	0	0	0	(551)	(12)	0	62	(551)	50
<b>Emergency Services Division</b>	<b>Medicine &amp; Emergency Care</b>	<b>48,751</b>	<b>950</b>	<b>141</b>	<b>(31,359)</b>	<b>(1,745)</b>	<b>(4,814)</b>	<b>280</b>	<b>13,528</b>	<b>(1,324)</b>

The Medicine and Emergency Care Division are £1.3M 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, coupled with an increased need to use agency at above cap rates. Medical pay costs have overspent within the month (£0.2M), which is expected to continue in the final quarter 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
Women's & Children's Div Mgmt	Divisional Management W&C	0	3	3	(983)	30	(97)	27	(1,077)	60
Gum clinic	Gum clinic	0	0	0	0	0	(1)	(1)	(1)	(1)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	13,350	84	(542)	(6,507)	50	(1,063)	(52)	5,864	(544)
Paediatric Directorate	Paediatrics	8,703	84	(343)	(5,969)	(197)	(801)	15	2,017	(525)
<b>Women and Children's Division</b>	<b>Women and Children</b>	<b>22,053</b>	<b>170</b>	<b>(883)</b>	<b>(13,459)</b>	<b>(117)</b>	<b>(1,962)</b>	<b>(11)</b>	<b>6,803</b>	<b>(1,011)</b>

The Women's and Children's Division is £1.1M 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 (£0.3M), however it is expected to recover to some degree in the final quarter, 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 & Clinic Spt Sv Div Mgmt	Divisional Management D&S	0	0	0	(218)	25	(26)	(91)	(244)	(66)
Dermatology	Dermatology	1,327	16	(24)	(744)	51	(251)	(8)	347	19
ECG department	ECG	296	15	(7)	(747)	96	(60)	0	(495)	89
Elmhurst	Elmhurst	1,498	129	(2)	(1,243)	(97)	(119)	20	266	(79)
Integrated Discharge	Integrated Discharge	0	23	23	(236)	(21)	(5)	(3)	(218)	(1)
Medical Records Department	Medical Records Department	0	0	(2)	(1,344)	(30)	(163)	3	(1,507)	(28)
Outpatients	Outpatients	0	114	(12)	(415)	16	(46)	(5)	(347)	(1)
Pathology Directorate	Pathology	8,882	3,008	482	(7,349)	252	(6,754)	(718)	(2,212)	16
Pharmacy Departments	Pharmacy	2,637	143	(51)	(2,579)	(82)	(2,817)	(285)	(2,616)	(418)
Radiology Directorate	Radiology	2,313	603	(39)	(4,806)	30	(1,942)	(503)	(3,832)	(512)
Therapeutic Departments	Therapies	0	0	0	(1,624)	(8)	(45)	28	(1,669)	20
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,525	2	(78)	(1,353)	(51)	(217)	5	(43)	(124)
<b>Diagnostics and Support Divisi</b>	<b>Diagnostics and Support</b>	<b>18,478</b>	<b>4,053</b>	<b>290</b>	<b>(22,658)</b>	<b>181</b>	<b>(12,444)</b>	<b>(1,556)</b>	<b>(12,571)</b>	<b>(1,085)</b>

The Diagnostics Division is £1M worse than plan year to date, with the key pressures continue to lie with the outsourced radiology and pathology tests £0.9M (net of medical vacancies). There has been an increase to the charges that are made to East Cheshire Trust which offset the position within pathology.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Estates & Facilities Div Mgmt	Divisional Management E&F	0	0	0	(397)	16	(165)	(4)	(561)	12
Catering Directorate	Catering	0	1,052	33	(1,297)	(75)	(1,096)	(105)	(1,341)	(147)
Estates Departments	Estates Departments	0	353	(5)	(1,187)	11	(5,463)	(482)	(6,297)	(476)
Hotel Services	Domestics	0	0	0	(1,031)	2	(11)	(3)	(1,042)	(1)
Laundry Services Departments	Laundry	0	856	(51)	(870)	(57)	(637)	(45)	(650)	(153)
Security	Security	0	1,287	17	(556)	19	(537)	(90)	194	(54)
Site Services	Porters	0	0	0	(2,179)	9	(61)	(1)	(2,240)	8
<b>Estates &amp; Facilities Division</b>	<b>Estates &amp; Facilities Division</b>	<b>0</b>	<b>3,549</b>	<b>(5)</b>	<b>(7,517)</b>	<b>(74)</b>	<b>(7,970)</b>	<b>(731)</b>	<b>(11,938)</b>	<b>(810)</b>

The Estates and Facilities Division is £0.8M worse than plan. Within non pay there are some 1718 costs (£173K) and one off costs (£70K) and the loss of £40K SLA contract within Laundry. Utilities are £286k worse than budget and expected to be £319K over by year end - which are 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	12	12	(1,159)	(13)	(497)	(28)	(1,644)	(29)
Computer Services	Computer Services	0	53	46	(1,137)	32	(2,144)	(319)	(3,228)	(241)
Finance & Information	Finance & Information	0	31	7	(2,246)	104	(571)	3	(2,787)	115
Human Resources	Human Resources	0	428	68	(1,876)	35	(377)	76	(1,825)	179
Risk Management & R&D	Risk Management & R&D	0	371	(34)	(1,147)	57	(75)	0	(851)	23
Quality Assurance Departments	Nurse Management	0	178	96	(2,112)	(106)	(5,908)	207	(7,842)	198
Trust Central Expenditure	Trust Central Expenditure	9,354	6,513	2,068	(1,563)	(355)	(236)	325	14,068	2,038
Other Departments	Other Departments	15	174	86	(194)	(54)	(145)	55	(150)	87
<b>Corporate</b>	<b>Corporate</b>	<b>9,369</b>	<b>7,760</b>	<b>2,350</b>	<b>(11,434)</b>	<b>(301)</b>	<b>(9,953)</b>	<b>320</b>	<b>(4,258)</b>	<b>2,369</b>

The Corporate Division is £2.4M better than budget – which includes the accrual for the MOU of £3.8M

<b>Community Services</b>	<b>21,469</b>	<b>943</b>	<b>269</b>	<b>(15,997)</b>	<b>378</b>	<b>(5,084)</b>	<b>34</b>	<b>1,331</b>	<b>682</b>
<b>EBITDA</b>	<b>169,557</b>	<b>19,891</b>	<b>2,761</b>	<b>(130,860)</b>	<b>(2,551)</b>	<b>(54,628)</b>	<b>(2,466)</b>	<b>3,960</b>	<b>(2,257)</b>

## Financial Performance: Commissioner Income Analysis

Commissioner	FY Target (£'000)	YTD Target (£'000)	CEP Adjustmt	Final Actual (£'000)	Final Variance (£'000)
NHS Eastern Cheshire CCG	8,096	6,042	0	6,062	20
NHS Eastern Cheshire CCG Community	412	309	0	309	0
NHS South Cheshire CCG Community	17,336	12,980	0	12,980	0
NHS South Cheshire CCG	101,698	76,004	-44	76,003	-1
NHS Vale Royal CCG	55,052	41,154	-1,061	41,154	0
NHS Vale Royal CCG Community	10,515	7,872	0	7,872	0
NHS Warrington CCG	284	215	0	235	20
NHS West Cheshire CCG	3,537	2,643	0	2,644	1
NHS West Cheshire CCG Community	191	143	0	143	0
NHS North Staffordshire CCG	2,307	1,731	0	1,964	233
NHS Shropshire CCG	892	667	0	585	-82
NHS Stoke on Trent CCG	1,609	1,209	0	1,233	24
Public Health England	1,540	1,098	0	966	-132
NHS Commissioning Board	1,604	1,196	0	1,196	0
Specialist Commissioning Group	8,210	6,183	0	5,431	-752
Non Contract Activity	2,007	1,498	0	1,576	78
Cross Border Flows (non Betsi)	149	111	0	81	-30
Betsi	229	171	0	579	408
Non-Commissioner Specific	12,600	5,725	0	8,099	2,374
<b>TOTAL</b>	<b>228,703</b>	<b>167,277</b>	<b>-1,105</b>	<b>169,558</b>	<b>2,281</b>

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,962	4,471	4,375	-96
Adult & Neonatal Critical Care	7,896	5,943	6,000	57
Community Paediatrics	1,303	977	977	0
Direct Access Services	9,509	7,142	7,243	101
Unbundled Radiology	3,505	2,632	2,626	-7
High Cost Drugs	9,762	7,500	7,481	-18
Screening Programmes	1,530	1,148	1,179	32
Audiology	1,167	875	775	-100
IVF	258	194	136	-58
CQUIN	4,312	2,384	2,209	-176
PSV	0	0	0	0
Community Services	28,308	21,213	21,223	10
CEP	-2,817	-2,113	-1,105	1,008
WINTER FUNDING	750	562	480	-82
Other	6,742	2,134	6,278	4,144
<b>TOTAL</b>	<b>78,187</b>	<b>55,062</b>	<b>59,877</b>	<b>4,815</b>

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 £1.1M better off. This is a position which has accelerated in recent months, since the activity from Wales was ceased (at month 6, the trust was better off under the contract cap by £0.3M).

Other associate commissioners, except Shropshire 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, in relation to the bowel scope programme.

Specialist Commissioning has a negative variance being the result of a high cost drug rebate of £0.5M 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 £4.8M better than plan.

The trust has accrued £3.8M of the MOU in relation to South/Vale Royal contracts.

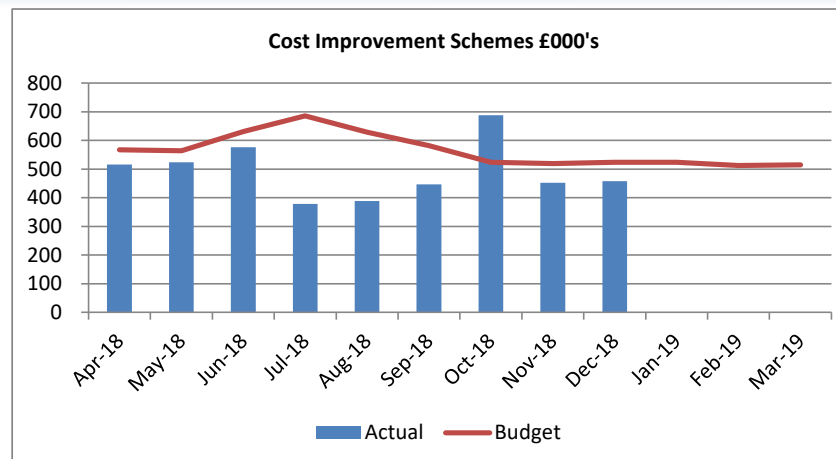
The remainder of the performance against plan is in large part due to expected increases in activity within the plan have not materialised – and where the trust was expecting to have a material CEP adjustment YTD of £2.8M the adjustment on the South and Vale Royal contracts has only been £1.1M.

Aside the CEP adjustment there were gains against the un-coded prior year spells valuation (£140k), Direct Access Services with East Cheshire CCG (£101K), and Adult Critical Care (£57k) offset by anticipated CQUIN income (£176K) and High cost drugs (£18K) – with the rebate of £551K, passed directly onto Specialised Commissioning offsetting an over performance on home care drugs and AMD drugs.

The PSF reflects the achievement of the financial target only, with a provision of £1.6M for failing to meet the 4 hour target for A&E.

## Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	462	377	-85	524	439	-85
Commercial	143	194	50	195	258	63
Drugs	493	493	0	657	657	0
Medical Workforce	1,066	810	-256	1,550	913	-637
Non-Pay Efficiency	1,094	1,225	256	1,228	1,638	410
Nursing Workforce	731	516	-215	974	688	-286
Procurement	513	224	-289	684	299	-385
Theatres Efficiency	75	75	0	100	100	0
Service redesign	406	348	-58	540	463	-77
Market Share	240	165	-75	320	220	-100
<b>Total (£'000)</b>	<b>5,223</b>	<b>4,427</b>	<b>-672</b>	<b>6,772</b>	<b>5,675</b>	<b>-1,097</b>



The CIP achievement year to date is £0.7M worse than plan with the challenges to the following CIP scheme:- improvement of nurse/HCA sickness within Emergency Care (£0.2M), reduction in WLLs (£.2M), and the Medical Vacancy factor in Surgery and Cancer (£0.2M).

It is expected that the bio-similar CIP (£0.4M), should deliver as a result of recent pricing changes. There are a number of CCICP efficiencies that are over performing which offset the under-performances elsewhere.

Capped Expenditure Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
TeleDerm	53	0	-53	70	0	-70
Non-Pay Efficiency	75	75	0	100	100	0
Drugs	38	38	0	50	50	0
Commercial	150	0	-150	200	0	-200
Procurement	75	0	-75	100	0	-100
Elective	837	410	-427	1,116	510	-606
<b>Total (£'000)</b>	<b>1,228</b>	<b>523</b>	<b>-705</b>	<b>1,636</b>	<b>660</b>	<b>-976</b>

The CEP schemes rolled over from 1718 are under achieving by £0.8M, 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
<b>STRATEGIC INVESTMENTS (Requires individual signoff)</b>													
<b>ESTATES</b>													
CAR PARK BARRIERS	Yes	Internal	Yes	44	16	16	16	0	16		60	60	60
BISTRO & 2 OFFICES	Yes	Internal	Yes	120	58	58	59	-1	58		179	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	2177	-313	2117	8600	2401	10,688	10,941
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	100	0	100	0	100	0	200	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	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	100	0	100	0	668	0	1,336	668
WARD REFURBUISHMENT *	No	Loan	Not yet approved		1600	850	245	605	700		245	2,500	1,600
DEMENTIA APPEAL	No	Donated	Not yet approved							1500		1,500	1,500
3RD CT ENABLING	No	Internal	Not yet approved							935		935	935
<b>TOTAL</b>				<b>562</b>	<b>7396</b>	<b>5158</b>	<b>2526</b>	<b>2632</b>	<b>4671</b>	<b>15548</b>	<b>3088</b>	<b>23506</b>	<b>20781</b>
<b>IT</b>													
UNDER / OVERS CAPITAL SCHEMES 17/18	Yes	Internal	Yes		0	0	1	-1	0		1	0	0
UPS	Yes	Internal	Yes		250	0	0	0	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	112	39	73	112	400	127	600	600
REPLACEMENT BUSINESS INTELLIGENCE SYSTEM	Yes	Internal	Yes		80	80	71	9	80		71	80	80
CONFIGURATION MANAGEMENT SYSTEM	Yes	Internal	Yes		35	35	0	35	0		0	35	0
CORE INFRASTRUCTURE UPGRADE	yes	PDC	Yes		538	362	222	140	418	180	222	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	75		75	100	75
SEQUEL / WINDOWS LICENCES	Yes	Internal	Yes		80	0	0	0	0	80	0	160	80
VIRTUAL DESKTOP	No	Internal	Yes		400	100	0	100	0	200	0	600	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	74	6	68	75	100	472	666	641
<b>SYSTEM REFRESH / REPLACEMENT</b>													
LAB CENTRE PATHOLOGY	No	Internal	Yes		800	0	0	0	0	1600	0	2,400	1,600
CHEMOCARE	yes	Internal	Yes		85	85	0	85	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
<b>TOTAL</b>				<b>596</b>	<b>3140</b>	<b>1408</b>	<b>705</b>	<b>703</b>	<b>1292</b>	<b>4101</b>	<b>1301</b>	<b>7837</b>	<b>5,989</b>
<b>TOTAL STRATEGIC INVESTMENTS</b>				<b>1158</b>	<b>10536</b>	<b>6566</b>	<b>3231</b>	<b>3335</b>	<b>5963</b>	<b>19649</b>	<b>4389</b>	<b>31,343</b>	<b>26,770</b>

The Estates strategic investments capital spend is £2.6M 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 £0.7M which is mainly due to Core Infrastructure upgrade £0.14M 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
<b>ROLLING ALLOCATIONS (Approved Delegated Budgets)</b>													
<b>ESTATES</b>													
ASBESTOS REMOVAL	Yes	Internal	Yes		271	184	63	121	135	736	63	1,007	871
DESIGN TEAM	Yes	Internal	Yes		313	228	241	-13	313	1252	241	1,565	1,565
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		459	382	13	369	50	1109	13	1,568	1,159
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		2650	2026	1203	823	1,736	7873	1203	10,523	9,609
<b>TOTAL</b>				0	<b>3,693</b>	<b>2,820</b>	<b>1,520</b>	<b>1300</b>	<b>2,234</b>	<b>10,970</b>	<b>1520</b>	<b>14,663</b>	<b>13,204</b>
<b>IT</b>													
INTERSITE CONNECTIVITY	Yes	Internal	Yes		50	25	17	8	50		17	50	50
INTERFACING	Yes	Internal	Yes		151	81	75	6	101	390	75	541	491
IT APPLICATIONS	Yes	Internal	Yes		193	117	17	100	143	475	17	668	618
STORAGE & BACKUP	No	Internal	Yes							250		250	250
<b>TOTAL</b>				0	<b>394</b>	<b>223</b>	<b>108</b>	<b>115</b>	<b>294</b>	<b>1115</b>	<b>108</b>	<b>1,509</b>	<b>1,409</b>
<b>TOTAL ROLLING ALLOCATIONS</b>				0	<b>4,087</b>	<b>3,043</b>	<b>1,628</b>	<b>1,415</b>	<b>2,528</b>	<b>12,085</b>	<b>1,628</b>	<b>16,172</b>	<b>14,613</b>
<b>ADDITIONAL</b>													
EQUIPMENT	Yes	Internal	Yes		0	0	137	-137	90		137	0	90
PUBLIC WiFi					0	0	0	0	205		0	0	205
					0	0	0	0	0	1000	0	1,000	1,000
					0	0	0	0	0		0	0	0
Removed under Section 43 of the Freedom of Information Act.	Yes	Internal	Yes		43	43	60	-17	60		60	43	60
PERSONAL CARE PORTAL	Yes	PDC	Yes		30	30	0	30	0		0	30	0
MEDICAL RECORDS RACKING CANCER MDT	Yes	PDC	Yes	12	488	488	565	-77	488		577	500	500
GP STREAMING ESTATES	Yes	PDC	Yes	108	142	0	0	0	0		108	250	108
GP STREAMING IT FRONT OF HOUSE COMMUNITY SERVICES	Yes	Internal	Yes	105	630	630	486	144	630		591	735	735
<b>LEASING INVESTMENTS</b>													
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
<b>TOTAL LEASING INVESTMENTS</b>				0	<b>2833</b>	<b>273</b>	<b>273</b>	<b>0</b>	<b>772</b>	<b>398</b>	<b>273</b>	<b>3231</b>	<b>1170</b>
<b>TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)</b>				1,383	<b>15,956</b>	<b>10,800</b>	<b>6,108</b>	<b>4,692</b>	<b>9,964</b>	<b>32,734</b>	<b>7,491</b>	<b>50,073</b>	<b>44,081</b>
<b>TOTAL CAPTIAL PROGRAMME</b>				1,383	<b>18,789</b>	<b>11,073</b>	<b>6,381</b>	<b>4,692</b>	<b>10,736</b>	<b>33,132</b>	<b>7,764</b>	<b>53,304</b>	<b>45,251</b>

The rolling allocation is £1.4M 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. **Sentence removed under Section 43 of the Freedom of Information Act.**

# Financial Performance: Statement of Financial Position

	Plan Apr to Dec (£'000)	Actual Apr to Dec (£'000)	Variance (£'000)	Forecast 2018/19 (£'000)
<b>Assets</b>				
<b>Assets, Non-Current</b>	<b>105,848</b>	<b>99,597</b>	<b>-6,251</b>	<b>106,454</b>
<b>Assets, Current</b>				
Trade and other Receivables	5,841	11,365	5,524	9,055
Other Assets (including Inventories & Prepayments)	6,477	6,152	-325	6,600
Cash and Cash Equivalents	11,670	9,172	-2,498	12,205
<b>Total Assets, Current</b>	<b>23,988</b>	<b>26,689</b>	<b>2,701</b>	<b>27,860</b>
<b>ASSETS, TOTAL</b>	<b>129,836</b>	<b>126,285</b>	<b>-3,551</b>	<b>134,314</b>
<b>Liabilities</b>				
<b>Liabilities, Current</b>				
Finance Lease, Current	-782	-476	306	-2,147
Loans Commercial Current	-210	-220	-10	-638
Trade and Other Payables, Current	-14,132	-13,933	199	-13,505
Provisions, Current	-146	-179	-33	-225
Other Financial Liabilities	-7,635	-10,311	-2,676	-6,581
<b>Total Liabilities, Current</b>	<b>-22,905</b>	<b>-25,121</b>	<b>-2,216</b>	<b>-23,096</b>
<b>Net Current Assets/(Liabilities)</b>	<b>1,083</b>	<b>1,568</b>	<b>485</b>	<b>4,764</b>
<b>Liabilities, Non Current</b>				
Finance Lease, Non Current	-6,294	-4,620	1,674	-4,077
Loans Commercial Non-Current	-14,490	-12,040	2,450	-16,504
Provisions, Non-Current	-1,604	-1,609	-5	-1,489
Trade and Other Payables, Non-Current	0	0	0	0
<b>Total Liabilities Non-Current</b>	<b>-22,388</b>	<b>-18,269</b>	<b>4,119</b>	<b>-22,070</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>84,543</b>	<b>82,896</b>	<b>-1,647</b>	<b>89,148</b>
<b>Taxpayers' and Others' Equity</b>				
<b>Taxpayers Equity</b>				
Public dividend capital	76,791	76,791	0	76,791
Retained Earnings	-7,840	-9,489	-1,649	-3,236
Donated asset reserve	0	0	0	0
Revaluation Reserve	15,592	15,592	0	15,592
<b>TOTAL TAXPAYERS EQUITY</b>	<b>84,543</b>	<b>82,895</b>	<b>-1,648</b>	<b>89,147</b>
<b>TOTAL FUNDS EMPLOYED</b>	<b>84,543</b>	<b>82,895</b>	<b>-1,648</b>	<b>89,147</b>

## Assets Non-Current

The main reason for the variance is that the plan is the capital programme expenditure being £4.7M less than anticipated which is mainly due to a delay in the third MRI Scanner build £1.48M, Backlog maintenance £0.82M, Waste Compound £0.35M, CT Infrastructure £0.16M, Core Infrastructure Upgrade £0.14M, CTVT £0.37M, Ward Refurbishment £0.61M, Asbestos £0.12M, Virtual Desktop £0.10M, IT Applications £0.10M. The remainder is delay in the renewal of some finance leases in particular is the third MRI Scanner and the replacement CT Scanner and an underspend on the depreciation charge.

## Trade and other Receivables

NHS Trade Receivables are higher than anticipated due to an accrual for the MOU with South Cheshire & Vale Royal CCG's this is offset by the A&E PSF for quarter 3 not being accrued as the A&E target has not been achieved. In addition outstanding invoiced debts include University of North Midlands Trust £0.10M (£0.01M paid in January), Aintree £0.15M, Cheshire East Council £0.15M, South Cheshire CCG £0.26M, Eastern Cheshire CCG £0.75M (£0.71M paid in January), NHS Property Services £0.17M One to One Nursing £0.10M and The Christies £0.59M (£0.05M paid in January).

## Other Assets

This higher than anticipated due to higher than expected Drug Stocks offset by lower prepayments due to delay in maintenance contracts for the new MRI Scanner and some operating leases.

## Finance Lease Current

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

## 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 £2.529M 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.



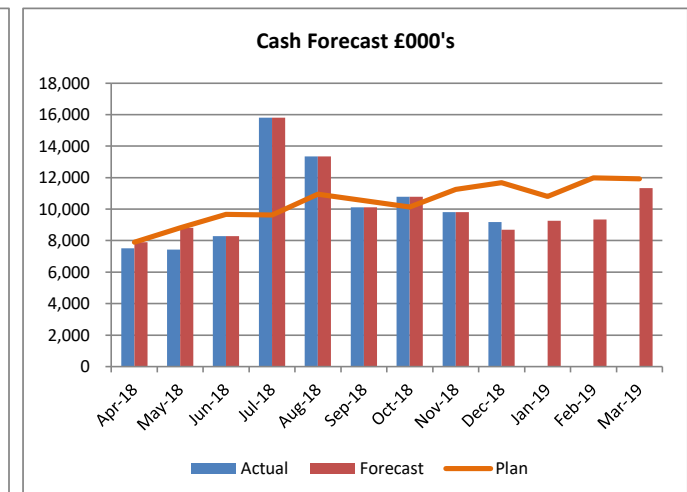
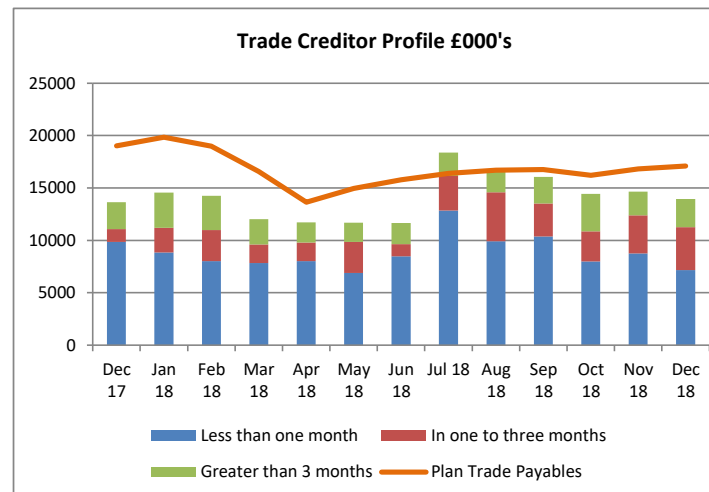
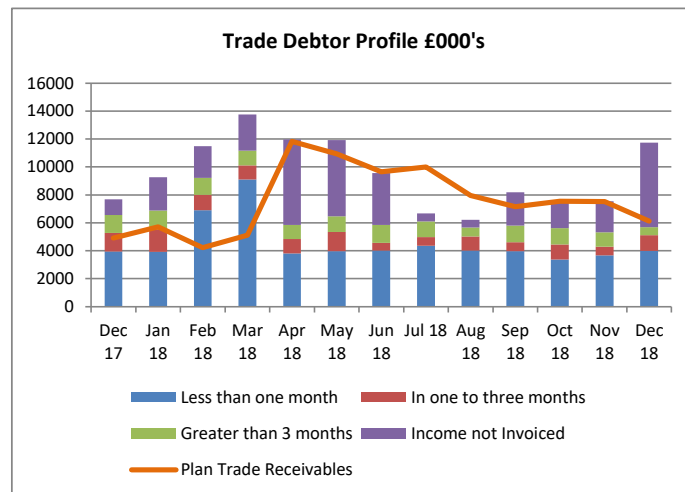
# Financial Performance: Cash Position and Working Capital

	Plan Apr to Dec (£'000)	Actual Apr to Dec (£'000)	Variance
<b>Surplus/(deficit) after tax</b>	<b>-236</b>	<b>-1,886</b>	<b>-1,650</b>
Non-cash flows in operating Surplus/(deficit) total	4,546	4,132	-414
<b>Operating cash flows before movements in working capital</b>	<b>4,310</b>	<b>2,246</b>	<b>-2,064</b>
Increase/(Decrease) in working capital Total	8,752	7,129	-1,623
<b>Net cash inflow/(outflow) from operating activities</b>	<b>13,062</b>	<b>9,375</b>	<b>-3,687</b>
Net cash inflow/(outflow) from investing activities total	-10,037	-6,434	3,603
<b>Net Cash inflow/(outflow) before financing</b>	<b>3,025</b>	<b>2,941</b>	<b>-84</b>
Net cash inflow/(outflow) from financing activities Total	884	-1,531	-2,415
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>3,909</b>	<b>1,410</b>	<b>-2,499</b>
<b>Opening cash balance</b>	<b>7,761</b>	<b>7,761</b>	<b>0</b>
<b>Closing cash balance</b>	<b>11,670</b>	<b>9,171</b>	<b>-2,499</b>

Cash is £2.5M less than anticipated; this is mainly due to the failure of the Q1 & Q2 A&E target (£0.89M).

In addition the delay in the capital payment is improving the cash position but this is offset by £0.2.45M of a capital loan for the ward refurbishment and the MRI Scanner which has not been drawn down.

Working capital less than plan due to the accrual of the Memorandum of Understanding £3.8M offset by a movement in creditors better than expected.



# Finance: Staff Costs

## Headline Measures

	YTD £000's	Rolling 13 months £000's													Monthly Trend
		Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	
Pay Budget	128,309	13,721	13,916	13,817	13,785	14,001	14,112	14,008	14,158	14,900	14,225	14,325	14,219	14,361	
Pay Actual	130,861	13,692	14,278	14,017	14,133	14,094	14,152	14,237	14,183	14,960	14,639	14,820	14,682	15,094	
Variance	-2,552	29	-362	-200	-348	-93	-40	-229	-25	-60	-414	-495	-463	-733	
% to Budget	102.0%	99.8%	102.6%	101.4%	102.5%	100.7%	100.3%	101.6%	100.2%	100.4%	102.9%	103.5%	103.3%	105.1%	

Nursing Staff % to Budget	103.1%	102.4%	105.9%	104.7%	105.0%	101.7%	99.9%	102.1%	100.5%	103.5%	103.1%	104.3%	107.0%	105.9%	
Medical Staff % to Budget	100.5%	95.3%	98.5%	97.1%	103.2%	95.4%	100.5%	99.2%	97.3%	92.0%	104.2%	107.2%	100.0%	108.7%	
Other Staff % to Budget	101.7%	99.8%	101.6%	100.7%	99.5%	102.9%	100.6%	102.7%	101.6%	102.0%	102.0%	100.3%	101.4%	102.0%	

## Commentary

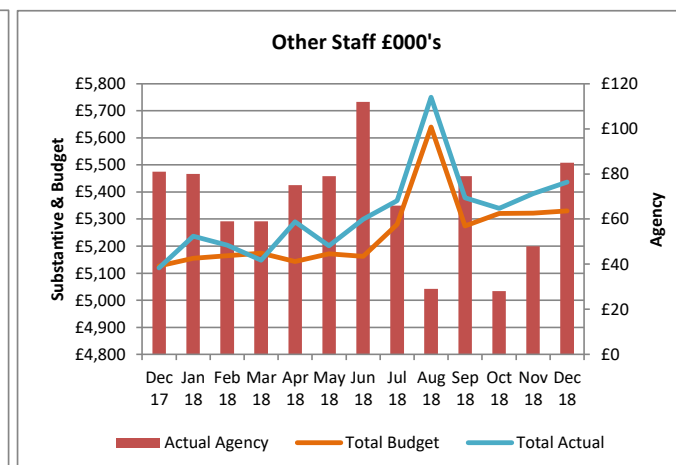
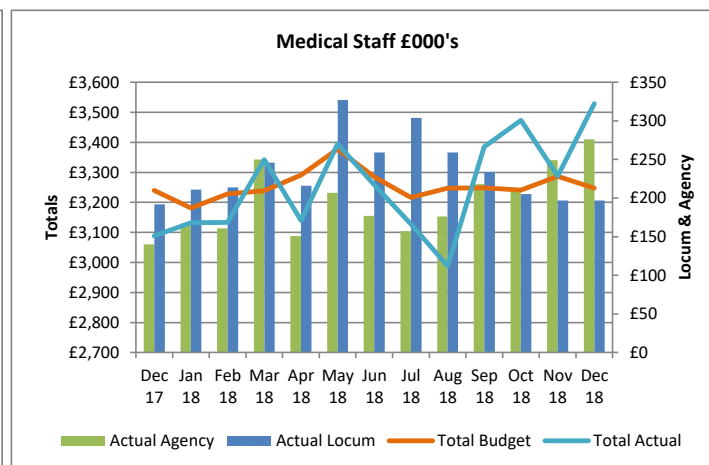
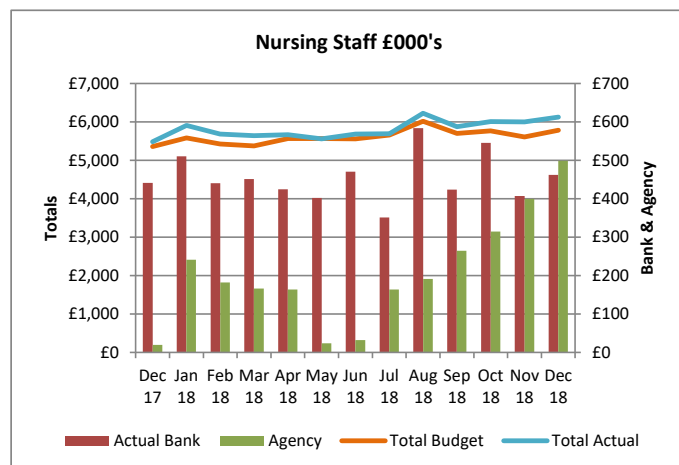
Pay is worse than budget by £2.6M year to date.

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 further escalations over the Summer which have continued are unfunded. Whilst in November the planned Winter ward was opened, there are escalation beds which have been opened on top of this – which have further increased the financial pressure. For the period of October to December this has been consistently at an additional 21 beds.

Medical pay is overspent within the month, largely as a result of agency use of doctors to fill gaps in rotas, particularly within Medicine & Emergency Care.

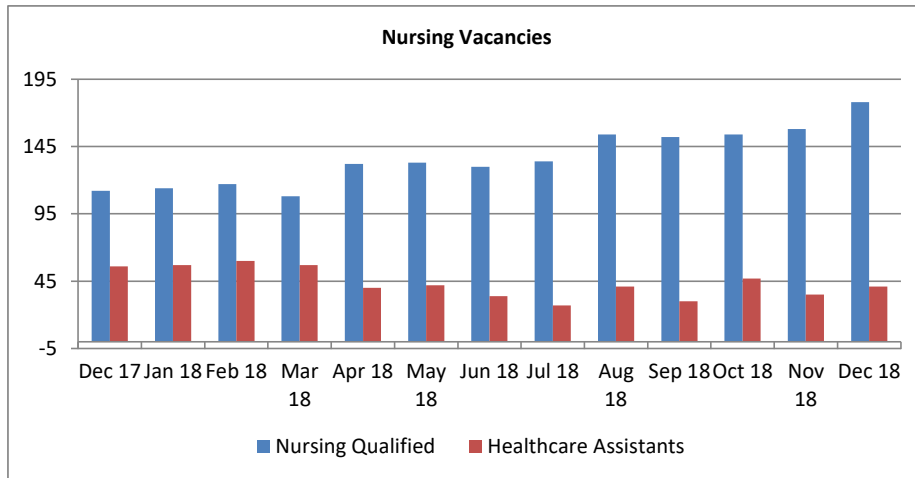
The agency spend is continuing to exceed the plan in December, and it is now very likely that the trust will exceed the agency ceiling set out within the contract. - of which a proportion relates to the planned escalation beds for the Winter.

## Primary Drivers



## Finance: Staff Costs

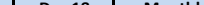


### Secondary Drivers



Medical vacancies under review

### Agency Trajectory

	YTD	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Monthly Trend
Plan	-3,285	-506	-495	-470	-484	-365	-365	-365	-365	-365	-365	-365	-365	-365	
Actual	-4,467	-572	-668	-618	-574	-389	-310	-320	-387	-395	-563	-546	-697	-860	
Variance	-1,182	-66	-173	-148	-90	-24	55	45	-22	-30	-198	-181	-332	-495	
MCHFT Actual	-3,795	-389	-427	-591	-466	-279	-265	-251	-337	-347	-509	-501	-598	-708	
CCICP Actual	-581	-152	-210	4	-77	-79	-45	-69	-50	-48	-54	-45	-87	-104	
Planned Winter Escalations	-91	-31	-31	-31	-31	-31	0	0	0	0	0	0	-12	-48	

	Rolling 13 Months													
	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Monthly Trend
Sickness Rate (Rolling 12 mths)	4.25%	4.28%	4.28%	4.38%	4.38%	4.37%	4.30%	4.29%	4.27%	4.27%	4.26%	4.24%	4.30%	
Total Leavers	33	46	37	59	39	41	38	38	63	48	34	34	23	
Turnover (Rolling 12 mths)	10.71%	10.70%	10.66%	11.18%	11.33%	11.28%	11.33%	11.17%	11.67%	11.54%	11.25%	11.03%	10.89%	

<b>Title of Paper:</b>	Freedom to Speak Up Report: Q3 2018/19		
<b>Author:</b>	Julie Tunney: Director of Nursing & Quality		
<b>Executive Lead:</b>	Julie Tunney, Director of Nursing & Quality and Freedom to Speak Up Guardian		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		x
	Review/Benefits/Audit		
<b>Link to Strategic Domains:</b>		<b>Link to Domain:</b>	
Delivering Outstanding Clinical Quality, Safety & Experience	✓	Safe	✓
Being a Leading partner in a Progressive Health Economy		Effective	✓
Striving for Outstanding Organisational Effectiveness		Caring	✓
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	✓
Creating a 21st Century Infrastructure for Transformative Health and Social Care	✓	Well-Led	✓
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		✓
	Strategy		✓
	Implementation		✓
<b>Action Required:</b>	Decide		
	Approve		✓
	Note		✓
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	A workforce that feels safe to report concerns is essential to the continuing improvement and development of the patient and staff experience.		
<b>Risk:</b>	Concerns go unreported and this leads to failure to provide good quality and safe individual care for our patients		
<b>To be published on Trust Website –complete version</b>		Y	
<b>If no, to be published on Trust Website – redacted</b>			
<b>If not to be published complete or redacted, please detail the reason why</b>			
<b>Presented at Board Meeting of:</b>	4 <sup>th</sup> February 2019		

## **1. Introduction & Background**

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

## **2. Role of the Guardian**

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

The key messages for Q3 have included:

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

## **3. Freedom to Speak Up Activity during Quarter 3**

A Freedom to Speak Up box has recently launched to provide staff with an additional way to raise concerns. The box is currently being piloted during the patient safety summit meeting which is held fortnightly. Staff are able to anonymously submit concerns via the box which may affect patient safety. Any feedback on the issues raised is given at the following meeting. A review will be undertaken at the end of the financial year to assess the effectiveness and to explore whether the approach is to be rolled out across other areas.

Staff were recently asked to nominate Freedom to Speak Up champions from their division. A number of nominations have been received and training on the Employee Support Advisor (ESA)/Freedom to Speak Up champion role is to be arranged over the coming months for individuals who have expressed an interest.

The Whistleblowing/Freedom to Speak Up Trust policy is to be reviewed and work is currently underway to revise the current policy to ensure best practice is being applied.

## **4. Quarterly Report Q3**

This report includes the total number of grievances and the total number of Freedom to Speak Up concerns.

During the period 1st October to 31st December there were a total number of 6 Freedom to Speak Up concerns.

Method of reporting	Reason for Contact	Investigation complete	Issue closed and feedback reported
Anonymous	Reporting potential Patient safety concerns	Yes	Yes
Anonymous	Reporting potential Patient safety concerns	Yes	Yes
Anonymous	Reporting potential Patient safety concerns	Yes	Yes
Face to Face	Fraud/theft/loss	On-going	No
Email	Staffing issues	Yes	Yes
Face to Face via third party	Reporting potential staff safety concerns	Yes	Yes

Quarter 3 has seen a slight increase in concerns reported (5 concerns reported in quarter 2). In comparison to the previous month where all concerns raised related to patient safety issues, whilst the majority of concerns related to patient safety issues, there has been some variance during the current quarter with staff related matters raised.

Again, as seen in the previous quarter, the patient safety concerns were all identified in one division which is repeated this quarter. The remaining cases varied as to which division they related to. Over the course of 2018 we are planning to identify any common themes should they arise, to ensure we investigate and take appropriate action in line with Trust policy.

## 5. National Guardian Reporting

The data included in this report will be shared with the National Guardians Office to ensure compliance and national learning. It is positive to see that there has been an increase in reporting in quarter 3 as this evidences that staff are now understanding the role of the Freedom to Speak up Guardian and work will continue to further promote this role.

<b>Title of Paper:</b>	Fit and Proper Persons Requirements		
<b>Author:</b>	Katharine Dowson		
<b>Executive Lead:</b>	Tracy Bullock		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit	x	
<b>Link to Strategic Domains:</b>		<b>Link to Domain:</b>	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	x
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
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		x
	Strategy		
	Implementation		
<b>Action Required:</b>	Decide		
	Approve		x
	Note		
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	Compliance with Fit and Proper Persons Regulations		
<b>Risk:</b>	None		
<b>To be published on Trust Website –complete version</b>		Y	
<b>If no, to be published on Trust Website – redacted</b>		-	
<b>If not to be published complete or redacted, please detail the reason why</b>	-		
<b>Presented at Board Meeting of:</b>	4 February 2019		

# Fit and Proper Persons Requirements (FPPR)

## Background

Regulatory standards for the Fit and Proper Persons requirements for directors came into force for all NHS provider organisations from 27 November 2014. This was a direct response to the Francis Inquiry into Mid-Staffordshire NHS Foundation Trust and reflected growing requirements, both within the NHS and the corporate sector about the standards of conduct required for Board Directors.

A process of review takes place annually and these checks have been completed for 2018 with no compliance concerns raised. A check of national insolvency, bankruptcy and disqualified director's registers has also been undertaken with no findings made.

## CCICP

In February 2018 the Kirkup report, which focused on the failings in leadership at Liverpool Community Health NHS Trust was published. The Trust reviewed the recommendations and found the Trust's processes to be compliant, however through the gap analysis it was identified that the same levels of scrutiny should apply to all Trust directors including the CCICP Partnership Board. This was agreed by the Partnership Board in December 2018.

All GP Alliance representatives and the independent chair of CCICP completed an annual declaration and were subject to a check against the national registers which raised no concerns. As a Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust are subject to the same Fit and Proper Requirements and have provided the Trust with a statement of assurance that all those directors on the CCICP Partnership Board have completed checks.

## Kark Review

In response to the Kirkup review the Government set up the Kark review which was expected to report in autumn 2018 on the effectiveness and application of the current FPPR. This has not yet been published and it is possible that the breadth of the FPPR and the checks required will be expanded in the future as a result of the findings of this review.

**Recommendation:** To note that the Board of Directors and CCICP Partnership Board remain compliant with the FPPR and have completed the annual checks.

Katharine Dowson  
Trust Board Secretary  
December 2018



## Appendix 1

### FPPR Requirements

The requirements are defined in Schedule 4 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

A Trust must not appoint a person to a Director level post unless:

- they are of good character;
- they have the necessary qualifications, competence, skills and experience;
- they are able by reason of their health, after reasonable adjustments are made, properly to perform their work;
- they have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement in the course of carrying on a regulated activity; and
- none of the grounds of unfitness specified in Part 1 of Schedule 4 of the 2014 Regulations apply to them.

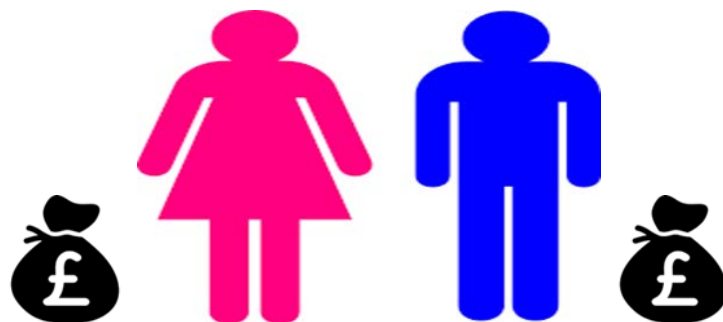
In assessing good character, consideration must be given to:

- Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and
- Whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

The grounds of unfitness specified in Part 1 of Schedule 4 of the 2014 Regulations are:

- The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;
- The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;
- The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
- The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
- The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

<b>Title of Paper:</b>	Gender Pay Gap Report		
<b>Author:</b>	HR Manager – Equality and Diversity		
<b>Executive Lead:</b>	Director of Workforce and Organisational Development		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		√
	Review/Benefits/Audit		
<b>Link to Strategic Domains:</b>		<b>Link to Domain:</b>	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness		Caring	
Aspiring to Excellence in Practice Through Our Workforce	√	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	√
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		√
	Strategy		
	Implementation		
<b>Action Required:</b>	Decide		
	Approve		
	Note		√
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	The report provides assurance that the statutory requirement in respect of gender pay gap reporting has been undertaken.		
<b>Risk:</b>	Should the report not be completed, the Trust would not fulfil its statutory requirements.		
<b>To be published on Trust Website –complete version</b>		<b>Yes</b>	
<b>If no, to be published on Trust Website – redacted</b>			
<b>If not to be published complete or redacted, please detail the reason why</b>			
<b>Presented at Board Meeting of:</b>	4 February 2019		



# Gender Pay Gap Report

Snapshot date 31<sup>st</sup> March 2018

## **Introduction**

Mid Cheshire Hospitals NHS Foundation Trust manages Leighton Hospital in Crewe, the Victoria Infirmary in Northwich and Elmhurst Intermediate Care Centre in Winsford. The Trust was originally established as an NHS trust in April 1991 and became a Foundation Trust in April 2008. In October 2016 Central Cheshire Integrated Care Partnership (CCICP) joined the Trust. CCICP is a new and unique collaboration between Mid Cheshire Hospitals NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust and the South Cheshire and Vale Royal GP Alliance.

A range of services, including A&E, maternity, outpatients, therapies and children's health, are provided for people predominantly from the Crewe, Nantwich, Congleton, Middlewich and Northwich areas, although patients from other areas are also cared for.

Mid Cheshire's Hospitals NHS Foundation Trust are committed to ensuring that everyone has an equal chance to live a long and healthy life, regardless of age, disability, gender identity, marital / civil partnership status, pregnancy / maternity, race, religion or belief, sex, or sexual orientation.

## **What is the gender pay gap?**

It is essential that we take steps to ensure that we are a good employer which values and welcomes different ideas and skills of our staff. Our goal is to recruit, engage, develop and retain outstanding people who reflect the communities we serve and who work together to deliver our common aims and objectives.

Gender pay gap legislation was introduced in April 2017 which required all organisations with 250 or more employees to publish their gender pay gap annually as of 31 March 2017. From April 2017 employers had up to 12 months to publish this information. The Trust information has been published on the Trust website in addition to a government website as set out in accordance with legislation.

The gender pay gap is the average earnings difference between all male employees and all female employees, regardless of the nature of their work. Gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

The gender pay gap differs from equal pay which looks at the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is possible for an organisation to have a gender pay gap whilst being an equal pay employer, due to there being different numbers of male and female employees doing different work for which they are paid differently.

This is the Trust's second Gender Pay Gap report.

## Job Evaluation

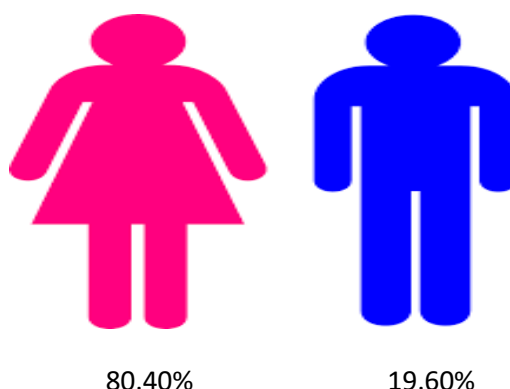
The NHS pay system is a series of nationally negotiated pay spines. There are separate pay arrangements for doctors and dentists. For non-medical staff, which includes nursing and Allied Health Professionals as well as administrative and clerical staff, there are different pay arrangements known as Agenda for Change. An employee's position on a pay spine is determined by years of service and the band of the post as determined by a national job evaluation scheme.

The Trust's pay and grading system and policies are in line with the NHS Agenda for Change (AFC) terms and conditions.

The job evaluation scheme was specifically developed for the NHS across the UK and it determines the basic pay of all staff covered by the Agenda for Change terms and conditions. This is done by evaluating each job across a range of factors and allocating relevant levels to each factor according to the job role being considered. Each of these levels has an allocated points score; the points total for a job determines the appropriate pay band for that job. This allows jobs in different professions but with overall equal value to be appropriately measured. All new job roles are evaluated under the job evaluation scheme to ensure that they are graded fairly and objectively without gender bias or any other form of discrimination. All evaluated jobs are then placed onto a pay band.

## Gender Profile

Mid Cheshire Hospitals NHS Foundation Trust is predominately female with around 80% of female staff and 20% of male staff, compared to 82% female staff in the previous reporting period.



## Pay Gap

The average rate of pay is calculated from a specific pay period; in this case a snap shot date of 31<sup>st</sup> March 2018 has been used. The data includes both staff on Agenda for Change and staff on non-Agenda for Change terms and conditions. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay. The hourly rate for staff has been calculated using the total monthly hours

worked. Any overtime payments have been excluded. The median rate is calculated by selecting the average hourly rate at the mid-point for each gender group.

Gender	Average hourly rate	Median hourly rate
Male	£18.80	£13.65
Female	£14.35	£12.49
Difference	£4.45	£1.17
Pay Gap %	23.66%	8.55%

#### Average Gender Pay Gap



**23.66%**

**£4.45**

#### Median Gender Pay Gap



**8.55%**

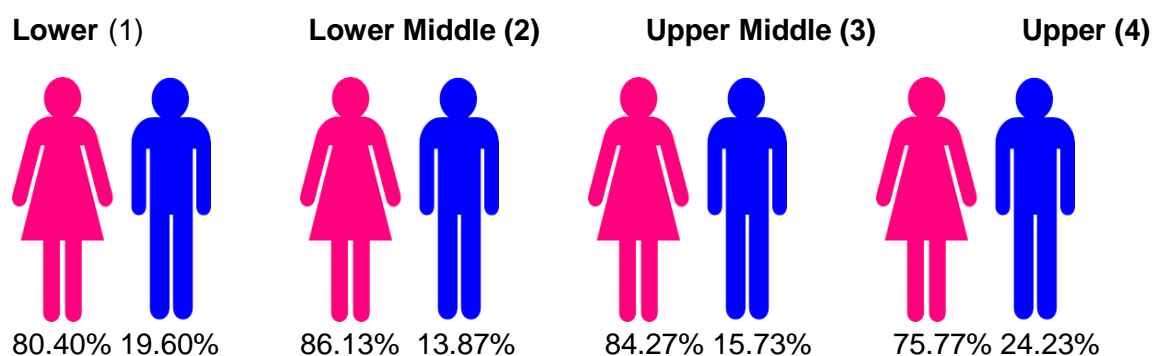
**£1.17**

The data shows on average there is a mean average difference in favour of male employees of 23.66% with men earning a difference of £4.45 more and a median difference of 8.55% or £1.17. The gap has closed since the previous report whereby the average hourly pay gap was reported as 25.9% or £4.95.

#### Staff by earning quartiles

In order to create the quartile information all staff are sorted by their hourly rate of pay. This list is then split into 4 equal parts. The below shows the proportion of males and females when divided into four groups ordered from lowest to highest pay. The upper quartile (quartile 4) represents the highest salaries in the Trust.

Quartile	Female	Male	Female %	Male %
<b>1</b>	915	223	80.40	19.60
<b>2</b>	981	158	86.13	13.87
<b>3</b>	959	179	84.27	15.73
<b>4</b>	863	276	75.77	24.23



The information shows that the largest proportion of male staff are paid in the higher quartile which is the same as the previous year.

This is as a result of a greater distribution of male employees employed at the Trust in some of the higher paid roles such as senior managers or in the medical profession and is not an unusual trend across the NHS as a whole. In addition, whilst there fewer males employed overall in senior roles across the Trust than females, this is disproportionate when considering the gender split of the organisation as a whole.

### Bonus Pay Gap

As an NHS organisation the only pay elements that fall under the bonus criteria are Clinical Excellence Awards (CEA's) and Discretionary Points which are only applicable to certain groups of medical staff.

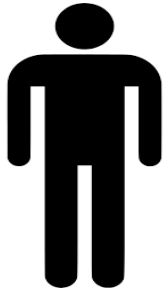
The Clinical Excellence Awards (CEA) scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services. In particular, awards are made to consultants who demonstrate sustained commitment to patient care and wellbeing, sustain high standards of both technical and clinical aspects of service while providing patient-focused care and those through active participation in clinical governance contribute to continuous improvement in service organisation and delivery.

The pay elements that are used in this calculation are awarded as a result of recognition of excellent practice over and above contractual requirements and have no gender bias.

Median Pay	Gender	Average Pay
£6,027.04	Female	£10,849.30
£9,040.50	Male	£12,385.53

<b>Average Difference</b>	<b>£1536.23</b>
<b>Pay Gap %</b>	<b>12.40%</b>

	Employees paid bonus	Total relevant employees	%
Female	9	4156	0.22
Male	44	981	4.49



Pay gap 12.40%



Median Pay – £30.13.46



Average pay difference  
£1536.23

The information shows that there is a 12.40% bonus gap for bonus payments between males and females. There is a greater distribution of male employees on the Medical and Dental contract than females. This is not unusual as this depicts a trend that is reflected across most of the NHS whereby a larger proportion of consultant roles are held by males.

### Analysis

To understand the context of the Trusts gender pay gap information it is important to review the gender makeup of the Trusts workforce by pay band.

### Trust gender headcount by pay band – Agenda for Change

Pay Band	Female Headcount	Male Headcount	Total	% of band Female	% of band Male
1	55	31	86	63.95	36.05
2	1002	215	1217	82.33	17.67
3	533	65	598	89.13	10.87
4	249	48	297	83.84	16.16
5	673	106	779	86.39	13.61
6	648	101	749	86.52	13.48
7	336	58	394	85.28	14.72
8a	129	18	147	87.76	12.24
8b	18	9	27	66.67	33.33
8c	3	3	6	50.00	50.00
8d	6	5	11	54.55	45.45
VSM	4	2	6	67.00	33.00
Non Exec	3	4	7	42.86	57.14



**Trust gender headcount by pay band - Medical and Dental grades** (including closed grades)

<b>M&amp;D Grade</b>	<b>Female Headcount</b>	<b>Male Headcount</b>	<b>Total</b>	<b>% of band Female</b>	<b>% of band Male</b>
<b>Consultant</b>	48	96	144	33.34	66.66
<b>Specialty Doctors</b>	10	24	34	29.41	70.59
<b>General Medical Practitioner</b>	5	9	14	35.71	64.29
<b>Foundation Year 1</b>	9	7	16	56.25	43.75
<b>Foundation Year 2</b>	10	7	17	58.82	41.18
<b>Associate Specialist</b>	2	5	7	28.57	71.43
<b>Specialty Registrar</b>	6	5	11	54.54	45.46
<b>SHO</b>	0	2	2	0	100
<b>Staff Grade</b>	0	1	1	0	100

This information highlights the following key points:

- Proportionately the largest number of female employees are within Band 2 followed by Band 5 and then Band 6 which was also seen in the previous reporting period. This again reflects the large percentage of the female workforce who are employed as Healthcare Assistants (Band 2) and Nurses (across both Band 5 and Band 6).
- The ratio of female to male employees closes in senior paybands (8b upwards) which evidences that whilst males are in a minority at the Trust, they are undertaking some of the highest paid roles.
- Band 3 posts are dominated with female employees with over 89% of females in this pay band.
- Band 8c is the only Agenda for Change pay band whereby the male/female split is equal with 3 males and 3 females in these roles.
- 67% of Very Senior Managers are female which is above the national average of 47%. Male Non-Executive Directors slightly outnumber females with 42.86% of females in these posts and this is the only group where males exceed females in number. Women continue to be in the minority in these roles, accounting for 37% nationally.

- It is interesting to note that whilst the numbers of females employed still exceed males employed, the gap closes between the number of males employed compared to females in Band 1 and Bands 8c and 8d which are the lowest and highest Agenda for Change pay scales.
- Females outnumber males in both Foundation Years 1 and 2 under Medical and Dental pay scales.

#### **Trust gender headcount by staff group**

<b>Staff group</b>	<b>Female Headcount</b>	<b>Male Headcount</b>	<b>%of group Female</b>	<b>% of group Male</b>
Scientific & Technical	121	35	77.56	22.44
Additional Clinical Services	870	129	87.09	12.91
Admin & Clerical	887	153	85.29	14.71
Allied Health Professionals	292	55	84.15	15.85
Estates & Ancillary	225	169	57.11	42.89
Healthcare Scientists	108	40	72.97	27.03
Medical & Dental	90	156	36.59	63.41
Nursing & Midwifery (reg.)	1156	84	93.23	6.77

This information highlights the following key points:

- The number of females employed in Nursing and Midwifery posts are significantly higher than males with less than 7% of males in these roles, a decrease of around 1% from the previous reporting period.

When exploring bandings it can be seen that 11% of males make up both Band 5 and Band 7 nursing roles. This is a 2% decrease from the previous year in Band 7 roles but remains unchanged for Band 5 roles. This drops to a little over 6% in Band 6 nursing roles which remains the same as the previous period. It is reported nationally that 89% of Nurses and Health Visitors are female.

- The Medical and Dental staff group is the only staffing group where male staff outnumber female staff (63.41% male compared to 36.59% females). This has remained static.
- There are a low proportion of male employees employed in administrative and clerical posts and in Additional Clinical Services.

#### **Job roles general observations– Agenda for Change**

When exploring job roles in further detail the following points are highlighted:

- Females make up less than 5% of Portering and Engineering posts
- Less than 5% of males are employed in Secretarial roles.
- 21% of all Physiotherapists are male.

- Matron roles across all areas, Community Practitioners and Dietician posts and are dominated by females with no males in these posts.
- Community nursing and practitioner roles are also highly female dominated with less than 5% of males across all community based nursing roles. Occupational Therapists and Speech and Language Therapists are also female dominated.

### **Job roles – Medical and Dental**

When exploring job roles in Medical and Dental posts in further detail the following points are highlighted:

- Two thirds of consultants are male. The gender split of consultants across the NHS in England is 65% male and 35% female.
- Females outnumber males in Foundation 1 and 2 posts with 57.5% of females in post. This is also seen in Speciality Registrar posts where 54% in post are female. This highlights that the gender composition of the medical workforce is changing which may be as a result of changing working hours and specialty choices. This is supported when it is seen that 80% of males make up those employed on closed medical and dental paycales.
- Nearly 70% of Specialty Doctors are male.

### **Conclusion**

The data illustrates that, while there is a gender pay gap within the Trust, with the mean and median women's pay 23.66% and 8.55% lower than men's pay respectively, we are confident that we have identified the two key drivers of our pay gap: the uneven distribution of men in our overall workforce, and the higher number of male Medical and Dental staff compared to females in the upper quartile of our pay distribution. When comparing the figures to our first pay gap report in the previous year we can see that the gap has closed slightly by just over 2%. Work is already underway to increase the levels of male employees across the Trust.

When comparing the male/female split between the various pay bands, there is little variance between the numbers employed at the 2018 snap shot date in comparison to 2017.

It is important to note that job evaluation systems in place won't address the gender pay gap if the Trust has a majority of men in higher-paid roles. The solution to the pay gap lies in

culture changes such embracing more flexible work in senior roles and reducing bias and discrimination in recruitment, promotions and talent management.

The NHS provides great opportunities at all levels with favourable terms and conditions and family-friendly policies which support work- life balance and we would therefore like to promote the benefits of working at the Trust to all of the communities that we serve, attracting people to career opportunities across all professional groups and at all levels within our workforce.

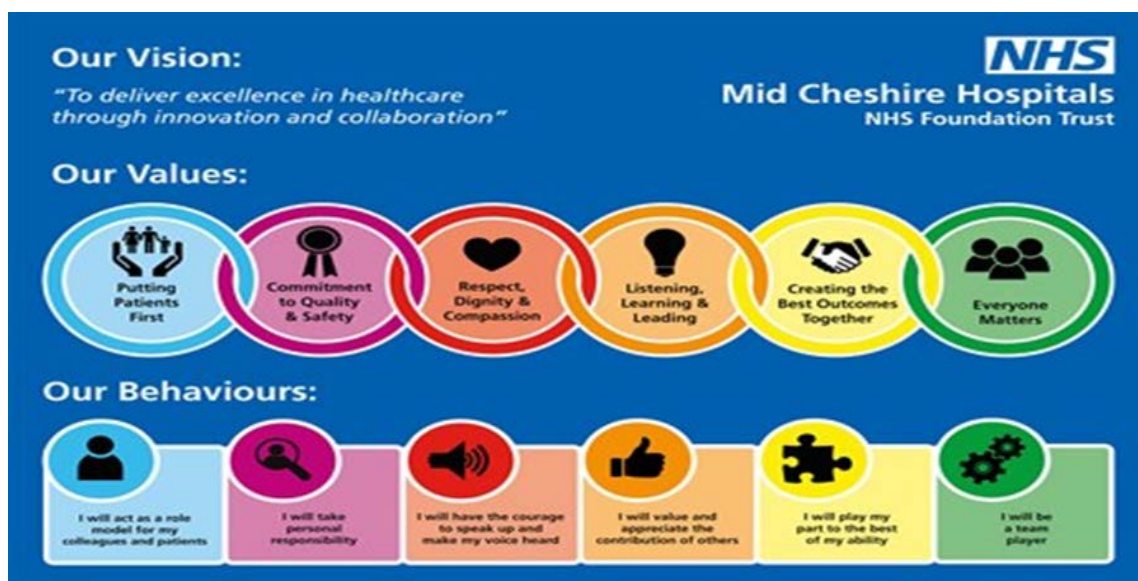
### **How we are supporting equality of opportunity, diversity and inclusion**

We have a longstanding commitment to ensuring that our services and employment practices are fair and accessible to all that we serve. We are committed to providing an environment free from discrimination which welcomes people from all backgrounds, cultures and religions.

### **Our values**

The Trust values are integrated into our development programmes, corporate induction, recruitment processes, HR policies and appraisals to enable a better culture and more engaged workforce.

We seek to continually embed these, ensuring we have a culture that drives high quality, well led services organisation-wide in support of our journey from 'Good' to 'Outstanding'.



### **Improving accessibility to information**

The Trust is committed to meeting the information and communication support needs of patients, service users, carers and staff. Various processes are in place to enable staff to provide appropriate information to individuals with communication support needs so that they are able to understand and therefore follow advice or instruction regarding their care and treatment. This will result in improvements in patient safety and clinical outcomes.

### **Supporting staff through coaching and mentoring**

Coaching and mentoring embodies our values and the systems perspective that will support the maximisation of our staff potential. Coaching and mentoring supports individuals, teams and the organisation to focus on our strengths and aspirations. The service is readily accessible and coaches and mentors are available to support clearly defined development needs identified during the appraisal process.

### **Enabling flexible working**

The Trust is committed to Improving Working Lives principles, and aims to provide employees with the opportunity to balance their work and personal lives, while continuing to meet the needs of our services.

Note: Gender pay gap reporting for this period has been taken from ESRBI.

Information source

<https://digital.nhs.uk/news-and-events/latest-news/narrowing-of-nhs-gender-divide-but-men-still-the-majority-in-senior-roles>

<b>Title of Paper:</b>	Request to Affix Trust Seal		
<b>Author:</b>	Robert Few, Associate Director of Estates & Property Services		
<b>Executive Lead:</b>	Tracy Bullock		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		X
	Review/Benefits/Audit		
<b>Link to Strategic Domains:</b>		<b>Link to Domain:</b>	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness	X	Caring	
Aspiring to Excellence in Practice Through Our Workforce		Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	X
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		X
	Strategy		
	Implementation		
<b>Action Required:</b>	Decide		
	Approve		X
	Note		
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	Board approval given to affix Trust Seal to a lease		
<b>Risk:</b>	Lease cannot be completed without Board approval		
<b>To be published on Trust Website –complete version</b>	Y (delete as appropriate)		
<b>If no, to be published on Trust Website – redacted</b>	N (delete as appropriate)		
<b>If not to be published complete or redacted, please detail the reason why</b>			
<b>Presented at Board Meeting of:</b>	4 February 2019		

**Estates & Facilities Division**

**Capital Procedures**

**Form CF31 – Request to affix Trust Seal**

(Version 1.0 – February 2018)

In line with the provisions Trust Standing Order Section 17 (Sealing of Documents), we request approval to affix the Trust Seal to the following document –

**Type of Documents – Property Lease**

**Title of Document** – Lease between Mid Cheshire Hospitals Foundation Trust and University Hospitals of North Midlands NHS Trust

**Reason for Trust Seal** – Engrossment of a new lease providing for two individual rooms (totalling 24.5sqm) located adjacent to the Renal Facility at Leighton Hospital as shown on the attached plan. This is a 3 year lease with a landlord break clause of 6 months and a tenant break clause of 14 days should the Tenants break clause be terminated.

*Please note - this document is a request to affix the Trust Seal, the content of the Lease has been agreed and authorised*

**Number of copies to be sealed –** One copy of the Lease

**The seal is to be applied to –** Page 33 and the plan between pages 6 and 7 on the Lease

**Parties to Agreement** - The parties are Mid Cheshire Hospitals NHS Foundation Trust and University Hospitals of North Midlands NHS Trust

**Value** – Rental income £4,735 per annum



Rob Few  
Associate Director of Estates & Property Services

Date: 21.01.19

**To be completed by Trust Secretary**

Approval minuted at Board meeting of (date) \_\_\_\_\_

Seal Applied (date) \_\_\_\_\_

Seal Number \_\_\_\_\_

Dated 2019

LEASE

between

(1) Mid Cheshire Hospitals NHS Foundation Trust

and

(2) University Hospitals of North Midlands NHS  
Trust

Relating to  
Rooms at Leighton Hospital  
Leighton  
Crewe  
Cheshire CW1 4QJ

Hill Dickinson LLP  
No. 1 St Pauls Square, Liverpool L3 9SJ  
Ref: AHU.JFIT.99944.402


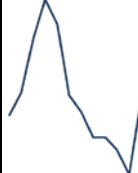

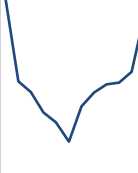
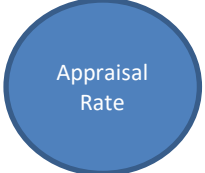




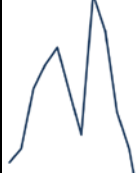










# Board of Directors Workforce Report February 2019 (Dec 2018 data)



**Performance Report**      Workforce Chapter  
**Month:**                      Dec-18

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average
 Sickness Absence	3.40%	4.30%	Rolling 12m average Sickness Absence described as a Percentage	The rolling position has increased slightly (0.06%) 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	5.20%	In-month 12m average Sickness Absence described as a Percentage	The in-month position increased quite considerably (0.75%). DCSS experienced reduced sickness absence levels. All other divisions experienced an increase.		↑	
 Appraisal Rate	90.00%	80.83%	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 (0.58%) reduction in the appraisal rates across the Trust. All divisions are amber with the exception of MEC and WC who are red. WC delivered a 3.5% improvement in month however this was offset by a 4.5% reduction in Corporate.		↓	
 Mandatory Training	90.00%	0.00%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Current mandatory training compliance is not available due to the recent decommissioning of reporting through ESR. Work is ongoing to develop a new system through the ESR Data Warehouse project and through the Workforce Reporting and Information Project. Divisions are receiving information from their HR Teams in the interim		N/A	
 Staff Turnover	10.00%	10.89%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	The rolling position for turnover improved in month. Turnover reduced in EC and SC. EF and WC are green against target.		↓	

Measure	Target	Performance	Description	Narrative	Rolling Trend		
	(365)	(860)	In month and cumulative total spend for the Trust.	Agency spend increased in month and the agency spend target and NHSI ceiling target were both exceeded. Medical agency increased by £27k and nursing agency spend increased by £99k. MEC experienced the most significant increase in agency spend (£109k on the previous month) followed by DCSS (£48k)		↑	N/A
	less than 100%	235.6%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement			↑	N/A
	N/A	62%	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      ↑↓=