

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 1 April 2019
in the Boardroom, Leighton Hospital

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led By	Page No.
1.	Welcome and Apologies To welcome members of the public and attendees and to receive apologies for absence from Board Members. <i>(to note)</i>	I	Chairman 09.30	-
2.	Patient or Staff Story <i>(verbal)</i>	I/D	Director of Nursing & Quality 09.32	-
3.	Board Member's Interests <i>(to note)</i> To consider any <ul style="list-style-type: none"> Changes to Directors' interests since the last meeting Conflicts of interest deriving from this agenda 	I	Chairman 09.50	-
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Monday, 4 March 2019	A	Chairman 09.52	4
5.	Matters Arising and Action Log <i>(attached) (to approve)</i>	A	Chairman 09.55	18
6.	Annual Work Programme 2019/20 <i>(attached) (to approve)</i>	I/A	Chairman 09.57	19
7.	Chairman's Announcements <i>(to note a verbal report)</i> <div style="margin-left: 20px;"> 7.1 RemCo – 4 March 2019 7.2 Chief Executive Interviews 7.3 Board to Board with ECT – 18 April 2019 </div>	I	Chairman 10.00	-
8.	Governor's Items <i>(to note a verbal report)</i> <div style="margin-left: 20px;"> 8.1 NEDs/ Governors – 18 March 2019 </div>	I	Chairman 10.10	-
9.	Interim Chief Executive's Report <i>(to note a verbal report)</i> <div style="margin-left: 20px;"> 9.1 System Update 9.2 Executive Away Day – 5 March 2019 </div>	I	Interim Chief Executive 10.15	-

Item No	Title of Item	Action	Led By	Page No.
10. CARING				
10.1	Quality, Safety & Experience Report <i>(attached) (for discussion)</i>	I/D	Director of Nursing & Quality 10.30	20
10.2	National Staff Survey Presentation <i>(attached) (for discussion)</i>	I/D	Director of Workforce and OD 10.40	66
11. SAFE				
11.1	Draft Quality Governance Committee notes from the meeting held on 11 March 2019 <i>(attached) (to note)</i>	I	Committee Chair 10.55	75
11.2	Serious Untoward Incidents and RIDDOR Events <i>(verbal) (to note)</i>	I/D	Interim Medical Director 11.00	-
12. RESPONSIVE				
12.1	Performance Report <i>(attached) (to note)</i>	I/D	Director of Finance 11.10	87
12.2	Draft Performance & Finance Committee notes from the meeting held on 21 March 2019 <i>(attached) (to note)</i>	I	Committee Chair 11.20	113
12.3	Legal Advice <i>(verbal) (to note)</i>	I	Interim Chief Executive 11.25	-
12.4	Annual Plan and Budget <i>(attached) (to approve)</i>	A/D	Director of Finance 11.30	129
12.5	Cheshire West Integrated Care Partnership Integration Agreement <i>(attached) (to approve)</i>	A/D	Director of Strategic Partnerships 11:45	187
12.6	Stroke Service Update <i>(attached) (for discussion)</i>	I/D	Chief Operating Officer 11.55	219
13. WELL-LED				
13.1	Visits of Accreditation, Inspection or Investigation <i>(verbal) (to note)</i>	I	Interim Chief Executive 12.05	-
13.2	Organisational Risk Register Q3 2018-19 <i>(attached) (to note)</i>	ID	Director of Nursing & Quality 12.10	225

Item No	Title of Item	Action	Led By	Page No.
13.3	Audit Committee notes from the meeting held on 11 March 2019 <i>(attached) (to note)</i>	I/D	Committee Chair 12.15	241
13.4	LIMS Business Case <i>(attached) (to approve)</i>	A/D	Interim Medical Director 12.20	257
13.5	Qualified Nurse Apprenticeship Business Case <i>(attached) (to approve)</i>	A/D	Director of Workforce and OD 12.35	340
13.6	Use of the Trust Seal <i>(attached) (to approve)</i>	A/D	Interim Chief Executive 12.45	353
13.7	EU Exit Planning <i>(attached) (for information)</i>	I/D	Director of Workforce and OD 12.50	357
14. EFFECTIVE				
14.1	Workforce Report <i>(attached) (to note)</i>	I/D	Director of Workforce and OD 13.00	393
14.2	Transformation and People Committee notes from the meeting held on 7 January 2019 <i>(attached) (to note)</i>	I/D	Committee Chair 13.05	396
14.3	Consultant Appointments <i>(verbal) (to note)</i>	I	Interim Medical Director 13.10	-
15. Any Other Business <i>(verbal)</i>		A/I/D	Chairman 13.15	-
16. Time, Date and Place of Next Meeting				
	To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on Tuesday, 7 May 2019	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
19/03/10/1/10	04-Mar-19	Outcome of the complaints investigation in Urology to be reported to QGC	J Tunney	08-Apr-19		07-May-19	

Item	Board of Directors Meeting												Board Away Day				
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	Jun	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
Visits of Accreditation, Inspection or Investigation	X	X	X	X	X	X	X	X	X	X	X	X					
Well-Led Governance Framework Self Assessment																	X
Corporate Goverance Handbook										X							
Board Sub-Committee Annual Review			X														✖
Emergency Preparedness, Resilience& Response (EPPR)							X										
Doctors Revalidation Report						X											
Effective																	
Workforce Report	X	X	X	X	X	X	X	X	X	X	X	X					
Equality Delivery System					X												
Workforce Race Equality Scheme						X											
Gender Pay Gap Report											✖						
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					



Quality, Safety and Experience Report

April 2019

(February 2019 data)



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

Contents

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

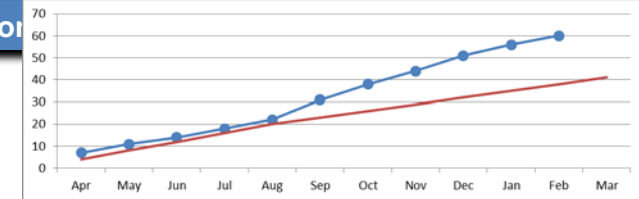
Indicators	Target	Trajectory 2018/19
Acute Trust		
Patient Safety Harm Incidents The target is to reduce patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.	Less than 2161 at end of March 2019	
Serious Incidents The target is to reduce patient safety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

Board Papers – Quality, Safety & Experience Section

Medication Harm Incidents

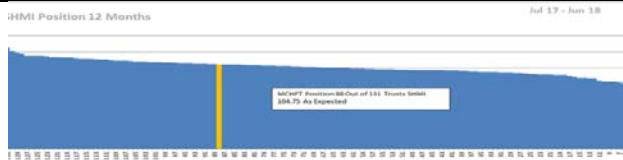
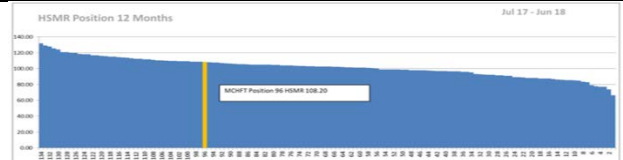
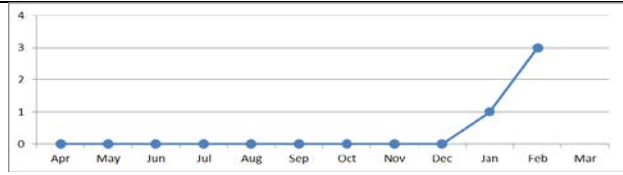
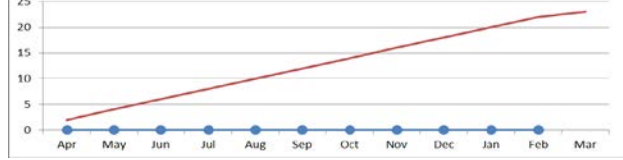

The target is to reduce medication incidents resulting in harm by 10% when compared to the previous financial year by the end of March 2019.

**Less than 41
at end of
March 2019**



Indicators	Target	Trajectory 2018/19																																							
CCICP																																									
CCICP Patient Safety Harm Incidents The target is to reduce CCICP patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.	Less than 828 at end of March 2019	<table border="1"> <caption>CCICP Patient Safety Harm Incidents Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Actual Incidents</th> <th>Target Incidents</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>100</td><td>100</td></tr> <tr><td>May</td><td>150</td><td>120</td></tr> <tr><td>Jun</td><td>200</td><td>140</td></tr> <tr><td>Jul</td><td>250</td><td>160</td></tr> <tr><td>Aug</td><td>300</td><td>180</td></tr> <tr><td>Sep</td><td>350</td><td>200</td></tr> <tr><td>Oct</td><td>400</td><td>220</td></tr> <tr><td>Nov</td><td>450</td><td>240</td></tr> <tr><td>Dec</td><td>500</td><td>260</td></tr> <tr><td>Jan</td><td>550</td><td>280</td></tr> <tr><td>Feb</td><td>600</td><td>300</td></tr> <tr><td>Mar</td><td>650</td><td>320</td></tr> </tbody> </table>	Month	Actual Incidents	Target Incidents	Apr	100	100	May	150	120	Jun	200	140	Jul	250	160	Aug	300	180	Sep	350	200	Oct	400	220	Nov	450	240	Dec	500	260	Jan	550	280	Feb	600	300	Mar	650	320
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Board Papers – Quality, Safety & Experience Section: April 2019

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

Board Papers – Quality, Safety & Experience Section: April 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.

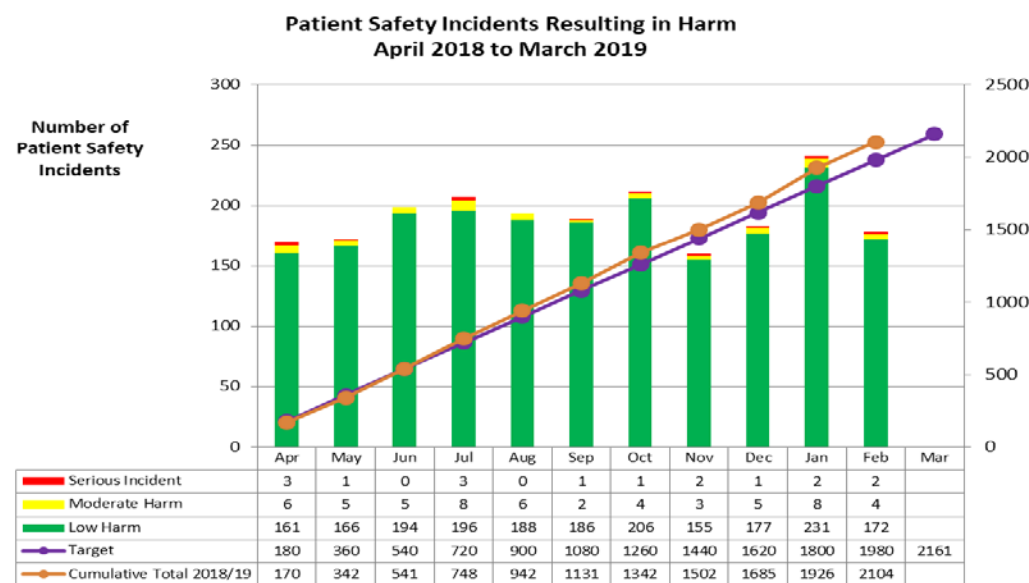
For February 2019, there were a total of 178 patient safety harm incidents:

96.7% (172 incidents) have resulted in low harm
2.2% (4 incidents) have resulted in moderate harm
1.1% (2 incidents) resulted in serious harm

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

These include:

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



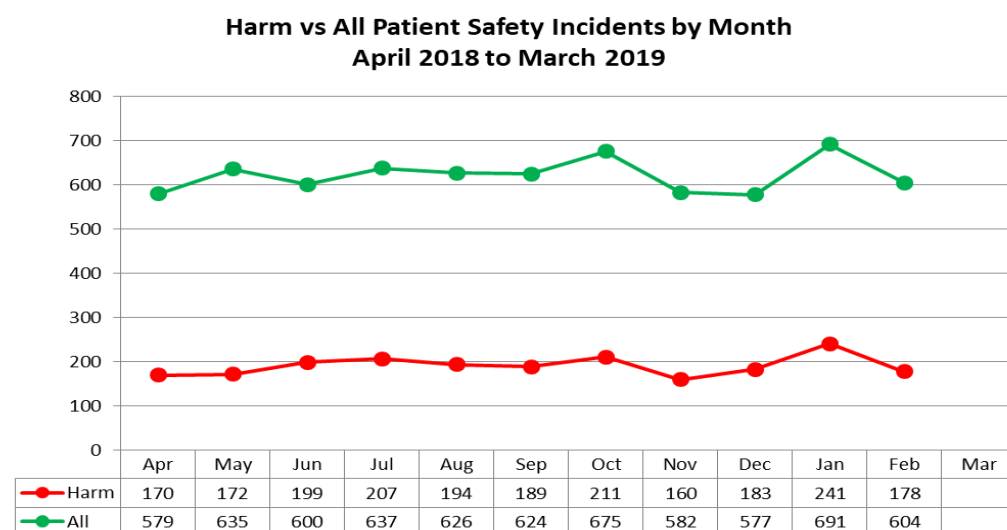
Harm vs All Patient Safety Incidents

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 February 2019, the gap between harm and all patient safety incidents was 426. 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: April 2019

Description

Aggregate Position

Trend

Serious Incidents

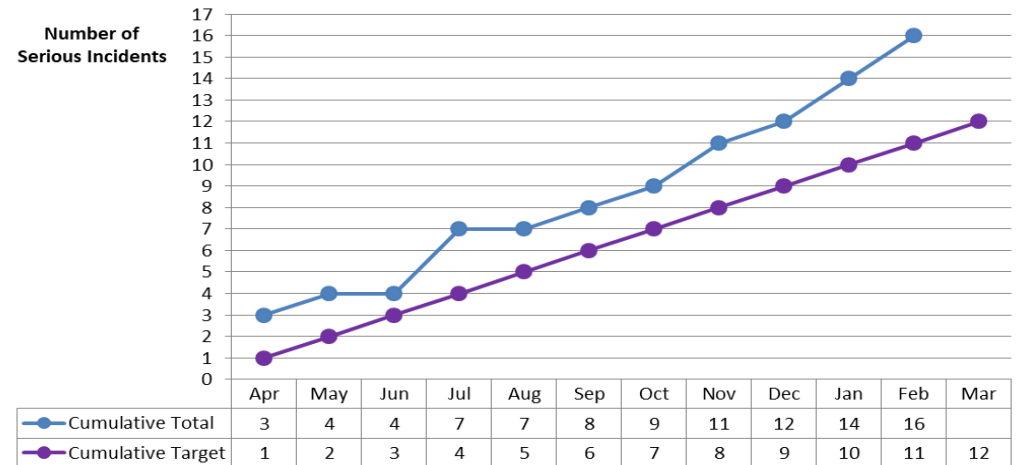
This chart demonstrates the number of incidents that have resulted in serious harm.

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 February 2019, there were two serious incidents reported.

- Patient Fall resulting in fractured neck of femur on Ward 3 (AMU).
- A potential delay in patient diagnosis (Urology).

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



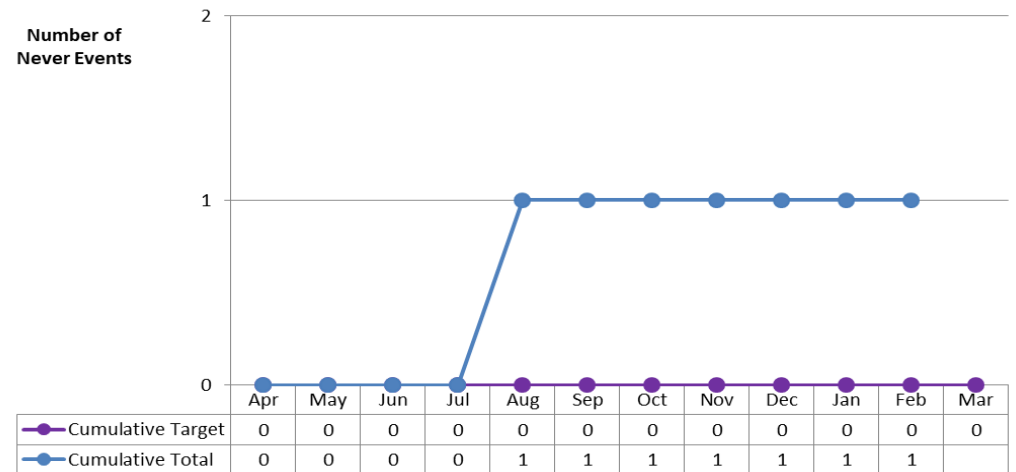
Never Events

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

The target is to have zero Never Events

For February 2019 no Never Events were reported.

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



Board Papers – Quality, Safety & Experience Section: April 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.

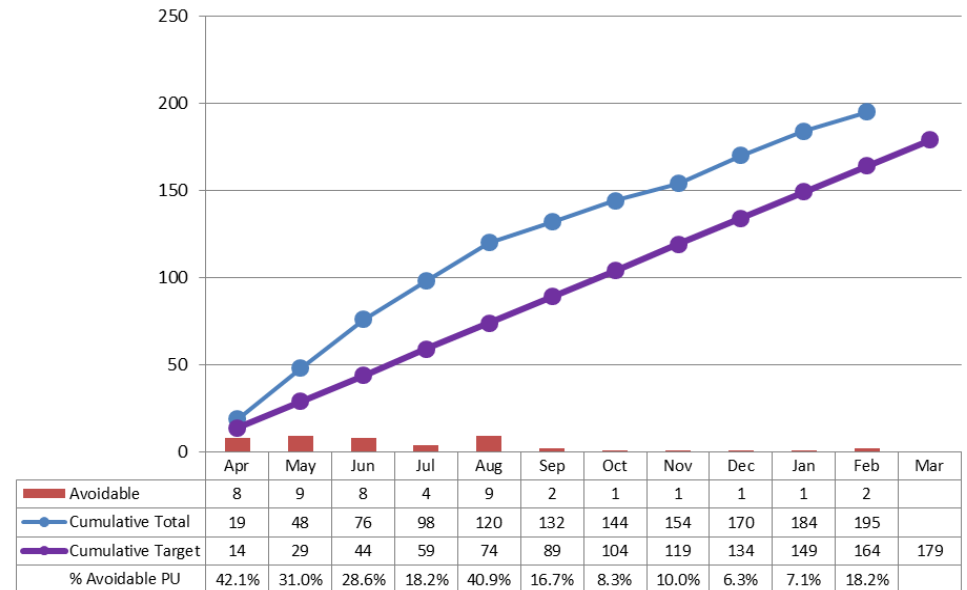
For February 2019, there were a total of 11 hospital acquired pressure ulcer incidents:

- 18.2% (2 PU's) have resulted in avoidable harm. These were both category 2 pressure ulcers. All Avoidable pressure ulcers are reviewed at the monthly pressure ulcer panel.
- 81.8% (9 PU's) have been classed as unavoidable following investigation. Four were category 2 pressure ulcers, and five were unstageable pressure ulcers.
- 0% (0 PU) is awaiting confirmation.

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: April 2019

Description

Aggregate Position

Trend

Inpatient Falls.

For February 2019, there were a total of 83 inpatient falls

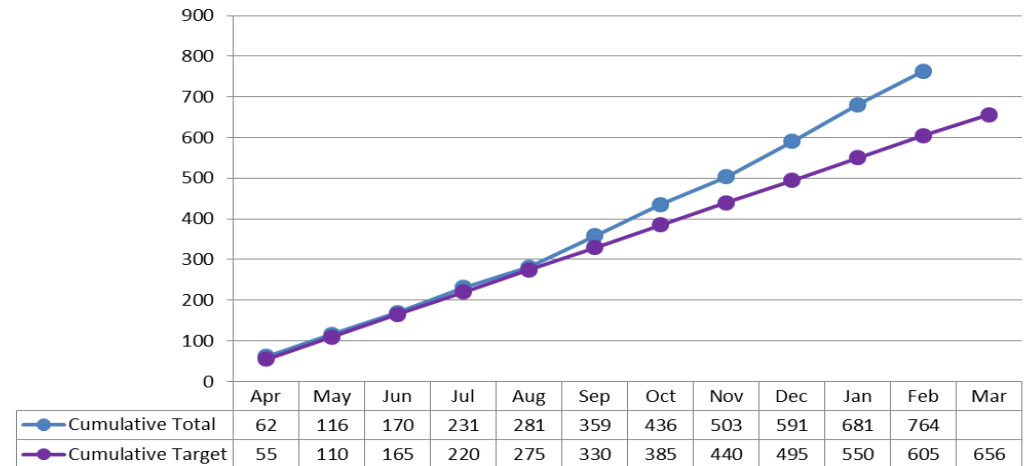
The target is to reduce inpatient falls by 10% when compared to the previous financial year by March 2019

- 75.9% (63 falls) have resulted in no harm
- 21.7% (18 falls) have resulted in low harm
- 1.2% (1 fall) has resulted in moderate harm
- 1.2% (1 fall) has resulted in serious harm

Improvement actions include:

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

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



Medication Harm Incidents

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

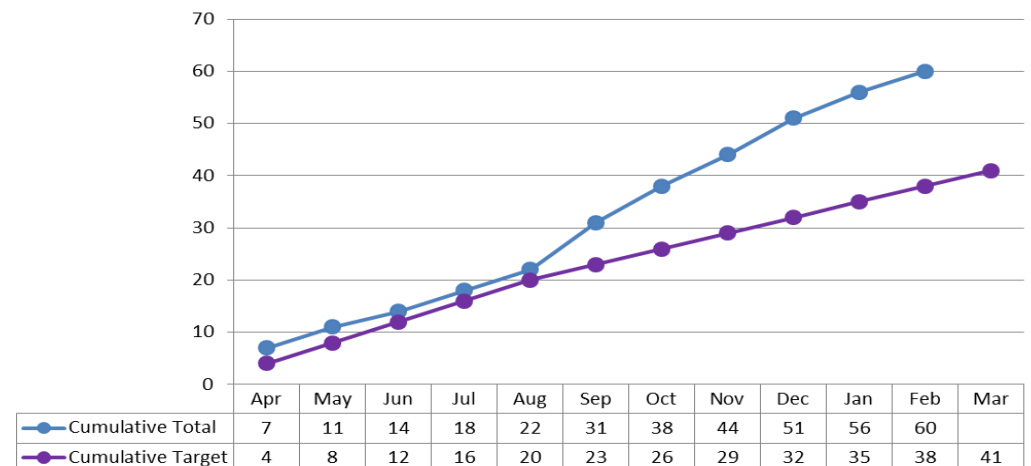
For February 2019, there were a total of 4 medication incidents resulting in harm reported:

- 75% (3 medication incidents) have resulted in low harm
- 25% (1 medication incident) has 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: April 2019

Central Cheshire Integrated Care Partnership (CCICP)

Description

Aggregate Position

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 February 2019, there were a total of 109 patient safety harm incidents:

- 96.3% (105 incidents) have resulted in low harm
- 3.7% (4 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm

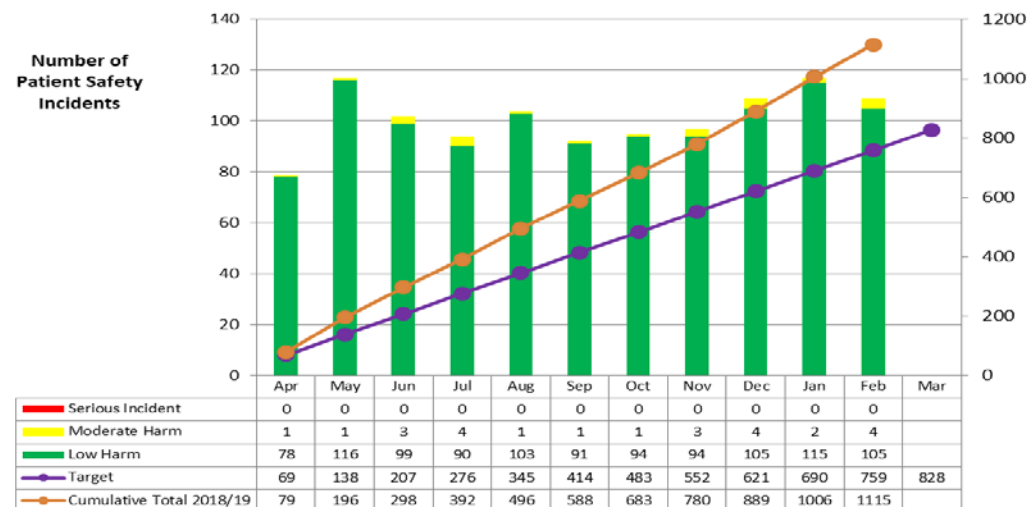
To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken.

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

Trend

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



CCICP Harm vs All Patient Safety Incidents

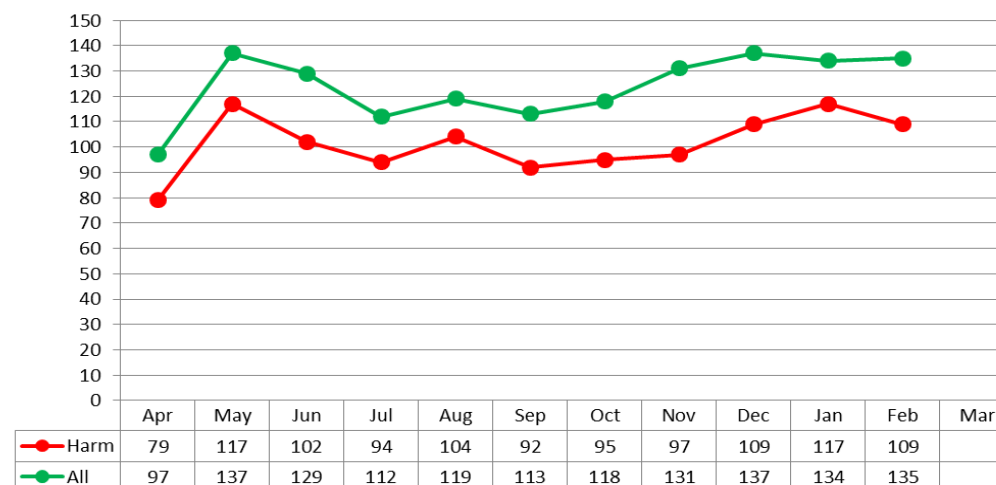
The aim is to increase no harm reporting and eventually widen the gap between harm and all incidents.

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

In February 2019, the gap between harm and all patient safety incidents was 26.

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: April 2019

Description

Aggregate Position

Trend

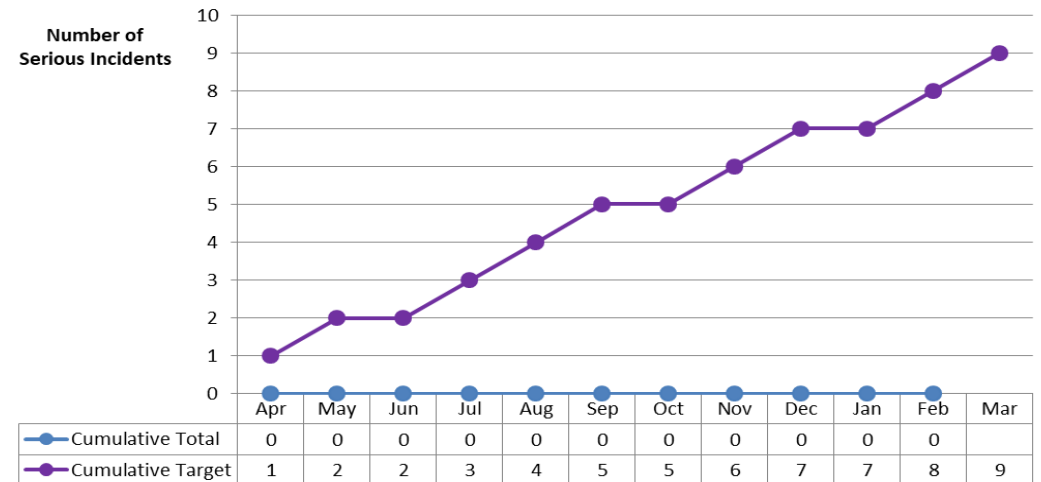
CCICP Serious Incidents

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 February 2019, there were no serious incidents reported.

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



CCICP Never Events

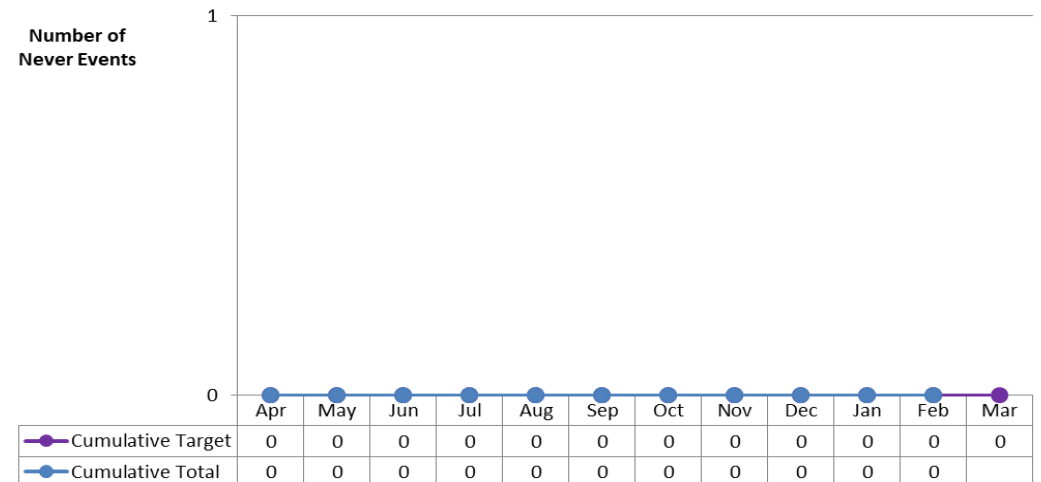
This chart demonstrates the number of Never Events that have been reported.

The target is to have zero Never Events

For February 2019 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: April 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.

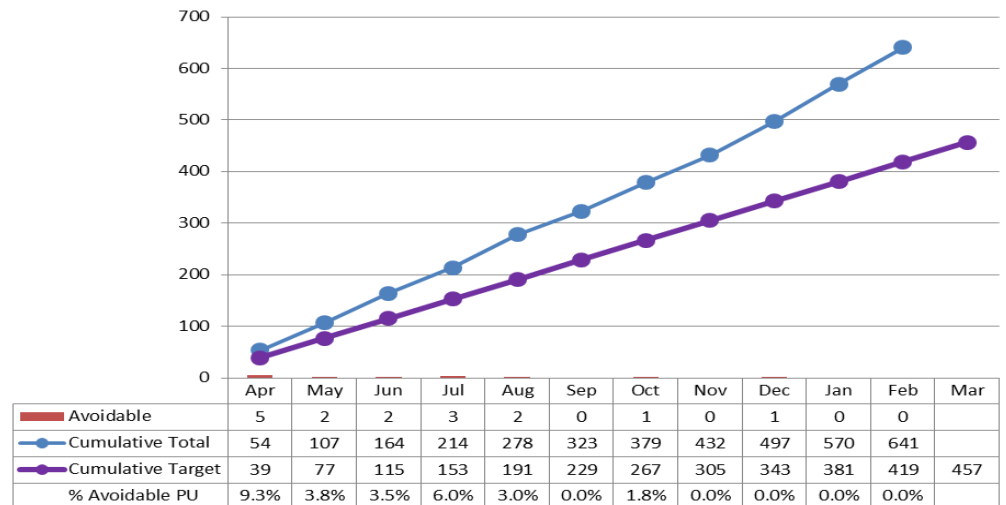
For February 2019, there were a total of 71 community acquired pressure ulcer incidents:

- 0% (0 PU's) has resulted in avoidable harm.
- 54.9% (39 PU's) have been classed as unavoidable
- 45.1% (32 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.

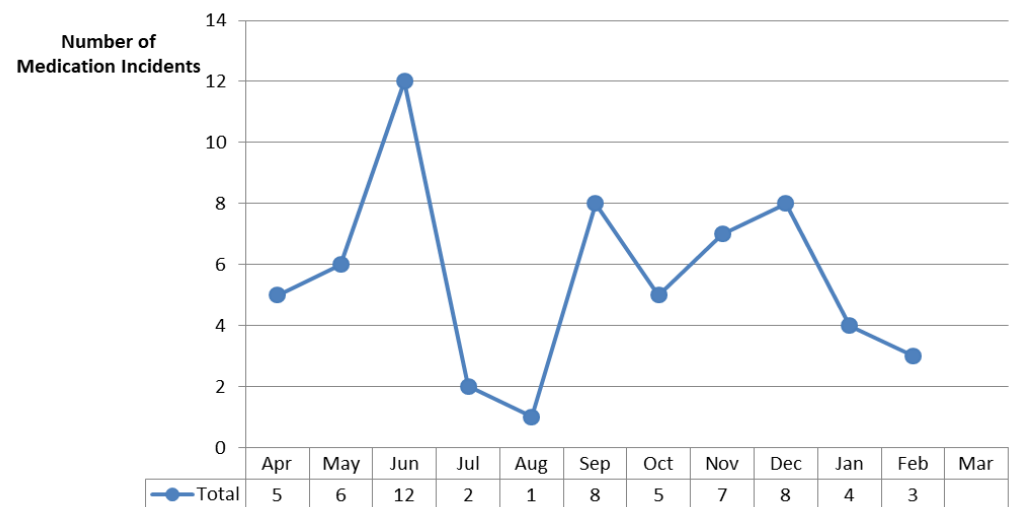
The aim is to increase no harm reporting of Medication Incidents.

For February 2019, there was a total of 3 medication incidents reported:

- 67% (2 medication incident) resulted in no harm
- 33% (1 medication incident) resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

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

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



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

Description

Aggregate Position

Trend

SHMI

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

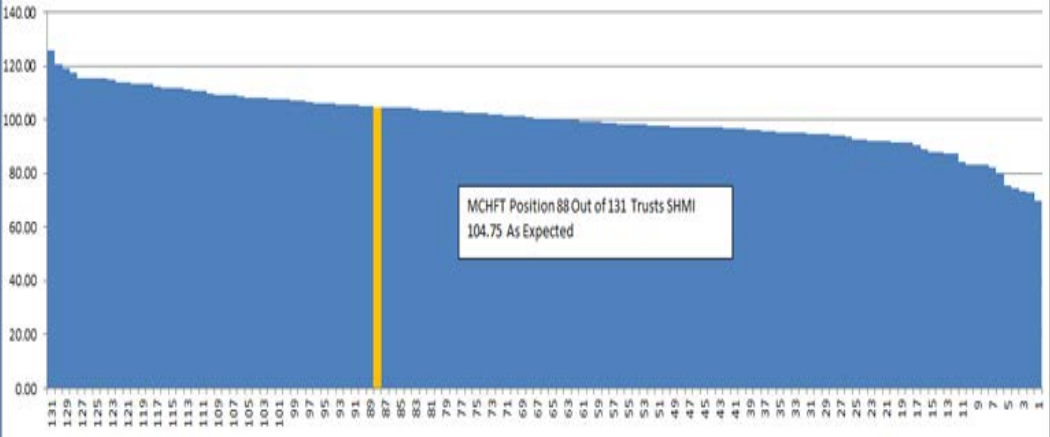
The chart benchmarks the Trust's latest SHMI against all NHS Trusts.

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

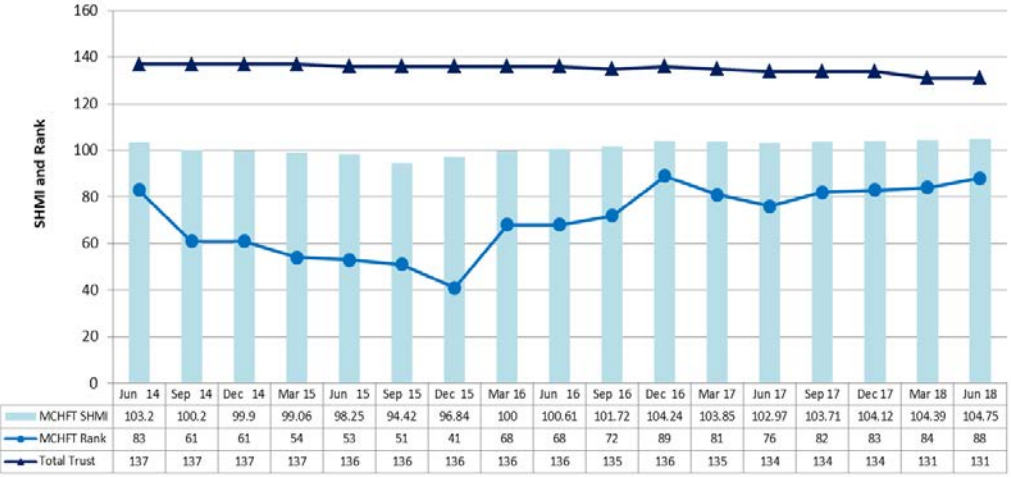


MCHFT

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: April 2019

Description

Aggregate Position

Trend

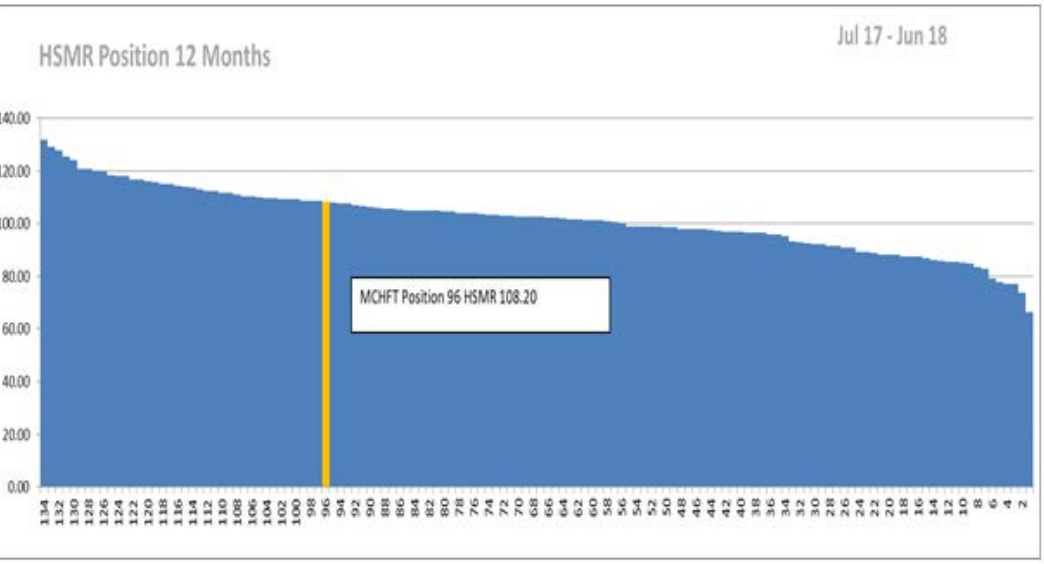
Hospital Standardised Mortality Rate (HSMR) by Trust.

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

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

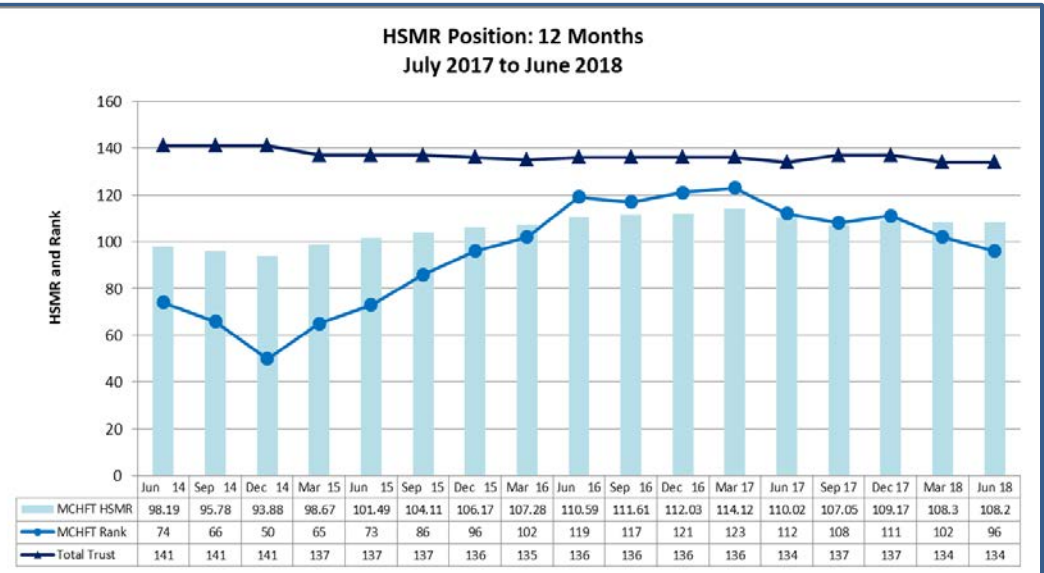
MCHFT is shown by the amber bar.

The Trust's HSMR is 108.20 (July 2017 to June 2018) and places the Trust 96 out of 134 Trusts and is "as expected".



MCHFT
12 month rolling position for HSMR

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



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

Description

Aggregate Position

Trend

MRSA Bacteraemia Cases.

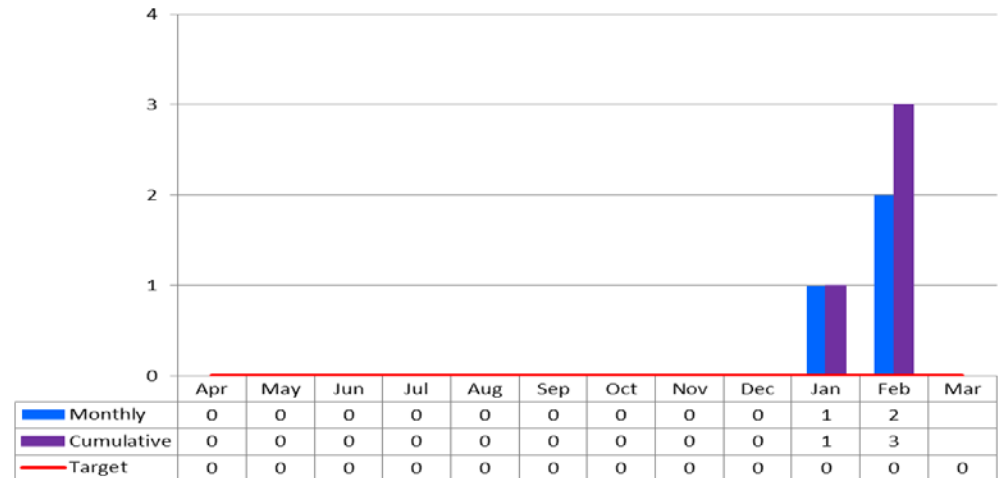
Zero tolerance of MRSA cases.

In February 2019, two MRSA bacteraemia cases were reported in the Trust.

The cases occurred on Ward 13 and Emergency Department.

In this financial year there have been three confirmed MRSA bacteraemia cases to date. The two cases in February were attributed to Ward 13 and the Emergency Department (ED). The Post Infection Reviews identified that both cases were avoidable. The primary site for Ward 13 was an invasive device and the primary site for ED was a contaminant, both cases had other contributory factors. A Trust wide report and improvement plan is in place and will be monitored at the Executive Infection Prevention and Control Group.

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

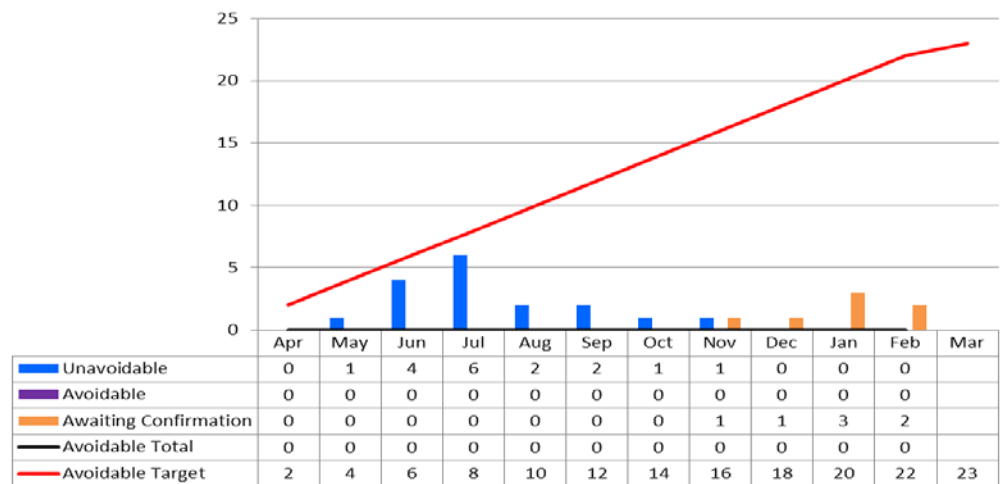
In February 2019, no avoidable cases were reported.

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

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: April 2019

Description

Aggregate Position

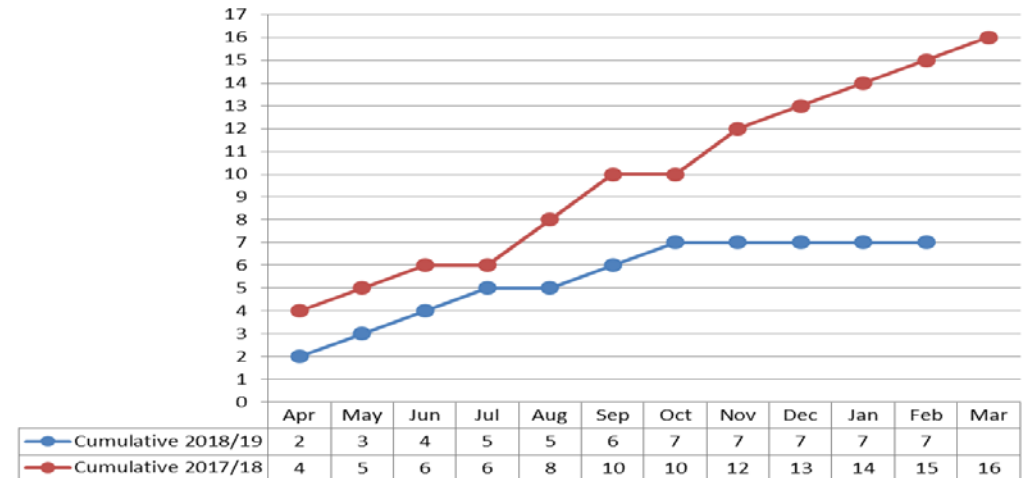
Trend

MSSA Cases. In February 2019, 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**



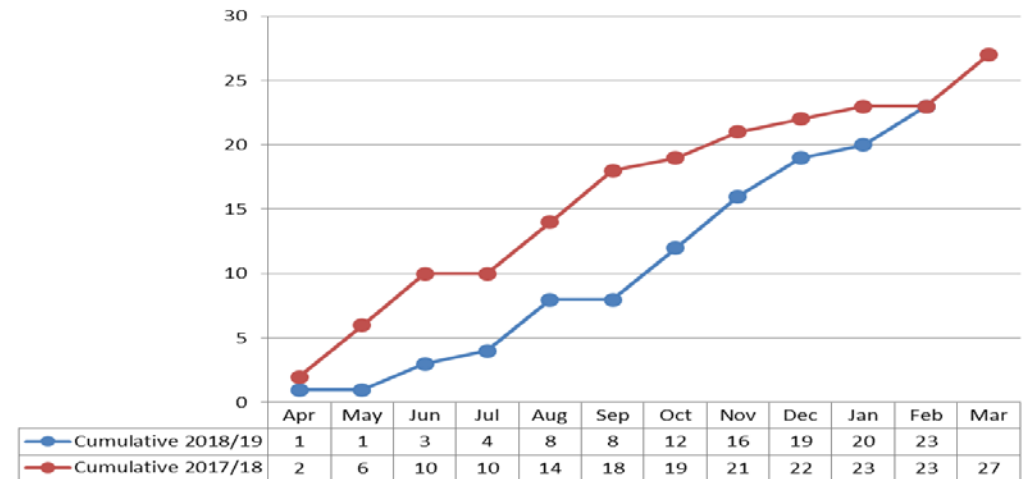
E-Coli Cases. In February 2019, three E-Coli cases were reported.

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

These occurred on Ward 10, Ward 19 and Ward 26.

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

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



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

Description

Aggregate Position

Trend

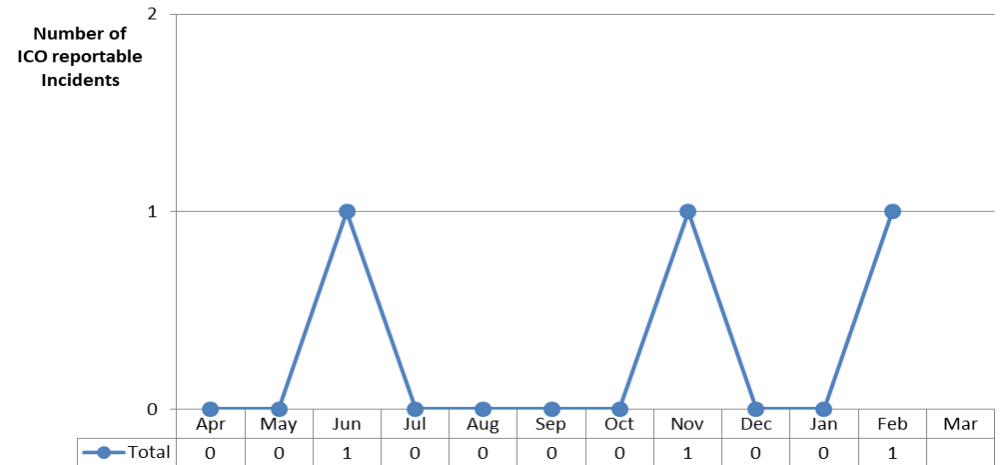
Information Governance Information Commissioners Office (ICO) reportable incidents.

In February 2019, one information governance ICO reportable incidents was reported in the Trust.

The incident related to a video of the Trust implementation of e-handover which was displayed on You Tube by a third party. During the course of the video patient information could clearly be seen on white boards. Processes relating to third party media are being reviewed.

























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

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

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

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

Description

Aggregate Position

Trend

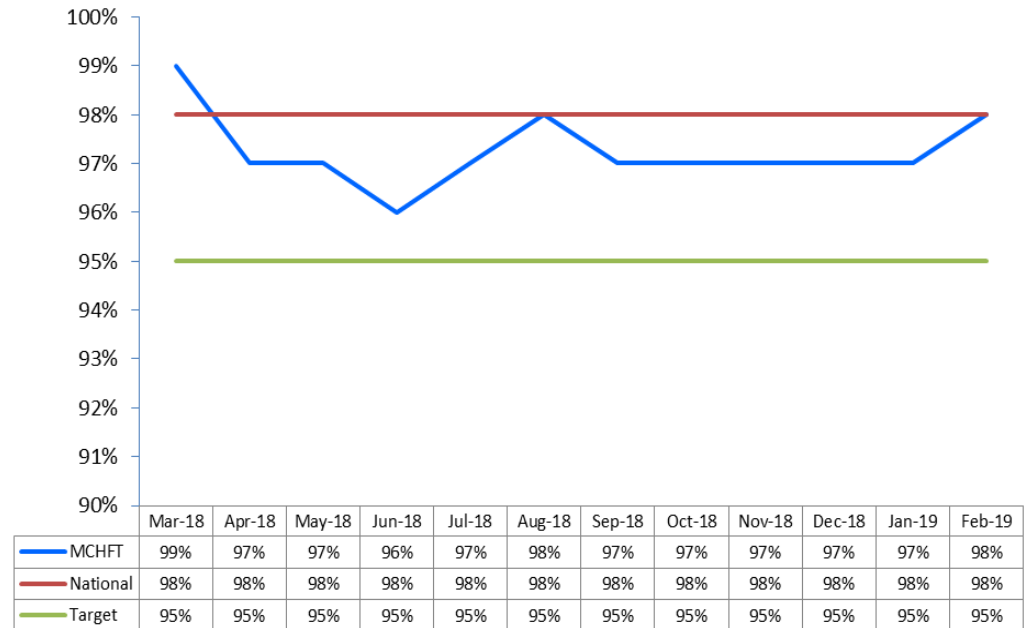
Safety Thermometer - Harm Free Care.

In February 2019, 98% of patients received harm free care as measured by the point prevalence Safety Thermometer.

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

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

Percentage of patients with Harm Free Care
Safety Thermometer



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

Ward Name	Main Specialties	Safety Thermometer Results February 2019			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		1.47% (13)	0.34% (3)	0.45% (4)	0.23% (2)
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
CAU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	12.5% (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)	0% (0)	0% (0)	0% (0)
SSW	Gen. Surgery & Urology	4.55 (1)	0% (0)	0% (0)	0% (0)
Ward 15	Gen. Surgery & Gynae	0% (0)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surgery	0% (0)	0% (0)	3.12% (1)	0% (0)
Ward 14	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 10	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	3.23% (1)	3.23% (1)	3.23% (1)	3.23% (1)
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	3.12% (1)	3.12% (1)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 6	Gen. Medicine	3.57% (1)	0% (0)	0% (0)	0% (0)
Ward 7	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.12% (1)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	10.71% (3)	3.57% (1)	0% (0)	0% (0)
DN – Ashfields and Haslington	District Nursing	1.59% (1)	0% (0)	0% (0)	0% (0)
DN – Eagle Bridge	District Nursing	2.38% (1)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Grosvenor, Hungerford & Rope Green	District Nursing	1.72% (1)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	2.27% (1)	0% (0)	2.27% (1)	0% (0)
DN – Winsford	District Nursing	3.33% (1)	0% (0)	0% (0)	0% (0)
DN OOH	District Nursing	0% (0)	0% (0)	16.67% (1)	0% (0)

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

Description	Aggregate Position	Trend	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>92.7% of expected Registered Nurse hours were achieved for day shifts.</p> <p>Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.</p>	<p>Trend</p> <p>February 2019 92.7%</p> <p>January 2019 95.1%</p> <p>December 2018 93.2%</p>	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>98.6% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p>February 2019 98.6%</p> <p>January 2019 100.9%</p> <p>December 2018 97.7%</p>	
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>96.2% of expected HCA hours were achieved for day shifts.</p>	<p>Trend</p> <p>February 2019 96.2%</p> <p>January 2019 100.5%</p> <p>December 2018 94.3%</p>	
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>97.4% 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>February 2019 97.4%</p> <p>January 2019 97.1%</p> <p>December 2018 95.8%</p>	
Total number of wards that are lower than 85% RN fill days and nights is 6.	<p>Ward 4 (day) 78.8%, Ward 5 (day) 81.2%, Ward 5 (night) 62.5%, Ward 6 (night) 73.2%, Ward 9 (day) 79.8%, Ward 14 (day) 82.6%, Ward 15 (night) 82.1%.</p>	<ul style="list-style-type: none"> • Actions taken: Staffing reviewed on daily basis by Matrons/HoN following Escalation process • Risk assessments taken place to review bed occupancy and patient acuity before transferring staff 	

Board Papers – Quality, Safety & Experience Section: April 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	37671.9	34742.5	27641.2	28423.7	23132.4	22132.9	15829.5	17754.3	92.7%	96.2%	98.6%	97.4%	14022	168.3	67.9	236.2
AMU	1827.5	1650.5	1372	1372.3	1715	1604.8	1372	1372	90.3%	100.0%	93.6%	100.0%	746	4.4	3.7	8.0
CAU (Winter)	1550.5	1550.5	669	669	1541	1541	322	322	100.0%	100.0%	100.0%	100.0%	542	5.7	1.8	7.5
Critical Care	3642.5	3642.5	528.5	528.5	2213.5	2213.5	0	0	100.0%	100.0%	100.0%	-	246	23.8	2.1	26.0
Elmhurst	799.5	787.5	2016	2184	700	700	1400	1587.5	98.5%	108.3%	100.0%	113.4%	822	1.8	4.6	6.4
Ward 1	1987.5	1793.8	1050	1025	1372	1225	686	698.3	90.3%	97.6%	89.3%	101.8%	844	3.6	2.0	5.6
Ward 13	2232	1944	1792	1792	861	830.3	861	881.5	87.1%	100.0%	96.4%	102.4%	837	3.3	3.2	6.5
Ward 14	1554	1284	1344	1458	672	660	1008	1212	82.6%	108.5%	98.2%	120.2%	859	2.3	3.1	5.4
Ward 15	2112	1800	1792	1792	861	707.3	861	871.3	85.2%	100.0%	82.1%	101.2%	816	3.1	3.3	6.3
Ward 2	1637.5	1593.8	1400	1325	686	943.3	1029	1029	97.3%	94.6%	137.5%	100.0%	841	3.0	2.8	5.8
Ward 21b	1089.5	972.5	1768	1943.5	700	700	700	1025	89.3%	109.9%	100.0%	146.4%	669	2.5	4.4	6.9
Ward 23	1124	1124	709.3	709.3	690.7	690.7	690.7	690.7	100.0%	100.0%	100.0%	100.0%	538	3.4	2.6	6.0
Ward 4	1554	1224	1680	1662	672	672	1344	1320	78.8%	98.9%	100.0%	98.2%	890	2.1	3.4	5.5
Ward 5	2227.5	1808.8	1400	1375	1372	857.5	686	1078	81.2%	98.2%	62.5%	157.1%	881	3.0	2.8	5.8
Ward 6	1400	1443.8	1750	1693.8	1372	1004.5	686	992.3	103.1%	96.8%	73.2%	144.7%	763	3.2	3.5	6.7
Ward 7	1525	1362.5	1400	1606.3	686	673.8	1029	1188.3	89.3%	114.7%	98.2%	115.5%	874	2.3	3.2	5.5
Ward 9	1310	1046	896	840	574	574	451	256.3	79.8%	93.8%	100.0%	56.8%	330	4.9	3.3	8.2
NICU	1738.3	1594.7	165.7	61.5	1610	1460.5	0	0	91.7%	37.1%	90.7%	-	277	11.0	0.2	11.3
Ward 11 SAU	1365	1755	840	1320	524.5	777.4	524.5	805.5	128.6%	157.1%	148.2%	153.6%	531	4.8	4.0	8.8
Ward 18 SSW	1345	1151.3	1050	1162.5	686	686	686	869.8	85.6%	110.7%	100.0%	126.8%	551	3.3	3.7	7.0
Ward 10 Ortho	2560	2224	3360	3296	861	861	1148	1209.5	86.9%	98.1%	100.0%	105.4%	961	3.2	4.7	7.9
Ward 26 MLU	709.3	684	0	0	690.7	678.3	0	0	96.4%	-	98.2%	-	28	48.7	0.0	48.7
Ward 26 Labour	2381.3	2305.3	658.7	608	2072	2072	345.3	345.3	96.8%	92.3%	100.0%	100.0%	176	24.9	5.4	30.3

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

Experience Section:

Indicators	Last four months			
	Nov-18	Dec-18	Jan-19	Feb-19
Complaints received by month	22	14	24	13
Complaints being reviewed by the Ombudsman	0	0	1	1
Closed complaints by month	19	15	16	23
Contacts raising informal concerns	93	65	96	105
Compliments received in month	535	507	675	409
Number of new claims received in month	4	4	6	5
Number of claims closed	1	2	3	4
Number of inquests concluded	0	1	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	9	13
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	22%	23%	19%	14%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	88%	87%	84%	84%
F&FT Response Rate Inpatients and Daycases	34%	32%	32%	34%
Proportion of positive responses Inpatients and Daycases	96%	95%	95%	94%
F&FT Response Rate Outpatients	4%	3%	4%	4%
Proportion of positive responses Outpatients	94%	96%	94%	95%
F&FT Response Rate Maternity - Birth	26%	13%	13%	13%
Proportion of positive responses Maternity - Birth	100%	100%	100%	100%
F&FT Response Rate Community (CCICP)	0%	0%	0%	91%
Proportion of positive responses Community (CCICP)	0%	0%	0%	N/A

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

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

Description

Aggregate Position/Description

Trend

Monthly complaints received by the Trust.

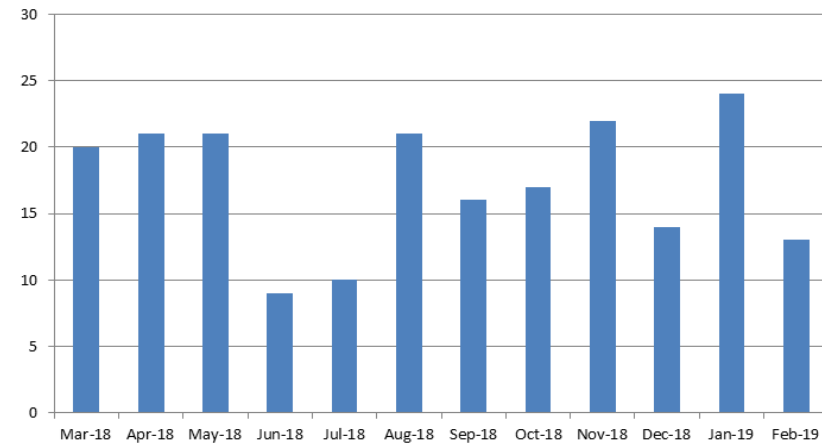
13 complaints were received in February 2019 which covered 41 concerns. The highest categories were:

- Medical – Medication
- Staff Attitude
- Nursing – Other
- Loss of personal property

Highest 3 areas receiving complaints/issues were:

- Emergency Department - 4 complaints with 8 issues
- Acute Medicine Medical Staff - 2 complaints with 2 issues
- Bowel Screening – 1 complaint with 6 issues

Complaints received by month



Formal Complaints

Number of formal complaint issues by division.

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

S&C: 14

DCSS: 2

W&CD: 7

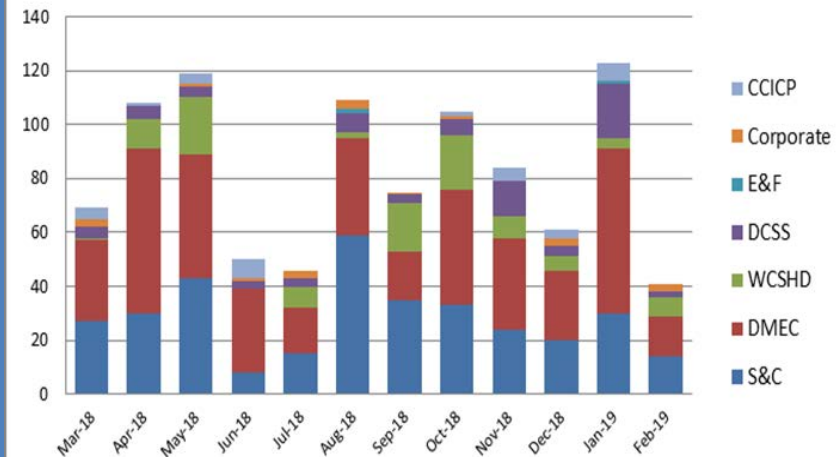
DMEC: 15

CCICP: 0

E&F: 0

Corporate Services: 3

Categories received by Division



Formal Complaint issues by division

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

Description

Aggregate Position/Description

Trend

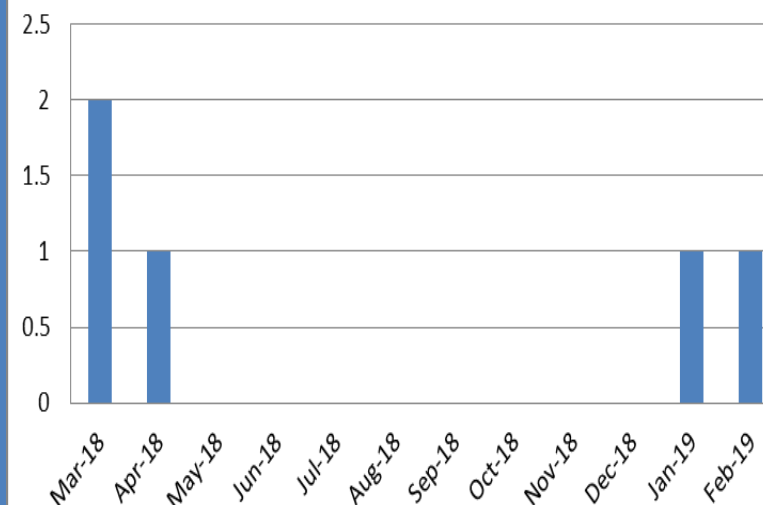
Complaints being reviewed by the Public Health Service Ombudsman

In February 2019, there was 1 new complaint opened with the PHSO. This case is at the investigation stage.

In addition there was 1 case that remains at the assessment stage.

In the last rolling 12 months we have had 5 cases with the PHSO of which none to date have been upheld.

New complaints raised with the Ombudsman



Ombudsman

Complaint trends and number of issues.

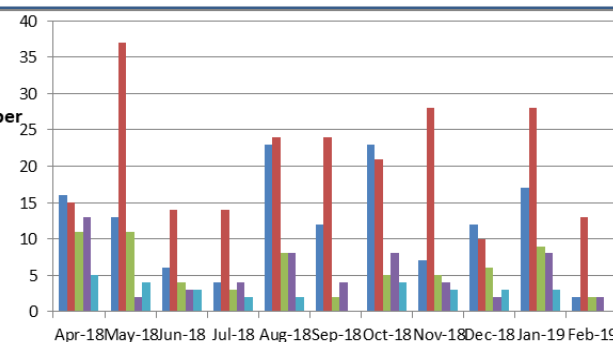
The main trends in February were:-

Nursing care - 2 complaints raising 2 issues.

Communication - 8 complaints raising 13 issues.

Medical – 6 complaints raising 8 issues.

Complaints trend - Number of Issues



Complaint Trends

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

Description

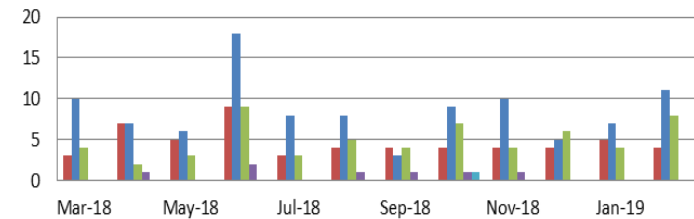
Aggregate Position/Description

Trend

Closed Complaints

In February 2019 23 complaints were closed.

Closed complaints by month



Closed Complaints

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Upheld	3	7	5	9	3	4	4	4	4	4	5	4
Partially Upheld	10	7	6	18	8	8	3	9	10	5	7	11
Not upheld	4	2	3	9	3	5	4	7	4	6	4	8
Withdrawn	0	1	0	2	0	1	1	1	1	0	0	0
Referred to HR	0	0	0	0	0	0	0	1	0	0	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	3	5	4	0	0	12
Corporate	0	0	0	0	0	0
Surgery & Cancer	0	4	2	0	0	6
Women & Children's	0	1	0	0	0	1
DCSS	0	1	1	0	0	2
CCICP	1	0	1	0	0	2
Total closed						23

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

Complaints closed by Division for February 2019

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

No Complaints for Estates and Facilities or Corporate Services.

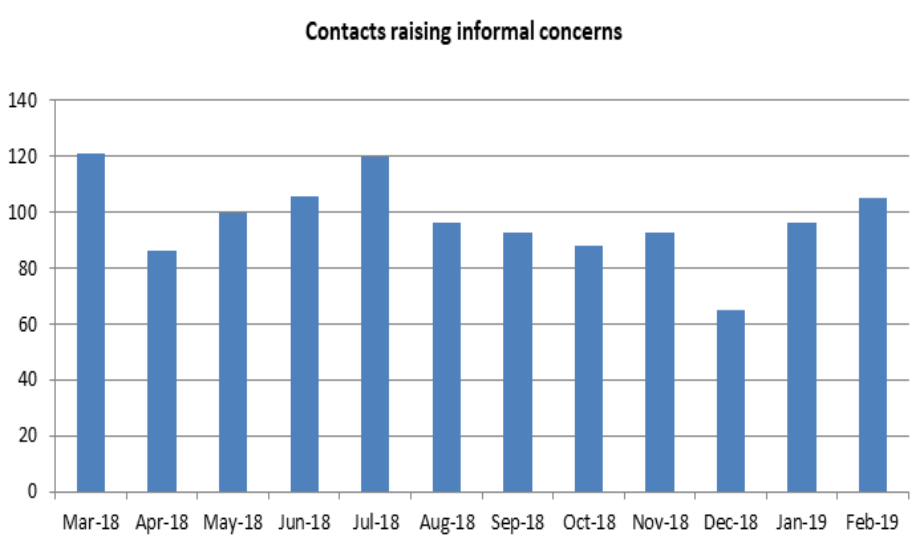
Description

Aggregate Position/Description

Trend

Informal Concerns Numbers. The number of contacts raising informal concerns for February 2019 was 105 raising 201 individual concerns.

The Division of Medicine & Emergency Care has received the largest number of individual concerns raised at 105, with 32 of these individual concerns relating to the Emergency Department and 22 for Gastroenterology.



Informal Concerns
Feedback

Informal Concerns Trends.

Communication was the highest trend for informal concerns in February 2019.

53 communication issues raised:

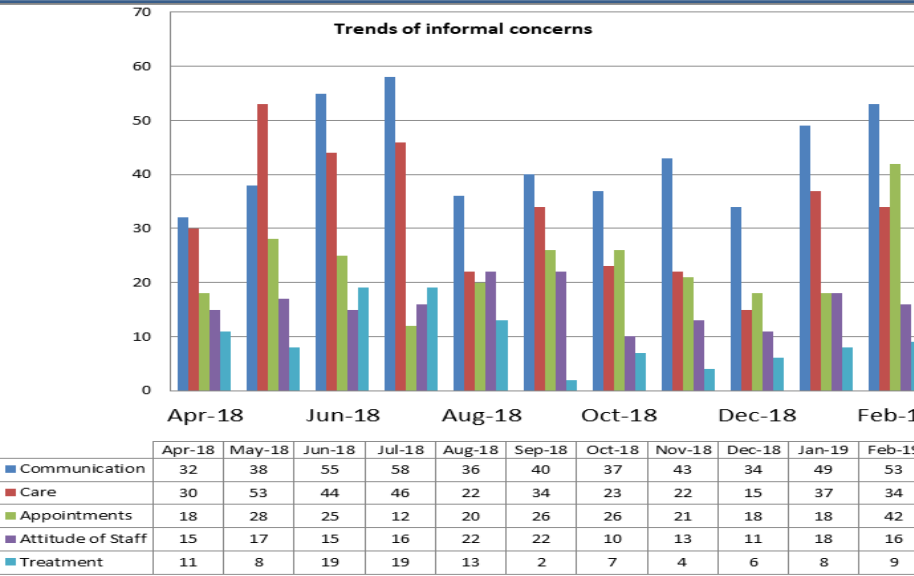
15 relate to communication between health professionals. 25 relate to the Division of Medicine and Emergency Care.

42 appointment issues raised:

16 relate to Gastroenterology. 7 to Cardiology.

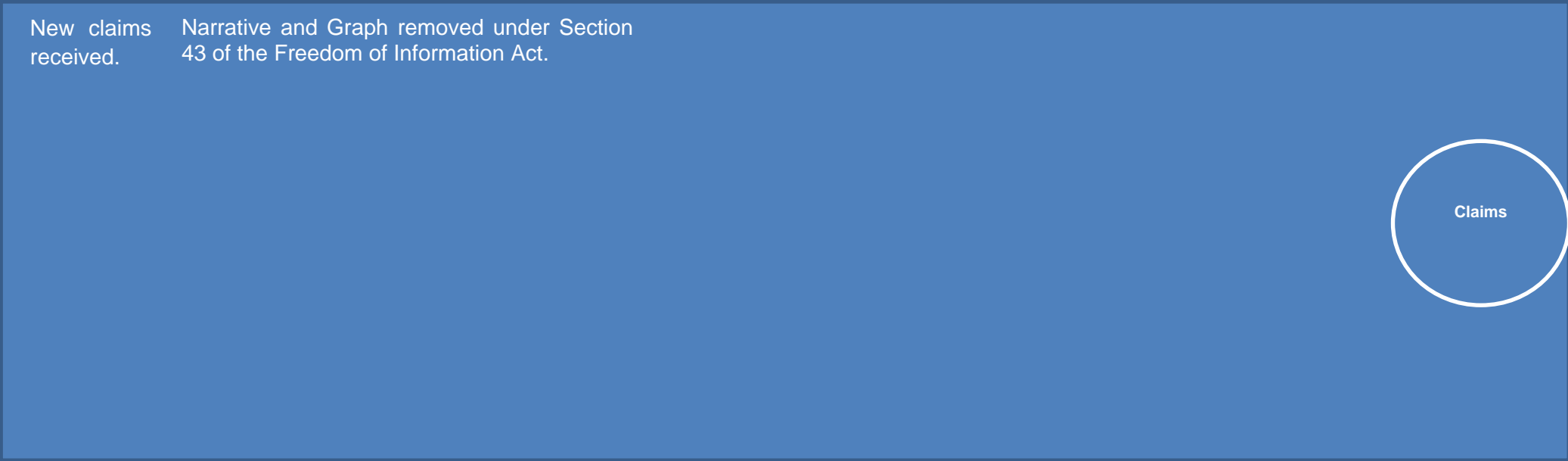

34 care issues raised

24 relate to medical care. 13 medical care issues relate to the Division of Medicine & Emergency Care with 11 for the Emergency Department. 8 nursing care issues, 4 relate to the Division of Medicine & Emergency Care and 3 to Surgery & Cancer.



Informal Concerns
Trends

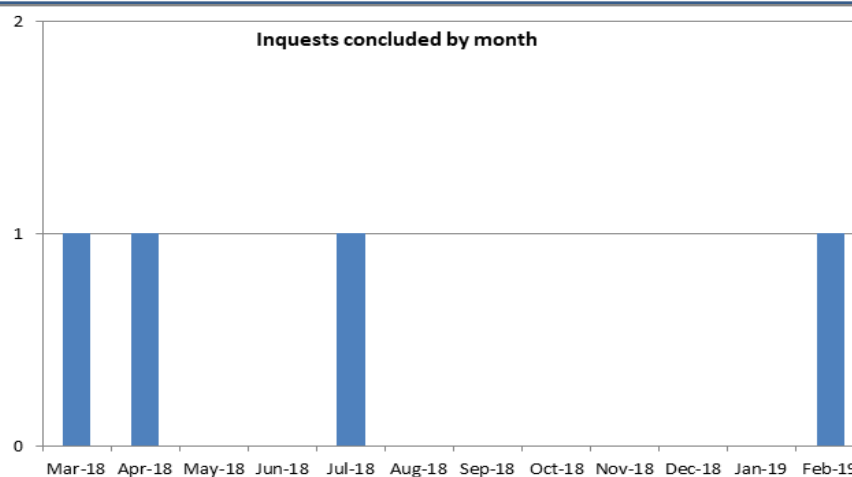
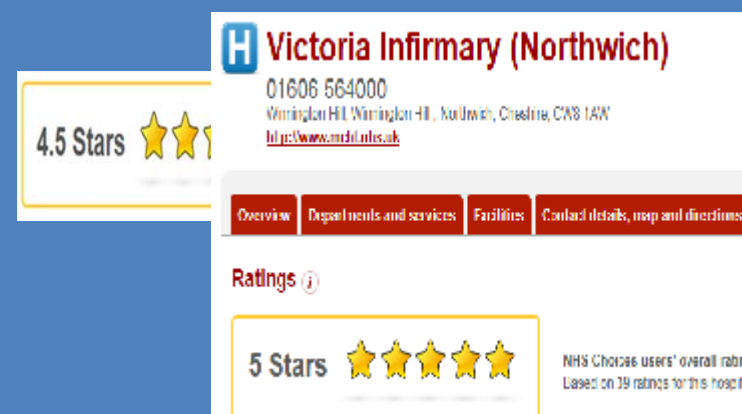
Board Papers – Quality, Safety & Experience Section: April 2019

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: April 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: April 2019

Description	Aggregate Position /Description	Trend																										
Number of Inquests concluded by month	1 inquest was concluded in February 2019.	<div><table><caption>Inquests concluded by month</caption><thead><tr><th>Month</th><th>Inquests Concluded</th></tr></thead><tbody><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><tr><td>Jan-19</td><td>0</td></tr><tr><td>Feb-19</td><td>1</td></tr></tbody></table></div>	Month	Inquests Concluded	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	Jan-19	0	Feb-19	1
Month	Inquests Concluded																											
Mar-18	1																											
Apr-18	1																											
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Sep-18	0																											
Oct-18	0																											
Nov-18	0																											
Dec-18	0																											
Jan-19	0																											
Feb-19	1																											
NHS Choices Star Ratings	<p>In February 2019 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 193 postings received within the previous 12 months.</p>	<div><p>Victoria Infirmary (Northwich) 01606 564000 Warrington Hill, Warrington Hill, Northwich, Cheshire, CW8 1AW http://www.mchd.nhs.uk</p><p>Overview Departments and services Facilities Contact details, map and directions</p><p>Ratings</p><p>5 Stars (5 stars icon) NHS Choices users' overall rating Based on 19 ratings for this hospital</p></div>																										

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

Description	Aggregate Position /description	Trend																																																												
<div>NHS Choices postings</div>	<div>There were 11 postings on NHS Choices in February 2019 of which 11 were positive and 2 were negative. Examples of feedback included:</div> <div>"I've had cause to visit the minor injuries unit twice in the last year with my children, and on both occasions the care has been excellent. We were seen very quickly and my children were treated with kindness and understanding" (MIU)</div> <div>"I have unreserved praise and admiration for the dedication and professional skill of everyone in this department. The Surgeons efforts were nothing short of heroic" (Maxillofacial Surgery)</div> <div>"During my stay at Leighton labour ward all the staff were very friendly, down to earth approachable and accommodating! it's easy to see why this hospital has won awards for it's service in the maternity department." (Maternity)</div> <div>"I spent just over a week in Elmhurst and the care and attention I received was outstanding" (Elmhurst)</div>	<div>NHS Choices - New postings</div> <div><table><thead><tr><th></th><th>Mar-18</th><th>Apr-18</th><th>May-18</th><th>Jun-18</th><th>Jul-18</th><th>Aug-18</th><th>Sep-18</th><th>Oct-18</th><th>Nov-18</th><th>Dec-18</th><th>Jan-19</th><th>Feb-19</th></tr></thead><tbody><tr><td>Positive</td><td>2</td><td>4</td><td>6</td><td>10</td><td>6</td><td>8</td><td>5</td><td>2</td><td>3</td><td>4</td><td>6</td><td>11</td></tr><tr><td>Negative</td><td>1</td><td>3</td><td>1</td><td>0</td><td>0</td><td>2</td><td>1</td><td>2</td><td>3</td><td>1</td><td>3</td><td>2</td></tr></tbody></table></div> <div>NHS Choices – Postings</div>		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Positive	2	4	6	10	6	8	5	2	3	4	6	11	Negative	1	3	1	0	0	2	1	2	3	1	3	2																					
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19																																																		
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Negative	1	3	1	0	0	2	1	2	3	1	3	2																																																		
<div>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</div>	<div>In February 2019 the Trust has scored the following positive response scores:</div> <div>Inpatients and day cases 96%; Emergency care /assessment areas 84%; Outpatients 95%; Maternity 96%; CCICP 91%</div> <div>The Trust has now successfully migrated community services systems from a database at East Cheshire to one for CCICP managed by computer services. Due to the migration of systems, February's national response rates for CCICIP will be available in March 2019.</div>	<div>Friends and family positive scores</div> <div><table><thead><tr><th></th><th>Apr-18</th><th>May-18</th><th>Jun-18</th><th>Jul-18</th><th>Aug-18</th><th>Sep-18</th><th>Oct-18</th><th>Nov-18</th><th>Dec-18</th><th>Jan-19</th><th>Feb-19</th></tr></thead><tbody><tr><td>ED, MIU, UCC and Assessment Areas Score*</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Inpatient & Day Case Positive Score</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Outpatients Positive Score</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>Positive Response Score - Labour Ward</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td></tr></tbody></table></div> <div>Family & Friends Test</div>		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	ED, MIU, UCC and Assessment Areas Score*	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Inpatient & Day Case Positive Score	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Outpatients Positive Score	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Positive Response Score - Labour Ward	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19																																																			
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Outpatients Positive Score	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%																																																			
Positive Response Score - Labour Ward	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%																																																			

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

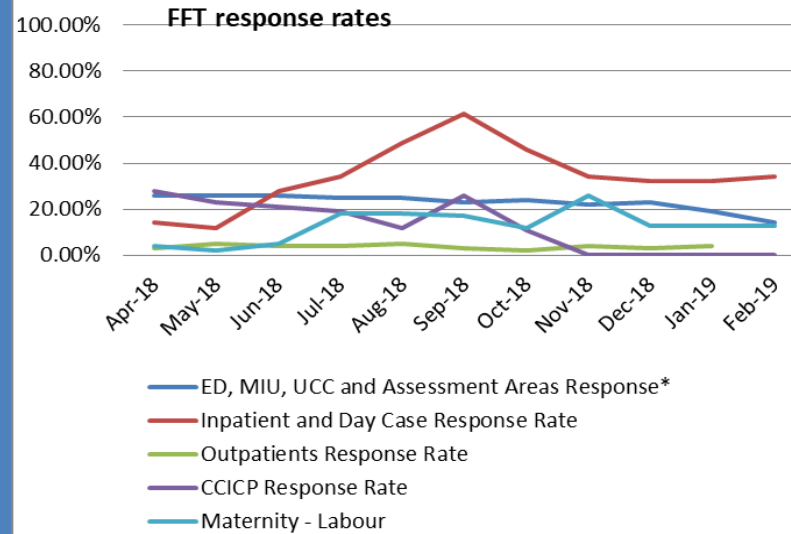
Description

Aggregate Position /description

Trend

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

February 2019				
Ward/Dept.	% Response	Total responses received	How many would recommend	
A&E , UCC & MIU	14%	832	84%	
CCICP	0%	0	91%	
Maternity	13%	58	95%	
Outpatients	4%	722	95%	
Inpatient & Day Cases	34%	1413	94%	



Family & Friends Test

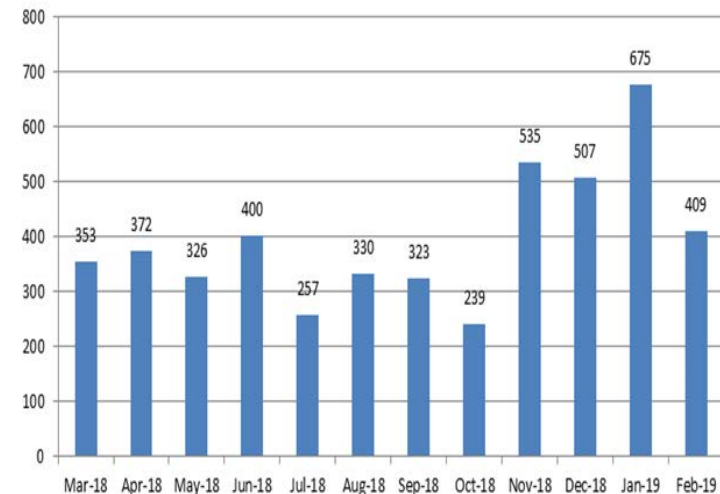
Compliments received

There were 409 compliments received in February 2019. 69 of these were logged by the Customer Care Team and 340 received across the Trust.

'I was admitted to ward 18 for a urology procedure and I had absolutely A1 care and attention from start to finish. Thank you to all staff concerned.'

'A huge thank you to the teams that have cared for various members of my family recently. Every member of the team has shown excellent care and compassion. Ward 16 were fantastic with my son following a tonsillectomy and explained everything throughout. Also, to critical care who showed kindness, care, compassion and dignity, not only to my father-in law at the end of his life, but also to all our family.'

Compliments - TOTAL



Compliments



Mid Cheshire Hospitals
NHS Foundation Trust

MCHFT 2018 Staff Survey Results



Mid Cheshire Hospitals
NHS Foundation Trust

Our Story so far.....

New Summary Indicators (Themes)

- 1) Equality, Diversity and Inclusion
- 2) Health and Wellbeing
- 3) Immediate Managers
- 4) Morale
- 5) Quality of Appraisals
- 6) Quality of Care
- 7) Safe Environment – Bullying and Harassment
- 8) Safe Environment – Violence
- 9) Safety Culture
- 10) Staff Engagement

• Response Rates

2017	2018		Trust Performance
MCHFT	MCHFT	Combined Acute & Community Trust Average	
54%	53%	41%	↓
674 people	657 people		↓

- Corporate – 63%
- E&F – 62%
- DCSS – 57%
- CCICP – 53%
- S&C – 60%
- W&C – 55%
- MECD – 28%

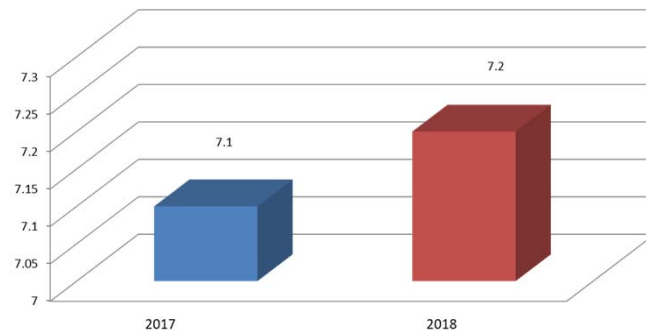
Occupational Group Response Rates 2018

	Sample Size	Number of Responses	%
Additional Prof Scientific and Technical	35	20	57%
Additional Clinical Services	278	110	40%
Admin & Clerical	271	180	68%
Allied Health Professionals	102	60	59%
Estates and Ancillary	132	74	56%
Healthcare Scientists	40	29	74%
Medical & Dental	62	24	39%
Nursing and Midwifery Registered	330	160	49%

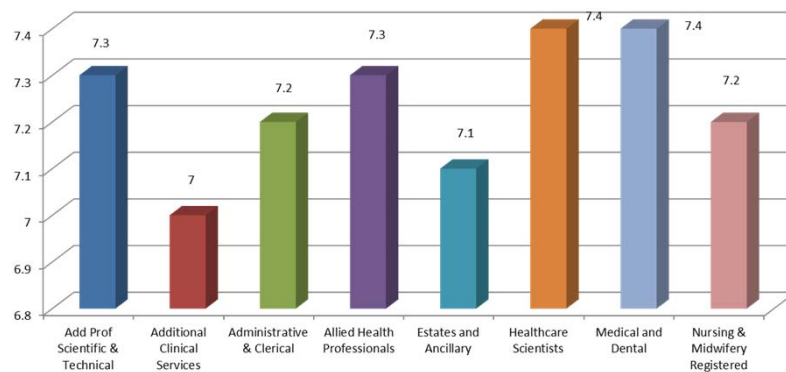
Staff Engagement Questions

Motivation	Recommendation of the organisation as a place to work or receive treatment.	Ability to contribute towards improvements
I look forward to going to work	Care of patients/service users is my organisation's top priority	There are frequent opportunities for me to show initiative in my role
I am enthusiastic about my job	I would recommend this organisation as a place to work	I am able to make suggestions to improve the work of my team/department
Time passes quickly when I am working	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	I am able to make improvements happen in my area of work

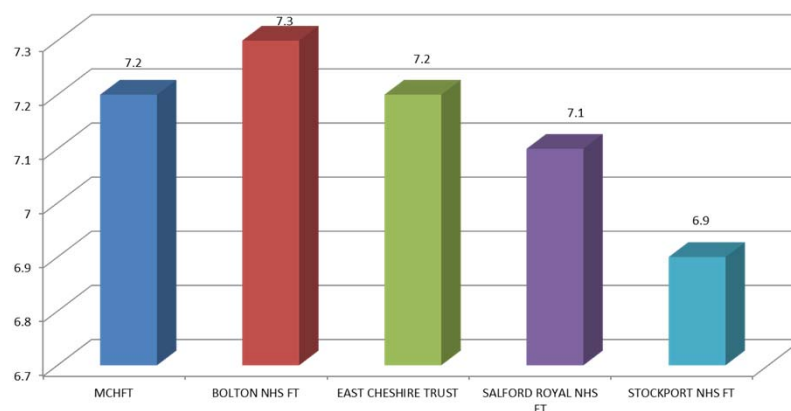
Our Staff Engagement Story



Staff Engagement by Occupational Group



Staff Engagement Score Comparison

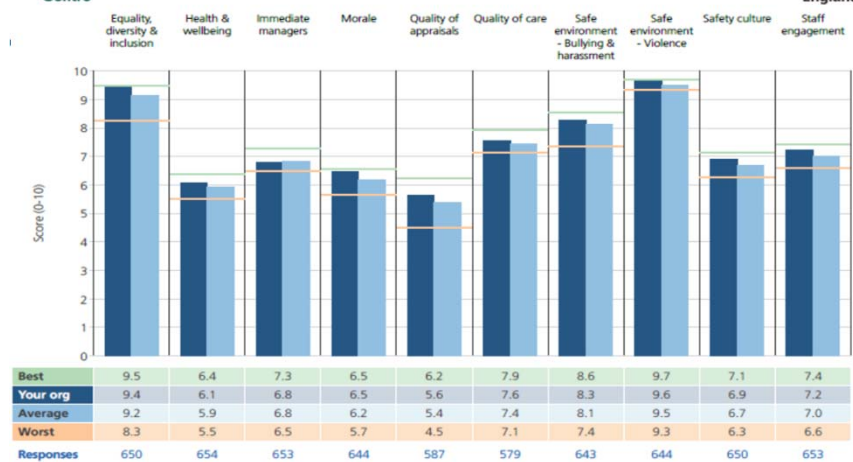


Theme Results Benchmarking

	MCHFT	East Cheshire Trust	Salford Royal NHS FT	Stockport NHS FT	Bolton NHS FT	UHNH (Acute)	Countess of Chester NHS FT (Acute)
Theme							
Equality, Diversity and Inclusion	9.4	9.4	9.0	9.2	9.2	9.0	9.2
Health and Wellbeing	6.1	6.1	5.9	5.6	6.3	5.6	6.1
Immediate Managers	6.8	7.1	6.8	6.7	7.1	6.5	6.7
Morale	6.5	6.4	6.1	6.0	6.5	5.9	6.0
Quality of Appraisals	5.6	5.3	5.4	5.3	5.7	5.1	5.3
Quality of Care	7.6	7.5	7.3	7.2	7.9	7.4	7.4
Safe Environment – Bullying and Harassment	8.3	8.1	8.2	8.2	8.2	7.9	8.1
Safe Environment – Violence	9.6	9.4	9.5	9.5	9.4	9.4	9.4
Safety Culture	6.9	6.7	6.7	6.6	7.0	6.5	6.3
Staff Engagement	7.2	7.2	7.1	6.9	7.3	6.8	6.9

Survey
Coordination
Centre

2018 NHS Staff Survey Results > Theme results > Overview



Theme Results MCHFT - Trends

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	9.3	668	9.4	650	Not significant
Health & wellbeing	6.4	673	6.1	654	↓
Immediate managers	6.8	673	6.8	653	Not significant
Morale		0	6.5	644	N/A
Quality of appraisals	5.3	585	5.6	587	Not significant
Quality of care	7.7	576	7.6	579	Not significant
Safe environment - Bullying & harassment	8.2	665	8.3	643	Not significant
Safe environment - Violence	9.4	667	9.6	644	↑
Safety culture	6.9	665	6.9	650	Not significant
Staff engagement	7.1	673	7.2	653	Not significant

Theme Results by Division

Theme	MCHFT (657)	Best Score (Nationally)	CCICP (100)	Corporate (55)	DCSS (145)	E&F (85)	MECD (55)	S&C (151)	W&C (66)
Equality, Diversity and Inclusion	9.4	9.5	9.6	9.4	9.5	9.4	9.1	9.5	9.2
Health and Wellbeing	6.1	6.4	5.9	6.5	5.8	7.1	5.1	6.3	5.6
Immediate Managers	6.8	7.3	7.5	6.6	6.7	6.5	6.7	7.0	6.2
Morale	6.5	6.5	6.7	6.6	6.2	6.5	5.8	6.8	6.0
Quality of Appraisals	5.6	6.2	6.1	5.0	5.4	6.1	5.3	5.6	5.6
Quality of Care	7.6	7.9	7.7	7.0	7.7	7.8	7.0	8.0	7.0
Safe Environment – Bullying and Harassment	8.3	8.6	8.6	8.5	8.0	9.1	7.3	8.3	8.3
Safe Environment – Violence	9.6	9.7	9.8	9.9	9.8	9.8	8.3	9.6	9.7
Safety Culture	6.9	7.1	7.1	6.7	6.9	6.9	6.3	6.9	7.1
Staff Engagement	7.2	7.4	7.4	7.4	7.0	7.0	6.7	7.3	7.3

Key Areas of Focus for Divisional Action Plans

- Improve the Health and Wellbeing of staff – reduce work related stress
- Improve the quality of appraisals
- Reduce bullying and harassment in the workplace
- The importance of leadership - engagement, visibility, communication and support
- Increase Job satisfaction –Recognition, Reward, and Feedback
- Action plans will also be linked to data from: Staff focus groups, Friends and Family test, Stress survey data.

Targets for 2019/20

For the 2019 Survey there will be a focus on the following Themes:

- Quality of Appraisals
- Immediate Managers

Next Steps

- Presentation of results to Council of Governors on 25 April 2019
- “Staff Feedback Bundles” to be sent to Divisions & CCICP which will include survey results and focus group reports
- OD Team to meet with Divisional and CCICP Senior Teams to discuss results, action plans and support
- Staff survey crossroads stand including examples of “You Said We Did”
- Targeted Support and Interventions to Divisions/CCICP
- Action plans monitored at EWAG



Board of Directors Performance Report

February 2019

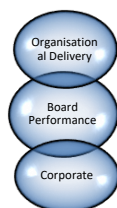
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

Introduction

Performance Report

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

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



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

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

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

Tracy Bullock
Chief Executive

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Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Feb-19
Cancer			
Rapid Access Referrals (%) (seen in 2 wks)	93.00%	97.05%	97.66%
Total Patients Seen		9,612	939
Patients seen >14 days		284	22
62 day GP Classic (%)	85.00%	89.37%	85.32%
Accountable Patients Treated		696	55
No. of Breached Pathways (adjusted)		74	8
62 day Screening (%)	90.00%	94.35%	100.00%
Accountable Patients Treated		142	6
No. of Breached Pathways (adjusted)		8	0

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

Unplanned Activity			
4 Hour Access Standard (%)	95.00%	83.94%	81.12%
A&E Attendances (LH/MIU/UUC) (% to plan)		97.29%	97.00%
A&E Attendances LH & MIU (Vol)		84,258	7,147

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	92.53%	91.51%
>6wk Diagnostic Waits (%)	1.00%	0.38%	0.42%
Total Patients Waiting for a First Outpatient Appointment			9,823

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.32%
Turnover Rolling 12 Month		10.03%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
Finance					
Use of Resource Rating		3	4		
Capital Service Capacity	2	4	4	2.39	0.74
Liquidity	2	2	4	-1	-15
I&E Margin	2	4	4	2.10%	-1.50%
Distance from Financial Plan	0	3	4	0.00%	-3.60%
Agency Spend	1	2	2	-23.27%	5.60%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	6,246	5,304	-943	6,772	5,595	-1,178
Commission Contact Income SC & VR (£000's)	173,406	173,601	195			
Contract Income (£'000)	205,247	206,524	1,277			
Pay to Budget (£000's)	-157,346	-160,637	-3,291			
Non Pay to Budget (£000's)	-62,922	-65,989	-3,067			
Agency Trajectory (£000's)	-3,650	-5,354	-1,704			

Exec Summary

In February 2019, the Trust delivered three of the five NHS Improvement Single Oversight Framework performance indicators (62 Day GP Classic, Rapid Access referrals and 62 Day Screening). The indicators not achieved were the 4 hour Access standard and the RTT Incomplete Pathway standard.

To note the RTT Incomplete Pathway performance is an interim figure as validation of pathways continue until the monthly statutory submission deadline.

The 4 hour Access Standard in February achieved 81.12% against the 95% performance standard. The Trust has achieved all three headline cancer access standards for February.

Diagnostics waiting times continue to perform well, with just 0.42% 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 £2.6M which is £3.5M worse than the planned surplus of £0.9M, with the position including £4.125M of the MOU with South/Vale Royal CCGs, which has now been settled and agreed.

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 – however given the MOU settlement it is not expected to achieve the final quarter for the financial target.

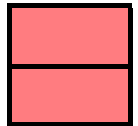
There is a variation in the CIP scheme, with challenges around delivering improvements to sickness rates within nursing and maintaining the medical vacancy factor.

The Trust is currently £1.7M worse than plan for Agency spend – and it is now expected that Trust will breach the ceiling of £5.7M if the rate of agency to date continues throughout Winter.

Single Oversight Framework

Triggers

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



The Trust's operational trigger rating continues as RED as a result of failure of a primary target during the year (A&E 95% 4 hour 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. Based on the settlement of the MOU, it is expected that whilst there will be a further deterioration of some of the metrics as indicated – the Trust should maintain its overall Use of Resources Rating of 3.

Operational Performance	Current YTD		Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.38%	0.08%	0.33%	0.26%	0.17%	0.32%	0.56%	0.31%	0.44%	0.48%	0.17%	0.54%	0.47%	0.42%	
All Cancers: 62 day GP Classic (%) *	85%	89.37%	92.06%	94.06%	87.13%	92.91%	92.00%	91.40%	91.78%	86.11%	86.50%	93.40%	86.90%	87.70%	85.32%	
All Cancers: 62 day Screening (%) *	90%	94.35%	100.00%	100.00%	100.00%	89.47%	91.67%	100.00%	91.84%	100.00%	100.00%	100.00%	81.80%	87.50%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	92.53%	94.13%	92.65%	93.00%	93.27%	93.14%	92.97%	93.05%	92.43%	92.82%	92.28%	92.01%	91.30%	91.51%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	83.94%	77.91%	77.90%	82.65%	85.15%	81.78%	84.59%	87.14%	84.61%	85.51%	88.13%	83.57%	78.89%	81.12%	
STF Trajectory			90.52%	95.00%	92.72%	92.72%	92.72%	93.92%	93.92%	93.92%	0.00%	0.00%	0.00%	0.00%	0.00%	
Provider Submitted Trajectory														85.15%	88.12%	

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

Financial & Resource		Unit	YE Plan	YE Forecast	YE Rating	YTD Plan	YTD Actual	YTD Rating
Financial Sustainability	Capital Service Capacity	0.0x	2.39	0.74	4	1.76	0.92	4
	Liquidity	days	-1	-15	4	-2	-5	2
Financial Efficiency	I&E Margin	%	2.10%	-1.50%	4	0.20%	-1.10%	4
Financial Controls	Distance from Financial Plan	%	0.00%	-3.60%	4	0.00%	-1.30%	3
	Agency Spend	%	-23.27%	5.60%	2	-17.05%	18.78%	2
Overall UOR Rating					4			3

Operational Delivery: Cancer Pathway

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.05%	93.05%	98.64%	96.08%	96.76%	97.54%	96.37%	96.73%	96.50%	96.87%	98.36%	97.78%	96.59%	97.66%	
Total Patients Seen		9612	806	811	766	956	855	855	887	771	989	917	855	822	939	
Patients seen >14 days		284	56	11	30	31	21	31	29	27	31	15	19	28	22	
% seen within 7 days		40.5%	53.1%	61.2%	45.2%	39.6%	43.7%	44.4%	35.2%	51.4%	41.5%	34.0%	35.4%	39.5%	38.1%	
62 day GP Classic (%) *	85%	89.37%	92.06%	94.06%	87.13%	92.91%	92.00%	91.40%	91.78%	86.11%	86.50%	93.40%	86.90%	87.70%	85.32%	

* Provisional figures subject to change depending

104+ day waits - (Cancer patients treated)

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

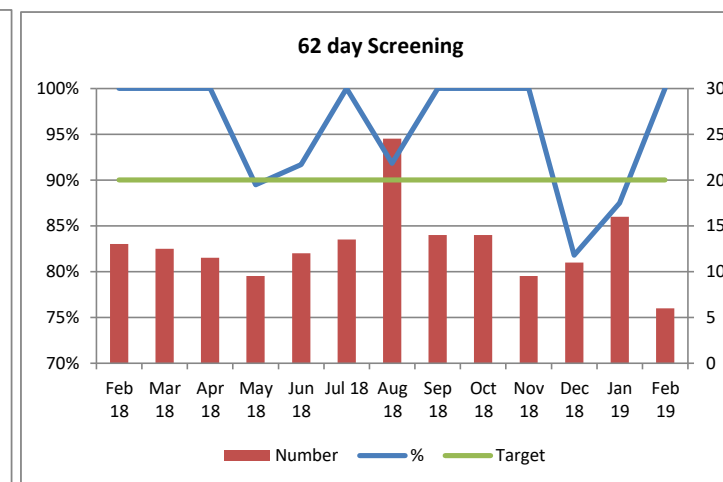
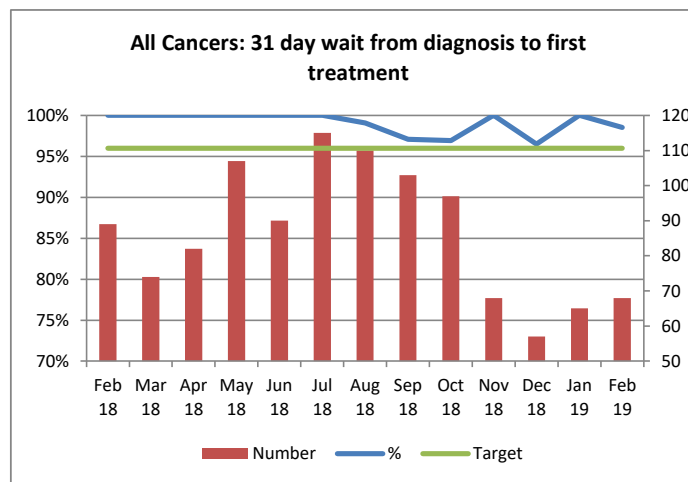
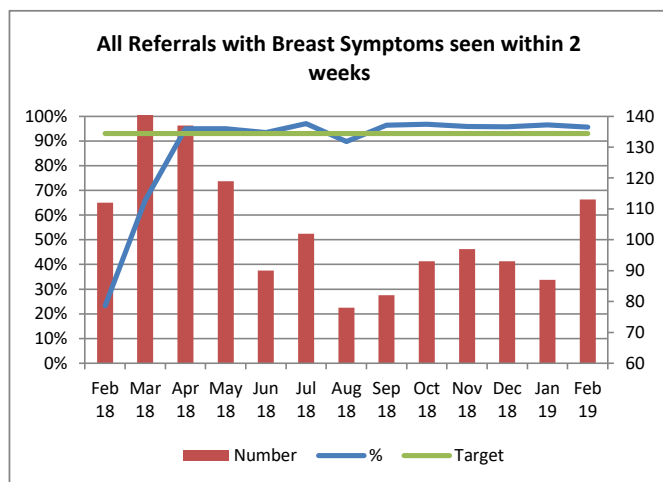
The Trust has achieved all three headline cancer standards during the month of February 2019. The figures presented in this paper reflect the Trust's regulatory performance measures adjusted figures that take into account breach reallocation between providers). From October 2018 the new cancer repatriation policy is in use.

The Trust has continued it's strong performance against the Rapid Access referrals standard achieving 97.66% and the 62 Day Screening standard at 100% for February. The 62 Day GP Classic standard has achieved 85.32% against an 85% target.

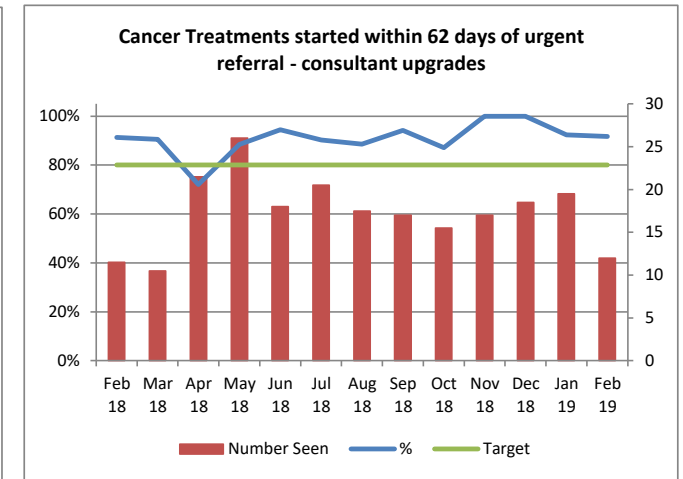
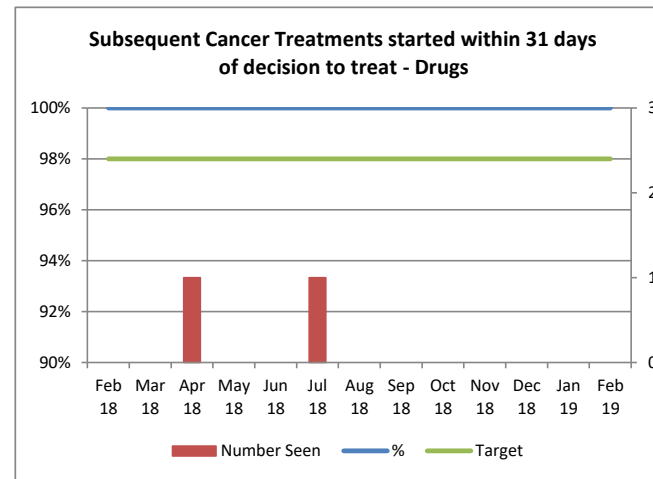
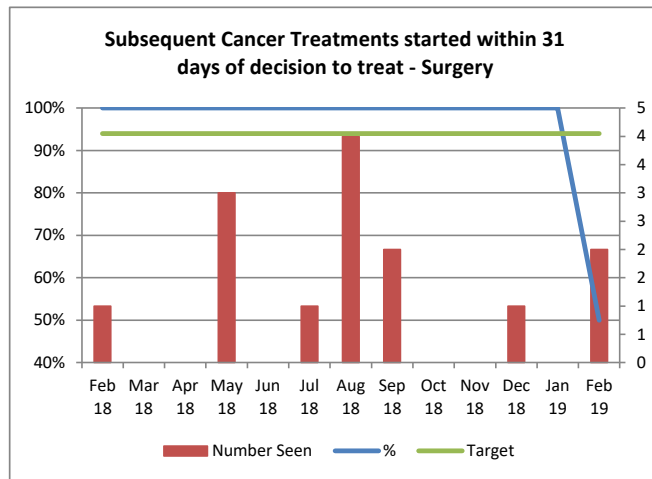
Breast Symptomatic 2 week standard continues to achieve a strong performance in February, despite a 30% increase in patients, the highest seen since May 2018.

There was one recorded long wait (104 days and over) for patients on a 62 day cancer pathway in February.

Primary Measures



Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

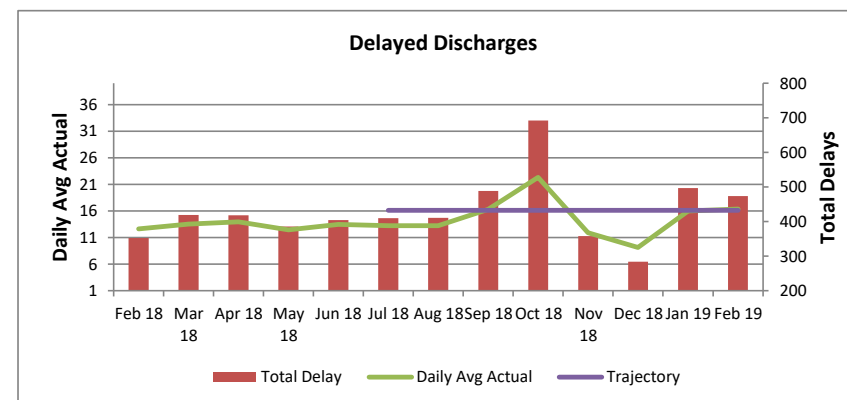
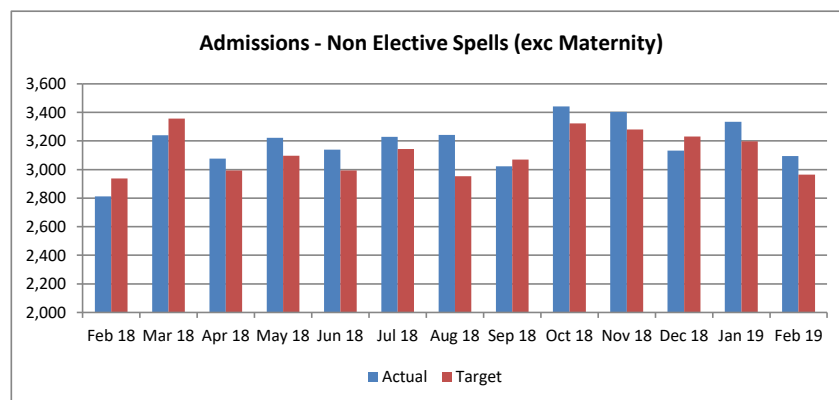
			Current YTD		Rolling 13 months													
			Target	Actual	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)			95%	83.94%	77.91%	77.90%	82.65%	85.15%	81.78%	84.59%	87.14%	84.61%	85.51%	88.13%	83.57%	78.89%	81.12%	
No. of 4hr breaches				13,536	1,469	1,679	1,244	1,179	1,472	1,286	967	1,158	1,167	884	1,209	1,621	1,349	
			Plan	Actual	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)				97.29%	94.4%	93.6%	93.2%	95.3%	98.9%	99.6%	97.7%	94.9%	100.0%	98.4%	95.8%	99.3%	97.0%	
A&E Attendances (LH/MIU/UUC) (No.)			82,212	84,258	6,649	7,598	7,170	7,937	8,081	8,344	7,517	7,524	8,056	7,445	7,358	7,679	7,147	
A&E Attendance Case Mix (based on acuity score)	Major		25,431	2,173	2,422	2,288	2,460	2,386	2,168	2,380	2,228	2,455	2,269	2,235	2,392	2,170		
	Minor		31,763	2,474	2,886	2,799	2,992	3,325	3,643	2,990	2,810	2,768	2,560	2,605	2,782	2,489		
	Paediatrics		16,752	1,305	1,544	1,419	1,676	1,648	1,691	1,181	1,516	1,709	1,562	1,422	1,372	1,556		
	Resus		10,280	697	746	664	805	722	835	966	969	1,120	1,048	1,095	1,128	928		
A&E Attendance Location (based on Discharge)	Major		34,812	2,761	3,204	2,957	3,170	3,136	3,121	3,225	3,090	3,413	3,187	3,176	3,354	2,983		
	Minor		30,960	2,403	2,650	2,623	2,948	3,157	3,364	2,977	2,775	2,791	2,560	2,573	2,738	2,454		
	Paediatrics		16,752	1,305	1,544	1,419	1,676	1,648	1,691	1,181	1,516	1,709	1,562	1,422	1,372	1,556		
	Resus		1,702	180	200	171	139	140	161	134	142	139	130	186	210	150		

Commentary

The Trust has achieved 81.12% against the 4-hour access standard in February 2019. This is a slight improvement compared to the same month last year at 77.91%, with 8% less attendances in February 19. However the number of higher acuity patients (Resus and Majors) arriving in A&E continues to rise with 8% more than in February 18. As a result of the increase in higher acuity attendances, emergency admissions are higher than expected for February, at 104% of target.

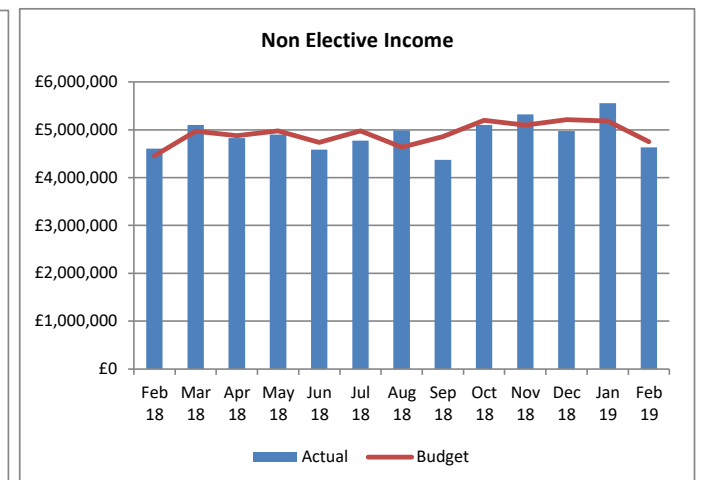
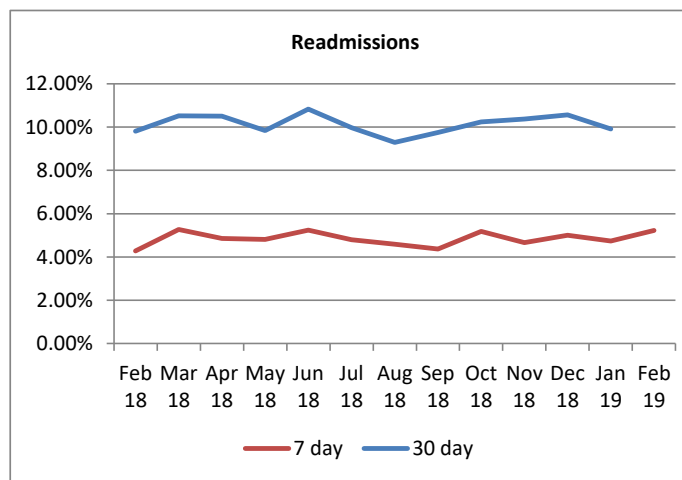
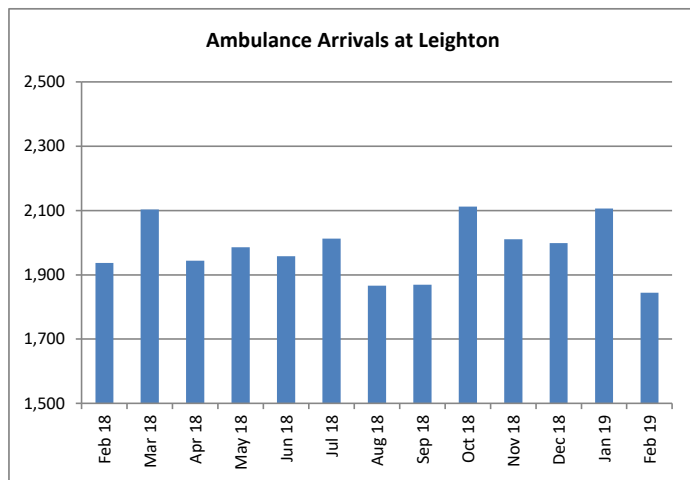
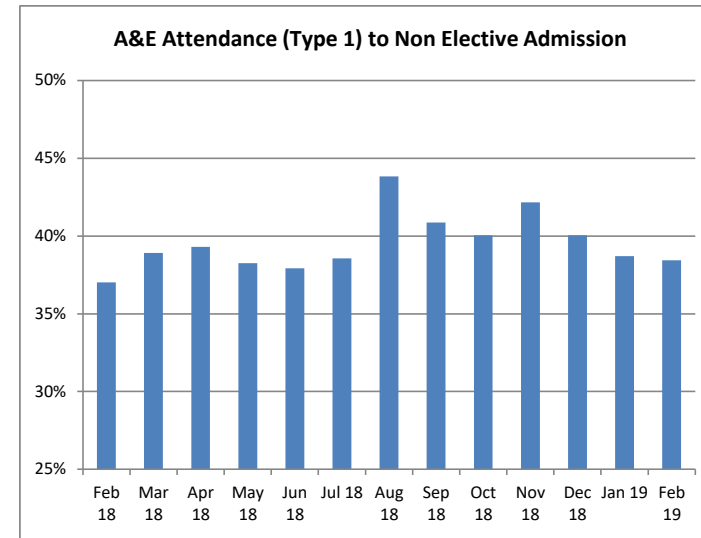
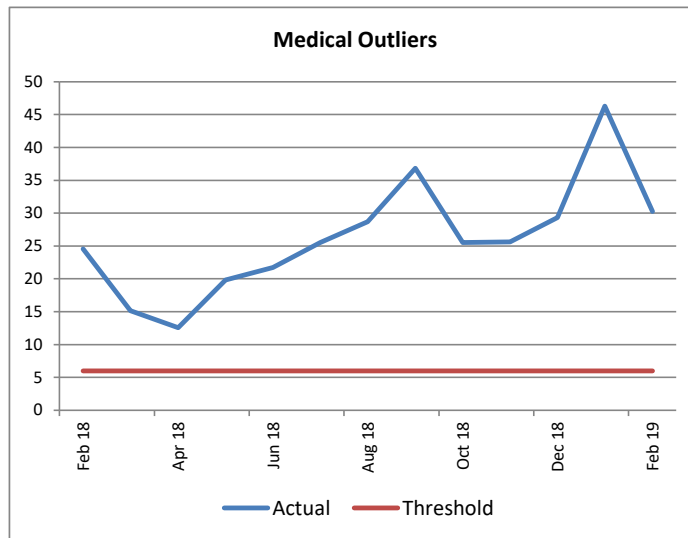
Patients medically optimised for discharge remains within the DTOC threshold of 16.

Primary Drivers



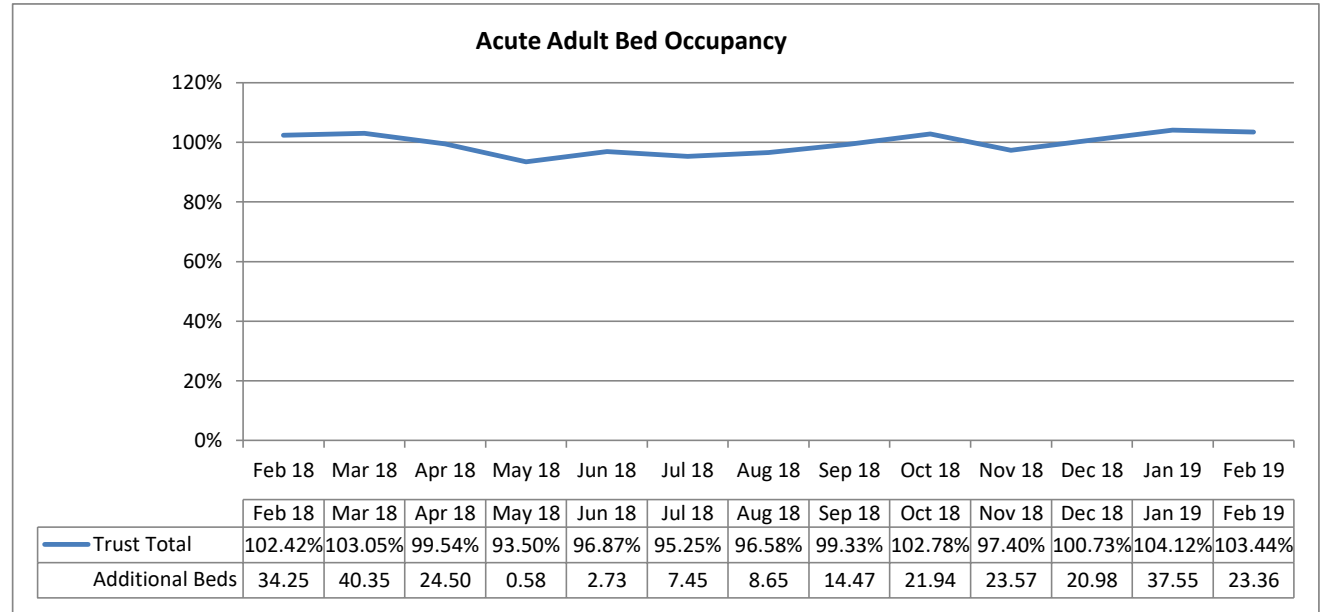
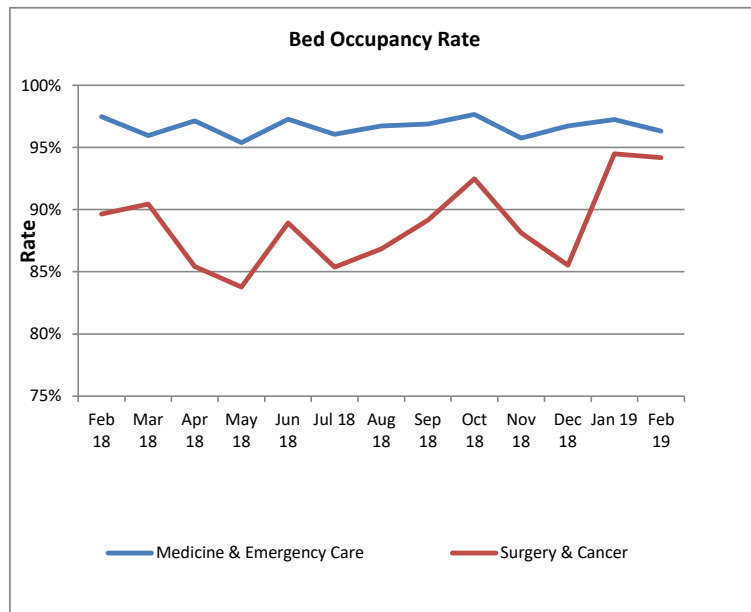
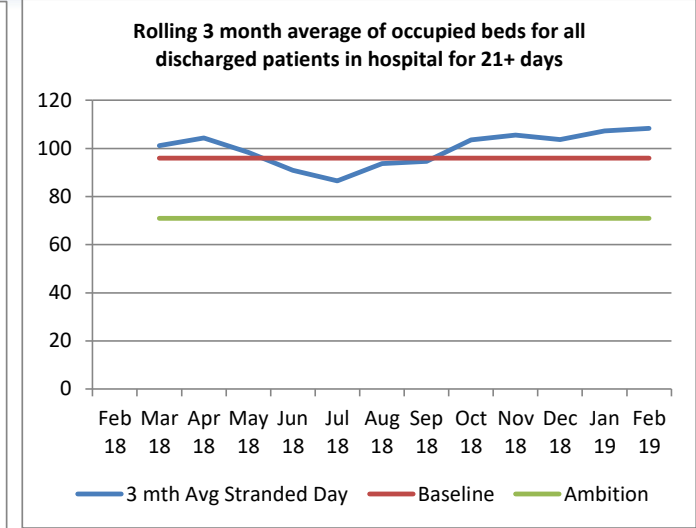
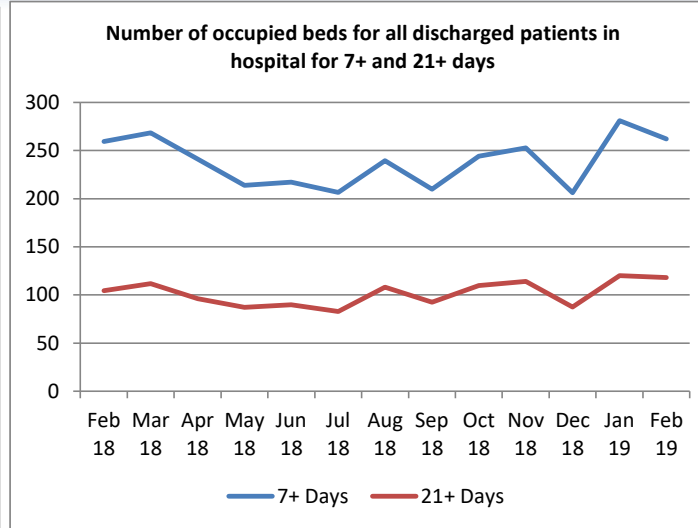
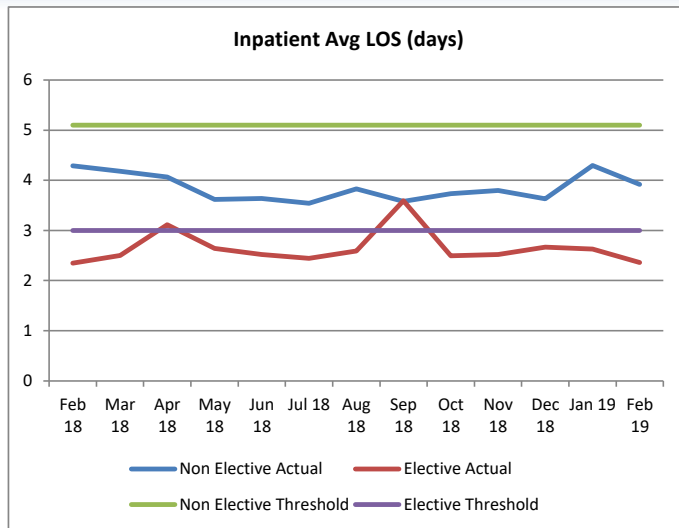
Operational Delivery: *Unplanned Activity A&E*

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	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	92.53%	94.13%	92.65%	93.00%	93.27%	93.14%	92.97%	93.05%	92.43%	92.82%	92.28%	92.01%	91.30%	91.51%	
Total 18 Weeks		160,297	13,348	13,990	14,253	14,405	14,713	14,630	15,373	14,988	14,284	14,331	14,232	14,427	14,661	
No. > 18 Weeks		11,978	784	1,028	998	969	1,010	1,029	1,069	1,135	1,025	1,106	1,137	1,255	1,245	
Open Pathways >39 Weeks Waiting											5	7	10	11	5	
Diagnostic Waiting Time	1%	0.38%	0.08%	0.33%	0.26%	0.17%	0.32%	0.56%	0.31%	0.44%	0.48%	0.17%	0.54%	0.47%	0.42%	
Total Number of Waiters		46,015	3,548	4,293	4,224	4,127	4,619	4,257	3,814	4,105	4,168	4,017	3,870	4,029	4,785	
Waiters of 6 Weeks +		174	3	14	11	7	15	24	12	18	20	7	21	19	20	
Total Patients Waiting for a First Outpatient Appointment			8,501	8,866	9,243	9,579	9,354	9,496	9,851	9,654	9,496	9,430	8,948	9,428	9,823	
Longest Wait Time (weeks)											45	44	46	47	47	

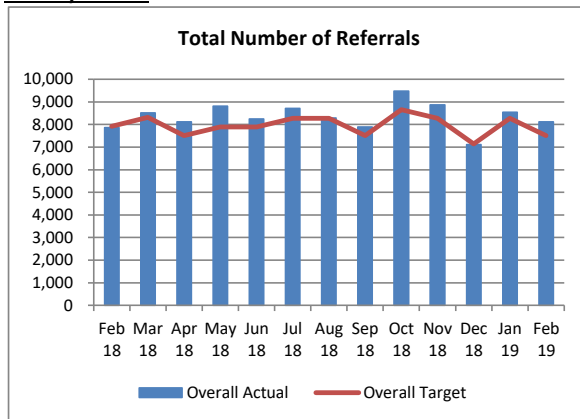
Commentary

The Trust's current RTT Incomplete Pathway position is 91.51% for February. This is an interim performance figure and pathways continue to be validated upto the statutory deadline. The position is expected to increase although full compliance with the standard will be delivered in March 2019. Currently seven specialties have failed to meet the 92% target in February, these are General Surgery, Urology, Gastroenterology, Cardiology, Dermatology, Gynaecology and Trauma and Orthopaedics.

Mid Cheshire do not currently have any 52 week breaches for February however there are 5 patients waiting over 39 weeks; (1 in General Surgery, 1 in Dermatology, 1 in Gynaecology and 2 in Trauma & Orthopaedics), this is the lowest seen since October 2018. 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 February 2019, 0.42% of patients waited longer than 6 weeks for their diagnostic tests, with all modalities delivering the standard.

Primary Drivers

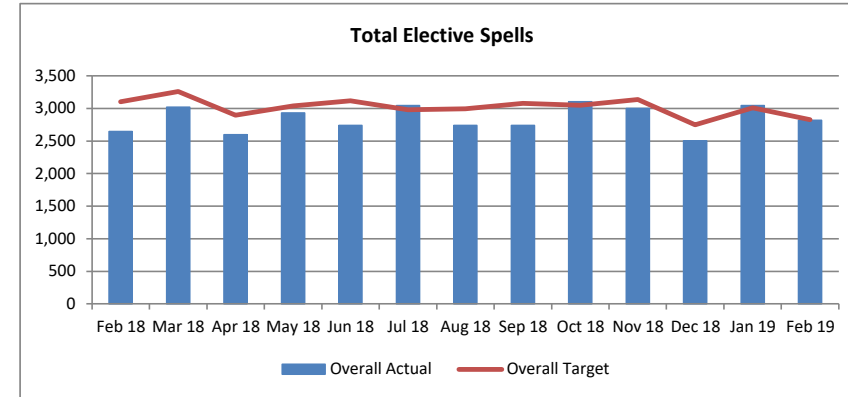
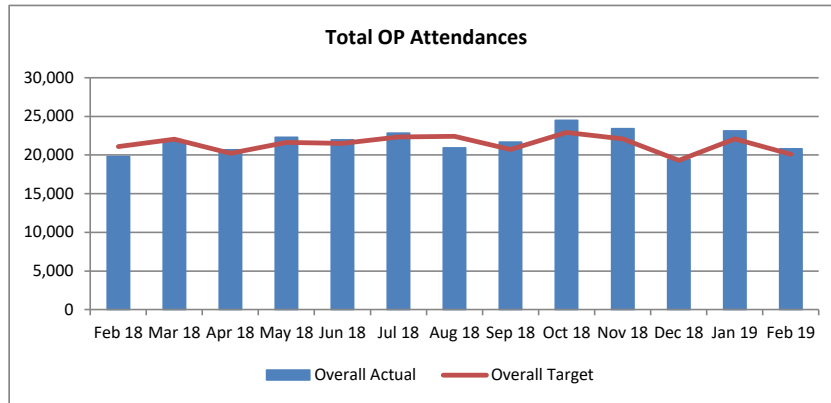


Referral Breakdown

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
GP Actual	4,928	5,388	4,858	5,400	5,065	5,355	5,184	4,925	5,755	5,684	4,411	5,424	4,915	
GP Target	5,008	5,259	4,683	4,920	4,920	5,157	5,157	4,683	5,394	5,157	4,446	5,157	4,683	
% to Target	98.4%	102.5%	103.7%	109.8%	103.0%	103.8%	100.5%	105.2%	106.7%	110.2%	99.2%	105.2%	105.0%	
Other Actual	2,931	3,119	3,256	3,408	3,186	3,352	3,107	2,968	3,714	3,189	2,696	3,118	3,204	
Other Target	2,904	3,050	2,833	2,976	2,976	3,120	3,120	2,833	3,263	3,120	2,689	3,120	2,833	
% to Target	100.9%	102.3%	114.9%	114.5%	107.1%	107.5%	99.6%	104.8%	113.8%	102.2%	100.3%	100.0%	113.1%	
Total Actual	7,859	8,507	8,114	8,808	8,251	8,707	8,291	7,893	9,469	8,873	7,107	8,542	8,119	
Total Target	7,913	8,308	7,515	7,896	7,896	8,276	8,276	7,515	8,657	8,276	7,135	8,276	7,515	
% to Target	99.3%	102.4%	108.0%	111.6%	104.5%	105.2%	100.2%	105.0%	109.4%	107.2%	99.6%	103.2%	108.0%	
GP % of Total	62.7%	63.3%	59.9%	61.3%	61.4%	61.5%	62.5%	62.4%	60.8%	64.1%	62.1%	63.5%	60.5%	

Operational Delivery: *Planned Activity*

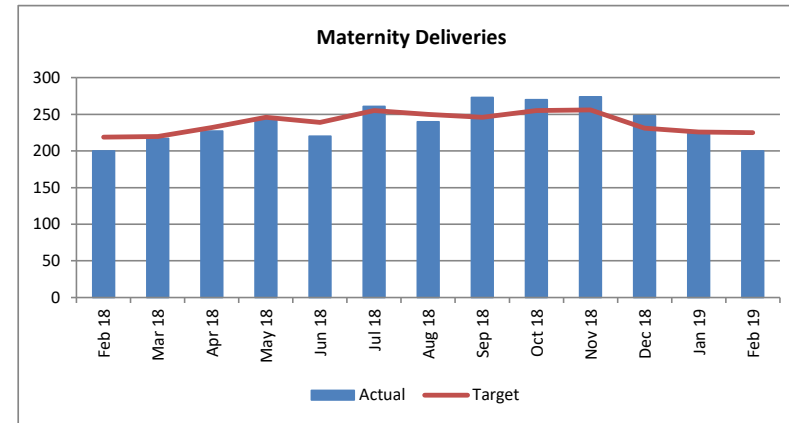
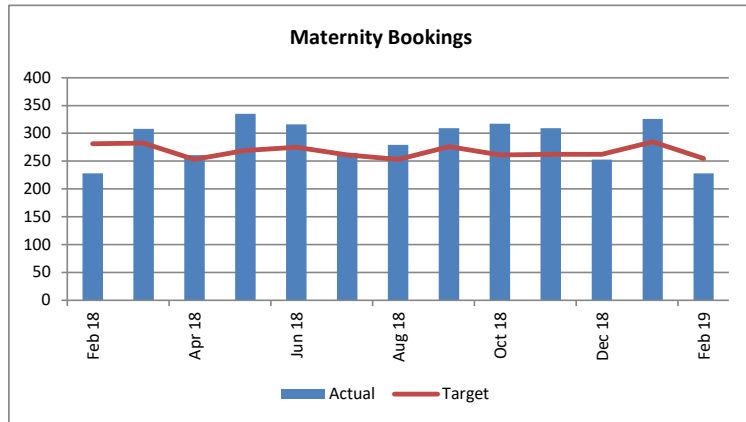
Primary Drivers



OP Attendance Breakdown		YTD 18 19	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
New Actual		74,395	6,217	6,855	6,472	7,138	6,868	7,001	6,211	6,648	7,713	7,203	5,946	6,847	6,348	
New Target		68,555	6,585	6,909	5,892	6,224	6,212	6,495	6,502	5,934	6,778	6,496	5,625	6,496	5,901	
% to Target		108.5%	94.4%	99.2%	109.9%	114.7%	110.6%	107.8%	95.5%	112.0%	113.8%	110.9%	105.7%	105.4%	107.6%	
F U Actual		167,280	13,583	14,927	14,214	15,170	15,089	15,835	14,737	15,014	16,778	16,207	13,493	16,281	14,462	
F U Target		166,821	14,504	15,152	14,346	15,407	15,283	15,844	15,912	14,774	16,157	15,600	13,701	15,604	14,194	
% to Target		100.3%	93.7%	98.5%	99.1%	98.5%	98.7%	99.9%	92.6%	101.6%	103.8%	103.9%	98.5%	104.3%	101.9%	
Total Actual		241,675	19,800	21,782	20,686	22,308	21,957	22,836	20,948	21,662	24,491	23,410	19,439	23,128	20,810	
Total Target		235,376	21,089	22,061	20,237	21,631	21,495	22,339	22,414	20,708	22,935	22,095	19,326	22,100	20,095	
% to Target		102.7%	93.9%	98.7%	102.2%	103.1%	102.1%	102.2%	93.5%	104.6%	106.8%	105.9%	100.6%	104.7%	103.6%	
New % of Total		30.8%	31.4%	31.5%	31.3%	32.0%	31.3%	30.7%	29.6%	30.7%	31.5%	30.8%	30.6%	29.6%	30.5%	
Elective Spells Breakdown		YTD 18 19	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
I P Actual		2,772	240	273	216	293	263	276	226	259	284	280	241	157	277	
I P Target		3,037	314	330	301	301	294	271	288	281	308	308	241	181	264	
% to Target		91.3%	76.5%	82.8%	71.8%	97.4%	89.4%	101.9%	78.6%	92.2%	92.3%	91.0%	100.1%	86.9%	104.8%	
Daycase Actual		28,473	2,404	2,745	2,378	2,637	2,476	2,766	2,513	2,479	2,817	2,717	2,262	2,887	2,541	
Daycase Target		29,833	2,790	2,931	2,593	2,738	2,825	2,709	2,709	2,795	2,740	2,827	2,507	2,826	2,565	
% to Target		95.4%	86.2%	93.7%	91.7%	96.3%	87.7%	102.1%	92.8%	88.7%	102.8%	96.1%	90.2%	102.2%	99.1%	
Total Actual		31,245	2,644	3,018	2,594	2,930	2,739	3,042	2,739	2,738	3,101	2,997	2,503	3,044	2,818	
Total Target		32,869	3,104	3,260	2,894	3,039	3,119	2,980	2,996	3,076	3,048	3,135	2,748	3,007	2,829	
% to Target		95.1%	85.2%	92.6%	89.6%	96.4%	87.8%	102.1%	91.4%	89.0%	101.8%	95.6%	91.1%	101.2%	99.6%	
I P % of Total		8.9%	9.1%	9.0%	8.3%	10.0%	9.6%	9.1%	8.3%	9.5%	9.2%	9.3%	9.6%	5.2%	9.8%	

Operational Delivery: *Planned Activity*

Primary Drivers

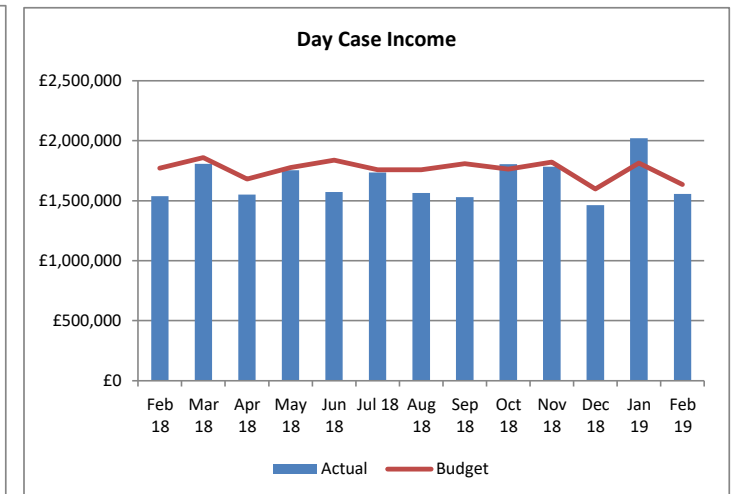
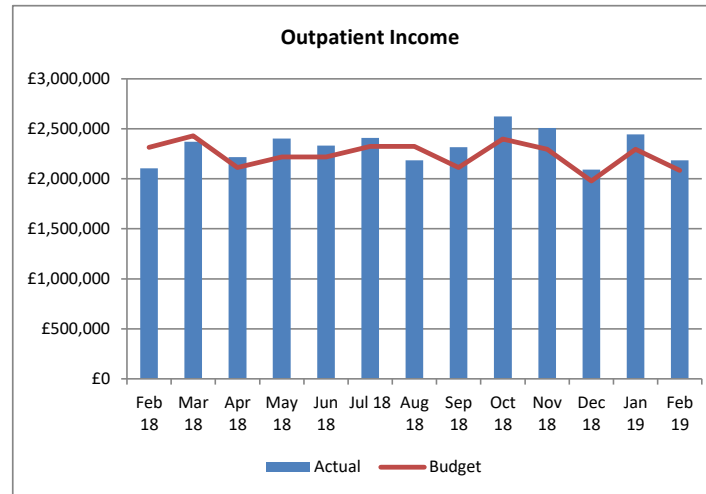
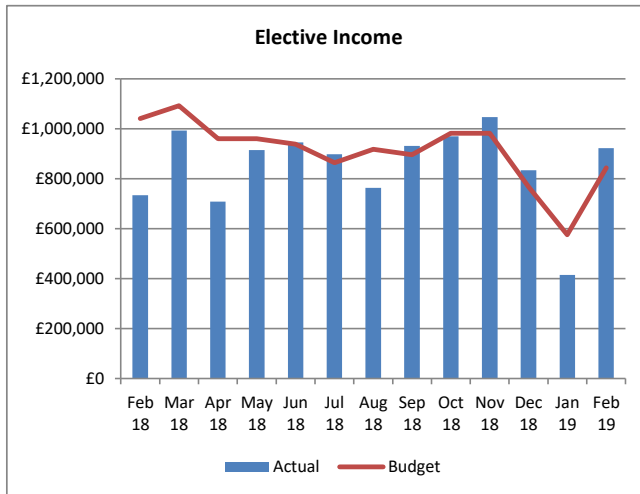


Operational Delivery: *Planned Activity*

Secondary Drivers

		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care	97.5%	96.0%	97.1%	95.4%	97.3%	96.1%	96.7%	96.9%	97.7%	95.8%	96.7%	97.2%	96.3%	
	Surgery & Cancer	89.6%	90.4%	85.4%	83.8%	88.9%	85.4%	86.9%	89.2%	92.5%	88.1%	85.5%	94.5%	94.2%	
Elective Inpatient Avg LOS (Days)		2.4	2.5	3.1	2.6	2.5	2.4	2.6	3.6	2.5	2.5	2.7	2.6	2.4	
Delayed Transfers of Care (MFFD)		16.00	13	14	14	12	13	13	16	22	12	9	16	17	
Delayed Transfers of Care (% of Acute Beds)			2.5%	2.7%	2.8%	2.7%	2.9%	2.8%	3.3%	4.5%	2.4%	1.8%	3.1%	3.3%	
Medical Outliers		25	15	13	20	22	26	29	37	26	26	29	46	31	
Readmission (Emergency Re-admissions after Planned Surgery)															
	30 Day Rate	2.56%	3.28%	3.36%	3.35%	2.99%	3.12%	2.73%	3.01%	3.28%	2.96%	2.87%	2.65%		
	7 Day Rate	0.88%	1.41%	1.00%	1.27%	1.03%	1.42%	1.27%	1.28%	1.16%	1.15%	1.09%	1.05%	1.47%	
Cancelled Operations - Non Clinical - Cancellation Rate		1.23%	1.48%	1.40%	1.07%	0.95%	0.95%	0.95%	0.73%	1.86%	0.63%	1.40%	0.58%	0.63%	
Theatre Efficiency															
	Main Theatres	74.2%	76.8%	79.5%	78.9%	78.9%	76.7%	78.4%	78.4%	77.9%	77.2%	73.9%	74.5%	76.2%	
	TC Theatres	71.5%	71.8%	69.0%	74.2%	72.6%	75.6%	73.2%	73.4%	76.6%	73.5%	72.0%	69.4%	73.0%	
DNA (OP Efficiency)		5.17%	5.41%	5.29%	5.92%	5.83%	6.09%	5.74%	5.55%	5.72%	5.62%	5.95%	5.75%	5.42%	
Hospital Cancellation Rate (OP Efficiency)		6.88%	6.43%	6.72%	6.79%	6.80%	7.03%	7.27%	7.58%	7.62%	7.64%	8.25%	7.64%	7.83%	

* 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 Feb (£'000)	Actual Feb (£'000)	Variance Feb (£'000)	Plan April to Feb (£'000)	Actual April to Feb (£'000)	Variance April to Feb (£'000)	2018/19 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	843	918	75	9,688	9,348	-340	10,797	10,659
Non-Elective	4,753	4,731	-22	54,506	54,042	-464	59,026	59,628
Maternity	1,128	1,024	-104	12,858	12,400	-457	13,454	14,000
Day cases	1,637	1,560	-77	19,248	18,331	-917	19,848	21,139
Outpatients	2,083	2,223	140	24,358	25,715	1,357	28,550	26,672
A&E	784	798	14	9,243	9,586	343	10,198	10,139
Other NHS	6,366	7,021	655	67,898	73,264	5,366	79,721	78,037
Total NHS Clinical Revenue	17,594	18,275	681	197,800	202,686	4,886	221,594	220,274
<i>Other Operating Income</i>	2,128	2,306	178	23,477	24,475	998	26,947	22,502
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	19,722	20,581	859	221,277	227,162	5,885	248,541	242,776
Operating Expenses								
Employee Benefits Expenses (Pay)	-14,423	-14,874	-451	-157,346	-160,637	-3,291	-175,781	-168,313
Drugs	-1,289	-1,424	-135	-14,896	-15,761	-865	-16,871	-15,868
Clinical Supplies	-1,578	-1,540	38	-17,420	-16,863	557	-17,859	-18,370
Non Clinical Supplies	-298	-303	-5	-3,291	-3,600	-309	-3,982	-3,537
Other operating expenses	-1,896	-2,068	-172	-27,315	-29,765	-2,450	-34,055	-31,419
TOTAL OPERATING EXPENSES	-19,484	-20,209	-725	-220,268	-226,625	-6,357	-248,548	-237,507
EBITDA	238	372	134	1,009	536	-473	-7	5,269
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	10	7	33	93	60	90	36
Non-Operating Expenses								
Depreciation & Finance Leases	-725	-567	158	-5,466	-4,963	503	-5,613	-6,190
PDC Dividend Expense	-192	-192	0	-2,109	-2,109	0	-2,150	-2,300
Adjusted Financial Performance surplus/(deficit)	-676	-377	299	-6,533	-6,443	90	-7,680	-3,185
Provider Sustainability Fund	983	0	-983	7,444	3,835	-3,609	3,835	8,428
Net Surplus/(deficit) before Exceptional Items	307	-377	-684	911	-2,609	-3,520	-3,845	5,243
Donations for purchase of assets	24	16	-8	261	266	5	288	288
Depreciation on Donated Assets	-23	0	23	-255	-232	23	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	308	-361	-669	917	-2,575	-3,492	-3,835	5,253

The Trust delivered a cumulative £2.6M deficit (before exceptional items) against a budget surplus of £0.9M, giving a variance of £3.5M. This includes an accrual £4.125M, reflecting the MOU – which has now been settled with the host commissioners.

Commissioning/Other income are above plan by £1M with the drugs recharges offsetting an increased non pay cost.

Pay is £3.3M 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 had been previously underspending is now overspending due to the employment of high cost agency doctors, and is expected to carry on into the final month of the year.

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 £2.45M, of which £1.5M relate to outsourcing in pathology/radiology – and £0.7M relate to Estates costs (Utilities £0.3M, 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 (FY £2.5M), and it is forecast the trust will not achieve the Q4 financial target (£2.065M). The forecast has been updated to reflect the settlement of the contract and expected forecast to the year end.

* EBITDA Total excludes Charitable Income

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	Budget 2018/19 £'000
	Plan Feb (£'000)	Actual Feb (£'000)	Variance Feb (£'000)	Plan April to Feb (£'000)	Actual April to Feb (£'000)	Variance April to Feb (£'000)	2018/19 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	843	918	75	9,688	9,348	-340	10,797	10,659
Non-Elective	4,753	4,731	-22	54,506	54,042	-464	59,026	59,628
Maternity	1,128	1,024	-104	12,858	12,400	-457	13,454	14,000
Day cases	1,637	1,560	-77	19,248	18,331	-917	19,848	21,139
Outpatients	2,083	2,223	140	24,358	25,715	1,357	28,550	26,672
A&E	784	798	14	9,243	9,586	343	10,198	10,139
Other NHS	3,996	4,559	563	41,828	46,926	5,098	50,965	49,574
Total NHS Clinical Revenue	15,224	15,813	589	171,730	176,349	4,619	192,838	191,811
<i>Other Operating Income</i>	2,031	2,192	161	22,435	23,282	847	25,644	21,500
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	17,255	18,005	750	194,165	199,631	5,466	218,482	213,311
Operating Expenses								
Employee Benefits Expenses (Pay)	-12,615	-13,003	-388	-137,331	-140,873	-3,542	-154,608	-146,930
Drugs	-1,287	-1,419	-132	-14,874	-15,729	-855	-16,836	-15,844
Clinical Supplies	-1,493	-1,449	44	-16,483	-15,864	619	-16,775	-17,353
Non Clinical Supplies	-217	-222	-5	-2,400	-2,672	-272	-2,973	-2,568
Other operating expenses	-1,511	-1,685	-174	-22,942	-25,515	-2,573	-29,402	-26,706
Inter-Trust Charges	111	103	-8	1,225	1,350	125	1,491	1,364
TOTAL OPERATING EXPENSES	-17,012	-17,675	-663	-192,805	-199,304	-6,499	-219,103	-208,037
EBITDA	243	330	87	1,360	327	-1,033	-621	5,274
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	10	7	33	93	60	90	36
Non-Operating Expenses								
Depreciation & Finance Leases	-725	-567	158	-5,466	-4,963	503	-5,613	-6,190
PDC Dividend Expense	-192	-192	0	-2,109	-2,109	0	-2,150	-2,300
Net Surplus/(deficit) before PSF/Exceptional Items	-671	-419	252	-6,182	-6,653	-471	-8,294	-3,180
Provider Sustainability Fund	983	0	-983	7,444	3,835	-3,609	3,835	8,428
Net Surplus/(deficit) before Exceptional Items	312	-419	-731	1,262	-2,818	-4,080	-4,459	5,248
Donations for purchase of assets	24	16	-8	261	266	5	288	288
Depreciation on Donated Assets	-23	0	23	-255	-232	23	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	313	-403	-716	1,268	-2,784	-4,052	-4,449	5,258

The Trust excluding Community Services, delivered a £6.7M deficit against a planned deficit of £6.2M year to date - giving a £0.5M variance against plan cumulatively, excluding the impact of the provider sustainability fund (PSF).

The trust has accrued £4.125M 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 £3.5M 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 £0.6M is an offset of planned underperformance and the overspend on drugs is offset against increased other operating income.

Other Operating Expenses is £2.6M worse as a result of continuing outsourcing pressures in Diagnostics and Radiology (£1.5M) 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 only.

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Forecast	Budget 2018/19 £'000
	Plan Feb (£'000)	Actual Feb (£'000)	Variance Feb (£'000)	Plan April to Feb (£'000)	Actual April to Feb (£'000)	Variance April to Feb (£'000)	2018/19 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	0	0	0	0	0	0	0	
Non-Elective	0	0	0	0	0	0	0	
Maternity	0	0	0	0	0	0	0	
Day cases	0	0	0	0	0	0	0	
Outpatients	0	0	0	0	0	0	0	
A&E	0	0	0	0	0	0	0	
Other NHS	2,370	2,462	92	26,070	26,338	268	28,756	28,463
Total NHS Clinical Revenue	2,370	2,462	92	26,070	26,338	268	28,756	28,463
<i>Other Operating Income</i>	97	114	17	1,042	1,193	151	1,303	1,002
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	2,467	2,576	109	27,112	27,531	419	30,059	29,465
Operating Expenses								
Employee Benefits Expenses (Pay)	-1,808	-1,871	-63	-20,015	-19,764	251	-21,173	-21,383
Drugs	-2	-5	-3	-22	-32	-10	-35	-24
Clinical Supplies	-85	-91	-6	-937	-999	-62	-1,084	-1,017
Non Clinical Supplies	-81	-81	0	-891	-928	-37	-1,009	-969
Other operating expenses	-385	-383	2	-4,373	-4,249	123	-4,653	-4,713
Inter-Trust Charges	-111	-103	8	-1,225	-1,350	-125	-1,491	-1,364
TOTAL OPERATING EXPENSES	-2,472	-2,534	-62	-27,463	-27,322	141	-29,445	-29,470
EBITDA	-5	42	47	-351	209	560	614	-5
Non Operating								
Non Operating Income								
Interest & Asset disposal	0	0	0	0	0	0	0	
Non-Operating Expenses								
Depreciation & Finance Leases	0	0	0	0	0	0	0	
PDC Dividend Expense	0	0	0	0	0	0	0	
Adjusted Financial Performance surplus/(deficit)	-5	42	47	-351	209	560	614	-5
Provider Sustainability Fund	0	0	0	0	0	0	0	0
Net Surplus/(deficit) before Exceptional Items	-5	42	47	-351	209	560	614	-5
Donations for purchase of assets	0	0	0	0	0	0	0	0
Depreciation on Donated Assets	0	0	0	0	0	0	0	0
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	-5	42	47	-351	209	560	614	-5

Community Services delivered a £0.56M surplus cumulative against a planned deficit position of £0.35M.

Contract income is above plan (£268K), 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 £251K 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	(45)	(907)	(888)	(80)	(81)	(987)	(1,015)
Endoscopy	Endoscopy	5,749	5	(603)	(2,218)	203	(1,149)	302	2,387	(98)
General Surgery Directorate	General Surgery	15,824	71	551	(8,828)	(372)	(1,698)	(110)	5,369	69
Head & Neck Directorate	Head & Neck	4,854	393	(299)	(2,299)	168	(607)	130	2,342	(1)
Macmillan Cancer Centre	Macmillan Cancer Centre	583	1,984	620	(934)	(82)	(1,690)	(367)	(58)	172
Ophthalmology	Ophthalmology	11,327	57	693	(4,019)	(54)	(3,375)	(289)	3,990	351
Orthopaedic Directorate	Orthopaedics	16,775	221	110	(6,114)	49	(3,113)	(19)	7,769	141
Theatres & TC	Theatres & TC	0	329	8	(6,790)	68	(2,576)	(264)	(9,037)	(188)
Urology Directorate	Urology	5,083	55	(10)	(2,701)	(144)	(536)	(103)	1,901	(257)
Surgical and Cancer Division	Surgery & Cancer	60,195	3,115	1,025	(34,810)	(1,053)	(14,825)	(800)	13,675	(828)

The Surgical Division is 0.8M worse than plan year to date. Pay is £1M 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 within the division also relate to acuity with Urology, and waiting lists within the General Surgery specialties and Ophthalmology, relating to supporting the opening of SACU, and out of area work – resulting into a medical pay overspend. Whilst non pay is overspent by £0.8M, £0.6M of this is offset by increased charges to the Christie as part of their SLA.

		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	(2,082)	(544)	(82)	(18)	(2,161)	(559)
Accident & Emergency Dir	Emergency Department	14,345	739	(105)	(6,178)	(389)	(736)	(123)	8,170	(617)
Anaesthetics & Critical Care	Anaesthetics & Critical Care	5,806	42	(107)	(7,360)	240	(1,085)	45	(2,597)	177
Medical Directorate	General Medicine	39,848	321	864	(22,345)	(1,595)	(3,985)	356	13,840	(376)
Urgent Care Centre	Urgent Care Centre	0	0	0	(686)	(27)	0	74	(686)	48
Emergency Services Division	Medicine & Emergency Care	60,000	1,104	655	(38,650)	(2,315)	(5,888)	334	16,566	(1,326)

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 are overspent (£0.143M in month, £0.436M YTD), which is expect 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
Wom Chil & sexl hlth Div Mgmt	Divisional Management W&C	0	6	6	(1,191)	47	(123)	20	(1,309)	73
Gum clinic	Gum clinic	0	0	0	0	0	(1)	(1)	(1)	(1)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	16,148	114	(814)	(7,973)	68	(1,286)	(52)	7,003	(799)
Paediatric Directorate	Paediatrics	10,616	100	(420)	(7,319)	(228)	(1,016)	(21)	2,381	(669)
Women and Childrens Division	Women and Children	26,763	220	(1,228)	(16,483)	(113)	(2,426)	(54)	8,074	(1,395)

The Women's and Children's Division is £1.4M 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 (£0.4M), 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	(269)	28	(35)	(112)	(304)	(83)
Dermatology	Dermatology	1,598	20	(51)	(907)	66	(305)	(7)	406	8
ECG department	ECG	364	19	(7)	(911)	119	(69)	4	(598)	117
Elmhurst	Elmhurst	1,831	158	(1)	(1,527)	(117)	(157)	11	306	(108)
Integrated Discharge	Integrated Discharge	0	23	23	(291)	(28)	(5)	(3)	(274)	(7)
Medical Records Department	Medical Records Department	0	0	(2)	(1,629)	(22)	(198)	6	(1,827)	(18)
Outpatients	Outpatients	0	141	(13)	(505)	22	(56)	(6)	(420)	3
Pathology Directorate	Pathology	11,035	3,678	779	(8,963)	333	(8,582)	(1,205)	(2,832)	(93)
Pharmacy Departments	Pharmacy	3,105	189	(8)	(3,182)	(126)	(3,373)	(436)	(3,261)	(570)
Radiology Directorate	Radiology	2,875	717	(15)	(5,915)	(2)	(2,362)	(604)	(4,685)	(621)
Therapeutic Departments	Therapies	0	0	0	(2,006)	(28)	(56)	33	(2,061)	6
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,868	2	(91)	(1,665)	(66)	(263)	8	(58)	(149)
Diagnostics and Support Divisi	Diagnostics and Support	22,676	4,947	614	(27,772)	180	(15,460)	(2,310)	(15,609)	(1,516)

The Diagnostics Division is £1.5M worse than plan year to date, with the key pressures continue to lie with the outsourced radiology and pathology tests £1.2M (net of medical vacancies). The over performance on income relates to increased charges to ECT, and pass through drugs costs. The general drugs CIP of £0.3M is held within pharmacy – with the

		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	14	14	(486)	19	(167)	30	(638)	63
Catering Directorate	Catering	0	1,343	97	(1,584)	(88)	(1,324)	(111)	(1,566)	(101)
Estates Departments	Estates Departments	0	432	(5)	(1,456)	9	(6,668)	(527)	(7,692)	(523)
Hotel Services	Domestics	0	0	0	(1,255)	7	(13)	(3)	(1,269)	4
Laundry Services Departments	Laundry	0	1,068	(48)	(1,059)	(64)	(725)	(2)	(716)	(114)
Security	Security	0	1,590	37	(681)	23	(670)	(123)	239	(63)
Site Services	Porters	0	0	0	(2,660)	14	(75)	(2)	(2,735)	12
Estates & Facilities Division	Estates & Facilities Division	0	4,446	95	(9,181)	(80)	(9,642)	(738)	(14,377)	(722)

The Estates and Facilities Division is £0.7M worse than plan. Utility costs are expected to be £0.38M over budget for the year, and there are some 1718 costs (£0.2M), and one off costs (£70K). Within laundry, the loss of £40K for a SLA and bank usage to counter machine breakdowns have led the £114K adverse variance to budget. For Catering, the increase in wards have resulted in part of the overspend within non pay, along with one off costs associated with the refurbishment of the bistro

		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	17	17	(1,424)	(23)	(602)	(30)	(2,009)	(36)
Computer Services	Computer Services	0	102	92	(1,382)	42	(2,705)	(328)	(3,986)	(194)
Finance & Information	Finance & Information	0	39	10	(2,739)	140	(716)	(14)	(3,416)	136
Human Resources	Human Resources	0	518	79	(2,288)	47	(457)	97	(2,227)	223
Risk Management & R&D	Risk Management & R&D	0	449	(46)	(1,439)	33	(77)	15	(1,067)	2
Quality Assurance Departments	Nurse Management	0	217	118	(2,570)	(68)	(6,611)	137	(8,964)	187
Trust Central Expenditure	Trust Central Expenditure	10,529	8,154	313	(1,896)	(263)	(201)	573	16,587	624
Other Departments	Other Departments	19	220	153	(238)	(67)	(185)	60	(185)	146
Corporate	Corporate	10,548	9,716	737	(13,975)	(158)	(11,555)	510	(5,267)	1,089

The Corporate Division is £1.0M better than budget – which includes the accrual for the MOU of £4.125M, and an offset of the PSF not achieved year to date (£3.6M)

Community Services	26,338	1,193	420	(19,764)	250	(6,205)	18	1,562	688
EBITDA	206,521	24,741	2,318	(160,636)	(3,289)	(66,000)	(3,040)	4,625	(4,011)

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	7,400	0	7,445	45
NHS Eastern Cheshire CCG Community	412	378	0	378	0
NHS South Cheshire CCG Community	17,336	15,872	0	16,045	173
NHS South Cheshire CCG	101,698	95,902	-645	95,902	0
NHS Vale Royal CCG	55,052	51,913	-1,486	51,913	0
NHS Vale Royal CCG Community	10,515	9,719	0	9,741	22
NHS Warrington CCG	284	261	0	281	20
NHS West Cheshire CCG	3,537	3,230	0	3,204	-26
NHS West Cheshire CCG Community	191	175	0	175	0
NHS North Staffordshire CCG	2,307	2,106	0	2,335	229
NHS Shropshire CCG	892	815	0	712	-103
NHS Stoke on Trent CCG	1,609	1,468	0	1,506	38
Public Health England	1,540	1,392	0	1,184	-208
NHS Commissioning Board	1,604	1,468	0	1,468	0
Specialist Commissioning Group	8,645	7,929	0	7,245	-684
Non Contract Activity	2,007	1,831	0	1,894	63
Cross Border Flows (non Betsi)	149	136	0	94	-42
Betsi	229	209	0	633	424
Non-Commissioner Specific	12,600	3,043	0	4,369	1,326
TOTAL	228,702	205,247	-2,131	206,524	1,277

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,962	5,465	5,379	-86
Adult & Neonatal Critical Care	7,896	7,250	7,259	9
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,303	1,195	1,195	0
Direct Access Services	9,509	8,720	8,884	164
Unbundled Radiology	3,505	3,214	3,190	-24
High Cost Drugs	9,762	9,008	9,212	204
Screening Programmes	1,530	1,403	1,439	36
Audiology	1,167	1,069	925	-144
IVF	258	237	169	-68
CQUIN	4,312	3,670	3,292	-378
PSF	8,428	7,444	3,835	-3,609
Community Services	28,149	25,801	25,955	154
CEP	-2,817	-2,582	-2,131	452
WINTER FUNDING	750	687	1,154	467
Memorandum of Understanding	4,500	4,125	4,125	0
Other	2,400	-1,349	3,215	4,564
TOTAL	86,614	75,357	77,097	1,741

The MOU between the Trust and the CCG has now been settled at £4.5M, of which £4.125M has been accrued into the position year to date. It is expected that against a PbR contract this settlement the trust will be £2.2M better off.

Other associate commissioners combined are showing an over-performance of £202K. 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, particularly within Paediatrics.

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 activity ceased as a result of the required for the Trust to maintain waiting lists at March 2018 levels.

Other contract income is showing £1.7M better than plan.

The trust has accrued £4.125M of the MOU in relation to South/Vale Royal contracts, which matches against costs which have been incurred year to date.

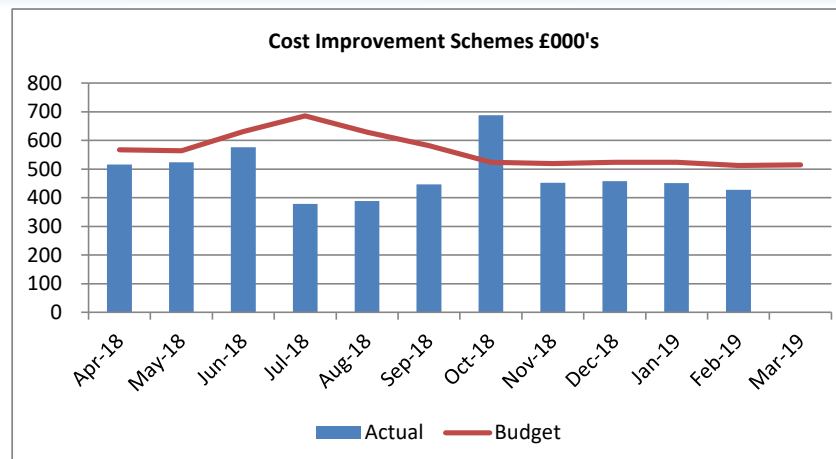
The remainder of the performance against plan is in large part due to expected increases in activity within the plan have not materialised – and where the trust was expecting to have a material CEP adjustment YTD of £2.6M the adjustment on the South and Vale Royal contracts has only been £2.2M.

Aside the CEP adjustment there were gains against the un-coded prior year spells valuation (£140k), Direct Access Services with East Cheshire CCG (£164K), and Adult Critical Care (£28k) offset by anticipated CQUIN income (£378K) and High cost drugs (£204K) – 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, for the first 3 quarters of the year. The PSF element associated with meeting the A&E standard & the final quarter of the financial target are not expected to be met.

Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	503	418	-85	524	439	-85
Commercial	178	252	74	195	273	78
Drugs	602	602	0	657	657	0
Medical Workforce	1,420	1,030	-390	1,550	965	-586
Non-Pay Efficiency	1,143	1,382	239	1,228	1,510	282
Nursing Workforce	893	631	-262	974	688	-286
Procurement	627	270	-357	684	280	-404
Theatres Efficiency	92	92	0	100	100	0
Service redesign	495	425	-70	540	463	-77
Market Share	293	202	-92	320	220	-100
Total (£'000)	6,246	5,304	-943	6,772	5,595	-1,178



The CIP achievement year to date is £0.94M worse than plan with the challenges to the following CIP schemes:- improvement of nurse/HCA sickness within Emergency Care (£0.2M), reduction in WLIs (£0.2M), and the Medical Vacancy factor in Surgery and Cancer (£0.2M). It is expected that the trust will be £1.2M below targeted CIP for the year end.

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	64	0	-64	70	0	-70
Non-Pay Efficiency	92	92	0	100	100	0
Drugs	46	46	0	50	50	0
Commercial	183	0	-183	200	0	-200
Procurement	92	0	-92	100	0	-100
Elective	1,023	452	-571	1,116	460	-656
Total (£'000)	1,500	590	-910	1,636	610	-1,026

The CEP schemes rolled over from 1718 are under achieving by £0.9M, with key issues around delivering planned cost savings in IVF, and work with East Cheshire in relation to births /out of hours contracts, as these are legacy CEP schemes these are being discussed with commissioners.

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

Financial Performance: Capital Report

SCHEME	BOARD APPROVED	FUNDING SOURCE	FUNDING APPROVED	EXPENDITURE BROUGHT FORWARD	2018/19 ANNUAL BUDGET	2018/19 CUMULATIVE BUDGET TO DATE	2018/19 CUMULATIVE ACTUAL	2018/19 BETTER/WORSE THAN BUDGET	2018/19 FORECAST	2019/20 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
STRATEGIC INVESTMENTS (Requires individual signoff)													
ESTATES													
CAR PARK BARRIERS	Yes	Internal	Yes	44	16	16	15	1	16		59	60	60
BISTRO & 2 OFFICES	Yes	Internal	Yes	120	58	58	58	0	58		178	178	178
UNDER / OVERS CAPITAL SCHEMES 17/18	Yes	Internal	Yes		0	0	8	-8	7		8	0	7
WARD REFURBISHMENT	Yes	Loan	Yes	224	1864	1864	2174	-310	2099	8600	2398	10,688	10,923
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Yes	174	1475	1475	48	1427	1115	0	222	1,649	1,289
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	9	156	0	135	9	300	135
BARRIER ACCESS CONTROL	Yes	Internal	Yes		100	100	0	100	0	100	0	200	100
CAR PARK LAND *	Yes	Loan	Not yet approved		400	350	31	319	40	1860	31	2,260	1,900
EPR PROJECT ACCOMODATION *	Yes	Loan	Not yet approved		350	250	0	250	0	0	0	350	0
ENDOSCOPY WASHER BUILD *	No	Loan	Not yet approved		250	100	0	100	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	500	0	500	0	668	0	1,336	668
WARD REFURBUISHMENT *	No	Loan	Not yet approved		1600	1450	280	1170	700	900	280	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
TOTAL				562	7396	6778	2630.62118	4147	4135	15548	3192.62118	23506	20245
IT													
UNDER / OVERS CAPITAL SCHEMES 17/18	Yes	Internal	Yes		0	0	0	0	0		0	0	0
UPS	Yes	Internal	Yes		250	250	0	250	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	89	-9	80		89	80	80
CONFIGURATION MANAGEMENT SYSTEM	Yes	Internal	Yes		35	35	0	35	0		0	35	0
CORE INFRASTRUCTURE UPGRADE	yes	PDC	Yes		538	478	279	199	575	180	279	718	755
CYBER SECURITY	Yes	PDC	Yes	17	291	291	291	0	291		308	308	308
X-RAY MACHINE STORAGE	Yes	Internal	Yes		100	100	113	-13	113		113	100	113
SEQUEL / WINDOWS LICENCES	Yes	Internal	Yes		80	80	0	80	0	80	0	160	80
VIRTUAL DESKTOP	No	Internal	Yes		400	300	0	300	0	200	0	600	200
VIRTUAL CLINICS	No	Internal	Yes		50	50	5	45	50		5	50	50
VPN	Yes	PDC	Yes		70	70	0	70	70		0	70	70
VOICE OVER IP	Yes	Internal	Yes	466	100	91	6	85	75	100	472	666	641
SYSTEM REFRESH / REPLACEMENT													
LAB CENTRE PATHOLOGY	No	Internal	Yes		800	0	0	0	0	1600	0	2,400	1,600
CHEMOCARE	yes	Internal	Yes		85	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
TOTAL				596	3140	2171	822	1349	1487	4101	1418	7837	6,184
TOTAL STRATEGIC INVESTMENTS				1158	10536	8949	3453	5496	5622	19649	4611	31,343	26,429

The Estates strategic investments capital spend is £4.1M 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 £1.2M underspent which is mainly due to UPS Replacement (£0.25M), Core Infrastructure upgrade (£0.2M) and Virtual Desktop (£0.3M) with the remaining variance across a number of schemes.

Financial Performance: Capital Report

SCHEME	BOARD APPROVED	FUNDING SOURCE	FUNDING APPROVED	EXPENDITURE BROUGHT FORWARD	2018/19 ANNUAL BUDGET	2018/19 CUMULATIVE BUDGET TO DATE	2018/19 CUMULATIVE ACTUAL	2018/19 BETTER/WORSE THAN BUDGET	2018/19 FORECAST	2019/20 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
ROLLING ALLOCATIONS (Approved Delegated Budgets)													
ESTATES													
ASBESTOS REMOVAL	Yes	Internal	Yes		271	242	103	139	135	736	103	1,007	871
DESIGN TEAM	Yes	Internal	Yes		313	284	265	19	313	1252	265	1,565	1,565
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		459	432	13	419	50	1109	13	1,568	1,159
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		2650	2442	1465	977	1,736	7873	1465	10,523	9,609
TOTAL				0	3,693	3,400	1,845	1555	2,234	10,970	1845	14,663	13,204
IT													
INTERSITE CONNECTIVITY	Yes	Internal	Yes		50	50	17	33	50		17	50	50
INTERFACING	Yes	Internal	Yes		151	121	87	34	101	390	87	541	491
IT APPLICATIONS	Yes	Internal	Yes		193	157	17	140	83	475	17	668	558
STORAGE & BACKUP	No	Internal	Yes							250		250	250
TOTAL				0	394	328	120	208	234	1115	120	1,509	1,349
TOTAL ROLLING ALLOCATIONS				0	4,087	3,728	1,966	1,762	2,468	12,085	1,966	16,172	14,553
ADDITIONAL													
EQUIPMENT	Yes	Internal	Yes		0	0	136	-136	90		136	0	90
MOBILE SCANNER CABIN									89				
PUBLIC WiFi					0	0	0	0	0		0	0	0
ACQUISITION OF SCPH					0	0	0	0	0	1000	0	1,000	1,000
PERSONAL CARE PORTAL					0	0	0	0	0		0	0	0
MEDICAL RECORDS RACKING	Yes	Internal	Yes		43	43	60	-17	60		60	43	60
CANCER MDT	Yes	PDC	Yes		30	30	0	30	0		0	30	0
GP STREAMING ESTATES	Yes	PDC	Yes	12	488	488	566	-78	488		578	500	500
GP STREAMING IT FRONT OF HOUSE	Yes	PDC	Yes	108	142	0	0	0	0		108	250	108
COMMUNITY SERVICES	Yes	Internal	Yes	105	630	630	512	118	495		617	735	600
LEASING INVESTMENTS													
EQUIPMENT	Yes	Internal	Yes		600	273	218	55	522	78	218	678	600
3RD CT SCANNER	No	Internal	Not yet approved		531	0	0	0	0		0	531	0
REPLACEMENT CT SCANNER	No	Internal	Not yet approved		532	0	0	0	0		0	532	0
3RD MRI SCANNER	Yes	Internal	Yes		600	0	0	0	0		0	600	0
ROOM 2 X-RAY	No	Internal	Not yet approved		250	0	0	0	250		0	250	250
SSD WASHERS	No	Internal	Not yet approved		320	0	0	0	0	320	0	640	320
TOTAL LEASING INVESTMENTS				0	2833	273	218	55	772	398	218	3231	1170
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)				1,383	15,956	13,868	6,693	7,175	9,312	32,734	8,076	50,073	43,340
TOTAL CAPTIAL PROGRAMME				1,383	18,789	14,141	6,911	7,230	10,084	33,132	8,294	53,304	44,510

The rolling allocation is £1.8M 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. In addition the acquisition of South Cheshire Private Hospital £1M where the expenditure is anticipated to now be in the next financial year.

Financial Performance: Statement of Financial Position

	Plan Apr to Feb (£'000)	Actual Apr to Feb (£'000)	Variance (£'000)	Forecast 2018/19 (£'000)
Assets				
Assets, Non-Current	108,095	99,821	-8,274	102,218
Assets, Current				
Trade and other Receivables	5,558	14,373	8,815	6,521
Other Assets (including Inventories & Prepayments)	6,403	5,852	-551	6,600
Cash and Cash Equivalents	11,976	9,591	-2,385	8,496
Total Assets, Current	23,937	29,817	5,880	21,617
ASSETS, TOTAL	132,032	129,638	-2,394	123,835
Liabilities				
Liabilities, Current				
Finance Lease, Current	-290	-1,511	-1,221	-1,548
Loans Commercial Current	-84	-6	78	-5,673
Trade and Other Payables, Current	-14,195	-14,428	-233	-13,836
Provisions, Current	-113	-45	68	-225
Other Financial Liabilities	-6,991	-13,495	-6,504	-6,585
Total Liabilities, Current	-21,673	-29,485	-7,812	-27,867
Net Current Assets/(Liabilities)	2,264	332	-1,932	-6,250
Liabilities, Non Current				
Finance Lease, Non Current	-6,442	-3,240	3,202	-3,196
Loans Commercial Non-Current	-16,921	-12,824	4,097	-10,144
Provisions, Non-Current	-1,604	-1,609	-5	-1,434
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	-24,967	-17,673	7,294	-14,774
TOTAL ASSETS EMPLOYED	85,392	82,480	-2,912	81,194
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	76,791	76,996	205	76,996
Retained Earnings	-6,992	-10,085	-3,093	-11,394
Donated asset reserve	0	1	1	0
Revaluation Reserve	15,592	15,568	-24	15,592
TOTAL TAXPAYERS EQUITY	85,391	82,480	-2,911	81,194
TOTAL FUNDS EMPLOYED	85,391	82,480	-2,911	81,194

Assets Non-Current

The main reason for the variance is that the plan is the capital programme expenditure being £8.3M less than anticipated which is mainly due to a delay in the third MRI Scanner build £1.43M, Backlog maintenance £0.98M, Waste Compound £0.35M, CTVT £0.30M, Ward Refurbishment £0.86M, Virtual Desktop £0.30M, SSD Washers £0.50M, other minor Estates schemes £1.48M and other minor IT schemes £1.00M. 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 and month 10 & 11 not being accrued as the A&E target has not been achieved. In addition outstanding invoiced debts include University of North Midlands Trust £0.12M, Cheshire East Council £0.15M, South Cheshire CCG £0.30M, Vale Royal CCG £0.15M, NHS Property Services £0.20M One to One Nursing £0.11M and The Christies £0.81M and Health Education England £0.49M.

Other Assets

This is lower than anticipated due to lower prepayments due to delays in maintenance contracts for the new MRI Scanner and some operating leases.

Finance Lease Current

This mainly due to a number of new finance leases being taken on to replace disposed assets.

Other Financial Liabilities

This is mainly due to Accruals more than expected mainly due to the plan being based on last year's accruals. There are higher accruals for Agency £0.38M and CCICP £0.21M. This is offset by an advance payment by South Cheshire and Vale Royal CCG's £4.50M 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 refurbishments and the third MRI scanner.

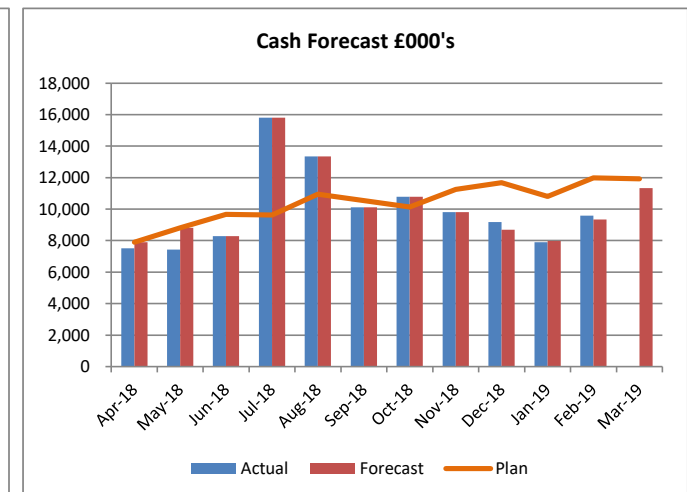
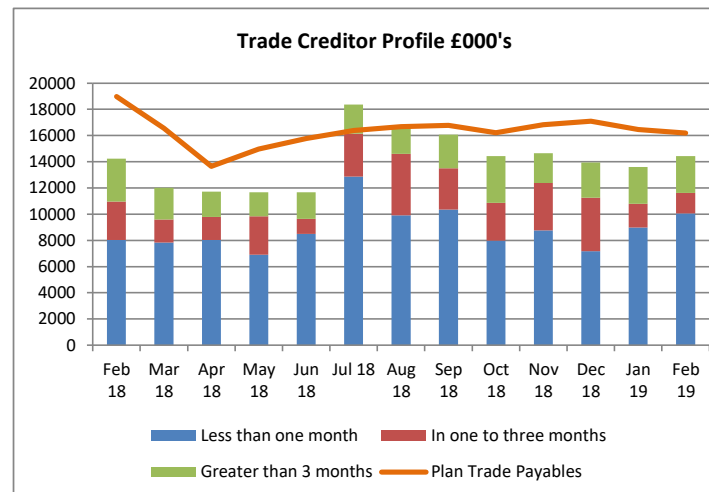
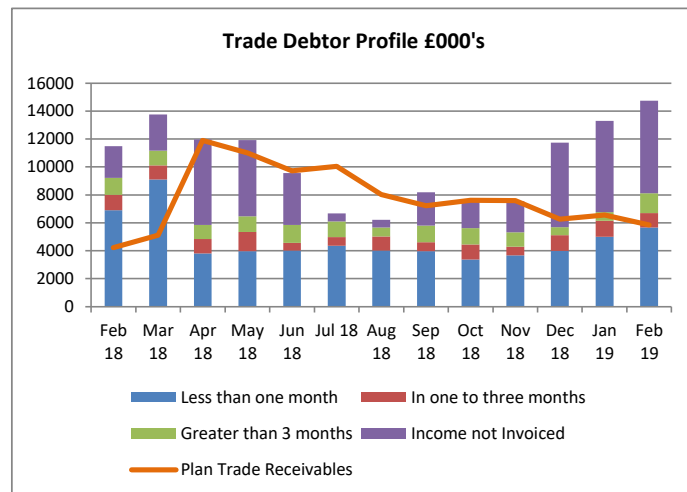
Financial Performance: Cash Position and Working Capital

	Plan Apr to Feb (£'000)	Actual Apr to Feb (£'000)	Variance
Surplus/(deficit) after tax	544	-2,575	-3,119
Non-cash flows in operating Surplus/(deficit) total	5,716	5,103	-613
Operating cash flows before movements in working capital	6,260	2,528	-3,732
Increase/(Decrease) in working capital Total	8,020	7,903	-117
Net cash inflow/(outflow) from operating activities	14,280	10,431	-3,849
Net cash inflow/(outflow) from investing activities total	-12,562	-6,950	5,612
Net Cash inflow/(outflow) before financing	1,718	3,482	1,764
Net cash inflow/(outflow) from financing activities Total	2,496	-1,652	-4,148
Net increase/(decrease) in cash and cash equivalents	4,214	1,830	-2,384
Opening cash balance	7,761	7,761	0
Closing cash balance	11,975	9,591	-2,384

Cash is £2.4M less than anticipated; this is mainly due to the failure of the Q1 & Q2 and month 10 and 11 A&E target (£1.9M).








In addition the delay in the capital payment is improving the cash position but this is offset by £2.3M 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 offset by a movement in creditors better than expected.



Finance: Staff Costs

Headline Measures

		Rolling 13 months £000's													
	YTD £000's	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
Pay Budget	157,349	13,817	13,785	14,001	14,112	14,008	14,158	14,900	14,225	14,325	14,219	14,361	14,616	14,424	
Pay Actual	160,638	14,017	14,133	14,094	14,152	14,237	14,183	14,960	14,639	14,820	14,682	15,094	14,902	14,875	
Variance	-3,289	-200	-348	-93	-40	-229	-25	-60	-414	-495	-463	-733	-286	-451	
% to Budget	102.1%	101.4%	102.5%	100.7%	100.3%	101.6%	100.2%	100.4%	102.9%	103.5%	103.3%	105.1%	102.0%	103.1%	
Nursing Staff % to Budget	102.8%	104.7%	105.0%	101.7%	99.9%	102.1%	100.5%	103.5%	103.1%	104.3%	107.0%	105.9%	100.9%	101.9%	
Medical Staff % to Budget	101.1%	97.1%	103.2%	95.4%	100.5%	99.2%	97.3%	92.0%	104.2%	107.2%	100.0%	108.7%	102.3%	105.6%	
Other Staff % to Budget	101.9%	100.7%	99.5%	102.9%	100.6%	102.7%	101.6%	102.0%	102.0%	100.3%	101.4%	102.0%	102.9%	103.0%	

Commentary

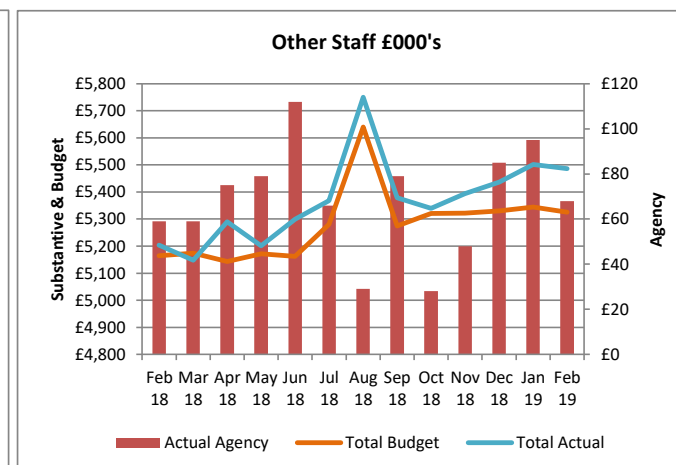
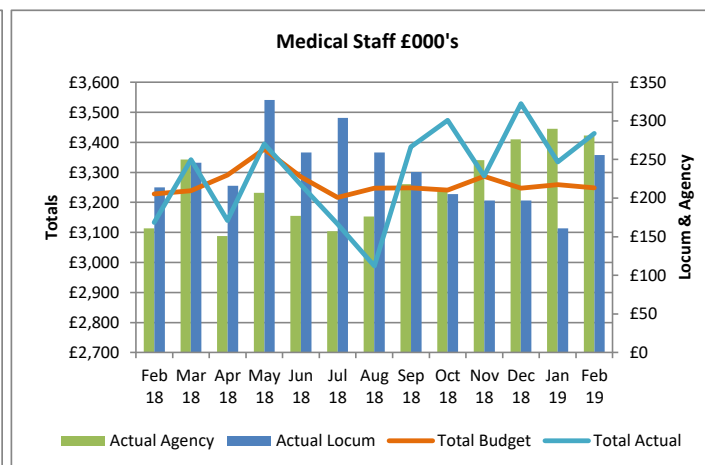
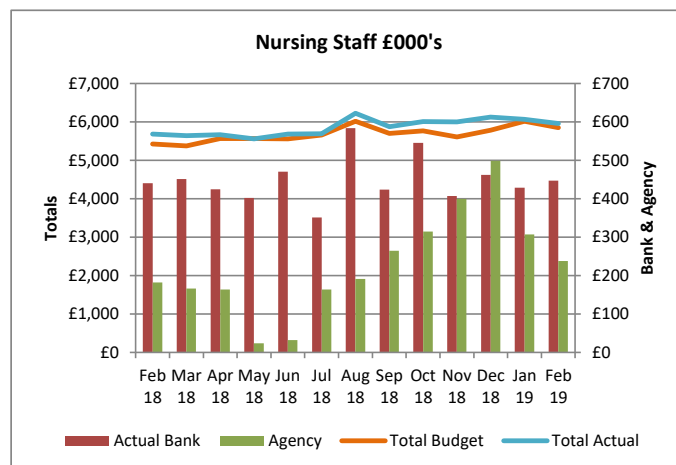
Pay is worse than budget by £3.3M year to date, with a £0.5M variance in month.

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 – with the James Cross unit being opened for the majority of January, and part of February – which have further increased the financial pressure.

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

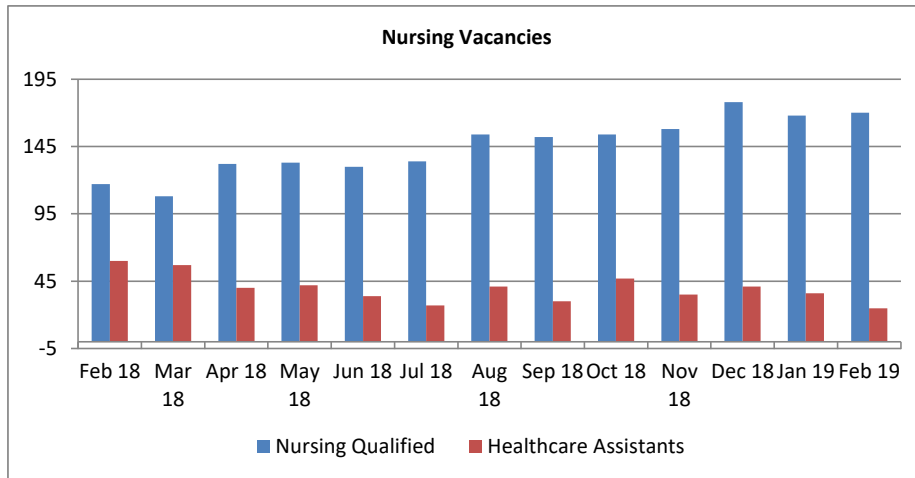
The agency spend is continuing to exceed the plan in February, and it is now expected that the trust will exceed the agency ceiling set out within the contract - of which only a proportion relates to the planned escalation beds for the Winter.

Primary Drivers



Finance: Staff Costs

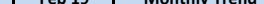


Secondary Drivers



Medical vacancies under review

Agency Trajectory

	YTD	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
Plan	-3,650	-470	-484	-365	-365	-365	-365	-365	-365	-365	-365	-365	-365	-365	
Actual	-5,354	-618	-574	-389	-310	-320	-387	-395	-563	-546	-697	-860	-692	-584	
Variance	-1,704	-148	-90	-24	55	45	-22	-30	-198	-181	-332	-495	-327	-219	
MCHFT Actual	-4,226	-544	-419	-232	-265	-251	-337	-347	-509	-501	-533	-651	-453	-380	
CCICP Actual	-735	4	-77	-79	-45	-69	-50	-48	-54	-45	-87	-104	-134	-99	
Planned Winter Escalations	-393	-78	-78	-78	0	0	0	0	0	0	-77	-105	-105	-105	

	Rolling 13 Months													
	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Monthly Trend
Sickness Rate (Rolling 12 mths)	4.28%	4.38%	4.38%	4.37%	4.30%	4.29%	4.27%	4.27%	4.26%	4.24%	4.30%	4.27%	4.32%	
Total Leavers	37	59	39	41	38	38	63	48	34	34	23	25	21	
Turnover (Rolling 12 mths)	10.66%	11.18%	11.33%	11.28%	11.33%	11.17%	11.67%	11.54%	11.25%	11.03%	10.89%	10.60%	10.03%	

Title of Paper:	Cheshire West Integrated Care Partnership – Integration Agreement		
Author:	Cheshire West System Leaders Group (including Denise Frodsham representing CCICP)		
Executive Lead:	Denise Frodsham		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		x
	Review/Benefits/Audit		
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	
Being a Leading partner in a Progressive Health Economy	x	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	x
Link to Board Responsibility:	Performance		
	Accountability		
	Strategy		x
	Implementation		
Action Required:	Decide		
	Approve		x
	Note		
	Recommend		
	Delegate		
Positive Benefit:	That CCICP continue to a contributory partner in the development of Cheshire West ICP		
Risk:	None for this paper		
To be published on Trust Website –complete version			y
If no, to be published on Trust Website – redacted			
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	1 April 2019		

Governance Framework Integration Agreement

Cheshire West Integrated Care Partnership

FINAL (Version 1)

VERSION CONTROL

Version	Date	Author
1	6 th March, 2019	Cheshire West ICP Governance Programme

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Go Live date: 1st April, 2019

This Governance Framework Agreement (the **Agreement**) is made between:

1. **COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST** of Countess of Chester Health Park, Liverpool Road, Chester CH2 1UL (**"COCH"**);
2. **CHESHIRE WEST AND CHESTER COUNCIL** of 58 Nicholas Street, Chester CH1 2NP (**"CW&C"**);
3. **CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST** of Chester Health Park, Liverpool Rd, Chester CH2 1BQ (**"CWP"**);
4. **CENTRAL CHESHIRE INTEGRATED CARE PARTNERSHIP** of Leighton Hospital, Crewe, Cheshire CW1 4QJ (**"CCICP"**);
5. **SOUTH CHESHIRE & VALE ROYAL GP ALLIANCE** of Ashfields Primary Care Centre, 19 Middlewich Road, Sandbach, Cheshire CW11 1EQ (**"SCVRGPA"**);
6. **PRIMARY CARE CHESHIRE** of The Helsby and Elton Practice, Lower Robin Hood Lane, Helsby, Frodsham, Cheshire WA6 0BW (**"PCC"**);

Each a "Partner" and together the "Partners".

The Cheshire West health and care system have set out their vision in their blueprint document titled '*Design Blueprint for the West Cheshire Integrated Care Partnership, A Sustainable Future for Health and Wellbeing in Cheshire West*' strategy.

COCH, CWP, CCICP, SCVRGPA, PCC and CW&C (where acting as a provider of services) are together referred to in this Agreement as the "Providers".

1. BACKGROUND

- 1.1 This Agreement has been developed by the Partners to strengthen their collaborative working arrangements as the Cheshire West Integrated Care Partnership (**"CWICP"**).
- 1.2 The Agreement sets out how the Partners will work together in a collaborative and integrated way to achieve the CWICP Vision, Aims and Priorities, in accordance with the CWICP Integration Principles.

An Integrated Care Partnership (ICP) is:

- An alliance of providers collaborating to meet needs of a defined population responsible for:
- A budget to be allocated by Commissioners within the NHS to deliver services under a long-term outcome based contract
- achieving the triple aim of improved health and wellbeing, better quality and sustainable finances.
- Focusing on prevention and proactive care to reduce unwarranted escalation and use of bed-based care.

- actively managing health and wellbeing, improving key risk factors and delivering care tailored to the individual.
- 1.3 This Agreement does not serve to replace or override in any way the legal and regulatory frameworks applying to, or the statutory functions of, each of the Partners as separate organisations. Rather this Agreement sits alongside and complements such frameworks and functions to set out how the Partners will come together to develop the CWICP through the delivery of system-wide plans to achieve the CWICP Vision, Aims and Priorities thereby improving the health and wellbeing of people living in Cheshire West.
 - 1.4 This Agreement refers to the CWICP and does not include how governance within individual Partner organisations will be delivered. As these arrangements are developing all Partners to this agreement will be updated as to any amendments which may be required to this Agreement.
 - 1.5 It is agreed that with effect from the Go Live Date CoCh will be the Host of the ICP and act on behalf of the ICP in a coordinating role. This coordinating role could include negotiating or preparing proposals on behalf of and with the prior agreement of the other parties and employing staff to undertake work on behalf of the ICP, however, decisions about the work of the ICP that are legally binding will be reserved to decision-makers within each of the individual partners.
 - 1.6 The Host shall arrange that individuals and organisations on the ICP Board have all necessary licences and consents to perform their roles. Where such licence or consent is required from one of the Partners, the respective Partner agrees that it will endeavour to grant such licence or consent;
 - 1.7 It is agreed that where, from the Go Live Date it is proposed that the Host enters into an agreement with a third party on behalf of the ICP the Partners shall discuss, agree and document the basis on which the Host will be indemnified for any Losses incurred by the Host;
 - 1.8 The Host agrees to appoint:
 - (a) the Chair of the ICP Board as a non-executive director of the Host; and
 - (b) the Managing Director of the ICP Board as an executive director of the Host.
 - (c) the Chair and Managing Director of the ICP Board as a committee of the Host's board. The Chair and the Managing Director will have delegated authority to exercise the powers of the Host relating to the operational management of the ICP and as set out in the Host's scheme of reservation and delegation;
 - 1.9 The organisational form of the ICP will be capable of adaptation as the scope of services is agreed over time. Any changes to the organisational form of the ICP will be agreed

by the Partners through unanimous vote;

2. DEFINITIONS AND INTERPRETATION OF THIS AGREEMENT

This Agreement is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

3. PARTNERS TO THIS AGREEMENT

3.1. Additional partners may become parties to this Agreement on execution of a memorandum of adherence to its terms and such other terms as the Partners shall jointly agree at the Integrated Care Partnership Board ("**ICPB**"). Any disagreement between the current Partners to this Agreement over the admission of a new Partner will be referred to the Dispute Resolution Procedure for resolution.

3.2. It is acknowledged that there is no statutory framework to determine formal membership of the ICP and therefore signatories of the Agreement, however the following factors have been taken into account to determine membership:

(1) Organisations whose in-scope services will be directly provided by or within the ICP

(2) The organisation agreed as host of the ICP

(3) General Practice because of their registered patient lists and their role in referring, admitting, consulting with and treating patients

(4) The Local Authority because of their statutory role in improving the health and wellbeing of residents and whose services may be directly provided by the ICP in future phases.

3.3. Based on these factors, the following organisations are formal members of the ICP and signatories to this Agreement:

- Cheshire West and Chester Council (statutory role and service provider)
- Cheshire and Wirral Partnership NHS Foundation Trust (service provider)
- Countess of Chester Hospital NHS Foundation Trust (host and service provider)
- Primary Care Cheshire (representing GP practices as providers in West Cheshire)
- South Cheshire and Vale Royal GP Alliance (representing GP practices as providers in Vale Royal)
- Central Cheshire Integrated Care Partnership

3.4. Other providers (no matter how big or small the contract) will in effect be sub-contractors in that services will not be directly provided by the ICP. Relationship/account management with these providers will be a crucial part of the ICP's work.

4. TERM

This Agreement shall commence on the Commencement Date and, unless terminated in accordance with its terms, will continue for an initial term of 3 years and thereafter subject to an annual review of the arrangements under this Agreement by the ICPB.

5. STATUS AND PURPOSE OF THIS AGREEMENT

5.1 The purpose of this Agreement is to set out how the Partners will work together to improve outcomes for the people they collectively serve. This includes raising standards of care and ensuring value for money.

5.2 This Agreement is intended to:

5.2.1 provide clarity on how the Partners will collectively plan, decide and deliver the improvements in health and care which are required now and in future years; and

5.2.2 allow the Partners to build on working together to take strategic decisions together across the whole of Cheshire West to improve the standard of care no matter where people live or the organisation charged with planning or delivering care; and

5.3 This Agreement will be reviewed at least annually by the Partners and updated by agreement of the Partners to reflect any changes to national policy and learning from emerging Integrated Care Systems and Integrated Care Partnerships nationally.

5.4 The Partners acknowledge that the Agreement is not intended to give rise to legally binding commitments between the partners. Despite the general lack of legal obligation, subject to clause 5.5, the Partners have given proper consideration to the terms set out in the Agreement and notwithstanding the good faith consideration that each Partner has afforded the terms set out in this Agreement, the Partners each enter into this Agreement intending to honour all of their respective obligations.

5.5 Clauses 13 (Conflicts of Interest); 14 (Information Sharing and Transparency); 15 (Confidentiality); 18 (Charges and Liabilities); 20 (Counterparts); and Clause 23 (Governing Law and Jurisdiction) will come into force from the Commencement Date and will give rise to lawful commitments under the auspices of the stated legal frameworks set out in these clauses as part of the Partners' engagement with each other and third parties.

6. VISION & AIMS OF THE CWICP

Vision

- 6.1 The Partners have developed a shared CWICP vision, ambition and purpose for health and care services across Cheshire West and will work together in good faith in accordance with this Agreement to achieve them. The vision is set out in Section 6.2 below.
- 6.2 The people of Cheshire West will live longer, healthier lives at home, or in a homely setting. People will be at the centre of all decisions, and receive support to the highest standards of quality and safety. We will achieve this by joining up delivery of our health and social care and focusing on prevention, early identification and supported self-management, where hospital based care is minimised.

Our vision was agreed to reflect the ambition of the CWICP, which is based on achieving ten outcomes, designed to improve the care provided to the people of Cheshire West.

- people experience improved well being
- our people receive care in a way which increases safety by using effective approaches that mitigate unwarranted risks
- a reduction in avoidable mortality
- an increase in people empowerment and self-care
- an increase in the provision of care closer to home
- a reduction in avoidable admissions and readmissions to hospital
- care is delivered in a fully integrated way, using efficient and effective processes
- people only have to tell their story once
- people have a great experience of care
- care and prevention is financially sustainable

Aims of the CWICP

- 6.3 The Partners have agreed to work together and to perform their obligations under this Agreement in order to achieve the following overall aims which have guided thinking and choices.

CWICP overall aims:

- 6.3.1 we will focus on identifying and proactively targeting people who may be rising or high risk
- 6.3.2 we will focus on optimising outcomes by supporting people to tailor, direct and deliver their own care
- 6.3.3 we will work together in a true collaborative and integrated way across health and social care

6.3.4 we will design and deploy our workforce in a way and in environments that will support our new vision

7. OBJECTIVES AND INTEGRATION PRINCIPLES OF THE CWICP

7.1 The overall objectives agreed by us are to deliver sustainable, effective and efficient services with significant improvements over the term of the CWICP arrangements (the Integration Objectives). We will agree detailed Integration Objectives after the development of this Agreement.

7.2 In consideration of the mutual benefits and obligations under the Agreement, We will work together to perform the obligations to be set out in the Agreement and, in particular, achieve the Integration Objectives.

7.3 Subject to and in accordance with provisions set out in the Agreement, we will work to the following **Integration Principles**:

- commit to delivery of system outcomes in terms of clinical and adult social care matters, patient / service user experience and resource allocation;
- adopt collective responsibility for identifying, managing and mitigating all risks in performing our respective obligations in this Agreement, with a commitment to using this performance information to consider how to practicably implement a fair share risk and reward scheme;
- commit to delivering the best possible care for the whole population;
- adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support;
- commit to work together and to make system decisions on a Best for System basis;
- establish an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law and information governance compliance;
- co-produce with others, especially service users, people with lived experience, families and carers, in designing and delivering, the Service; and
- take responsibility to make unanimous decisions on a Best for System basis.

8. GOVERNANCE AND DECISION MAKING

8.1 The Partners have established a governance model that facilitates a process of aligned decision making to support the delivery of the Cheshire West integrated health and care system.

8.2.1 The CWICP governance structure does not replace or override the authority and accountability of each Partner's board or governing body or cabinet (as

relevant), and each of the Partners remains sovereign and accountable in respect of its statutory duties and functions (as applicable).

8.2.3. The ICPB is not a joint committee of the Partners and is not itself a single committee of any of the Partners. The ICPB is not a separate legal entity in its own right and cannot take decisions as a separate entity. A committee, or any nominated representative of a Partner participating in the ICPB, cannot take a decision which binds any other partner organisation or committee.

8.2.4 All Partners will participate in discussion and debate at the ICPB as part of being a key partner within the CWICP and signing up to the principles set out in this framework. However, decisions will only be taken by a Partner in accordance with its statutory governance procedures and delegated decisions given to officers.

8.2.5 Each Partner must ensure that its appointed members of the board and its committees attend the meetings of the relevant Governance structure and participate fully and exercise their rights on a best for system basis to achieve the CWICP Vision in accordance with the CWICP Integration Principles.

8.3 CW&C has established a People Overview and Scrutiny Committee responsible for holding to account those who deliver services based on individual need to children and adults. The committee may review and make recommendations for improvement across a number of areas including services relating to health services and the integration of services. CWICP will participate in discussion or debate where requested to do so by the Committee on relevant matters.

8.4 The CWICP Governance structure (Appendix 1) illustrates the CWICP governance framework and the terms of reference for each of the Governance structures are included within the Governance Handbook.

8.5 Clinical Governance and Practice Requirements

8.5.1 The Partners agree that the objectives of the Partnership are for the Partners to work together at all times as a single, integrated, group of providers, and to deliver the Services in accordance with good clinical practice and good industry practice (as applicable) and all applicable laws and regulations.

8.5.2 The Partners will continue to implement their respective organisations professional practice requirements including risk assessment and management policies in accordance with their respective governance frameworks and statutory duties including the statutory responsibilities of the Director of Adult Social Care. This is to assure that the management of clinical/ practice risk is not compromised at service delivery level and that the sensitivity of clinical/ practice escalation processes at local and organisational level remain effective. This is to ensure compliance with Partners'

regulatory requirement, e.g. Regulation 17 “Good Governance” – Health and Social Care Act 2008 (Regulated Activities) Regulations 2014”.

8.6 Key Boards & Groups within the System

[The terms of reference for key boards and groups will be detailed within the ICP Governance Handbook.]

Cheshire West and Chester Health & Wellbeing Board

- 8.6.1 The Cheshire West and Chester Health & Wellbeing Board is a statutory committee of CW&C established under the provisions of the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 8.6.2 The Health and Wellbeing Board is accountable to CW&C for the delivery of the Board’s Joint Health and Wellbeing Strategy (2015-2020). This Strategy has been approved by all members of the Board, and contains the overarching vision for health and wellbeing in the Borough
- 8.6.3 The Board is also accountable to a number of national bodies and organisations for the provisions of information and mandated returns (for example: quarterly Better Care Fund (BCF) performance report).
- 8.6.4 The primary focus of the Health and Wellbeing Board is the improvement and co-ordination of services related to NHS, social care and related children’s and public health. However, this will be within the context that the Board is a lever to improve the Health and Wellbeing of the citizens of Cheshire West.
- 8.6.5 The CWICP will support, guide and influence the priority programmes of work linked to the delivery of the Board’s Joint Health and Wellbeing Strategy (2015-2020). This includes ensuring alignment of system transformational plans and strategies within health and social care.

The specific duties of the Cheshire West and Chester Health and Wellbeing Board (“HWB”) can be found in the following link

<https://www.cheshirewestandchester.gov.uk/your-council/how-we-work/constitution/documents/b2-committees.pdf>

Integrated Care Partnership Board

- 8.6.6 The Integrated Care Partnership Board has been established to develop and implement the system-wide vision for the CWICP.

8.6.7 The ICPB will set strategic direction, agree priorities and delivery plan for Cheshire West's health, social care and wellbeing. The ICPB will have oversight of the development of an Integrated Care Partnership in Cheshire West and the delivery of outcomes by local leadership.

8.6.8 The ICPB will provide strategic leadership and oversight to support achievement of our shared vision and objectives through delivery of the programmes of work required to:

- Transform local health and social care services
- Integrate Services
- Collective system resilience and risk approach
- Apply system leadership to Cheshire West challenges

8.6.9 The specific remit of the ICPB is to:

- (i) Take a collective, proactive role in delivering the vision for the Integrated Health and Care System across Cheshire West.
- (ii) Develop, oversee the mechanics/approaches and lead on the performance requirements of the Integrated Health and Care System across Cheshire West.
- (iii) Develop integrated and joint commissioning aspects of the Integrated Health and Care System in accordance with strategic and local commissioning plans.
- (iv) Oversee the development of building a population health management system in order to segment, risk stratify and prioritise future need & demand for care.
- (v) Identify collective ICP/local health system risks for aligned approaches to mitigation and/or review, including co-dependencies on proposed service changes across the system.
- (vi) Have collective oversight of the development and implementation of sustainable system strategies and transformational plans (including HCP) by the Partners.
- (vii) Together have regard to the outputs of public and patient engagement and identify future services which require system wide reviews to improve local population health outcomes.

CWICP Executive Team

8.6.10 The ICP Executive team will advise and be accountable to the ICPB on strategic direction and priorities, develop a transformation plan and be accountable to the ICPB for the delivery of the operational plan for Cheshire West's health, social care and wellbeing.

Its remit includes:

8.6.11 Oversight of the production and delivery of key business plans and cases for investment.

8.6.12 Delivery of the key milestones associated with implementation of strategic plans.

8.6.13 Monthly oversight of the system performance dashboard.

Stakeholder Partnership Forum

8.6.14 The purpose of the Stakeholder Partnership Forum is to ensure that the Partners understand the views of key Stakeholders and provide a clear mechanism within which Stakeholders can help set the future direction and delivery of plans and strategies.

The Stakeholder Partnership Forum will:

8.6.15 Articulate effectively the views and experiences of the population of Cheshire West to the Partners

8.6.16 Provide advice and guidance on the high level design for implementation of service developments, including the effectiveness of mechanisms for engaging with people who use the services of CWICP

8.6.17 Support the Partners to deliver the transformational plans and strategies, including a focus on benefits realisation for local people

8.6.18 Act as a 'critical friend' to challenge any performance issues and improvement plans

8.6.19 Provide an environment to consider and develop thinking about future service development

8.6.20 Seek assurances on the active implementation of co-production across Cheshire West.

Joint Commissioning Committee

8.6.21 The Joint Commissioning Committee is a committee of NHS West Cheshire Clinical Commissioning Group (CCG), NHS Eastern Cheshire CCG, NHS South Cheshire CCG and NHS Vale Royal CCG. It is set up to manage to the extent permitted the activities of the four CCGs as within it delegated responsibilities.

8.6.22 The Joint Commissioning Committee has the primary purpose of enabling the CCG members to work effectively together to collaborate and take joint decisions in the areas of work they agree.

8.6.23 The principles of joint commissioning across Cheshire include:

- (i) Commissioning at scale to help lead to better outcomes
- (ii) Meeting the needs of people not organisations
- (iii) Reducing unwarranted variation
- (iv) Be an enabler for the development of accountable/integrated care systems
- (v) Ensuring the local NHS commissions services within its available resources.

Cheshire West and Cheshire People Overview and Scrutiny Committee

8.6.24 Cheshire West and Cheshire People Overview and Scrutiny Committee is responsible for holding to account those who deliver services based on individual need to children and adults, including health and wellbeing and education services. The Committee comprises nine elected members constituted on a politically proportionate basis in line with the political composition of CW&C.

8.6.25 Its functions include reviewing and making recommendations for improvement in relation to any matter that has an impact on the health and wellbeing of people in Cheshire West and Chester, including statutory scrutiny responsibilities relating to health services, public health and health inequalities.

8.6.26 Further information on the People Overview and Scrutiny Committee can be found in the following link: <https://www.cheshirewestandchester.gov.uk/your-council/how-we-work/constitution/documents/e1-scrutiny.pdf>

9 INTEGRATING HOW WE WORK

- 9.1 The Partners have agreed clear priorities as to how they will mobilise working together in more integrated ways across the CWICP. The priorities will be signed off by the ICPB each year.
- 9.2 The Cheshire West ICP has identified long terms outcomes to support CWICP to achieve its overall aims. The draft Outcomes Framework is attached as Appendix 2. It is recognised that the Outcomes Framework is an evolving document which will require ratification by the Commissioners and CW&C.
- 9.3 The Partners understand that no decision shall be made to make changes to services in Cheshire West or the way in which they are delivered without appropriate public and patient engagement where appropriate, in accordance with the Partners' respective statutory duties.

10 EXCLUSION AND TERMINATION

- 10.1 Any Partner may exit this Agreement on giving not less than 6 months' written notice to each of the other Partners' representatives on the ICPB or the ICPB may determine the Agreement if there is a dispute which is not capable of resolution in accordance with Clause 15 (*Dispute Resolution Procedure*).
- 10.2 Where a Partner exits this Agreement, the Partners agree to work together in good faith to agree the necessary changes so that the CWICP continues to be developed for the benefit of people of Cheshire West. The exiting Partner shall procure that all data and other material belonging to any other Partner in respect of the Services shall be delivered to the relevant Partner or deleted or destroyed (as instructed by the relevant Partner) as soon as reasonably practicable.

11 INTELLECTUAL PROPERTY

- 11.1 In order to meet the CWICP Integration Principles each Partner grants to each of the other Partners a fully paid up non-exclusive licence to use its existing Intellectual Property insofar as is reasonably required for the sole purpose of the fulfilment of that Partner's obligations under this Agreement.
- 11.2 If any Partner creates any new Intellectual Property through the development of the CWICP, the Partner which creates the new Intellectual Property will grant to the other Partners a fully paid up non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Partner's obligations for the CWICP under this Agreement.

12 CONFLICTS OF INTEREST

The Partners will:

- 12.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement, the development of the CWICP or operation of the ICPB or any other Governance structure, immediately upon becoming aware of the conflict of interest, or at the latest within 28 days of becoming aware, whether that conflict concerns the Partner or any person employed or retained by them for or in connection with the development and operation of the CWICP;
- 12.2 not participate in any decision-making in respect of any aspect of the ICPB that could allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this Agreement, without the prior consent of the other Partners to participate in that decision-making;
- 12.3 when appropriate ensure members of the different Governance structures make declarations of interest which are placed in a register and are updated annually or promptly as they acquire new interests or relinquish existing interests; and
- 12.4 use best endeavours to ensure that their representatives on the ICPB and the other Governance structures comply with the requirements of this Clause 12 when acting in connection with this Agreement or the development and/or operation of the CWICP.

13 INFORMATION SHARING AND TRANSPARENCY

- 13.1 The Partners will provide to each other all information that is reasonably required in order to achieve the vision, aims and objectives of the CWICP.
- 13.2 The Partners have responsibilities to comply with Law (including Competition Law). The Partners will make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with Competition Law and, accordingly, each Governance structure will ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:
 - 13.2.1 it is essential;
 - 13.2.2 it is not exchanged more widely than necessary;
 - 13.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of this Agreement; and
 - 13.2.4 it may not be used other than to achieve the aims of this Agreement in accordance with the CWICP Integration Principles.

- 13.3 Subject to compliance with Clauses 13.1 and 13.2 above, the Partners will ensure that they provide the ICPB and other Governance structures with all financial cost resourcing, activity or other information as may be reasonably required so that the ICPB and/or other relevant Governance structure can be satisfied that the ICPB vision, aims and objectives are being satisfied.
- 13.4 The Commissioners will make sure that each Governance structure procures the establishment of appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the ICPB vision, aims and objectives and for no other purpose whatsoever so that the Partners do not breach Competition Law.
- 13.5 It is accepted by the Partners that the involvement of the Providers in the ICPB and other Governance structures is likely to give rise to situations where information will be generated and made available to the Providers, which could give the Providers an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Provider with a commercial advantage over a separate Provider). Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the relevant Commissioner in relation to any competitive procurements that the information it has acquired as a result of its participation in the CWICP, other than as a result of a breach of this Agreement, does not preclude the Commissioners from running a fair competitive procurement in accordance with their legal obligations.
- 13.6 Notwithstanding Clause 13.5 above, the Commissioners may take such measures as they consider necessary in relation to such competitive procurements in order to comply with their obligations under Law (for example, the Public Contracts Regulations 2015 and the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013) including excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.
- 13.7 The Partners understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and NHS Improvement and will keep this position under review accordingly.
- 13.8 The partners will agree to process any personal identifiable data in ways that are consistent with the Caldicott Principles, the General Data Protection Regulation and the Data Protection Act 2018.
- 13.9 The Partners understand that the ICP Board may meet in public at a future date and as such the papers, agenda and minutes of the meetings will be made available to the public via the partners' website.

14 CONFIDENTIALITY

- 14.1 Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner. Each Partner shall use Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Agreement and for no other purpose.
- 14.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.
- 14.3 Each CWICP Partner acknowledges that the others are or may be subject to the Freedom of Information Act 2000 (the "**FOIA**") and may be required to disclose information about this Agreement to ensure their compliance with the FOIA. Each CWICP Partner notes and acknowledges the FOIA and both the respective Codes of Practice on the Discharge of Public Authorities' Functions and on the Management of Records (which are issued under section 45 and 46 of the FOIA respectively) as may be amended, updated or replaced from time to time. The CWICP Partners will act in accordance with the FOIA and these Codes of Practice (and any other applicable codes of practice or guidance applicable from time to time) to the extent that they apply to the work of the CWICP
- 14.4 The ICP Partners agree that where a Partner receives a FOIA request (the "**Receiving Party**"), the subject of which in its opinion relates to the CWICP, the Receiving Party will provide a copy of the request and its draft response to the other Partners. The Receiving Party will notify the other Partners of a date by which they may make representations as to the contents of the draft response. The Receiving Party shall have regard to any representations received when finalising its response.
- 14.5 Notwithstanding the provisions of Clause 14.4, the CWICP Partners agree that the decision on whether any exemption applies to a request for disclosure of recorded information is a decision solely for the Receiving Party.
- 14.6 Nothing in this Clause 14 will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.

15 DISPUTE RESOLUTION PROCEDURE

- 15.1 The Partners commit to working cooperatively to identify and resolve issues to the Partners' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this Agreement. Accordingly the Partners will look to collaborate and resolve differences in respect of this Agreement prior to commencing this procedure.
- 15.2 The Partners believe that by focusing on their agreed CWICP vision, aims, objectives and CWICP Integration Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with the CWICP arrangements set out in this Agreement.

- 15.3 The Partners shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement or the operation of the CWICP (each a "Dispute") when it arises.
- 15.4 In the first instance the CWICP Executive Team shall seek to resolve any Dispute to the mutual satisfaction of the Partners. If the Dispute cannot be resolved by the CWICP Executive Team within 10 Operational Days of the Dispute being referred to it, the Dispute shall be referred to the Chair for resolution.
- 15.5 The Chair shall deal proactively with any Dispute on a Best for System basis in accordance with this Agreement so as to seek to reach a unanimous decision. If the [ICPB] reaches a consensus that resolves, or otherwise concludes a Dispute, it will advise the Partners of its decision by written notice.
- 15.6 If the Chair cannot proactively deal with any dispute in accordance with Clause 15.5, the Partners agree that the Chair, on a Best for System basis, may determine whatever action he / she believes is necessary including the following:
- 15.6.1 If the Chair cannot resolve a Dispute, he / she may select an independent facilitator to assist with resolving the Dispute; and
- 15.6.2 The independent facilitator shall:
- 15.6.2.1 be provided with any information he or she requests about the Dispute;
- 15.6.2.2 assist the parties to work towards a consensus decision in respect of the Dispute;
- 15.6.2.3 regulate his or her own procedure subject to prior agreement with the Chair;
- 15.6.2.4 determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Operational Days of the independent facilitator being appointed; and
- 15.6.2.5 have its costs and disbursements met by the Partners in Dispute equally.
- 15.7 If the independent facilitator cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Clause 15 and only after such further consideration again fails to resolve the Dispute, the ICPB may resolve to:
- 15.7.1 terminate this Agreement in accordance with Clause 10; or
- 15.7.2 agree that the Dispute need not be resolved.

16 VARIATIONS

This Agreement may only be varied by written agreement of all of the Partners.

17 CHARGES AND LIABILITIES

- 17.1 Except as otherwise provided in this Agreement, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Agreement.
- 17.2 The Partners shall remain liable for any losses or liabilities incurred due to their own or their employees' actions.

18 NO PARTNERSHIP

Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership between any of the Partners, constitute any Partner the agent of another Partner, nor authorise any Partner to make or enter into any commitments for or on behalf of any other Partner except as expressly provided in this Agreement.

19 COUNTERPARTS

This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement. The expression "counterpart" shall include any executed copy of this Agreement scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Partner has executed at least one counterpart.

20 NOTICES

- 20.1 Any notice or other communication given to a Partner under or in connection with this Agreement shall be in writing, addressed to that Partner at its principal place of business or such other address as that Partner may have specified to the other Partner in writing in accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.
- 20.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 20.1; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed.

21 THIRD PARTY RIGHTS

A person who is not a party to this Agreement shall not have any rights under or in connection with it.

22 GOVERNING LAW AND JURISDICTION

This Agreement, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and subject to Clause 15 (Dispute Resolution Procedure) the Partners irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.

This Agreement has been entered into on the date stated at the beginning of it.

Signature	Name & Delegation	For and on behalf of	Date
		The Countess of Chester Hospital NHS Foundation Trust	
		Cheshire West & Chester Council	
		Cheshire and Wirral Partnership NHS Foundation Trust	
		Central Cheshire Integrated Care Partnership	
		South Cheshire & Vale Royal GP Alliance	
		Primary Care Cheshire	

SCHEDULE 1

DEFINITIONS AND INTERPRETATION

Interpretation

1. In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:
 - 1.1 a “person” includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
 - 1.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;
 - 1.3 a reference to a “Clause” or a “Schedule” or an “Appendix” is to a Clause, Schedule or Appendix to this Agreement;
 - 1.4 a reference to a “Provider” the “Council” or “Commissioners” includes its representatives, successors or permitted assigns;
 - 1.5 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;
 - 1.6 any phrase introduced by the terms “including”, “include”, “in particular” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms;
 - 1.7 documents in “agreed form” are documents in the form agreed by the Partners and initialled by them for identification and attached to this Agreement; and

Definitions

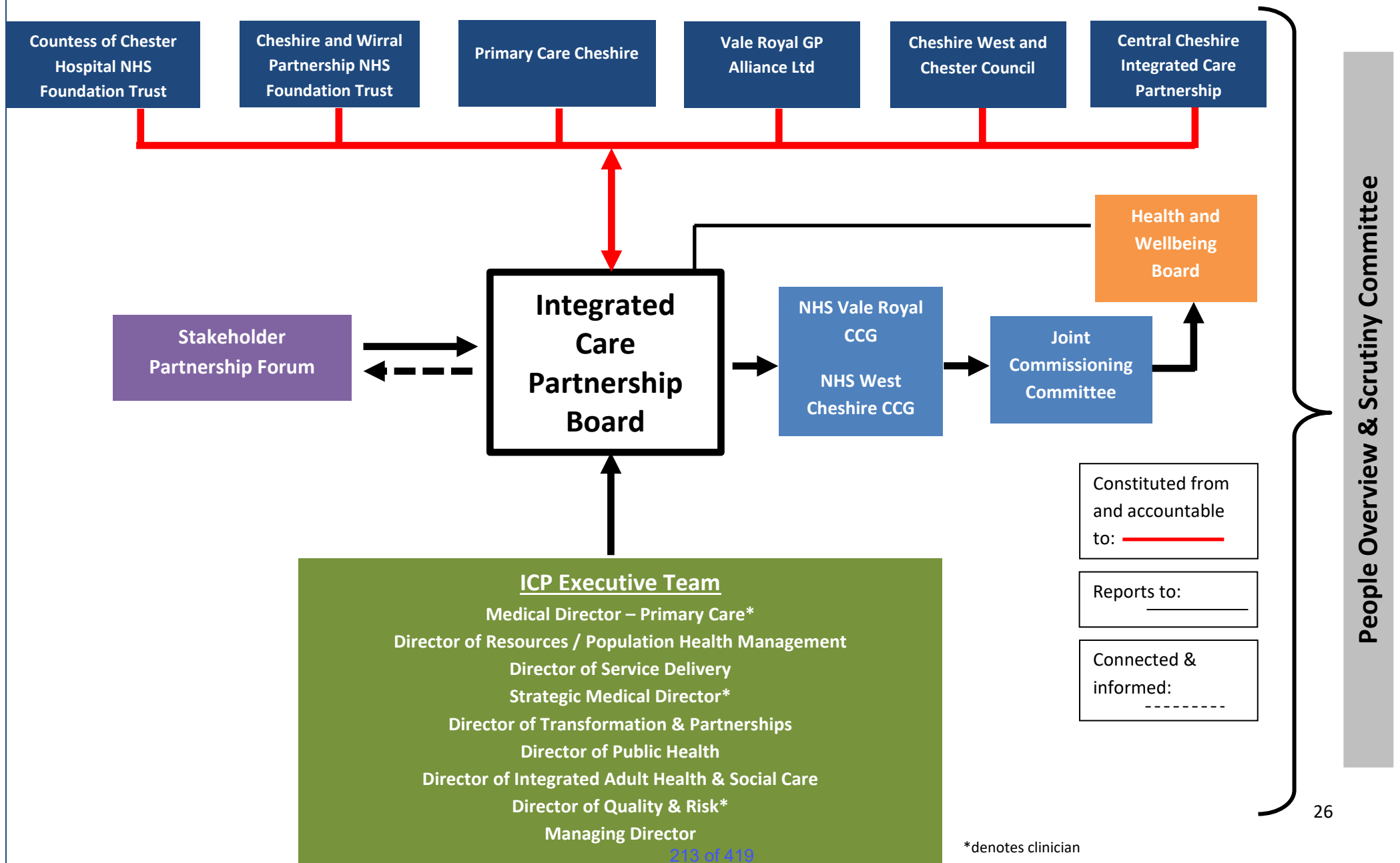
2. The following words and phrases have the following meanings:

Agreement	this agreement incorporating the Schedules and Appendices
Aligned decision making	this is central to the work of the ICP and means that the partner organisations within the ICP retain their own decision making authority but have agreed to make their decisions taking into account a vision that is common to all of them
Best for System	means best for the achievement of the CWICP vision and aims for the Cheshire West population on the basis of the CWICP Integration Principles
Commencement Date	means the date of this Agreement, 'go-live date'
Competition Law	means the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013 and as applied to the healthcare sector by Monitor in accordance with the Health and Social Care Act 2012
Competition Sensitive Information	means Confidential Information which is owned, produced and marked as Competition Sensitive Information including information on costs by one of the Providers and which that Provider properly considers is of such a nature that it cannot be exchanged with the other Providers without a breach or potential breach of Competition Law
Commissioners	means NHS Vale Royal CCG, NHS West Cheshire CCG and Cheshire West & Chester Council
Confidential Information	means all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement
CWICP	Cheshire West Integrated Care Partnership
Dispute	any dispute arising between two or more of the Partners in connection with this Agreement or their respective rights and obligations under it
Dispute Resolution Procedure	the procedure set out in Clause 15.

FOIA	means the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act
Governance structure(s)	As outlined within the Cheshire West ICP governance structure in Appendix 1
Go-Live Date	1st April, 2019 , or such other date as the partners agree
Guidance	any applicable health or social care guidance, guidelines, direction or determination, framework, code of practice, standard or requirement to which a Partner has a duty to have regard (whether specifically mentioned in this Agreement or not)
Host	Countess of Chester Hospital NHS Foundation Trust is the host of the ICP and will have a coordinating role for the ICP under collaborative governance arrangements and aligned decision making.
ICPB	Integrated Care Partnership Board
Intellectual Property	patents, rights to inventions, copyright and related rights, trade marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world

Law	<p>(i) any applicable statute or proclamation or any delegated or subordinate legislation or regulation;</p> <p>(ii) any enforceable EU right within the meaning of section 2(1) European Communities Act 1972;</p> <p>(iii) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales;</p> <p>(iv) Guidance;</p> <p>(v) National Standards; and</p> <p>(vi) any applicable code.</p>
National Standards	those standards applicable to the Partners under the Law and/or Guidance as amended from time to time
Operational Day	a day other than a Saturday, Sunday or bank holiday in England
Population	the population we serve
Stakeholders	Partners to Cheshire West ICP within the local health system

Cheshire West Integrated Care Partnership – Governance Framework



Appendix 2– CWICP Outcomes Framework

CWICP Outcomes Framework	
1. Improve quality of life for users and carers	
2. Reduce the number of admissions to hospital following a fall	
2i. Emergency hospital admissions due to falls in people aged 65 and over (rate per 100,000 pop)	
3.Reducing the gap in health inequalities/life expectancy by highest and lowest wards	
3i. The gap in life expectancy at birth (most to least deprived) Male	
3i. The gap in life expectancy at birth (most to least deprived) Female	
4. Increased proportion of people who use services who have control over their daily life	
5. Increase the proportion of people who feel supported to manage their own condition	
6. Reduce the number of older people who have a permanent admission to residential and nursing care home	
7. Increased proportion of older people (65+) who were still at home 91 days after discharge from hospital into re-ablement or rehabilitation services	
8. & 10. Employment of people with long term conditions or mental illness	
8i. Employment of people with long term conditions	
10i. Employment of people with mental illness	
11. Reduction in delayed transfers of care from hospital per 100,000 population	
12. Reduction in the number of A&E attendances (for low acuity conditions)	
13. Reduce mental health patients presenting in crisis out of hours	
14. Services users and carers who find it easy to find information about services	

N.B. The priority outcomes are being developed with oversight by CWICP Delivery Group members. These outcomes (in Appendix 2) are currently being tested with ongoing review and development.

MCHFT Board of Directors

1. **Date of Meeting:** 1st April 2019
2. **Title of Report:** **Integration Agreement - Cheshire West Integrated Care Partnership**
3. **Key Messages:**
 - The purpose of the Integration Agreement is to align the work of the partners as much as possible, with a view to making better use of their collective resources and providing better care to those who live within the ICP's footprint or receive care from its constituent organisations.
 - This overarching purpose is supported by the creation of a new collaborative governance model.
 - Aligned decision making is central to the work of the Cheshire West ICP.
4. **Recommendations**
 - a) That the Board agrees the Cheshire West Integrated Care Partnership Integration Agreement and authority for the Chief Executive/Accountable Officer/Deputy Chief Executive to sign this agreement on behalf of the organisation.
5. **Report Prepared By:** Cheshire West ICP Governance Programme/
Debbie Bryce, Governance Programme Lead.

Cheshire West Integrated Care Partnership

Integration Agreement - Cheshire West Integrated Care Partnership

PURPOSE

1. The purpose of this report is to provide a short narrative on the purpose and basis of the Cheshire West Integrated Care Partnership (ICP) Integration Agreement.

BACKGROUND

2. An Integrated Care Partnership is an alliance of providers collaborating to meet needs of a defined population. Integrated care will bring together the different organisations and services that look after people in Cheshire West to better co-ordinate care, to make sure patient and carer experiences are as joined-up as possible and to support more people to stay healthy and well.

PURPOSE OF THE INTEGRATION AGREEMENT

3. The purpose of the Agreement is to align the work of the parties as much as possible, with a view to making better use of their collective resources and providing better care to those who live within the ICP's footprint or receive care from its constituent organisations.
4. This overarching purpose is supported by the creation of a new collaborative governance model.
5. The Integration Agreement sets out the vision and integration principles of the Cheshire West ICP, which support the overall aims of the ICP as stated below:
 - We will focus on identifying and proactively targeting people who may be rising or high risk;
 - We will focus on optimising outcomes by supporting people to tailor, direct and deliver their own care;
 - We will work together in a true collaborative and integrated way across health and social care;
 - We will design and deploy our workforce in a way and in environments that will support our new vision.
6. The integration agreement is not intended to be legally binding between the partners, however, the partners agree to act in good faith, to honour their

respective obligations and to be held to account for delivery of their commitments.

7. It is intended that the arrangements put in place by the Integration Agreement will “go live” from 1st April, 2019, or such other date as the partners agree.
8. It is recognised that the ICP and its governance arrangements will evolve and the Integration Agreement will be reviewed at least annually to make sure it remains fit for purpose and reflects the way in which the ICP operates.

PARTNERS TO THE INTEGRATION AGREEMENT

9. The partners and signatories to the Integration Agreement are:
 - Cheshire West and Chester Council (statutory role and service provider)
 - Cheshire and Wirral Partnership NHS Foundation Trust (service provider)
 - Countess of Chester Hospital NHS Foundation Trust (host and service provider)
 - Primary Care Cheshire (representing GP practices as providers in West Cheshire)
 - South Cheshire and Vale Royal GP Alliance (representing GP practices as providers in Vale Royal)
 - Central Cheshire Integrated Care Partnership
10. The Countess of Chester Hospital NHS Foundation Trust is recognised as the host of the ICP. Its role is that of coordinator.

BASIS FOR ICP DECISION MAKING WITHIN THE AGREEMENT

11. Aligned decision making is central to the work of the Cheshire West ICP; alignment means that the organisations within the ICP retain their own decision-making authority, but have agreed to make their decisions taking into account a vision that is common to all of them, along with common aims and principles.
12. Alignment should help to ensure that the decisions taken by the parties within the ICP mirror each other, or complement each other so as to add up to a cohesive partnership-wide approach to designing and delivering services.
13. Neither the ICP or the ICP Board has legal status. Any decisions of a legally binding nature would still sit with individual partner organisations.

GOVERNANCE

14. The governance arrangements for the ICP will be supported by a Governance Handbook which is currently under development. This Handbook will include the terms of reference for the ICP Board which will be shared with ICP partners for agreement.

RECOMMENDATIONS

15. a) That the Board agrees the Cheshire West Integrated Care Partnership Integration Agreement and authority for the Chief Executive/Accountable Officer/Deputy Chief Executive to sign this agreement on behalf of the organisation.

Title of Paper:	Stroke Service Update		
Author:	Chris Oliver		
Executive Lead:	Chris Oliver		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		x
	Review/Benefits/Audit		
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	x	Safe	x
Being a Leading partner in a Progressive Health Economy	x	Effective	x
Striving for Outstanding Organisational Effectiveness	x	Caring	x
Aspiring to Excellence in Practice Through Our Workforce	x	Responsive	x
Creating a 21st Century Infrastructure for Transformative Health and Social Care	x	Well-Led	x
Link to Board Responsibility:	Performance		x
	Accountability		
	Strategy		x
	Implementation		x
Action Required:	Decide		
	Approve		
	Note		
	Recommend		x
	Delegate		
Positive Benefit:	Sustainable stroke service for our population		
Risk:	Recruitment to workforce by UHNM		
To be published on Trust Website –complete version		y	
If no, to be published on Trust Website – redacted			
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	1 April 2019		

Stroke Service Update

Executive summary

This paper provides the Trust Board with an update on the provision of Stroke Services at Mid Cheshire Hospitals Foundation Trust and how the Trust is further developing its partnership with the University Hospital of North Midlands to deliver a sustainable stroke service for the patients of central cheshire.

A full business case has not been submitted due to approval being within the executive designated level.

Summary

Stroke is a serious and life-threatening condition which can have a lasting and devastating impact on health and the economy. In England there are over 100,000 people diagnosed with having suffered a Stroke each year and is the third highest cause of mortality. Locally in the region of 900 people present to MCHFT's Emergency Department each year with a suspected Stroke.

This update outlines the need for investment in an additional 0.85 whole time equivalent (WTE) consultant from University Hospital of North Midlands (UHNM) on a 50-week basis, and 1.2 WTE Advanced Care Practitioners (ACP) to be able to continue to deliver a sustainable stroke service at MCHFT which meets the needs of the local population.

Following a comprehensive service review in 2015 a revised joint stroke pathway between UHNM and MCHFT was introduced in July 2016, this included a 'Drip and Ship' model where patients would attend MCHFT emergency department for initial assessment, CT and Thrombolysis where indicated before being transferred to UHNM for management of the hyper-acute stage, before returning to MCHFT for the acute and rehabilitation stages as required. This partnership has been deemed a clinical and operational success by cross operational teams and the local Stroke network.

The model in its current format made the assumption that MCHFT would continue to have the cover of two stroke specialist consultants to support delivery of the service, however since 2017 this has reduced to one substantive Stroke consultant, and the service has been heavily reliant on agency locum staff after being unsuccessful in an initial recruitment attempt; this has resulted in a service that is no longer viable in its current format without further recruitment. However, without offering a hyper-acute Stroke service at MCHFT it is recognised that this post will be challenging to recruit to.

This paper identifies the need for an updated model that includes a closer working relationship with UHNM with direct input from their consultant team supported by an ACP to develop an ambulatory care model which mirrors UHNM's current working practice.

In summary, the update supports the overarching Trust strategy of a delivering safe and sustainable service closer to home. The aim is to enhance our current service through the support of UHNM's clinical teams.

Drivers for Change

Stroke is defined by the World Health Organization as a clinical syndrome consisting of 'rapidly developing clinical signs of focal (at times global) disturbance of cerebral function, lasting more than 24 hours or leading to death with no apparent cause other than that of vascular origin.

A stroke happens when the blood supply to part of the brain is cut off, killing brain cells. Damage to the brain can affect the way your body works, and it can also change the way people think and feel.

There are two types of stroke:

Ischaemic strokes are caused by blockages which cut off the blood supply to parts of the brain. Blockages can be caused by a blood clot or other matter (for example, fatty deposits) and can occur in a brain artery or a small blood vessel deep within the brain. Without blood, brain cells begin to die. This damage can have different effects, depending on where it happens in your brain.

Haemorrhagic strokes are caused when a blood vessel bursts within or on the surface of the brain. Haemorrhagic strokes are generally more severe and are associated with a considerably higher risk of dying within the first three months and beyond, when compared to ischaemic strokes. These are also referred to as subarachnoid haemorrhage (bleeding on the surface of the brain) or intracerebral haemorrhage (bleeding within the brain).

A Transient ischaemic attack or TIA (also known as a mini-stroke) is the same as a stroke, except that the symptoms last for less than 24 hours. A TIA should be treated as seriously as a full stroke. Full strokes often happen after a mini-stroke, and about half of all strokes that occur after a TIA, happen in 24 hours. 1 in 12 people (8%) will have a full stroke within one week of having a TIA.

Stroke has a devastating and lasting impact on people's lives and on the nation's health economy. There are more than 100,000 strokes in England each year and there are 1.2 million stroke survivors. It is the third biggest killer in the UK each year. The Stroke Association's report, the State of the Nation, highlighted that in 2016, almost 38,000 people died of stroke in the UK; a life lost every 13 minutes. 1 in 14 deaths are caused by a stroke in the UK. This is equivalent to 6% of deaths in men, and 7% deaths in women.

Around 1 in 6 men and 1 in 5 women will have a stroke in their life. In England, Wales, and Northern Ireland the average age for someone to have a stroke is 72 for men and 78 for women. However, people are having strokes earlier in their lives and around 1 in 4 strokes happen to people of working

age. The rate of first-time stroke in people age 45 and over is expected to rise by 59% in the next 20 years (between now and 2035).

There is growing evidence base to demonstrate that the outcomes for stroke patients improve if the first 72 hours are delivered according to stroke clinical standards. These recommendations for the development of stroke services, and particularly access to hyper-acute/ acute stroke care on a stroke unit, has resulted in improvements in mortality and disability outcomes post stroke.

The State of the Nation highlights that the estimated to cost the UK economy around £26 billion a year. The total cost to UK society for all new cases of stroke is £5.3 billion a year. Around 30% of this sum will be costs to the NHS. The NHS could save £4,100 over five years for each stroke given thrombolysis, and £1,600 over five years for each patient discharged with Early Supported Discharge, because of better health-related outcomes.

Local Context

Following a Stroke Summit gap analysis in July 2014 and subsequent follow up in January 2015, a number of concerns were identified with the Stroke service delivered by MCHFT.

It was identified by the Stroke Clinical Network (SCN) that hyper-acute service was unsustainable in its current format. The greatest challenge being MCHFT inability to deliver a 24/7 service due to the lack of consultant cover, resulting in patients not being reviewed by Stroke physician 7 days per week and a failure to meet nationally recommended clinical standards.

The Joint CCG Clinical Commissioning Executive Group agreed a proposal for a collaborative working arrangement between MCHFT and UHNM that provided 7-day consultant cover for newly diagnosed strokes, whilst still retaining the benefit of local access to clinical interventions, where time to treatment is important.

This pathway commenced in July 2016, meaning that all patients, for whom MCHFT is the closest geographical location, receive initial assessment at MCHFT under the guidance of a UHNM Stroke Consultant. Patients are then transferred to the hyper-acute stroke unit (HASU) at UHNM on a case by case basis after a consultant to consultant discussion. Thrombolysis if required is administered at MCHFT before being transferred.

This working relationship with UHNM means that all patients presenting to Leighton Hospital with a confirmed stroke have access to a 7-day dedicated stroke service 24/7, patients are repatriated back to MCHFT where indicated for their acute and rehabilitation treatment, this is routinely 48 hours after admission to UHNM.

The hyper-acute stroke pathway has been in place for 2 years and this partnership has been well received and has been clinically and operationally viewed as a success by the cross organisational team. However, the model made the assumption that MCHFT would continue to have the cover of two stroke specialist consultants to support delivery of the service Monday - Friday, but since 2017 Consultant cover for the Stroke service at MCHFT has reduced to one substantive consultant, and has been heavily reliant on agency locum staff after being unsuccessful in substantive recruitment; this has resulted in a service that is no longer viable in its current format and a need to revisit the pathway.

Options Identification

The Trust reviewed four options, which are listed below.

- 1) Do nothing and continue with the current stroke service
- 2) Invest in the current stroke service with support from a visiting UHNM consultant only
- 3) Invest in the current stroke service with support from a visiting UHNM consultant and 1.2wte Advanced Clinical Practitioner
- 4) Withdraw in totality from acute and rehab stroke services

The Division of medicine and Emergency Care together within the Stroke services at UHNM under the workstream “Better Together” reviewed each option and put forward a compelling case for option 3. The executive team supported the recommendation in option 3 being approved. Option 3 has also been supported by the national lead for stroke, Dr Deborah Lowe.

Financial Position

Option 3 requires additional investment of £98,000 to deliver 1.2wte ACP plus 50 weeks coverage of 0.85wte stroke consultant. The additional investment has been included within the 2019/20 budget process, with Trust Board being aware of the ACP investment earlier in 2018.

Next Steps

Recruitment will now commence for the posts identified above.

Conclusion

Mid Cheshire Hospitals NHS Foundation Trust and University of North Midlands have a strong relationship in delivering services that improve patient pathways and the clinical outcomes for patients. The development that is detailed with this paper further cements relationships between the two trusts.

Recommendation

The Trust Board are asked to note the development in stroke services at MCHFT.

Quality Governance

Organisational Quarterly Risk Register Report

Report date: 01/10/2018 to 31/12/2018





Contents

1. Purpose
2. Current position & next steps
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8. Risks past the review date rated 15 and above
9. Escalated risks
10. Closed/de-escalated risks
11. Potential new risks awaiting assessment / horizon scanning
12. Risks with partner Organisations
13. Summary of the Organisational Risk Register

1. Purpose

The Risk Management Strategy & Assurance Framework 2017/20 (RMS&AF) forms part of the Trust's wider internal control and governance arrangements. It defines the strategy, policy, principles and mandatory requirements for how we manage risks across the organisation. The RMS&AF highlights key aspects of the risk management and assurance process, and identifies the main reporting and escalation procedures. Successful management of existing and emerging risks is critical to the achievement of our strategic objectives. The risk register addresses risk management in four key steps: (1) identifying the risk, (2) evaluating the severity of any identified risks, (3) applying possible solutions to those risks and (4) monitoring and analysing the effectiveness of any subsequent steps taken. The purpose of this report is to provide evidence of this process in practice, and to provide assurance on the effectiveness of our governance arrangements for the management of risk.

2. Current position

In April 2019 the Trust commenced a comprehensive review of its risk management systems and processes, with the aim of developing a web-based risk management system (Risk Web) with supportive education and training. The implementation of Risk Web is planned for March 2019, with further work to be undertaken during 2019-20 to fully establish the new system and processes.

A review has been undertaken on the content of the Trust risk register. The review identified that the risk register contained the details of over 600 risks, many of which could be classified as task or workplace specific. The risk register has been cleansed and now only contains the details of risks to divisional and corporate objectives. A bespoke risk register risk assessment form, task/event risk assessment form and workplace health and safety risk assessment form have been developed, and are now in use across the Trust. Appropriate storage arrangements have been established for both task specific and workplace risk assessments.

Pilot sites in the Estates and Facilities department and CCICP have been working to establish risk assessment web based reporting, and to trial the new task/event and workplace risk assessment forms; completion and storage.

Work on defining risk statements as described in the RMS&AF; "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>", is progressing with a focus on risks rated 15 and above. All new risks are now written on the bespoke risk register risk assessment form, as described in the RMS&AF.

A new Risk Assessment Procedure, which includes reference to all types of risk assessments, has been created to replace the original Health & Safety Risk Assessment Procedure. This document will be finalised by the end of March 2019 to take account of feedback from the pilot sites, Health & Safety Group (H&SG) and Quality Governance team.

New divisional and organisational risk register reports have been developed. The new risk register reports can be produced automatically from the Ulysses web-based data management system. Risk register reports can also be produced for specialist groups; H&SG, Information Governance Working Group (IGWG) and Infection, Prevention & Control (IP&C). Further development work is underway to develop risk register reports for other specialist groups, such as; Emergency Preparedness Group (EPG) and Executive Workforce Assurance Group (EWAG).

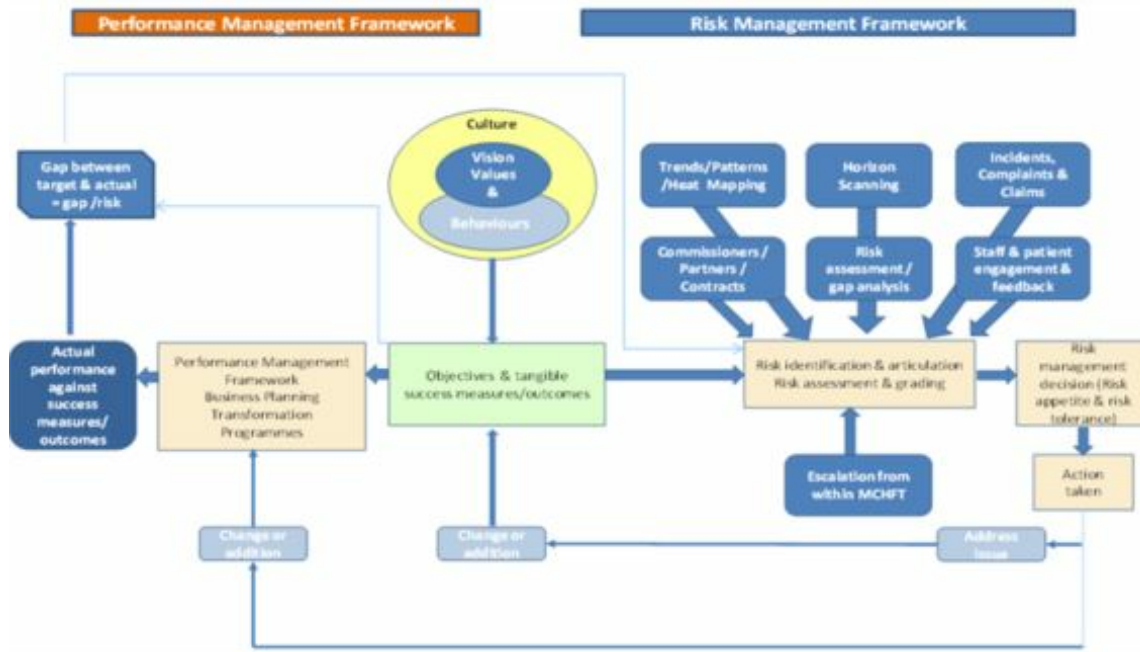
A web-based risk register risk assessment form has been developed based on the hard copy version. Both pilot sites are utilising this form to log new risks into Ulysses; this methodology has also been used to create the IP&C risk register report and to update all corporate services risks rated 15 and above.

A 'Web-based Risk Management System' development session is being prepared for members of the Quality Governance team. A Web-based Risk Management System User Guide is also in the early stages of development. The aim of the session will be to equip them with the skills and knowledge to effectively guide managers through the risk assessment process. To educate managers in the risk assessment process, members of the Quality Governance Team will guide them through the completion of actual risk assessments, as they are required.

Broader education of managers has been undertaken through discussion at management meetings on the development of risk management systems, including; risk assessments, registers and governance arrangements.

This report builds on the work previously undertaken to develop quarterly organisational risk register reports and reflects the progress that has been made in developing a web-based risk management system. In parallel divisional/CCICP level reports are being further developed and presented at Divisional/CCICP Boards as iterative documents for discussion and feedback.

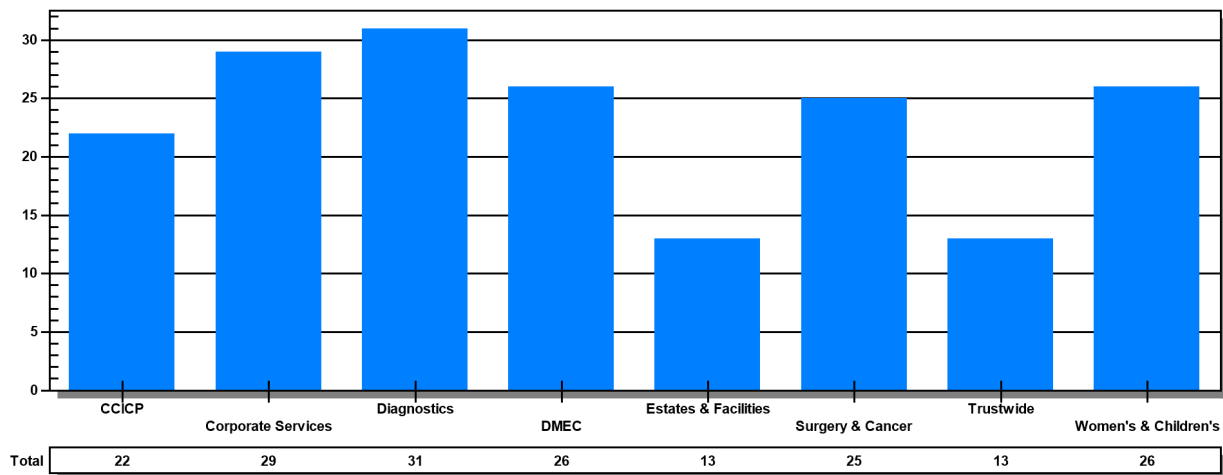
The diagram below details the relationship between the performance and planning and risk management frameworks and the linkages across. Future versions of the divisional/CCICP reports will map the risks to the local objectives (Trust Strategy 2017 with 2020 Horizon: Plans on a Page).



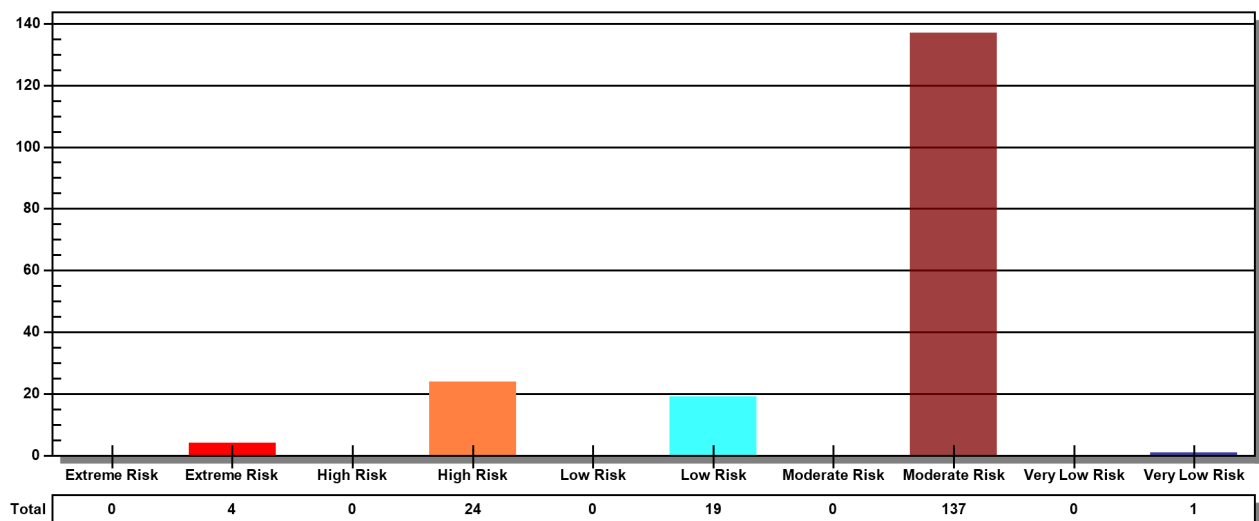
4. Top 5 Organisational Risks

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

5. Risk Register Overview Summary - all open risks



The above chart shows a breakdown of the risk register by Division



The above chart shows a breakdown of the risk register by risk rating. Moderate Risk has the highest portion of the register. These are the risks that score between 8 and 12.



6. New risks in quarter rated 15 and above

Ref.	Title	Division	Risk Score	Risk Rating
CS0380	Cyber Security	Corporate Services	16	High Risk
DC1044	Laboratory Information Management System (LIMS) for Pathology - End of Life	Diagnostics	15	High Risk
TW0010	Medical Devices Running Legacy Operating System Software	Trustwide	16	High Risk



7. New risks in quarter pending approval

Ref.	Title	Division	Risk Score	Risk Rating
SC0626	Control of the backlog of patient's awaiting routine follow up - General Surgery	Surgery & Cancer	15	High Risk

8. Risks past the review date rated 15 and above

No risk breached the review date during this quarter

9. Escalated risks

Ref.	Title	Division	Risk Score	Risk Rating	Date Closed
DC1032	Control of the backlog of patient's awaiting routine follow up in Dermatology	Diagnostics	16	High Risk	29/04/2019
TW0005	Lone Working	Trustwide	16	High Risk	17/04/2019
TW0007	Delayed routine outpatient follow-up	Trustwide	15	High Risk	24/03/2019
PG0272	Inadequate availability of medical staff to cover rotas - Obs and Gynae	Women's & Children's	15	High Risk	16/04/2019

10. Closed/de-escalated risks

Ref.	Title	Division	Risk Score	Risk Rating	Date Closed
CP0061	Controlled drugs management	CCICP	16	High Risk	05/11/2018
CS0302	Information Governance Overarching Risk Assessment	Corporate Services	20	Extreme Risk	13/11/2018
CS0371	Lack of in-house trainer resources to deliver Conflict Resolution Training	Corporate Services	16	High Risk	29/11/2018
EC0329	National Access Targets in ED	DMEC	16	High Risk	25/10/2018
EC0414	Delays within the Division for routine outpatient follow up	DMEC	16	High Risk	25/10/2018
EC0403	Lack of service provision within Endocrinology	DMEC	16	High Risk	09/11/2018
EC0381	Risks associated with insufficient advanced life support (ALS) covered registered nurses in the coronary care unit (CCU)	DMEC	16	High Risk	13/12/2018
EC0388	The risks associated with the loss of the cardiac monitoring system	DMEC	15	High Risk	14/12/2018
EF0393	Risks to the Continuity of MCHFT Critical Functions identified by the Estates and Facilities Division	Estates & Facilities	15	High Risk	12/12/2018
SC0579	Endoscopy Capacity and Bowel Cancer Screening 2016 and beyond	Surgery & Cancer	16	High Risk	08/10/2018
FSAWD10	Fire Safety Assessment - Ward 18 SSW	Surgery & Cancer	15	High Risk	08/10/2018

11. Potential new risks awaiting assessment / horizon scanning

11.1 CCICP

11.2 Corporate Services

11.3 Diagnostics

- Cardio-Respiratory Staffing
- Therapies Staffing
- Management of Adoption Records

11.4 Division of Medicine & Emergency Care

11.5 Estates & Facilities

The Estates & Facilities Division are currently under a comprehensive review of their risk register as they are one of the pilot sites for the rollout of Risk Web. The updated risk register will be available during the Q4 (January to March 2019)

11.6 Surgery & Cancer

11.7 Women's & Children's

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

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

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

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

13. Summary of the Organisational Risk Register

Extreme Risk

Ref	Initial Date	Title	Description	Initial Mitigated Rating	Controls	Current Rating	Owner	Actions		Target Rating	Progress Update	Next Review Date
								Description	Target			
EC0384	29/11/2016	Lack of service provision within Cardiology	There is a risk that patients may have a delay in their diagnosis or follow up as a result of vacancies with consultants in cardiology that could result in a reduced quality of care and patient experience.	20 4 x 5	1. Locum in position. 2. Partnership agreement in place with UHNM to provide sessions.	20 4 x 5	Divisional General Manager	2 Discussions to see if additional sessions from UHNM Stroke Consultants can be added in to their job plans	31/12/2018	12 4 x 3	The risk was reviewed at the Cardiology Sub-Divisional Governance on 14 December 2018. It was agreed at the meeting that the risk was still the same and that no changes to the risk could be made.	14/03/2019
TW0001	09/09/2015	Delivery of key local and National targets and standards, in particular the 4 hour standard in A&E	There is a risk that National standards, performance targets and commissioner contractual requirements may not be achieved, as a result of an increasing demand on Trust services, which may lead to regulatory sanction and financial penalties.	20 5 x 4	1. Corporate governance infrastructure, systems and processes. 2. An Escalation Policy and a number of clinical pathways in place. 3. Performance management framework 4. Monitoring of performance at Trust Board, Audit Committee, PAFC and divisional boards 5. Monitoring of performance by CCG's 6. Quality, Safety and Improvement Strategy 2018/19 7. Fortnightly meetings with DGMS 8. Monthly finance and activity review meetings 9. Daily monitoring and 4 x daily bed management meetings with site reports populated 7 times a day 10. Weekly performance review meeting (PMG) 11. Breach analysis weekly 12. Urgent care steering group 13. A&E Delivery Board 14. Horizon scanning, agility and ability to respond 15. RTT Task and Finish group and action plan 16. Quarterly elective capacity and demand internal meetings 17. Cancer Performance Management (PTL) and Board Meetings 18. Annual Capacity and Demand Planning Process	20 5 x 4	Chief Operating Officer	1 Complete and implement Risk Management Systems Review 2 Further develop the performance management framework	31/03/2019 31/03/2019	10 5 x 2	This risk was previously titled 'Operational Sustainability of MCHFT'. The risk has been reviewed and rescored with the focus being on the Trust's target for the 4 hour standard in A&E. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.	12/02/2019
TW0002	02/09/2015	Long Term Financial Sustainability of MCHFT	There is a risk that the Trust may incur increased costs and a loss of income, as a result of inefficiencies in financial management, which may lead to the loss of long term financial sustainability.	25 5 x 5	1. Capped Expenditure Programme, delivered significant further savings across the health economy. 2. Work on internal transformation programmes to improve efficiencies has continued alongside the wider collaborations of "Stronger Together" Programme with the University Hospitals of North Midlands and the wider engagement at all levels with the Health and Care Partnership for Cheshire & Merseyside. 3. As part of a partnership, during 2017/18 the Trust strengthened its financial position through further efficiency opportunities which that presented. 4. The Trust underwent an NHS Improvement Use of Resources assessment in March 2018. 5. Performance management framework 6. Monitoring of performance at Trust Board, Audit Committee, PAFC and divisional boards 7. Monitoring of performance by CCG's of PbR contract 8. Monthly CIP performance meetings 9. Quality Impact Assessment Procedure 10. Theatre Productivity Group plan 11. Cash Flow monitoring and debt collection processes 12. Budget meetings on monthly basis 13. Recruitment initiatives (foreign and domestic) and Premia incentives 14. Tendering for services (new and existing) 15. Weekly performance meetings re: activity delivery 16. Winter Funding schemes through SRG 17. Implementation of Integrated Community Teams 18. Annual Plan 19. Clinical Services Strategy 20. Borrowings in place for key schemes 21. Successful Expert Determination concluded 22. Robust Cash Flow processes in place 23. Agreed Distress funding in place with Department of Health 24. Integrated Community Teams delivering controls on non-elective activity	20 5 x 4	Director Of Finance	4 Develop an Internal Recovery Plan 6 Complete a review of Community Services governance 7 Implement Stronger Together action plan	30/10/2018 31/12/2018 31/12/2018	10 5 x 2	The Trust has delivered its financial control total for 2017/18 and agreed a contract for 2018/19 which supports the delivery of the 2018/19 financial target. This risk has been reviewed and has been scored as 5x4=20 as confidence is now higher that the memorandum of understanding will be delivered. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.	23/02/2019
TW0003	24/09/2015	Workforce capacity and skill mix to consistently deliver high quality care, seven days a week	There is a risk that patients may not receive timely, high quality care, as a result of a failure to provide adequate numbers of staff with the appropriate skills seven days a week, which may lead to an adverse impact on patient safety, patient experience and clinical outcomes.	20 5 x 4	1. Recruitment to additional Consultant posts in the major acute specialties. 2. Divisional business cases in development to support the expansion of Consultant numbers to deliver the Seven Day Services Clinical Standards 3. Annual review of Consultant job plans to increase on site "out of hours" Consultant presence where possible. 4. Recruitment to additional roles (e.g. Advanced Nurse Practitioners) to supplement the "out of hours" clinical / medical workforce. 5. Critical Care Outreach Service available 24/7 6. Development of the Acute Care Model for inclusion in the potential investments for 2019/20 7. Prompt access to diagnostic services, including medical imaging and pathology. 8. Implementation of NEWS2 9. Policy for Adult In-patient Vital Signs and NEWS2 Monitoring 10. Advancing Quality programme. 11. Development of clinical pathways with external partners to ensure that patients receive appropriate, high quality care "out of hours" (e.g. stroke thrombolysis with the University Hospitals of North Midlands). 12. Engagement in the Getting It Right First Time (GIRFT) national programme 13. Quality governance infrastructure, systems and processes. 14. Patient Safety Summit 15. Seven Day Services Steering Group 16. Deteriorating Patient Steering Group 17. Implementation of the Structured Judgement Review process to review in-patient deaths 18. Quality and Safety Improvement Strategy 2018/19 19. On-call rotas for Executives and clinical support services (e.g. Pharmacy) 20. Trust Escalation Policy 21. Bank and agency staffing arrangements	20 5 x 4	Medical Director	1 Approval with funding of business cases to expand Consultant numbers 2 Approval with funding of business cases to increase additional roles (e.g. Acute Care Model) 3 Continued engagement in the Getting It Right First Time (GIRFT) national programme 4 Implementation of lessons learned from SJR process 5 Explore the opportunities for closer clinical collaboration with East Cheshire Trust	31/03/2019 31/03/2019 17/12/2019 17/12/2019 31/03/2020	10 5 x 2	This risk now incorporates two previous risks. It has been rewritten and rescored. It was originally titled 'Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)'. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.	17/01/2019

High Risk

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13. Summary of the Organisational Risk Register

High Risk

Ref	Initial Date	Title	Description	Initial Mitigated Rating	Controls	Current Rating	Owner	Actions		Target Rating	Progress Update	Next Review Date
								Description	Target			
DC1032	05/03/2018	Control of the backlog of patient's awaiting routine follow up in Dermatology	There is a risk that there is a delay to follow up reviews as an Outpatient as a result of increasing numbers of patients being added to the backlog list which may lead to an adverse impact on patient care and experience.	12 4 x 3	1. Clinical review of the longest waiting patients to appropriately prioritise appointments 2. Separate two week wait lists 3. Nurse led Biologics lists for Cancer pathway/high drug patients 4. Ensure all clinics are maximised 5. Service closed to out of area referrals 6. 2018/19 follow-up capacity increased by 1,000 slots	16 4 x 4	Deputy Divisional General Manager	1 Ensure all clinics are maximised to avoid loss of vital capacity 2 Validate the waiting list for duplicates and for those patients who have been seen since their follow-up due date 3 Increase follow-up capacity as consequence of reduction in GP referrals 4 Telephone consultations 5 Waiting List Initiatives 6 Recruitment of a fifth Consultant Dermatologist 7 Recruitment of an additional Dermatology Specialist Nurse	31/03/2019 31/03/2019 31/03/2019 31/03/2019 31/03/2019 31/03/2019 31/03/2019	8 4 x 2	29/01/19 Risk rating reviewed and increased in view of recent incidents where patient have been found in the backlog who have developed malignancies. A backlogs audit is being undertaken across the trust which will review any harm	29/04/2019
EC0379	10/11/2016	Risks associated with inadequate Staffing levels - Ward 2	There is a risk that patients may not receive timely, high quality care as a result of low staffing levels on Ward 2, which may lead to an adverse impact on patient safety, experience, outcomes and overall quality of care.	20 4 x 5	1. Agency and Bank staff used on Ward 2. Matrons reviewing staffing across Wards on a shift by shift basis to see if staff can be re-allocated to support low staffed areas 3. Ward Manager working in the staffing numbers to provide patient care 4. Trust recruitment drives to get additional staff in to the Trust 5. Agreement now in place to ensure third qualified nurse on night won't be taken off the ward unless it is for a critical situation.	16 4 x 4	Matron	1 Ward 2, AMU and ACU to arrange their own recruitment drive and advert to include rotation roles across the areas	31/03/2019	6 2 x 3	The risk score as agreed to stay as 16 (has been this since 01/10/18) as there are still 6.69wte vacancies for qualified nurses from an establishment of 17.67wte.	25/04/2019
EC0387	23/03/2017	Lack of service provision within Respiratory	There is a risk of delay in patient treatment for inpatients/outpatients as a result of a lack of service provision within Respiratory Medicine which may lead to adverse clinical outcomes for patients.	20 4 x 5	1. Locum and agency staff are in place at the moment 2. Explore partnership working with external Trust- sessional and joint posts 3. The job description has been written and has been sent to the college for approval 4. Explore ways of delivering the service e.g implementation of additional ANPs/clinical nurse specialist 5. Business case has been written and is due for presentation to Divisional Board in October 2017 6. Task and finish group established to explore ways to develop the service and the substantive recruitment process.	16 4 x 4	Divisional General Manager	1 There is ongoing recruitment for the Respiratory Consultant vacancy.	28/02/2019	8 4 x 2	Substantive posts are still being filled by locum staff. Recruitment for substantive staff is ongoing.	03/02/2019
EC0397	19/06/2017	Risks associated with inadequate Staffing levels on ward 5	There is a risk that patients may not receive timely, high quality care as a result of low staffing levels on ward 5, which may lead to an adverse impact on patient safety, experience and outcomes.	20 4 x 5	1. On-going recruitment. 2. Daily staffing review undertaken by the Matrons within the Division. 3. Ward escalation to Matrons when gaps present in rota. 4. Ward Managers within the Division review off duty to review the skill mix. 5. Use of Nurse Bank and Agency staff. 6. Planned implementation for a Pharmacy technician to be utilised on ward 5. 7. Safety huddles. 8. Involvement of Critical Care to facilitate NIV where appropriate.	16 4 x 4	Matron	1 Ongoing recruitment. To be reviewed at Respiratory Sub-Divisional Governance in March 2019.	31/03/2019	4 2 x 2	Changed from catastrophic to Major.	04/03/2019
EC0399	12/09/2017	Increased patient dependency when caring for 4 dependent Respiratory patients, which may be a combination of Non Invasive Ventilation and Tracheostomy patients	There is a risk of patient harm as a result of increased patient dependency/acuity when 4 dependant respiratory patients, who may require complex intervention e.g. Non Invasive Ventilation or Tracheostomy patients, are nursed on the ward when there are significant nursing vacancies or unavailable beds, which may lead to adverse clinical outcomes for patients.	16 4 x 4	1. If no NIV beds are available a referral will be made to a Critical Care Registrar/Consultant to see if they can take the patient. A review of patients currently on NIV on Ward 5 may also be undertaken as one of these patients may be a more appropriate Critical Care transfer. Critical Care operational policy has this stated within it and the SOP for ward 5 also refers to the option of Critical care when capacity / staffing / equipment is rendering no further beds. 2. On-going recruitment. 3. Daily staffing review undertaken by the Matrons within the Division (this may be done more often throughout a day dependant on staffing and acuity). 4. Ward escalation to Matrons when gaps present in rota. 5. Ward Managers within the Division review off duty to review the skill mix. 6. Use of Nurse Bank and Agency staff. 7. Safety huddles completed daily with Medics. 8. Involvement of Critical Care to facilitate NIV where appropriate. 9. Daily assessment of the ward acuity. 10. Selected location for NIV and tracheostomy patients to be nursed - will be cohorted if possible 11. Critical Care Outreach Service (CCOS) referrals. 12. Trust EWS Escalation Guidelines.	16 4 x 4	Matron	1 New NIV machines to be bought for the Ward to replace the older machines 2 Training on the new NIV machines to be undertaken for all staff 3 A service review is required. The review should consider (amongst other things) the delivery of the service, step down/ ceilings of care, Consultant to Consultant escalation, the number of NIV machines within the Trust, contingency plans if high numbers of NIV patients are in the Trust and escalation / transfer processes.	28/02/2019 28/02/2019 31/03/2019	6 3 x 2	The Risk was reviewed and a new version created to include the risk of not having enough NIV beds available if required. The score was agreed as the same.	24/04/2019
EC0402	05/01/2018	Lack of service provision within Diabetes & Endocrinology	There is a risk of delay in patient treatment for inpatients/outpatients as a result of a delay in diagnosing results due to the lack of service provision within Diabetes and Endocrinology Medicine.	16 4 x 4	1. An overseas locum is due to start in diabetes in 2019 for a 12 month term. Start date still to be finalised. 2. Diabetes ante-natal clinics are covered by locums in the event of the consultant is off sick. 3. Explore partnership working with external Trust- sessional and joint posts 4. Explore ways of delivering the service e.g implementation of additional ANPs/clinical nurse specialist 5. Substantive recruitment process underway 6. Management of patients within the community 7. Divisional AMD picking up 3 outpatient clinics per week to support and reduce the backlog. 8. To explore the possibility of virtual clinics 9. Secure locum position 10. Friends & family feedback 11. Complaints managed by Matron and ward manager 12. LOS meetings 13. Integrated discharge team	16 4 x 4	Divisional General Manager	1 There is ongoing recruitment for both Diabetes and Endocrinology Consultant vacancies	28/02/2019	12 4 x 3	Merged with EC0403.	03/02/2019

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EF0505	23/01/2019	Loss of Mechanical Infrastructure and Associated Resources: Leighton Hospital	There is a risk that utility pipeline equipment (expansion bellows, valves and actuators ect) connected to the Trust water, steam, or heating system may fail as a result of age, condition and no PPM(Including the regular exercising of valves) being carried out on which may lead to one of the major distributed services being unavailable within wards & departments?	16 4 x 4	None in place	16 4 x 4	Head Of Estates	1 <input type="checkbox"/> Removal of the asbestos from identified areas in order to allow isolation of faulty valves/components for replacement or repair. <input type="checkbox"/> Repair or renewal of all existing valves/components etc during refurbishment <input type="checkbox"/> Planned Preventative Maintenance schedule for the inspection and maintenance of all valves/components (after asbestos has been removed). <input type="checkbox"/> Safe Systems of Work for working on services.	23/01/2020	8 4 x 2		23/04/2019
PG0081	07/10/2009	Safety of Children and Staff on CAU in relation to staffing:	There is a risk of unsafe staffing levels/skill mix as a result of unforeseen periods of increased activity and dependency, leading to adverse impact for the safety of children and staff.	16 4 x 4	1. Duty rota completed with adequate coverage in a timely manner. Any gaps at this time are addressed proactively. Clear organisation of care at the beginning of each shift & adjusted accordingly. Co-ordinator escalates concerns to ward manager/consultant/senior manager. Multidisciplinary team working and joint decision making. Prioritising of care delivery. All attempts made to obtain Bank staff at times of high acuity. Continued goodwill of staff to work extra hours and under stress. STEAM acuity tool in place which provides appropriate escalation. Escalation plan in place. Paediatric bed management policy, ongoing recruitment campaign for appropriately skilled nurses with experience in paediatrics in conjunction with trust recruitment for trained nurses payment to contracted staff for extra duties at their normal rate. Staffing levels reviewed weekly against occupancy and dependency. Skill mix now includes 2 band 4 Paediatric Assistant Practitioners that have received appropriate Paediatric training. These staff rotate across days/nights. CAU Manager/Deputy attend Trust Recruitment Days to represent Paediatrics. 2. Current establishment allows for one HDU bed to be staffed (1:1). All staff attend PILS training annually. TNA shows requests for places on APLS course. Staff trained & competent to use HDU equipment, supported by practice educator. Ward co-ordinator manages shift based on patient needs and risk. Children requiring long periods of assisted ventilatory support are transferred via NWTs to appropriate tertiary centre. Considering options of transferring children out to other hospitals. Option of closing/relocating assessment to enhance staffing numbers presence. STEAM acuity tool in place which identifies appropriate escalation. Escalation plan in place. Payment to contracted staff for extra duties at their normal rate. Staffing levels reviewed against occupancy and dependency. All attempts now made to have 5 trained members of staff on nights plus 1 HCA. 3. CAU staff (listed on the bank) are asked to do extra shifts to cover. staff (non substantive) with experience in paediatrics. Bank system allows for text communication of available shifts at late notice..Escalation plan in place. Payment to contracted staff for extra duties at their normal rate. Staffing levels reviewed against occupancy and dependency. 4. Co-ordinator assesses and makes decision about most appropriate person to escort child. Plans then have to be put in place to ensure that the unit remains covered during the transfer. Escalation plan in place. Assistant Practitioners have knowledge which allows them to transfer low risk children. 'Treat and Transfer' agreed to avoid divert. 5. Ongoing review of acuity to monitor fluctuations in dependency. Dedicated Paediatric Bank (limited) available to cover unforeseen gaps. Escalation and triage of patients as required in line with escalation plan. Weekly staff availability lists within both areas. . All attempts now made to provide a supernumary shift co-ordinator on day shifts. Ward Manager and Deputy Ward Manager available to provide supernumary shift co-ordination in times of high acuity and to cover unforeseen increases in acuity and gaps in staffing. 6. Design of new unit allows for improved patient flow and co-horting of patients, so pressure of siderooms is relieved. Provision of safe rooms allows safer admission for patients with Mental Health concerns and a reduction of 1:1 staffing for these patients may be possible. 7. Bank and agency staff are booked to cover when required. Uplift is monitored and discussed at 6 monthly actiuy meetings with the Director of Nursing. 8. Paediatric Matron in post who holds a registered children's nursing qualification and is available Monday - Friday (8-4). Majority of staff on the unit are Paediatric trained with PILS training. There is always a Band 6 in charge of the ward or senior band 5 in exceptional circumstances and a member of the medical team is always available for advice.	16 4 x 4	Matron	1 Discussion at Acute Paediatrics Governance Committee regarding staffing levels on the new unit 2 Discussion at Acuity meeting with Head of Nursing As no beds being taken out in the summer due to reduced beds on the new unit, discussion needs to be had to enable staffing levels to remain the same throughout the year. Ref (RCN Defining Staffing Levels for Children and Young Peoples Services 2013)	01/03/2019 01/03/2019	8 4 x 2	This risk has increased from moderate to high risk over th past 12 months due to issues with staffing levels during the refurbishment and the staffing of two separate wards. Issues with staffing levels now need addressing on the new unit.	12/05/2019
PG0294	15/05/2018	Lack of Paediatric Audiology Staff	There is a risk that detection of hearing loss is delayed as a result of lack of audiology staff to man clinics, which may lead to learning, speech, behavioural and developmental problems which require treatment in a timely manner.	8 4 x 2	Staff are currently working over-time to prevent breaches in Trust targets and National guidance - not sustainable Weekend clinics being undertaken Administration relating to clinics, CPD and audits put on hold in times of annual leave The adult audiology service have agreed to release their staff to work on Paed clinics Temporary contracts & bank hours have been offered to audiologists to provide cover of routine services which will release the Clinical Specialist to cover specialist clinics 20 Saturday clinics (over 10 days) have been set up between April and July to help with demand for specialist clinics Clinical Scientist has begun triaging review appointments to identify patients who are being monitored due to professional concern rather than in line with a national protocol (e.g. NICE Glue ear guidelines, PHE NHSP surveillance protocols). These appointments will be delayed until there is sufficient staff in place, to help meet national and Trust targets	16 4 x 4	Clinical Scientist	2 Initial interviews were unsuccessful therefore to re-advertise for the scientist in April / May, to attempt to attract a newly registered scientist. a Consultant from Manchester has been asked to consider locuming in the interim	30/05/2019	8 4 x 2	Clinical Scientist has confirmed that that hearing loss identification and treatment will be delayed due to lack of staff- see attached e mail	29/07/2019

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SC0535	30/11/2014	Insufficient staffing within Inpatient locations	There is a risk that there may be insufficient registered nursing staff within the surgical inpatient locations, to fully meet the needs of patients, due to a high vacancy factor. This may lead to adverse patient outcomes.	8 4 x 2	1. Minimum staffing levels agreed within division for inpatient locations. 2. Escalation of staffing issues to designated divisional co-ordinator 3. Escalation to Clinical Site Manager or Hospital at Night Team out of hours 4. Escalation to Senior Manager on-call if remains a risk/patient safety issue 5. Local, divisional review of all staffing incidents, reported via the incident reporting system, with wider corporate oversight	16 4 x 4	Head Of Nursing	1 Staffing incidents form part of the Divisional Quality Report which is presented to Divisional Board on a monthly basis. 2 Quality Report reviewed as part of Quality Performance review by the Executive team quarterly. 3 Staffing risk assessments have been developed for each surgical inpatient location to underpin this risk assessment and are to be reviewed and updated as per policy; Ward 9 - SC0610 Ward 10 - SC0569 Ward 11 - SC0601 Ward 13 - SC0600 Ward 15 - SC0601 Ward 18 - SC0609 4 Utilising the investment agreed at Executive level to support the introduction of 12 hour shift patterns in to the Surgery & Cancer Division 5 Offer and support existing and new staff the opportunity to work their contracted hours in a more flexible way, therefore addressing the current challenges relating to the recruitment and retention issues 6 2.0 WTE have been offered to registered nurses following the latest recruitment day 7 There is Executive agreement to utilise registered agency nursing staff when staffing levels have reached a critical point via an agreed escalation process 8 The organisation is exploring the potential opportunities available via international recruitment 9 The Director of Nursing has introduced a multidisciplinary clinical workforce group to address the recruitment and retention challenges that the organisation must overcome; ? Ongoing recruitment ? Supporting Transition Into Acute Roles ? Return to Practice ? UK adaptation programme ? Rotational recruitment ? Trainee Nursing Associates/Nursing Apprenticeships ? Allied Health Professionals ? International Recruitment 10 Successful recruitment to registered nurse vacancies within the division.	23/01/2020 23/01/2020 23/01/2020 30/09/2019 23/01/2020 31/05/2019 31/10/2019 31/10/2019 23/01/2020	8 4 x 2	There are a large number of staffing vacancies which remain to be addressed as per the divisional and executive action plan for recruitment and retention of nursing staff and the further development of roles within the MDT.	30/04/2019
TW0004	02/01/2013	Registered Nurse staff shortages	There is a risk that patients may not receive timely interventions to address their clinical needs, as a result of a reduced staffing capacity of registered nurses, which may lead to adverse impact on patient safety and clinical outcomes.	20 5 x 4	1. Trust Escalation Policy with revised staff escalation matrix, includes: <input type="checkbox"/> Delivery of a daily staffing meeting with the aim of identifying staff to address gaps <input type="checkbox"/> Consideration given to the use of agency staff following executive authorisation. 2. The Trust has the following 24/7 support services available: <input type="checkbox"/> Senior Manager On-Call providing advice <input type="checkbox"/> Clinical site managers <input type="checkbox"/> Executive on-call 3. Embedded multi-disciplinary clinical workforce group (Consisting of task and finish groups to recruit RN roles and roles outside of the traditional RN recruitment.) This group reports progress to the Executive Workforce Group. 4. Revised and active recruitment of newly qualified nurses, as part of a multi-disciplinary clinical workforce group 5. Fast tracking of ECF's to reduce delays in the recruitment process. 6. Use of exit interview data to inform retention strategies. 7. Trust promotional information added to job descriptions on NHS Jobs. 8. New ways of job advertising including use of social media. 9. Adverts revised to include set interview days. 10. Set of monthly arranged recruitment days across quarter 2. Those offered posts are then invited to 'Keep in Touch Days' 11. Temporary staffing efficiencies programme, specifically targeted at: <input type="checkbox"/> Robust recruitment plan in place <input type="checkbox"/> Efficient rota management, with the implementation of an electronic roster and KPI's to monitor performance <input type="checkbox"/> Improved ways of working for hospital bank <input type="checkbox"/> SBAR tool in place to provide rationale for usage of off-framework agencies <input type="checkbox"/> Awareness of agency cap and internal trajectory. Transgressions authorised by the executive team are reported to the Transformation and People Committee 12. Set of monthly arranged recruitment days across quarter 3. Those offered posts are then	16 4 x 4	Director Of Nursing & Quality	2 1. Recruit to vacant Registered Nurse posts. 2. Recruit to Trainee/Advanced Nurse Practitioner posts 3. Recruit trainee nursing associate posts 4. Establish a process for collecting data from exit interviews and providing reports to divisional boards for consideration and action 5. Develop a marketing strategy for nurse bank 6. Develop an annual recruitment plan, to include; open days, advertising etc. (including divisions). 7. Launch of career clinics 8. Launch of UK Adaption Programme 9. Consideration of internal nurse recruitment 10. Scoping of Registered Nurse Training in conjunction with Health Education Institutes using the apprentice levy 11. Consider the impact of Brexit on recruitment	31/03/2019	8 4 x 2	The risk has been reviewed and rescored. The risk will be reviewed at the next Executive review meeting, scheduled for December 2018.	28/01/2019

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					invited to 'Keep in Touch Days' 13. Revision of hospital bank service, including ways of recruitment, registered and unregistered fill rate.							
TW0005	01/02/2010	Lone Working	There is a risk that staff may be subject to assault, as a result of failing to follow Trust procedural documents and guidance, which may lead to an adverse impact on staff safety	8 4 x 2	1. Lone Working Policy 2. Management of Aggressive behaviour Guideline 3. Security Policy 4. Personal Safety Guideline for the Lone, Isolated and Community Worker 5. CCTV on Leighton and Northwich sites 6. Digital locks to external entrances 7. 24hr Security on Leighton site Access controls to Wards 8. Window restrictors 9. Assistance button to car park barriers 10. Divisional Lone Worker risk assessments 11. Some divisions issue lone worker protection devices for lone workers in the community or off site 12. Audit of Lone Worker incidents to monitor trends 13. Conflict resolution training in place	16 4 x 4	Director Of Nursing & Quality	1. Ensure Lone Worker protection devices are available to staff as required / requested 2. Establish training programmes for lone workers 3. Implement system of work for Lone Workers according to Trust Policy	30/04/2019	4 4 x 1		17/04/2019
TW0006	09/08/2018	Lack of pace in the significant transformational change required to deliver the Cheshire East Place strategy and consequently the Health and Care Partnership (HCP) for Cheshire & Mersey	There is a risk that the Trust and system may not undertake transformational change within the timeframes required to deliver the Cheshire East Strategy as a result of growing demand and increased financial pressures, which may lead to an adverse impact on patient safety, care and experience.	16 4 x 4	1. Quality, Safety and Improvement Strategy 2. Risk Management Strategy & Framework 3. Patient and Public Involvement Strategy 4. Transformation and change programmes 5. Quality Impact Assessment Process 6. Transformation & People Committee 7. Health and Care Partnership for Cheshire & Mersey 8. Estates Strategy 9. 7 day clinical services 10. Cheshire East Place strategy under development 11. Place Governance in place 12. CEO is a lead for the C&M Acute Sustainability work therefore is able to keep informed and influence	16 4 x 4	Chief Executive	1. ICP organisational form and governance to be developed 2. ICP to be implemented 3. ECT Service Change Proposal. Pre-consultation business case 4. PMO requirements to support CEP strategy development and implementation to be finalised and funding to be agreed 5. Resolve anxieties raised by GP membership	31/03/2019 30/04/2021 30/10/2019 30/04/2019 30/04/2019	8 4 x 2		20/03/2019
TW0010	12/12/2018	Medical Devices Running Legacy Operating System Software	There is a risk that Trust IM&T systems will fail to function efficiently and effectively, as a result of a cyber-attack targeting unsupported operating systems such as Windows 2000, Windows XP or unpatched medical devices, which may lead to an adverse impact on patient care and safety	16 4 x 4	1. Patch devices that are managed by ICT Services. 2. Procurement of new systems - DPIA Procedure in place	16 4 x 4	Associate Director Of IT	1. Secure funds to replace medical devices that operate on unsupported operating systems. 2. Segment the network to limit the reach of a cyber-exploit. 3. Identify unsupported or unmanaged medical devices. 4. Upgrade firewall to improve perimeter security. 5. Liaise with medical suppliers about the upgrade path or patching process.	31/03/2019 31/01/2019 31/01/2019 31/01/2019 31/01/2019	8 4 x 2		28/03/2019
DC1025	16/01/2018	CT Scanning Equipment	There is a risk of delay in patient diagnosis, as a result of insufficient CT capacity to meet the demand, which may result in adverse patient clinical outcome.	15 5 x 3	1. Clinical examination and judgement to prioritise CT scanning requirements 2. Outsourcing undertaken where appropriate 3. Maintenance contract in place until March 18 and agreement with manufacturer that post March 18 repairs will be made on a best endeavours basis	15 5 x 3	Director of Manager	1. Develop and submit a Business Case for a replacement Lightspeed scanner and the procurement of an additional scanner with replacement of the second existing scanner over a three year period.	16/01/2019	5 5 x 1	Project Board has now been established and is in progress. Dates are awaited for when replacement works will be carried out	03/03/2019
DC1044	14/11/2018	Laboratory Information Management System (LIMS) for Pathology - End of Life	There is a risk that LIMS could fail, as a result of Clinisys the supplier, sunseting (gradual phase out) the LIMS from 2022, which may lead to an adverse impact on clinical outcomes.	15 5 x 3	1. Upgrade to the latest version of Labcentre i.e. version 1.14 in October 2018. This upgrade includes all National Standards/guidelines to date. 2. Full maintenance/support currently being provided by Clinisys. 3. Visits commenced to other institutions to identify possible replacement LIMS and demonstrated organised with Suppliers.	15 5 x 3	Pathology Service Manager	1. Complete Strategic options Case (SOC) and submit to relevant Trust Boards 2. Complete procurement/implementation prior to Labcentre end of Life	31/03/2019 31/12/2022	5 5 x 1		14/05/2019

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EC0342	15/06/2015	Failure to Meet Access Targets Across the Specialities within the Division	There is a risk of non compliance with national targets as a result of Consultant vacancies which may lead to financial penalties and adverse clinical outcomes for patients.	15 3 x 5	<ul style="list-style-type: none"> > Weekly monitoring of the use of waiting list initiatives > The use of external agencies for virtual clinics > General practitioners with specialist interest to assist with clinics. 	15 3 x 5	Divisional General Manager	3 Locum cover trying to be sourced to cover maternity leave for a Gastroenterology Consultant. 2 Discussions taking place with UHNM and External Compamny to review hw the Cardiology service is provided	31/01/2019 28/02/2019	10 2 x 5	Current areas of failure stated with scores included in the risk.	06/02/2019
EF0512	23/01/2019	Water Distribution / Temperature	There is a risk of Legionella Pneumophila bacteria build up within the trust domestic hot water system as a result of water temperatures at the extremities of the site and "A" wards tailing off below 55 degrees Celsius at times of little use. Which may lead to water flow problems likely to be caused by system imbalance due to balancing valves being altered and additional loads on the system?	15 5 x 3	<ul style="list-style-type: none"> Chlorine Dioxide dosing of potable raw & domestic hot water Temperature control regime in compliance with ACOP L8, HSG 274 & HTM 04-01 Monitoring & Management as required by ACOP L8, HSG 274 & HTM 04-01 in place Flushing regimes carried out by individual wards & departments Domestic hot water plate exchanger temperature control raised to 62 deg C in order to achieve minimum of 60deg C supply to each ward & department 	15 5 x 3	Head Of Estates	1 Site distribution and ward & department systems need to be balanced to ensure flow & return temperatures are greater than 55 deg C.	23/01/2020	5 5 x 1		23/04/2019
EF0548	25/01/2019	Critical Risk Adjusted Backlog Maintenance	There is an increasing year on year risk that the building and estate infrastructure will deteriorate beyond repair or fail due to Insufficient funding of the Trust backlog maintenance programme and an Increased use of existing estate resulting in failure of infrastructure (building & plant) adverse external audits, impact on service delivery, cancelled lists, poor working conditions for staff and or Injury. Estimated time to failure may be circa <5 years.	15 3 x 5	<ul style="list-style-type: none"> Reactive breakdown maintenance via Estates helpdesk Planned Preventative Maintenance programme Capital Development Programme Backlog Maintenance Programme 	15 3 x 5	Associate Director Of Estates & Property Management	1 Consideration be given to either increasing the backlog maintenance funding or ring fencing all or part of the monies	25/01/2020	9 3 x 3		25/04/2019
PG0057	22/04/2009	Inadequate Availability of Medical Staff within Paediatrics	There is a risk that Paediatrics and Neonatology are unable to cover the rotas as a result of a current national shortfall to the number of doctors, leading to adverse impact for staff, patients and the Trust.	15 5 x 3	1. Locum cover provided where available. 2. Existing consultants and medical staff working over and above expected shifts to alleviate some of the shortfall. This is not sustainable. 3. Medical staffing continue to attempt to recruit to vacancies. Clinics reduced or cancelled if no middle grades available, priority given to ward and emergency work. 4. Neonatal and Paediatric ANPs placed on medical rota to address gaps. 5. Nursing staff aware of requirement to work to NMC Code of Conduct. Locum cover provided where available. Existing consultants and medical staff working over and above expected shifts to alleviate some of the shortfall. This is not sustainable. Medical staffing continueto attempt to recruit to vacancies. Clinics reduced or cancelled if no middle grades available, priority given to ward and emergency work. 6. Staffing issues discussed monthly at divisional governance meetings. Gaps in rotas examined on daily basis and issues escalated. Senior Management team aware of staffing situation.	15 5 x 3	Consultant Paediatrician	1 Meetings and discussions continue to take place examining all possible solutions to cover shortfalls. Issues around annual leave, provision of locums and WTD being taken into account.	31/01/2019	5 5 x 1	Clinical Lead has provided the following update; Planned to interview for the diabetes post tomorrow but the candidate has withdrawn this afternoon so unable to drop the risk severity yet. Interviews for the CF 10PA post on 9th April. Hopefully w able to interview for the diabetes post again that day too (possibly have someone interested). About to advertise for a 6 month part-time post if the ECF gets approval tomorrow. Should also be advertising shortly for a substantive part time post to do the rest of JDr Ellison's job but also preparing a business plan to potentially make a full time post.	17/04/2019
PG0272	08/06/2016	Inadequate availability of medical staff to cover rotas - Obs and Gynae	There is a risk that Obstetrics and Gynaecology are unable to cover the rotas as a result of a current national shortfall to the number of doctors, which may lead to an adverse impact for staff, patients and the Trust.	12 4 x 3	1. Full complement of Junior Trainees. Gaps in rotas identified well in advance by Rota Co-ordinator who then liaises with Gynae Assistant Service Manager(now aware of gaps until August 16). All attempts made to fill gaps - advertise with Medical Resourcing 4-6 weeks prior to gap. E mails sent out to all trainees including AMPs to identify any staff able to fill gap. Advertisement of shift at higher level (still within Monitor rate). Escalation to Consultants within 1 week of the gap if still unable to fill. 2. There is always a Consultant on call available. Full complement of Junior Trainees. Gaps in rotas identified well in advance by Rota Co-ordinator who then liaises with Gynae Assistant Service Manager(now aware of gaps until August 16). All attempts made to fill gaps - advertise with Medical Resourcing 4-6 weeks prior to gap. Staff in Maternity have access to AMPs for advice or clinical review if required. E mails sent out to all trainees including AMPs to identify any staff able to fill gap. Advertisement of shift at higher level (still within Monitor rate). Escalation to Consultants within 1 week of the gap if still unable to fill. Obs/Gynae escalation plan in place. All qualified staff work within their NMC Code of Conduct and are aware not to undertake duties that they are not competent to carry out. 3. Full complement of Junior Trainees. Gaps in rotas identified well in advance by the Rota Co-ordinator who then liaises with the Gynae Assistant Service Manager. All attempts made to fill gaps which are advertised with Medical Resourcing 4-6 weeks prior to the gap. E mails are sent out to all trainees including AMPs to identify any staff able to fill the gap. Shifts can be advertised at a higher level (still within Monitor rate). Escalation to Consultants within 1 week of the gap if still unable to fill. 4. Quality review meetings focusing on CQC domains. Staffing issues discussed monthly at divisional governance meetings and Labour Ward forum. Staffing incidents also discussed at the fortnightly Patient Safety Summit. Gaps in rotas examined on daily basis and issues escalated. Senior Management team aware of staffing situation.	15 5 x 3	Obstetric Consultant - Risk Lead	1 Post out on rolling basis for speciality doctor, live on NHS jobs Adverts out for long term locums with medical staffing ongoing Vanguard Meetings continue examining service provision within the NW To continue monitoring this issue at monthly governance meetings and DECP fortnightly meetings.	31/01/2018	10 5 x 2	The Middle grades are better now but the juniors we are going to have a 3.4 gap from February - covering with locums so keep grading as it is at present.	16/04/2019



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Ref	Initial Date	Title	Description	Initial Mitigated Rating	Controls	Current Rating	Owner	Actions		Target Rating	Progress Update	Next Review Date
								Description	Target			
TW0007	07/09/2018	Delayed routine outpatient follow-up	There is a risk that routine outpatient reviews will not be followed up in a timely manner, as a result of demand exceeding capacity, which may lead to an adverse impact on patient safety and clinical outcomes.	9 3 x 3	1. Eight speciality risk assessments have been drafted and/or updated, including; Gastroenterology, Cardiology, Dermatology, Respiratory, Rheumatology, Orthopaedics, Urology and General Surgery. 2. Executive review of speciality risk assessments and progress on actions. Trust executive team updated quarterly.	15 3 x 5	Chief Operating Officer	1 To create backlog risk assessments for each speciality; <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Cardiology <input type="checkbox"/> Respiratory <input type="checkbox"/> Rheumatology <input type="checkbox"/> Urology <input type="checkbox"/> General Surgery 2 Update executive team on position 3 Source additional external consultancy capacity; a) Place tender on NHS Portal for additional external consultancy capacity via managerial service b) Award contract to external provider c) Commence with external support	31/01/2019 31/01/2019 28/02/2019	6 3 x 2		24/03/2019

Title of Paper:	EU Exit and MCHFT Planning		
Author:	Neil Furness		
Executive Lead:	Heather Barnett		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit		X
Link to Strategic Domains:		Link to CQC Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	X	Safe	X
Being a Leading partner in a Progressive Health Economy		Effective	X
Striving for Outstanding Organisational Effectiveness	X	Caring	
Aspiring to Excellence in Practice Through Our Workforce	X	Responsive	X
Creating a 21st Century Infrastructure for Transformative Health and Social Care	X	Well-Led	X
Link to Board Responsibility:	Performance		X
	Accountability		
	Strategy		X
	Implementation		
Action Required:	Decide		
	Approve		X
	Note		
	Recommend		
	Delegate		
Positive Benefit:	The Trust will be fully prepared for the UK's exit for the EU.		
Risk:	Leaving the EU may result in disruption to the Trust's daily operations (in its widest context) as well as strategy implementation.		
To be published on Trust Website –complete version		Y	
If no, to be published on Trust Website – redacted			
If not to be published complete or redacted, please detail the reason why			
Presented at the Board Committee meeting of:		1 April 2019	

Mid Cheshire Hospitals NHS Foundation Trust.

Board Paper: EU Exit and MCHFT Planning

Template for completion by EU Exit SRO to be returned to Regional EU Exit mailbox by **25 March 2019**

Topic	Organisation Mid Cheshire Hospitals NHS Foundation Trust	Comments & risks identified
Operational Communications	<i>Green</i>	<p>Communications: EU Exit update to Executive on 25 03 2019. Performance and Finance Group (PAF) receive a monthly EU Exit preparedness update, escalating key risks to Board as necessary. Chief Exec has been regularly briefed by SRO and is assured that the Board are briefed via the Committee reporting structure. Divisional General Managers briefing held on 06 03 2019. A communication was sent to all MCHFT staff via the weekly communication channel. A fact sheet and a dedicated email address for any EU issues has been published via the Trust communication channels. EU Exit was discussed at the A+E delivery Board meeting on 06 03 2019. COO attends who is the Trust Emergency Preparedness Officer (EPO). MCHFT attend Local Health Resilience Partnership (LHRP) Strategic and Practitioner Meetings where EU Exit is a standard agenda item. Assurance provided to the CCG and joint call with CCG and NHS E held to minimise repeat assurance requests.</p>
Operational Readiness	<i>Green</i>	<p>There is a dedicated MCHFT EU Exit Working Group chaired by the SRO for EU Exit with nominated owners for each of the nine identified work streams with dedicated deputies. Incident Response team has been agreed in the case of a sustained period of disruption. A meeting with Divisional General Managers was held on 06 03 2019 in regard to operational input. Further conversations to happen with the Senior Manager On Call group and Exec on Call in due course. Since February the SRO updates on EU Exit planning at the bi-weekly Acute Executive Management Board (AEMB). Specific EU Exercise undertaken on 21 03 2019 with working group members to exercise operational impact. Discussions held regarding exiting business continuity plans and relevance to EU Exit.</p>

Supply	<i>Green</i>	<p>All national guidance received and self-assessment of contracts undertaken. Head of Procurement participates in regular conference calls/webexes.</p> <p>Guidance has been disseminated across the trust.</p> <p>Discussions have taken place with service managers regarding identification of critical items potentially affected</p> <p>MCHFT have responded that the Trust is fully capable of receiving OOH deliveries.</p> <p>A walkthrough activity was undertaken on 12 03 2019 regarding out of hours delivery, storage and extended (3 day) delivery times.</p> <p>A supply specific risk assessment has been completed.</p>
Workforce	<i>Green</i>	<p>MCHFT are aware of affected staff and have communicated widely to inform staff of what they need to do regarding settlement and to encourage staff to apply as early as possible. There is a team onsite who are fully briefed about the application process and can undertake necessary document checks onsite. This process has been tested and an application has been completed.</p> <p>Monitoring will take place by period contact with affected colleagues throughout the transition period, and temperature checks undertaken within the Workforce team to assess colleagues experience with the Settlement process.</p> <p>The Trust has a measure of its substantive EU population and is working hard to ensure this relatively small group feel as supported as possible to ensure their continued employment at MCHFT. The Trust has also taken steps to explore with temporary staffing agencies what the effect on the current supply of workers will be and the impact this will have on the organisation. Both risks at present are considered relatively low.</p>
Clinical trials	<i>Green</i>	<p>MCHFT are not a sponsor for any EU funded trials and relevant Investigational Medicinal Products (IMP) trials have been identified and sponsors contacted.</p>
Data	<i>Green</i>	<p>Known Data Flows and Contracts have been reviewed and no EU processing of significant issues have been identified.</p> <p>The Trust is not a sponsor centre for clinical trials where data is transferred outside the EU.</p>
Finance	<i>Green</i>	<p>All EU Exit working group members have been informed to make the Finance representative aware of any additional costs incurred as a result of a no deal scenario. At present no additional EU specific costs have been identified.</p>
Health Demand	<i>Green</i>	<p>MCHFT continues to work with the LHRP, the Cheshire Resilience Forum (LRF) and the A + E Delivery Board to monitor EU Exit and any increased demands or difficulties in accessing key sites etc. and no such issues have been raised.</p>

Please RAG rate:

Red – no preparations made; Amber – preparation commenced, but some risks outstanding; Green – organisation fully prepared

NHS England
PO Box 16738
Redditch
B97 9PT

**Publishing Approval
Reference 000370**

20 March 2019

Dear colleagues,

Further to my letter of 4th February and the subsequent regional EU Exit events I am writing at the request of the Department of Health and Social Care to update you on progress with the UK's negotiations to exit the European Union. We are grateful for your excellent engagement over the last few months - our NHS plans are well advanced as a result.

As you will no doubt be aware, the House of Commons last week voted against the UK leaving the European Union without a deal, and in favour of extending Article 50. Votes this week mean it is still possible that we can leave on 29 March with a deal, although time is very short.

However, the Department has made clear to us that unless and until a Withdrawal Agreement is ratified by the UK and the European Parliament, or until any extension is agreed by the EU, the legal default in UK and EU law remains that the UK will leave the EU on 29 March 2019 without a deal. We must therefore **continue to plan for a no deal outcome** on 29 March.

The Department of Health and Social Care will continue to implement its no deal plans in full, and we are writing in similar terms to all other organisations in the health and care system to ask they continue with their no deal plans.

Please therefore continue to check that you are as ready as you can be for the possibility of a no deal exit from the EU. This includes working with your system partners to ensure you are on track with your operational and commercial preparations, as set out in the Department's [operational guidance](#) and the recent regional NHS events (slides attached).

To achieve that readiness we now ask that by next Monday (25 March) provider trusts will have brought together members of their senior executive team with their EU Exit SRO and EU Exit team, and directors or lead managers from key areas (such as pharmacy, estates, facilities and procurement) to scrutinise preparations to operate under the conditions of a no deal. Representatives from your Clinical Commissioning Groups and Local Resilience Forum should also attend where possible. We also recommend that you include non-executive directors to critique that preparation. CCGs should organise similar sessions.

Please ensure your incident management procedures are now in place and are scalable if multiple issues arise, including:

- A single point of contact for local and national partners
- Clinical reference points in the event of issues such as supply shortages
- A local communication plan is in place
- On-call directors understand what is required of them and the escalation routes for problems

We will require an assurance from your Board of your organisation's plans and preparedness by close of play Monday 25th, using the attached template.

The EU Exit National Coordination Centre in Leeds is fully operational and our regional coordination centres are live and acting as the single point of contact for each area. Your local EU Exit team for return of the Board Assurance and your contact point for issues and questions are as follows:

Region	Email Account
North East	England.euexitnortheast@nhs.net
North West	England.euexitnorthwest@nhs.net
Midlands	England.mids-euexit@nhs.net
East of England	England.eoe-euexit@nhs.net
London	England.london-euexit@nhs.net
South East	England.se-euexit@nhs.net
South West	England.sw-euexit@nhs.net

As a reminder, all EU Exit information published specifically for NHS organisations is available on the [NHS England website](#). Information for the public and patients is available on the [nhs.uk](#) website. All information published by DHSC and other parts of Government can be viewed [here](#).

The NHS is well practised in managing operational risk – it's something we all do in daily practice. We will particularly benefit from the extensive planning undertaken to date. But we cannot be complacent and it's essential that we now finalise our preparations in anticipation of a possible no deal.

I will update you again as soon as I have further information.

Yours sincerely,



Professor Keith Willett
EU Exit Strategic Commander
Medical Director for Acute Care & Emergency Preparedness

EU Exit

NHS operational response

Regional EU Exit events
Slides updated 15 March 2019

Today we will cover



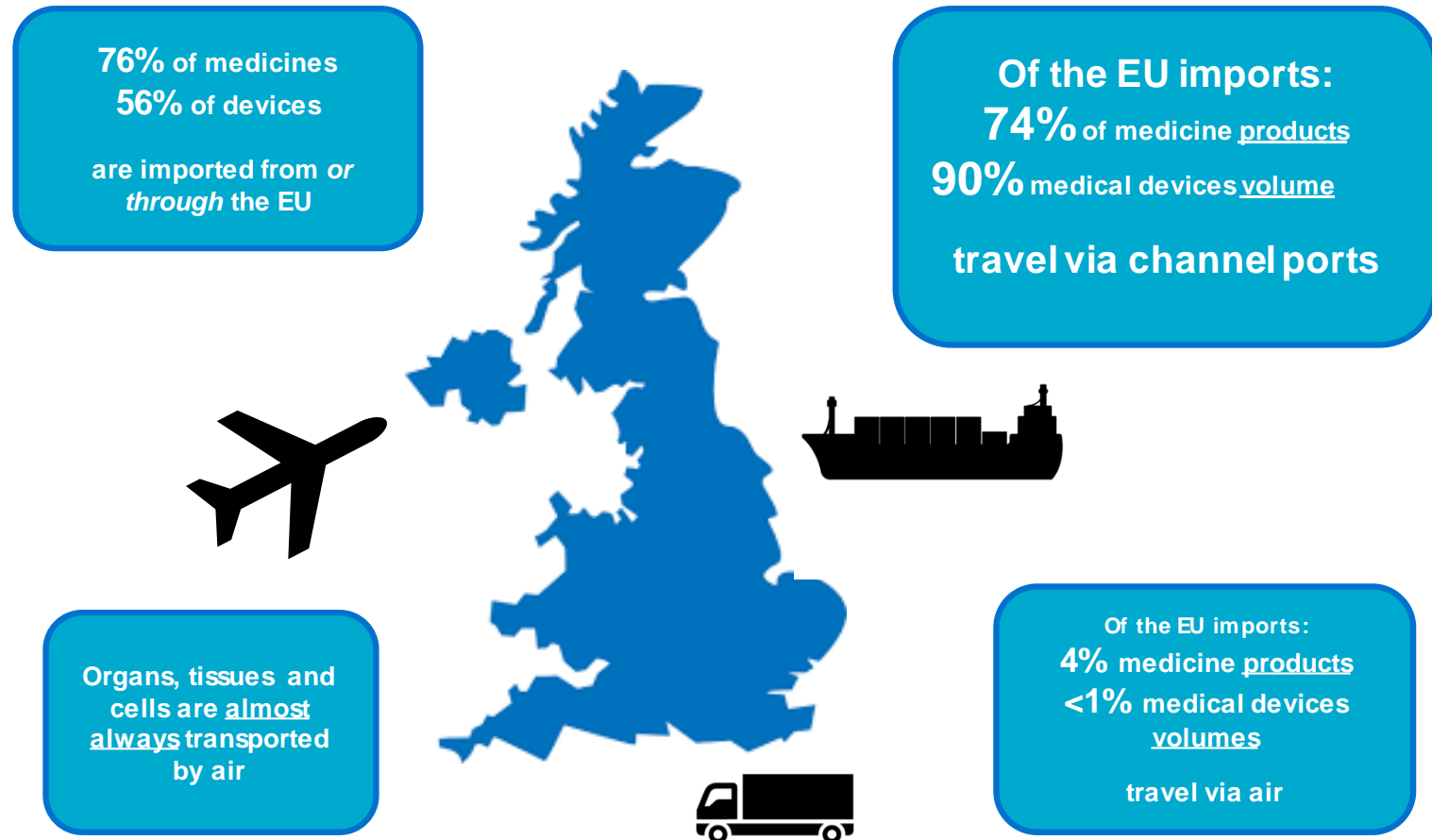
- **From ‘planning to implementation’**
 1. Test DHSC and government planning assumptions
 2. Make ready the health and care system
 3. Assurance of system preparation
 4. Transition to incident(s) response
- **Do what we normally do, but at scale:**
 - Enhanced EPRR structure – NHS England and NHS Improvement
 - Enhanced NHS Supply Chain, NHSBT, PHE etc
 - Inbound information, coordination and outbound direction and support
- **DHSC National Operational Response Centre**
 - Intelligence on preparedness, early warning, incident management
 - National cross-ALB and cross-government coordination
- **What an EU ‘no deal’ Exit means**
 - Workstreams - key actions for the frontline

National context

The intention of all government planning is to avoid any disruption of services to patients or supplies

- Mitigate changes in demand from population and staff changes.
- Secure data and information storage, transfer and database access.
- Understand sources of products and supply chains.
- Increase supply channel volumes and protect and prioritise the NHS.
- Generate stockpiles upstream with suppliers.
- Manage suppliers nationally where there is wide NHS exposure.
- Dedicated NHS supply channel for time-critical or shortage items.
- Use that buffer to maintain uninterrupted flow to patients and staff.

The NHS has goods entering the UK from the EU across all methods of transport



Note: Medicines volumes are based on MAH returns to date and have been extrapolated to the whole market

Note: Devices can come into the UK in different parts and therefore not appropriate to give total volume of devices split by ports, hence using total volumes crossing the border.

EU Exit Response - Issue Resolution & Incident Escalation Protocol



<ul style="list-style-type: none"> • EU Exit Tier 1 • Limited Impact 	<ul style="list-style-type: none"> • Patients are maintained on the same care pathway. • Issue is localised and has a short expected duration. • Solutions are available with the same clinical indication. • Solutions are available within the organisation, or within the local health and care system.
<ul style="list-style-type: none"> • EU Exit Tier 2 • Moderate Impact 	<ul style="list-style-type: none"> • May result in impaired clinical outcome. • Solution will require new skills, procedures or training to be implemented. • Duration longer than short-expected. • Issue is occurring at multiple sites, or across multiple geographical areas. • The trajectory suggests escalation to tier 3 may follow. • EU Exit Co-ordination Centre (Regional & National) to provide leadership with SME support.
<ul style="list-style-type: none"> • EU Exit Tier 3 • Significant Impact 	<ul style="list-style-type: none"> • Potentially significant patient safety implications. • No or limited alternatives can secure same outcome. • No immediate solutions available without significant change to skills, training or procedures. • Multiple concurrent incidents occurring across multiple organisations wider geographical area. • Identified solutions cannot be sustained for likely duration of incident. • EU Exit IMT(N) established and incident declared.
<ul style="list-style-type: none"> • EU Exit Tier 4 • Critical Impact 	<ul style="list-style-type: none"> • Critical implications for patients and vulnerable populations. • No viable alternatives exist after exhaustion of all other escalation levels. • Life-threatening or life-changing impact on patients and/or ethical implications for clinicians. • Multiple concurrent incidents occurring nationally. • EU Exit Strategic Commander to provide strategic leadership, supported by NHS England Incident Response arrangements (in line with IRP(N)).

3 functions of NHS EU Exit Coordination centre (National)

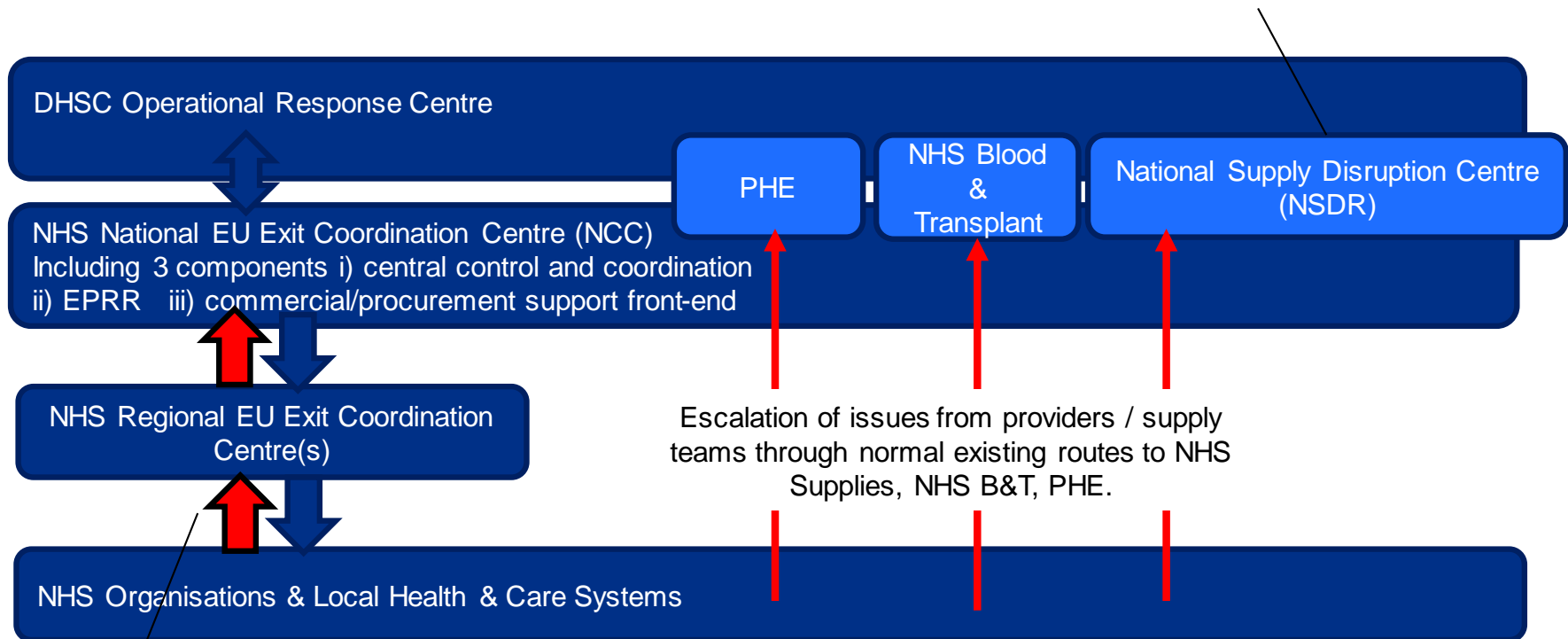


Central Control & Co-ordination	<ul style="list-style-type: none">• Gather intelligence from local healthcare systems and organisations - identify issues.• Manage single point of contact for regions.• Support local and regional teams to resolve escalating issues.• Existing ALB / supply escalations to continue in parallel.
Operational Instruction & Commercial/ procurement support	<ul style="list-style-type: none">• Cascade information to the system – e.g. supplier or transportation delay.• Development of operational instructions and SOPs, e.g. to support change of supplier.• Coordination of SME advice.
National EPRR Function	<ul style="list-style-type: none">• Access to serious shortage escalation protocols and national EPRR contingency plans, incident management for escalating tier 3/4.• Interface with DHSC Operational Response Centre.• National response for non-EU Exit EPRR incidents.

NHS Escalation & Operational Instruction



- Surveillance of reported issues at national level by NSDR.
- Delivery of national contingencies by NSDR.
- Operational instructions on national solutions via national NHS EU Exit CC.



- Providers daily information reporting to regional / national EU Exit CC.
- NHS EU Exit NCC to provide operational instructions on changes to systems and processes as required.

Respond to Operational Guidance

- Ensure actions set out in operational readiness guidance are complete.
- Respond to additional guidance on medicine supply, MDCC and other workstreams.
- ‘Walk the floors’ – third party contractors.

Establish Response Arrangements

- Identify EU Exit SRO and supporting team.
- Establish single point of contact (SPOC) for EU Exit within your organisation.
- Plan for extended hours and review existing on-call arrangements.
- Identify SMEs within your organisation and health and care system, e.g. workforce, data, supplies, pharmacy, blood and transplant.
- Test business continuity and EPRR plans.

Communication & Engagement

- Communications with staff.
- Consider specific local risks and issues with Local Resilience Forum (LRF).
- Further information on daily reporting will follow.

National workstream contingency planning has focused on:

1. Medicines
2. Vaccines and other public health issues (PHE)
3. Clinical trials, research and clinical networks
4. Medical devices and clinical consumables
5. Non-clinical consumables, goods and services
6. Blood and transplant
7. Workforce
8. Reciprocal healthcare and overseas visitors
9. Data

- **Medicine supply assessment:** A comprehensive assessment to identify products that have a manufacturing 'touch point' in the EU or wider European Economic Area (EEA).
- **Six-week stockpile:** Of prescription-only and pharmacy medicines to ensure supply is maintained (DHSC).
- **Additional and alternative transport routes:** For all medicines, developed with DfT and industry. Government has agreed that medicines and medical products will be prioritised on alternative routes.
- **Air freight short shelf life products:** Medicines, including radioisotopes, that cannot be stockpiled, from the EU or EEA, suppliers asked to air freight in the event of no-deal exit.
- **Unlicensed medicines:** DHSC asked all key unlicensed and specials suppliers to ensure that by March 2019, they have a minimum of six weeks' additional supply in the UK. In addition, unlicensed medicines and specials manufacturers to ensure sufficient ingredients in the UK to ensure continuity of supply.
- **Serious Shortage Protocols:** Government legislation has been passed to enable Ministers to issue, where appropriate, strict protocols to enable community pharmacies to dispense alternatives against a prescription without going back to the prescriber first.

- **Do not stockpile:** It is not helpful or appropriate for anyone to stockpile locally – organisations stockpiling risks pressure on availability of medicines. GPs should reassure patients that extra medication is not required and avoid issuing longer prescriptions.
- **Business as usual shortages management applies:** A national Medicines Shortage Response Group (MSRG) has been established to provide clear governance, communication and decision-making during the EU Exit period.
- **Local collaboration and communication:** Senior pharmacy leaders will be expected to support local collaboration to meet patient needs. Regional medicines panels are being formed from various healthcare sectors, overseen by Regional Pharmacist, to enable good communication and escalation.
- **Provide information:** A priority for NHS pharmacy leaders is to provide information and advice to patients and health professionals about plans for continuity of supply: a priority over the coming weeks.
- **Monitoring and reporting:** DHSC, NHS England and NHS Improvement are working together to further develop monitoring capacity to support effective and informative reporting and for local and national responses. Incidences involving over-ordering of medicines will be investigated by relevant Chief Pharmacist.

- DHSC undertaken a detailed analysis of the supply chain for medicines. Identified products that are imported from EU & EEA, including radioisotopes and vaccines (input from PHE/NHSE).
- PHE manages vaccine stockpiles for national immunisation programme (except flu). Work with suppliers to ensure replenishment of stockpiles continue if there is supply disruption.
- PHE holds a significant buffer stock of centrally procured vaccines held in UK warehouses.
- Supply of locally-procured vaccines also being addressed. Aim to ensure minimum 6 weeks additional supply in UK by 29 March over and above suppliers' BAU buffer stocks.
- PHE has developed a decision-making and escalation process for centrally procured vaccines if stocks become depleted. Adapted to be used for locally procured vaccines.
- Manufacturers now have a legal obligation to inform DHSC of any expected supply shortages.



- Vaccines should not be stockpiled beyond business-as-usual levels. Over-ordering will be investigated.
- All organisations should reassure patients that arrangements are in place to ensure that the vaccines they may need will be available post-29 March.
- Pharmacists and emergency planning staff should meet at a local level to discuss and agree local contingency and collaboration agreements.
- Local cross-system medicines supply continuity plan should be developed and agreed at trust/CCG board level – including arrangements for collaboration to ensure shortages of locally procured vaccines are dealt with promptly.
- There will be a Shortage Response Group for nationally and locally procured vaccines co-ordinated by PHE with NHSE and Devolved Administrations. This will provide subject matter expertise to support development of national policy.

Other public health issues

- Links between local healthcare providers and Local Resilience Partnerships are key.
- PHE will run its National Incident and Emergency Response Plan which dovetails into DHSC and NHSE plans.
- This has a national incident control centre and specialist cells and has nine local cells. The local cells will link direct with the seven NHS regional teams.
- Local PH outbreaks and incidents will be managed as usual locally but regular reporting upwards through PHE.
- Future collaboration with EU health security organisations (e.g. European Centre for Disease Prevention and Control) and participation in associated networks/databases.
- Delays in the movement of goods and services could impact on PHE service delivery, especially the laboratories we run in NHS hospitals and the specialist microbiology reference and testing laboratories.

Clinical trials, research and clinical networks



- The UK is a world leader in research. Clinical research including trials should continue as normal unless specific instructions from an individual sponsor or formal communications are received.
- Transport of supplies for research including clinical trials and clinical investigation of devices remains the responsibility of sponsors - should be developing contingency plans. DHSC have communicated widely with industry, charity and public sponsors and will monitor.
- Government has agreed that prioritisation of alternative transport routes will include investigational medicinal products used in clinical trials.
- A comprehensive assessment of live and in set-up clinical trial and clinical investigation supplies is underway to identify trials which are dependant on supplies from EU or EEA.
- Medicine and Healthcare Products Regulatory Agency is setting-up an alert system for identifying individual trials that finish early due to supply issues.

Clinical trials, research and clinical networks: **Actions**



- Ensure R&D departments are aware of and following the guidance and a series of DHSC technical notices to help organisations running trials.
- Trusts and others providers who are involved in clinical research including trials (e.g. primary care) should liaise with trial Sponsors to understand their arrangements for ensuring supply for clinical trials and investigations.
- If multiple sites are involved within the UK, then coordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation to ensure a single approach to the Sponsor.
- Continue participating in and/or recruiting patients to clinical trials and investigations up to and from 29 March 2019. This should occur unless you receive information to the contrary from a trial Sponsor, organisation managing the trial or clinical investigation, or from formal communications advising that a clinical trial or investigation is being impacted due to trial supplies.

Medical Devices and Clinical Consumables (MDCC)



- Centralised Stock build: Levels of stock holding in the national procurement and logistics operation, NHS Supply Chain, have been increased for medical devices and clinical consumables.
- Supplier preparedness: Suppliers of medical devices and clinical consumables have been contacted to understand their supply chains, reliance on supply from the EU and proposed contingency measures.
- Prioritisation of medical products entering the UK: Additional freight capacity has been secured by DfT. Medical products and medicines will be prioritised.
- Dedicated shipment channel: Contingency arrangements will enable the continued movement of those products where suppliers operating their own contingency plans may not have covered their full product range in the UK and for shortage, urgent products.

Medical Devices and Clinical Consumables (MDCC): **Actions**



- Government contingency planning means no organisation should stockpile additional MDs or CCs beyond business-as-usual stock levels.
- Organisations should **only** plan for longer lead times from order placement to delivery for those MDCC products to be shipped via the Dedicated Shipment Channel in the event of no-deal.
- Organisations should undertake the following actions:
 - Evaluate ability to receive stock overnight and at weekends.
 - Ensure all staff are aware of potential implications and that business continuity plans are in place.
- Await further updates from DHSC on shortage escalation.

The following contingencies measures have been undertaken to ensure continuity of supply:

Secondary care	Primary care
<p>Trust self assessment returned by NHS providers.</p> <ul style="list-style-type: none"> - 222 NHS Providers returned, initially: - ~ 1000 contracts identified as high risk - ~ 1000 unique suppliers - <i>Being worked through to mitigate</i> - Areas covered centrally removed from the list: <ul style="list-style-type: none"> a) MDCC b) Medicines c) Workforce Planning d) NHS Trusts & Government Departments e) Food f) Laundry 	<p>Engagement with operational subject matter experts from representative providers with the assistance of industry organisations.</p>
<p>Letter sent to NHS providers in January outlining:</p> <ul style="list-style-type: none"> - List of suppliers being reviewed by the central team - Instruction for providers to review remainder of suppliers flagged as high, medium and low risk. 	<p>Surveys and workshops to identify risk areas ongoing.</p>

Secondary care

- Where a provider is the only provider to identify a supplier as high risk, providers must take action to mitigate the risk of that supplier.
- Key contracts such as maintenance or outsourced purchased health care is for providers to cover resilience through the contract review.
- Providers should 'walk the floor' to check whether they rely on any goods and services that have not been flagged - seek assurances from suppliers.

Primary care

- Template to be issued which will outline-script used with the supplier engagement.

All

- Guidance on food and laundry preparation will be issued in March to the health and care system. Review and plan according to the guidance.
- Organisations are expected to undertake appropriate commercial preparation for EU Exit as part of business as usual resilience planning, and escalate serious risks to regional teams.

- Do **not** stockpile products from NHSBT. NHSBT is aiming to supply as normal and is stockpiling medical devices and critical consumables with touch points in the EU to support a normal delivery.
- Continue to behave as normal around NHSBT products and services, unless contacted by NHSBT to change.
- Group O Negative blood is, as ever, a valuable resource and we thank hospital transfusion departments and users for their work in using this resource to its best effect. We ask that hospitals continue this good work.

- EU nationals represent ~5% of the total NHS workforce in CCGs, trusts and foundation trusts
 - 9.7% of doctors in England's hospital and community health services.
 - 6.8% of all nurses.
 - 5.6% of scientific, therapeutic and technical staff.
- Workforce shortages exist: in part, from falling number of EU nationals joining NHS.
- In General Practice: data on nationality is not collected. 'Country of primary medical qualification' is. The proportion of NHS GPs with a primary medical qualification from the EEA is 3.7% (1,280 GPs out of a total number of 34,267 in 2017)
- Social care workforce includes ~95,000 EU nationals in 2015/16, or ~7% of the social care workforce. Significant regional variation with EEA nationals making up 13% in London, but only 2% in the North East
- **Mutual recognition of professional qualifications:** The Prime Minister has put citizens' rights as the first priority for negotiations, including rights relating to the recognition of professional qualifications. Since 1997, the UK has recognised over 142,000 EU qualifications under the MRPQ Directive; the EU and its member states have taken over 27,000 decisions to recognise UK qualifications.
- UK qualifications are already recognised across the EU, and vice versa. It makes sense to continue doing so in the future. The government has brought forward legislation that will largely maintain current arrangements for the recognition of EEA health and care professional qualifications in the event of a no-deal Brexit.

- Publicise the EU Settlement Scheme to EU citizens staff (and encourage partner organisations in the wider health and care system).
- Assess the number of staff who are EU nationals. Monitor levels regularly in order to escalate potential shortages to regional teams.
- Develop local contingency plans to mitigate workforce shortages and feed these into Local Health Resilience Partnership and Local Resilience Fora. This should include implications of shortages across the health and care system such as adult social care impact this may have on your organisation.
- Approve these workforce plans at Board level.
- Commissioners to ensure their providers are preparing in line with these steps.

Reciprocal healthcare and overseas visitors charging



Four reciprocal healthcare arrangements for EU citizens (incl. UK citizens):

- **S1 arrangement**– entitles pensioners who retire to another country to have access to healthcare on the same basis as the local population.
- **S2 arrangement (preapproved, planned care)** – allows a patient access to planned care. abroad, with prior agreement between commissioner and provider of the amount that will be paid
- **EU Directive (reimbursements to patients)** – allows a patient to apply for a refund from their home commissioner after receiving and paying for care abroad.
- **EHIC** (European Health Insurance Card) – provided free, entitles holders to access healthcare abroad on the same basis as the member state residents. Intended for short visits to ensure access to emergency or urgent care (included essential care such as dialysis).

In a 'no deal' scenario, reciprocal healthcare arrangements will cease

- There are an estimated 890,000 UK nationals in the EU who are currently benefiting from EU reciprocal healthcare arrangements.
- Government is currently negotiating bilateral agreements with each EU member state to continue these arrangements.
- The Government is also exploring options for providing support to people who previously relied on EHIC for essential medical care while on holiday (e.g. dialysis).
- EU citizens ordinarily resident in the UK on exit day will be protected by the unilateral citizens' rights offer, and will remain eligible for free NHS care.

New - Reciprocal healthcare and overseas visitors charging: **Actions**



- Government advice to the public on reciprocal healthcare in EU and EEA countries plus Switzerland is available via the Foreign Office and Department of Health websites, and is updated regularly:
 - <https://euexit.campaign.gov.uk/>
 - <https://www.nhs.uk/using-the-nhs/healthcare-abroad/healthcare-when-travelling-abroad/travelling-in-the-european-economic-area-eea-and-switzerland/>
- In a no-deal scenario, current arrangements for reciprocal healthcare will cease after 29 March 2019. Overseas visitor charging arrangements will remain in place, but may be amended.
- Until any new arrangements are agreed, people **must** ensure that they have adequate travel insurance to cover their medical needs on holiday.
- Government and the NHS will continue to support individuals who apply for NHS-authorized treatment or maternity care in another member state (the S2 and cross-border healthcare processes).
- The NHS will ensure there is capacity available for any further training that may be required if there are changes to reciprocal healthcare and cost recovery arrangements.
- DHSC, NHSE and NHSI will provide updates and further information once the position on post-EU Exit reciprocal arrangements is agreed, covering post-EU Exit access to care in the EU and charging visitors for using NHS services.

- In a 'no deal' the UK would become a 'third country' for purposes of GDPR without an 'adequacy' decision. To maintain data flows, appropriate safeguards as set out in GDPR would need to be applied.
- The data workstream, along with DCMS, DHSC and the ICO, have identified the relevant appropriate safeguards for data controller transfers. Practical guidance has been disseminated.
- Where a Data Controller in the UK is using a Data Processor in the EEA, they need to check with the data processor that the flow will continue. Historically flows from DP based in the EEA to a DC in an inadequate third country have not been deemed restricted. Not linked to EU exit, EDPB are considering whether these flows should be restricted but no formal decision has yet been reached. In the meantime, we have been advised that flows may continue until a decision is reached.
- Organisations (lead Data Protection Officers) should be investigating their reliance on transfers of personal data from the EEA to the UK.
- Any data flows from the EEA to the UK that are critical to patient care and/or would have a serious impact upon the system if they were disrupted should be identified and escalated to the relevant EU Exit regional team.

CIOs should consider the following actions for EU Exit preparation:

- Review technology contracts in line with the DHSC questionnaire.
- Assess potential constraints to business from data hosting arrangements.
- Identify systems running close to capacity where there may be a need to bring forward hardware purchases.
- Assess whether systems upgrades planned around EU Exit should be rescheduled.
- Address possibility of technology staff shortages by broadening supply chain.
- Test levels of resilience to combat against cyber threat.
- Confirm business continuity with technology and digital suppliers where associated delivery and/or support services are with EU suppliers or workforce.

If you feel your trust requires support with the activities above please email tssm@nhs.net with subject line 'Brexite Support'.

Guidance and publications

- **DHSC operational guidance** (21 December)
- **Medicines guidance** (18 January)
- **Professor Keith Willett introduction** (4 February)
- **Medical devices and clinical consumables guidance** (11 February)
- **Data guidance** (21 February)
- Stephen Hammond MP, Minister of State for Health, provided a **written ministerial statement** to the House of Commons. He also **wrote to the NHS, adult social care, Royal Colleges and charities** to provide an update on work to ensure the continuity of supply of medicines and medical products in the event the UK leaves the EU with no deal **(25 February)**
- **More to follow via www.england.nhs.uk/eu-exit**
- **EU Exit bulletin for local SROs (weekly)**

Public-facing

- **Prepare for EU Exit** (via gov.uk)
- **Medicines** (via nhs.uk)
- **Medicines FAQ** (via www.england.nhs.uk)
- **Reciprocal healthcare** (via nhs.uk)

EU Exit contacts

Region	Email Account
North East	England.euexitnortheast@nhs.net
North West	England.euexitnorthwest@nhs.net
Midlands	England.mids-euexit@nhs.net
East of England	England.eoe-euexit@nhs.net
London	England.london-euexit@nhs.net
South East	England.se-euexit@nhs.net
South West	England.sw-euexit@nhs.net

Q&A







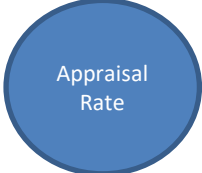





Board of Directors Workforce Report







April 2019

(Feb 2019 data)



Performance Report Workforce Chapter
Month: Feb-19

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average (Jan 19)
	3.40%	4.32%	Rolling 12m average Sickness Absence described as a Percentage	The rolling position declined slightly (+0.05%) from the previous month but remains Amber. Corporate is currently Green and meeting the divisional target and DCSS, WC and CCICP are Amber. MEC, EF and SC are Red.		↑	4.90%
	N/A	4.97%	In-month 12m average Sickness Absence described as a Percentage	The in-month position improved from the previous month (-0.48%). All divisions experienced reduced sickness absence levels with the exception of SC and WC.		↓	5.77%
	90.00%	81.37%	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 3.41% improvement in the appraisal rates across the Trust. All divisions experienced an improvement in compliance, the most significant being Corporate (+5.72%). All divisions are Amber with the exception of MEC who are Red (64.5%)		↑	87.23%
	90.00%	74.99%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Training compliance increased by 0.73% in month. WC are Amber at 85.96%. Other divisions remain Red.		↑	86.61%
	10.00%	9.90%	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 (-0.70%). Turnover reduced in all divisions . EF, SC, WC and DCSS are Green against target. Corporate are Amber and MEC and CCICP are Red (12.52% and 11.47% respectively)		↑	10.69%

Measure	Target	Performance	Description	Narrative	Rolling Trend		
	(365)	(584)	In month and cumulative total spend for the Trust.	Agency spend reduced in month (£108k less than January 19) but the agency spend target and NHSI ceiling target were both exceeded. Medical agency reduced from last month by £10k and nursing agency spend decreased from last month by £69k. All divisions reduced their agency spend with the exception of WC (+8k).		↓	N/A
	less than 100%	160.0%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement			↓	N/A
	N/A	67%	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 ↑↓=