

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 6 January 2020
in the Boardroom, Leighton Hospital, Crewe

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led By	Page No.
1.	Welcome and Apologies To welcome members of the public and attendees and to receive apologies for absence from Board Members. (to note)	I	Chairman 09.30	-
2.	Patient or Staff Story (verbal)	I/D	Deputy Director of Nursing 09.32	-
3.	Board Member's Interests (to note) To consider any <ul style="list-style-type: none"> Changes to Directors' interests since the last meeting Conflicts of interest deriving from this agenda 	I	Chairman 09.50	-
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Monday 2 December (attached) (for approval)	A	Chairman 09.52	
5.	Matters Arising and Action Log (verbal) (to approve)	A	Chairman 09.55	
6.	Annual Work Programme 2019/20 (attached) (to approve)	I/A	Chairman 09.57	
7.	Chairman's Announcements (to note a verbal report) <p>7.1 Board Away Day – 9 December 2019</p> <p>7.2 Vice Chair of Audit Committee (for approval)</p>	I	Chairman 10.00	-
8.	Governor's Items (to note a verbal report) <p>8.1 NED Appointment</p> <p>8.2 NED/Governors Meeting – 5 December 2019</p>	I	Chairman 10.10	-
9.	Chief Executive's Report (attached) (to note)	I/D	Chief Executive 10.15	-
10.	CARING <p>10.1 Quality, Safety & Experience Report (attached) (for discussion)</p>	I/D	Director of Nursing & Quality 10.30	
11.	SAFE <p>11.1 Draft Quality Governance Committee notes from the meeting held on 17 December 2019 (attached) (to note)</p>	I/D	Committee Chair 10.50	

Item No	Title of Item	Action	Led By	Page No.
11.2	Serious Untoward Incidents and RIDDOR Events (verbal) (to note)	I/D	Medical Director 10.55	-
11.3	Cyber Security Report Q1 & 2 2019/20 (attached) (to note)	I/D	Chief Information Officer 11.00	
12. RESPONSIVE				
12.1	Performance Report (attached) (to note)	I/D	Chief Operating Officer & Deputy Director of Finance 11.10	
12.2	Draft Performance & Finance Committee notes from the meeting held on 19 December 2019 (attached) (to note)	I/D	Committee Chair 11.25	
13. WELL-LED				
13.1	Visits of Accreditation, Inspection or Investigation (verbal) (to note)	I	Chief Executive 11.30	-
13.2	Employer Based Clinical Excellence Awards (attached) (to note)	I/D	Medical Director 11.35	
14. EFFECTIVE				
14.1	Workforce Report (attached) (to note)	I/D	Director of Workforce and OD 11.40	
14.2	Transformation and People Committee notes from the meeting held on 5 December 2019 (attached) (to note)	I/D	Committee Chair 11.50	
14.3	Consultant Appointments (verbal) (to note)	I	Medical Director 11.55	-
14.4	CURE Bid (verbal) (to note)		Chief Operating Officer 12.00	-
15. Any Other Business (verbal)				
	• Rainbow Badges	A/I/D	Chairman	-
16. Time, Date and Place of Next Meeting				
	To confirm that the next meeting of the Board of Directors will take place in public, in the Boardroom, Leighton Hospital at 9.30am on Monday, 3 February 2020	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
19/12/10.1.6	02/12/2019	Friends and Family text messaging and voice mail to be rolled out to CCICP	K Daly-Brown/ J Tunney	31-Jan-19			
19/12/12.1.3	02/12/2019	Venn Consulting Presentation to be distributed to Board	C Oliver	09-Dec-19	Completed	03-Feb-20 06-Jan-20	

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		
Freedom to Speak up Guardian		X			X			X			X						
Well-Led																	
Annual Budget/Contract Discussions	X											X					
Annual Plan	X	X										X					
Annual Report & Accounts (Extra Ordinary Board)		X															
Audit Committee		X	X				X		X		X						
Board Assurance Framework	X		X			X			X			X					
Quarterly Organisational Risk Register	X		X			X			X								
Learning from Deaths Quarterly Report			X			X			X			X					
Trust Strategy				X				X							X		X
Visits of Accreditation, Inspection or Investigation	X	X	X	X	X	X	X	X	X	X	X	X					
Well-Led Governance Framework Self Assessment																	X
Corporate Goverance Handbook												X					
Board Sub-Committee Annual Review												X					
Emergency 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					

CEO Report – December 2019

This report outlines the key operational and strategic issues during the reporting period.

1.0 Key operational issues

1.1 A&E Wait times & Winter plan

The new A&E extension was opened as planned week commencing 16th December which provided 8 additional cubicles for majors patients and a much larger clinical decision unit with improved facilities. This has reduced the number of patients experiencing corridor waits as planned and provides a much better environment for patients and staff.

Performance against the four hour target has continued to be a challenge during December with 36 additional beds in place over and above the original winter plan. The first full week of January is expected to be a particularly challenging period and therefore the Director of Operations has plans in place for a 'Perfect Week' exercise which provides additional focus on non elective flow which will see ward liaison officers supporting and expediting patient flow, with the majority of non-essential meetings cancelled to release staff to support this Trust-wide initiative

1.2 Financial position – Month 8

The cumulative Trust reported position is worse than the control total by £437k which equates to a deterioration of £10k in month. CCICP is underspent by £400k and MCHFT is overspent by £900k to date.

Contract income is better than plan by £1.55m cumulative to date, and is £1m better than plan in month, which includes additional income associated with winter, maternity work, escalation beds and anticipated additional block contract increase following discussions with the host commissioner. Cumulatively pay is worse than plan by £700k, of this CCICP is £400k better than plan and MCHFT £1.1m worse than plan with a £400k deterioration in month. Nursing spend continues to be the main pressure as a result of opening an escalation ward in month. Non pay is overspent cumulatively by £2.3m the majority being for services procured from external companies for providing medical workforce capacity.

1.3 Flu Campaign

Ensuring staff are vaccinated remains a top priority for the Trust. There has been improvement in that the vaccination rate has now improved from being 10% behind last year (due to a later start with vaccine supply) to only 3.5% behind last year. Concerted efforts are being made to catch up and exceed last year's rate. The Trust currently has 66% of healthcare workers immunised as at 20th November.

2.0 Strategic issues

2.1 CQC unannounced clinical inspection

The unannounced CQC inspection of the Trust finished with an inspection of Medicine and also the Well Led Review on the 8th-10th December. Feedback was positive and the few actions outlined as must do have been addressed immediately. The Trust should receive the draft report within the next two months for comment before publication.

2.2 South Cheshire Private Hospital Acquisition

The Trust and BMI Healthcare have confirmed that the acquisition date for the South Cheshire Private Hospital (SCPH) will be 14th February 2020. As soon as the Trust takes ownership of the SCPH it will then begin the programme of improvement works. The proposed operating model is to be discussed in the private session of the Trust Board and if agreed will then be communicated to the wider Trust and current SCPH staff.

J. Sumner
Chief Executive Officer
30.12.19

January 2020

(November 2019 data)



Board Papers – Quality, Safety & Experience Section: January 2020

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Compliments	45

Board Papers – Quality, Safety & Experience Section: January 2020

Indicators	Target	Trajectory 2019/20																																							
Acute Trust																																									
Patient Safety Harm Incidents The target is to reduce the total number of patient safety harm incidents when compared to the previous financial year by the end of March 2020.	Less than 2300 at end of March 2020	<table border="1"> <caption>Patient Safety Harm Incidents Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Current Trajectory</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>200</td><td>200</td></tr> <tr><td>May</td><td>400</td><td>300</td></tr> <tr><td>Jun</td><td>600</td><td>400</td></tr> <tr><td>Jul</td><td>800</td><td>500</td></tr> <tr><td>Aug</td><td>1000</td><td>600</td></tr> <tr><td>Sep</td><td>1200</td><td>700</td></tr> <tr><td>Oct</td><td>1400</td><td>800</td></tr> <tr><td>Nov</td><td>1600</td><td>900</td></tr> <tr><td>Dec</td><td>1800</td><td>1000</td></tr> <tr><td>Jan</td><td>2000</td><td>1100</td></tr> <tr><td>Feb</td><td>2200</td><td>1200</td></tr> <tr><td>Mar</td><td>2400</td><td>1300</td></tr> </tbody> </table>	Month	Current Trajectory	Target	Apr	200	200	May	400	300	Jun	600	400	Jul	800	500	Aug	1000	600	Sep	1200	700	Oct	1400	800	Nov	1600	900	Dec	1800	1000	Jan	2000	1100	Feb	2200	1200	Mar	2400	1300
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StEIS Reported Incidents The target is to reduce StEIS reported incidents when compared to the previous financial year by the end of March 2020.	Less than 19 at end of March 2020	<table border="1"> <caption>StEIS Reported Incidents Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Current Trajectory</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>4</td><td>2</td></tr> <tr><td>May</td><td>6</td><td>3</td></tr> <tr><td>Jun</td><td>6</td><td>4</td></tr> <tr><td>Jul</td><td>8</td><td>5</td></tr> <tr><td>Aug</td><td>12</td><td>6</td></tr> <tr><td>Sep</td><td>15</td><td>8</td></tr> <tr><td>Oct</td><td>17</td><td>10</td></tr> <tr><td>Nov</td><td>20</td><td>12</td></tr> <tr><td>Dec</td><td>22</td><td>14</td></tr> <tr><td>Jan</td><td>24</td><td>16</td></tr> <tr><td>Feb</td><td>26</td><td>18</td></tr> <tr><td>Mar</td><td>28</td><td>20</td></tr> </tbody> </table>	Month	Current Trajectory	Target	Apr	4	2	May	6	3	Jun	6	4	Jul	8	5	Aug	12	6	Sep	15	8	Oct	17	10	Nov	20	12	Dec	22	14	Jan	24	16	Feb	26	18	Mar	28	20
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Never Events Zero tolerance of Never Events.	Zero	<table border="1"> <caption>Never Events Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Current Trajectory</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>0</td><td>0</td></tr> <tr><td>May</td><td>0</td><td>0</td></tr> <tr><td>Jun</td><td>0</td><td>0</td></tr> <tr><td>Jul</td><td>0</td><td>0</td></tr> <tr><td>Aug</td><td>1</td><td>0</td></tr> <tr><td>Sep</td><td>1</td><td>0</td></tr> <tr><td>Oct</td><td>1</td><td>0</td></tr> <tr><td>Nov</td><td>2</td><td>0</td></tr> <tr><td>Dec</td><td>2</td><td>0</td></tr> <tr><td>Jan</td><td>2</td><td>0</td></tr> <tr><td>Feb</td><td>2</td><td>0</td></tr> <tr><td>Mar</td><td>2</td><td>0</td></tr> </tbody> </table>	Month	Current Trajectory	Target	Apr	0	0	May	0	0	Jun	0	0	Jul	0	0	Aug	1	0	Sep	1	0	Oct	1	0	Nov	2	0	Dec	2	0	Jan	2	0	Feb	2	0	Mar	2	0
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Pressure Ulcers – Hospital Acquired The target is to have no more than two lapses in care (avoidable) pressure ulcers per month.	Less than 24 lapses in care at end of March 2020	<table border="1"> <caption>Pressure Ulcers – Hospital Acquired Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Current Trajectory</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>4</td><td>2</td></tr> <tr><td>May</td><td>6</td><td>3</td></tr> <tr><td>Jun</td><td>8</td><td>4</td></tr> <tr><td>Jul</td><td>10</td><td>5</td></tr> <tr><td>Aug</td><td>12</td><td>6</td></tr> <tr><td>Sep</td><td>14</td><td>7</td></tr> <tr><td>Oct</td><td>16</td><td>8</td></tr> <tr><td>Nov</td><td>18</td><td>9</td></tr> <tr><td>Dec</td><td>20</td><td>10</td></tr> <tr><td>Jan</td><td>22</td><td>11</td></tr> <tr><td>Feb</td><td>24</td><td>12</td></tr> <tr><td>Mar</td><td>26</td><td>13</td></tr> </tbody> </table>	Month	Current Trajectory	Target	Apr	4	2	May	6	3	Jun	8	4	Jul	10	5	Aug	12	6	Sep	14	7	Oct	16	8	Nov	18	9	Dec	20	10	Jan	22	11	Feb	24	12	Mar	26	13
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Medication Harm Incidents The target is to reduce the total number of medication incidents resulting in harm when compared to the previous financial year by the end of March 2020.	Less than 66 at end of March 2020	<table border="1"> <caption>Medication Harm Incidents Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Current Trajectory</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>5</td><td>10</td></tr> <tr><td>May</td><td>8</td><td>15</td></tr> <tr><td>Jun</td><td>10</td><td>20</td></tr> <tr><td>Jul</td><td>12</td><td>25</td></tr> <tr><td>Aug</td><td>15</td><td>30</td></tr> <tr><td>Sep</td><td>20</td><td>35</td></tr> <tr><td>Oct</td><td>25</td><td>40</td></tr> <tr><td>Nov</td><td>28</td><td>45</td></tr> <tr><td>Dec</td><td>30</td><td>50</td></tr> <tr><td>Jan</td><td>32</td><td>55</td></tr> <tr><td>Feb</td><td>34</td><td>60</td></tr> <tr><td>Mar</td><td>36</td><td>65</td></tr> </tbody> </table>	Month	Current Trajectory	Target	Apr	5	10	May	8	15	Jun	10	20	Jul	12	25	Aug	15	30	Sep	20	35	Oct	25	40	Nov	28	45	Dec	30	50	Jan	32	55	Feb	34	60	Mar	36	65
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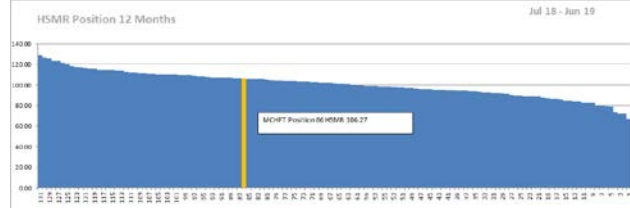
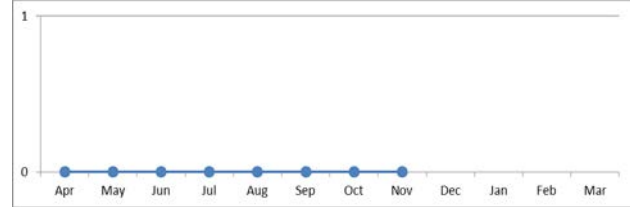
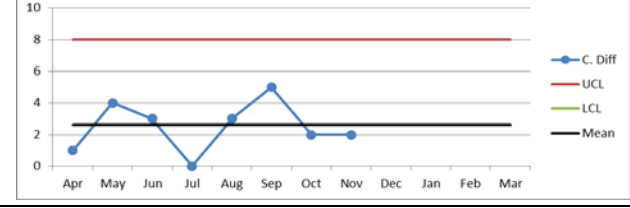

Board Papers – Quality, Safety & Experience Section: January 2020

Indicators	Target	Trajectory 2019/20																										
Acute Trust																												
Inpatient Falls - Harm The target is to have a reduction in harm from patient falls when compared to the previous financial year.	Less than 268 at end of March 2020	<table><caption>Inpatient Falls - Harm</caption><thead><tr><th>Month</th><th>Falls</th></tr></thead><tbody><tr><td>Apr</td><td>25</td></tr><tr><td>May</td><td>40</td></tr><tr><td>Jun</td><td>60</td></tr><tr><td>Jul</td><td>80</td></tr><tr><td>Aug</td><td>100</td></tr><tr><td>Sep</td><td>120</td></tr><tr><td>Oct</td><td>140</td></tr><tr><td>Nov</td><td>160</td></tr><tr><td>Dec</td><td>180</td></tr><tr><td>Jan</td><td>200</td></tr><tr><td>Feb</td><td>220</td></tr><tr><td>Mar</td><td>240</td></tr></tbody></table>	Month	Falls	Apr	25	May	40	Jun	60	Jul	80	Aug	100	Sep	120	Oct	140	Nov	160	Dec	180	Jan	200	Feb	220	Mar	240
Month	Falls																											
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Mar	240																											
Inpatient Falls – Rate Per 1,000 Bed Days A reduction in the number of falls per 1,000 bed days when compared to the RCP National Audit 2015 (average number of patient falls per 1,000 bed days).	Ratio less than 6.6	<table><caption>Inpatient Falls – Rate Per 1,000 Bed Days</caption><thead><tr><th>Month</th><th>Ratio</th></tr></thead><tbody><tr><td>Apr</td><td>5.5</td></tr><tr><td>May</td><td>4.8</td></tr><tr><td>Jun</td><td>5.2</td></tr><tr><td>Jul</td><td>6.0</td></tr><tr><td>Aug</td><td>5.2</td></tr><tr><td>Sep</td><td>5.0</td></tr><tr><td>Oct</td><td>5.5</td></tr><tr><td>Nov</td><td>5.8</td></tr><tr><td>Dec</td><td>6.0</td></tr><tr><td>Jan</td><td>6.2</td></tr><tr><td>Feb</td><td>6.4</td></tr><tr><td>Mar</td><td>6.6</td></tr></tbody></table>	Month	Ratio	Apr	5.5	May	4.8	Jun	5.2	Jul	6.0	Aug	5.2	Sep	5.0	Oct	5.5	Nov	5.8	Dec	6.0	Jan	6.2	Feb	6.4	Mar	6.6
Month	Ratio																											
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Feb	6.4																											
Mar	6.6																											
Inpatient Falls – Fractured NOF A reduction in the number of fractured NOF resulting from patient falls when compared to the previous financial year.	Less than 10 at end of March 2020	<table><caption>Inpatient Falls – Fractured NOF</caption><thead><tr><th>Month</th><th>Fractured NOF</th></tr></thead><tbody><tr><td>Apr</td><td>1</td></tr><tr><td>May</td><td>2</td></tr><tr><td>Jun</td><td>2</td></tr><tr><td>Jul</td><td>3</td></tr><tr><td>Aug</td><td>4</td></tr><tr><td>Sep</td><td>5</td></tr><tr><td>Oct</td><td>5</td></tr><tr><td>Nov</td><td>5</td></tr><tr><td>Dec</td><td>6</td></tr><tr><td>Jan</td><td>7</td></tr><tr><td>Feb</td><td>8</td></tr><tr><td>Mar</td><td>10</td></tr></tbody></table>	Month	Fractured NOF	Apr	1	May	2	Jun	2	Jul	3	Aug	4	Sep	5	Oct	5	Nov	5	Dec	6	Jan	7	Feb	8	Mar	10
Month	Fractured NOF																											
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Board Papers – Quality, Safety & Experience Section: January 2020

Indicators	Target	Trajectory 2018/19																																							
CCICP																																									
CCICP Patient Safety Harm Incidents The target is to reduce the total number of CCICP patient safety harm incidents when compared to the previous financial year by the end of March 2020.	Less than 1238 at end of March 2020	<table border="1"><caption>CCICP Patient Safety Harm Incidents (Estimated)</caption><thead><tr><th>Month</th><th>Actual Incidents</th><th>Target Incidents</th></tr></thead><tbody><tr><td>Apr</td><td>100</td><td>100</td></tr><tr><td>May</td><td>200</td><td>150</td></tr><tr><td>Jun</td><td>300</td><td>200</td></tr><tr><td>Jul</td><td>400</td><td>250</td></tr><tr><td>Aug</td><td>500</td><td>300</td></tr><tr><td>Sep</td><td>600</td><td>350</td></tr><tr><td>Oct</td><td>700</td><td>400</td></tr><tr><td>Nov</td><td>800</td><td>450</td></tr><tr><td>Dec</td><td></td><td>500</td></tr><tr><td>Jan</td><td></td><td>550</td></tr><tr><td>Feb</td><td></td><td>600</td></tr><tr><td>Mar</td><td></td><td>650</td></tr></tbody></table>	Month	Actual Incidents	Target Incidents	Apr	100	100	May	200	150	Jun	300	200	Jul	400	250	Aug	500	300	Sep	600	350	Oct	700	400	Nov	800	450	Dec		500	Jan		550	Feb		600	Mar		650
Month	Actual Incidents	Target Incidents																																							
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Jul	400	250																																							
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CCICP Serious Incidents The target is to continue the trend of having zero CCICP patient safety serious incidents by the end of March 2020.	Zero	<table border="1"><caption>CCICP Serious Incidents (Estimated)</caption><thead><tr><th>Month</th><th>Actual Incidents</th></tr></thead><tbody><tr><td>Apr</td><td>0</td></tr><tr><td>May</td><td>0</td></tr><tr><td>Jun</td><td>0</td></tr><tr><td>Jul</td><td>0</td></tr><tr><td>Aug</td><td>1</td></tr><tr><td>Sep</td><td>1</td></tr><tr><td>Oct</td><td>1</td></tr><tr><td>Nov</td><td>1</td></tr><tr><td>Dec</td><td></td></tr><tr><td>Jan</td><td></td></tr><tr><td>Feb</td><td></td></tr><tr><td>Mar</td><td></td></tr></tbody></table>	Month	Actual Incidents	Apr	0	May	0	Jun	0	Jul	0	Aug	1	Sep	1	Oct	1	Nov	1	Dec		Jan		Feb		Mar														
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CCICP Pressure Ulcers – Community Acquired The target is to have no more than two lapses in care (avoidable) pressure ulcers per month.	Less than 24 lapses in care at end of March 2020	<table border="1"><caption>CCICP Pressure Ulcers – Community Acquired (Estimated)</caption><thead><tr><th>Month</th><th>Actual Lapses</th><th>Target Lapses</th></tr></thead><tbody><tr><td>Apr</td><td>2</td><td>2</td></tr><tr><td>May</td><td>2</td><td>3</td></tr><tr><td>Jun</td><td>2</td><td>4</td></tr><tr><td>Jul</td><td>2</td><td>5</td></tr><tr><td>Aug</td><td>2</td><td>6</td></tr><tr><td>Sep</td><td>2</td><td>7</td></tr><tr><td>Oct</td><td>2</td><td>8</td></tr><tr><td>Nov</td><td>2</td><td>9</td></tr><tr><td>Dec</td><td></td><td>10</td></tr><tr><td>Jan</td><td></td><td>11</td></tr><tr><td>Feb</td><td></td><td>12</td></tr><tr><td>Mar</td><td></td><td>13</td></tr></tbody></table>	Month	Actual Lapses	Target Lapses	Apr	2	2	May	2	3	Jun	2	4	Jul	2	5	Aug	2	6	Sep	2	7	Oct	2	8	Nov	2	9	Dec		10	Jan		11	Feb		12	Mar		13
Month	Actual Lapses	Target Lapses																																							
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CCICP Medication Harm Incidents The target is to reduce the total number of medication incidents resulting in harm when compared to the previous financial year by the end of March 2020.	Less than 7 at end of March 2020	<table border="1"><caption>CCICP Medication Harm Incidents (Estimated)</caption><thead><tr><th>Month</th><th>Actual Incidents</th><th>Target Incidents</th></tr></thead><tbody><tr><td>Apr</td><td>3</td><td>1</td></tr><tr><td>May</td><td>3</td><td>1</td></tr><tr><td>Jun</td><td>3</td><td>2</td></tr><tr><td>Jul</td><td>3</td><td>2</td></tr><tr><td>Aug</td><td>3</td><td>2</td></tr><tr><td>Sep</td><td>3</td><td>2</td></tr><tr><td>Oct</td><td>3</td><td>2</td></tr><tr><td>Nov</td><td>3</td><td>2</td></tr><tr><td>Dec</td><td></td><td>3</td></tr><tr><td>Jan</td><td></td><td>3</td></tr><tr><td>Feb</td><td></td><td>3</td></tr><tr><td>Mar</td><td></td><td>3</td></tr></tbody></table>	Month	Actual Incidents	Target Incidents	Apr	3	1	May	3	1	Jun	3	2	Jul	3	2	Aug	3	2	Sep	3	2	Oct	3	2	Nov	3	2	Dec		3	Jan		3	Feb		3	Mar		3
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Board Papers – Quality, Safety & Experience Section: January 2020

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 The target is less than 27 cases of Clostridium Difficile in 2019/20. The target includes cases who have been identified in the community but had a hospital admission in the previous 28 days.	Less than 27 at end of March 2020	
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: January 2020

Quality & Safety Section:

Description

Aggregate Position

Patient Safety Harm Incidents

The target is to reduce the total number of patient safety harm incidents when compared to the previous financial year by the end of March 2020.

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

For November 2019, there were a total of 215 patient safety harm incidents:

98.1% (211 incidents) have resulted in low harm
0.5% (1 incident) resulted in moderate harm
1.4% (3 incidents) have been reported to StEIS

Improvement actions include;

- Comprehensive investigations are undertaken for all incidents in line with the Trust Incident Reporting, Investigation, Learning and Improvement Policy and national guidance.
- Executive Led review meetings will take place for the 3 StEIS reported incidents and improvement plans will be developed and implemented.

Trend

**Patient Safety Incidents Resulting in Harm
April 2019 to March 2020**



Harm vs All Patient Safety Incidents

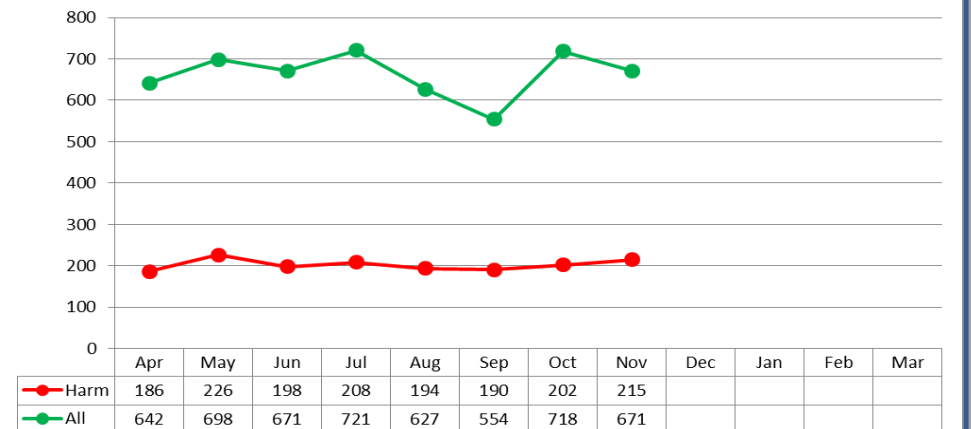
The aim is to maintain / widen the gap between harm and all patient safety incidents reported

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

In November 2019, the gap between harm and all patient safety incidents was 456. The aim over the twelve month period is to see this gap widening.

A safety culture survey was undertaken in the Trust in December 2018 to January 2019. The results were shared at the EQGG in April 2019 and divisional improvement plans developed to take into account the feedback received during the survey.

**Harm vs All Patient Safety Incidents by Month
April 2019 to March 2020**



Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position

Trend

StEIS
Reported
Incidents

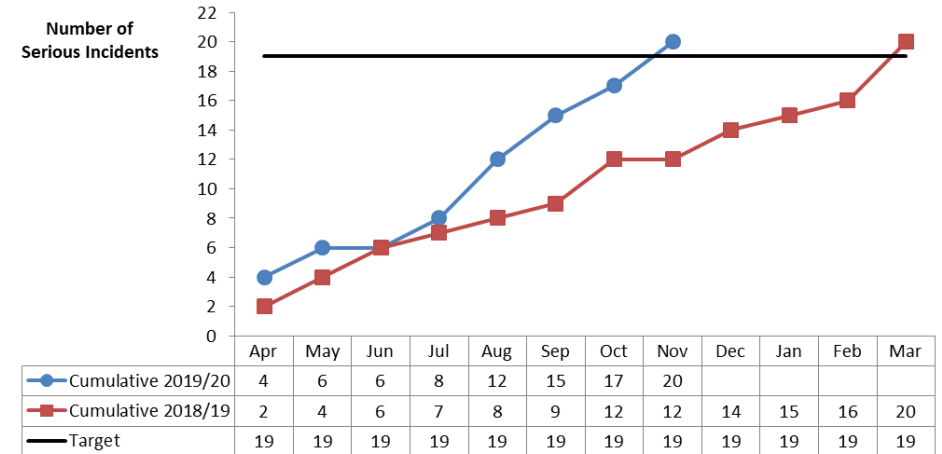
The target is to reduce the number of StEIS reported incidents when compared to the previous financial year by the end of March 2020.

This chart demonstrates the number of incidents that have resulted been StEIS reported.

For November 2019, there were 3 StEIS reported incidents;

- External transfer (neonatal)
- Surgical procedure – wrong site kidney
- Unexpected death - Fall

StEIS Reported Incidents by Month
April 2019 to March 2020



Never
Events

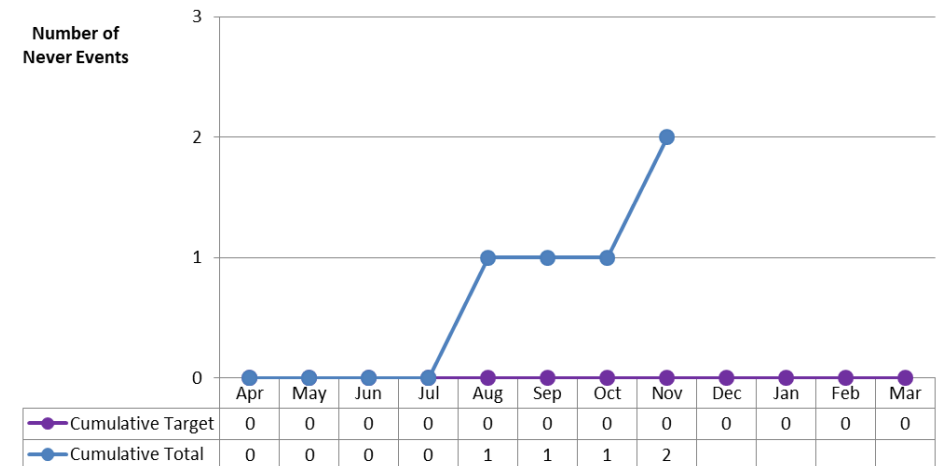
The target is to have zero Never Events

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

There was one Never Event reported in November 2019;

- Wrong implant/prosthesis

Never Events by Month
April 2019 to March 2020



Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position

Trend

Pressure Ulcers (PU) – Hospital Acquired
The target is to have no more than 24 pressure ulcers resulting from lapses in care by the end of March 2020.

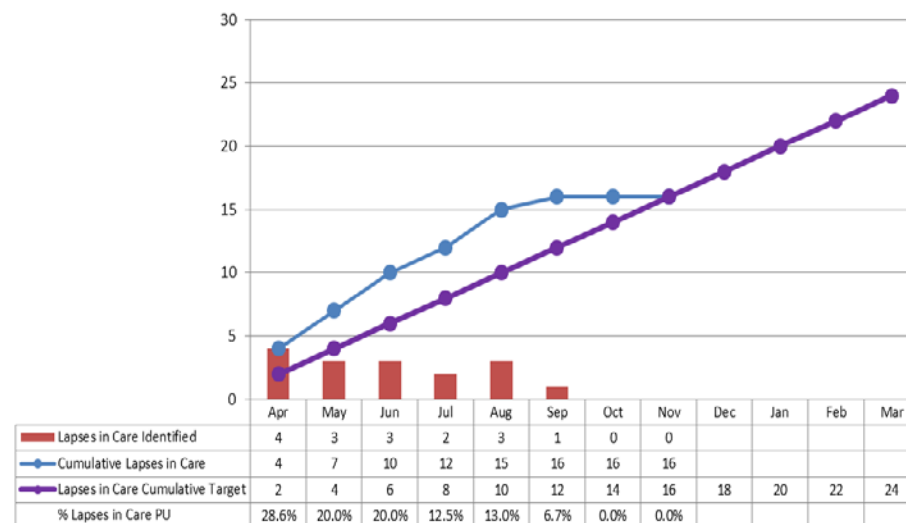
For November 2019, there were a total of 5 hospital acquired pressure ulcer incidents:

- 100% (5 PUs) are currently awaiting confirmation from PUP as to whether lapses in care contributed to the pressure ulcer's development.

Improvement actions include;

- The Pressure Ulcer Panel continues to meet monthly chaired by the Deputy Director of Nursing. All developed in care skin damage is reviewed including no lapses in care to identify themes, trends and lessons learned.
- Production and circulation of an aid memoir to support staff to prevent Moisture Associated skin damage.
- Links to React to Red eLearning module have been shared across the organisation.

Hospital Acquired Pressure Ulcers by Month
April 2019 to March 2020



Medication Harm Incidents

The target is to reduce the total number of medication incidents resulting in harm when compared to the previous financial year by the end of March 2020.

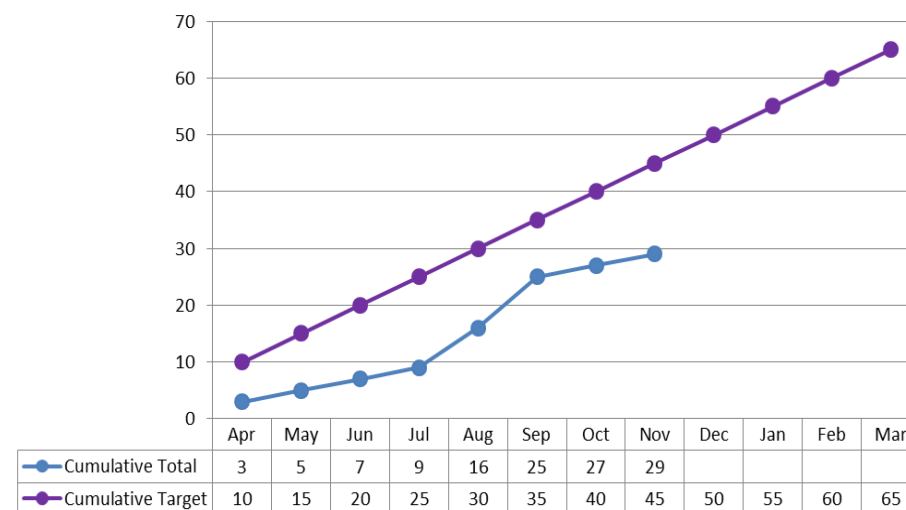
For November 2019, there was a total of 2 medication incidents resulting in harm reported:

- 100% (2 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

Improvement actions include:

- Continuation with medicines management training, with additional training sessions for the new cohorts of nurses
- Review all medication related incidents at Safe Medicines Practice Committee and distribute lessons learnt Trust wide.

Medication Harm Incidents by Month
April 2019 to March 2020



Board Papers – Quality, Safety & Experience Section: January 2020

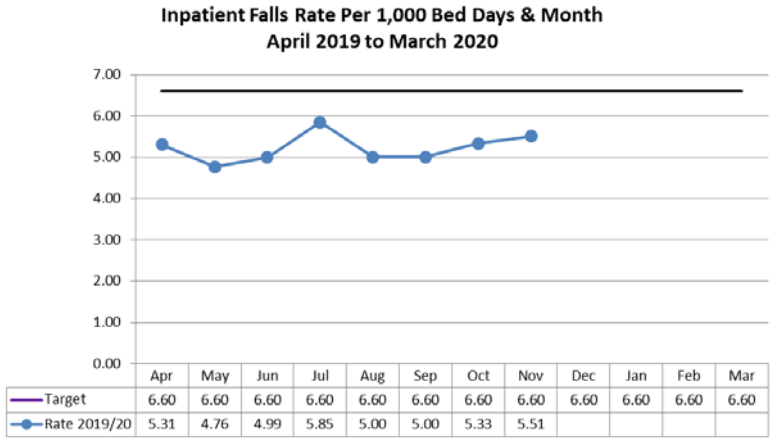
Description

Aggregate Position

Trend

Inpatient Falls.

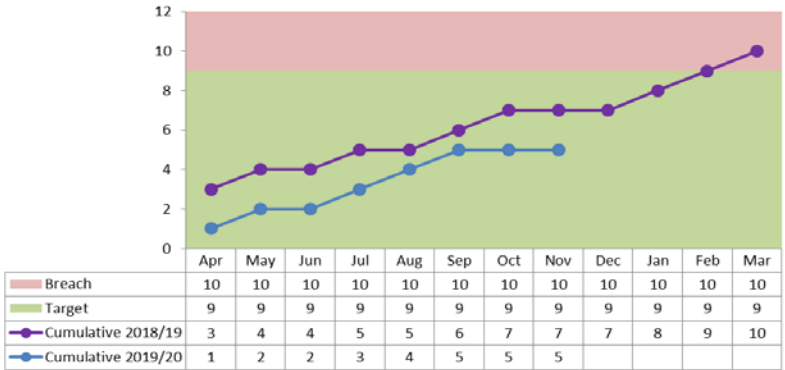
A reduction in the number of falls per 1,000 bed days when compared to the previous financial year (less than 6.6)



For November 2019, the falls rate per 1,000 bed days was 5.51.

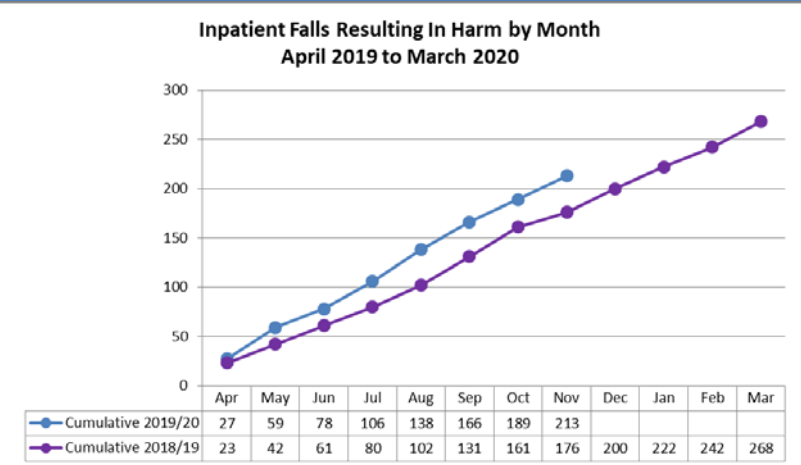
A reduction in the total number of fractured neck of femurs as a result of a fall (less than 10)

Inpatient Falls Resulting in Fractured Neck of Femur by Month April 2019 to March 2020



In November 2019, there were no neck of femur fractures reported

A reduction in the total number of falls with harm compared to previous year (less than 268)



In November 2019, there were a total of 24 falls with harm.

- 95.83% (23) resulting in low harm
- 0% (0) resulting in moderate harm
- 0% (0) resulting in major harm
- 4.2 (1) resulted in catastrophic harm

Improvement actions include:

- An additional working group has been established to support attainment of the Falls CQUIN 19/20 – Three high impact actions to prevent Hospital Falls. The group has multidisciplinary and cross divisional representation inclusive of representation from the Quality Improvement Team and provides updates to the Falls group.

Board Papers – Quality, Safety & Experience Section: January 2020

Central Cheshire Integrated Care Partnership (CCICP)

Description

Aggregate Position

Trend

CCICP Patient Safety Harm Incidents

The target is to reduce the total number of CCICP patient safety harm incidents when compared to the previous financial year by the end of March 2020.

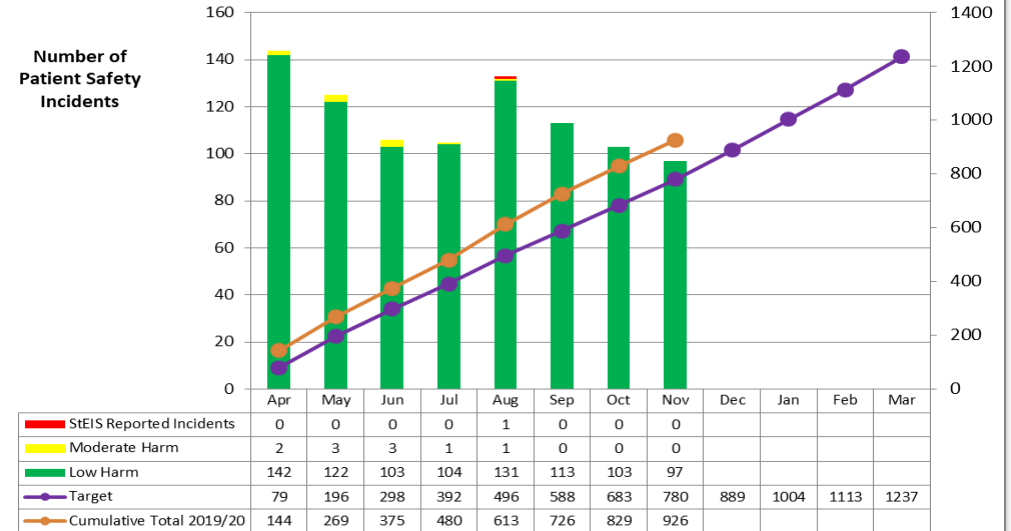
For November 2019, there were a total of 97 patient safety harm incidents:

- 100% (97 incidents) have resulted in low harm
- 0% (0 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:

- A rolling programme of incident training continues throughout the division and an incident reporting presentation has been developed to ensure that consistent information is cascaded across all staff groups within CCICP. The presentation includes examples of incidents and grading of harm, how to complete an incident form, levels of investigation and duty of candour

CCICP Patient Safety Incidents Resulting in Harm April 2019 to March 2020



CCICP Harm vs All Patient Safety Incidents

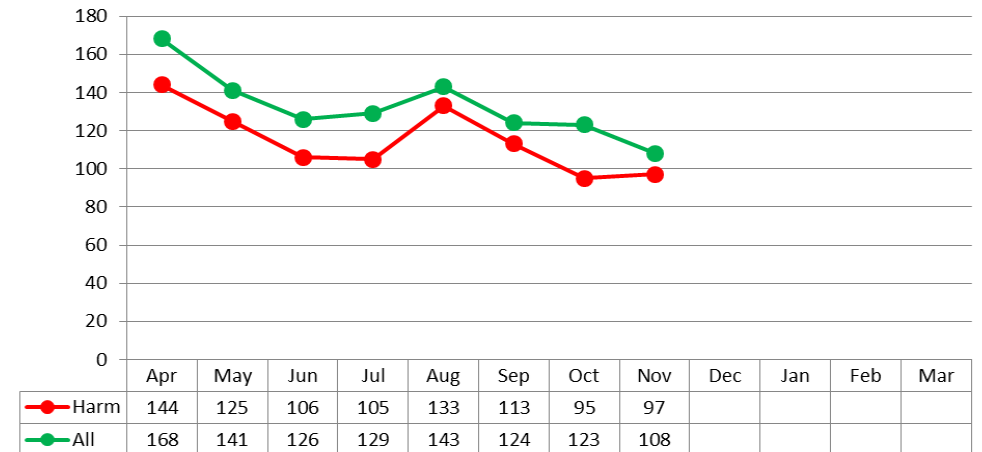
The aim is to increase no harm reporting and eventually widen the gap between harm and all incidents.

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

In November 2019, the gap between harm and all patient safety incidents was 11.

A safety culture survey was undertaken in the Trust in December 2018 to January 2019. The results were shared at the EQGG in April 2019 and divisional improvement plans developed to take into account the feedback received during the survey

CCICP Harm vs All Patient Safety Incidents by Month April 2019 to March 2020



Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position

Trend

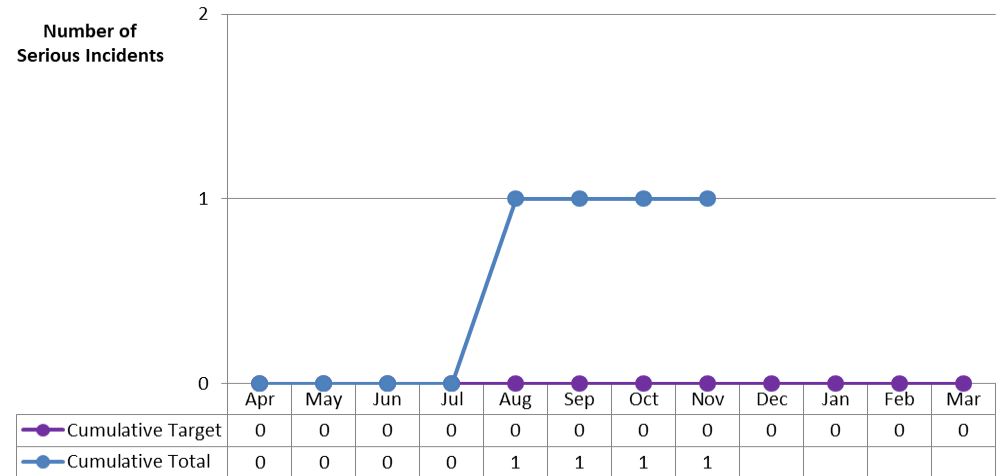
CCICP Serious Incidents

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

For November 2019, there were no serious incidents reported.

The target is to continue the trend of having zero CCICP patient safety serious by the end of March 2020.

CCICP Serious Incidents by Month
April 2019 to March 2020



CCICP Never Events

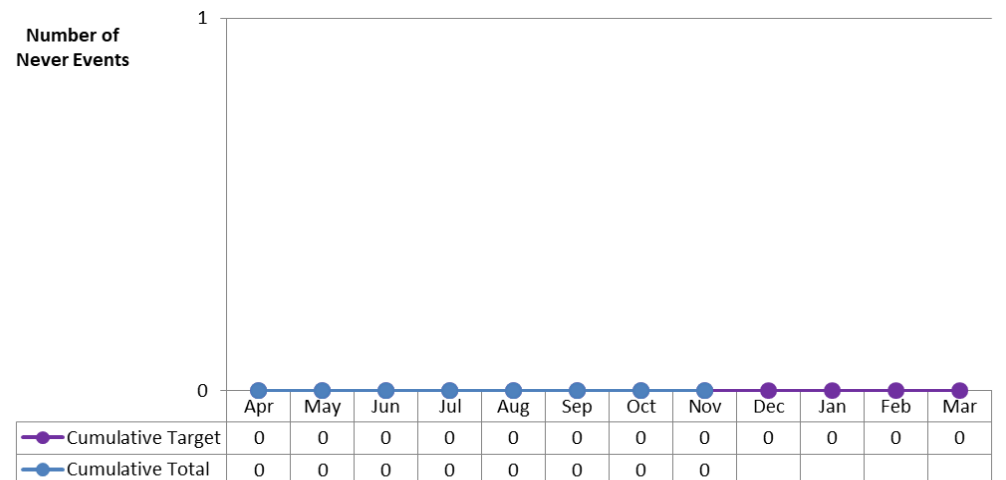
This chart demonstrates the number of Never Events that have been reported.

For November 2019 no Never Events were reported.

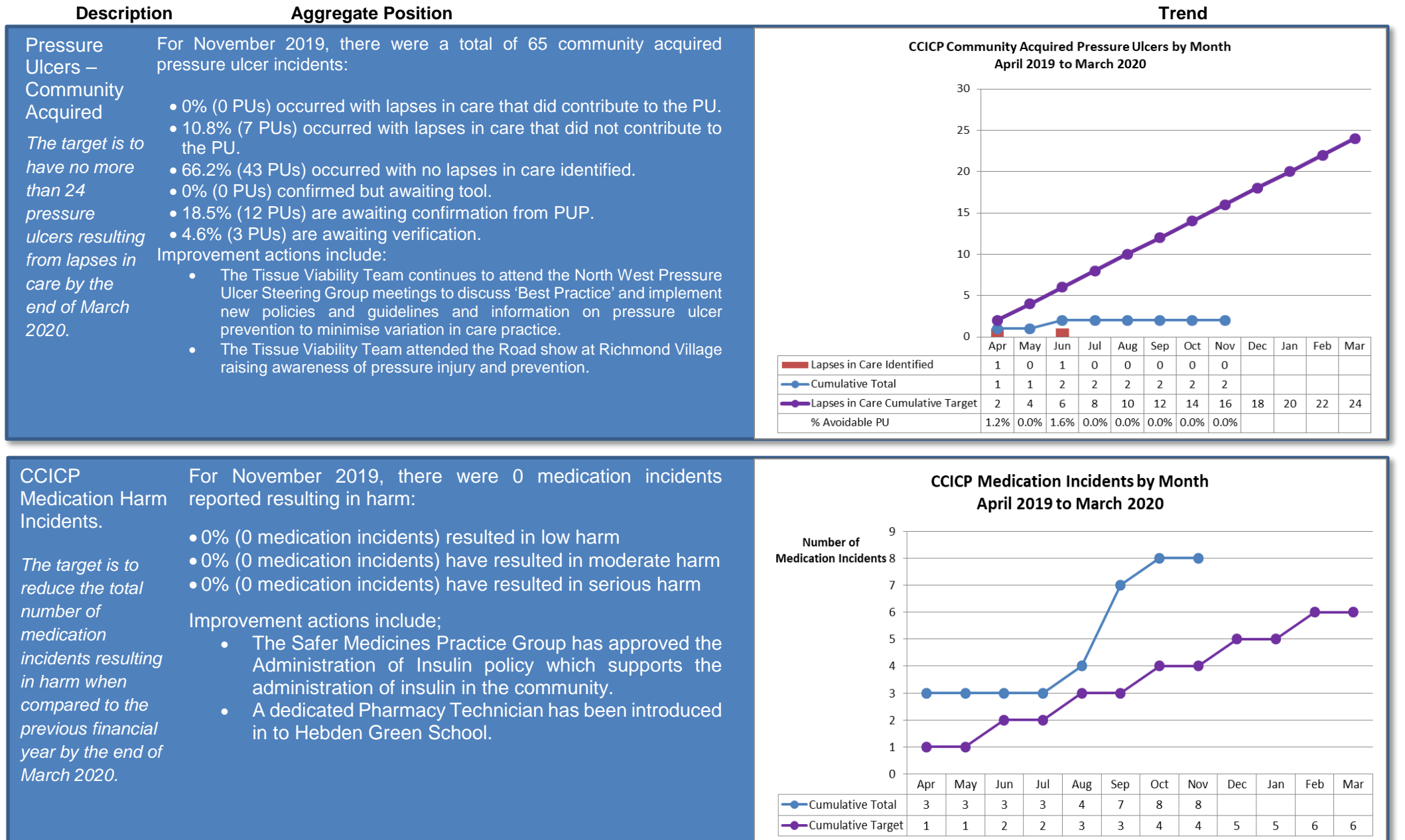
The target is to have zero Never Events

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

CCICP Never Events by Month
April 2019 to March 2020



Board Papers – Quality, Safety & Experience Section: January 2020



Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position

Trend

SHMI

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

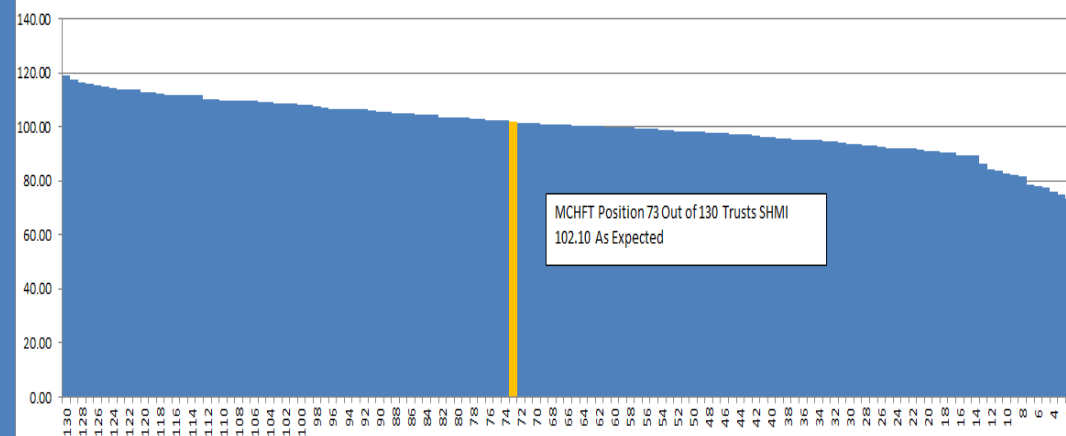
The chart benchmarks the Trust's latest SHMI against all NHS Trusts.

MCHFT is shown as the yellow bar.

The Trust's SHMI is 102.10 for the time period July 2018 to June 2019 and places the Trust 73 out of 130 Trusts and is "as expected".

SHMI Position 12 Months

Jul 18 - Jun 19



MCHFT

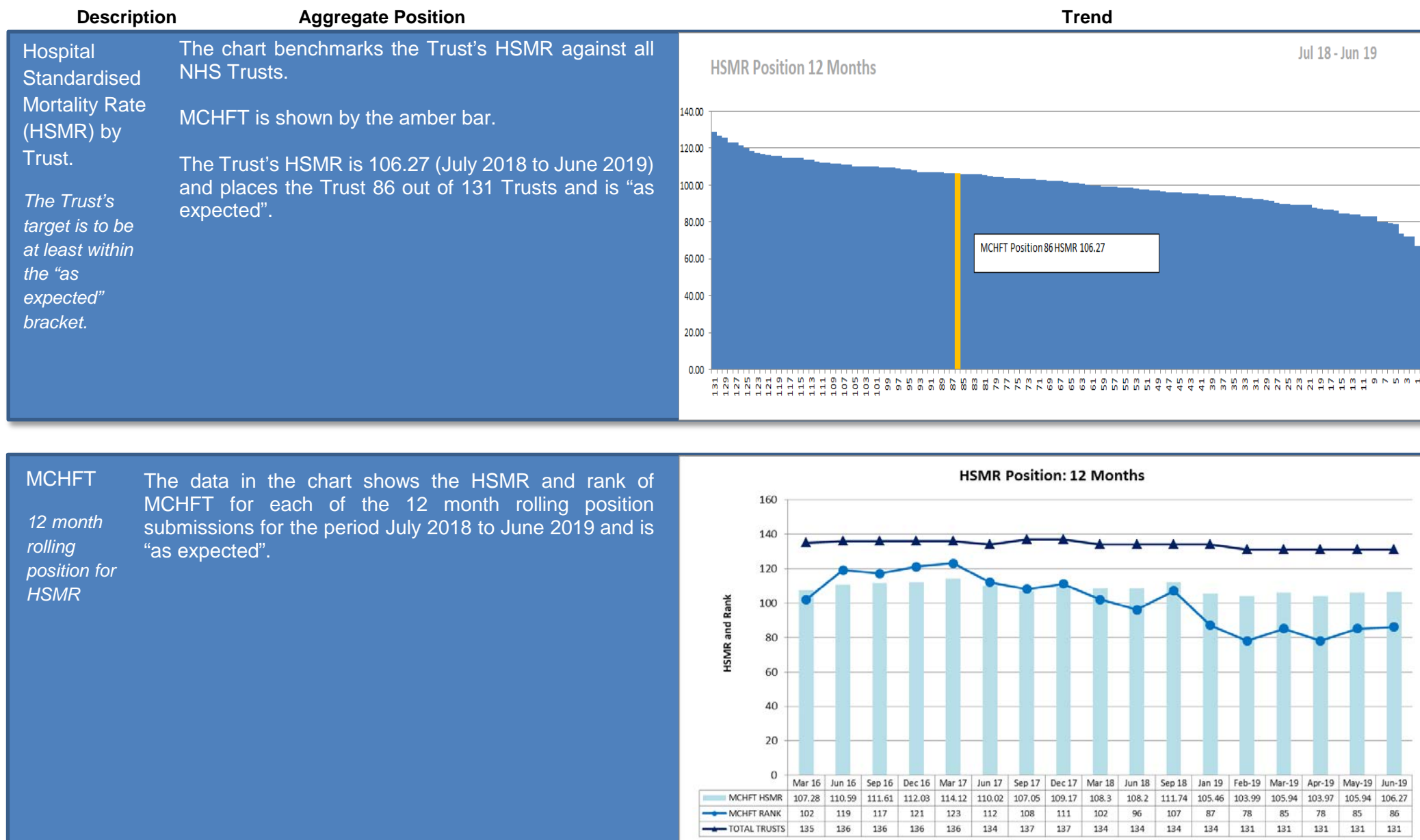
12 month rolling position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.

The chart shows the SHMI and rank of MCHFT for each of the 12 month rolling position submissions for the period July 2018 to June 2019 and is "as expected".

SHMI Position: 12 Months



Board Papers – Quality, Safety & Experience Section: January 2020



Board Papers – Quality, Safety & Experience Section: January 2020

Description	Aggregate Position	Trend																																																				
MRSA Bacteraemia Cases. <i>Zero tolerance of MRSA cases.</i>	<p>In November 2019, no MRSA bacteraemia cases were reported in the Trust.</p> <p>In this financial year there have been no confirmed MRSA bacteraemia cases to date.</p>	<div><p>MRSA Bacteraemia cases reported within the Trust April 2019 to March 2020</p><table><thead><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr></thead><tbody><tr><td>Monthly</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td></tr><tr><td>Cumulative</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td></tr><tr><td>Target</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table></div>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly	0	0	0	0	0	0	0	0					Cumulative	0	0	0	0	0	0	0	0					Target	0	0	0	0	0	0	0	0	0	0	0	0
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Target	0	0	0	0	0	0	0	0	0	0	0	0																																										

Board Papers – Quality, Safety & Experience Section: January 2020

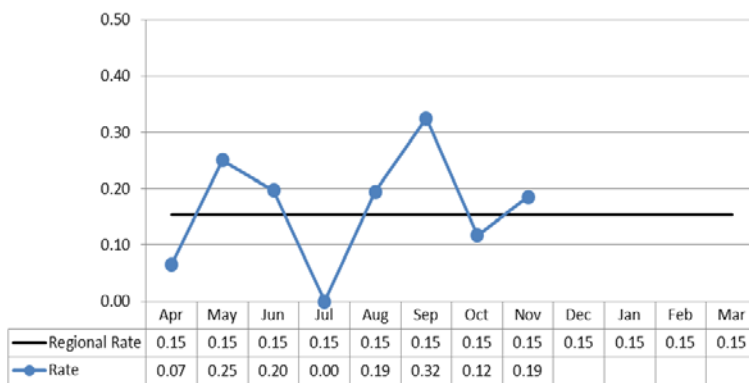
Description

Clostridium Difficile toxin positive cases.

The target is less than 27 cases of Clostridium Difficile in 2019/20

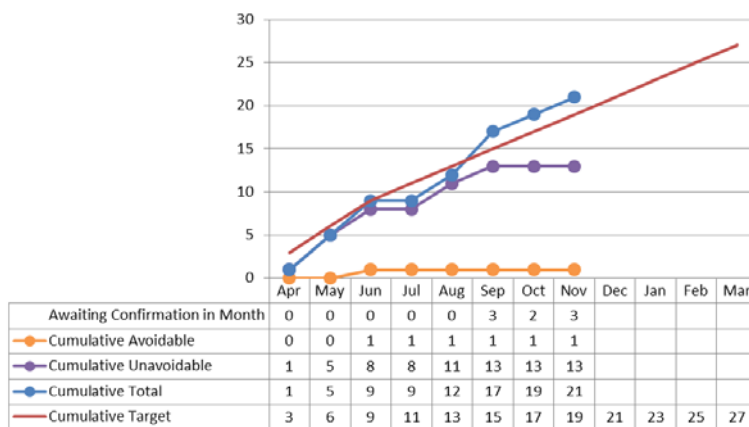
Aggregate Position

C. Diff Rate per 1,000 Occupied Bed Days
Apr-19 - Mar-20



In November 2019, there were 3 cases of C. Diff

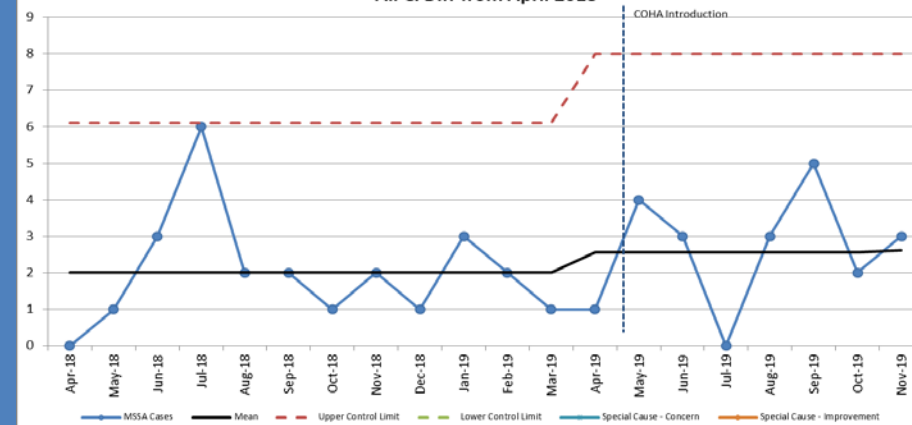
Clostridium Difficile Toxin Positive Cases Report Within the Trust
April 2019 to March 2020



In November 2019, there were 3 C. Diff cases. The avoidability of all three cases is yet to be determined.

Trend

All C. Diff from April 2018



There were three reported cases of Clostridium Difficile in November which are above the average.

There have been no breaches of the upper control limit in the last 18 months

In November 2019, no avoidable cases were reported.

The target is less than 27 cases of Clostridium Difficile in 2019/20. The target includes cases that have been identified in the community but had a hospital admission in the previous 28 days.

Improvement actions include:

- Continuing focus on inappropriate anti-microbial prescribing
- All cases are subject to post infection reviews in accordance with NHS England requirements. Any lapses in care are addressed through this process
- Share lapses in care with individual clinicians involved in patient pathway to ensure lessons learnt.

Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position

Trend

MSSA Cases.

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

In November 2019, no MSSA cases were reported in the Trust.

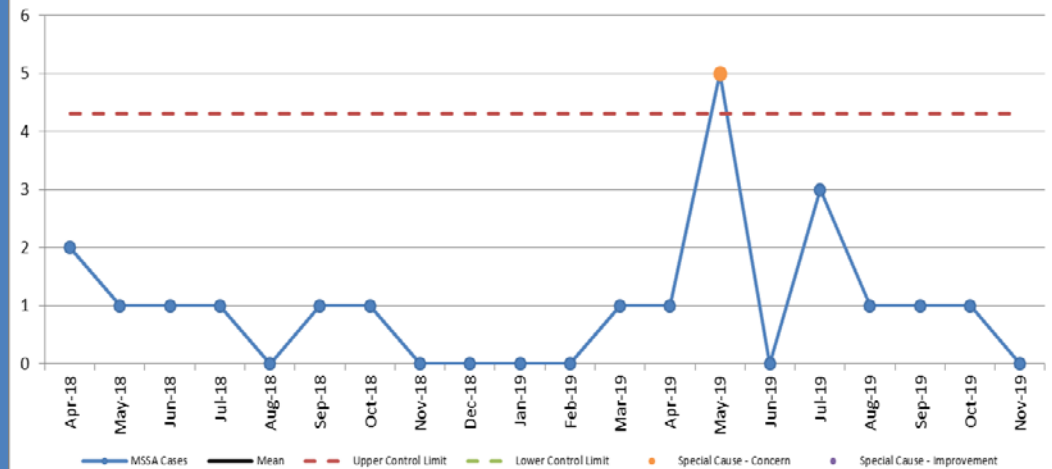
In this financial year there have been 12 confirmed MSSA cases reported.

There have been no breaches of the upper control limit since May-19 where 5 MSSA cases were reported.

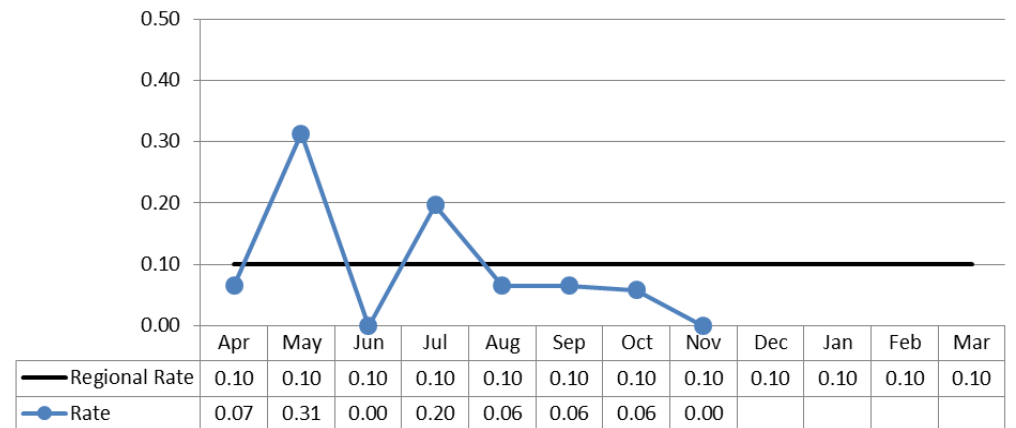
The regional rate is based at 0.10.

In November, the rate of MSSA was 0.00 per 1,000 occupied bed days.

MSSA Cases Identified 48Hrs+ Post Admission - Starting 01/04/18



MSSA Rate per 1,000 Occupied Bed Days
Apr-19 - Mar-20



Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position

Trend

E-Coli Cases.

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

In November 2019, no E.Coli cases were reported.

In this financial year there have been 19 confirmed E-Coli cases reported.

There have been no breaches of the upper control limit in the last 18 months

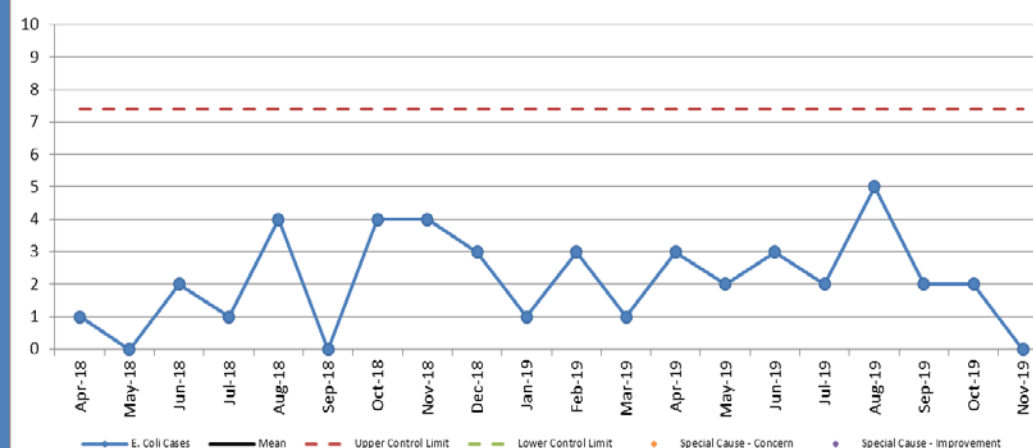
The regional rate for E.Coli infections is 0.22.

In November, the rate of E. Coli was 0.00 per 1,000 occupied bed days.

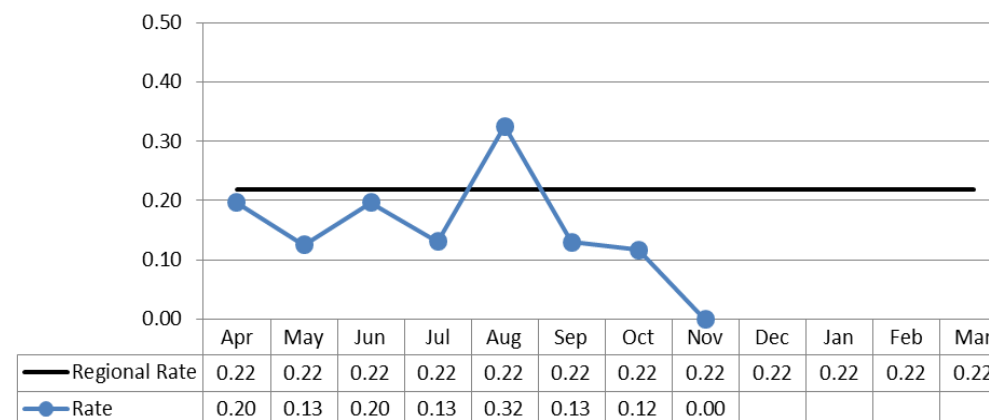
Actions to address E.Coli are;

- Post infection reviews and lessons learnt
- Introduction of a catheter passport across acute and community services.

E. Coli Cases Identified 48Hrs+ Post Admission - Starting 01/04/18



**E. Coli Rate per 1,000 Occupied Bed Days
Apr-19 - Mar-20**



Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position

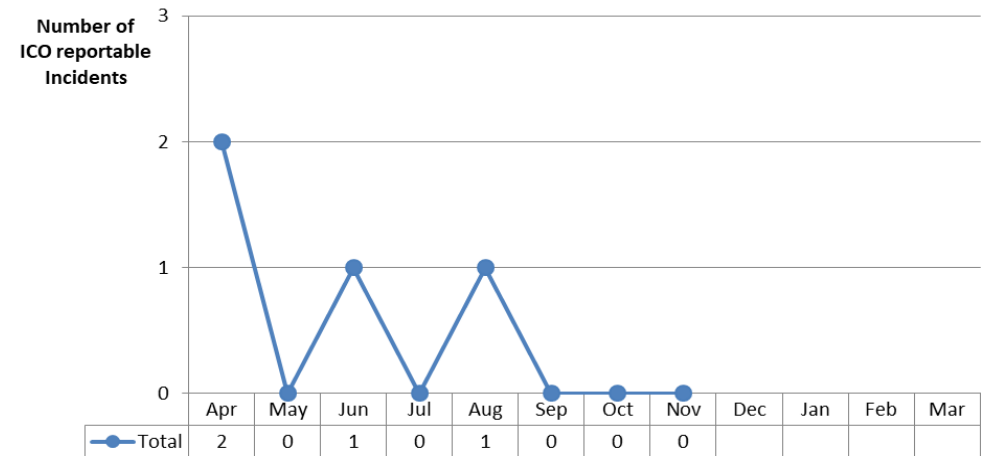
Trend

Information Governance Information Commissioners Office (ICO) reportable incidents.

In November 2019, no information governance ICO reportable incidents were reported in the Trust.









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

**Information Governance ICO Reportable Incidents by Month
April 2019 to March 2020**









Board Papers – Quality, Safety & Experience Section: January 2020













CQUIN 2019-20 Performance

CQUIN & LEAD(S)	CQUIN Description	RAG Status Q1	RAG Status Q2	RAG Status Q3	RAG Status Q4	% of CQUIN	Financial Value
Prevention of Ill health							
Indicator 1a Antimicrobial Resistance – Lower Urinary Tract Infections in Older People (minimum 60% - Maximum 90%)	Achieving 90% of antibiotic prescriptions for lower UTI in older people meeting NICE guidance for lower UTI (NG109) and PHE Diagnosis of UTI guidance in terms of diagnosis and treatment.		 £0			Q2 = 33% Q3 = 33% Q4 = 34%	£223,517 £74,506 £74,506 £74,506
Indicator 1b Antibiotic Prophylaxis in Colorectal Surgery (minimum 60% - Maximum 90%)	Achieving 90% of antibiotic surgical prophylaxis prescriptions for elective colorectal surgery being a single dose and prescribed in accordance to local antibiotic guidelines.	 Partially £31,665	 Partially £40,978			Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£223,517 £55,879 £55,879 £55,879 £55,879
Indicator 2 Improving the uptake of flu vaccinations for frontline clinical staff (minimum 60% - Maximum 80%)	Achieving an 80% uptake of flu vaccinations by frontline clinical staff.					Q4 = 100% Q4 = 100%	MCHFT £447,030 CCICP £184,318
Indicator 3a Alcohol and Tobacco Screening (minimum 40% - Maximum 80%)	Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.	 £37,253	 £37,253			Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253

Board Papers – Quality, Safety & Experience Section: January 2020

Indicator 3b Alcohol and Tobacco – Tobacco Brief Advice (minimum 50% - Maximum 90%)	Achieving 90% of identified smokers given brief advice.	 Partially £6,054	 Partially £12,293			Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Indicator 3c Alcohol and Tobacco – Alcohol Brief Advice (minimum 50% - Maximum 90%)	Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	 Partially £25,425	 Partially £13,970			Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Patient Safety							
Indicator 7 3 high impact actions to prevent hospital falls (minimum 25% - Maximum 80%)	Achieving 80% of older inpatients receiving key falls prevention actions are met and recorded: 1. Lying and standing blood pressure recorded at least once. 2. No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics). 3. Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.		 Partially £38,472			Q2 = 33% Q3 = 33% Q4 = 34%	£447,030 £149,010 £149,010 £149,010

Board Papers – Quality, Safety & Experience Section: January 2020

Best Practice Pathways							
Indicator 9 Six Month Reviews for Stroke Survivors (minimum 35% - Maximum 55%)	Achieving 55% of eligible stroke survivors receiving a six month follow up within 4-8 months of their stroke.	 £46,079	 £46,079			Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£184,318 £46,079 £46,079 £46,079 £46,079
Community only							
Indicator 11a Same Day Emergency Care – Pulmonary Embolus (minimum 50% - Maximum 75%)	Achieving 75% of patients with confirmed pulmonary embolus being managed in a same day setting where clinically appropriate.	 Partially £5,662	 £0			Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Indicator 11b Same Day Emergency Care – Tachycardia with Atrial Fibrillation (minimum 50% - Maximum 75%)	Achieving 75% of patients with confirmed atrial fibrillation being managed in a same day setting where clinically appropriate.	 Partially £14,156	 Partially £7,451			Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Indicator 11 c Same Day Emergency Care – Community Acquired Pneumonia (minimum 50% - Maximum 75%)	Achieving 75% of patients with or confirmed Community Acquired Pneumonia should be managed in a same day setting where clinically appropriate.	 £0	 £0			Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Specialist Commissioning - Hospital Pharmacy Transformation and Medicines Optimisation							
1. Chemotherapy Waste	Information below. Not required by NHSE until Sep 19	 £9,670	 £9,670			Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£38,680 £9,670 £9,670 £9,670 £9,670
2. Best Value Medicine2		 £9,670	 £9,670				

Board Papers – Quality, Safety & Experience Section: January 2020

All Schemes	Achieved	Target	Variance
Q1	£175,965	£335,146	-£159,181
Q2	£206,166	£558,663	-£352,497
Total to date	£382,131	£893,809	-£511,678

Status:

Achieved in Quarter



Failed in Quarter



Milestones not set for this quarter



Data not available yet



No payment available for this quarter



Partially achieved



Partially

On Track



Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position

Trend

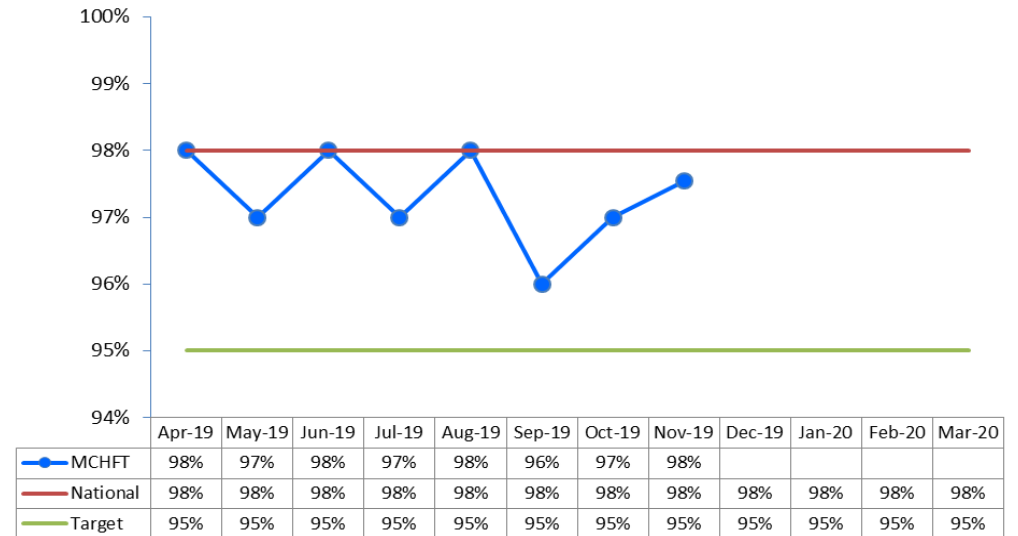
Safety
Thermometer
- Harm Free
Care.

In November 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: January 2020

Description	Aggregate Position	Trend	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>87.9% of expected Registered Nurse hours were achieved for day shifts.</p> <p>Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.</p>	<p>Trend</p> <p>November 2019: 87.9%</p> <p>October 2019: 86.8%</p> <p>September 2019: 88.3%</p>	<p>The lowest staffing levels during the day were on Ward 10 (Ortho Trauma) at 72.4%</p>
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>93.9% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p>November 2019: 93.9%</p> <p>October 2019: 92.8%</p> <p>September 2019: 93.0%</p>	<p>The lowest staffing levels during the night were on Ward 6 at 77.3%</p>
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>89.7% of expected HCA hours were achieved for day shifts.</p>	<p>Trend</p> <p>November 2019: 89.7%</p> <p>October 2019: 90.7%</p> <p>September 2019: 91.6%</p>	<p>The lowest staffing levels during the day were on NICU at 60.3%</p>
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>94.7% 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>November 2019: 94.7%</p> <p>October 2019: 96.3%</p> <p>September 2019: 98.6%</p>	<p>The lowest staffing levels during the night were on Critical Care at 33.3%</p>
Total number of wards that are lower than 85% RN fill days and nights is 8.	<p>Ward 10 (Ortho Trauma) 72.4% (Day), Ward 2 73.8% (Day), CAU 78.8% (Day), Ward 21b 80.2% (Day), Ward 5 80.3% (Day) and 80.3% (Night), Ward 6 81.2% (Day) and 77.3% (Night), Critical Care 82% (Day) and Ward 4 82.2% (Day).</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: January 2020

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	37227.58	32016.3	32787.55	30091.38	27176	25144.97	19896.68	19468.17	87.9%	89.7%	93.9%	94.7%	14109	326.4	73.4	399.5
Acute Medical Unit	1597	1491.5	2225.5	2063.5	1812	1694	1452	1404	93.4%	92.7%	93.5%	96.7%	796	4.0	4.4	8.4
Child & Adolescent Unit	2839.58	2238.33	1053.75	942.67	1748	1579.92	437	381.5	78.8%	89.5%	90.4%	87.3%	578	6.6	2.3	8.9
Critical Care	3855	3159.75	528	393.5	3612	3118	36	12	82%	74.5%	86.3%	33.3%	247	25.4	1.6	27.1
Elmhurst	720	714.5	2213.5	2135	732	720	1762.68	1688	99.2%	96.5%	98.4%	95.8%	841	1.7	4.5	6.3
Ward 1 Coronary Care	2245.5	1962.75	1260	1185	1445.5	1416.75	984	1033.67	87.4%	94.0%	98.0%	105.0%	843	4.0	2.6	6.6
Ward 10 Ortho Trauma	2281	1651.5	2811.5	2771	1116	1080	1464	1428	72.4%	98.6%	96.8%	97.5%	1087	2.5	3.9	6.4
Ward 15 Female Ward	1690.5	1557.17	1899	1728.83	1092	1066	1236	1104	92.1%	91.0%	97.6%	89.3%	681	3.9	4.2	8.0
Ward 13 Vascular & Colorectal	2037	1762	1667	1648	1080	1036	1092	1044	86.5%	98.9%	95.9%	95.6%	916	3.1	2.9	6.0
Ward 14 Gastroenterology	1385.25	1300.25	1482	1387.5	1080	983.5	1104	1128	93.9%	93.6%	91.1%	102.2%	909	2.5	2.8	5.3
Ward 19 Winter Ward	1151.5	1097	2395	2111.83	1068	996	1428	1356	95.3%	88.2%	93.3%	95.0%	851	2.5	4.1	6.5
Ward 2 Short Stay	2093	1544.25	1767	1738	1104	1090	1236	1188	73.8%	98.4%	98.7%	96.1%	938	2.8	3.1	5.9
Ward 21b Rehabilitation	1139	914	2109.5	2007	755	742	915	912	80.2%	95.1%	98.3%	99.7%	714	2.3	4.1	6.4
Ward 4 Elderly	1640	1348.5	2488.25	2057.67	732	708	1656	1598	82.2%	82.7%	96.7%	96.5%	950	2.2	3.8	6.0
Ward 5 Respiratory	2353.25	1888.5	1751	1480.5	1464	1175	924	1148	80.3%	84.6%	80.3%	124.2%	938	3.3	2.8	6.1
Ward 6 Rehab	1698	1378	2318	2093	1452	1122.5	1260	1180	81.2%	90.3%	77.3%	93.7%	809	3.1	4.0	7.1
Ward 7 Gastroenterology	1299.5	1241.5	2364.25	2163.83	738.5	700	1440	1416	95.5%	91.5%	94.8%	98.3%	945	2.1	3.8	5.8
Ward 9 Ortho Elective	834	749	807.5	677.75	720	696	360	337	89.8%	83.9%	96.7%	93.6%	285	5.1	3.6	8.6
NICU	1862.5	1619.5	177.5	107.1	1725	1472	0	0	87%	60.3%	85.3%	-	18	171.8	6.0	177.7
Ward 23	1200	1187.3	760	760	740	740	740	740	98.9%	100.0%	100.0%	100.0%	566	3.4	2.7	6.1
Ward 26 MLU	760	753.7	0	0	740	740	0	0	99.2%	-	100.0%	-	33	45.3	0.0	45.3
Ward 26 Labour	2546	2457.3	709.3	639.7	2220	2269.3	370	370	96.5%	90.2%	102.2%	100.0%	164	28.8	6.2	35.0

Board Papers – Quality, Safety & Experience Section: January 2020

Experience Section:

Indicators	YTD 19/20	Aug-19	Sep-19	Oct-19	Nov-19
Complaints received by month	204	21	25	28	19
Complaints being reviewed by the Ombudsman	2	0	0	0	1
Closed complaints by month	186	29	23	18	13
Contacts raising informal concerns	751	62	83	90	77
Compliments received in month	3688	584	432	449	486
Number of new claims received in month	31	2	2	2	2
Number of claims closed	39	6	4	5	3
Number of inquests concluded	8	0	0	1	2
NHS Choices - Number of new postings	61	8	8	2	11
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		17%	17%	15%	15%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		89%	87%	87%	87%
F&FT Response Rate Inpatients and Daycases		35%	39%	34%	43%
Proportion of positive responses Inpatients and Daycases		94%	93%	94%	92%
F&FT Response Rate Outpatients		1%	2%	1%	24%
Proportion of positive responses Outpatients		97%	96%	94%	94%
F&FT Response Rate Maternity - Birth		8%	20%	9%	19%
Proportion of positive responses Maternity - Birth		100%	100%	100%	100%
F&FT Response Rate Community (CCICP)		6%	12%	0%	6%
Proportion of positive responses Community (CCICP)		91%	88%	0%	93%
*ED = Emergency Department; MIU = Minor Injuries Unit; UCC = Urgent Care Centre					

Board Papers – Quality, Safety & Experience Section: January 2020

Monthly formal complaints received by the Trust.

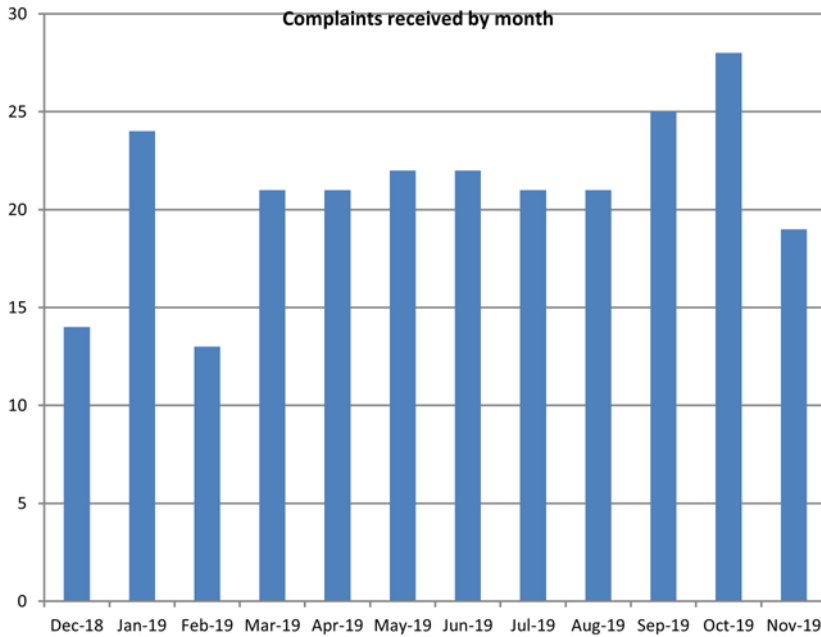
19 complaints were received in November 2019 which covered 59 concerns. There were also 4 re-opened complaints.

The highest categories were:

- Communication with 15 concerns
- Medical with 13 concerns
- Attitude of Staff with 8 concerns

3 areas receiving the highest numbers of complaints/issues were:

- Emergency Department - 7 complaints with 16 concerns
- Community Paediatrics - 2 complaints with 8 concerns
- Ward 3 - 2 Complaints with 5 concerns



Formal Complaints

Number of formal complaint issues by division.

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

CCICP: 0

CORP: 0

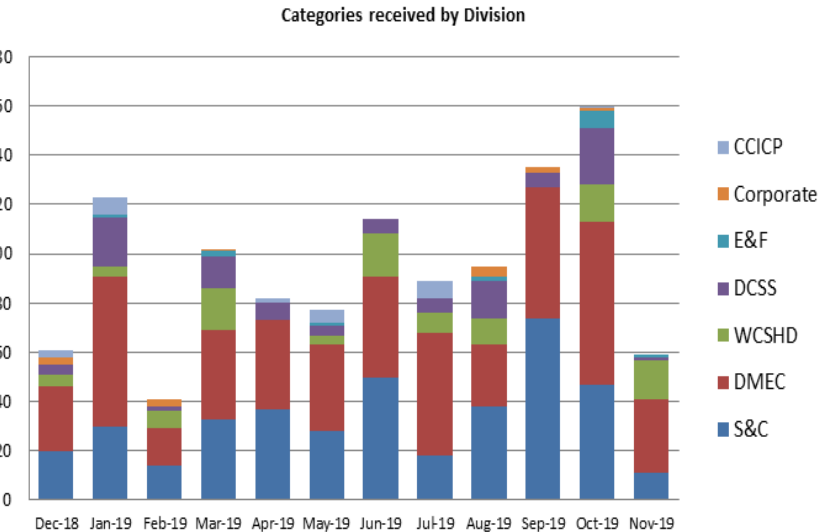
DMEC: 30

DCSS: 1

E&F: 1

S&C: 11

W&C: 16



Formal Complaint issues by division

Board Papers – Quality, Safety & Experience Section: January 2020

Description

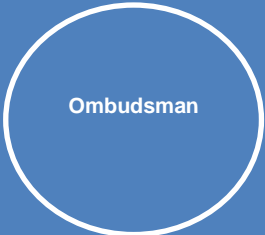
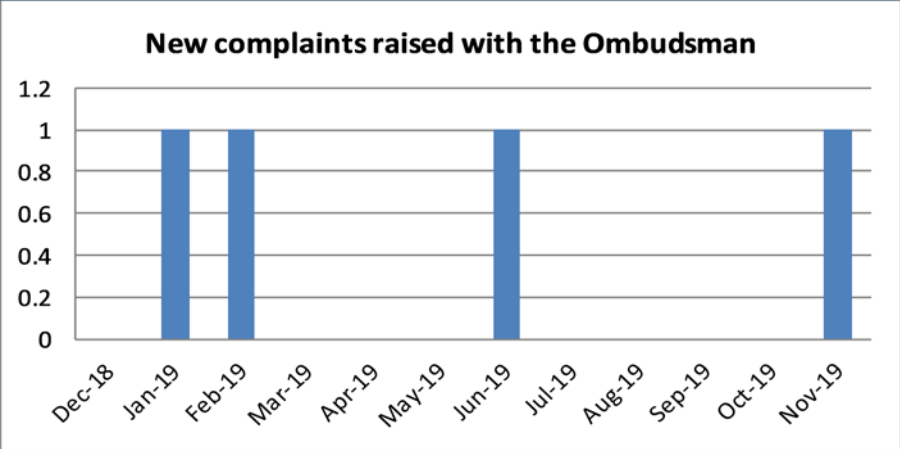
Aggregate Position/Description

Trend

New complaints raised with the Public Health Service Ombudsman

In November 2019, there was one new complaint at the assessment stage with the Parliamentary Health Service Ombudsman (PHSO).

In the last rolling 12 months we have had 4 cases with the PHSO with 3 not upheld and one partially upheld.



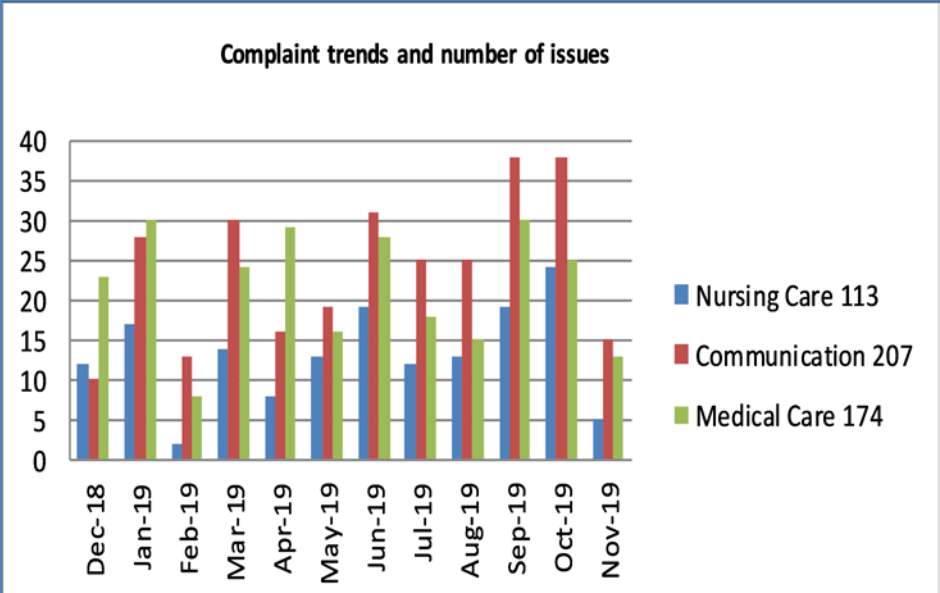
Complaint trends and number of issues.

The main trends in November 2019 were:-

Communication – 15 concerns raised over 10 complaints. 6 of these concerns were related to communication with patients face to face.

Medical Care - 13 concerns raised over 11 complaints. 6 of these concerns related to medical diagnosis problems.

Attitude of Staff - 8 concerns raised over 6 complaints. 4 of these concerns related to attitude of nursing staff.



Board Papers – Quality, Safety & Experience Section: January 2020

Description

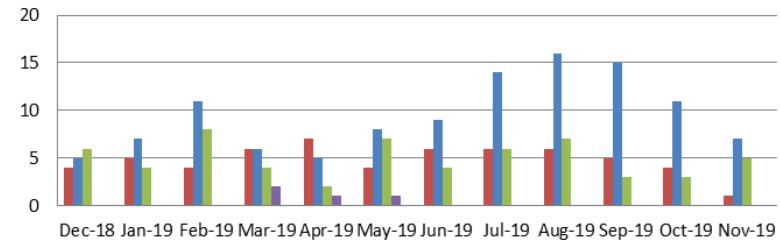
Aggregate Position/Description

Trend

Closed
Complaints

In November 2019, 13 complaints were closed, 3 of which were re-opened complaints.

Closed complaints by month



Closed
Complaints

Closed
complaints
by Division

The table provides a breakdown of closed complaints for November 2019 by division.

The table also identifies the outcome of the complaint in terms of which complaints were upheld, not upheld, partially upheld or referred to Human Resources (HR).

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

Total closed = 13

Board Papers – Quality, Safety & Experience Section: January 2020

Closed Complaints November 2019

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

Description

Aggregate Position/Description

Trend

Informal concerns numbers.

The number of contacts raising informal concerns for November 2019 was 77 raising 140 individual concerns.

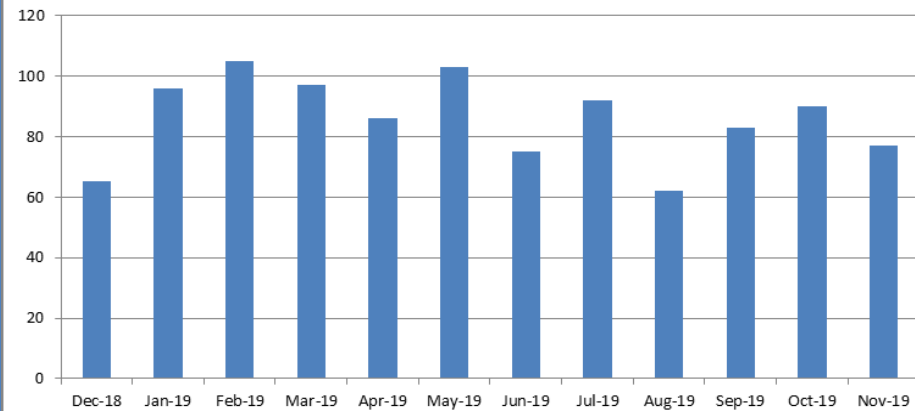
The Division of Medicine and Emergency Care received the highest number of overall concerns at 53, with the Surgery and Cancer Division receiving 32.

The Emergency Department received the largest number of individual concerns at 17 which were raised from 9 contacts.

Ward 18 received 9 concerns from 5 contacts.

General Surgery received 8 concerns from 5 contacts.

Contacts raising informal concerns



Informal concerns numbers

Informal concerns trends.

Care and communication were the highest trends for informal concerns in November 2019.

30 care issues raised: 19 related to medical care, of which 6 relate to the Emergency Department and 5 to General Surgery.

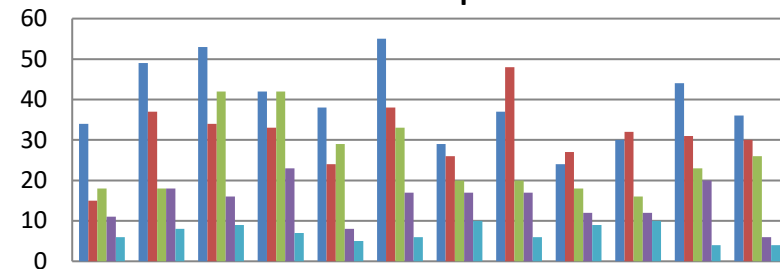
9 relate to nursing care, 3 of which relate to the Emergency Department.

36 communication issues raised:

11 related to communication with patients face to face, 9 to communication with patients telephone and 9 with patients written.

10 issues relate to the Division of Medicine and Emergency Care and 11 to Surgery and Cancer Division.

Trends of informal complaints



Informal concerns trends

Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position/Description

Trend

New claims received.

In November 2019, 1 new clinical negligence claim was received. This related to:

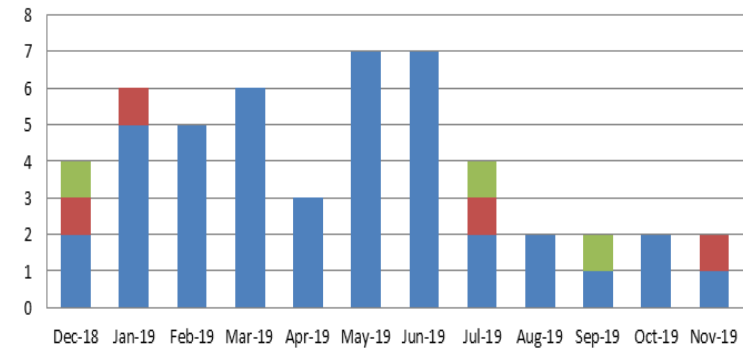
- Women and Children – Obstetrics

1 new employer's liability claim was received. This related to:

- Surgery and Cancer – Ward 18

No new public liability claims were received.

New claims by month



	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Public Liability	1	0	0	0	0	0	0	1	0	1	0	0
Employer's Liability	1	1	0	0	0	0	0	1	0	0	0	1
Clinical	2	5	5	6	3	7	7	2	2	1	2	1

Claims

Claims closed with/without damages.

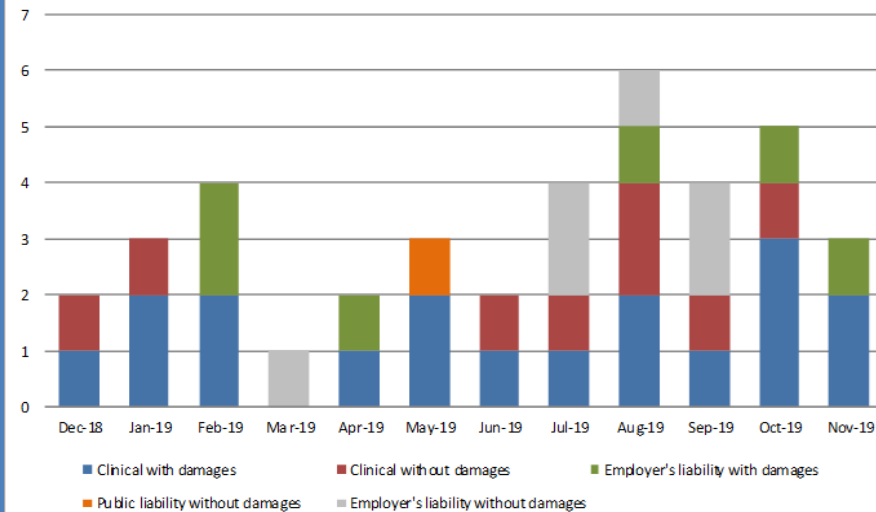
In November 2019 the following claims were closed with/without damages:-

2 clinical negligence claims were closed, of which were upheld.

1 employer's liability claim was closed and this was upheld.

No public liability claims were closed.

Claims closed with/without damages by month



Closed Claims

Board Papers – Quality, Safety & Experience Section: January 2020

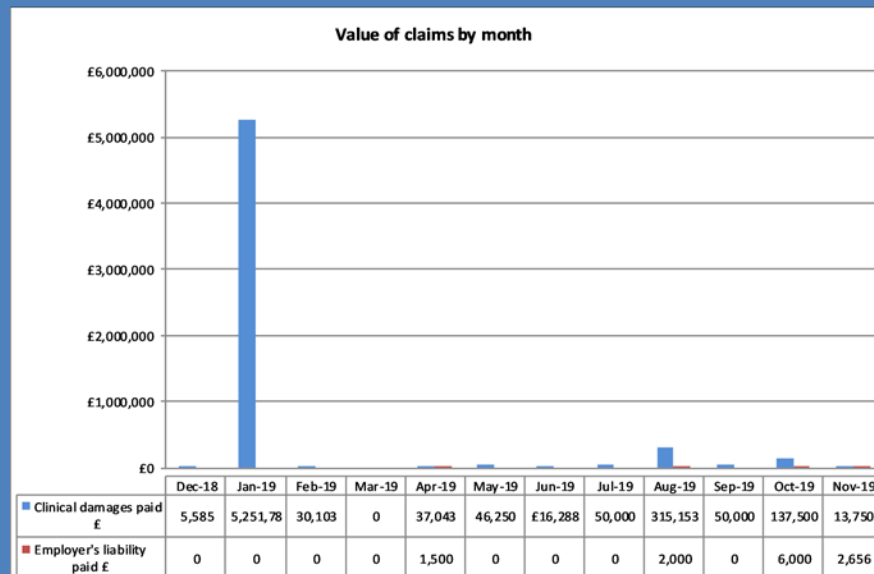
Description

Aggregate Position/Description

Trend

Value of claims closed by month

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

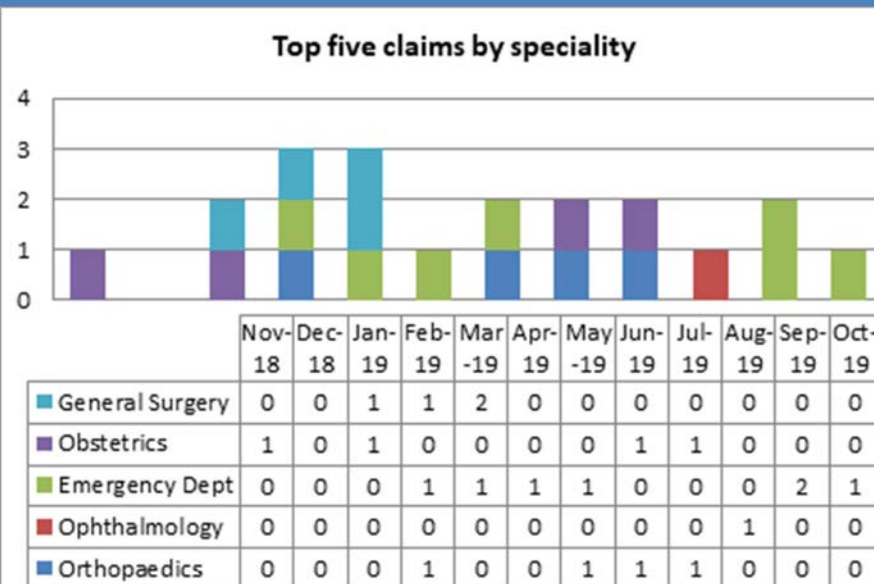


Value of claims

Top five claims by Specialty

In November 2019, 1 new claim was received which relates to the Trust's top five specialties for claims:

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



Top 5 claims by specialty

Board Papers – Quality, Safety & Experience Section: January 2020

Description	Aggregate Position /Description	Trend																										
Number of Inquests concluded by month	<p>2 inquests were concluded in November 2019. The Coroner’s Conclusions were:</p> <ul style="list-style-type: none">• Natural Causes.• Accident	<div><table><caption>Inquests concluded by month</caption><thead><tr><th>Month</th><th>Inquests</th></tr></thead><tbody><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><tr><td>Mar-19</td><td>0</td></tr><tr><td>Apr-19</td><td>1</td></tr><tr><td>May-19</td><td>0</td></tr><tr><td>Jun-19</td><td>0</td></tr><tr><td>Jul-19</td><td>3</td></tr><tr><td>Aug-19</td><td>0</td></tr><tr><td>Sep-19</td><td>0</td></tr><tr><td>Oct-19</td><td>1</td></tr><tr><td>Nov-19</td><td>2</td></tr></tbody></table></div> <div>Inquests</div>	Month	Inquests	Dec-18	0	Jan-19	0	Feb-19	1	Mar-19	0	Apr-19	1	May-19	0	Jun-19	0	Jul-19	3	Aug-19	0	Sep-19	0	Oct-19	1	Nov-19	2
Month	Inquests																											
Dec-18	0																											
Jan-19	0																											
Feb-19	1																											
Mar-19	0																											
Apr-19	1																											
May-19	0																											
Jun-19	0																											
Jul-19	3																											
Aug-19	0																											
Sep-19	0																											
Oct-19	1																											
Nov-19	2																											

Board Papers – Quality, Safety & Experience Section: January 2020

Description

Aggregate Position /description

Trend

NHS
Choices
postings

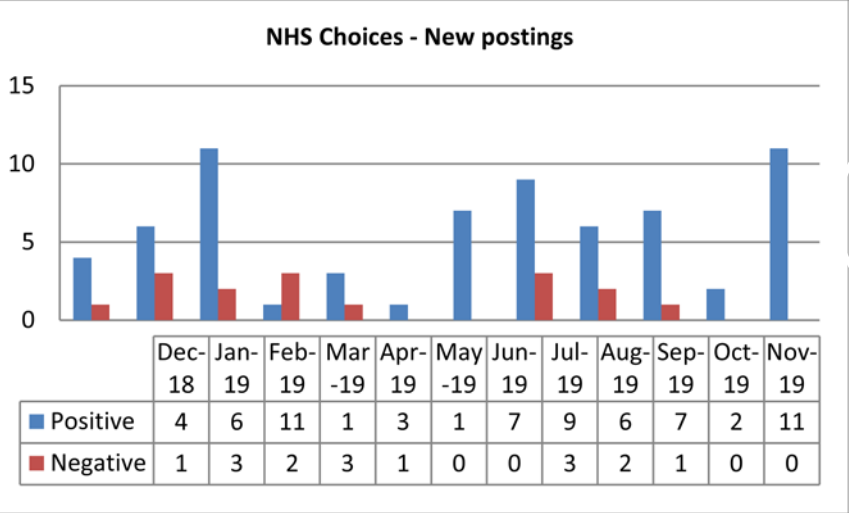
There were 11 postings on NHS Choices in November 2019, all of which were positive:

"FIRST CLASS. From the minute we walked in reception we were treated with respect by pleasant staff. My wife's procedure was done but she encountered a problem which she received treatment that was second to none" (Treatment Centre)

"I attended the Parent Education Class at Leighton Hospital. The class far surpassed my expectations and my husband and I felt reassured and well informed in preparation for our new arrival. The staff running the day were kind, caring and compassionate and I would definitely recommend the day to any expectant parents." (Antenatal)

"Caring and knowledgeable. A few members of staff in particular made the worst day of our lives that bit more bearable with their professionalism and compassion. A day we will never forget, so thank you to you" (Emergency Department)

Great care and professionalism. I attended for a planned colonoscopy and the staff treated me and all attendees with care and professionalism in the preparation ward. The team delivering the investigation explained every step of the process and to tried to put me at ease throughout. (Endoscopy)

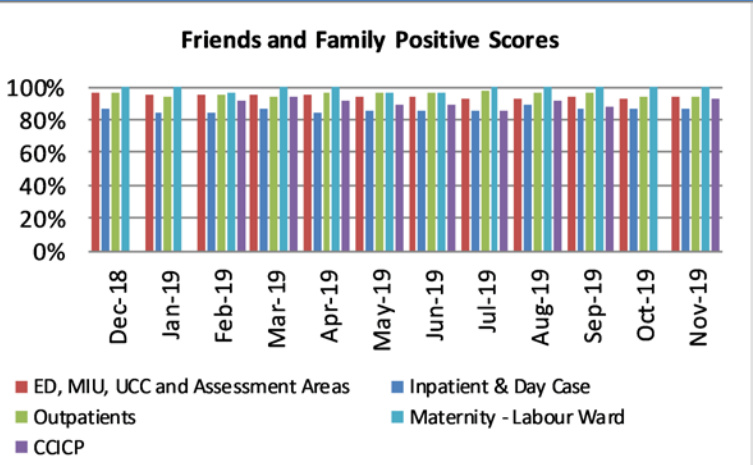


NHS
Choices
–
Postings

The Family
and
Friends
Test.

In November 2019 the Trust has scored the following positive response scores:

- Emergency care /assessment areas 87%;
- Inpatients and day cases 92%;
- Outpatients 94%;
- Maternity (Labour ward) 100%;
- CCICP 93%



Family &
Friends
Test

Board Papers – Quality, Safety & Experience Section: January 2020

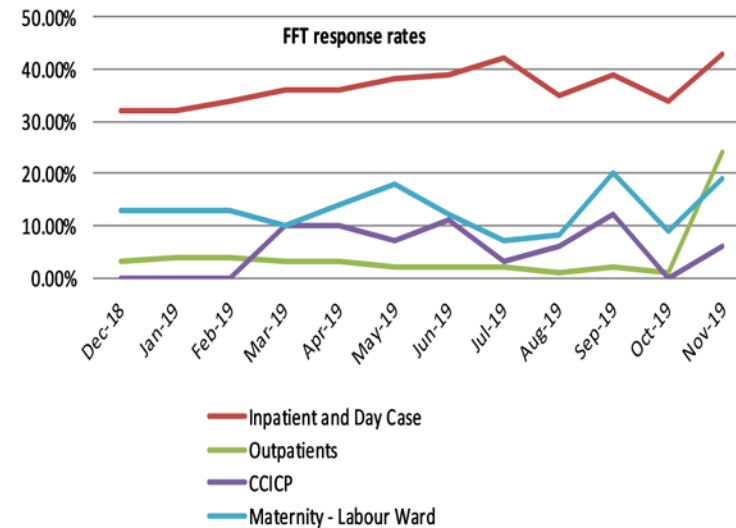
Description

Aggregate Position /description

Trend

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

Oct-19	% Response	Total responses received	How many would recommend
Ward/Dept.			
A&E , UCC & MIU	15%	991	867
CCICP	6%	447	417
Inpatients & Day cases	43%	1958	1798
Maternity	19%	42	42
Outpatients	24%	4609	4315



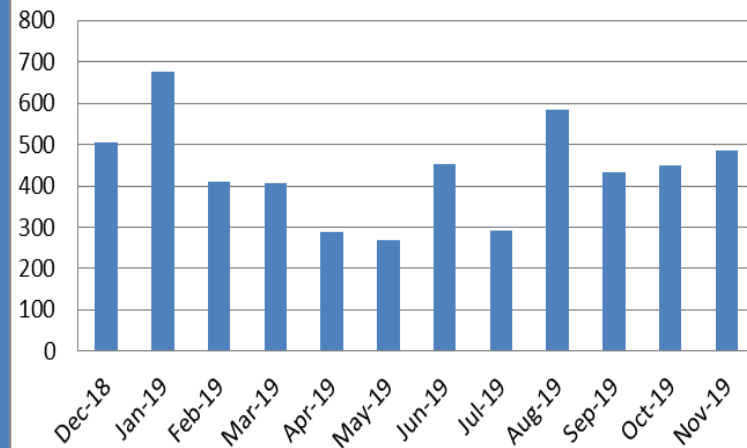
Family & Friends Test

Compliments received

There were 486 compliments received in November 2019. 33 of these were logged by the Customer Care Team and 453 received across the Trust.

'I would like to pass on my personal thanks to the urology nurse practitioner and the receptionist in the Macmillan unit. From beginning to end the staff were outstanding. The receptionist saw my relative was uncomfortable in the hospital wheelchair and found a more comfortable one. Two appointments had been combined together which made it easier for us. The nurse stayed behind after the oncologist left and then very kindly offered to help me get my relative into the car. It was these little things that made such a difference. Thank you'.

Total number of compliments received



Compliments

Board of Directors Performance Report

November 2019

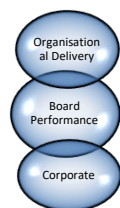
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

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.

James Sumner
Chief Executive

Contents

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Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Nov-19
Cancer			
Rapid Access Referrals (%) (seen in 2 wks)	93.00%	97.29%	97.55%
Total Patients Seen		8,204	940
Patients seen >14 days		222	23
62 day GP Classic (%)	85.00%	86.44%	85.07% *
Accountable Patients Treated		579	64
No. of Breached Pathways (adjusted)		79	10
62 day Screening (%)	90.00%	87.10%	100.00% *
Accountable Patients Treated		93	11
No. of Breached Pathways (adjusted)		12	0

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

Unplanned Activity			
4 Hour Access Standard (%)	95.00%	77.57%	71.79%
A&E Attendances (LH/MIU/UUC) (% to plan)		99.73%	99.59%
A&E Attendances LH & MIU (Vol)		66,863	8,154

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	91.93%	92.04%
>6wk Diagnostic Waits (%)	1.00%	3.75%	0.72%
Total Patients Waiting for a First Outpatient Appointment			8,813

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.71%
Turnover Rolling 12 Month		8.64%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
Finance					
Use of Resource Rating	3	2	3		
Capital Service Capacity	3	3	3	0.61	1.47
Liquidity	3	2	4	-13	-17
I&E Margin	3	3	3	-0.70%	-0.70%
Distance from Financial Plan	1	2	1	0.00%	0.00%
Agency Spend	1	2	3	-15.00%	4.00%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	3,266	2,625	-641	5,342	4,623	-719
Commission Contact Income SC & VR (£000's)	132,660	132,665	-5			
Contract Income (£'000)	160,152	161,700	1,548			
Pay to Budget (£000's)	122,597	123,329	-732			
Non Pay to Budget (£000's)	48,800	51,120	-2,320			
Agency Trajectory (£000's)	3,800	4,601	-801			

Exec Summary

In November the key metrics delivered were:

1. Six weeks diagnostic at 0.72% against a 1% threshold.
2. 62 Day Screening Cancer at 100% against a target of 90%.
3. 2WW Rapid Access Cancer at 97.55% against a target of 93%
4. RTT Open Pathways at 92.04% against a target of 92%
5. 62 Day Classic Cancer at 85.07% against a target of 85%

The key metric not delivered was:

1. 4hr Emergency Access at 71.79% against a target of 95%

TThe UoRR metric is 2. If any of the UoRR metrics are 4, then the maximum rating that the trust can achieve is a 3.

The Trusts' I&E performance against the control total is £437k worse, which is £10k worse than month 07.

This position includes the Provider Sustainability Fund (PSF) earned to date, which is dependent on meeting the financial control total and also the Marginal Rate Emergency Threshold (MRET).

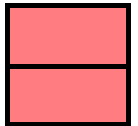
There is a variation in the CIP scheme, with challenges around delivering improvements to sickness rates within nursing and delays to other programmes of work.

The rate of agency use remains above the ceiling rate set by NHS, which increases the likelihood of this Use of Resource Rating deteriorating.

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 2, which is better than expected year to date - with the Trust anticipating a forecast UoRR of 3.

Operational Performance	Current YTD		Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	3.75%	0.17%	0.54%	0.47%	0.42%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	0.84%	0.72%	
All Cancers: 62 day GP Classic (%) *	85%	86.44%	93.40%	86.90%	85.83%	85.84%	85.60%	86.62%	86.09%	86.18%	86.45%	86.72%	88.89%	85.98%	85.07%	
All Cancers: 62 day Screening (%) *	90%	87.10%	100.00%	81.80%	87.50%	100.00%	95.45%	90.00%	90.00%	61.11%	96.77%	90.48%	85.00%	79.41%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	91.93%	92.28%	92.01%	91.30%	91.63%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.46%	92.08%	92.04%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	77.57%	88.13%	83.57%	78.89%	81.12%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	75.50%	71.79%	
STF Trajectory			90.00%	90.00%	90.00%	90.00%	90.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Provider Submitted Trajectory													88.10%	86.50%	88.50%	

* 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	0.61	1.47	3	1.48	1.60	3
	Liquidity	days	-13	-17	4	-10	-11	2
Financial Efficiency	I&E Margin	%	-0.70%	-0.70%	3	-0.30%	-0.60%	3
Financial Controls	Distance from Financial Plan	%	0.00%	0.00%	1	0.00%	-0.30%	2
	Agency Spend	%	-15.00%	4.00%	3	-14.00%	16.00%	2
Overall UOR Rating					3			2

Operational Delivery: Cancer Pathway

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.29%	98.36%	97.78%	96.91%	97.66%	97.69%	95.83%	97.65%	96.99%	96.60%	98.20%	97.39%	98.28%	97.55%	
Total Patients Seen		8204	917	855	842	940	996	1030	980	963	1207	1000	1036	1048	940	
Patients seen >14 days		222	15	19	26	22	23	43	23	29	41	18	27	18	23	
% seen within 7 days		0.0%	34.0%	35.4%	38.6%	38.1%	30.5%	30.3%	39.4%	37.6%	38.2%	43.3%	54.7%	59.3%	46.4%	
62 day GP Classic (%) *	85%	86.44%	93.40%	86.90%	85.83%	85.84%	85.60%	86.62%	86.09%	86.18%	86.45%	86.72%	88.89%	85.98%	85.07%	

* Provisional figures subject to change depending

104+ day waits - (Cancer patients treated)

0	3	0	1	3	3	5	4	4	4	2	2	2
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Commentary

The Trust has achieved all three headline cancer standards during the month of November 2019. The figures presented in this paper reflect the Trust's regulatory performance measures adjusted figures that take into account breach reallocation between providers.

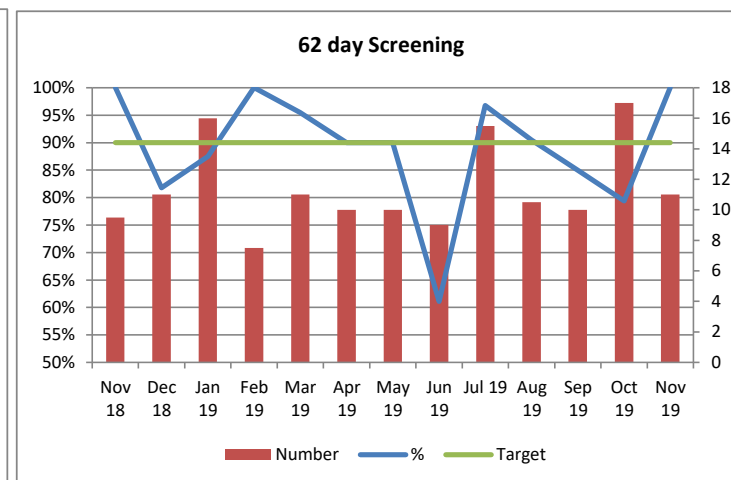
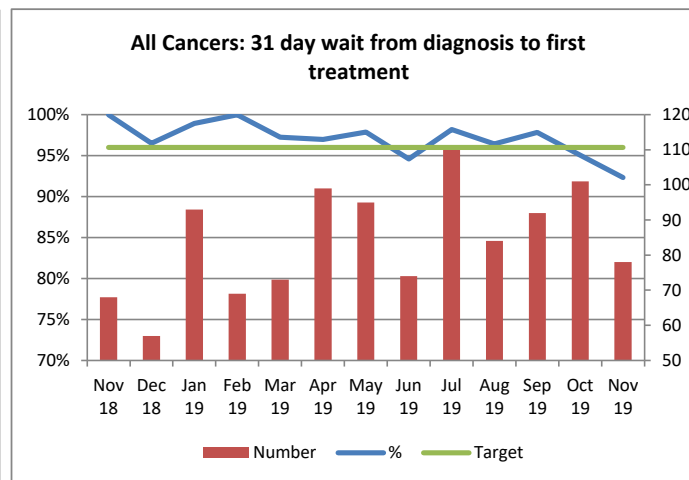
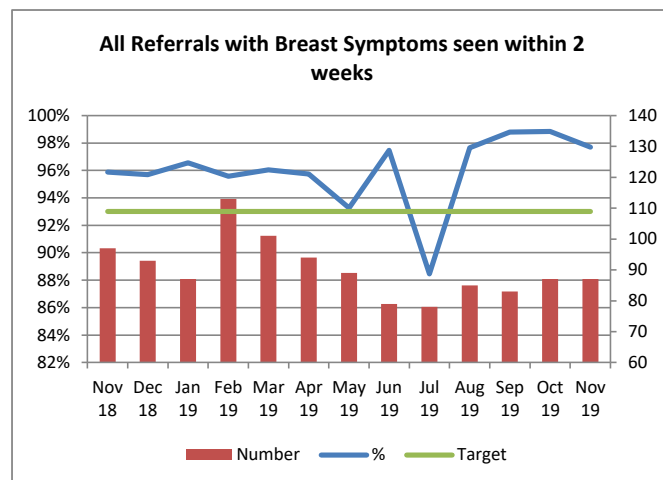
The Trust has continued it's strong performance against the Rapid Access referrals standard, achieving 97.55% for November.

The 62 Day GP Classic standard has achieved the 85% standard in November, at 85.07%.

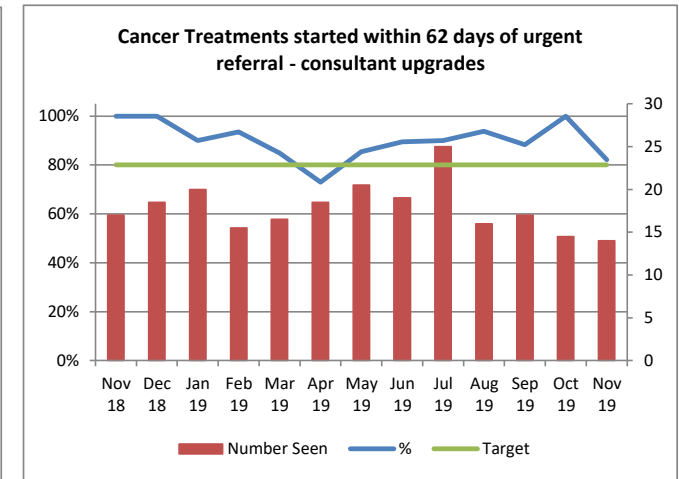
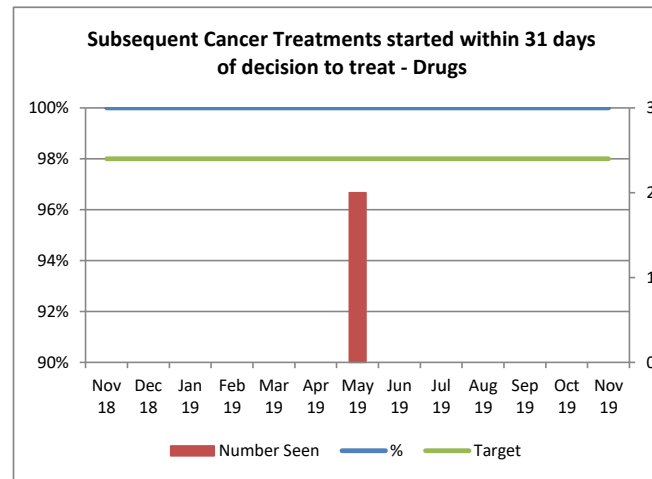
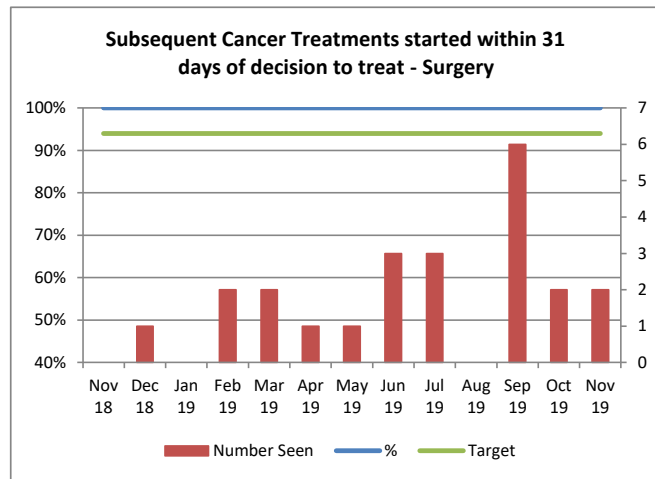
The 62 day Screening standard has reached 100% performance in November, despite maintaining seeing similar numbers to previous months, there have been no breaches.

The 31 day Diagnosis to Treatment standard was not achieved in November, at 92%, due to a combination of patient choice, clinician sickness and capacity in Dermatology.

Primary Measures



Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

		Current YTD		Rolling 13 months													
		Target	Actual	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Monthly Trend
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)		95%	77.57%	88.13%	83.57%	78.89%	81.12%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	75.50%	71.79%	
No. of 4hr breaches			14,998	884	1,209	1,621	1,349	1,574	1,642	1,822	1,559	1,879	1,892	1,913	1,991	2,300	
		Plan	Actual	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)			99.73%	98.4%	95.8%	99.3%	97.0%	95.4%	100.4%	95.2%	96.3%	103.3%	105.6%	102.9%	95.2%	99.6%	
A&E Attendances (LH/MIU/UUC) (No.)		63,392	66,863	7,445	7,358	7,679	7,147	8,034	8,169	8,382	8,036	8,937	8,607	8,450	8,128	8,154	
A&E Attendance Case Mix (based on acuity score)	Major		18,388	2,269	2,235	2,392	2,170	2,341	2,351	2,540	2,235	2,407	2,263	2,347	2,155	2,090	
	Minor		25,306	2,560	2,605	2,782	2,489	2,855	3,166	3,040	3,045	3,559	3,593	3,212	2,852	2,839	
	Paediatrics		13,270	1,562	1,422	1,372	1,556	1,702	1,587	1,680	1,686	1,739	1,363	1,721	1,745	1,749	
	Resus		9,885	1,048	1,095	1,128	928	1,126	1,063	1,121	1,070	1,231	1,385	1,168	1,374	1,473	
A&E Attendance Location (based on Discharge)	Major		25,590	3,187	3,176	3,354	2,983	3,317	3,245	3,405	3,142	3,320	3,277	3,134	2,984	3,083	
	Minor		26,400	2,560	2,573	2,738	2,454	2,801	3,123	3,111	3,039	3,677	3,788	3,394	3,182	3,086	
	Paediatrics		13,270	1,562	1,422	1,372	1,556	1,702	1,587	1,680	1,686	1,739	1,363	1,721	1,745	1,749	
	Resus		1,589	130	186	210	150	204	212	185	169	200	176	199	215	233	

Commentary

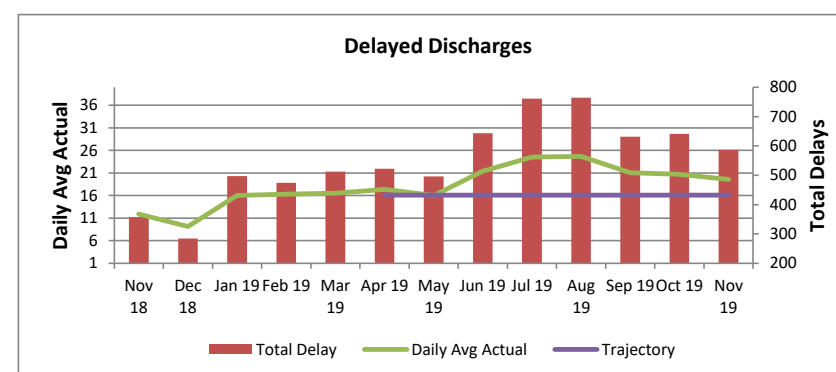
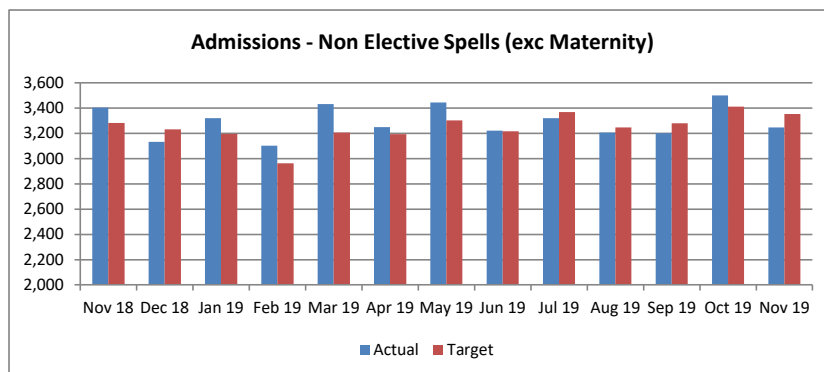
The Trust has achieved 71.79% against the 4-hour access standard in November 2019. The number of patients attending A&E has increased by over 700 compared to November 2018, this is an increase of 9.5%, with the Acuity mix increasing by 7%.

Despite the increase in A&E attendances, the number of non elective admissions has reduced by 5% compared to November 2018.

Medical outliers have reduced to 9.60 against a threshold of 6 for November 2019. This is the lowest seen in over 12 months and is as a result of the surgical bed base reduction and reconfiguration, whilst at the same time additional escalation beds were opened.

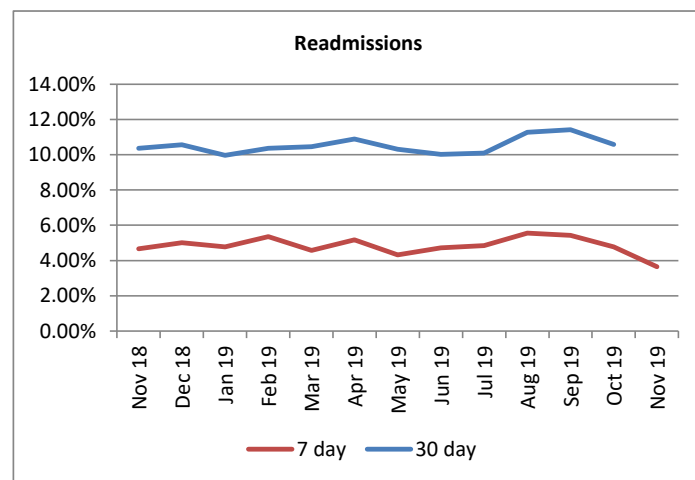
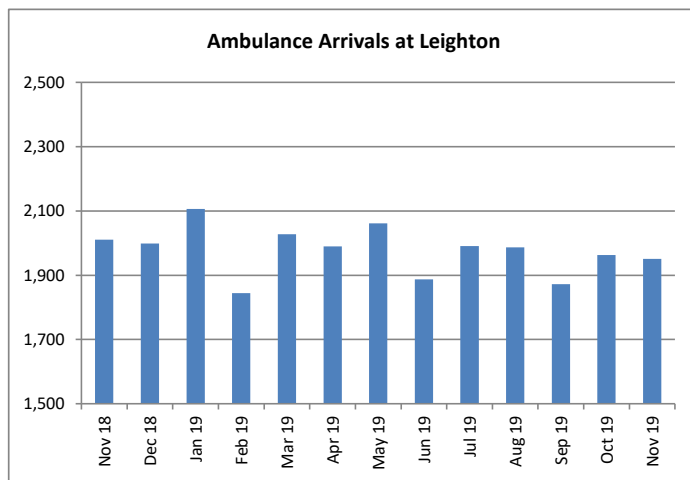
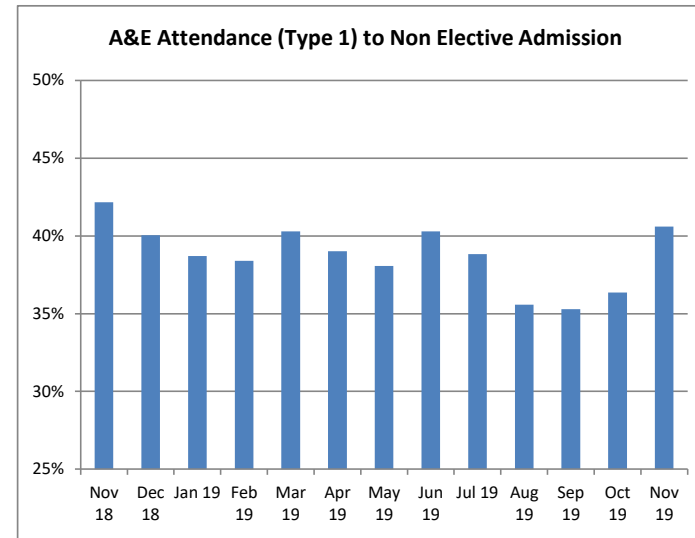
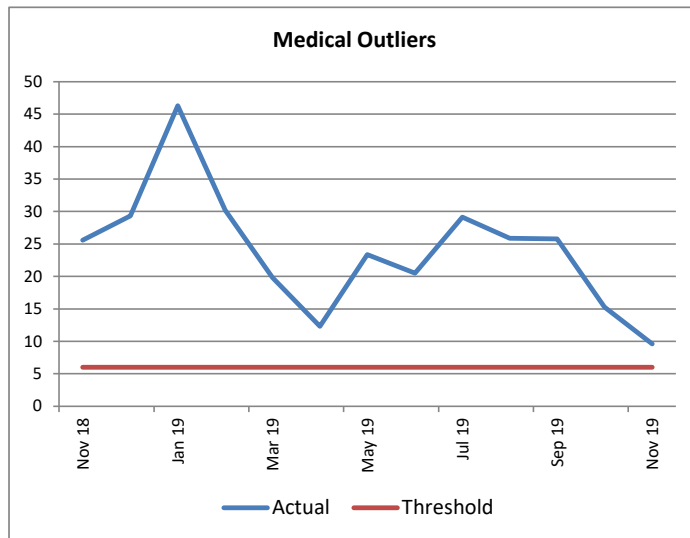
Patients medically optimised for discharge in November has reduced to 18.94, this being the lowest since May 2019.

Primary Drivers



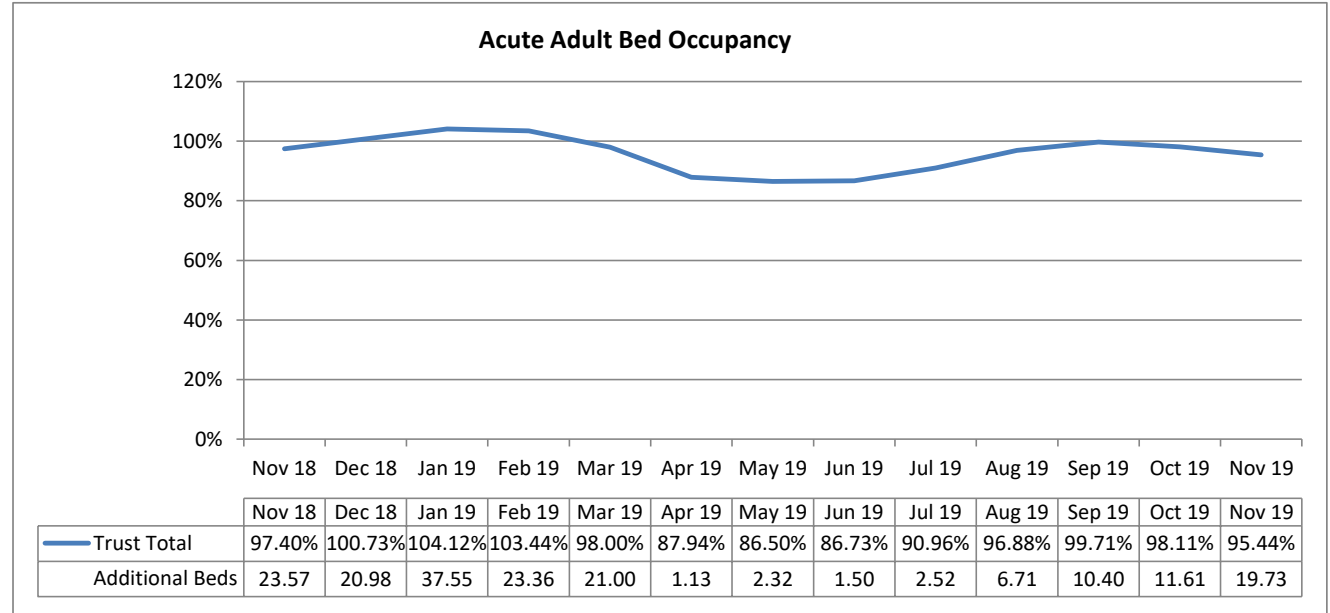
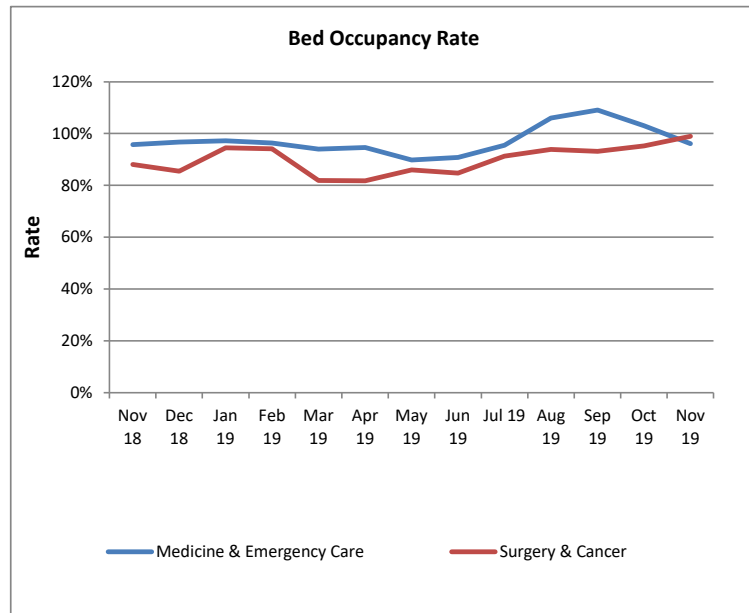
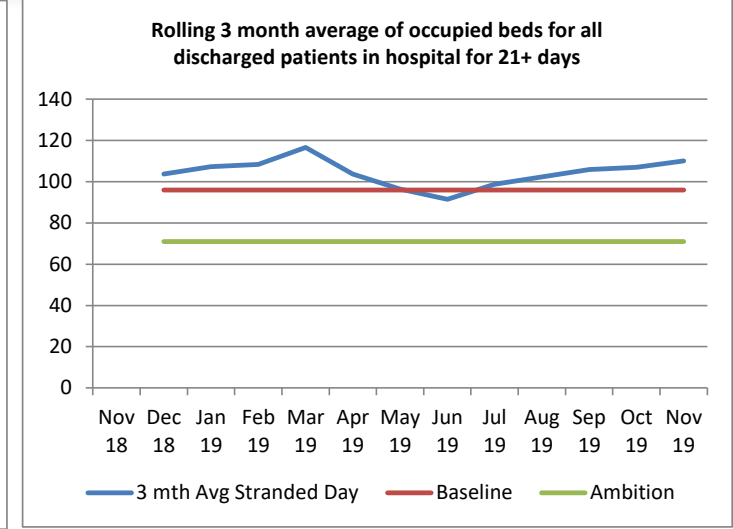
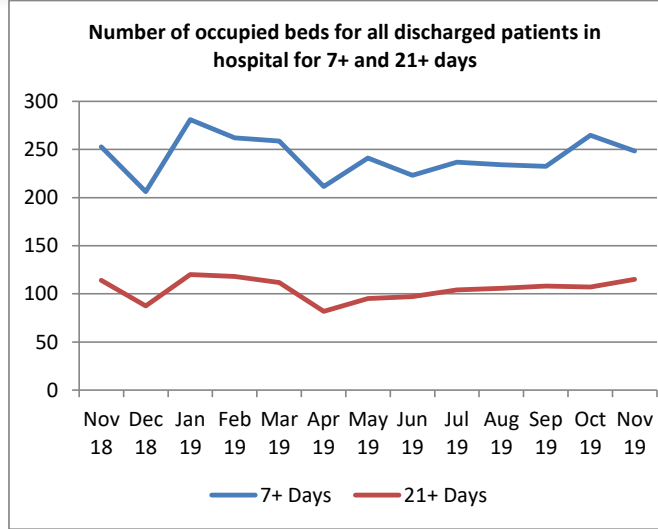
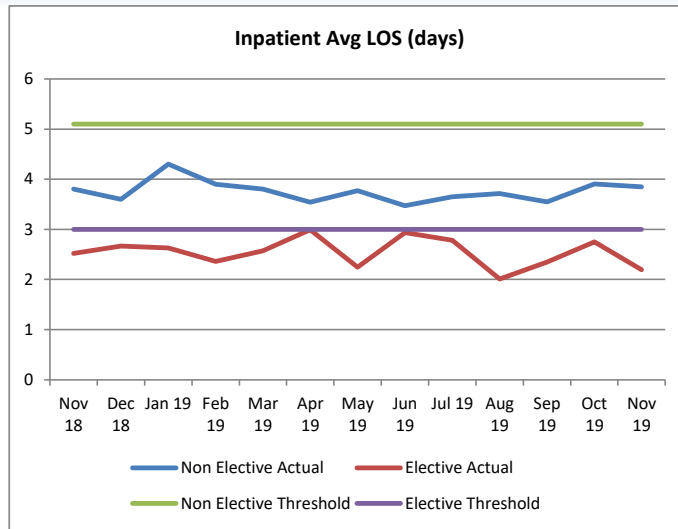
Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers







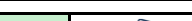




* Readmissions brought in line with national definition

Operational Delivery: *Length of Stay*



Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	91.93%	92.28%	92.01%	91.30%	91.63%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.46%	92.08%	92.04%	
Total 18 Weeks		121,254	14,331	14,232	14,427	14,505	14,197	14,944	15,219	15,560	15,426	15,432	15,190	14,668	14,815	
No. > 18 Weeks		9,776	1,106	1,137	1,255	1,214	1,324	1,338	1,267	1,234	1,216	1,234	1,146	1,161	1,180	
Open Pathways >39 Weeks Waiting											14	12	18	21	18	
Diagnostic Waiting Time	1%	3.75%	0.17%	0.54%	0.47%	0.42%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	0.84%	0.72%	
Total Number of Waiters		34,089	4,017	3,870	4,029	4,785	4,749	1,091	4,809	5,065	4,750	3,903	4,434	5,014	5,023	
Waiters of 6 Weeks +		1,280	7	21	19	20	36	7	449	393	192	119	42	42	36	
Total Patients Waiting for a First Outpatient Appointment			9,430	8,948	9,428	9,823	9,682	9,800	9,981	9,603	9,659	9,523	9,452	9,033	8,813	
Longest Wait Time (weeks)											48	46	49	55	47	

Commentary

The Trust's RTT Incomplete Pathway position is 92.04% for November. There were five specialties have failed to meet the 92% target, these are General Surgery, Gastroenterology, Cardiology, Gynaecology and Trauma and Orthopaedics. Detailed improvement plans and trajectories are in place and continue to be reviewed weekly by the Chief Operating Officer and Director of Operations.

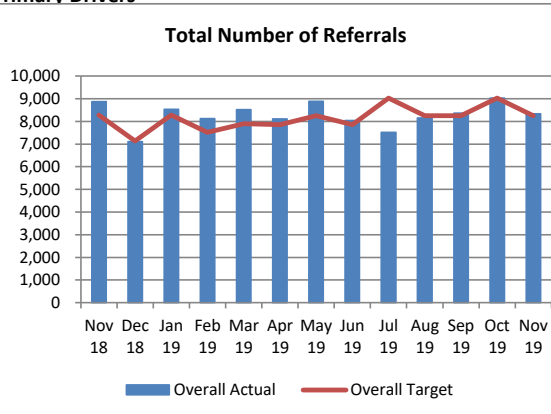
In November there were no 52+ week breaches. There are 18 patients waiting over 39 weeks; (4 in General Surgery, 6 in Urology, 1 in T&O, 2 in ENT, 1 in Gastroenterology, 3 in Dermatology and 1 in Gynaecology). All long wait patients are monitored and reviewed weekly at director led performance meetings.

In November 2019, 0.72% of patients waited longer than 6 weeks for their diagnostic tests.

The number of patients waiting for their first outpatient appointment is the lowest seen in over 12 months at c8,800 patients.

Overall Referral volumes have dropped by 7.6% in November compared to October 2019, however they still remain slightly above plan at 101%.

Primary Drivers

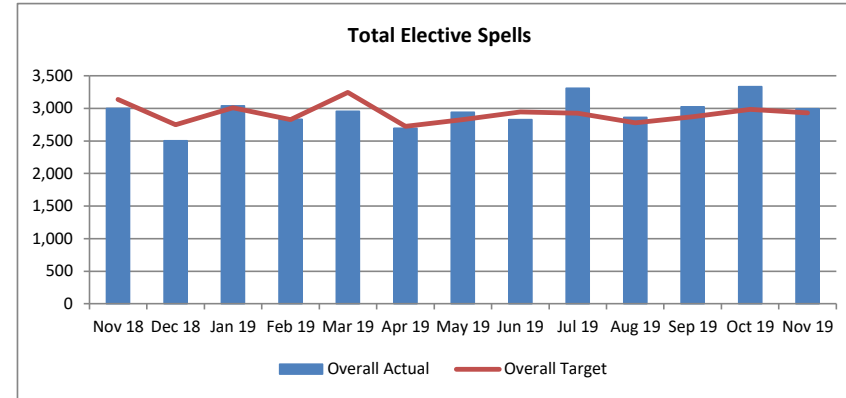
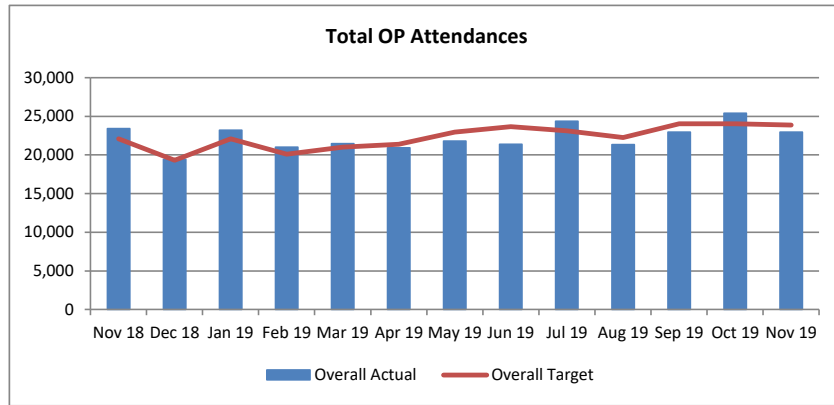


Referral Breakdown

	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Monthly Trend
GP Actual	5,684	4,412	5,424	4,915	5,270	4,587	5,231	4,583	4,103	4,497	4,800	5,141	4,842	
GP Target	5,157	4,446	5,157	4,683	4,920	4,374	4,593	4,374	5,030	4,593	4,593	5,030	4,593	
% to Target	110.2%	99.2%	105.2%	105.0%	107.1%	104.9%	113.9%	104.8%	81.6%	97.9%	104.5%	102.2%	105.4%	
Other Actual	3,189	2,696	3,118	3,204	3,250	3,524	3,655	3,453	3,410	3,654	3,561	3,882	3,495	
Other Target	3,120	2,689	3,120	2,833	2,976	3,483	3,657	3,483	4,006	3,657	3,657	4,006	3,657	
% to Target	102.2%	100.3%	100.0%	113.1%	109.2%	101.2%	99.9%	99.1%	85.1%	99.9%	97.4%	96.9%	95.6%	
Total Actual	8,873	7,108	8,542	8,119	8,520	8,111	8,886	8,036	7,513	8,151	8,361	9,023	8,337	
Total Target	8,276	7,135	8,276	7,515	7,896	7,857	8,250	7,857	9,036	8,250	8,250	9,036	8,250	
% to Target	107.2%	99.6%	103.2%	108.0%	107.9%	103.2%	107.7%	102.3%	83.1%	98.8%	101.3%	99.9%	101.1%	
GP % of Total	64.1%	62.1%	63.5%	60.5%	61.9%	56.6%	58.9%	57.0%	54.6%	55.2%	57.4%	57.0%	58.1%	

Operational Delivery: *Planned Activity*

Primary Drivers



OP Attendance Breakdown

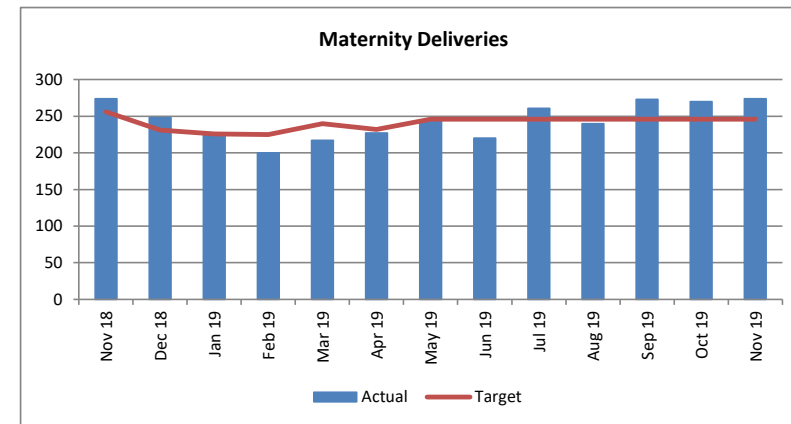
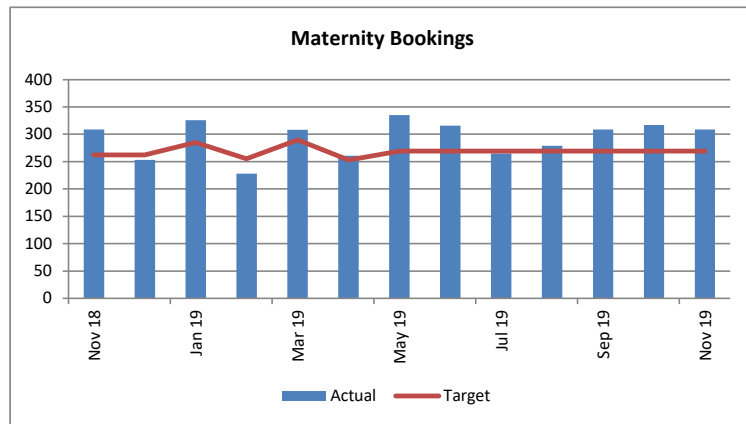
	YTD 18 19	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Monthly Trend
New Actual	81,335	7,203	5,946	6,861	6,397	6,877	6,584	6,956	6,725	7,866	6,712	7,284	7,831	6,919	
New Target	74,744	6,496	5,625	6,496	5,901	6,189	6,416	6,848	7,173	6,817	6,588	7,267	7,214	6,982	
% to Target	108.8%	110.9%	105.7%	105.6%	108.4%	111.1%	102.6%	101.6%	93.8%	115.4%	101.9%	100.2%	108.6%	99.1%	
F U Actual	182,101	16,207	13,493	16,352	14,629	14,583	14,332	14,830	14,642	16,519	14,633	15,681	17,579	16,037	
F U Target	181,624	15,600	13,701	15,604	14,194	14,803	14,988	16,096	16,491	16,286	15,659	16,779	16,823	16,886	
% to Target	100.3%	103.9%	98.5%	104.8%	103.1%	98.5%	95.6%	92.1%	88.8%	101.4%	93.4%	93.5%	104.5%	95.0%	
Total Actual	263,436	23,410	19,439	23,213	21,026	21,460	20,916	21,786	21,367	24,385	21,345	22,965	25,410	22,956	
Total Target	256,368	22,095	19,326	22,100	20,095	20,992	21,403	22,944	23,663	23,102	22,247	24,046	24,037	23,868	
% to Target	102.8%	105.9%	100.6%	105.0%	104.6%	102.2%	97.7%	95.0%	90.3%	105.6%	95.9%	95.5%	105.7%	96.2%	
New % of Total	30.9%	30.8%	30.6%	29.6%	30.4%	32.0%	31.5%	31.9%	31.5%	32.3%	31.4%	31.7%	30.8%	30.1%	

Elective Spells Breakdown

	YTD 18 19	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Monthly Trend
I P Actual	3,055	280	241	157	288	272	225	228	266	267	291	254	329	355	
I P Target	3,341	308	241	181	264	304	263	277	280	277	249	270	310	305	
% to Target	91.4%	91.0%	100.1%	86.9%	109.0%	89.4%	85.6%	82.3%	94.9%	96.4%	116.7%	94.1%	106.1%	116.4%	
Daycase Actual	31,155	2,717	2,262	2,882	2,543	2,685	2,467	2,714	2,560	3,041	2,571	2,771	3,004	2,638	
Daycase Target	32,775	2,827	2,507	2,826	2,565	2,942	2,462	2,548	2,666	2,650	2,530	2,601	2,672	2,626	
% to Target	95.1%	96.1%	90.2%	102.0%	99.1%	91.3%	100.2%	106.5%	96.0%	114.7%	101.6%	106.5%	112.4%	100.5%	
Total Actual	34,210	2,997	2,503	3,039	2,831	2,957	2,692	2,942	2,826	3,308	2,862	3,025	3,333	2,993	
Total Target	36,116	3,135	2,748	3,007	2,829	3,247	2,724	2,825	2,946	2,927	2,779	2,871	2,982	2,931	
% to Target	94.7%	95.6%	91.1%	101.1%	100.1%	91.1%	98.8%	104.1%	95.9%	113.0%	103.0%	105.4%	111.8%	102.1%	
I P % of Total	8.9%	9.3%	9.6%	5.2%	10.2%	9.2%	8.4%	7.7%	9.4%	8.1%	10.2%	8.4%	9.9%	11.9%	














Operational Delivery: *Planned Activity*

Primary Drivers



Operational Delivery: *Planned Activity*

Secondary Drivers

		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care	95.8%	96.7%	97.3%	96.3%	94.0%	94.6%	89.8%	90.7%	95.5%	106.0%	109.0%	103.1%	96.1%	
	Surgery & Cancer	88.1%	85.5%	94.5%	94.2%	81.9%	81.8%	86.0%	84.8%	91.3%	93.9%	93.2%	95.2%	98.9%	
Elective Inpatient Avg LOS (Days)		2.5	2.7	2.6	2.4	2.6	3.0	2.2	2.9	2.8	2.0	2.3	2.7	2.2	
Delayed Transfers of Care (MFFD)	16.00	12	9	16	17	17	17	16	21	25	25	20	21	19	
Delayed Transfers of Care (% of Acute Beds)		2.4%	1.8%	3.1%	3.3%	3.3%	3.5%	3.2%	4.3%	5.2%	5.1%	4.4%	4.2%	3.8%	
Medical Outliers		26	29	46	31	20	12	23	20	29	26	25	15	9	
Readmission (Emergency Re-admissions after Planned Surgery)															
	30 Day Rate	2.96%	2.87%	2.66%	3.86%	3.29%	3.38%	3.38%	3.10%	2.83%	3.30%	4.32%	3.30%		
	7 Day Rate	1.15%	1.09%	1.06%	1.45%	1.05%	1.41%	1.37%	1.00%	1.07%	1.36%	1.68%	1.16%	0.89%	
Cancelled Operations - Non Clinical - Cancellation Rate		0.63%	1.40%	0.58%	0.60%	0.65%	0.67%	1.17%	0.85%	1.30%	1.29%	0.33%	1.04%	1.02%	
Theatre Efficiency															
	Main Theatres	77.2%	73.9%	74.5%	76.2%	78.5%	76.7%	75.0%	77.4%	78.7%	78.3%	76.7%	77.1%	77.9%	
	TC Theatres	73.5%	72.0%	69.4%	73.0%	73.5%	72.4%	68.2%	74.8%	70.7%	71.9%	72.4%	73.3%	71.3%	
DNA (OP Efficiency)		5.62%	5.95%	5.75%	5.42%	5.41%	6.00%	6.02%	6.56%	5.88%	5.60%	5.75%	5.65%	5.65%	
Hospital Cancellation Rate (OP Efficiency)		7.63%	8.27%	7.65%	7.83%	8.12%	7.90%	7.51%	7.36%	8.10%	7.69%	7.92%	7.62%	8.45%	

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

Performance and Finance - Headlines November 2019

Current Position

The reported position is cumulatively £437k worse than the control total, which is a deterioration in month of £10k.

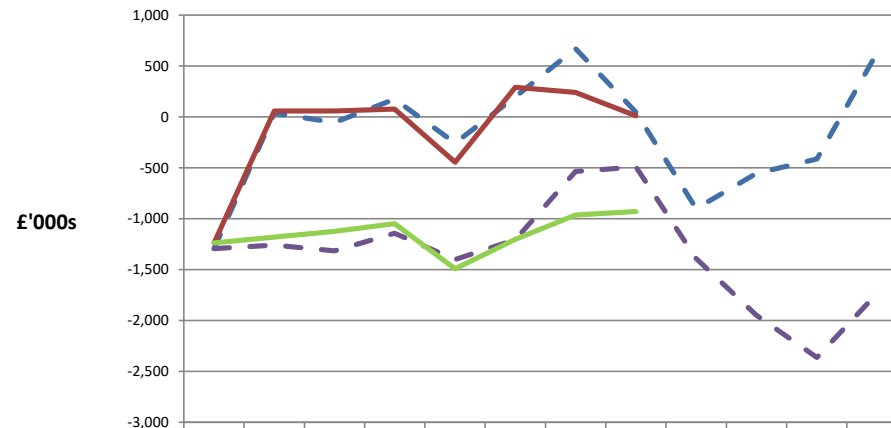
CCICP is underspent by £0.4m, and MCHFT overspent by £0.9m cumulatively to date.

In month (November) there has been a deterioration in pay of £0.4m, offset by increases to contract income as a result of additional funding from NHSI and discussions with commisisoners, in relation to supporting the Trust opening additional escalation beds due to above planned activity.

The overall use of resources rating for the Trust is currently 2 which is better than plan.

Analysis

Financial Performance 2019/20



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month Plan	-1,294	34	-56	173	-258	195	669	44	-900	-556	-413	628
In Month Actual	-1,238	56	58	76	-445	291	238	10				
In Month Variance	56	22	114	-97	-187	96	-431	-34				
Cumulative Plan	-1,294	-1,260	-1,316	-1,143	-1,401	-1,206	-537	-493	-1,393	-1,949	-2,362	-1,734
Cumulative Actual	-1,238	-1,182	-1,124	-1,048	-1,493	-1,202	-964	-930				
Cumulative Variance	56	78	192	95	-92	4	-427	-437				

	YTD Rating		YE Rating	
Indicator	Plan	Actual	Forecast	Status
Finance				
Use of Resource Rating	3	2	3	
Capital Service Capacity	3	3	3	The planned deficit does not meet the financial commitments
Liquidity	3	2	4	The Trust has enough cash to meet it's obligations
I&E Margin	3	3	3	The Trust is in a deficit position
Distance from Financial Plan	1	2	1	The Trust is currently off plan, but within the threshold of a level 2
Agency Spend	1	2	3	The current level of spend on agency is greater than the cap

Forward View

Any negative variation against the control total at the end of a quarter will put at risk the PSF support of £1.3m for Q3 and £1.5m of Q4. The MRET funding of £3.215m by contrast is guaranteed to the Trust.

The most significant risk to delivering the control total is managing the above plan unscheduled care pressures, in part as a result of limitations of services outside of hospital resulting in the need being met by the Trust through additional escalation beds. The financial consequences have been recognised by NHSI and the local CCG through additional resources, the challenge will be not increasing the number of escalation beds further over the coming months.

Increasing dependency on premium costs to deliver core activity in some specialties is both a financial challenge now but also looking forward to next year.

The Cheshire Health economy is currently developing a financial recovery plan to mitigate the risks in the systems both in the current year and future years. This may have implications for MCHFT either directly or indirectly through commissioner actions.

The Trust is expecting to have a year end use of resources rating of 3.

Performance and Finance - Contract Income November 2019

Current Position

Analysis

Forward View

Contract income is £1.5m above plan year to date with an improvement of £1m in month.

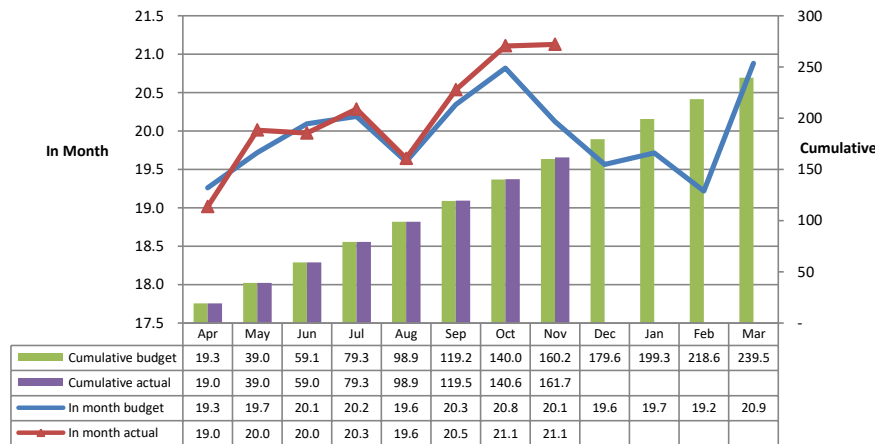
The improvement within month is attributable to £0.27m of additional income expected from NHSI, for additional bed capacity and also £0.45m based on discussions with Commissioners – leaving the balance as an improvement on plan (largely within drugs).

Associate contracts continue to underperform against plan predominantly with Stoke/North Staffs and West Cheshire CCGs (£1.1m to date), with a slowing of the previous months declining trends.

South Cheshire CCG is over-performing on contract compared to the contract value by £1.1m, and Vale Royal CCG under-performing by £0.16m, however only a variance of £-2.5k each for 52 week breach penalties is shown due to the block arrangements.

Within the 'other' column over-performance on high cost drugs within Specialised Commissioning (£0.9m) offsets against drugs spend within non-pay.

Contract Income Performance 2019/20 £'m



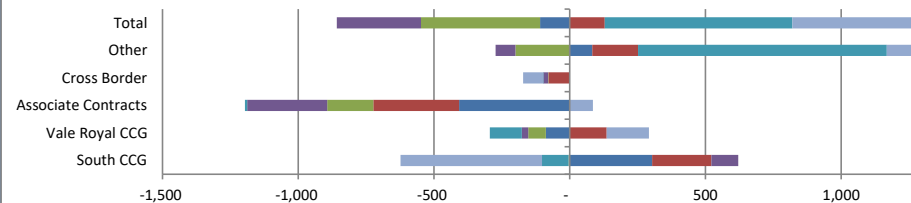
The Trust has been successful with an NHSI bid for additional Winter funding (£0.8m bed capacity and £0.13m for ACU development), and have also made an agreement with the CCG around an additional £1.5m to support Winter pressures within the hospital over and above the existing plans.

The Trust has seen an increase in referrals for the first half of the year particularly around the surgical specialties. This has been offset by an under performance within the associate contracts, which is expected to have an impact of £2m this year.

Whilst the block contract arrangement is currently over-performing the current assessment around CQUIN would somewhat negate this position by between £1m-£1.4m. Increase in the growth around diagnostics and cost of delivering the activity needs to be carefully managed.

The over performance on high cost drugs will remain at the current levels until the aseptic unit is re-opened, this is however funded by Specialised commissioners.

Cumulative Variance to Contract Income plan £'000s



	South CCG	Vale Royal CCG	Associate Contracts	Cross Border	Other	Total
Unplanned Care	304	-88	-407	-1	83	-109
Day case	218	136	-317	-77	169	129
Elective	-4	-64	-169	-1	-200	-439
Outpatients	99	-24	-295	-17	-72	-310
High cost drugs	-98	-118	-8	-0	916	691
Other	-521	156	86	-74	1,939	1,586
Total	-2.5	-2.5	-1,111	-171	2,835	1,548

Performance and Finance - Pay Expenditure November 2019

Current Position

Analysis

Forward View

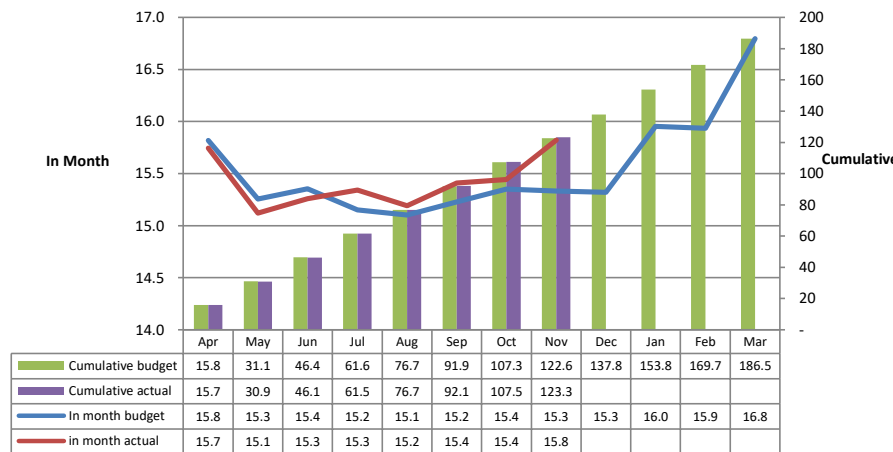
Cumulatively Pay is worse than plan by £0.7m, with CCICP being £0.4m better and MCHFT £1.1m, with a deterioration in month of £0.4m within MCHFT.

Nursing pay continues to be under pressure, and as a result of the additional ward being opened at the beginning of the month there has been a step increase in cost of £0.4m within the month associated with this and also support required within ED following further sustained increased in pressure.

Whilst not as material, there have been increases in both medical pay and infrastructure pay as a result of opening the additional ward.

There is an underlying underperformance on pay CIPs, and the CCICP vacancy factor is reflected on the infrastructure support line.

Pay Expenditure 2019/20 £'m



There are expected to be further pay pressures in the coming months in relation to the following areas:-

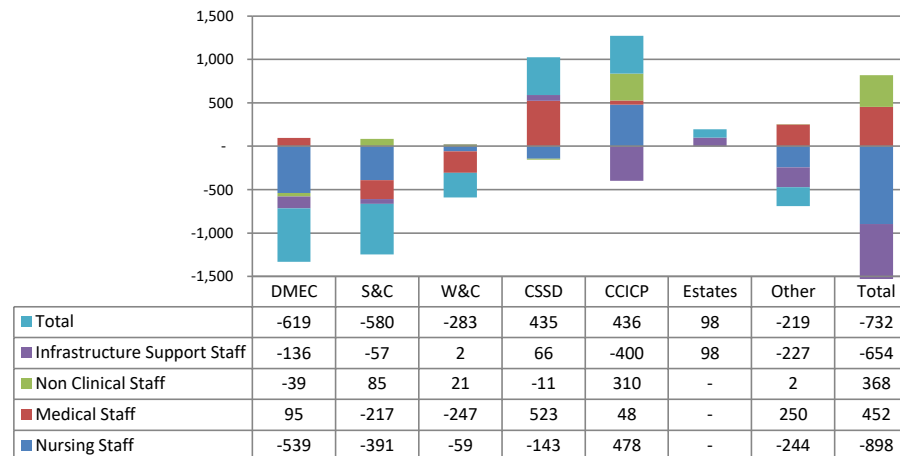
a) escalation areas – In order to meet the current demands within unplanned care, in November the Trust opened an additional ward

b) Continued dependency on premium costs to deliver core activity. Diagnostics is a particular concern with service reviews, including demand and capacity analysis will be undertaken

c) Continued premium costs associated with intensive/specialist support for patients.

Premium costs will be challenging to manage within nursing until substantive appointments to vacancies are made, various incentive schemes are currently being introduced. Looking to next year the nurses that were successfully appointed to as part of the International Recruitment have been deployed on the wards as supernumery but from Q1 of 2020/21 will be part of the establishment.

Pay Variances by Staff Group and Division £'000s



Performance and Finance - Non-Pay Expenditure November 2019

Current Position

Analysis

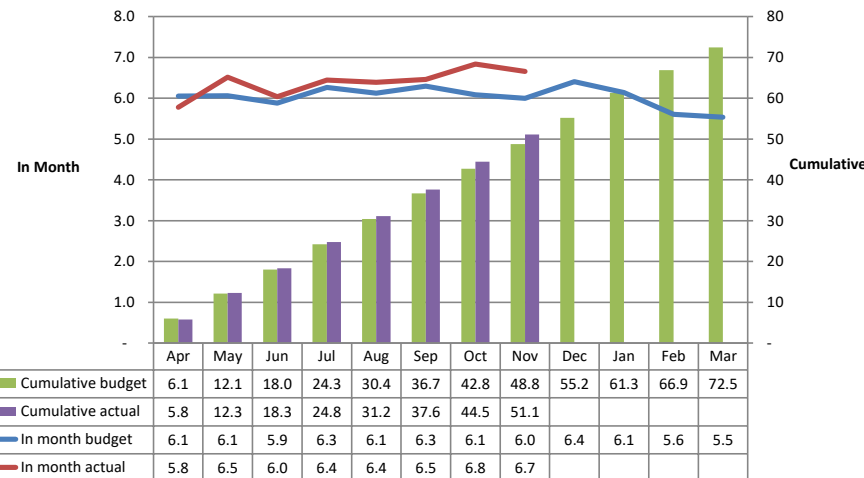
Forward View

Non Pay is above plan by £2.3m. For CCICP the overspend is £0.3m, MCHFT is £2m. The in month variation within MCHFT is £0.5m.

Where medical vacancies are procured as a service from external companies, they are included as other non-pay, and offset by medical pay underspends. This is a material pressure within CSSD, which up to month 8 is a pressure on the trust of £0.25m year to date, but there is a smaller but growing pressure with DMEC due to outsourcing of services to meet core demand.

Whilst drugs are overspent, the most significant amount is within oncology drugs which are offset against additional contract incomes.

Non Pay 2019/20 £'m



The growing reliance on external companies to provide services to cover activity at the Trust comes at a premium rate, which year to date the Trust has spent £1.2m more than in 18/19.

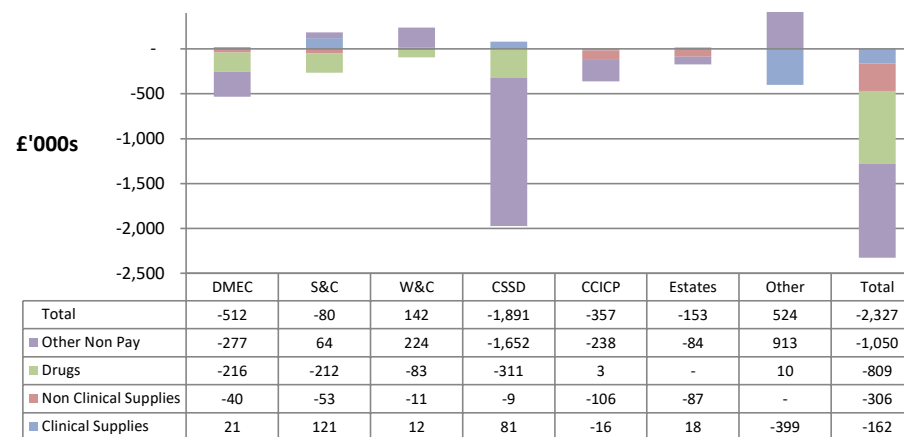
The Diagnostics division has outsourced circa £2.8m of work year to-date which has incurred a premium cost of circa £0.35m.

There is active engagement with the N8 pathology collaborative with UHNM/ECT which should provide a long term clinical and financially sustainable service for pathology.

Radiology has become increasing reliant on external companies with an increase on the first half of 18/19 of £0.8m. The Divisions are reviewing the short, medium and long term plans as part of the annual plan process.

Within the medical specialties, the net impact of increasing medical vacancies being offset by external companies is not going to be financially sustainable going forward and other clinical options need to be considered.

Non Pay Variance by Division



Performance and Finance - Cost Improvement Programme November 2019

Current Position

Analysis

Forward View

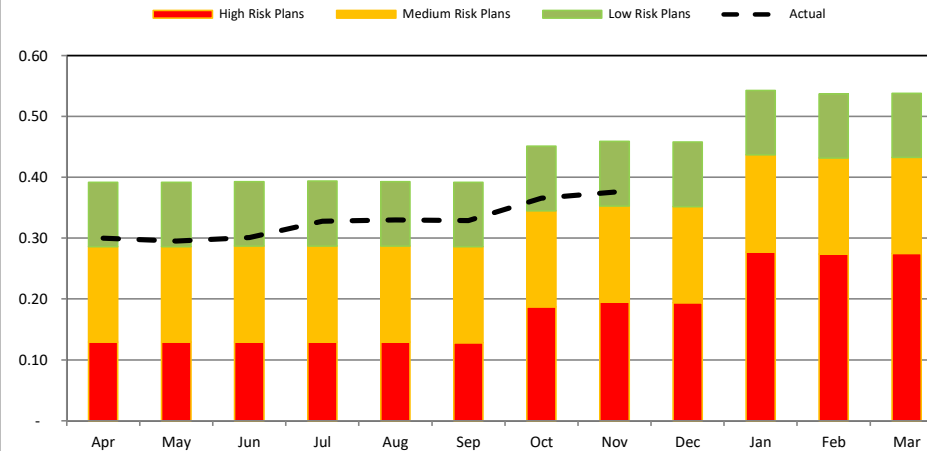
The CIP programme is behind plan by £0.6m, although this is within the reported position to-date.

This relates to the following schemes

- Nursing (£0.3m)
- Unallocated CIP Plans (£0.2m) in DMEC

The Division of Medicine and Emergency Care have challenges with identifying and delivering their CIP schemes around drugs, nursing savings and the additional CIP allocated to all divisions. This is causing them a pressure in overspend to-date and they have identified or delivered little of their £0.7m CIP target (with exception of NHS supply chain savings).

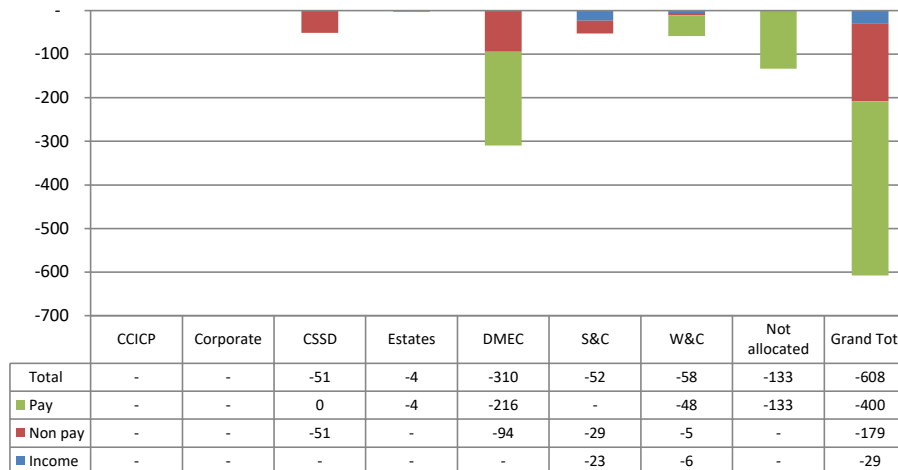
CIP Performance - Monthly view



Consideration on the deliverability of some CIP plans needs to be tested before being included in next years financial plans.

Future years CIP plans need to be more focused on cost reduction than income generation given the financial deficit within the cheshire system

CIP Performance Variance by Division



	CCICP	Corporate	CSSD	Estates	DMEC	S&C	W&C	Not allocated	Grand Total
Total	-	-	-51	-4	-310	-52	-58	-133	-608
Pay	-	-	0	-4	-216	-	-48	-133	-400
Non pay	-	-	-51	-	-94	-29	-5	-	-179
Income	-	-	-	-	-	-23	-6	-	-29

Performance and Finance - Agency Spend November 2019

Current Position

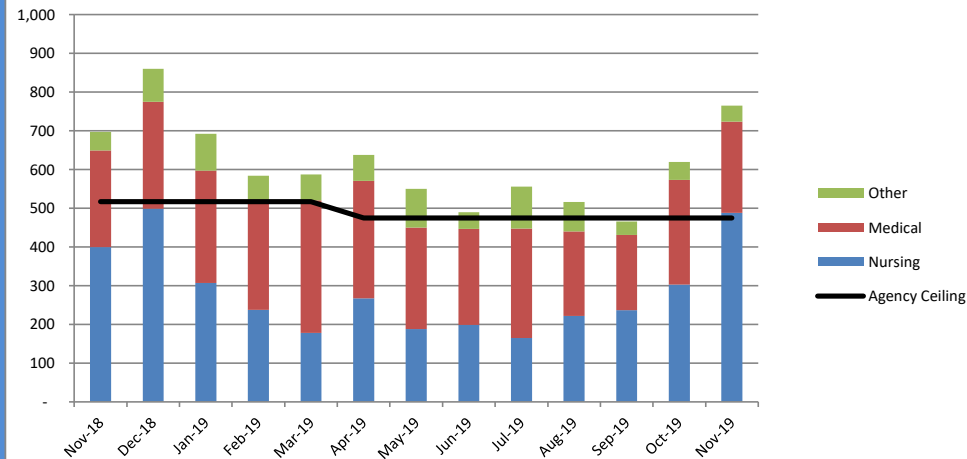
Analysis

Forward View

When the element of cost that is associated with non pay is included, the Trust reliance on non-substantive arrangements comes to 10%, with DMEC 22% and CSSD 18%

Agency costs for nursing increased in the month, which including a step increase in the volume of high cost agency bookings in order to ensure safe staffing levels, as part of the further ward being opened.

Agency Spend - 13 Month Trend



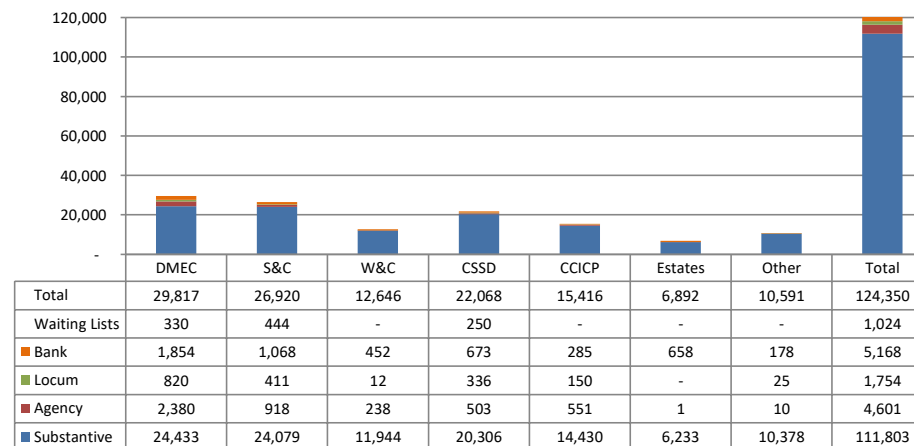
Agency Spend as a run rate is projected to exceed the contract ceiling of £5.7m, which is a lower level than the £6.2m 2018/19 level.

The Trust has developed some metrics to examine spend against budget in relation to registered and unregistered nursing, incorporating sickness/turnover and bank/agency shift data by reason code which are being used by the COO/DoN and DoF with the divisions.

Medical staff above cap and use of Thornbury agency use are reviewed by execs weekly. As a result of the increase in shifts booked with high cost agencies, the trust is reviewing the incentives for staff in order to encourage uptake on the hospital bank.

Agency spend is currently forecast to be £6.9m, if it exceeds £7.1m then this will be a rating of 3, and £8.5m will lead to a UoRR of 4

Staffing costs by Substantive and Temporary



Performance and Finance - Divisional Performance November 2019

Current Position

Analysis

Forward View

The over-performance on contract income is offset within Other.

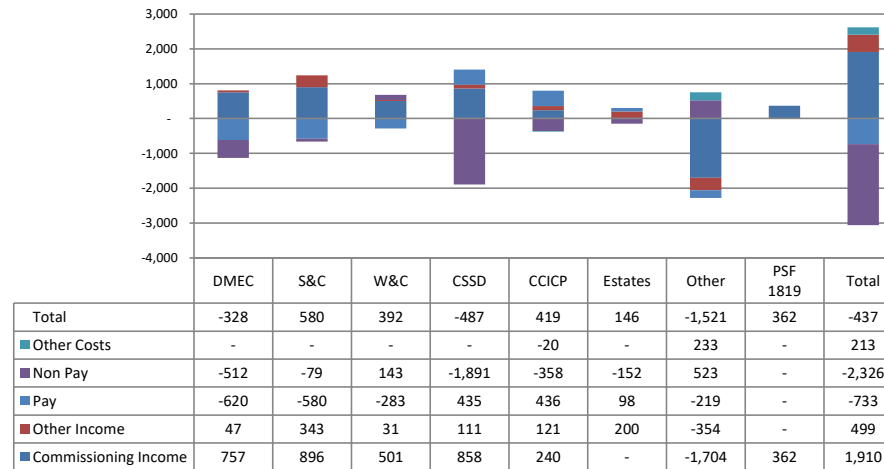
DMEC, S&C and W&C are predominantly challenged within pay pressures as a result of escalation beds and reliance on premium costs particularly within nursing pay.

In contract CSSD has pressure from premium costs materialising within non-pay.

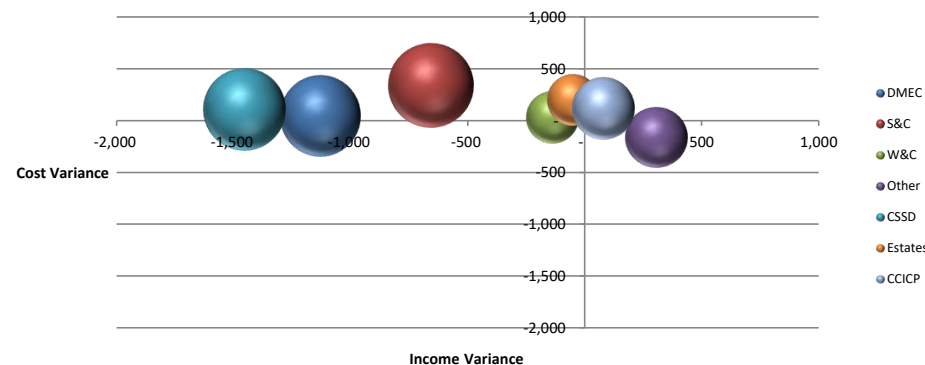
CCICP continues to be better than budget, although has some challenges around non pay.

Estates are better than plan as a result of an increase in the income received from car parking income and catering.

Cumulative Variance by category



Divisional Performance 2019/20



The bubble chart shows the financial performance of each division, in terms of income and cost variance – with the size of the bubble reflecting the overall budget

- Top right represents a positive performance that is better than plan for both costs and income
- The bottom left represents a performance that is worse than plan for both income and costs

The Trust is currently expecting to meet the plan, however there are known financial risks that are not within the plan:-

- Additional bed escalation costs over and above the plan and agreed additional resources.

- Premium costs being required to deliver core services, materialising in non pay.

- Challenges for some Trust wide and individual Divisions CIP programmes, specifically around pay.

- Increasing GP referrals from host contracts (block contract), contrasting with a reduction from associate contracts (PbR contract).

- Financial risk within the wider Cheshire system which requires a Cheshire system financial recovery plan involving all NHS organisations.

Performance and Finance - Cash November 2019

Current Position

Analysis

Forward View

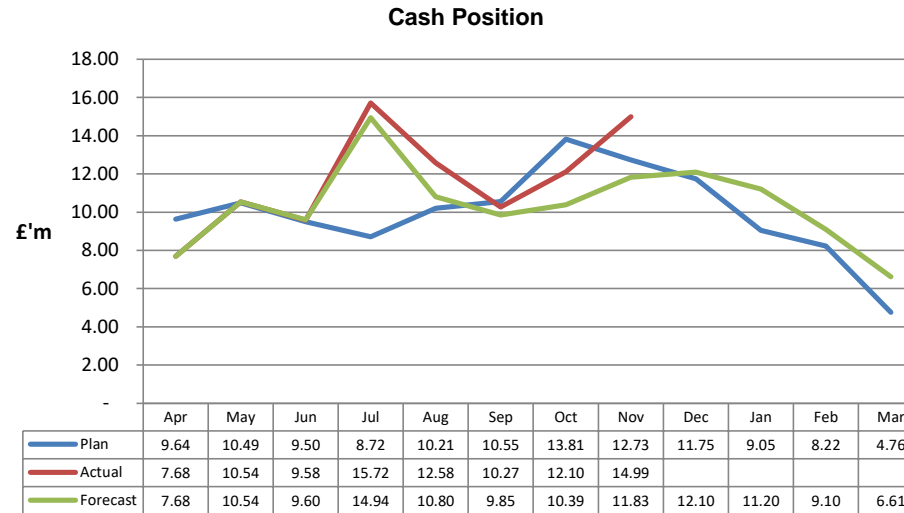
Cash Position

Cash is better than plan by £2.3m.

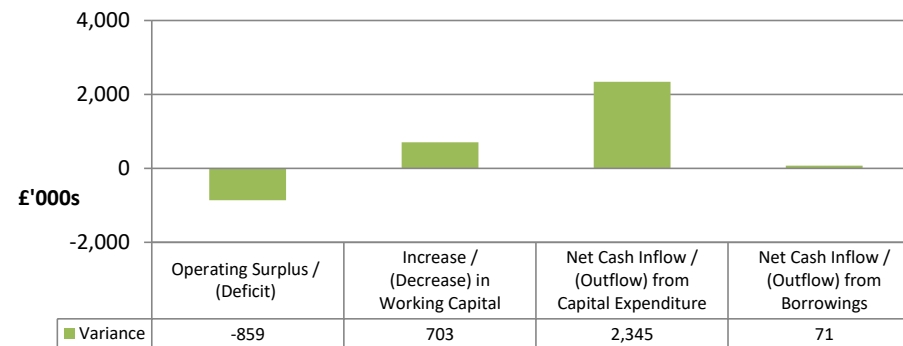
The main movement to plan is due slippage in the capital programme.

The trust has drawn down £2.9m of the £4.2m capital loan, with the remainder to be drawn down in line with spend.

Additionally £0.8m of PDC has been received as part of the ED Majors extension. The remaining £1m will be received in December.



Cash Flow Movements



Cash is forecasted to be above target at the year end mainly due to the delay in the capital programme and £0.4m extra 2018/19 PSF.

Performance and Finance - Capital Expenditure November 2019

Current Position

Analysis

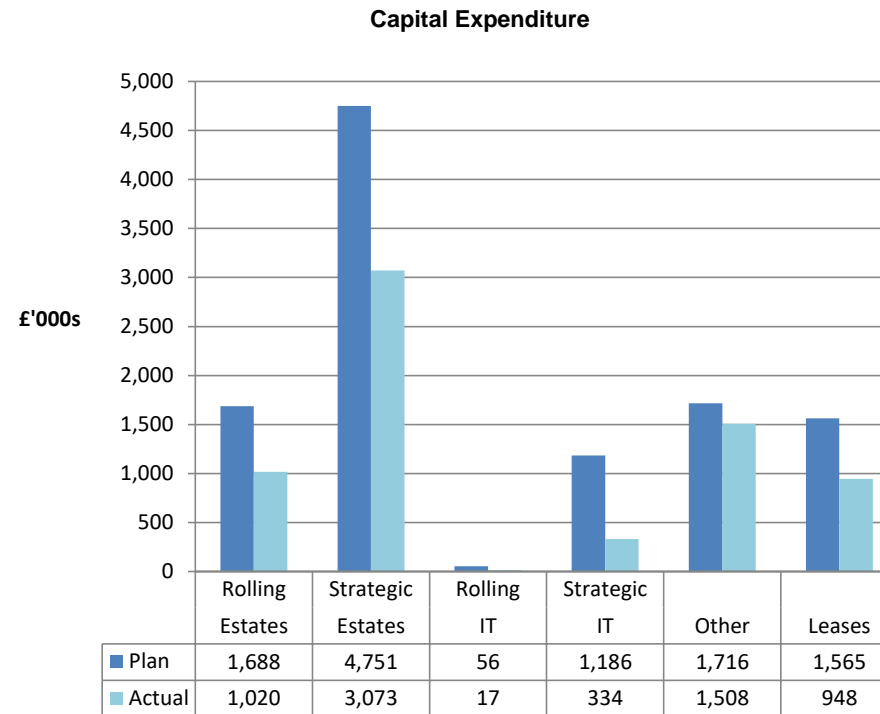
Forward View

The capital programme is £3.4m less than anticipated which is mainly due to:

(£1.2m) Purchase and updating of South Cheshire Private Hospital
(£0.7m) Third CT Enabling
(£0.6m) ICU Conversion
(£0.4m) Backlog Maintenance
(£0.4m) EPR Project
(£0.3m) UPS upgrade

The underspend is due to a number of delayed capital schemes, in particular the potential purchase of South Cheshire Private Hospital, which is now due to complete in February 2020.

Leases are £0.6m underspent, this is due to the CT Scanner & MRI Scanner being assumed to be a finance lease and has now been assessed as an operating lease.



The Trust is forecasting an underspend of £1.5m on the capital programme due to slippage in the schemes for EPMA £1.5m, Third CT Enabling £0.7m.

The ED Majors extension of £1.8m which is included within the spend forecast and is funded by PDC.

Leases are forecast to be underspent due to the CT Scanner & MRI Scanner being assumed to be a finance lease and has now been assessed as an operating lease.

		Year to Date £'000s			Year End £'000s		
		Plan	Actual	Variance	Plan	Forecast	Variance
Estates	Rolling	1,688	1,020	-668	2,490	2,340	-150
Estates	Strategic	4,751	3,073	-1,678	6,551	4,862	-1,689
IT	Rolling	56	17	-39	90	90	0
IT	Strategic	1,186	334	-852	3,968	2,566	-1,402
Other		1,716	1,508	-208	1,848	3,588	1,740
Leases		1,565	948	-617	3,047	1,200	-1,847
		10,962	6,899	-4,063	17,994	14,646	-3,348

Performance and Finance - Statement of Financial Position November 2019

Current Position

Analysis

Forward View

Assets Non-Current The capital programme expenditure is £3.4m less than anticipated mainly due to a delay in the potential purchase of South Cheshire Private Hospital. In addition to this, there has been a delay in Finance Lease purchases.		Plan Apr to November (£'000)	Actual Apr to November (£'000)	Variance (£'000)	Forecast 2019/20 (£'000)	
Assets Current						
Trade and Other Receivables is £3.3m higher than plan, mainly due to additional accrued income of £1.5m, and overdue debts with NHS England £0.9m and Christies £0.6m. In addition, prepayments for operating leases are higher than anticipated due to a switch from finance lease to operating leases.						
Current Liabilities						
Deferred Income is higher than anticipated as the two main CCG's contract payments are £3.7m ahead of plan.						
Non-Current Liabilities						
This is due to the CT Scanner & MRI Scanner in the plan was assumed to be a finance lease and has now been assessed as an operating lease. Also a proportion of the £4.2m capital loan will now be drawn down in December instead of November.						
Taxpayers Equity						
PDC has been received of £0.8m for the ED expansion, the remaining £1m has been received in December.						
Assets						
Assets, Non-Current		101,435	96,230	-5,205	104,547	
Assets, Current		26,837	32,682	5,845	21,964	
ASSETS, TOTAL		128,272	128,911	639	126,511	
Liabilities						
Liabilities, Current		-29,924	-33,479	-3,555	-29,607	
Liabilities, Non Current		-19,878	-16,397	3,481	-17,347	
TOTAL ASSETS EMPLOYED		78,470	79,034	564	79,557	
Taxpayers' and Others' Equity						
Taxpayers Equity		78,470	79,034	564	79,557	
TOTAL FUNDS EMPLOYED		78,470	79,034	564	79,557	

The Statement of Financial position is forecast mainly on plan.

The Asset, Non-Current forecast has been adjusted for the anticipated delay in some of the capital schemes and the ED expansion. In addition the value of the Finance leases are lower than planned.

Cash has improved due to the delay in the capital programme.

The Public Dividend Capital forecast has increased by £1.8m due to the ED Expansion.

Title of Paper:	Employer Based Clinical Excellence Awards		
Author:	Julie Mitchell, Head of Resourcing		
Executive Lead:	Murray Luckas, Medical Director		
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	
Being a Leading partner in a Progressive Health Economy		Effective	X
Striving for Outstanding Organisational Effectiveness		Caring	X
Aspiring to Excellence in Practice Through Our Workforce	X	Responsive	X
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	
Link to Board Responsibility:	Performance		
	Accountability		X
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note		X
	Recommend		
	Delegate		
Positive Benefit:	Board oversight of the CEA award in line with Trust policy		
Risk:	None		
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:	6 January 2020		

**ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS
EMPLOYER BASED AWARDS
ANNUAL REPORT FOR 2018 AWARDS ROUND**

To be completed and signed by the Chief Executive or Chair of the Employer Based Awards Committee
Submit this report to the Employer Based Awards Manager at Lac.Reports@dh.gsi.gov.uk

NAME OF ORGANISATION: **MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST**

JOINT EBA COMMITTEE FORMED WITH NEIGHBOURING ORGANISATION(S)? **NO**

* Please provide a covering note listing the Organisation(s) involved in the EBA process, stating if this report covers their Consultants also.

1 Employer Based Awards Committee Composition

Name of Chair	Position	Gender	Ethnic Origin
Dr Paul Dodds	Professional Member	Male	WHITE - British
Name of Members			
Mrs Heather Barnett	Professional Member	Female	WHITE - British
Mrs Caroline Bruce	Professional Member	Female	WHITE - British
Ms Lorraine Butcher	Professional Member	Female	WHITE - British
Mr Alan Clarke	Lay Member	Male	WHITE - British
Dr Duncan Fullerton	Professional Member	Male	WHITE - British
Mr Jonathan Hardman	Professional Member	Male	WHITE - British
Dr Arif Khan	Professional Member	Male	ASIAN or ASIAN British - Pakistani
Mr Hussain Kazi	Professional Member	Male	ASIAN or ASIAN British - Indian
Dr Gopinath Narasimham	Professional Member	Male	ASIAN or ASIAN British - Pakistani
Dr Kiran Putchakayala	Professional Member	Male	ASIAN or ASIAN British - Pakistani
Mrs Jan Roach	Professional Member	Male	WHITE - British
Mr Ajay Swaminathan	Professional Member	Male	ASIAN or ASIAN British - Indian
Dr Balaji Velayudam	Professional Member	Male	ASIAN or ASIAN British - Pakistani

2 Were Members selected to comply with the Guidance
please refer to Part 2 of Guide for Employers **YES**

3 Have all Members received training in Valuing Diversity? **YES**

4 Overall number of Consultants eligible for consideration:
The number of:

i) Consultants in academic posts	109
ii) Women Consultants	NONE
iii) Black, Minority & Ethnic Consultants	33
iv) Age Range	45
v) Full time	35 - 65
vi) Part time	102
	7

5 Minimum investment available in 2017*
Amount actually spent in 2017

	95,499
	61,128
Amount carried over into 2018 (if relevant)	£13,951
Minimum investment available in 2018*	111,669
Amount actually spent in 2018	75,400

* please refer to Part 7 of Guide to Employer Based Awards

6 Overall number of award holders (including 2018 recommendations)
The number of:

i) Consultants in academic posts	57
ii) Women Consultants	NONE
iii) Black, Minority & Ethnic Consultants	14
iv) Age Range	17
v) Full time	38 - 63
vi) Part time	54
	3

7 I confirm that all Consultants recommended for awards have complied with the following criteria during the last 12 months

- had a formal appraisal
- agreed a job plan
- fulfilled their contractual obligations
- complied with private practice code of conduct
- worked to the standards of professional & personal conduct required by GMC/GDC

8 Recommendation for Awards payable as from 1st April 2017

9 Appeals. Please give the numbers of:

i) Appeals received	0
ii) Appeals upheld (original decision revised or revisited)	0
iii) Appeals rejected (original decision upheld)	0
iv) Appeal unresolved & passed to ACCEA Sub-Committee	N/A

10 Compliance statement:
The process adopted by the Trust was completed fairly and in accordance with the guidance issued by ACCEA and mechanisms are in place to advise and support consultants who, having applied for an award, are not advancing in the system. A copy of this report will be sent to the appropriate NHS Trust Committee.

11 Verification of Completion:
Name of person completing this Report: Julie Mitchell, Head of Resourcing

Signed:



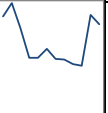
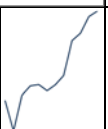
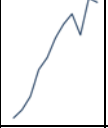

To be signed by the Chief Executive or the Chair of the Employer Based Awards Committee

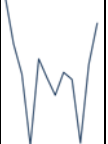
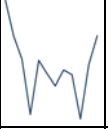
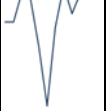
Name (title, initial, surname)			Gender	DoB	Ethnic Origin	Speciality	GMC/ GDC No.
	Level of existing award(DP/CEA)	New level (CEA)					
	3	3	M		White British	Trauma & Orthopaedics	
	1	1	M		Chinese	Cardiology	
	1	1	M		White British	Paediatrics & Neonatology	
	1	1	M		White British	Trauma & Orthopaedics	
	1	5	M		EU - Spanish	Elderley Medicine & General Internal Medicine	
	2	2	F		White British	Anaesthesia	
	2	2	F		White British	General Surgery / Oncoplastic Breast Surgeon	
	1	1	M		Indian	Ophthalmology	
	1	1	M		Indian	Ophthalmology	
	1	1	F		White British	Anaesthetic / Intensive Care Medicine	
	1	1	F		White British	Trauma and Orthopaedic Surgery	
	1	3	M		White British	Emergency Care	
	3	6	M		Indian	Rheumatology	
	1	2	M		Chinese	Clinical Radiology	
	2	7	M		Indian	Paediatrics	
	2	3	M		Chinese	Gastroenterology General (Internal) Medicine	



Board of Directors Workforce Report January 2019 (November 2019 data)

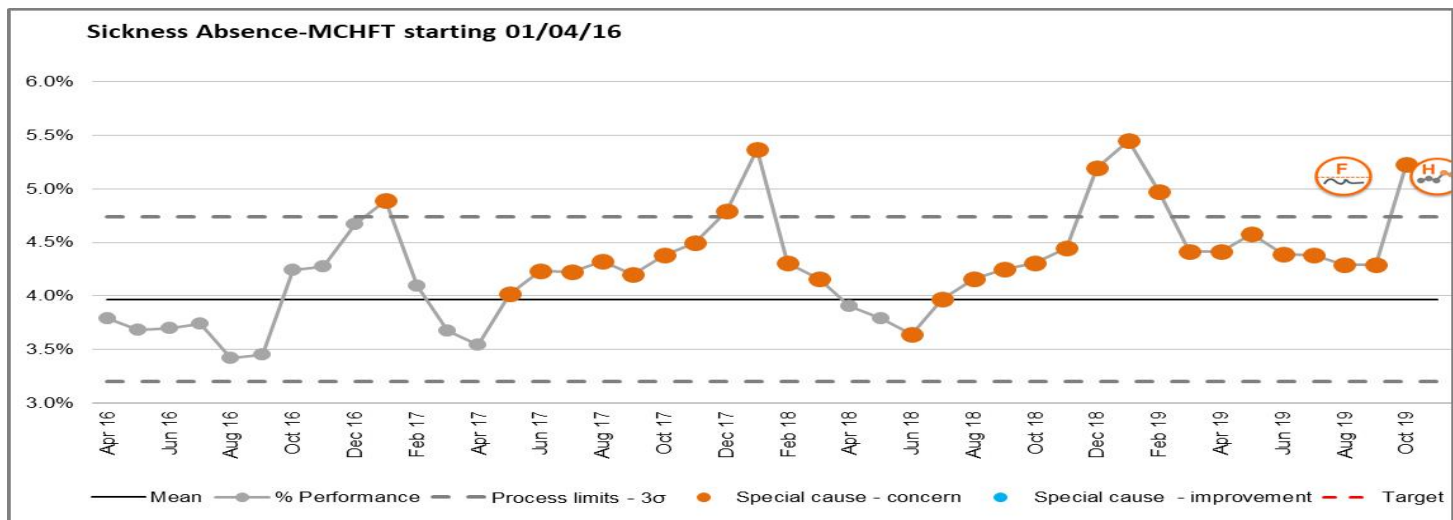


Measure	Target	Performance	Previous Month	Description	Narrative	Rolling Trend	Trend	C&W Average
IN MONTH SICKNESS	N/A	5.05%	5.23%	In-month Sickness Absence described as a Percentage	Overall, there was a 0.18% improvement in sickness rates across the Trust. 4 divisions experienced an improvement in compliance (MEC, EF, SC and CCICP). The most significant improvement was in EF (1.17%).		↓	5.54%
APPRAISAL RATE	90.00%	89.32%	88.79%	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 0.53% improvement in the appraisal rates across the Trust. 2 divisions experienced an improvement in compliance (DCSS and EF). The most significant improvement was in MEC (2.81%). DCSS and EF remain Green and the remaining divisions are Amber.		↑	85.69%
MANDATORY TRAINING	90.00%	84.62%	84.99%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Overall mandatory training compliance declined in month (-0.37%) and 2 divisions experienced an improvement (MEC and EF). All divisions are Amber with the exception of EF who are Green.		↓	90.58%
STAFF TURNOVER	10.00%	8.80%	8.59%	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 declined in month (-0.21%). Turnover reduced in 2 divisions (SC and WC). All divisions are now Green against target with the exception of EF who are Amber (10.76%) and CCICP who are Red (12.16%)		↑	10.60%

Measure	Target	Performance		Description	Narrative	Rolling		
AGENCY SPEND	(404)	(765)	619	In month total spend for the Trust against plan	Agency spend increased in month (£146k more than the previous month). The agency spend target was not met. Agency spend increased across all staff groups, most significantly in N&M which was £185k more than the previous month. All divisions had a higher spend than in the previous month with the exception of SC and CCICP. MEC saw the biggest increase (£146k more than previous month).		↑	N/A
NHSI PLANNED AGENCY	less than 100%	189.36%	153.22%	In month Trust Agency Spend as a percentage of the Planned Agency Spend			↑	N/A
OVER CAP RATES	N/A	67%	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	↑↓=



Trust Name	Mid Cheshire	20.12.19
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412 Corporate	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	6	2	33.33%
NURSES	76	65	85.53%
PROFESSIONALS	0	0	
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	12	11	91.67%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	329	216	65.65%
TOTAL (Front Line Healthcare Workers only)	94	78	82.98%
TOTAL (All Employees)	423	294	69.50%

412 Diagnostics and SupportDivisi	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	25	13	52.00%
NURSES	56	23	41.07%
PROFESSIONALS	290	170	58.62%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	361	189	52.35%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	199	110	55.28%
TOTAL (Front Line Healthcare Workers only)	732	395	53.96%
TOTAL (All Employees)	931	505	54.24%

412 Medicine & Emergency Care Division	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	152	126	82.89%
NURSES	370	227	61.35%
PROFESSIONALS	3	3	100.00%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	262	148	56.49%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	116	55	47.41%
TOTAL (Front Line Healthcare Workers only)	787	504	64.04%
TOTAL (All Employees)	903	559	61.90%

412 Estates & FacilitiesDivision	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	0	0	
NURSES	0	0	
PROFESSIONALS	0	0	
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	62	32	51.61%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	339	167	49.26%
TOTAL (Front Line Healthcare Workers only)	62	32	51.61%
TOTAL (All Employees)	401	199	49.63%

412 Surgical and CancerDivision	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	84	54	64.29%
NURSES	282	192	68.09%
PROFESSIONALS	148	83	56.08%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	292	186	63.70%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	192	131	68.23%
TOTAL (Front Line Healthcare Workers only)	806	515	63.90%
TOTAL (All Employees)	998	646	64.73%

412 Women and ChildrensDivision	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	39	29	74.36%
NURSES	222	142	63.96%
PROFESSIONALS	6	6	100.00%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	69	40	57.97%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	76	44	57.89%
TOTAL (Front Line Healthcare Workers only)	336	217	64.58%
TOTAL (All Employees)	412	261	63.35%

412 CCICP	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	15	12	80.00%
NURSES	198	135	68.18%
PROFESSIONALS	8	7	87.50%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	322	202	62.73%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	116	70	60.34%
TOTAL (Front Line Healthcare Workers only)	543	356	65.56%
TOTAL (All Employees)	659	426	64.64%

Grand Total (Inc Substantive, Community, Bank and Additional)	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	379	294	77.57%
NURSES	1286	866	67.34%
PROFESSIONALS	469	283	60.34%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	1529	957	62.59%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	1420	846	59.58%
TOTAL (Front Line Healthcare Workers only)	3663	2400	65.52%
TOTAL (All Employees)	5083	3246	63.86%

Trust Postion last year as at 21.12.18

Grand Total (Inc Substantive, Community, Bank and Additional)	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	364	289	79.40%
NURSES	1315	891	67.76%
PROFESSIONALS	442	293	66.29%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	1429	976	68.30%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	1582	1029	65.04%
TOTAL (Front Line Healthcare Workers only)	3550	2449	68.99%
TOTAL (All Employees)	5132	3478	67.77%