

Agenda Board of Directors

Subtitle	Board of Directors
Date	06/04/2020
Time	9:30 - 13:00
Location	Virtual - via Microsoft Teams
Chair	John Church
Description	This will be a streamlined meeting so papers will not be presented, it will be assumed that you have read them in advance and the focus of the discussion will be any questions to the presenter.

1 Welcome and Introductions

9:30 Chairman

3 Board Member's Interests

9:32 Chairman
To consider any changes to the interests of Board Members and any declaration of interests in the agenda.

4 Draft Minutes of the Last Meeting - to note

9:34 Chairman
To approve the draft minutes of the last meeting of the Board of Directors on 2 March 2020.

5 Matters Arising and Action Log - to note

9:37 Chairman

6 Annual Work Programme - to note version 2

9:39 Chairman

7 Chairman's Announcements - to note a verbal report

9:42 Chairman

7.1 CQC Report

7.2 Remuneration Committee - 2 March 2020

Chairman.

8 Governor's Items - to note a verbal report

9:47 Chairman

8.1 Temporary Suspension of Governor and Membership Activity

8.2 Governors Election Results & Induction - to note

To note the attached paper.

9 Covid-19 - to note a verbal update for discussion

9:52 Chief Executive.

10 10:02	Chief Executive's Report - to note for discussion
11 10:12	Quality, Safety and Experience Report - for discussion Medical Director/ Director of Nursing & Quality
12 10:17	CARING
12.1 10:17	Draft Quality Governance Committee (QGC) draft notes - for escalation and noting Committee Chair To note the escalations and meeting notes of QGC on 14 April 2020.
12.2 10:19	Serious Untoward Incidents and RIDDOR Events - to note a verbal update Medical Director.
13 10:22	RESPONSIVE
13.1 10:22	Performance Report - for discussion Deputy Chief Executive and Director of Finance.
13.2 10:27	Draft Performance and Finance Committee (PAF) draft notes Committee Chair To note the escalations and meeting notes of PAF on 26 March 2020.
13.3 10:29	Draft Audit Committee Notes - for escalation and noting Committee Chair. To note the escalations and meeting notes of the Audit Committee on 9 March 2020.
14 10:32	WELL LED
14.1 10:32	Changes to NHS Finance Regime to support the response to COVID-19 - to note Deputy Chief Executive and Director of Finance
14.2 10:42	Draft Financial Plan 2020/21 - to note
14.3 10:47	E-rostering Business Case - to approve Director of Nursing and Quality
14.4 10:57	E-expenses Business Case - to approve Chief Information Officer
15 11:07	EFFECTIVE
15.1 11:07	Workforce Report - to note Director of Workforce and OD

- 15.2**
11:12 **Transformation and People (TAP) Committee Notes - for escalation and noting**
Committee Chair
To note the escalations and meeting notes of TAP on 5 March 2020.
- 15.3**
11:14 **Consultant Appointments - to note**
Medical Director
- 16**
12:45 **Any Other Business**
Chairman
- 17**
 Review of the Meeting - to note a verbal review
Mrs Lesley Massey, Non-Executive Director
- 18**
 Time, Date and Place of Next Meeting
To confirm that the next meeting of the Board of Directors will take place on Monday, 4 May 2020 via Microsoft Teams.

Action Log

Id	Subject	Explanation	Assigned to	Explanation assignee	Agenda item	Deadline	Status
45	QGC to review the patient experience section of the Board report.	To consider whether the information provided is providing the right level of assurance to the Board	Tunney, Julie		Board of Directors 03/02/2020 10 Quality, Safety and Experience Report - for discussion	06/04/2020	Pending
61	Items declared to be added to the Board's register of interests.		Dowson, Katharine	Completed and register has been updated.	Board of Directors 02/03/2020 5 Matters Arising and Action Log- to approve	06/04/2020	Pending
62	Further details on a closed complaint in regard to a Crohns patient to be provided to Mr Church (Mrs Tunney)		Tunney, Julie		Board of Directors 02/03/2020 10 Quality, Safety and Experience Report - for discussion	06/04/2020	Pending

Board of Directors Workplan

2020/21

Version:2

Item	Board of Directors Meeting												Board Away Day				
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	Jun	Sep	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 - inc. Visits and Legal Advice	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					
Cyber Secruity Report				X						X							
Guardian of Safe Working Hours Report		X			X			X			X						
Doctors Revalidation Report						X											
Responsive																	
Quality Account		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					
Corporate Trustees													X		X		
Freedom to Speak up Guardian		X			X			X			X						
Emergency Preparedness, Resilience& Response (EPPR)							X										
Annual Clinical Excellence Awards Repor										X							
Well-Led																	
Annual Budget/Planning/ Budget Pack	X											X					
Annual Report & Accounts (Extra Ordinary Board)		X															
Audit Committee		X	X				X		X			X					
Board Assurance Framework			X			X			X			X					
Quarterly Organisational Risk Register			X			X			X			X					
Learning from Deaths Quarterly Report			X			X			X			X					
Report on Use of Trust Seal			X			X			X			X					
Trust Strategy	X			X				X							X		X
Well-Led Governance Framework Self Assessment																	X
Corporate Goverance Handbook				X													
Board Sub-Committee Annual Review												X					
Annual Fit and Proper Persons Review								X									
Effective																	
Workforce Report	X	X	X	X	X	X	X	X	X	X	X	X					
Transformation and People Committee	X	X	X	X	X	X	X	X	X	X	X	X					
Consultant Appointments	X	X	X	X	X	X	X	X	X	X	X	X					
Medical Staffing Update (Part II)	X	X	X	X	X	X	X	X	X	X	X	X					
Equality Delivery System					X												
Workforce Race Equality Scheme						X											
Gender Pay Gap Report											X						

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Governor Elections 2020

Governor elections were held for 14 posts between January and March 2020. There was a great deal of interest in the posts with 10 candidates in Crewe & Nantwich competing for four roles. Congleton, which has traditionally been challenging to generate interest in and which has carried a vacant post for some time also went to election with 3 candidates for 2 posts.

Vacant positions

- Public Governor for Crewe and Nantwich (four positions)
- Public Governor for Congleton (two positions)
- Public Governor for Vale Royal (two positions)
- Patient & Carer Governor (two positions)
- Staff – Other Professionally Qualified
- Staff – Medical and Dental
- Staff – Volunteers
- Staff – Trade Union

Non-contested positions

Only one nomination was received in the following categories and therefore candidates were confirmed in post without election:

- Patient and Carer
- Staff - Medical & Dental
- Staff - Trade Union

There were no nominations received in the Staff - Other Professionally Qualified category. The Chairman has asked that this election is carried out again and there is at least one interested candidate, however the process has been temporarily halted due to Covid-19.

Governor Election Results

Following the election campaign, the following Governors retained their positions:

John Pritchard	Patient and Carers
Janet Ollier	Public - Congleton
Glynda Alasadi	Public - Crewe & Nantwich
Barbara Beadle	Public - Crewe & Nantwich
Janet Roach	Public - Crewe & Nantwich
Tim Ashcroft	Public - Vale Royal
Nick Boyce Cam	Staff - Medical & Dental
Caroline Birch	Staff - Trade Union
Helen Piddock-Jones	Staff – Volunteers

Please note that sadly neither Mark Perry (Vale Royal) nor Ben Selby (Crewe & Nantwich) were re-elected and therefore their terms ended on 31 March 2020. The Chairman has written to Mr Perry and Mr Selby to thank them for their time and dedication and commitment to the Council and both have expressed their hope to remain engaged with the Trust.

New Governors

The following new Governors were elected, please see below their nomination photos and statements included for information:

Judith Wright, Public Governor - Congleton



I have spent my whole working closely with the NHS as an employee of a pharmaceutical company. I served a maximum term of 8 yrs (plus 1 yr in shadow waiting for Foundation Trust status) as a governor for Liverpool Heart & Chest Hospital. This was a role I enjoyed very much and would be keen to continue with it with another trust.

Dr Robert Pugh, Public Governor – Crewe & Nantwich



I have a high level of understanding of how care is delivered in a secondary care setting from my consultant work as a clinician and clinical manager and since retirement from wider hospital experiences as a CQC team member, Royal College Clinical Service reviews, clinical teacher, medical student educator and particularly as a patient myself and carer for family and friends. I have personally seen examples of excellent and appalling secondary care and everything in between.

Yvonne Banks, Public Governor – Vale Royal



My children are now grown up and having finished my full time employment working in older persons services for the past 25 years I now have the time to commit and wish to give something back hopefully via a role on the board of governors of Mid Cheshire Hospitals NHS Foundation Trust. In my work place a key part of my job was to ensure our customers voice was heard and I would like to have the opportunity to continue to do this and along the way learning new skills. We live in an ever demanding society where pressures of budgets and legislation are becoming more crucial so I feel that it is important we don't forget the person receiving the services needs and views, whilst being impartial and objective to ensure the end result is achieved.

Governor Induction

Governor induction was planned for 23 March 2020 but due to Covid-19 this has been postponed until Governor activity is reinstated. Governor checks and paperwork are well underway and will be completed once Governors are able to attend the Trust.

Katharine Dowson
Head of Corporate Governance
March 2020

CEO Report – April 2021

1.0 Operational Issues

1.1 Covid 19 response

The Trust has put in place a full emergency response structure to manage the threat of Covid 19 with executive and clinical leadership. A number of working groups are focusing on key issues such as the maintenance of critical services, the expansion of critical care facilities, ensuring supplies and equipment are in place and staff health and wellbeing.

In addition to the emergency response, we are also running a separate team of staff focusing on recovery from the current pandemic to mitigate the risks created during it such as the enforced cancellation of surgery and outpatient appointments and delays in maintenance of infrastructure for example.

1.2 Financial planning

There is a paper in the Board papers from the Director of Finance around changes to the NHS Finance regime during the Covid-19 pandemic. In summary, the normal operational planning, efficiency and financial processes have been suspended between 1 April and 31 July 2020 and replaced with block funding arrangements which will effectively see no NHS organisation in deficit during this period, there are also changes around audit requirements and deadlines. It is currently unclear how the financial system will operate post 1st August 2020 and the Board will be kept informed as updates are received.

1.3 Quality and safety

There are no key issues of concern to highlight in the CEO report from the Quality and Safety report, however, it should be noted that the Trust has now gone a full year without any patients suffering an MRSA bacteraemia which is testament to the work carried out by the Quality teams on training and development.

1.4 Governance

Due to the Covid 19 response the Trust has reviewed its decision-making processes in line with guidance issued by the NHS. This has required some variations to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation. Annex A of this report identifies the requirement whilst Annex B outlines the Trust's compliance with the specific national guidance. We are also starting to think about how the Trust deals with the implications and long-term consequences in returning to business-as-usual post the pandemic; this is included at Annex C.

2.0 Strategic issues

Due to the Covid 19 response most external meetings have been reduced to less frequent videoconferencing. The Cheshire East Partnership Board and Cheshire Financial Recovery Plan meetings are continuing on this basis but there will be an understandable reduction in pace and progress during the epidemic.

James Sumner

Chief Executive

April 2020

Annex I

COVID-19 Business Continuity

Variation to Standing Orders and Standing Financial Instructions (incorporating Scheme of Delegation)

Introduction

1. Due to the current COVID-19 pandemic, and in response to national guidance¹, the Trust has reviewed its arrangements to ensure they allow for effective and timely decision-making.
2. Although the Trust's Standing Orders (SO), including Emergency Powers, and its Standing Financial Instructions (SFI), including the Scheme of Reservation & Delegation (SORD), are robust, it is considered they require some amendment to ensure that decisions can be made safely, at pace and with a clear audit trail.
3. This paper outlines the current arrangements and the proposed variations. These variations should remain in place whilst the Trust is in this emergency position and until a more detailed review of SOs, SFIs and the SORD can be undertaken later in the year. The outcome of this review will be reported to the Audit Committee in due course.

Proposal

Emergency Powers (Standing Order 1.7 of Mid Cheshire Hospitals NHS FT Constitution)

4. Standing Order 1.7 of the Trust's Constitution states:

"The powers which the Board resolves to retain to itself may in emergency be exercised by the Chief Executive and the Chairman provided that they first consult at least two Non-Executive Directors, and subsequently report the exercise of such powers to the next formal meeting of the Board for ratification".

Due to the COVID-19 situation, it is proposed that these are amended to allow for more timely decision-making. These amendments are set out in the following sections.

Standing Orders

5. The table overleaf identifies the proposed variations to Standing Orders. Although Board meetings need to be held in private, these will not be 'private business' sessions and, therefore, the minutes of the Part I section of the meeting will continue to be published on the Trust website.

¹ Appendix I - NHSE/I Reducing Burden and Releasing Capacity at NHS providers and commissioners to manage the COVID-19 pandemic; 28 March 2020

Area of Proposed Change	Current	New
Quorum for Board and Board decisions	One third of the voting members of the Board, including at least 1 NED	To include Chair or Deputy Chair, Chief Executive or Deputy CEO and a clinician
Board meetings to be held in private	All Board meetings to be held in public	Meetings to be held virtually which will exclude the public until 6 July 2020
Terms of Reference (ToR) for Board	Agreed ToR in place setting out the function, responsibilities and powers delegated from the Board.	Addendum to ToR to reference agreed amends e.g. quorum etc

Table 1: Proposed variations to Standing Orders

Standing Financial Instructions

6. NHSE/I Guidance 'Next Steps on NHS Response to COVID-19' of 170320 made a clear commitment to providing additional funding to cover the costs of responding to the coronavirus emergency. It also included the following key statements:
- The maintenance of financial control and stewardship of public funds will remain critical during the NHS response to Covid-19. Chief Executives, Accountable Officers and Boards must continue to comply with their legal responsibilities and have regard to their duties as set out in Managing Public Money and other related guidance. Any financial mismanagement during this period will be dealt with in exactly the same way as at any other time*
 - NHS organisations undertake an urgent review of financial governance to ensure decisions to commit resources in response to COVID-19 are robust*
 - All NHS providers and commissioners must carefully record the costs incurred in responding to the outbreak and will be required to report actual costs incurred on a monthly basis. Accurate record keeping during this time is crucial – record keeping must meet the requirements of external audit, and public and Parliamentary scrutiny*
 - No new business investments should be entered into unless related to Covid-19 or unless approved by NHSE/I as consistent with a previously agreed plan. Where costs have already been committed or contractual commitments entered into, providers should agree an approach with NHSE/I*
7. The following changes are proposed to the delegated authority limits and the decision-making process for both revenue and capital expenditure. In all cases, the Company Secretary will have responsibility for the decision being recorded and submitted retrospectively to the next Board meeting for ratification. In the interim, Board members may be advised via email of the decision taken.

Scheme of Delegation Reference	Current	Proposed
4.2 Authority to Approve Revenue Expenditure and Business Cases	<ul style="list-style-type: none"> Items above £100,000 submitted to Board for approval having first been signed off by an Executive or DGM 	<ul style="list-style-type: none"> Revenue expenditure to £500k to be approved by the CEO and Director of Finance Revenue expenditure of £500k - £1m to be approved by the Chair, CEO, Director of Finance and the (NED) Chair of the Performance & Finance Committee
4.3. Authority to Approve Capital Expenditure	<ul style="list-style-type: none"> Business cases and contracts for individual schemes within this budget that exceed £100,000 must go the Board for approval. In respect of any Leases or contracts, the value should be determined by the whole life value. 	<ul style="list-style-type: none"> Approval authority for capital expenditure as for revenue expenditure above Guidance has been received that states that any capital expenditure over £250k must be approved at a national level
4.5 Authorisation to Approve Charitable Funds	<ul style="list-style-type: none"> Trustees Sub Committee can authorise expenditure up to £25,000 The Board of Directors acting as the Corporate Trustees can approve expenditure over £25,000 	<ul style="list-style-type: none"> To ensure pace in decision making, it is acknowledged that there may be more Chair's Actions to approve Charitable Funds than usual These will be recorded and reported retrospectively to the Trustees Committee for ratification
6.29 Tender Limits	<ul style="list-style-type: none"> Competitive quotations are required for all expenditure in excess of £10,000 and less than £30,000. 	<ul style="list-style-type: none"> All existing requirements relating to tenders and procurement remain unchanged. This includes the requirement to use a Waiver of Standing Financial Instructions where the above process is not followed. Waiver approvals remain unchanged and will be reported to Audit Committee Processes will be implemented to ensure any Waivers will be prioritised to ensure these can be processed swiftly. Particular attention will be given to all contracts relating to Covid-19 to ensure contract terms have appropriate exit clauses and contract durations.

Table 2: Proposed Variations to Scheme of Delegation

8. To ensure Finance can expedite payments during this emergency period and, therefore, comply with national directives, it is proposed that the limits of authority for the two Deputy Directors of Finance be increased from £30k to £100k. Oversight of this will be via the Performance & Finance Committee.
9. Governors will be advised about the above as this constitutes a change to the Trust Constitution, albeit on a temporary basis.

Recommendation

10. The Board is asked to approve the variations identified in this paper, and to note the process for recording decisions.

Caroline Keating
Company Secretary

3 April 2020

Reducing Burden and Releasing Capacity *NHSE&I April 2020*

Self-Assessment / Gap Analysis

Caroline Keating, Company Secretary
Katherine Dowson, Head of Corporate Governance
3 April 2020

Introduction

NHSE&I Guidance (28 March 2020)¹ outlined the steps trusts should take in response to Covid-19 to free up management time and resources. These included activities and reporting that can be reduced or paused during the coming months. The Trust has undertaken a self-assessment against each of these measures as identified in the table below and which provide assurance that the recommendations have been actioned:.

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
Governance and Meetings							
System Meetings		All system meetings to be virtual by default	Chief Executive	March 2020		Executives	All external meetings deferred or being held virtually.
Board and Sub-Board Meetings		Trusts and CCGs should continue to hold board meetings but streamline papers, focus agendas and hold virtually not face-to-face. No sanctions for technical quorum breaches (e.g. because of self-isolation). For board committee meetings, trusts should continue quality committees, but consider streamlining other committees (e.g. Audit and Risk and Remuneration committees) and where possible delay meetings till later in the year. While under normal circumstances	Head of Corporate Governance	March 2020		Board of Directors	All Board meetings and Committees have been put on to Microsoft Teams and agendas streamlined. Meetings below this level have been issued with a SOP and supporting documentation to ensure actions and work is paused rather than lost. Board meetings to be

¹ NHSE/I Reducing Burden and Releasing Capacity at NHS providers and commissioners to manage the COVID-19 pandemic; 28 March 2020

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
		the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation					held in private until face to face meetings can be held again. Website has been updated to advise the public of this.
FT Governor Meetings		Face-to-face meetings should be stopped at the current time but ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19 e.g. via webinars/emails Lead Governor should be informed.	Head of Corporate Governance	10 April 2020		Council of Governors	All March meetings were postponed. A final decision on the April Council of Governors will be made w/c 060420 and conveyed to Governors. Governors are receiving the daily staff bulletin with a bespoke bulletin sent 300320.
FT Governor and Membership Processes		FTs free to stop/delay governor elections where necessary Annual members' meetings should be deferred Membership engagement should be limited to COVID-19 purposes.	Head of Corporate Governance	30 March 2020		Council of Governors and Board of Directors	Governor elections concluded 090320 but Governor induction on hold. New Governors sent information on the role and initial documentation completed as far as

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
		Lead Governor should be informed.					possible at this stage. The further election to fill the staff vacancy (Other Professionally Qualified Staff) has been paused. Members emailed 180320 to advise all Membership activity was being paused. Lead Governor informed.
Annual Accounts and Audit		Deadlines for preparation and audit of accounts in 2019/20 are being extended. Detail was issued on 23 March 2020. Organisation to inform external auditors where necessary.	Deputy Chief Executive and Director of Finance				Detail of NHSE/I guidance shared with PAF and is in Board papers. External auditors informed.
Quality accounts - preparation		The deadline for quality accounts preparation of 30 June is specified in Regulations. We intend it will be deferred – since this letter confirmation of deferment has been	Deputy Director of Nursing			Council of Governors/ Board of Directors	Quality team advised that all work on the Quality Account can be stopped.

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
		received.					External auditors informed; Governors to be advised.
Annual Report		We are working with DHSC and HM Treasury on streamlining the annual report requirements – further guidance forthcoming	Company Secretary	14 April 2020			Work continues on the annual report as deadlines and submission timetable remain in place until otherwise advised. Internal deadline for corporate submissions remains at 140420
Decision-making processes		While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision-making. This will include using specific emergency decision-making arrangements.	Company Secretary	6 April 2020		Board of Directors	The constitution allows for emergency decision making and a process has been identified to record these decisions and report them to the next meeting of the Board for ratification. <i>(cf Annex I for further detail)</i>
Reporting and Assurance							
Constitutional standards		.Constitutional standards and collections to be stopped for Q1 (e.g. A&E, RTT, Cancer,	Head of Information & Performance			PAF	National collections paused, internal collection continuing.

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
		Ambulance waits, MH LD measures)					Additional guidance now states KH03 (quarterly bed availability) will also not need to be submitted.
Friends and Family test		Stop reporting requirement to NHS England and NHS Improvement	Director of Nursing & Quality	30 March 2020		Patient Experience Group	Paused
Long-Term Plan: Operational planning		Paused	Deputy Chief Executive & Director of Finance	30 March 2020		Board of Directors	Although suspended, a pre-mortem exercise is underway on how the Trust deals with the implications/long-term consequences in returning to BAU post pandemic.
Long-term Plan: System by default		Long-term Plan: Put on hold all national System by Default development work (including work on CCG mergers and 20/21 guidance). However, NHSE/I actively encourages system working where it helps manage the response to COVID-19, providing support where possible.	Director of Strategic Partnerships	30 March 2020		Board of Directors	Cheshire system still progressing Collaboration at Scale and Transformation workstreams of the financial recovery plan, prioritising support for schemes which support COVID-19 response. Also includes capturing good practice/lessons

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
							learnt from current situation to enhance future Cheshire system functions e.g. procurement. ICP governance paused until May 20 but local system working in place to manage the COVID-19 response – daily calls across providers with mutual aid and support in place
Long-Term Plan: Mental Health		NHSE/I will maintain Mental Health Investment guarantee.	n/a	n/a			Not applicable to the Trust.
Long-Term Plan: Learning Disability and Autism		As for Mental Health, NHSE/I will maintain the investment guarantee.	Director of Nursing & Quality/ Dignity Matron	n/a		Executive Safe-guarding Group	No action required
Long-Term Plan: Cancer		NHSE/I will maintain its commitment and investment through the Cancer Alliances to improve survival rates for cancer. NHSE/I will work with Cancer Alliances to prioritise delivery of commitments that free up capacity and slow or stop those	Medical Director	n/a			No action required

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
		that do not, in a way that will release necessary resource to support the COVID-19 response.					
NHSE/I Oversight meetings		Be held online. Streamlined agendas and focus on COVID-19 issues and support needs.	Chief Executive	30 March 2020		QGC	No action required.
Corporate Data Collections (e.g. licence self-certs, Annual Governance statement, mandatory NHS Digital submissions)		Look to streamline and/or waive certain elements. Delay the Forward Plan documents FTs are required to submit. We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.	Company Secretary/ Chief Information Officer	15 April 2020		Board of Directors	Awaiting clarification from NHSE/I
Use of Resources assessments		With the CQC suspending routine assessments, NHSE/I will suspend the Use of Resources assessments.	Deputy Chief Executive & Director of Finance	30 March 2020		Board of Directors	No action required
Continuing Healthcare Assessments		Stop CHC assessments. Capacity tracker, currently mandated for care homes, is now also mandated for hospices and intermediate care facilities	n/a	n/a		n/a	Not applicable to the Trust.
Provider transaction		Complete April 2020 transactions, but potential for NHSE/I to de-		n/a		n/a	Not applicable to the Trust.

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
appraisals		prioritise or delay transactions appraisals if in the local interest given COVID-19 factors	n/a				
CCG Mergers		Complete April 2020 CCG Mergers but delay work post April 2020.	n/a	n/a		n/a	CCG Cheshire Merger will complete.
Service Reconfigurations		Expect no new public consultations except in cases to support COVID- 19 or build agreed new facilities. We will also streamline or waive, as appropriate, the process to review any reconfiguration proposals designed in response to COVID-19	Chief Executive	n/a		Board of Directors	None planned currently.
Seven Day Services		Suspend the 7-day hospital services board assurance framework self-cert statement	Medical Director	30 March 2020		QGC	Suspended
Clinical audit		All national clinical audit, confidential enquiries and national joint registry data collection, including for national VTE risk assessment, can be suspended. Analysis and preparation of current reports can continue at the discretion of the audit provider, where it does not impact front line clinical capacity. Data collection for the child death database and	Medical Director	30 March 2020		Audit / QGC	Suspended

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
		MBRRACE-UK-perinatal surveillance data will continue as this is important in understanding the impact of COVID-19.					
Pathology Services		We need support from providers to manage pathology supplies which are crucial to COVID -19 testing. Trusts should not penalise those suppliers who are flexing their capacity to allow the NHS to focus on COVID-19 testing equipment, reagent, and consumables.	Deputy Chief Executive and Director of Finance	30 March 2020		PAF	Suppliers paid weekly when appropriately authorised. Urgent issues raised with Deputy DoF and processed accordingly
Other areas including HR and staff-related activities							
Mandatory training		New training activities – refresher training for staff and new training to expand likely to be necessary. Reduce other mandatory training as appropriate.	Head of Learning, Development and Education	30 March 2020		TAP	Actioned
Appraisals and revalidation		Recommendation that appraisals are suspended from the date of this letter, unless there are exceptional circumstances agreed by both the appraisee and appraiser. This should immediately increase capacity in our workforce by allowing appraisers to return to clinical practice.	Head of Learning, Development and Education	30 March 2020		TAP	Staff advised through daily bulletins that appraisals and revalidations are on hold.

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
		<p>The GMC has now deferred revalidation for all doctors who are due to be revalidated by September 2020. We request that all non-urgent or non-essential professional standards activity be suspended until further notice including medical appraisal and continuous professional development (CPD).</p> <p>The Nursing and Midwifery Council (NMC) is to initially extend the revalidation period for current registered nurses and midwives by an additional three months and is seeking further flexibility from the UK Government for the future.</p> <p>CCG clinical staff Deployment. Review internal needs in order to retain a skeleton staff for critical needs and redeploy the remainder to frontline CCG Governing Body GP to focus on primary care provision</p>	<p>Revalidation Manager</p> <p>Director of Nursing & Quality</p> <p>n/a</p>	<p>30 March 2020</p> <p>30 March 2020</p> <p>n/a</p>			
Repurposing of non-clinical staff		Non-clinical staff to focus on supporting primary care and providers.	Head of OD	15 April 2020			In progress

Standard/Process/ Issue/Recommendation	'BRAG' Rating	Action Required	Responsible Lead	Milestones/ Timescales (by end of)	Current Progress Rating	Responsible Committee/ Group	Closure Date & Evidence (embed evidence into document)
Enact business critical roles at CCGs		To include support and hospital discharge, EPRR etc.	Chief Executive			PAF	Awaiting notification from CCG
Data Security Toolkit							
Data Security and Protection Toolkit Submission 2019/20		Submission date remains 31 March 2020 but full completion of toolkit may not be possible. Organisations that completed and fully meet the standard will be given 'Standards Met' status; not fully completing or meeting the standard because to do so would impact on the COVID- 19 response, will be awarded 'Approaching standards' status	Chief Information Officer	30 March 2020			Delayed

The Trust standard template (see page 4) will be completed by the identified lead.

The **Initial “BRAG” Rating** will be rated as follows – showing our position against the required standard / measure etc.

Key:	Universal Compliance	Compliant	Partially Compliant	Non – Compliant
	Adherence 100%	Adherence 90% - 99%	Adherence 80% - 89%	Adherence < 79%

The overall **Current Progress Rating** will be rated as follows, which shows our position against the improvement planned:

Current Progress Rating		
Colour	Narrative	Description
B	Blue “Complete/business as usual (BAU)”	Completed: Improvement / action delivered with sustainability assured.
G (a or b)	Green “On track”	Improvement on trajectory either: a) On track – not yet completed b) On track – not yet started
A	Amber “Problematic”	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
R	Red “Delayed”	Off track / trajectory – milestone / timescales breached. Recovery plan required.



Quality, Safety and Experience Report

April 2020

(February 2020 data)



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

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

Quality & Safety Section:

Description

Aggregate Position

Trend

Patient Safety Harm Incidents

For February 2020, there were a total of 204 patient safety harm incidents:

- 95.6% (195 incidents) have resulted in low harm
- 3.9% (8 incidents) have resulted in moderate harm
- 0.5% (1 incident) has resulted in serious incidents

In February 2020, the gap between harm and all patient safety incidents was 413. The aim over the twelve month period is to see this gap widening.

Previous 3 months: November a gap of 456, December 507 and January 514.

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 StEIS reported incidents and improvement plans will be developed and implemented.

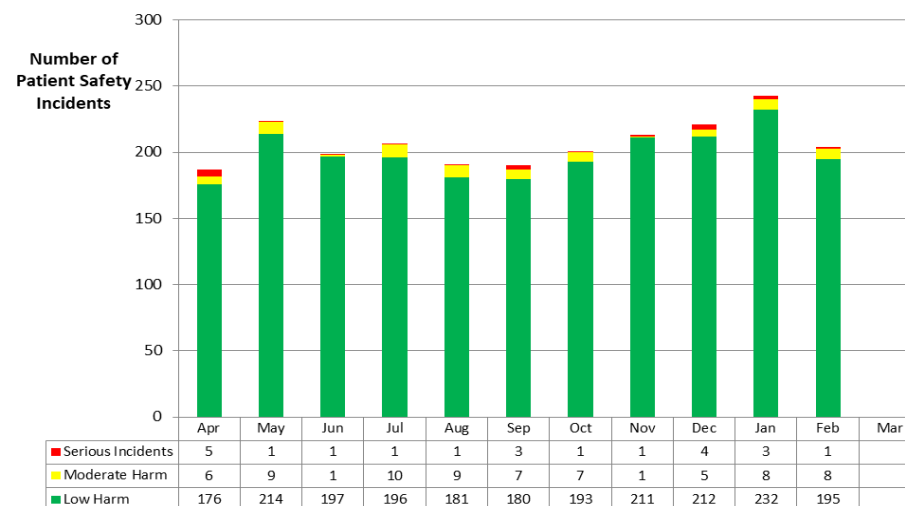
Harm vs All Patient Safety Incidents

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

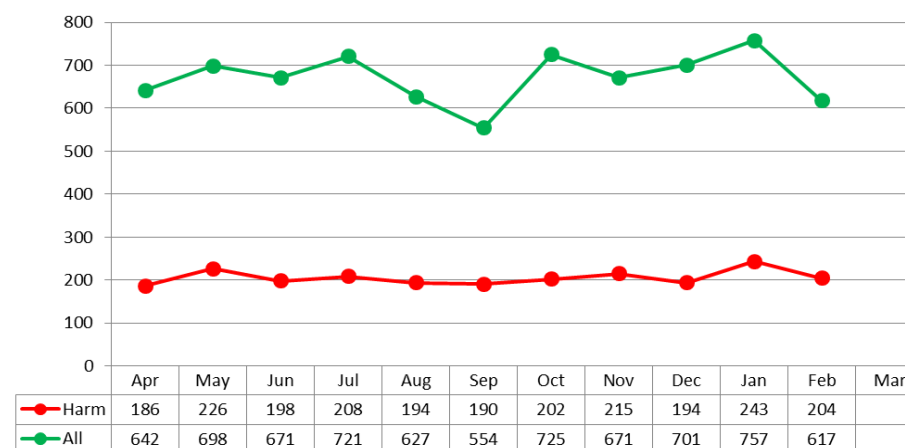
Definitions:

- Moderate Harm** – any incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm to one or more persons as a direct result of the incident.
- Major Harm** – any incident that has resulted in permanent harm as a direct result of the incident.
- Catastrophic** – any incident that directly resulted in the death of one or more persons as a direct result of the incident.

Patient Safety Incidents Resulting in Harm
April 2019 to March 2020



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



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

Description

Aggregate Position

Trend

CCICP Patient Safety Harm Incidents

For February 2020, there were a total of 94 patient safety harm incidents:

- 94.7% (89 incidents) have resulted in low harm
- 5.3% (5 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm

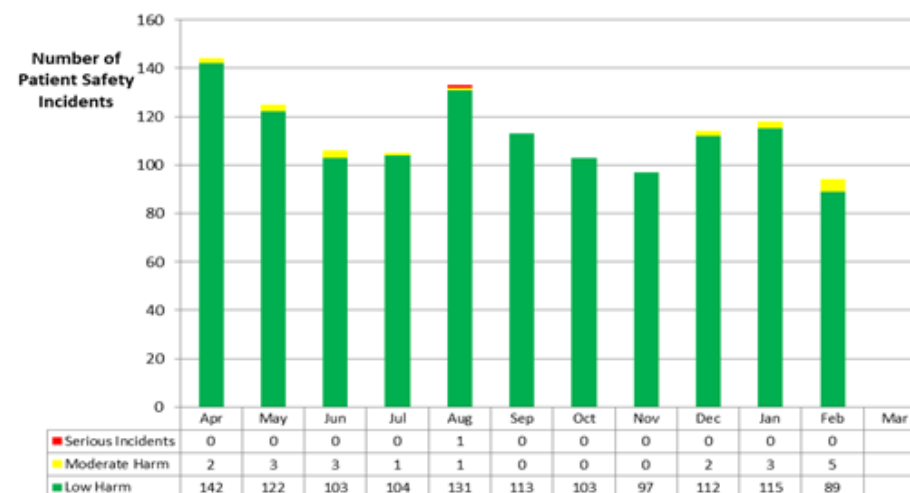
In February 2020, the gap between harm and all patient safety incidents was 25. For the previous 3 months, November saw a gap of 11, December a gap of 10 and January a gap of 14.

To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken, including a rolling programme of incident training 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

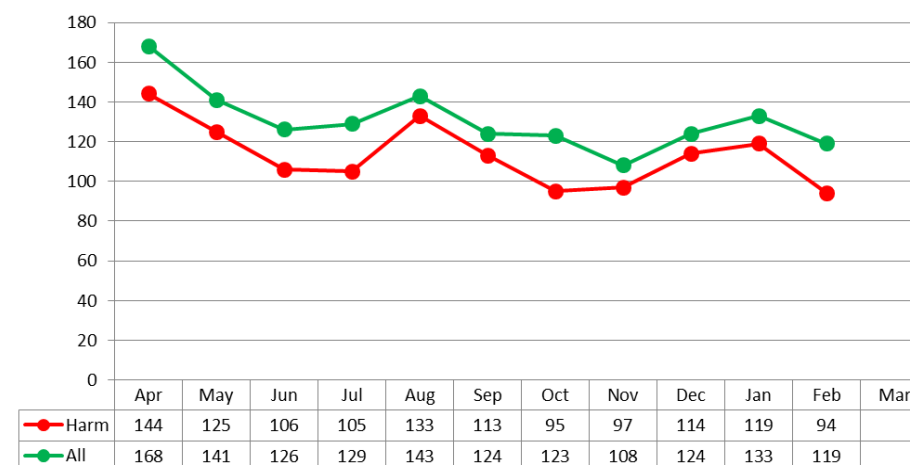
CCICP Harm vs All Patient Safety Incidents

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

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



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



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

Description

Aggregate Position

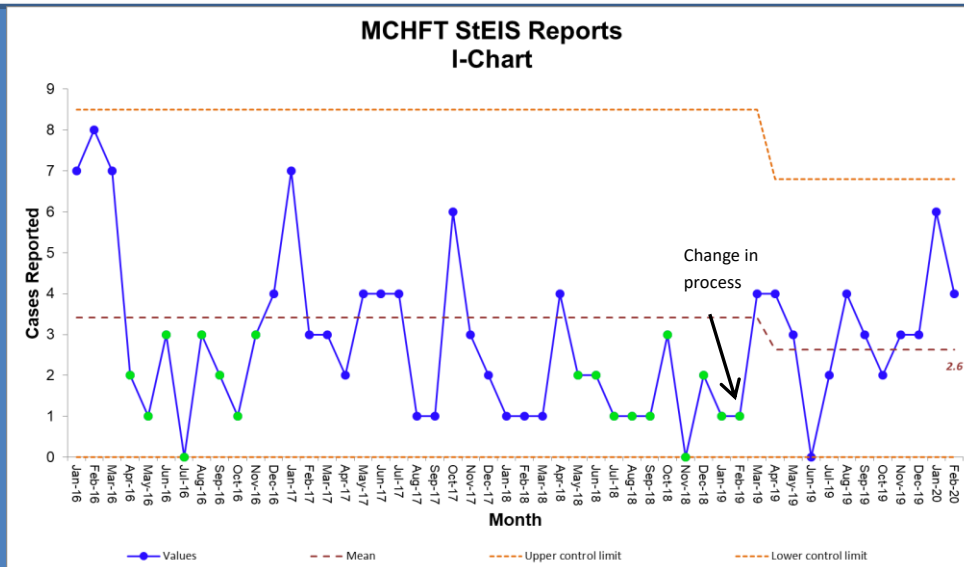
Trend

Acute Trust StEIS Reported Incidents

This chart demonstrates the number of incidents that have been reported to StEIS in February 2020.

For February 2020, there were 4 StEIS reported incidents;

- Intra Uterine Death
- Treatment delay in Podiatry referral
- Unexpected death - Missed diagnosis of bowel perforation
- Unexpected death – Delay in receiving antibiotics



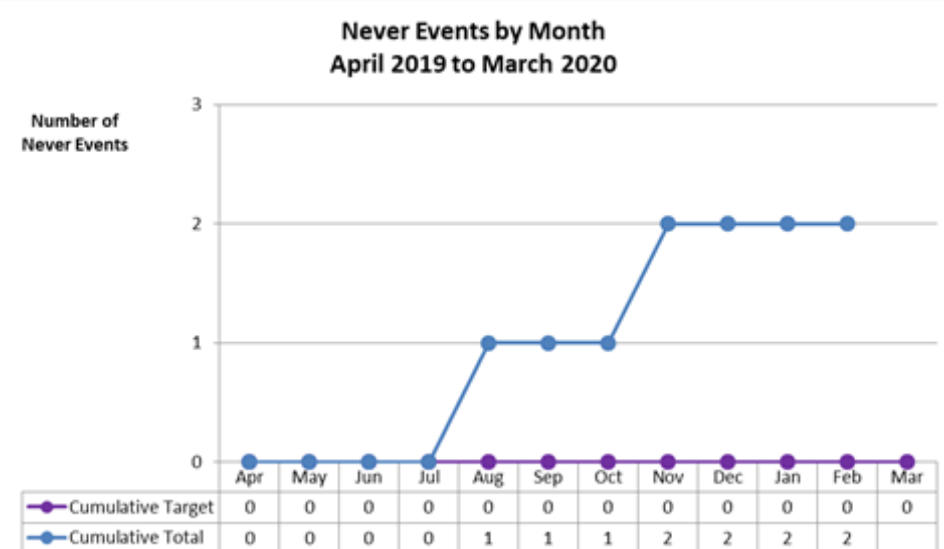
Never Events

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

The target is to have zero Never Events

The total for 2019/20 is 2:

- Retained foreign object post-operation –August 2019
- Wrong site implant – November 2019



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

Description

CCICP Serious Incidents

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

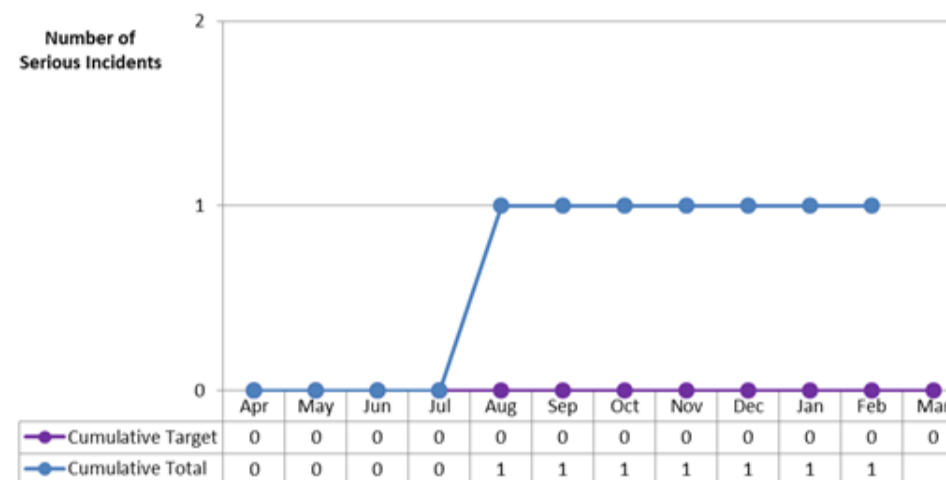
Aggregate Position

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

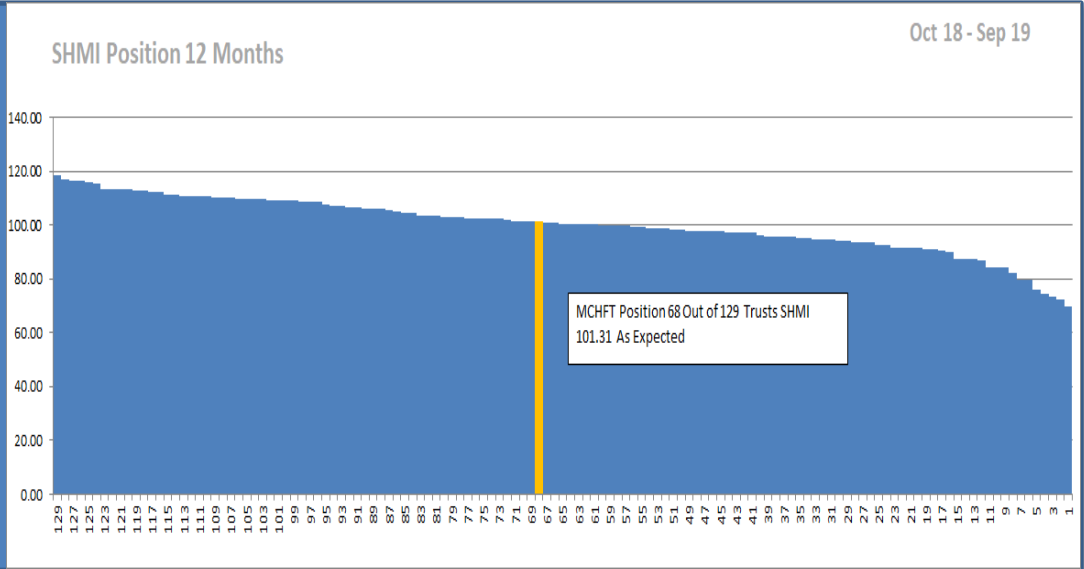
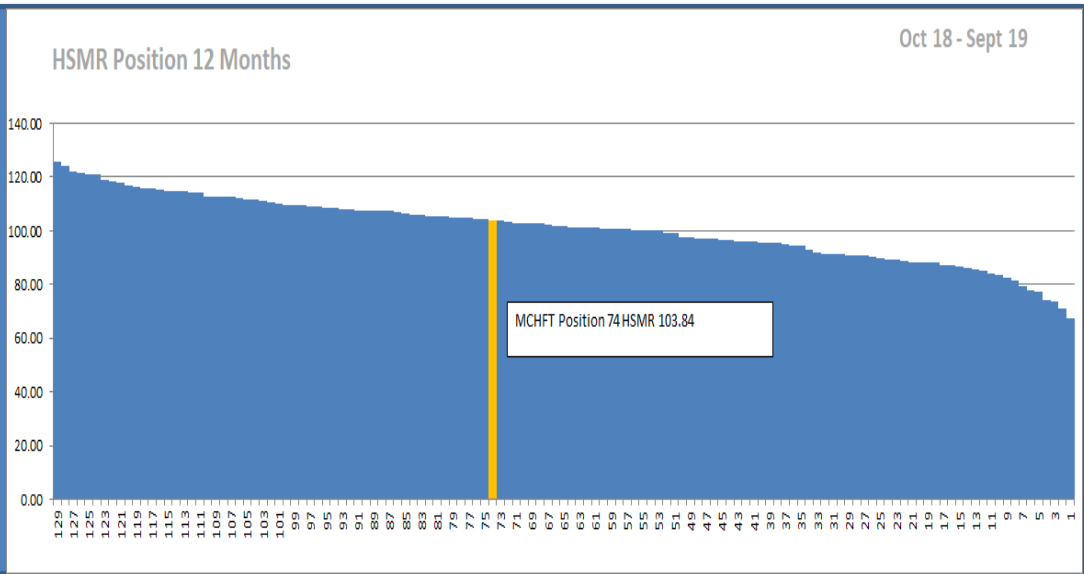
For February 2020, there were no serious incidents reported.

Trend

**CCICP Serious Incidents by Month
April 2019 to March 2020**



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

Description	Aggregate Position	Trend
<div>SHMI</div> <div>12 month rolling position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.</div>	<div>The chart shows the SHMI and rank of MCHFT for each of the 12 month rolling position submissions for the period October 2018 to September 2019 and is “as expected”.</div> <div>The Trust’s current position is 68 out of 129 Trusts with SHMI at 101.31.</div>	<div>SHMI Position 12 Months</div> <div>Oct 18 - Sep 19</div> <div></div>
<div>Hospital Standardised Mortality Rate (HSMR) by Trust.</div> <div>12 month rolling position for HSMR</div>	<div>The data in the chart shows the HSMR and rank of MCHFT for each of the 12 month rolling position submissions for the period October 2018 to September 2019 and is “as expected”.</div> <div>The Trust’s current position is 74 out of 129 Trusts with HSMR at 103.84.</div>	<div>HSMR Position 12 Months</div> <div>Oct 18 - Sep 19</div> <div></div>

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

Description

Aggregate Position

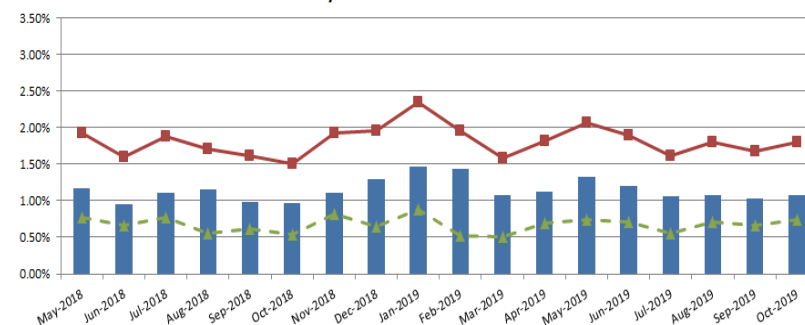
Crude Death Rates

The chart shows the Trust's crude death rates.

In October 2019, the in-hospital crude death rate was 1.07%. This is an increase from 1.03% in September 2019.

Trend

Monthly crude death rates



	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019
In-hospital deaths crude rate	1.17%	0.95%	1.11%	1.15%	0.99%	0.97%	1.11%	1.30%	1.47%	1.44%	1.08%	1.13%	1.32%	1.20%	1.06%	1.08%	1.03%	1.07%
within 30 days discharge crude rate	0.77%	0.66%	0.77%	0.55%	0.62%	0.54%	0.82%	0.65%	0.88%	0.52%	0.51%	0.69%	0.75%	0.70%	0.56%	0.72%	0.66%	0.74%
In-hospital and within 30 days discharge crude rate	1.93%	1.60%	1.88%	1.71%	1.61%	1.51%	1.93%	1.96%	2.35%	1.97%	1.58%	1.82%	2.07%	1.90%	1.62%	1.80%	1.68%	1.81%
In-hospital deaths	79	62	77	77	64	70	77	82	103	94	76	74	92	80	78	74	70	81
Community deaths within 30 days discharge	52	43	53	37	40	39	57	41	62	34	36	45	52	47	41	49	45	56
Number of discharges	6,781	6,553	6,914	6,667	6,452	7,230	6,926	6,289	7,014	6,509	7,068	6,523	6,967	6,675	7,342	6,840	6,827	7,578

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

Description

Aggregate Position

Trend

Acute Trust Pressure Ulcers (PU) – Hospital Acquired

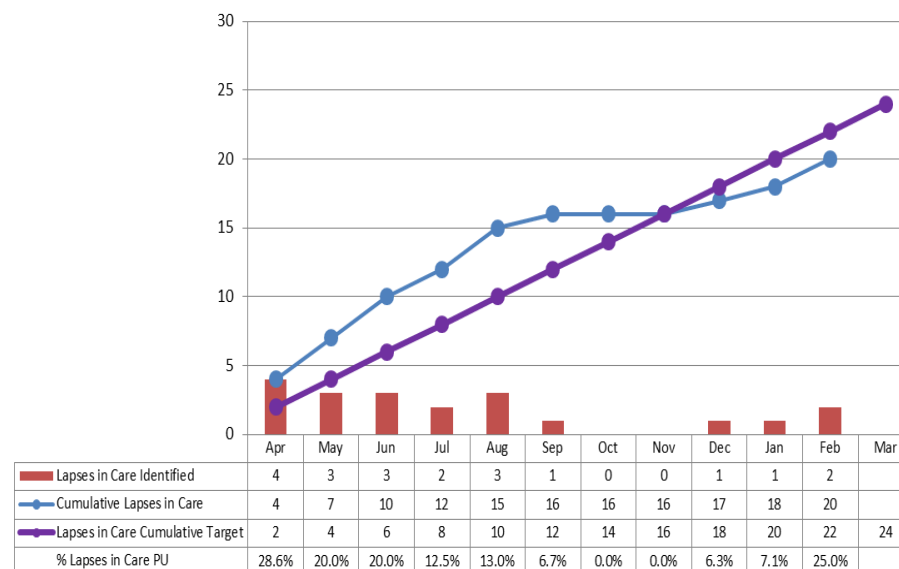
For February 2020, there were a total of 8 hospital acquired pressure ulcer incidents:

- 62.5% (5 PUs) are currently awaiting confirmation from PUP as to whether lapses in care contributed to the pressure ulcer's development.
- 25% (2 PUs) have been confirmed to have lapses in care that did contribute identified.
- 12.5% (1 PU) has been confirmed to have no lapses in care identified.

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
- Representatives from MCHFT and CCICP TVN teams have attended the Cheshire and Merseyside Pressure ulcer prevention steering group meetings held quarterly
- From this group there is a Northwest pressure ulcer policy which will be rolled out across MCHT and CCICP
- A Tissue Viability Link nurse study day is planned in March for all Link Nurse

Hospital Acquired Pressure Ulcers by Month
April 2019 to March 2020



CCICP Pressure Ulcers – Community Acquired

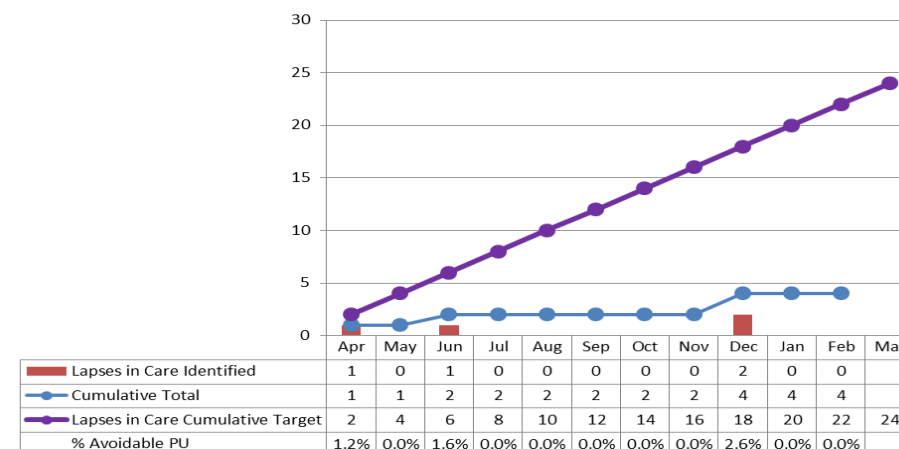
For February 2020, there were a total of 62 community acquired pressure ulcer incidents:

- 1.5% (1 PU) occurred with lapses in care that did not contribute to the PU.
- 58.1% (36 PUs) occurred with no lapses in care identified.
- 33.9% (21 PUs) are awaiting confirmation from PUP.
- 6.5% (4 PUs) are awaiting verification.

Improvement actions include:

- The Tissue Viability Team continues to attend the North West Pressure Ulcer Steering Group meetings to discuss and learn from 'Best Practice'.
- The Division have detailed a 50% reduction in PU over the last 6 months.

CCICP Community Acquired Pressure Ulcers by Month
April 2019 to March 2020



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

Description

Aggregate Position

Trend

Acute Trust Medication Harm Incidents

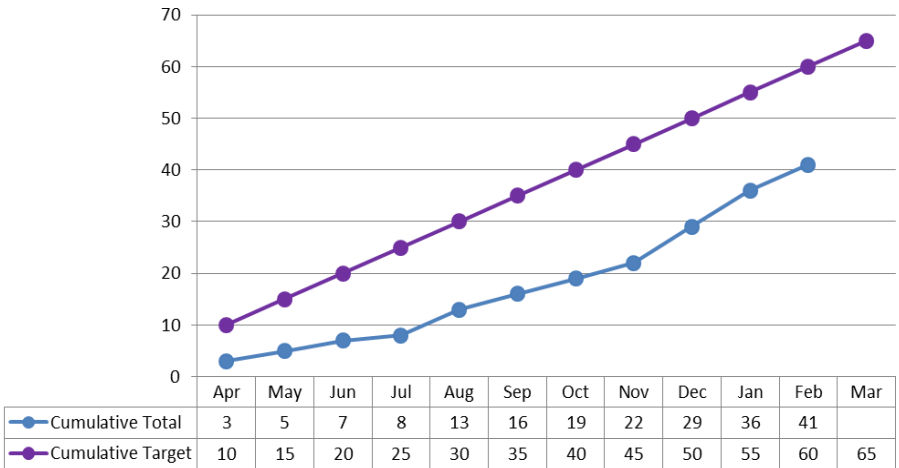
For February 2020, there were a total of 5 medication incidents resulting in harm reported:

- 80% (4 medication incidents) have resulted in low harm
- 20% (1 medication incident) resulted in moderate harm
- 0% (0 medication incidents) resulted in serious harm

Improvement actions include:

- Junior medical staff training and E-learning package is in place
- Medicines management training for nurses has been updated
- Monthly lessons learned shared from the Safe Medicines Practice Group
- Pharmacy enablement policy approved which enables pharmacists to amend prescriptions which are unsafe or unclear.

**Medication Harm Incidents by Month
April 2019 to March 2020**



CCICP Medication Harm Incidents.

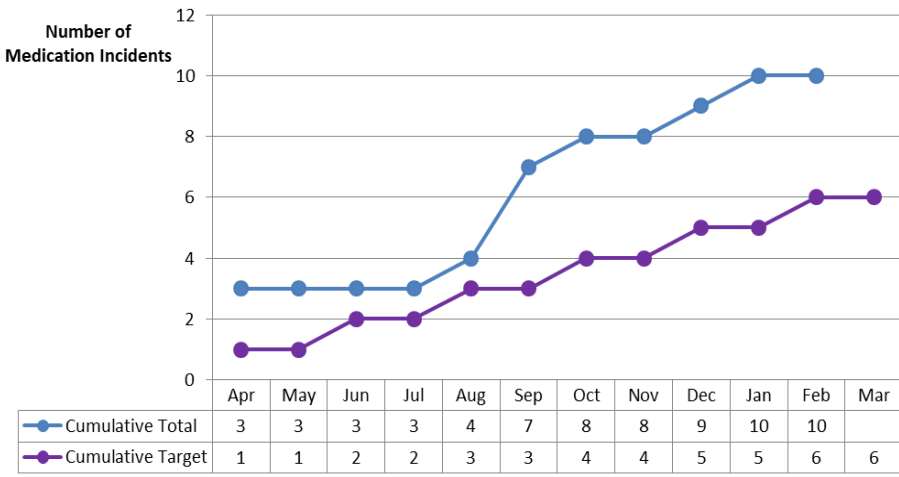
For February 2020, there were 0 medication incidents reported resulting in harm:

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

Improvement actions include:

- CCICP Medication Incident Report has been produced for review and discussion at IGG to identify themes and lessons learnt
- A review of insulin errors has found that 'human error' is a prominent factor.
- Daily handover in each team is now reviewing all insulin appointments and ensuring that the afternoon visits and the following days visits have been appropriately allocated to avoid the scheduling errors.
- Any staff members whom make an error/omission undertake face to face medication competency again and complete a reflection this has been successful in minimising re-occurrence of human error.

**CCICP Medication Incidents by Month
April 2019 to March 2020**



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

Description

Inpatient Falls.

In February 2020, there were a total of 33 falls with harm.

- 87.9% (29) resulting in low harm
- 12.1% (4) resulting in moderate harm
- 0% (0) resulting in major harm
- 0% (0) resulted in catastrophic harm

Improvement actions include:

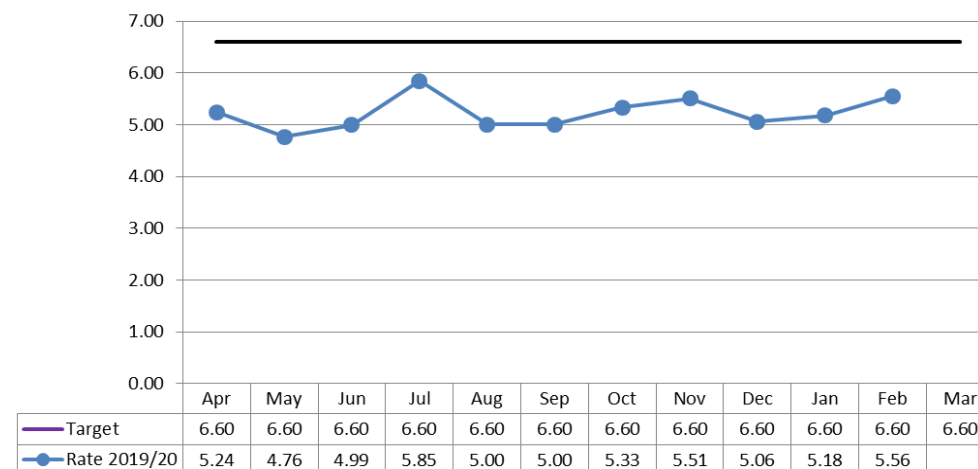
- Draft Falls Policy update reviewed in line with national guidance. To be circulated to Falls Steering Group by end of April 2020
- Daily Falls report has been designed and is circulated daily detailing recurrent fallers
- Harm Free care panel being scoped to include patient falls
- Review of Falls Risk Assessment tool based on feedback from clinicians and benchmarking of other Trust tools
- Bay tagging trial underway – led by Division of Medicine and Emergency Care
- A thematic analysis of low and no harms is being undertaken to strengthen the Trusts learning in preventing falls with harm.

The falls rate per 1,000 bed days was 5.56

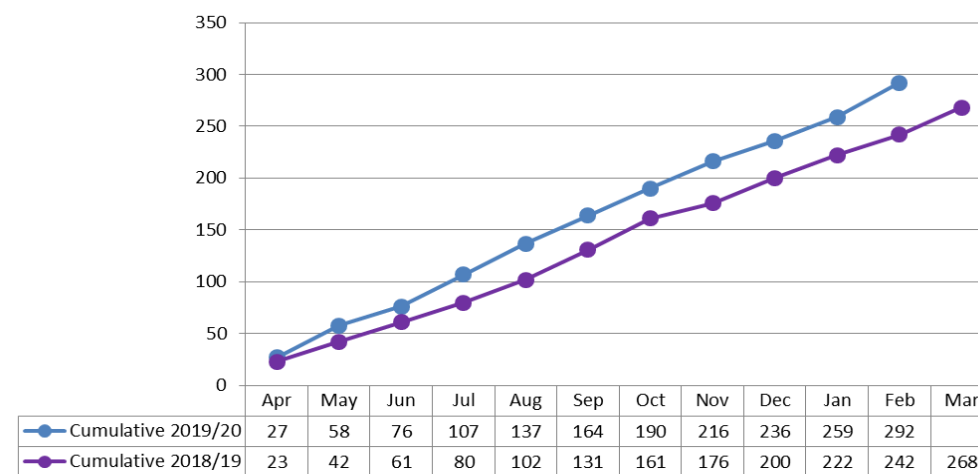
Aggregate Position

Trend

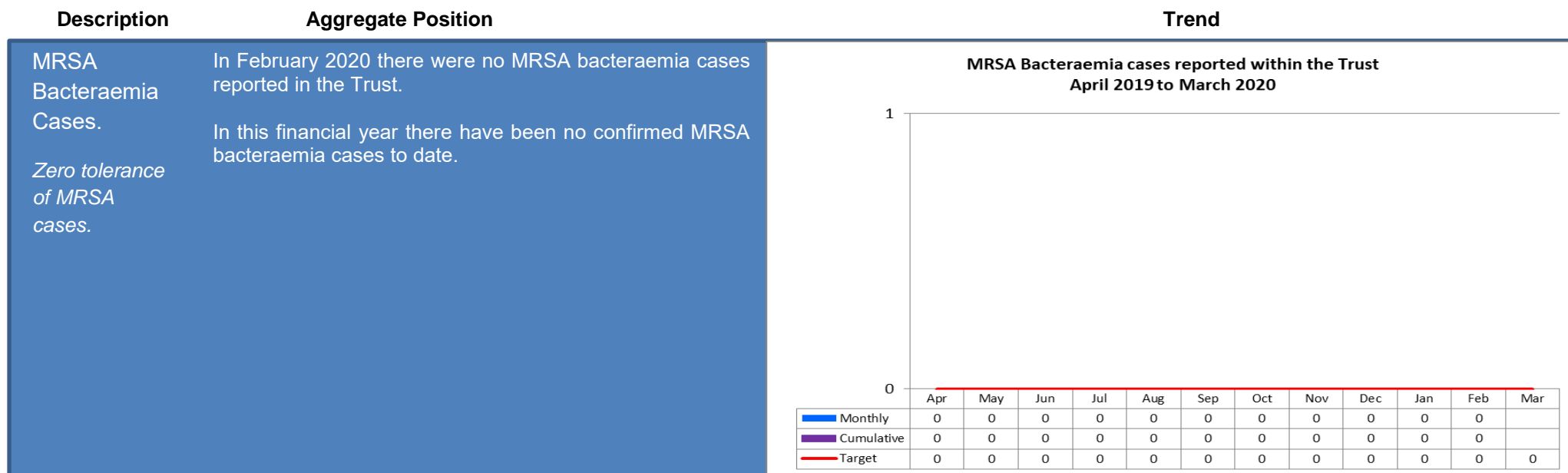
**Inpatient Falls Rate Per 1,000 Bed Days & Month
April 2019 to March 2020**



**Inpatient Falls Resulting In Harm by Month
April 2019 to March 2020**



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



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

Description

Clostridium Difficile toxin positive cases.

Aggregate Position

The target is to have 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.

In February 2020, there were 2 new cases of C. Diff.

One Hospital Onset – onset hospital acquired on the Surgical Assessment Unit/Surgical Specialities Ward

One Community Onset - onset hospital acquired on the Acute Medical Unit

To the end of February 2020 there have been 27 cases of which one is avoidable.

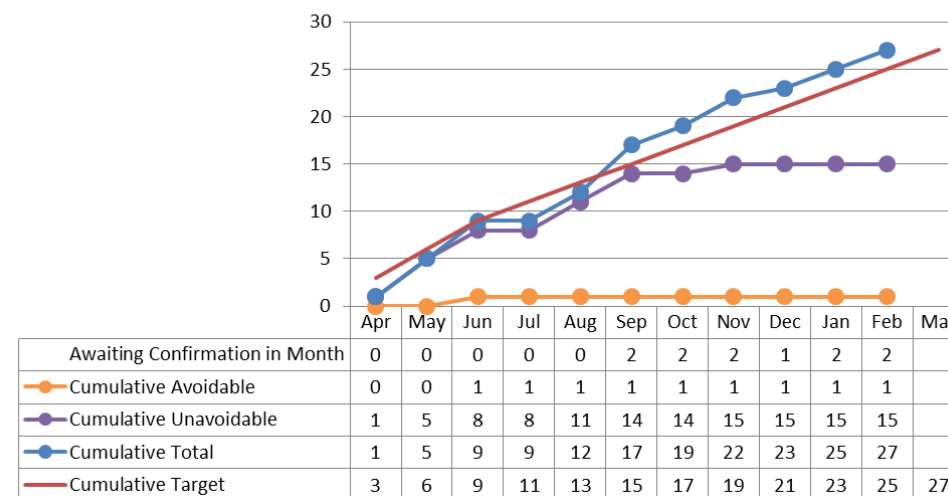
Improvement actions include:

- 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.

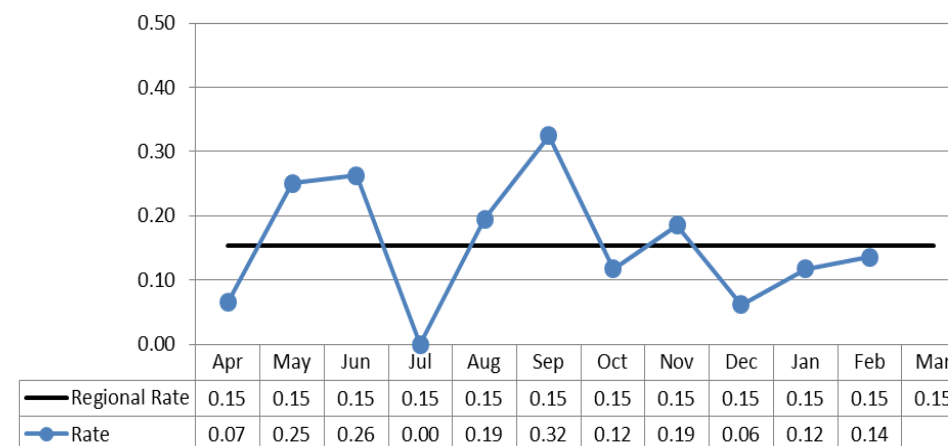
The Trust rate is below the regional rate in February 2020 at 0.14.

Trend

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



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



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

Description

Aggregate Position

Trend

MSSA Cases.

To date in the financial year there have been 15 confirmed MSSA cases reported, all are unavoidable.

The regional rate is based at 0.10.

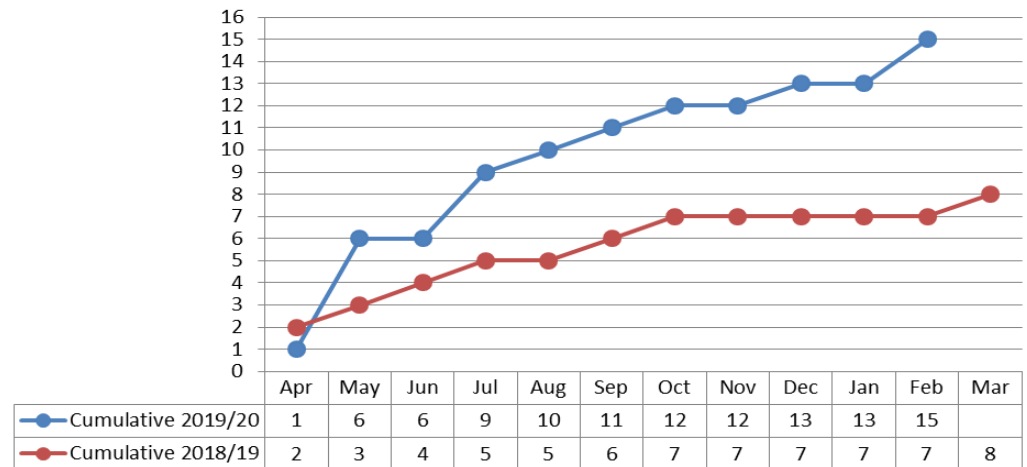
In February 2020, the rate of MSSA was 0.14 per 1,000 occupied bed days.

In February 2020 there were 2 MSSA cases reported in the Trust.

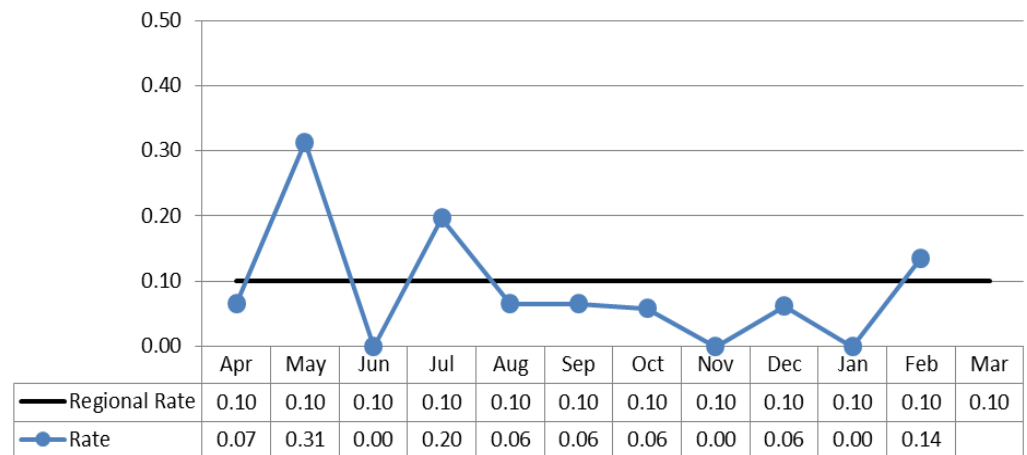
The 2 cases occurred on Wards 1 and 2. Both were confirmed as unavoidable.

MSSA cases are reviewed by Consultant Microbiologist and a senior IPCP.

MSSA cases reported within the Trust
April 2019 to March 2020



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



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

Description

Aggregate Position

Trend

E-Coli Cases.

In this financial year there have been 24 confirmed E-Coli cases reported. Of these cases 19 have been male, the national picture in 2018 was that slightly more females were identified as E.Coli than males.

In February 2020, no E.Coli cases were reported

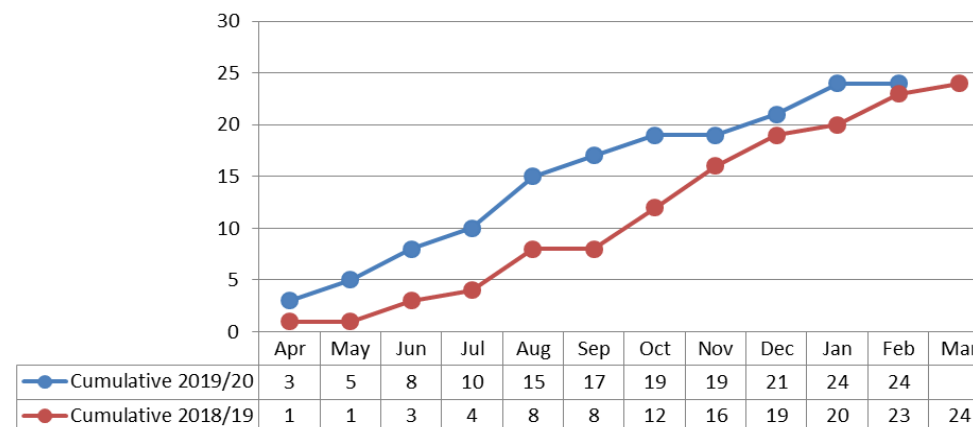
Actions to address E.Coli are;

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

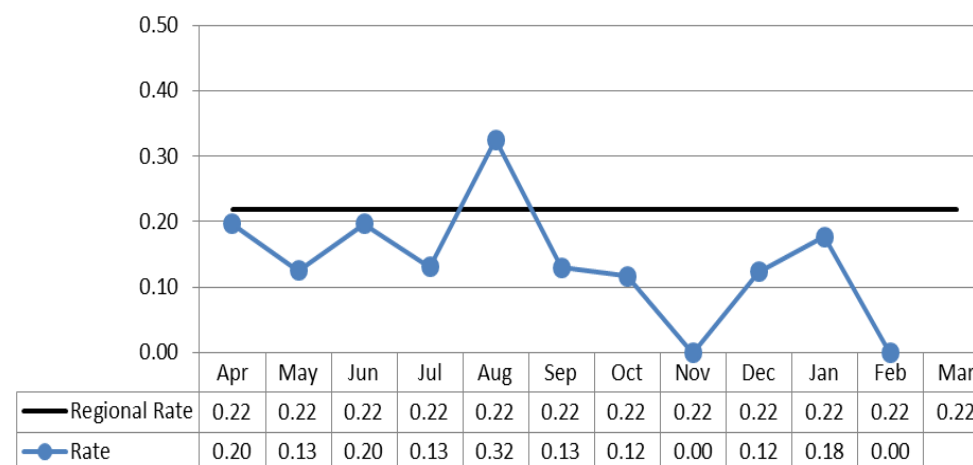
The regional rate for E.Coli infections is 0.22.

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

**E-Coli cases reported within the Trust
April 2019 to March 2020**















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












Board Papers – Quality, Safety & Experience Section: April 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	 £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	 £0		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	 £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: April 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	 £0		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	 Partially		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	 Partially		Q2 = 33% Q3 = 33% Q4 = 34%	£447,030 £149,010 £149,010 £149,010

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

Best Practice Pathways							
Indicator 9 Six Month Reviews for Stroke Survivors (Minimum 35% - Maximum 55%) Community only	Achieving 55% of eligible stroke survivors receiving a six month follow up within 4-8 months of their stroke.	 £46,079	 £46,079	 £46,079		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£184,318 £46,079 £46,079 £46,079 £46,079
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	 Partially		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	 Partially		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Indicator 11c 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	 £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	 £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	 £9,670			

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

All Schemes	Achieved	Target	Variance
Q1	£175,965	£335,146	-£159,181
Q2	£206,166	£558,663	-£352,497
Q3			
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: April 2020

Description

Safety Thermometer - Harm Free Care.

In February 2020, 97% of patients received harm free care as measured by the point prevalence Safety Thermometer.

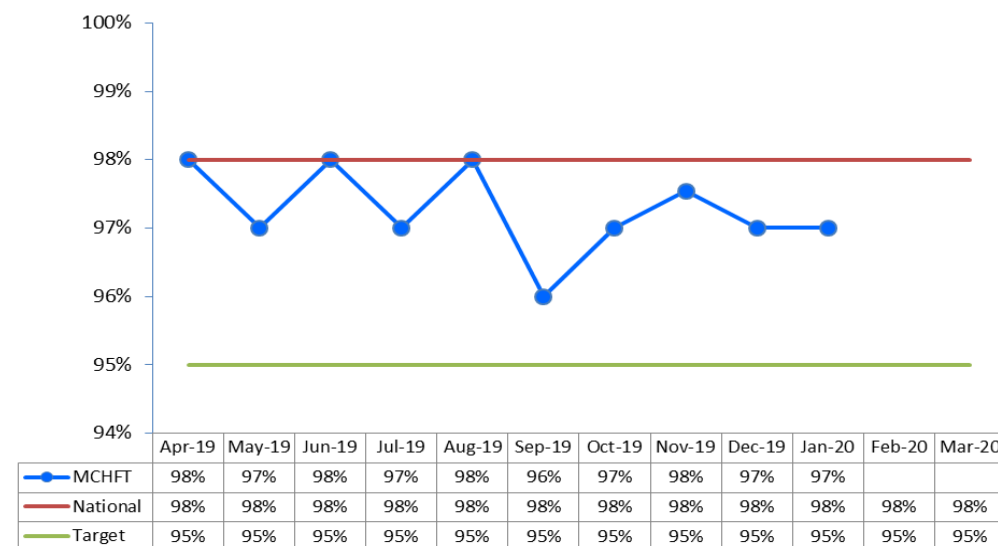
The Safety Thermometer data is collected during the morning of the first Wednesday of each month and is collected by the nursing staff on duty on the ward/DN caseload assisted by the Senior Nursing Teams. This is applicable to inpatient areas and district nursing caseloads only.

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

Aggregate Position

Trend

Percentage of patients with Harm Free Care Safety Thermometer



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

Description	Aggregate Position	Trend	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	90.6% of expected Registered Nurse hours were achieved for day shifts. Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.	Trend February 2020: 90.6% January 2020: 88.2% December 2019: 86.97%	The lowest staffing levels during the day were on CAU at 74.1%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	93.1% of expected Registered Nurse hours were achieved for night shifts.	Trend February 2020: 93.1% January 2020: 92.4% December 2019: 89.53%	The lowest staffing levels during the night were on NICU at 77.7%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	87.9% of expected HCA hours were achieved for day shifts.	Trend February 2020: 87.9% January 2020: 89.7% December 2019: 88.04%	The lowest staffing levels during the day were on NICU at 50.9%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	90.4% of expected HCA hours were achieved for night shifts. For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.	Trend February 2020: 90.4% January 2020: 93.5% December 2019: 95.36%	The lowest staffing levels during the night were on Ward 9 at 83.8%
Total number of wards that are lower than 85% RN fill days and nights is 6.	CAU 74.1% (day), Critical Care Pod 1 84.5% (night), NICU 81.7% (day) and 77.7% (night), Ward 10 84.9% (day), Ward 18 83.6% (night) and Ward 6 84.6% (night).	<ul style="list-style-type: none"> • Actions taken: Staffing reviewed on daily basis by Matrons/HoN following Escalation process • Risk assessments taken place to review bed occupancy and patient acuity before transferring staff 	

Board Papers – Quality, Safety & Experience Section: April 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	37,524.09	33,453.10	32,806.13	29,223.40	26,567.42	24,375.25	20,767.27	19,723.25	90.64%	87.94%	93.09%	90.41%	13527	183.1	77.9	260.7
Acute Medical Unit	1,888.50	1,662.75	1,952.50	2,026.75	1,824.00	1,716.50	1,392.00	1,380.00	88.0%	103.8%	94.1%	99.1%	666	5.1	5.1	10.2
Child & Adolescent Unit	3,214.82	2,380.65	1,191.75	1,086.00	1,659.50	1,552.00	345.00	321.83	74.1%	91.1%	93.5%	93.3%	431	9.1	3.3	12.4
Critical Care - Pod 1	3,685.08	3,229.08	600.00	493.00	3,552.00	3,002.08	12.00	0.00	87.6%	82.2%	84.5%	0.0%	252	24.7	2	26.7
Elmhurst	696.00	693.00	2,280.80	2,167.80	696.00	696.00	1,572.00	1,560.00	99.6%	95.0%	100.0%	99.2%	850	1.6	4.4	6
Maternity Unit (Ward 23)	1,074.33	1,037.08	715.33	692.83	696.00	696.67	718.52	686.50	96.5%	96.9%	100.1%	95.5%	583	3	2.4	5.3
Midwifery Led Unit	705.58	681.58	0.00	0.00	696.00	683.08	0.00	0.00	96.6%	-	98.1%	-	26	52.5	0	52.5
NICU Ward 22	1,556.90	1,272.08	680.77	346.20	1,246.42	968.25	311.75	308.00	81.7%	50.9%	77.7%	98.8%	233	9.6	2.8	12.4
Ward 1 Coronary Care	2,032.50	1,843.75	1,398.00	1,290.75	1,476.00	1,368.00	936.00	834.00	90.7%	92.3%	92.7%	89.1%	877	3.7	2.4	6.1
Ward 10 Ortho Trauma	2,259.50	1,919.00	2,732.00	2,477.50	1,044.00	1,044.00	1,824.00	1,692.00	84.9%	90.7%	100.0%	92.8%	948	3.1	4.4	7.5
Ward 11 Short Stay	1,750.83	1,628.75	1,801.25	1,536.25	1,116.00	1,056.00	1,584.00	1,442.50	93.0%	85.3%	94.6%	91.1%	813	3.3	3.7	7
Ward 12 SAU	1,216.00	1,089.00	1,067.00	915.75	780.00	756.00	828.00	780.00	89.6%	85.8%	96.9%	94.2%	303	6.1	5.6	11.7
Ward 12 Surgical Speciality	1,165.00	1,167.00	984.00	881.00	684.00	684.00	420.00	396.00	100.2%	89.5%	100.0%	94.3%	388	4.8	3.3	8.1
Ward 13 Vascular & Colorectal	1,830.00	1,744.50	1,798.50	1,639.00	1,044.00	1,068.00	1,116.00	1,068.00	95.3%	91.1%	102.3%	95.7%	906	3.1	3	6.1
Ward 14 Gastroenterology	1,274.00	1,280.25	1,930.00	1,747.50	1,068.00	1,008.00	1,296.00	1,248.00	100.5%	90.5%	94.4%	96.3%	868	2.6	3.5	6.1
Ward 15 Female Ward	1,760.50	1,515.00	1,627.00	1,535.00	1,068.00	960.00	1,044.00	1,008.00	86.1%	94.3%	89.9%	96.6%	845	2.9	3	5.9
Ward 18 Respiratory	2,139.33	1,847.83	1,862.50	1,433.67	1,428.00	1,194.50	1,056.00	1,080.00	86.4%	77.0%	83.6%	102.3%	862	3.5	2.9	6.4
Ward 2 Gastroenterology	1,257.50	1,206.50	2,340.00	1,973.00	804.00	719.50	1,416.00	1,356.00	95.9%	84.3%	89.5%	95.8%	871	2.2	3.8	6
Ward 21b Rehabilitation	1,068.00	923.00	2,290.50	2,131.50	756.00	684.00	1,380.00	1,248.00	86.4%	93.1%	90.5%	90.4%	695	2.3	4.9	7.2
Ward 26 Labour	2,611.22	2,468.80	661.23	601.57	2,097.50	2,010.67	348.00	348.00	94.5%	91.0%	95.9%	100.0%	162	27.7	5.9	33.5
Ward 4 Elderly	1,676.50	1,437.00	1,746.00	1,624.50	732.00	648.00	1,392.00	1,354.25	85.7%	93.0%	88.5%	97.3%	918	2.3	3.2	5.5
Ward 6 Rehab	1,599.50	1,506.00	2,376.00	1,957.00	1,404.00	1,188.00	1,332.00	1,240.17	94.2%	82.4%	84.6%	93.1%	780	3.5	4.1	7.6
Ward 9 Ortho Elective	1,062.50	920.50	771.00	666.83	696.00	672.00	444.00	372.00	86.6%	86.5%	96.6%	83.8%	250	6.4	4.2	10.5

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

Experience Section:

Indicators	YTD 19/20	Nov-19	Dec-19	Jan-20	Feb-20
Complaints received by month	241	19	21	21	20
Complaints being reviewed by the Ombudsman	6	1	1	2	1
Closed complaints by month	245	13	23	30	29
Contacts raising informal concerns	905	77	57	99	81
Compliments received in month	5037	486	999	394	388
Number of new claims received in month	40	2	0	9	2
Number of claims closed	41	3	4	2	6
Number of inquests concluded	10	2	1	0	2
NHS Choices - Number of new postings	68	11	6	5	4
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		15%	15%	16%	15%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		87%	86%	89%	91%
F&FT Response Rate Inpatients and Daycases		43%	33%	33%	32%
Proportion of positive responses Inpatients and Daycases		92%	94%	95%	95%
F&FT Response Rate Outpatients		24%	14%	23%	13%
Proportion of positive responses Outpatients		94%	93%	94%	95%
F&FT Response Rate Maternity - Birth		19%	22%	13%	24%
Proportion of positive responses Maternity - Birth		100%	100%	96%	98%
F&FT Response Rate Community (CCICP)		6%	7%	11%	7%
Proportion of positive responses Community (CCICP)		93%	93%	95%	95%

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

Monthly formal complaints received by the Trust.

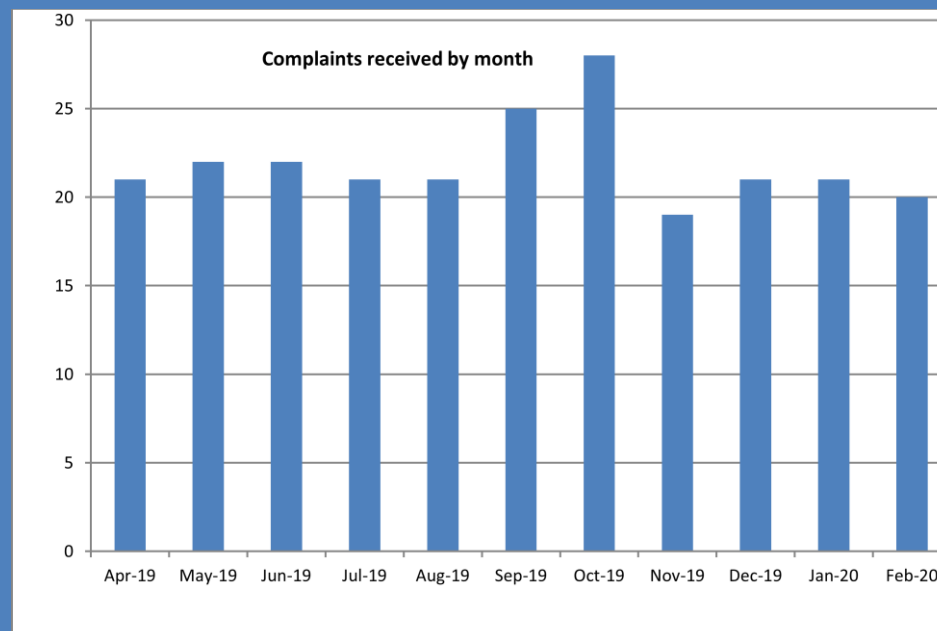
20 complaints were received in February 2020 which covered 114 concerns. There was also 1 re-opened complaint.

The highest categories were:

- Communication with 31 concerns
- Medical with 25 concerns
- Nursing with 12 concerns

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

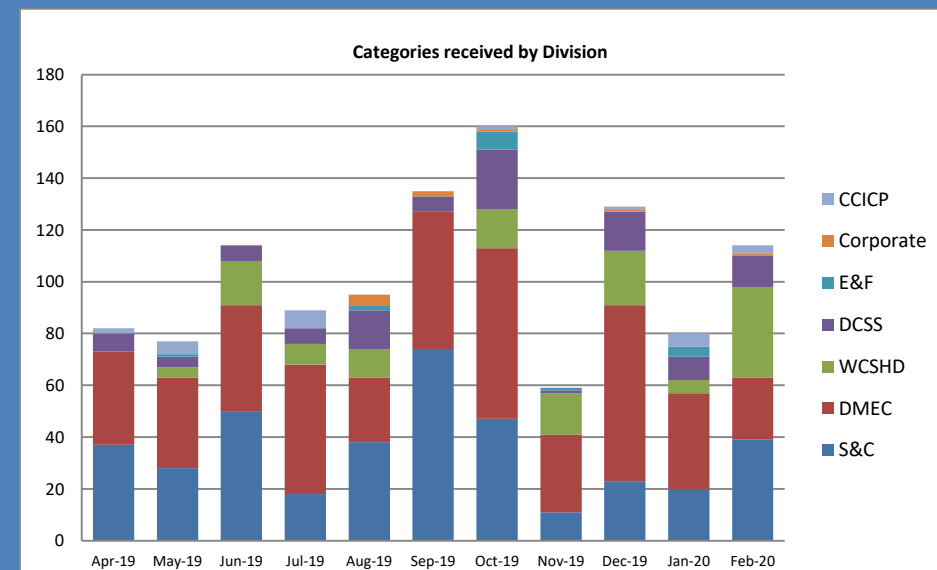
- Paediatric Medical Staff – 4 complaints with 15 concerns
- Emergency Department – 3 complaints with 9 concerns
- General Surgery - 2 complaints with 11 concerns



Number of formal complaint issues by division

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

CCICP: 3
CORP: 1
DMEC: 24
DCSS: 12
E&F: 0
S&C: 39
W&C: 35



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

Description

Aggregate Position/Description

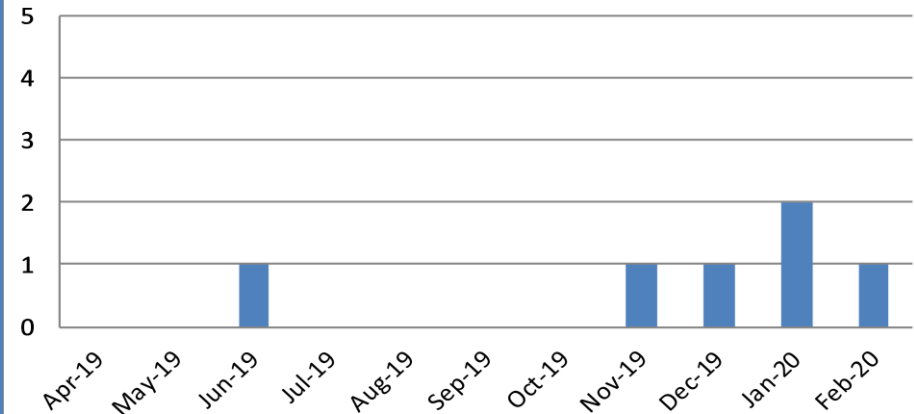
Trend

New complaints raised with the Public Health Service Ombudsman

In February 2020, there are three complaints at the assessment stage with the Parliamentary Health Service Ombudsman (PHSO) one each for CCICP, DMEC and Corporate.

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

New complaints raised with the Ombudsman



Complaint trends and number of issues.

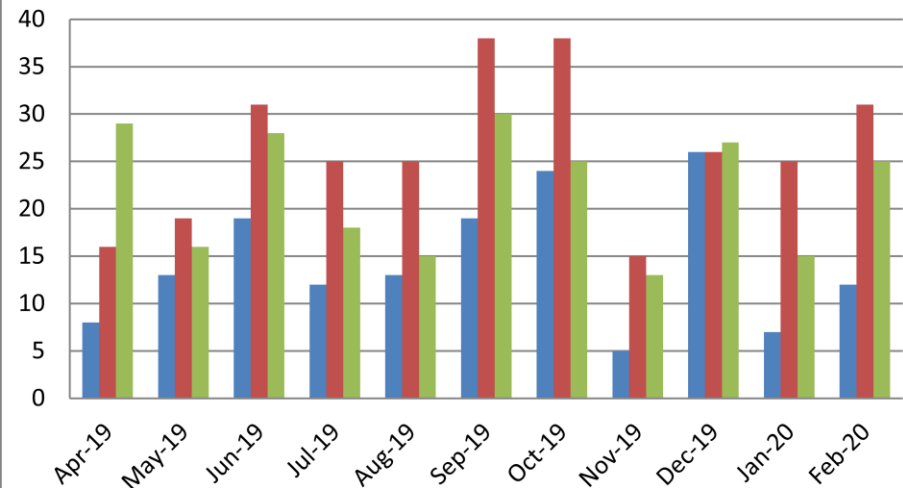
The main trends in February 2020 were:-

Communication - 31 concerns raised over 12 complaints. 12 of these concerns were related to communication with patients face to face. 15 were related to the Division of Surgery and Cancer

Medical Care - 25 concerns raised over 13 complaints. 6 of these concerns related to medical other. 12 belong to Women's and Children's Division

Nursing Care - 12 concerns raised over 8 complaints. 4 of these concerns related to nursing other. 6 belong to Division of Surgery and Cancer

Complaint trends and number of issues



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

Description

Aggregate Position/Description

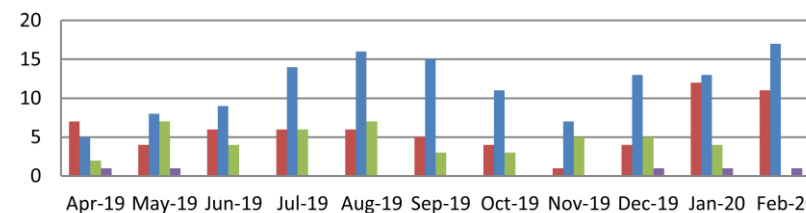
Trend

Closed

Complaints

In February 2020, 29 complaints were closed, 4 of which were re-opened complaints and 1 was withdrawn.

Closed complaints by month



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Upheld	7	4	6	6	6	5	4	1	4	12	11
Partially Upheld	5	8	9	14	16	15	11	7	13	13	17
Not upheld	2	7	4	6	7	3	3	5	5	4	0
Withdrawn	1	1	0	0	0	0	0	0	1	1	1
Referred to HR	0	0	0	0	0	0	0	0	0	0	0

Closed
complaints
by Division

The table provides a breakdown of closed complaints for February 2020 by division.

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

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
DMEC	5	9	0	0	0	14
Corporate	0	0	0	0	0	0
Surgery & Cancer	4	3	0	0	0	7
Women & Children's	2	4	0	0	0	6
DCSS	0	1	0	0	0	1
CCICP	0	0	0	1	0	1
Estates & Facilities	0	0	0	0	0	0
Total closed = 29						

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

Closed Complaints February 2020

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 February 2020 was 81 raising 139 individual concerns.

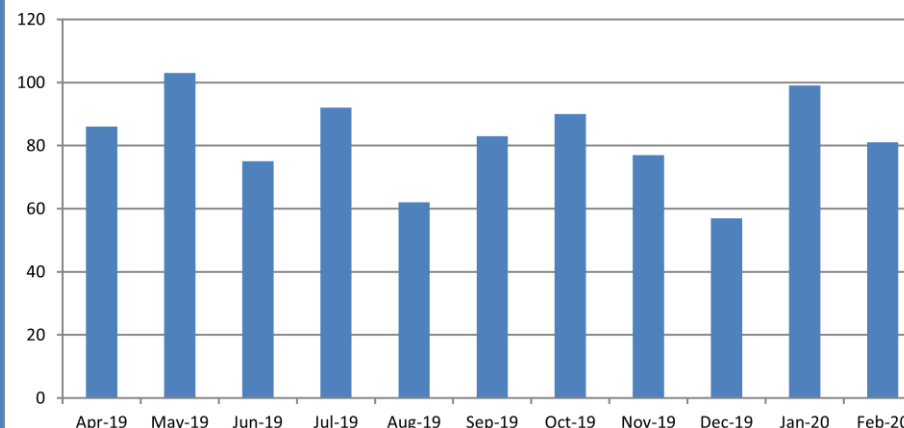
The Division of the Surgery and Cancer received the highest number of overall concerns at 59, with the Division of Medicine and Emergency Care receiving 34.

Ophthalmology and General Surgery received the largest number of individual concerns with 13 raised each from 5 contacts and 9 contacts respectively.

Orthopaedics received 9 concerns from 6 contacts.

Gastroenterology received 7 concerns from 5 contacts.

Contacts raising informal concerns



Informal concerns trends.

Care and communication were the highest trends for informal concerns in February 2020.

29 care issues raised:

21 issues related to medical care, of which 8 relate to Paediatrics and 5 to General Surgery.

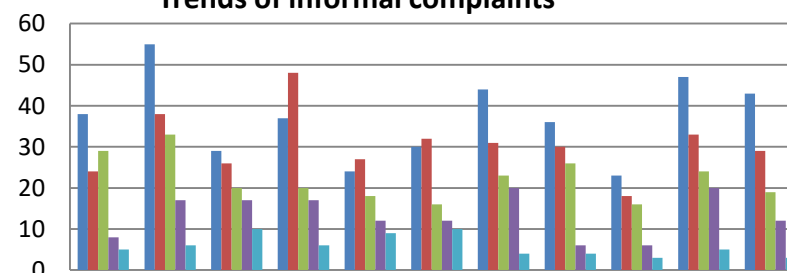
6 issues related to nursing care of which 2 relate to Ward 1, and Ward 14, Ward 3, Treatment Centre and Midwifery Led Unit all received 1 each.

43 communication issues raised:

5

issues related to Ophthalmology and Orthopaedics respectively and 4 to Medical Records and Ear Nose and Throat respectively.

Trends of informal complaints



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Communication	38	55	29	37	24	30	44	36	23	47	43
Care	24	38	26	48	27	32	31	30	18	33	29
Appointments	29	33	20	20	18	16	23	26	16	24	19
Attitude of Staff	8	17	17	17	12	12	20	6	6	20	12
Treatment	5	6	10	6	9	10	4	4	3	5	3

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

Description

Aggregate Position/Description

Trend

New claims received.

In February 2020, 2 new clinical negligence claims were received.

These related to:

Women and Children

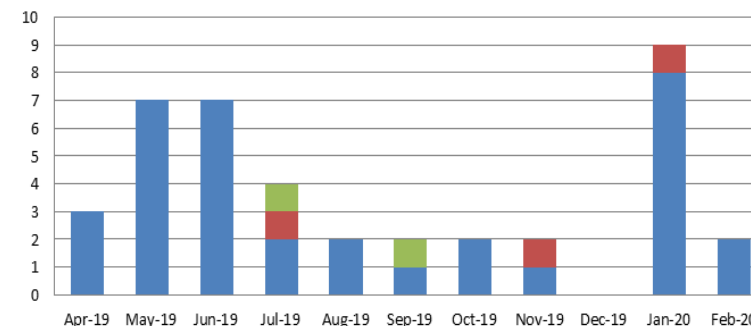
Obstetrics x 1

Surgery and Cancer

General Surgery x 1

No new employer's liability or public liability claims were received.

New claims by month

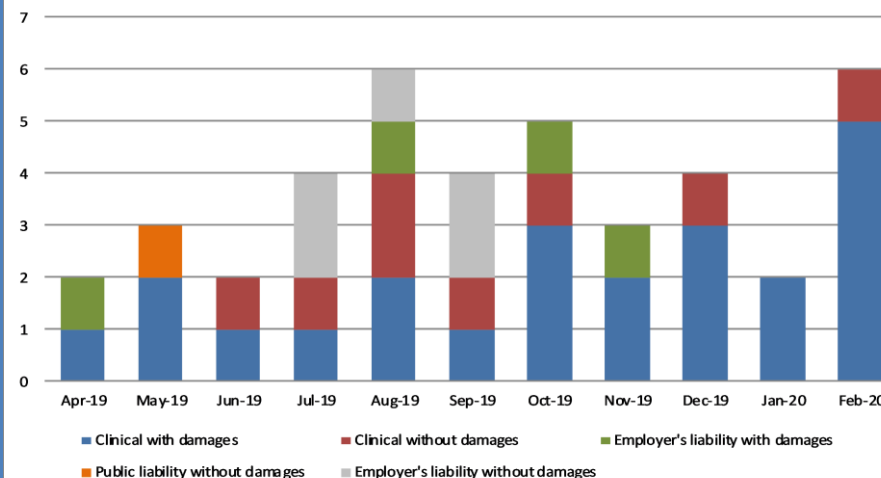


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Public Liability	0	0	0	1	0	1	0	0	0	0	0
Employer's Liability	0	0	0	1	0	0	0	1	0	1	0
Clinical	3	7	7	2	2	1	2	1	0	8	2

Claims closed with/without damages.

In February 2020 the following claims 4 clinical negligence claims were closed, 3 of which were upheld.

Claims closed with/without damages by month



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

Description

Aggregate Position/Description

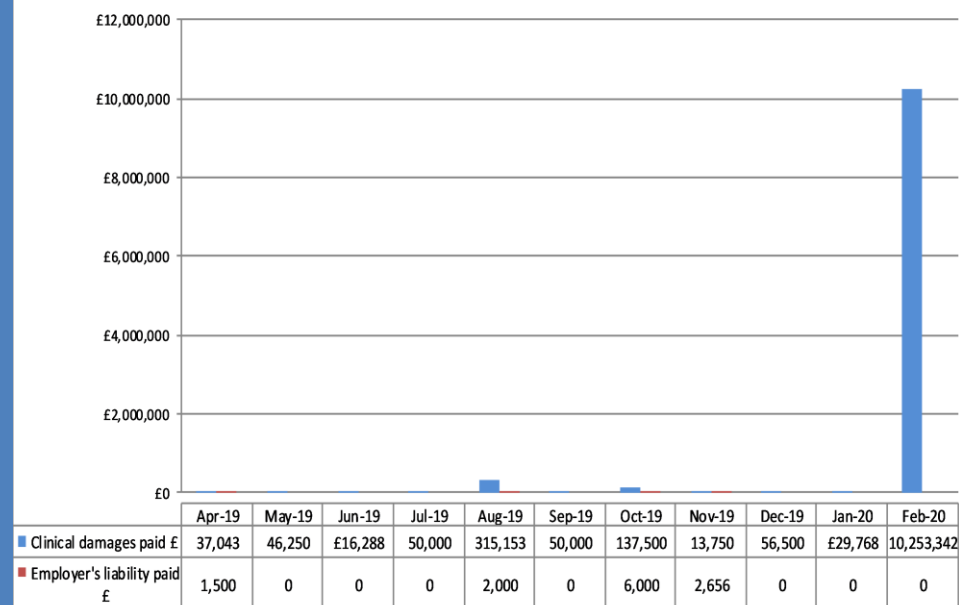
Trend

Value of claims closed by month

In February 2020 damages of £10,253,342 were paid out on 5 clinical negligence claims.

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

Value of claims by month

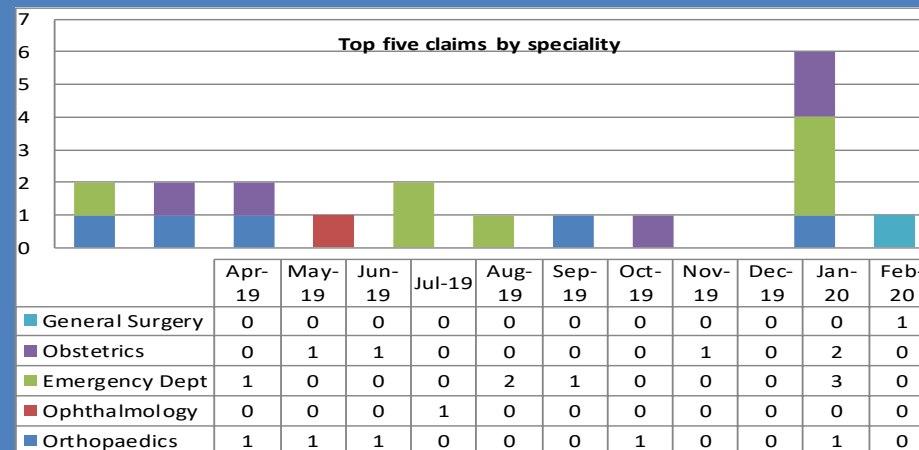


Top five claims by Specialty

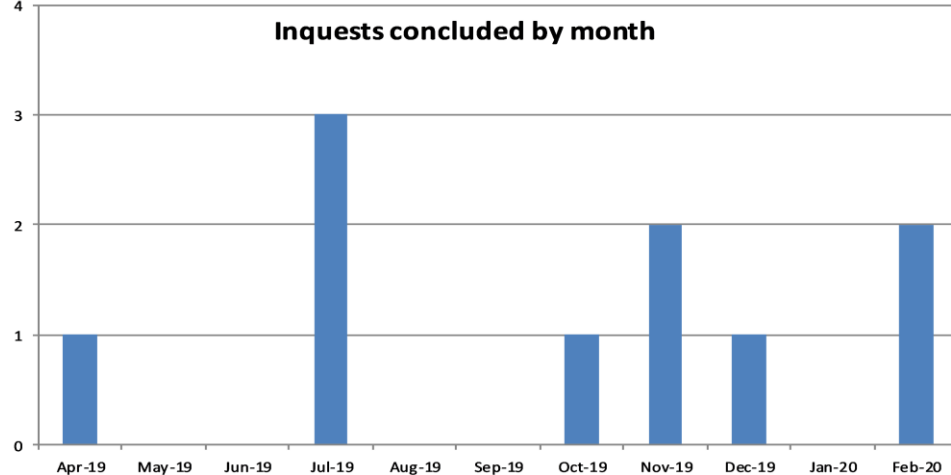
In February 2020, 1 new claim was received which relates to the Trust's top five specialties for claims.

Narrative removed under Section 40 of the Freedom of Information Act

Top five claims by speciality



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

Description	Aggregate Position /Description	Trend																								
Number of Inquests concluded by month	<p>2 inquests were concluded in February 2020.</p> <p>The Coroner returned short form narrative conclusions for both.</p>	<div><p>Inquests concluded by month</p><table><thead><tr><th>Month</th><th>Inquests Concluded</th></tr></thead><tbody><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><tr><td>Dec-19</td><td>1</td></tr><tr><td>Jan-20</td><td>0</td></tr><tr><td>Feb-20</td><td>2</td></tr></tbody></table></div>	Month	Inquests Concluded	Apr-19	1	May-19	0	Jun-19	0	Jul-19	3	Aug-19	0	Sep-19	0	Oct-19	1	Nov-19	2	Dec-19	1	Jan-20	0	Feb-20	2
Month	Inquests Concluded																									
Apr-19	1																									
May-19	0																									
Jun-19	0																									
Jul-19	3																									
Aug-19	0																									
Sep-19	0																									
Oct-19	1																									
Nov-19	2																									
Dec-19	1																									
Jan-20	0																									
Feb-20	2																									

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

Description	Aggregate Position /description	Trend																																				
NHS Choices postings	<p>There were 4 postings on NHS Choices in February 2020, 1 negative and 3 positive including:</p> <p>Medical Imaging: Excellent care from staff in x-ray. My elderly mum was referred by her GP for an x-ray due to acute pain in her back. The Radiographer was so kind and understanding as mum was very anxious about lying down which was causing her extreme pain and discomfort. Mum was treated with dignity and respect and the Radiographer made the whole experience as comfortable as possible for her. We are very grateful for the care and kindness shown.</p> <p>Medical Imaging: went for an x-ray from GP's for misshapen joint. Fracture seen on x-ray was not reported by third party agency. How many Drs does it take to correctly diagnose a fracture? Four and counting.</p> <p>Minor Injuries – VIN: Had to take my wife to the minor injuries unit, booked in and seen without too long a wait even though it was quite busy. Everyone was helpful.</p> <p>Eye Care Centre: I was diagnosed with glaucoma yesterday midday and was seen by your specialist at the end of her clinic. She examined me and sent me home with treatment. Everyone was very kind and helpful.</p>	<div><p>NHS Choices - New postings</p><table><thead><tr><th></th><th>Apr-19</th><th>May-19</th><th>Jun-19</th><th>Jul-19</th><th>Aug-19</th><th>Sep-19</th><th>Oct-19</th><th>Nov-19</th><th>Dec-19</th><th>Jan-20</th><th>Feb-20</th></tr></thead><tbody><tr><td>Positive</td><td>3</td><td>1</td><td>7</td><td>9</td><td>6</td><td>7</td><td>2</td><td>11</td><td>6</td><td>5</td><td>3</td></tr><tr><td>Negative</td><td>1</td><td>0</td><td>0</td><td>3</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td></tr></tbody></table></div>		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Positive	3	1	7	9	6	7	2	11	6	5	3	Negative	1	0	0	3	2	1	0	0	0	0	1
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20																											
Positive	3	1	7	9	6	7	2	11	6	5	3																											
Negative	1	0	0	3	2	1	0	0	0	0	1																											

The Family and Friends Test.

In February 2020 the Trust has scored the following positive response scores:

Emergency care /assessment areas 91%;

Inpatients and day cases 95%;

Outpatients 95%;

Maternity (Labour ward) 98%;

CCICP 95%

Friends and Family Positive Scores

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
ED, MIU, UCC Percentage Score	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Inpatient & Day Case	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Outpatients	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Maternity - Labour Ward	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
CCICP	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

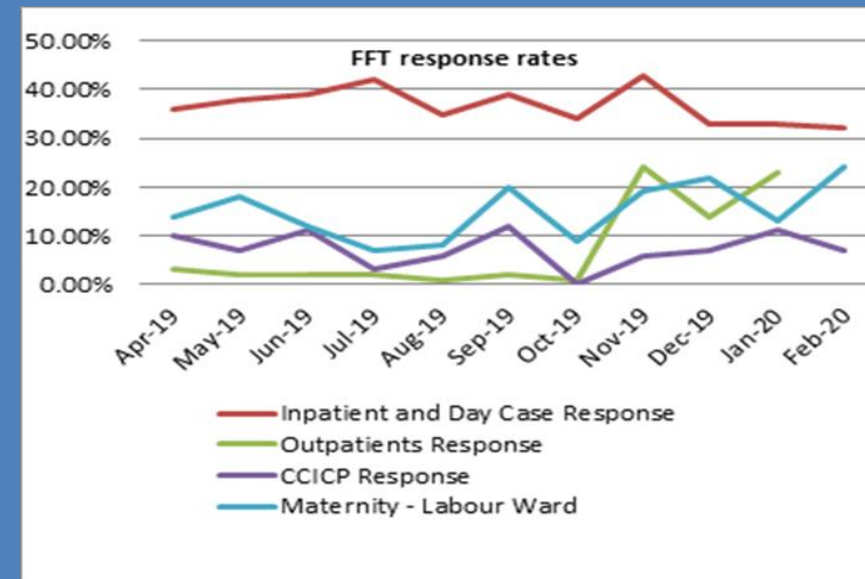
Description

Aggregate Position /description

Trend

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

Ward/Dept.	% Response	Total responses received	How many would recommend	Percentage of response which were positive
A&E , UCC & MIU	15%	970	880	91%
CCICP	7%	427	405	95%
Inpatients & Day cases	32%	1328	1257	95%
Maternity	24%	46	45	98%
Outpatients	13%	2573	2441	95%



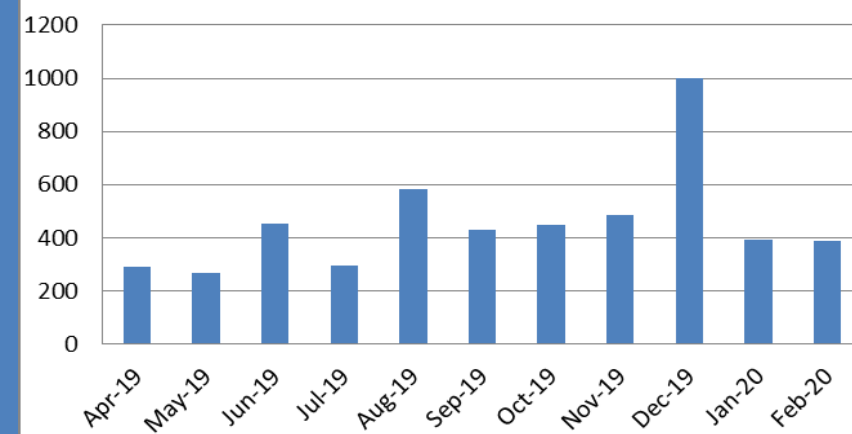
Compliments received

There were 388 compliments received in February 2020. 45 of these were logged by the Customer Care Team and 343 received across the Trust.

'I just wanted to say a huge thank you for the care I received during my recent surgery. I can't thank you enough for the support, care and dignity I received. Please pass on my thanks to the staff on wards 12, 18, the staff in the treatment centre, the surgeon and anaesthetist and any other staff involved. 110% outstanding.'

'I would like to say thank you to all the staff in A&E who looked after me professionally, courteously and with dignity. Thank you so very much.'

Total number of compliments received



Board of Directors Performance Report

February 2020

**"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

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Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Feb-20
Cancer			
Rapid Access Referrals (%) (seen in 2 wks)	93.00%	97.32%	97.11%
Total Patients Seen		11,101	1,039
Patients seen >14 days		297	30
62 day GP Classic (%)	85.00%	86.20%	83.76% *
Accountable Patients Treated		772	59
No. of Breached Pathways (adjusted)		107	10
62 day Screening (%)	90.00%	88.69%	86.11% *
Accountable Patients Treated		137	18
No. of Breached Pathways (adjusted)		16	2.5

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

Unplanned Activity			
4 Hour Access Standard (%)	95.00%	76.13%	79.14%
A&E Attendances (LH/MIU/UUC) (% to plan)		97.89%	95.06%
A&E Attendances LH & MIU (Vol)		90,451	7,539

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	91.68%	90.65%
>6wk Diagnostic Waits (%)	1.00%	2.99%	1.05%
Total Patients Waiting for a First Outpatient Appointment			10,289

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.79%
Turnover Rolling 12 Month		8.72%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
Finance					
Use of Resource Rating	3	3	3		
Capital Service Capacity	4	4	3	0.61	1.42
Liquidity	3	3	4	-13	-16
I&E Margin	3	4	3	-0.70%	-0.70%
Distance from Financial Plan	1	2	1	0.00%	0.00%
Agency Spend	1	3	3	-15.00%	32.00%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Financial Position (£000's)	-2,762	-2,809	-46	-2,334	-2,334	0
Cost Improvement Schemes Total (£000's)	4,804	3,881	-923	5,342	4,290	-1,052
Commission Contact Income SC & VR (£000's)	181,109	181,107	-3			
Contract Income (£'000)	218,463	221,951	3,488			
Pay to Budget (£000's)	169,979	171,609	-1,630			
Non Pay to Budget (£000's)	66,802	70,386	-3,584			
Agency Trajectory (£000's)	5,225	6,867	-1,642			

Exec Summary

In February the key metric delivered was:

- 2WW Rapid Access Cancer at 97.11% against a target of 93%

The key metrics not delivered were:

- 62 Day Screening Cancer at 86.11% against a target of 90%.
- 62 Day Classic Cancer at 83.76% against a target of 85%
- Six weeks diagnostic at 1.05% against a 1% threshold
- 4hr Emergency Access at 79.14% against a target of 95%
- RTT Open Pathways at 90.65% against a target of 92% (intermin position)

The UoRR metric is 3. 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 £46k worse than the control total, as a result of operational challenges within laundry and premium costs associated with delivering core services.

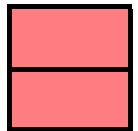
This position includes the Provider Sustainability Fund (PSF) earned to date, which is dependent on meeting the financial control total and also the Marginal Rate Emergency Threshold (MRET).

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.

Single Oversight Framework

Triggers

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



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

The Trust has achieved a Use of Resource rating of 3, which is on plan - with the Trust anticipating a forecast UoRR of 3.

Operational Performance

	Current YTD		Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	2.99%	0.42%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	0.84%	0.72%	1.79%	0.94%	1.05%	
All Cancers: 62 day GP Classic (%) *	85%	86.20%	85.84%	85.60%	86.62%	86.09%	86.18%	86.45%	86.72%	88.89%	86.67%	85.11%	86.17%	85.00%	83.76%	
All Cancers: 62 day Screening (%) *	90%	88.69%	100.00%	95.45%	90.00%	90.00%	61.11%	96.77%	90.48%	85.00%	79.41%	100.00%	100.00%	93.10%	86.11%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	91.68%	91.63%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.46%	92.08%	92.19%	91.29%	90.98%	90.65%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	76.13%	81.12%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	75.50%	71.82%	68.01%	69.45%	79.14%	
STF Trajectory			90.00%	90.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Provider Submitted Trajectory													84.60%	83.60%	88.10%	

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

Financial & Resource		Unit	YE Plan	YE Forecast	YE Rating	YTD Rating
Financial Sustainability	Capital Service Capacity	0.0x	0.61	1.42	3	4
	Liquidity	days	-13	-16	4	3
Financial Efficiency	I&E Margin	%	-0.70%	-0.70%	3	4
Financial Controls	Distance from Financial Plan	%	0.00%	0.00%	1	2
	Agency Spend	%	-15.00%	32.00%	3	3
Overall UOR Rating					3	3

Operational Delivery: Cancer Pathway

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.32%	97.66%	97.69%	95.83%	97.65%	96.99%	96.60%	98.20%	97.39%	98.28%	97.76%	97.07%	97.84%	97.11%	
Total Patients Seen		11101	940	996	1030	980	963	1207	1000	1036	1048	936	888	974	1039	
Patients seen >14 days		297	22	23	43	23	29	41	18	27	18	21	26	21	30	
% seen within 7 days		0.0%	38.1%	30.5%	30.3%	39.4%	37.6%	38.2%	43.3%	54.7%	59.3%	46.3%	44.0%	56.5%	38.6%	
62 day GP Classic (%) *	85%	86.20%	85.84%	85.60%	86.62%	86.09%	86.18%	86.45%	86.72%	88.89%	86.67%	85.11%	86.17%	85.00%	83.76%	

* Provisional figures subject to change depending

104+ day waits - (Cancer patients treated)

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

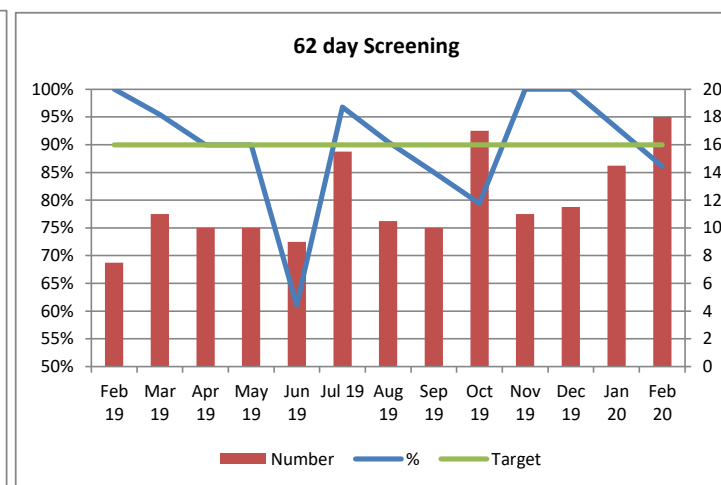
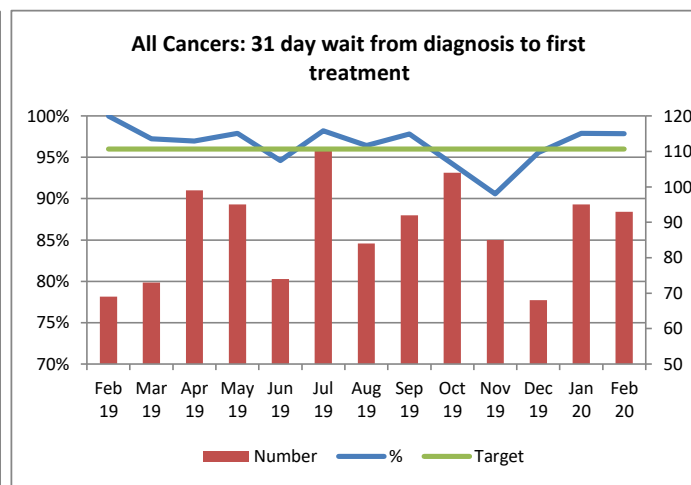
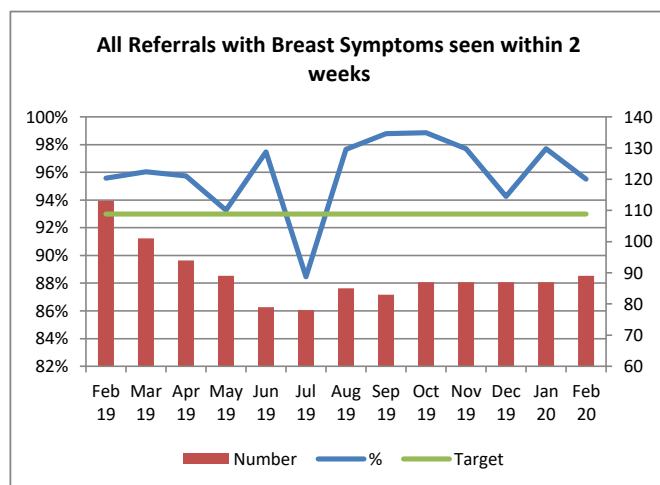
The Trust has achieved one of the three headline cancer standards during the month of February 2020. The figures presented in this paper reflect the Trust's regulatory performance measures adjusted figures that take into account breach reallocation between providers.

The Trust has continued it's strong performance against the Rapid Access referrals standard, achieving 97.11% for February.

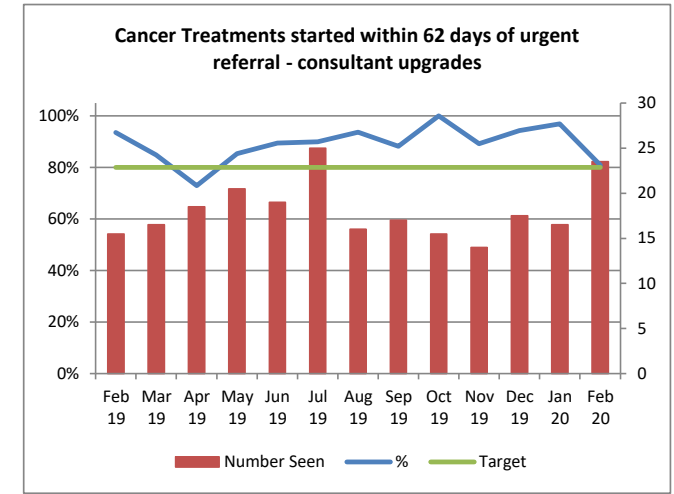
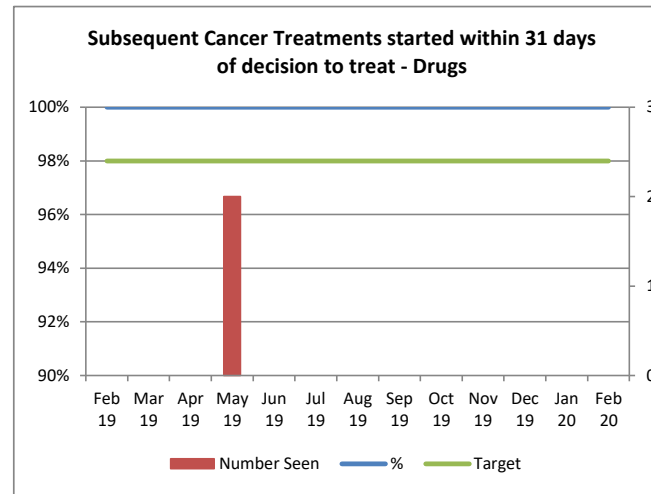
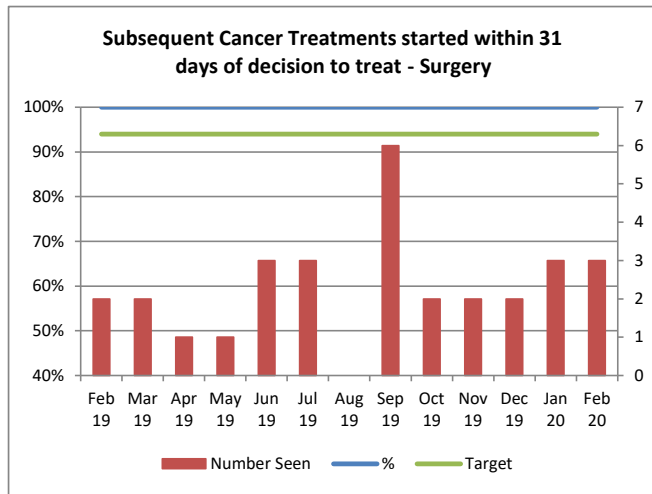
The 62 Day GP Classic standard has achieved the 83.76% in February.

The 62 day Screening standard has reached 86.11% performance in February.

Primary Measures



Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

			Current YTD		Rolling 13 months													
			Target	Actual	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Monthly Trend
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)			95%	76.13%	81.12%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	75.50%	71.82%	68.01%	69.45%	79.14%	
No. of 4hr breaches				21,588	1,349	1,574	1,642	1,822	1,559	1,879	1,892	1,913	1,991	2,288	2,586	2,443	1,573	
			Plan	Actual	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)				97.89%	97.0%	95.4%	100.4%	95.2%	96.3%	103.3%	105.6%	102.9%	95.2%	99.2%	90.9%	93.5%	95.1%	
A&E Attendances (LH/MIU/UUC) (No.)			86,947	90,451	7,147	8,034	8,169	8,382	8,036	8,937	8,607	8,450	8,128	8,120	8,085	7,998	7,539	
A&E Attendance Case Mix (based on acuity score)	Major		24,621	2,170	2,341	2,351	2,540	2,235	2,407	2,263	2,347	2,155	2,082	2,040	2,066	2,135		
	Minor		33,755	2,489	2,855	3,166	3,040	3,045	3,559	3,593	3,212	2,852	2,823	2,852	2,940	2,673		
	Paediatrics		17,740	1,556	1,702	1,587	1,680	1,686	1,739	1,363	1,721	1,745	1,745	1,624	1,428	1,422		
	Resus		14,307	928	1,126	1,063	1,121	1,070	1,231	1,385	1,168	1,374	1,467	1,567	1,560	1,301		
A&E Attendance Location (based on Discharge)	Major		35,552	2,983	3,317	3,245	3,405	3,142	3,320	3,277	3,134	2,984	3,071	3,220	3,559	3,195		
	Minor		34,968	2,454	2,801	3,123	3,111	3,039	3,677	3,788	3,394	3,182	3,069	2,991	2,818	2,776		
	Paediatrics		17,740	1,556	1,702	1,587	1,680	1,686	1,739	1,363	1,721	1,745	1,745	1,624	1,428	1,422		
	Resus		2,163	150	204	212	185	169	200	176	199	215	232	248	189	138		

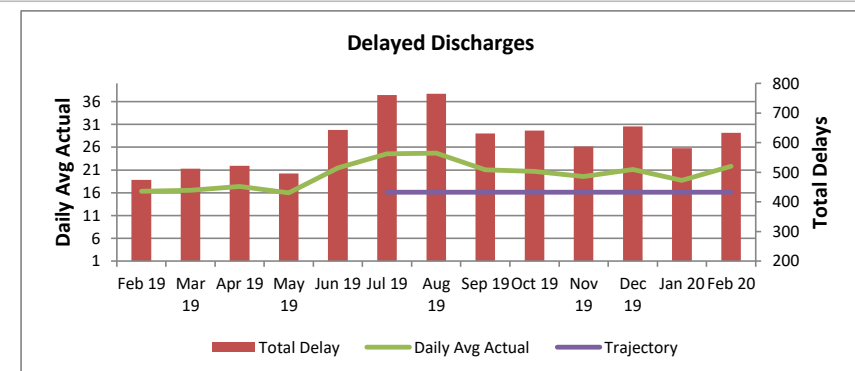
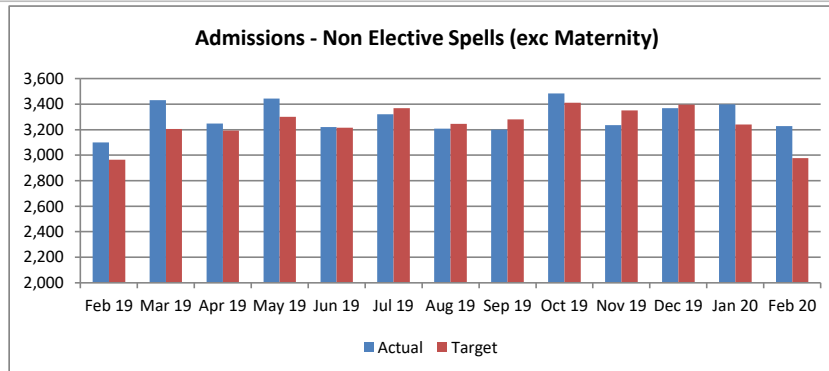
Commentary

The Trust has achieved 79.14% against the 4-hour access standard in February 2020, a 10 point increase from January.

Attendances in A&E was the lowest seen since February 2019, however higher acuity (Majors and Resus) patients are 11% higher than February 2019

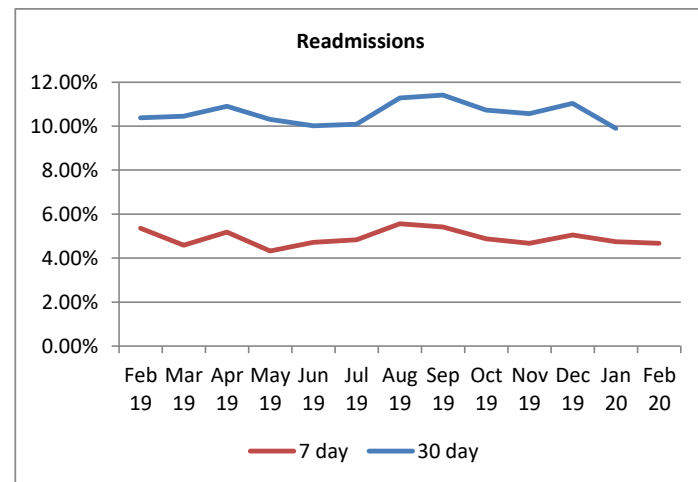
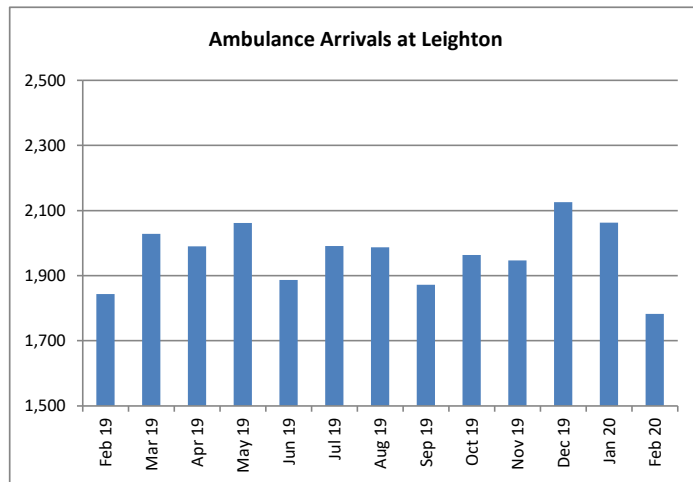
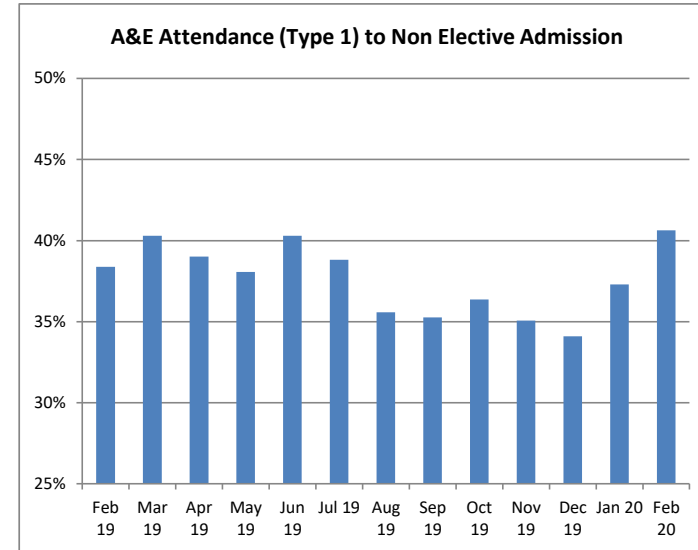
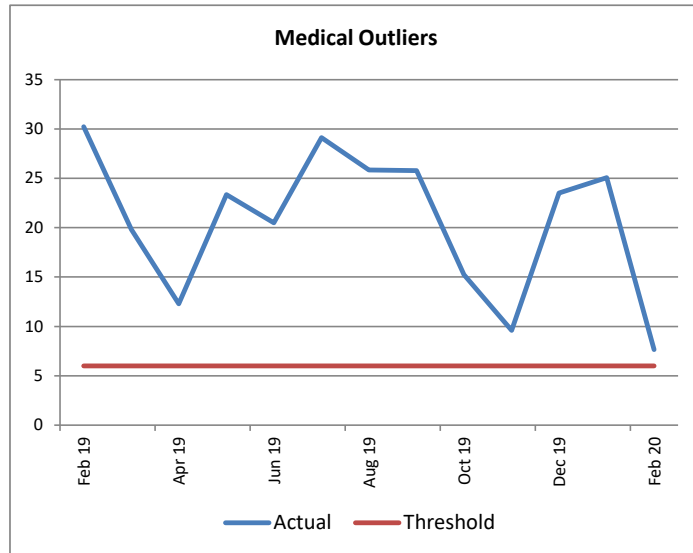
The Non Elective admission rate has increased in February to 40.63%, the Non Elective spells are higher than plan at 108% however Medial Outliers has dropped considerably to 8 against a threshold of 6 for February 2020.

Primary Drivers



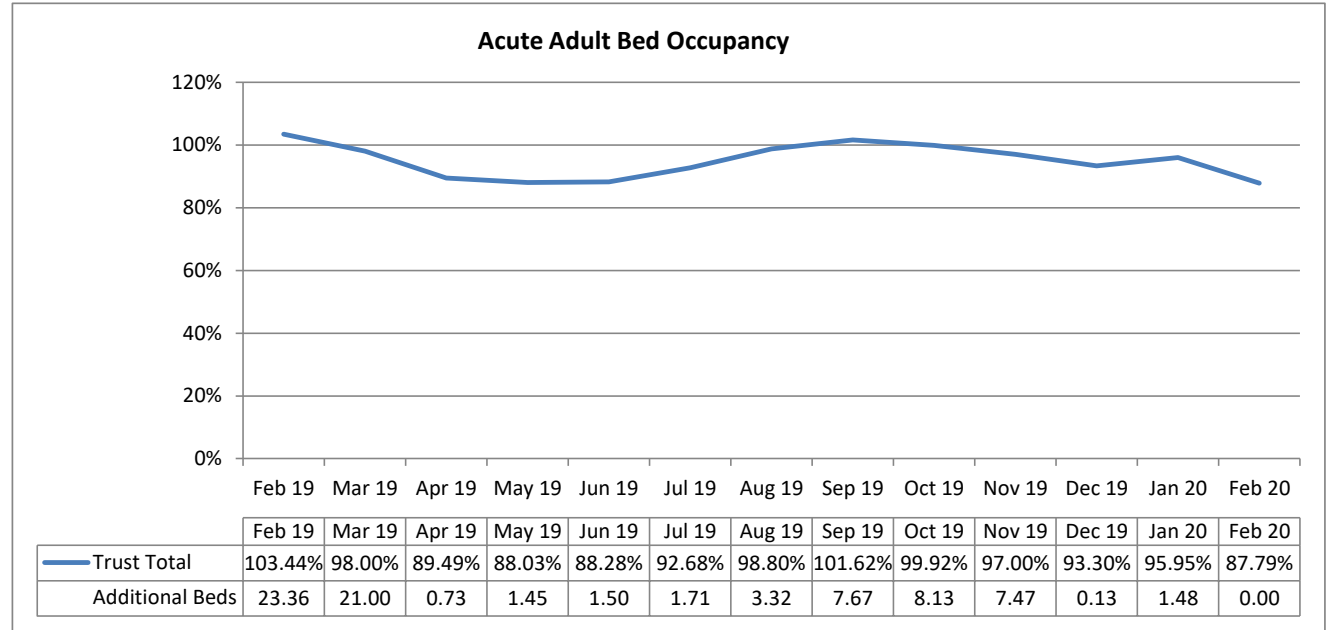
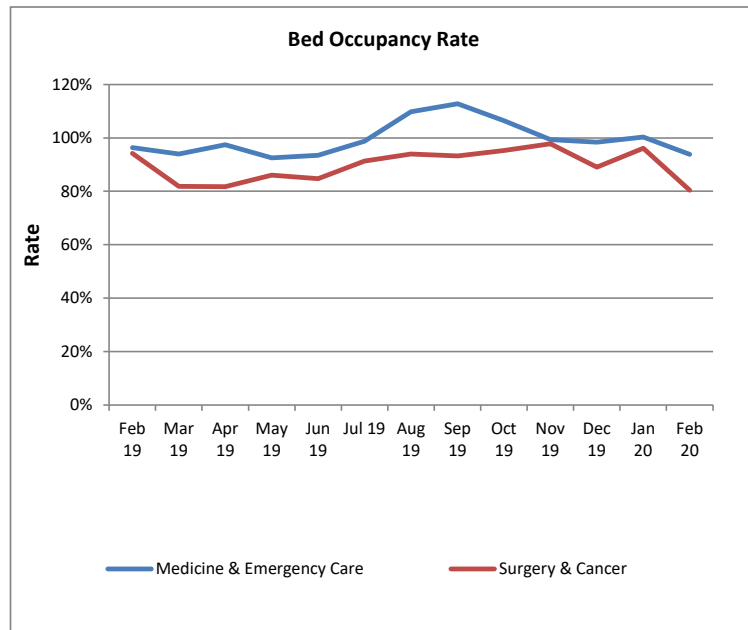
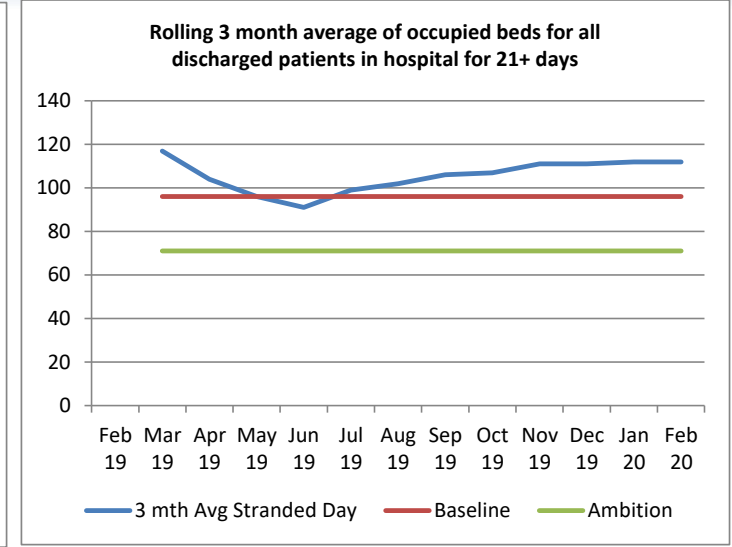
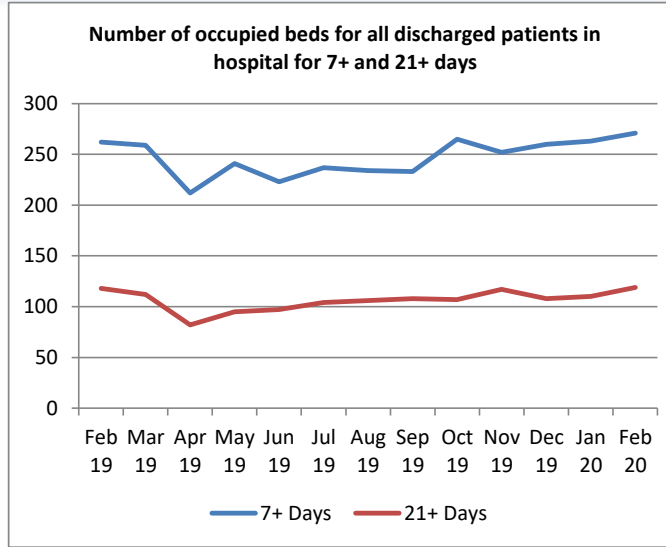
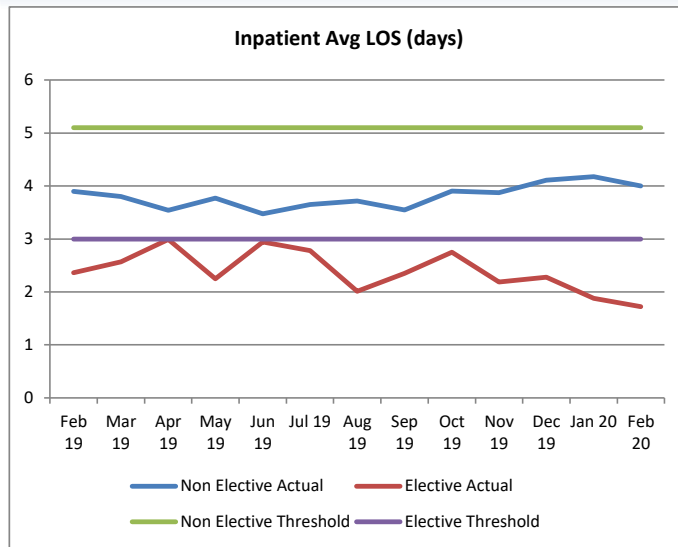
Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers



* Readmissions brought in line with national definition

Operational Delivery: *Length of Stay*



Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	91.68%	91.63%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.46%	92.08%	92.19%	91.29%	90.98%	90.65%	
Total 18 Weeks		167,152	14,505	14,197	14,944	15,219	15,560	15,426	15,432	15,190	14,668	14,707	14,899	15,535	15,572	
No. > 18 Weeks		13,899	1,214	1,324	1,338	1,267	1,234	1,216	1,234	1,146	1,161	1,149	1,297	1,401	1,456	
Open Pathways >39 Weeks Waiting											21	18	37	36	49	
Diagnostic Waiting Time	1%	2.99%	0.42%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	0.84%	0.72%	1.79%	0.94%	1.05%	
Total Number of Waiters		49,135	4,785	4,749	1,091	4,809	5,065	4,750	3,903	4,434	5,014	5,023	5,146	4,770	5,130	
Waiters of 6 Weeks +		1,471	20	36	7	449	393	192	119	42	42	36	92	45	54	
Total Patients Waiting for a First Outpatient Appointment			9,823	9,682	9,800	9,981	9,603	9,659	9,523	9,452	9,033	8,813	9,001	9,536	10,289	
Longest Wait Time (weeks)											55	47	49	48	51	

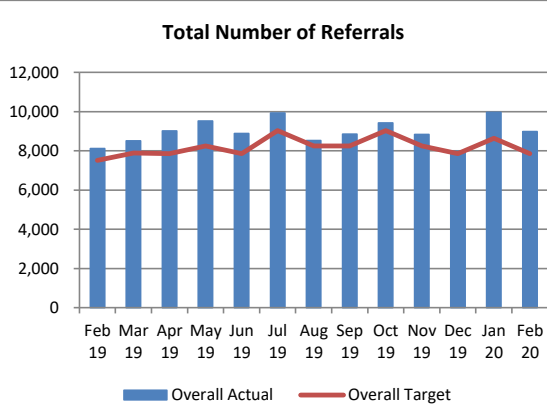
Commentary

The Trust's RTT Incomplete Pathway current position is 90.65% for February, pathways continue to be validated until submission deadline. Currently there are six specialties that have failed to meet the 92% target, these are General Surgery, Urology, 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 February there were no 52+ week breaches. There are 49 patients waiting over 39 weeks, all long wait patients are monitored and reviewed weekly at director led performance meetings.

In February 2020, the current position for patients waiting over 6 weeks for their diagnostic test is 1.05% of total patients.

Primary Drivers

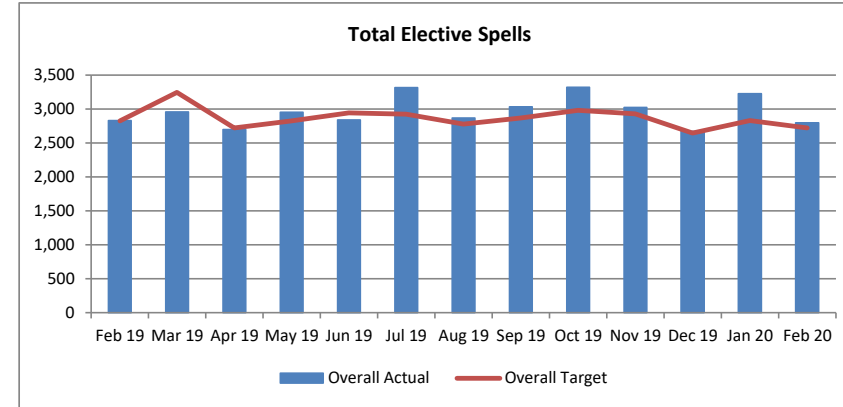
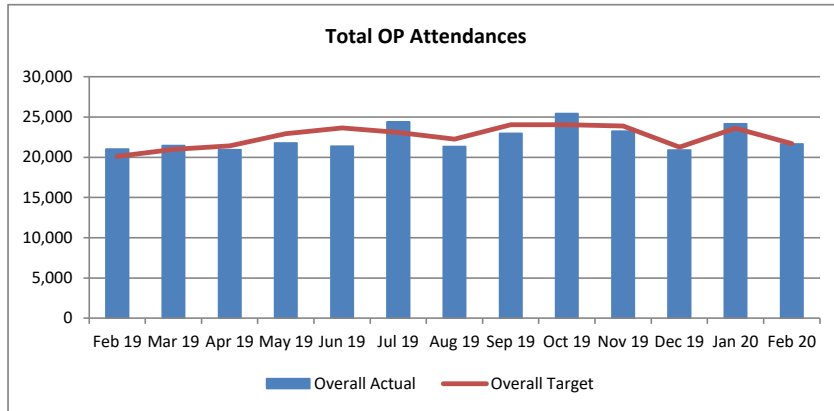


Referral Breakdown

	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Monthly Trend
GP Actual	4,915	5,270	5,212	5,552	5,133	5,354	4,659	4,976	5,282	5,027	4,353	5,555	5,074	
GP Target	4,683	4,920	4,374	4,593	4,374	5,030	4,593	4,593	5,030	4,593	4,374	4,811	4,374	
% to Target	105.0%	107.1%	119.2%	120.9%	117.4%	106.4%	101.4%	108.3%	105.0%	109.4%	99.5%	115.5%	116.0%	
Other Actual	3,204	3,250	3,806	3,971	3,752	4,578	3,867	3,887	4,147	3,818	3,628	4,413	3,908	
Other Target	2,833	2,976	3,483	3,657	3,483	4,006	3,657	3,657	4,006	3,657	3,483	3,832	3,483	
% to Target	113.1%	109.2%	109.3%	108.6%	107.7%	114.3%	105.7%	106.3%	103.5%	104.4%	104.2%	115.2%	112.2%	
Total Actual	8,119	8,520	9,018	9,523	8,885	9,932	8,526	8,863	9,429	8,845	7,981	9,968	8,982	
Total Target	7,516	7,896	7,857	8,250	7,857	9,036	8,250	8,250	9,036	8,250	7,857	8,643	7,857	
% to Target	108.0%	107.9%	114.8%	115.4%	113.1%	109.9%	103.3%	107.4%	104.3%	107.2%	101.6%	115.3%	114.3%	
GP % of Total	60.5%	61.9%	57.8%	58.3%	57.8%	53.9%	54.6%	56.1%	56.0%	56.8%	54.5%	55.7%	56.5%	

Operational Delivery: *Planned Activity*

Primary Drivers



OP Attendance Breakdown

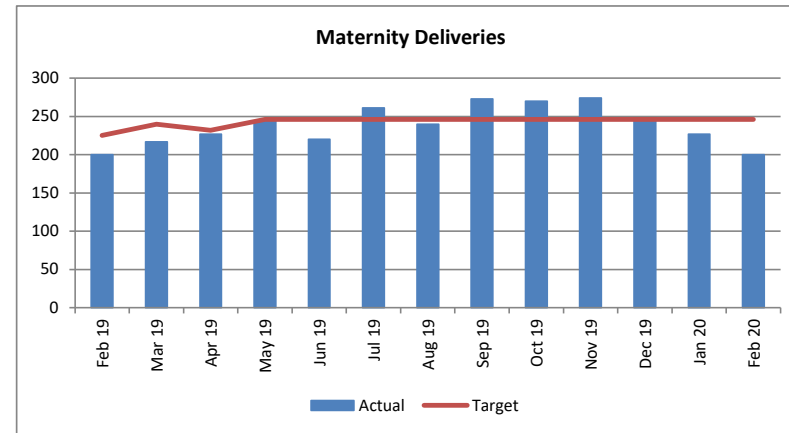
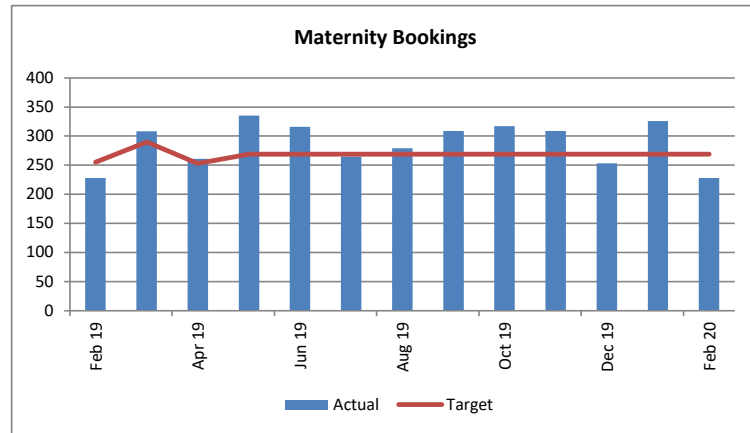
	YTD 18 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Monthly Trend
New Actual	81,335	6,397	6,877	6,584	6,956	6,725	7,866	6,712	7,284	7,833	6,976	6,316	7,401	6,675	
New Target	74,744	5,901	6,189	6,416	6,848	7,173	6,817	6,588	7,267	7,214	6,982	6,325	6,817	6,339	
% to Target	108.8%	108.4%	111.1%	102.6%	101.6%	93.8%	115.4%	101.9%	100.2%	108.6%	99.9%	99.9%	108.6%	105.3%	
F U Actual	182,101	14,629	14,583	14,343	14,830	14,642	16,519	14,633	15,681	17,592	16,264	14,591	16,779	14,964	
F U Target	181,624	14,194	14,803	14,988	16,096	16,491	16,286	15,659	16,779	16,823	16,886	14,918	16,777	15,340	
% to Target	100.3%	103.1%	98.5%	95.7%	92.1%	88.8%	101.4%	93.4%	93.5%	104.6%	96.3%	97.8%	100.0%	97.5%	
Total Actual	263,436	21,026	21,460	20,927	21,786	21,367	24,385	21,345	22,965	25,425	23,240	20,907	24,180	21,639	
Total Target	256,368	20,095	20,992	21,404	22,944	23,664	23,103	22,247	24,046	24,037	23,868	21,243	23,594	21,679	
% to Target	102.8%	104.6%	102.2%	97.8%	95.0%	90.3%	105.5%	95.9%	95.5%	105.8%	97.4%	98.4%	102.5%	99.8%	
New % of Total	30.9%	30.4%	32.0%	31.5%	31.9%	31.5%	32.3%	31.4%	31.7%	30.8%	30.0%	30.2%	30.6%	30.8%	

Elective Spells Breakdown

	YTD 18 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Monthly Trend
I P Actual	3,055	288	272	225	228	266	267	291	254	329	353	201	226	309	
I P Target	3,341	264	304	263	277	280	277	249	270	310	305	239	204	249	
% to Target	91.4%	109.1%	89.5%	85.6%	82.3%	95.0%	96.4%	116.9%	94.1%	106.1%	115.7%	84.1%	110.8%	124.1%	
Daycase Actual	31,155	2,543	2,685	2,475	2,727	2,575	3,050	2,576	2,778	2,995	2,670	2,472	3,000	2,491	
Daycase Target	32,775	2,565	2,942	2,462	2,548	2,666	2,650	2,530	2,601	2,672	2,626	2,409	2,626	2,474	
% to Target	95.1%	99.1%	91.3%	100.5%	107.0%	96.6%	115.1%	101.8%	106.8%	112.1%	101.7%	102.6%	114.2%	100.7%	
Total Actual	34,210	2,831	2,957	2,700	2,955	2,841	3,317	2,867	3,032	3,324	3,023	2,673	3,226	2,800	
Total Target	36,116	2,829	3,246	2,725	2,825	2,946	2,927	2,779	2,871	2,982	2,931	2,648	2,830	2,723	
% to Target	94.7%	100.1%	91.1%	99.1%	104.6%	96.4%	113.3%	103.2%	105.6%	111.5%	103.1%	100.9%	114.0%	102.8%	
I P % of Total	8.9%	10.2%	9.2%	8.3%	7.7%	9.4%	8.0%	10.1%	8.4%	9.9%	11.7%	7.5%	7.0%	11.0%	

Operational Delivery: *Planned Activity*

Primary Drivers



Operational Delivery: *Planned Activity*

Secondary Drivers

		Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	96.3%	94.0%	97.5%	92.6%	93.5%	98.7%	109.8%	112.8%	106.4%	99.3%	98.4%	100.3%	93.8%		
	Surgery & Cancer	94.2%	81.9%	81.8%	86.0%	84.8%	91.3%	93.9%	93.2%	95.3%	97.8%	89.0%	96.1%	80.4%		
Elective Inpatient Avg LOS (Days)		2.4	2.6	3.0	2.3	2.9	2.8	2.0	2.4	2.8	2.2	2.3	1.9	1.7		
Delayed Transfers of Care (MFFD)		16.00	17	17	17	16	21	25	25	20	21	19	21	19	20	
Delayed Transfers of Care (% of Acute Beds)			3.3%	3.3%	3.5%	3.2%	4.3%	5.2%	5.1%	4.4%	4.2%	3.8%	4.0%	3.5%	4.1%	
Medical Outliers		31	20	12	23	20	29	26	25	15	9	24	25	7		
Readmission (Emergency Re-admissions after Planned Surgery)																
	30 Day Rate	3.86%	3.29%	3.38%	3.38%	3.10%	2.83%	3.30%	4.32%	3.31%	3.54%	2.87%	2.80%			
	7 Day Rate	1.45%	1.05%	1.41%	1.37%	1.00%	1.07%	1.36%	1.68%	1.20%	1.17%	0.90%	1.01%	1.76%		
Cancelled Operations - Non Clinical - Cancellation Rate		0.60%	0.65%	0.67%	1.17%	0.85%	1.30%	1.29%	0.04%	0.00%	0.97%	1.61%	0.74%	0.85%		
Theatre Efficiency																
	Main Theatres	76.2%	78.5%	76.7%	75.0%	77.4%	78.7%	78.3%	76.7%	77.1%	77.9%	68.2%	73.4%	71.5%		
	TC Theatres	73.0%	73.5%	72.4%	68.3%	74.8%	70.7%	71.9%	72.4%	73.3%	71.3%	70.2%	71.5%	70.8%		
DNA (OP Efficiency)		5.42%	5.41%	6.00%	6.02%	6.57%	5.89%	5.61%	5.77%	5.70%	5.82%	6.12%	5.67%	4.91%		
Hospital Cancellation Rate (OP Efficiency)		7.83%	8.12%	7.90%	7.51%	7.36%	8.11%	7.70%	7.97%	7.69%	8.44%	7.93%	7.97%	8.37%		

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

Performance and Finance - Headlines February 2020

Current Position

Analysis

Forward View

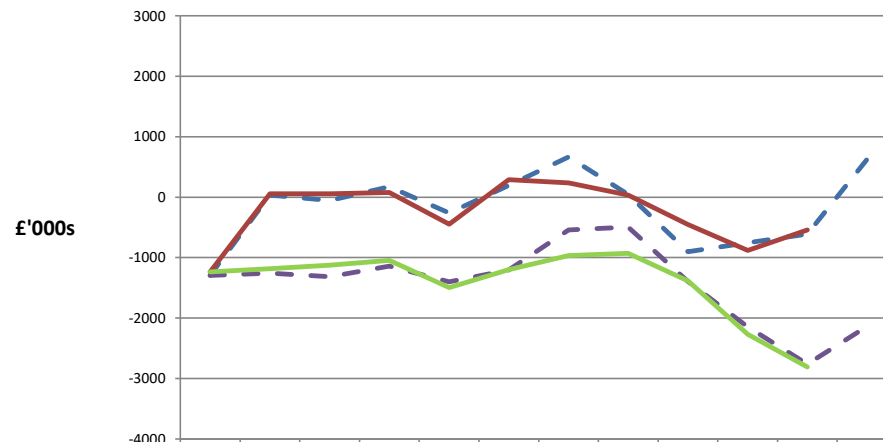
The reported position is cumulatively £46k worse than the control total, which is an in month improvement of £72k.

The improvement in months relates to a reduction in agency spend, as a result of the closure of escalation areas, and also the bills for laundry outsourcing have reduced following redeployment of staff and improvement in contract prices.

On the 14th February, the trust acquired South Cheshire private hospital, and there has been an associated increase in staffing costs which are offset by an increase in contract income from the CCG.

The overall use of resources rating for the Trust is currently 3 which is as expected.

Financial Performance 2019/20



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month Plan	-1293.98	34	-56	173	-259	196	666	47	-900	-756	-613.436	627.842
In Month Actual	-1238	56	58.112	76	-446	292	235	37	-453	-884	-541.828	
In Month Variance	55.976	22	114.112	-97	-187	96	-431	-10	447	-128	71.60816	-627.842
Cumulative Plan	-1293.98	-1259.98	-1315.98	-1142.98	-1401.98	-1205.98	-539.976	-492.976	-1392.98	-2148.98	-2762.41	-2134.57
Cumulative Actual	-1238	-1182	-1123.89	-1047.89	-1493.89	-1201.89	-966.888	-929.888	-1382.89	-2266.89	-2808.72	
Cumulative Variance	55.976	77.976	192.088	95.088	-91.912	4.088	-426.912	-436.912	10.088	-117.912	-46.3038	2009.575

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

Any negative variation against the control total at the end of a qtr will put at risk the £1.5m PSF support for Q4, with the first 3 quarters secured. The MRET funding of £3.215m by contrast is guaranteed to the Trust.

The costs associated with the coronavirus outbreak were minimal in February, but are expected to increase significantly in March – however regulators have indicated that costs will be reimbursed to trusts, and therefore this should mean the Trust remains on target to meet the control total for 2019/20.

The Cheshire Health economy financial recovery plan to eliminate the deficit across the Cheshire footprint will have implications for MCHFT either directly or indirectly through commissioner actions, which are likely to impact in 2020/21.

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

Performance and Finance - Contract Income February 2020

Current Position

Analysis

Forward View

Contract income is £3.85m above plan year to date with an improvement of £0.9m in month.

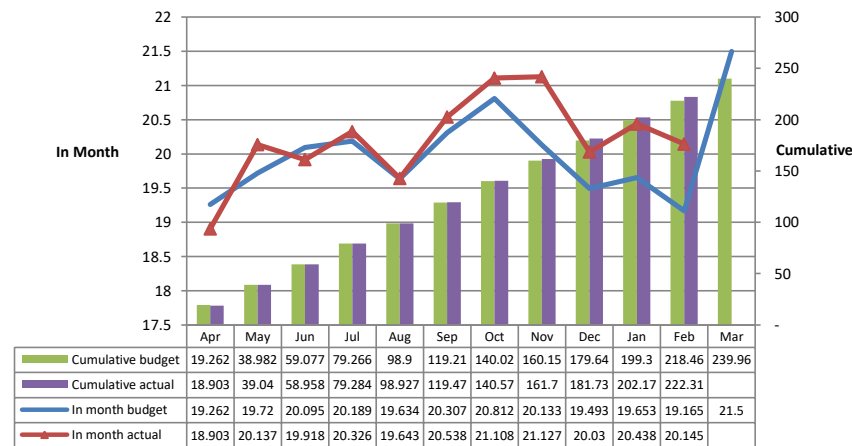
The improvement within month is attributable to £0.21m income from NHSI (proportion of the £0.92m), £0.3m (proportion of the £1.5m) agreed with local commissioners, and additional income associated with the South Cheshire activity (£0.25m).

Associate contracts continue to underperform against plan predominantly with Stoke/North Staffs and West Cheshire CCGs (£1.5m to date), with a slowing of the previous months declining trends, mostly within the Cheshire contracts not on block (East and West Cheshire).

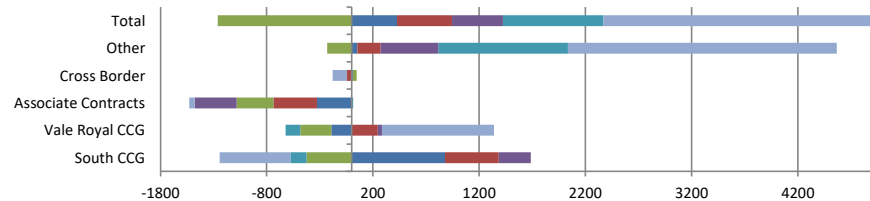
The over performance shown against the host contract relates to additional NHSI funding (share of the £0.92m) and £0.35m of escalation beds.

Within the 'other' column over-performance on high cost drugs within Specialised Commissioning (£1.22m) offsets against drugs spend within non-pay.

Contract Income Performance 2019/20 £'m



Cumulative Variance to Contract Income plan £'000s



	South CCG	Vale Royal CCG	Associate Contracts	Cross Border	Other	Total
Unplanned Care	878.3229383	-190.0146451	-327.6910035	11.22142459	54.15707784	425.9957922
Day case	506.1025782	246.0671432	-409.7285065	-43.94950622	219.5679606	518.0596692
Elective	-427.5938367	-294.6594775	-345.0602995	34.4459707	-229.5608129	-1262.428456
Outpatients	302.6271942	37.35912151	-395.4950106	-7.080825951	543.8727448	481.2832239
High cost drugs	-148.3490879	-138.164763	12.83269473	0	1217.122692	943.4415363
Other	-666.8978815	1055.077621	-50.44956335	-127.1069705	2533.241582	2743.864788
Total	444.2119046	715.6650004	-1515.591689	-132.4699074	4338.401245	3850.216554

The Trust has seen an increase in referrals for the throughout 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 £1.5m this year.

Whilst the block contract arrangement is currently over-performing the current assessment around CQUIN would somewhat negate this position by around £1m. The achievement of the Flu CQUIN target has improved this forecast by £0.3m.

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.

Performance and Finance - Pay Expenditure February 2020

Current Position

Analysis

Forward View

Cumulatively Pay is worse than plan by £1.6m, with CCICP being £0.4m better and MCHFT £2m worse, with a further underlying deterioration in month of £0.3m within MCHFT.

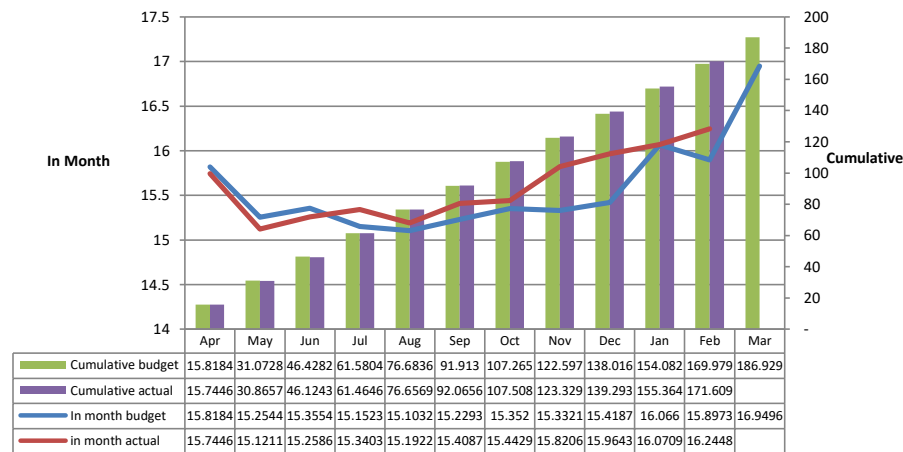
The additional winter pressure monies received offset a proportion of this overspend.

Nursing pay continues to be under pressure, however as a result of closure of the escalation areas agency spend has reduced within the month.

Whilst not as material, there have been increases in both medical pay and infrastructure pay as a result of opening ward 15.

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

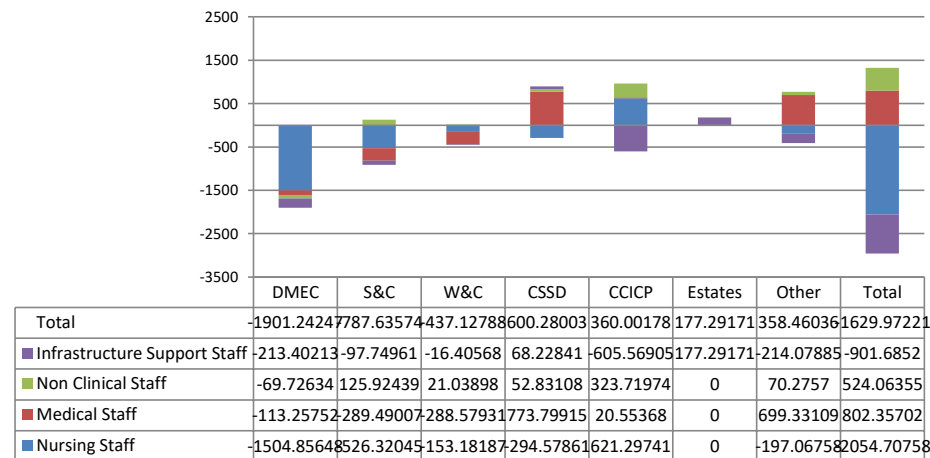
Pay Expenditure 2019/20 £'m



There is expected to be a significant pressure on the nursing and medical staffing as a result of covid-19 outbreak, which is anticipated to impact for Q1 of 2020/21. The challenges that have been seen throughout the year in terms of reliance on premium costs is expected to continue for at least the duration of the epidemic.

The Trust has been formulating plans throughout the year and the 2020/21 operational plan contains key projects to increase the international nurse recruitment, and extend to other professions such as radiography, and increase the number of physician associates.

Pay Variances by Staff Group and Division £'000s



Performance and Finance - Non-Pay Expenditure February 2020

Current Position

Analysis

Forward View

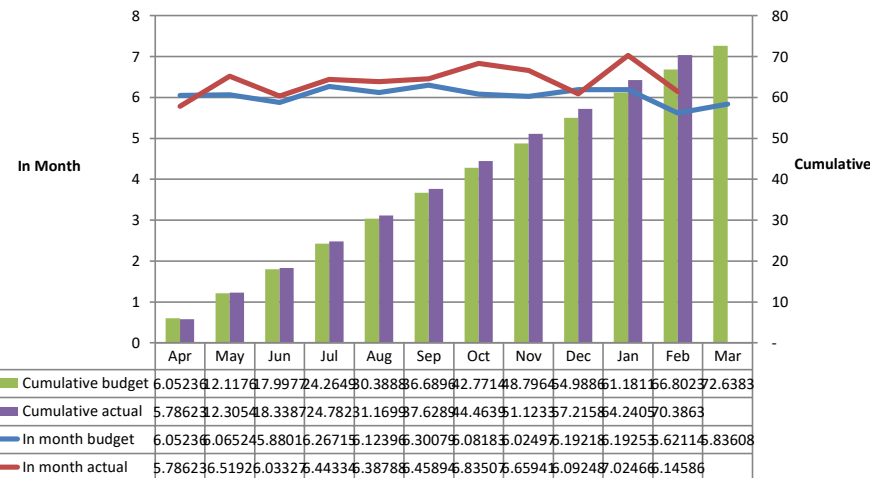
Non Pay is above plan by £3.6m, which includes the release of provisions of £0.4m year to date.

For CCICP the overspend is £0.6m, MCHFT is £3m - with the operational issues associated with the laundry being £0.6m. This pressure is as a result of having to outsource services to meet both MCHFT demand and also the Shropshire consortium.

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, (at mth 11 is a £0.4m net pressure), 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 income.

Non Pay 2019/20 £'m



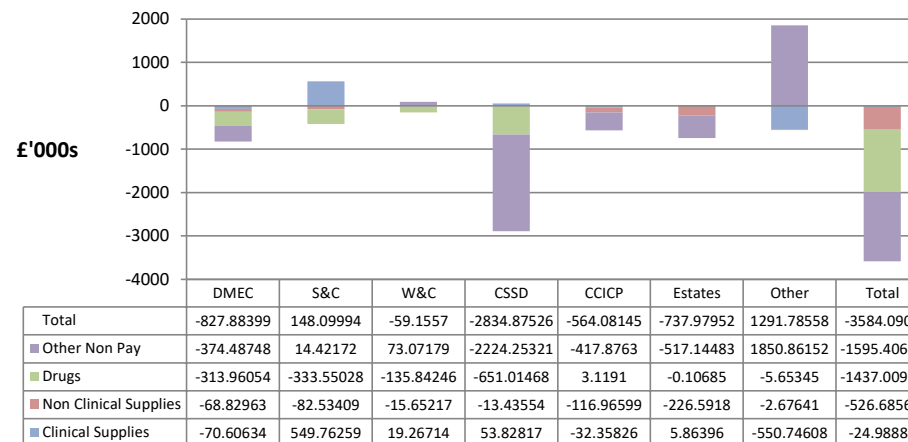
During the first week in January, there was a stepped change in the significant operational challenges within the Trusts laundry service, which whilst under review is likely to have a material impact on the final quarter.

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 £1.6m more than in 18/19.

The Diagnostics division has outsourced circa £3.3m of work year to-date which has incurred a premium cost of circa £0.4m. 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.

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 February 2020

Current Position

Analysis

Forward View

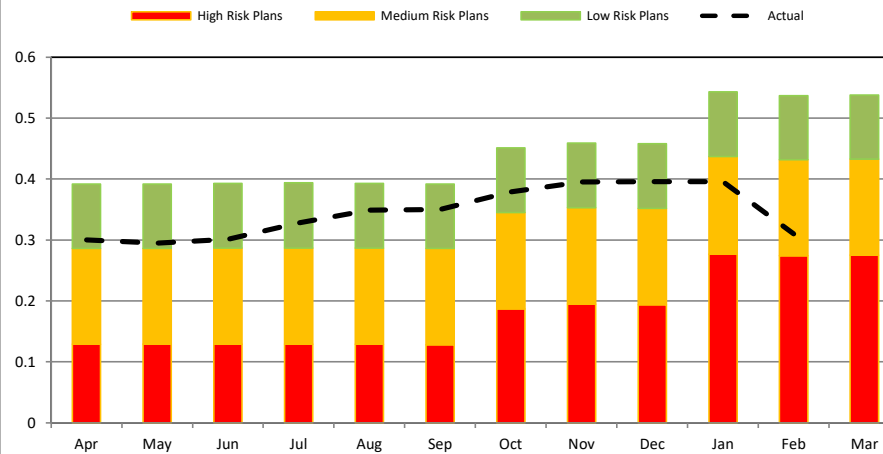
The CIP programme is behind plan by £0.9m, although this is within the reported position to-date.

This relates to the following schemes

- Nursing (£0.6m)
- Unallocated CIP Plans (£0.3m) in DMEC
- Out of Area Welsh activity (£0.25m)

The Division of Medicine and Emergency Care have had challenges all year 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 very little of their £0.7m CIP target (with exception of NHS supply chain savings).

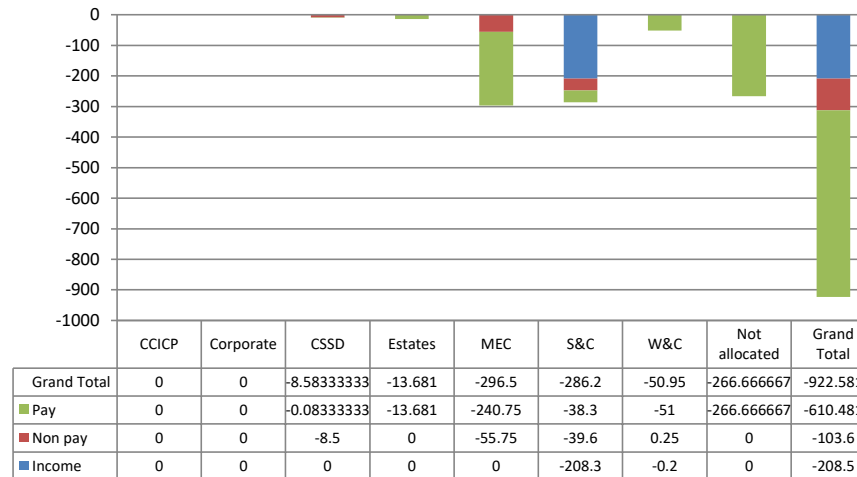
CIP Performance - Monthly view



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



Performance and Finance - Agency Spend February 2020

Current Position

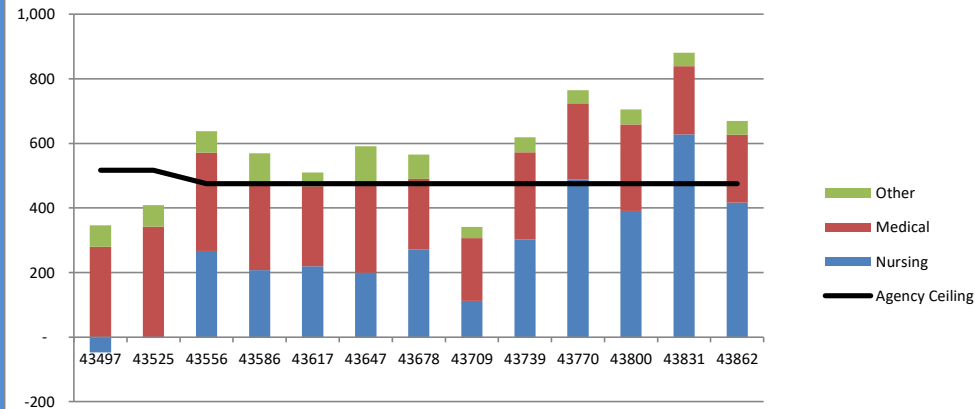
Analysis

Forward View

When the element of cost that is associated with non pay is included, the Trust reliance on non-substantive arrangements comes to 14%, with DMEC 26% and CSSD 18%

Agency costs for nursing reduced in the month, as a result of Ward 18 and James Cross escalation areas being closed – which saw a reduction in the number of Thornbury shifts booked in month.

Agency Spend - 13 Month Trend



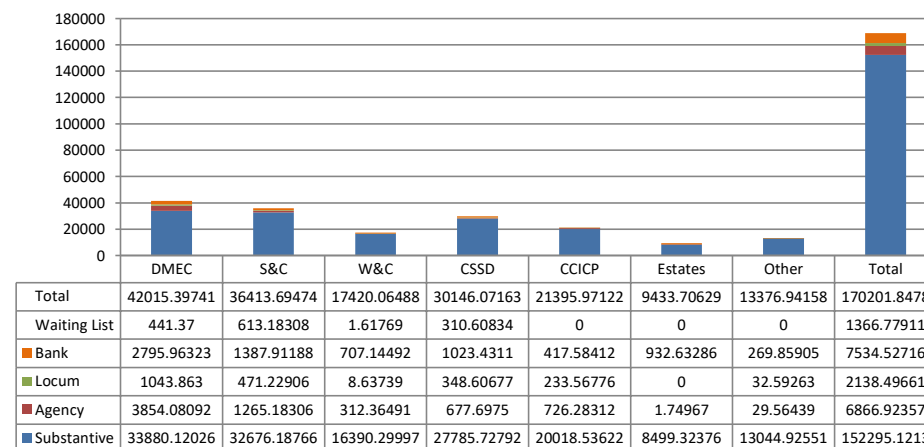
Agency Spend as a run rate is projected to exceed the contract ceiling of £5.7m, which is a lower ceiling level than the 2018/19 £6.2m.

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 has review the incentives for staff in order to encourage uptake on the hospital bank and commenced 2 keys schemes in December /January which are aimed at reducing agency and improving shift cover.

The International Nurse recruitment cohorts should start to make an impact on the core wards during 2020/21, however some specialist areas such as ED and CAU, may still have a challenge to remove agency reliance.

Agency spend is currently forecast to be £7.3m, which exceeds the threshold for a rating of 3. It is not expected that it will exceed £8.5m which would be the threshold for a UoRR of 4.

Staffing costs by Substantive and Temporary



	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	42015.39741	36413.69474	17420.06488	30146.07163	21395.97122	9433.70629	13376.94158	170201.8478
Waiting List	441.37	613.18308	1.61769	310.60834	0	0	0	1366.77911
Bank	2795.96323	1387.91188	707.14492	1023.4311	417.58412	932.63286	269.85905	7534.52716
Locum	1043.863	471.22906	8.63739	348.60677	233.56776	0	32.59263	2138.49661
Agency	3854.08092	1265.18306	312.36491	677.6975	726.28312	1.74967	29.56439	6866.92357
Substantive	33880.12026	32676.18766	16390.29997	27785.72792	20018.53622	8499.32376	13044.92551	152295.1213

Performance and Finance - Divisional Performance February 2020

Current Position

Analysis

Forward View

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

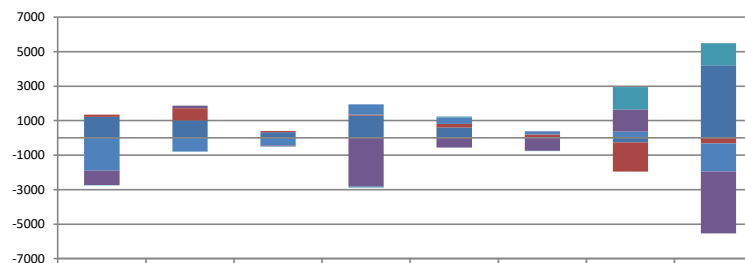
DMEC, S&C and W&C are predominantly challenged within pay pressures as a result of escalation beds and reliance on premium costs particularly within nursing pay.

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.

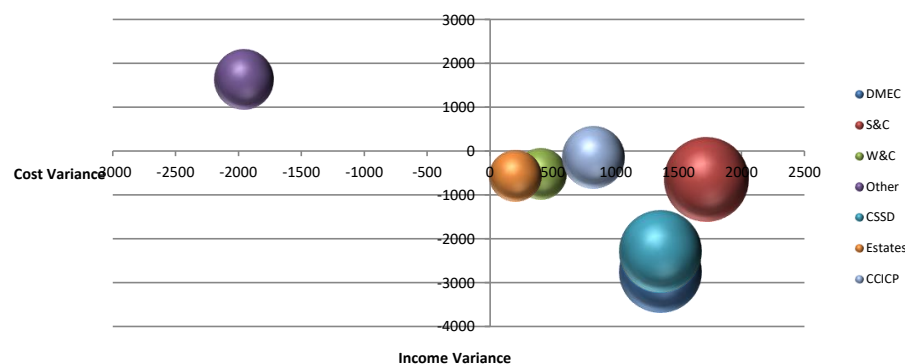
Estates are worse than plan as a result of the outsourcing of laundry.

Cumulative Variance by category



	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	-1389.4737	1077.93046	-104.92097	-928.09958	668.973034	-359.33224	988.619188	-46.30384
Other Costs	-12.07194	-0.7451	-11.33311	-44.90025	55.85821	-0.04692	1297.65147	1284.41236
Non Pay	-827.88399	148.09994	-59.1557	-2834.8753	-564.08145	-737.97952	1291.78558	-3584.0904
Pay	-1901.2425	-787.63574	-437.12788	600.28003	360.00178	177.29171	358.46036	-1629.9722
Other Income	133.79256	693.68857	66.35961	64.25338	208.32892	201.40249	-1696.6967	-328.87114
Commissioning Income	1217.93211	1024.52279	336.336111	1287.14252	608.865574	0	-262.58155	4212.21755

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, and the associated agency costs of delivering that activity

- Challenges with significant breakdowns within the laundry department

- 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

Performance and Finance - Cash February 2020

Current Position

Analysis

Forward View

Cash Position

Cash is better than plan by £3.2m.

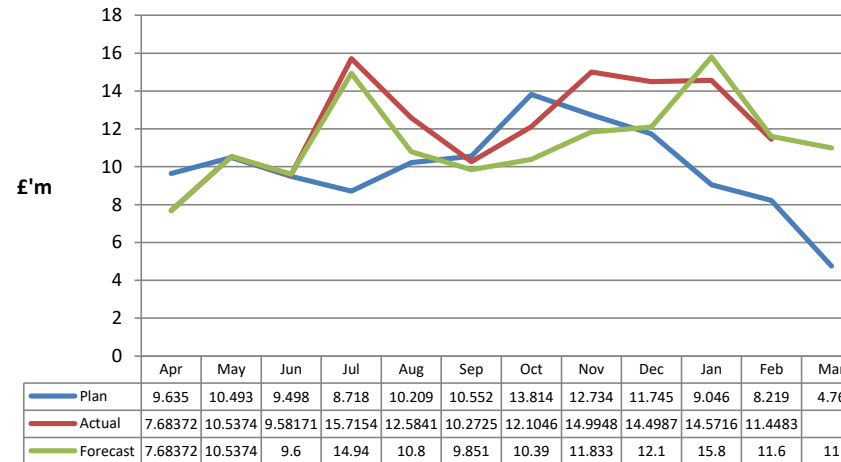
The main movement to plan is due to slippage in the capital programme which has a cash impact of £2.7m.

Also we have received £1.8m PDC as part of the ED Majors extension.

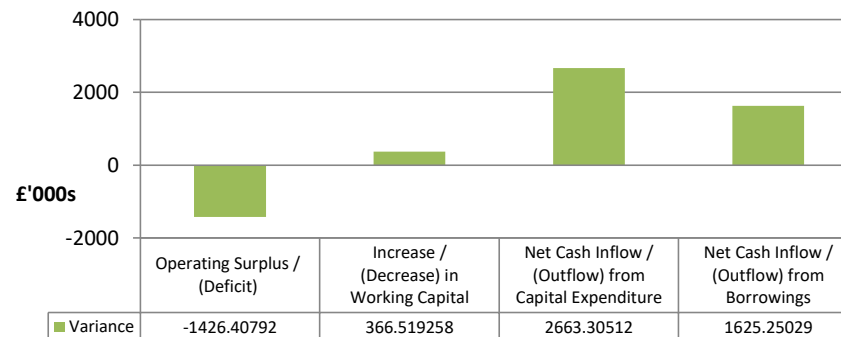
This is partially offset by the trust recording a deficit, which has a Non-casflow deficit of £1.4m. This includes a variance of £0.9m relating to depreciation.

The trust has drawn down £3.4m of the £4.2m capital loan, with the remainder to be drawn down in line with spend.

Cash Position



Cash Flow Movements



Cash is forecasted to be above target at the year end mainly due to the delay in the capital programme and additional PDC of £3.2m for EPR/EPMA projects which will not be spent in this financial year.

Performance and Finance - Capital Expenditure February 2020

Current Position

Analysis

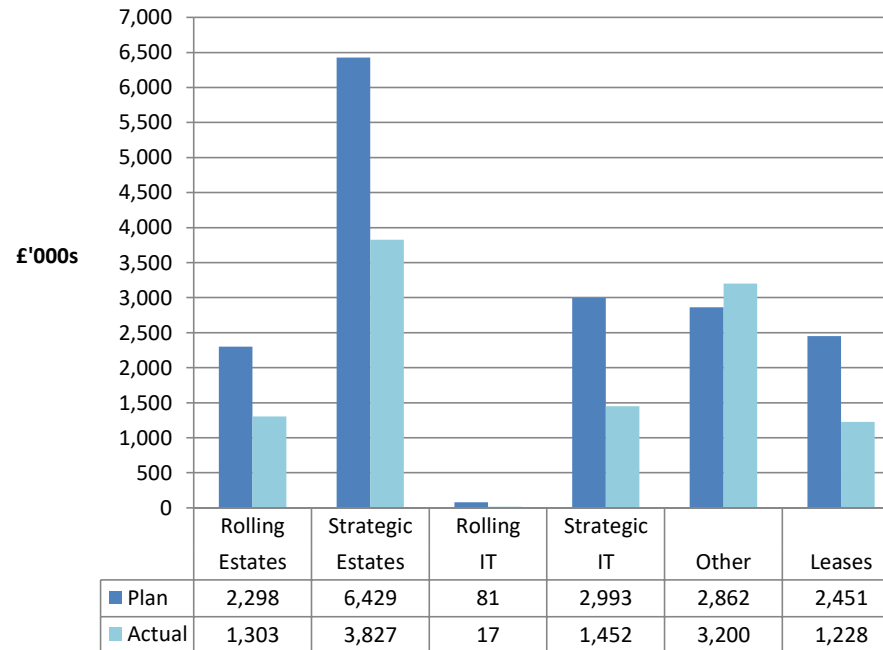
Forward View

The capital programme (excluding leases) is £4.9m less than anticipated which is mainly due to:

(£1.8m) EPR & EPMA Project
(£0.9m) ICU Conversion
(£0.7m) Third CT Enabling
(£0.6m) Backlog Maintenance
(£0.4m) Community Services
(£0.3m) SCPH Refurbishment

Leases are £1.2m 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.

Capital Expenditure



The Trust is forecasting an underspend of £2.9m on the capital programme (excluding leases) due to slippage in the scheme for EPMA £1.5m, EPR £0.8m and 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	2,298	1,303	-995	2,490	1,784	-706
Estates	Strategic	6,429	3,827	-2,602	6,551	4,492	-2,059
IT	Rolling	81	17	-64	90	90	0
IT	Strategic	2,993	1,452	-1,541	3,968	1,959	-2,009
Other		2,862	3,200	338	1,848	3,478	1,630
Leases		2,451	1,228	-1,223	3,047	1,500	-1,547
		17,114	11,028	-6,086	17,994	13,303	-4,691

Budget 2019/20 £'000		Month			Year to Date			Forecast 2019/20 (£'000)
		Plan February (£'000)	Actual February (£'000)	Variance February (£'000)	Plan April to February	Actual April to February	Variance April to February	
	Operating							
	Operating Income							
	<i>NHS Acute Activity Income</i>							
11,526	Elective	894	657	-238	10,488	9,225	-1,262	10,064
68,652	Non-Elective	5,182	5,404	222	62,773	63,001	228	68,728
13,433	Maternity	1,153	1,162	9	12,281	12,970	688	14,149
20,777	Day cases	1,660	1,658	-1	18,962	19,479	518	21,250
30,590	Outpatients	2,405	2,453	48	27,943	27,891	-53	30,426
12,195	A&E	932	936	5	11,132	11,370	238	12,403
75,251	Other NHS	6,167	7,103	936	68,121	71,614	3,494	78,725
232,424	Total NHS Clinical Revenue	19,165	20,145	981	211,700	215,550	3,850	235,745
26,405	<i>Other Operating Income</i>	2,699	2,207	-492	23,706	23,351	-355	25,474
0	<i>Inter-Trust Income</i>	0	0	0	0	0	0	0
258,829	TOTAL OPERATING INCOME	21,864	22,353	489	235,406	238,901	3,495	261,220
	Operating Expenses							
-186,929	Employee Benefits Expenses (Pay)	-15,897	-16,245	-347	-169,979	-171,609	-1,630	-187,210
-17,394	Drugs	-1,451	-1,631	-180	-15,943	-17,380	-1,437	-18,960
-18,312	Clinical Supplies	-1,511	-1,498	12	-16,730	-16,755	-25	-18,279
-3,569	Non Clinical Supplies	-309	-342	-33	-3,253	-3,779	-527	-4,123
-33,363	Other operating expenses	-2,350	-2,675	-324	-30,876	-32,471	-1,595	-35,423
-259,567	TOTAL OPERATING EXPENSES	-21,518	-22,391	-872	-236,781	-241,995	-5,214	-263,995
-738	EBITDA	345	-38	-383	-1,375	-3,094	-1,719	-2,775
	Non Operating							
	Non Operating Income							
-541	Interest	-45	-17	28	-496	-217	279	-236
0	Asset disposal	0	-5	-5	0	0	0	0
	Non-Operating Expenses							
-6,002	Depreciation & Finance Leases	-548	-318	230	-5,431	-4,436	994	-4,840
-1,989	PDC Dividend Expense	-166	-166	0	-1,823	-1,824	-1	-1,990
-9,269	Adjusted Financial Performance surplus/(deficit)	-413	-544	-131	-9,125	-9,571	-445	-9,841
0	Control Total Adjustment	-200	0	200	-400	0	400	0
4,320	Provider Sustainability Fund	504	504	0	3,816	3,816	0	4,320
3,215	Marginal Rate on Emergency Threshold	268	268	0	2,947	2,947	0	3,215
-1,734	Net Surplus/(deficit) before Exceptional Items	158	228	69	-2,762	-2,807	-45	-2,306
0	Donations for purchase of assets	0	0	0	0	26	26	28
0	Depreciation on Donated Assets	0	-23	-23	0	-264	-264	-288
0	Prior Period Adjustments	0	0	0	0	362	362	362
-1,734	Net Surplus/(Deficit) after Exceptional Items	158	204	46	-2,762	-2,684	79	-2,203

Performance and Finance - Statement of Financial Position February 2020

Current Position

Analysis

Forward View

Assets Non-Current The capital programme expenditure is £6.1m less than anticipated due to slippage in a number of schemes. In addition to this, there has been a delay in Finance Lease purchases. This is offset by an underspend on Depreciation of £0.9m.		Plan Apr to February (£'000)	Actual Apr to February (£'000)	Variance (£'000)	Forecast 2019/20 (£'000)	
Assets Current Trade and Other Receivables is £4.7m higher than plan, mainly due to additional accrued contract income £3.7m and a large outstanding debt with NHS England of £0.8m. In addition, prepayments for operating leases are higher than anticipated due to a switch from finance lease to operating leases.	Assets					<p>The Statement of Financial position is forecast mainly on plan.</p> <p>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.</p> <p>Cash is forecasted to be above target at the year end mainly due to the delay in the capital programme and additional PDC of £3.2m for EPR/EPMA projects which will not be spent in this financial year.</p> <p>The Public Dividend Capital forecast has increased by £1.8m due to the ED Expansion.</p>
	Assets, Non-Current	104,290	99,257	-5,033	99,558	
	Assets, Current					
	Trade and other Receivables	7,682	12,365	4,683	10,055	
	Other Assets (including Inventories & Prepayments)	6,021	5,841	-180	6,097	
	Cash and Cash Equivalents	8,219	11,448	3,229	11,040	
	Total Assets, Current	21,922	29,655	7,733	27,192	
	ASSETS, TOTAL	126,212	128,912	2,700	126,750	
Current Liabilities Loans are higher than plan due to the repayment of the £5m working capital loan being deferred. Deferred Income is higher than anticipated as the two main CCG's contract payments are £4.8m ahead of plan.	Liabilities					
	Liabilities, Current					
	Finance Lease, Current	-258	-301	-43	-1,600	
	Loans Commercial Current	-1,626	-5,025	-3,399	-5,472	
	Trade and Other Payables, Current	-14,681	-13,739	942	-10,790	
	Provisions, Current	-157	-302	-145	-325	
	Other Financial Liabilities	-8,727	-14,325	-5,598	-8,820	
	Total Liabilities, Current	-25,449	-33,693	-8,244	-27,007	
	Net Current Assets/(Liabilities)	-3,527	-4,038	-511	185	
	Liabilities, Non Current					
	Finance Lease, Non Current	-6,898	-4,262	2,636	-4,332	
	Loans Commercial Non-Current	-15,663	-11,449	4,214	-11,150	
	Provisions, Non-Current	-1,441	-1,423	18	-1,246	
	Trade and Other Payables, Non-Current	0	0	0	0	
	Total Liabilities Non-Current	-24,002	-17,134	6,868	-16,728	
	TOTAL ASSETS EMPLOYED	76,761	78,085	1,324	83,015	
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 line with expenditure.	Taxpayers' and Others' Equity					
	Taxpayers Equity					
	Public dividend capital	77,668	79,308	1,640	79,308	
	Retained Earnings	-14,321	-14,612	-291	-13,325	
	Donated asset reserve	0	0	0	0	
	Revaluation Reserve	13,414	13,389	-25	13,414	
Taxpayers Equity PDC has been received of £1.8m for the ED expansion.	TOTAL TAXPAYERS EQUITY	76,761	78,085	1,324	79,397	
	TOTAL FUNDS EMPLOYED	76,761	78,085	1,324	79,397	

Title of Paper:	Financial Plan 2020/21		
Author:	Ros Davies – Deputy Director of Finance		
Executive Lead:	Russell Favager - Deputy Chief Executive and Director of Finance		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		x
	Review/Benefits/Audit		
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness	x	Caring	
Aspiring to Excellence in Practice Through Our Workforce		Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care	x	Well-Led	x
Link to Board Responsibility:	Performance		
	Accountability		x
	Strategy		x
	Implementation		
Action Required:	Decide		
	Approve		
	Note		
	Recommend		
	Delegate		
Positive Benefit:	Inform the board of the status of the 2020/21 planning		
Risk:			
To be published on Trust Website –complete version			
If no, to be published on Trust Website – redacted			
If not to be published complete or redacted, please detail the reason why		x	
Presented at Board Meeting of:	6 th April 2020		

Executive Summary: 2020/21 Annual Plan

Outline

The Director of Finance, on behalf of the Chief Executive, is required under the Standing Financial Instructions to prepare and submit budgets for approval and delegation by the Board. However following the rapidly increasing COVID-19 pandemic national guidance has been issued which suspends the 2020/21 operational planning process and as such this plan has been put on hold.

As the plan was prepared in advance of the changing NHS Finance regime it is being presented to the Board for information only purposes and so that divisional expenditure budgets can be set to record expenditure against. These budgets have been prepared following discussions with appropriate budget managers and the executive team. It is unclear at the current time whether this plan will need to be revisited during the 2020/21 financial year.

This executive summary is to be read jointly with the draft financial plan and supporting divisional details.

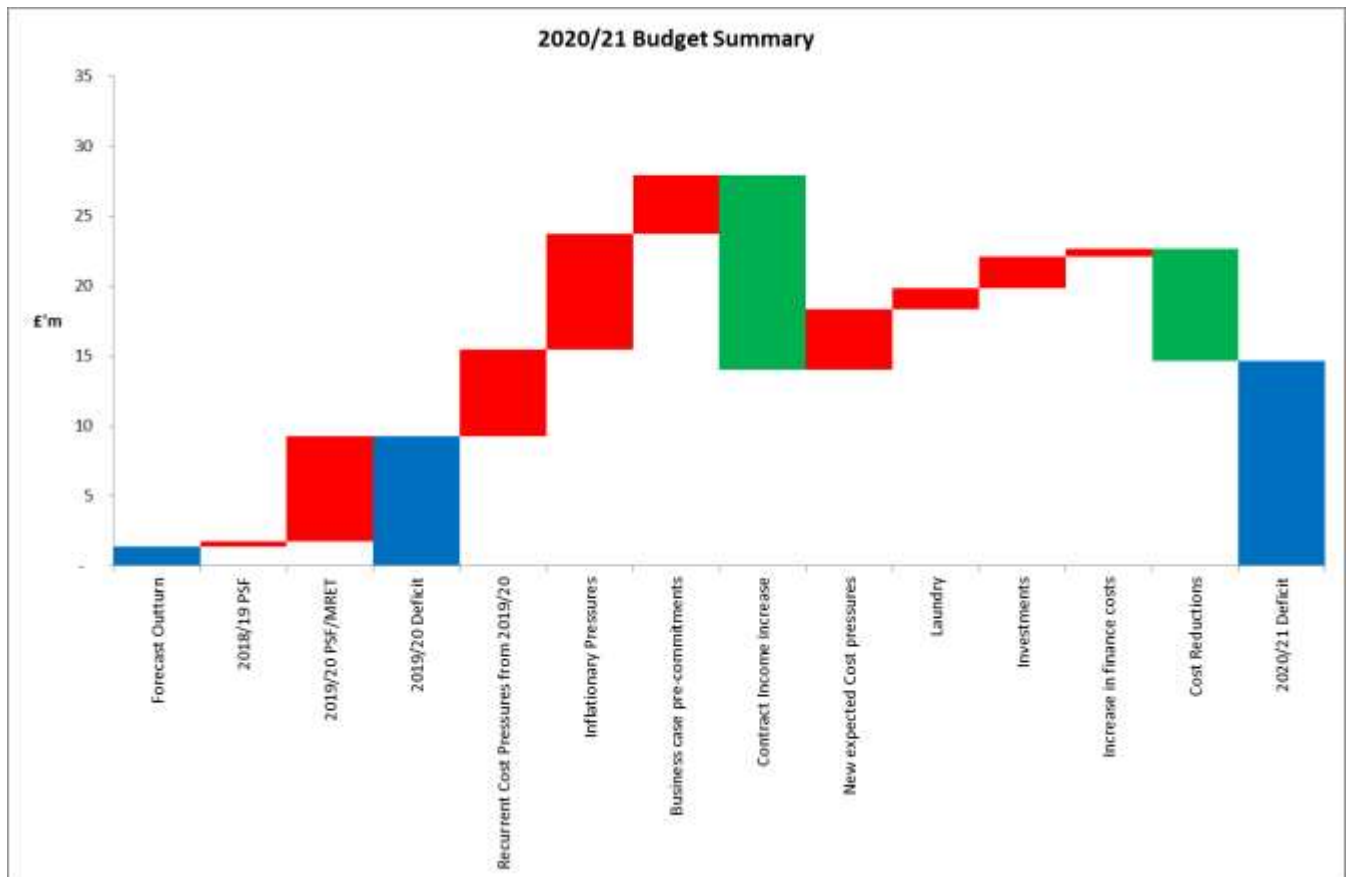
Summary

In accordance with the 2020/21 operational planning guidance, the trust submitted a draft plan on the 5th March 2020 which had a deficit of £15.2m. Assuming the Trust still received its £3.2m Marginal Rate for Emergency activity Threshold payment (MRET) this was £7m above the control total set by NHSI of £5m

The waterfall table overleaf highlights the key movements from the 2019/20 forecast outturn deficit of £9.3m to the proposed 2020/21 planned deficit of £15.2m, with a summary detail of the key figures in the appendix.

Whilst the Board should plan to provide excellent healthcare services within the constraints of the available resources there is also a balance between managing clinical risk and corporate risks to provide safe services which are delivered efficiently and effectively. Therefore the investments shown in the Appendix are those that are recommended to the Board in order to deliver safe services of a high quality.

Going forward the Trust needs to address the challenges of implementing effective change management in the way it delivers its services whilst remaining focused on safety and patient experience and at the same time reducing its operating costs, thereby delivering better value.



Control Total

The control total that has been set for 2020/21 is a deficit of £5.029m for MCHFT, however this assumes that £3.215m of MRET (Marginal Rate for Emergency activity Threshold) is received. As MRET is conditional on trusts signing up to their control totals, in effect the Trust needs to meet a deficit of £8.244m in order to agree the control total.

Based on the draft plan, the trust would need to increase the current cost improvement from £8m to £15m, which is equivalent of £5.7% for the Trust, which is unrealistic and therefore on the basis of the planning to date, will make the acceptance of the control total unachievable.

This is a challenging position that all providers and commissioner within the Cheshire system have experienced, such that it is unlikely that any will be able to sign up to a control total for 2020/21.

Recommendation

Under the previous financial regime the proposal based on the draft financial plan would have been that the Trust rejects the control total target set by NHSI.

Appendix

£'m	Net Position (Excluding PSF/MRET)
19/20 Budget	(9.3)
19/20 Forecast Outturn	(9.3)
Recurrent challenges	(6.2)
Normalised Position	(15.4)
Inflationary Pressures	(8.3)
20/21 Pressures Expected	(6.2)
Cost Improvement	8.0
Business cases Agreed	(4.2)
Investments	(2.6)
Tariff Movement	14.1
Finance Adjustments	(0.6)
2020/21 Proposed Budget	(15.2)

Draft Financial Plan

2020/21

**Delivering Excellence in Healthcare through Innovation and
Collaboration**

Russ Favager

Deputy Chief Executive and Director of Finance

Introduction

This document sets out the proposed Interim budget, and associated financial statements for 2020/21 and an outline of how this complements the Trusts strategy review and vision to become the best place to work with delivering excellence in care for our patients, as part of the long term plan as set out in 2019.

At this stage final contracts have yet to be signed and formal approval of the plans by NHSI not yet confirmed. In order for good financial governance to be practised a budget must be approved by the board to enact operational plans.

The narrative also provides an analysis of the movements from the 2019/20 approved budget to the 2020/21 proposed position and serves to set the delegated spending authority for the financial year.

Local and National Picture

i) The Long Term Plan

The long term plan introduced during 2019/20 contains a number of key ambitions setting out a vision for the NHS for the next 10 years.

- Uplift to community and primary care budgets in order to support out of hospital care, and improve integration
- Setting of clinical priorities (children and young people, cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health)
- Workforce resilience
- Increased push on the digital agenda, with a particular emphasis on outpatients and key clinical systems
- Development of Integrated Care Systems, moving away from the traditional provider and commissioner model and with that the requirement to revisit payment by results (PbR) and the internal market approach of the past
- A requirement that over the next 5 years that all systems will be able to balance, with a financial recovery fund (FRF) used by regulators to support Trusts to move to that position

ii) Operational Planning guidance

- Embed and strengthen the governance of our systems as we move to a 'system by default' operational model and prepare all systems to become an Integrated Care System (ICS) by April 2021.
- Expectation that organisations can live within their financial means
- The financial recovery fund for 2020/21 is 50% dependent on individual organisations and 50% dependent on the health care system that a provider is in
- It is expected that Trusts will maintain a bed base as at January 2020, and work down to a bed occupancy of 92%
- Improvements in Urgent and Emergency Care, and cancer services are expected

iii) The Cheshire system

Since 2017/18, MCHFT has worked with South and Vale Royal CCGs as a system ensuring that key principles such as shunting costs and maximising the financial opportunities as much as possible are adhered to. This has been achieved by moving away from the traditional PbR model and working on block arrangements. This has continued in 2019/20, with adjustments agreed to reflect changing circumstances, particularly Winter bed pressures.

As part of developing an Integrated Care system, the 4 Cheshire CCGs, which include West/East Cheshire as well as South/Vale Royal have merged as such there will be 1 CCG for Cheshire from 1st April 2020. The key acute providers that are located within Cheshire (MCHFT, The Countess of Chester and East Cheshire Trust), and Cheshire and Wirral Partnership in conjunction with the Cheshire CCGs form the Cheshire system.

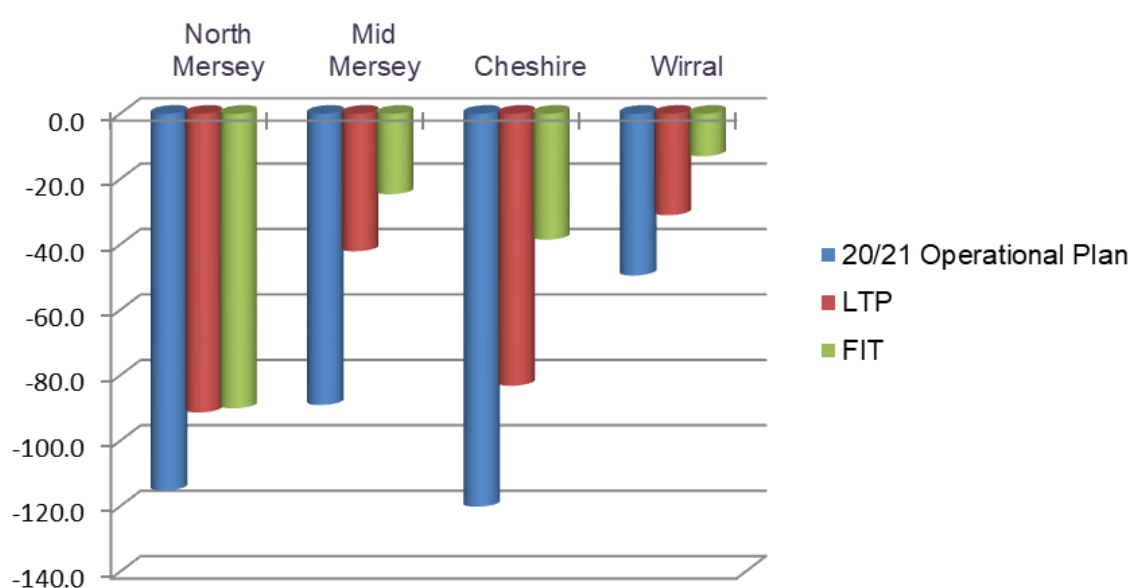
Aligning the organisations together, has unveiled a material financial challenge – such that in the long term planning exercise a system deficit of £85m was proposed ahead of the more detailed operational planning guidance that was issued in January 2020 which resulted in the deficit growing to £122m.

iv) Cheshire and Mersey Healthcare Partnership

The Cheshire system is one of 4 systems that form the Cheshire & Mersey healthcare partnership – for context a summary of the system changes from the long term plan to the draft operational plan submission is illustrated overleaf in table 1.

As can be seen by this chart, all systems have seen a move from the long term (LTP) in terms of a distance from the financial improvement trajectory (FIT) to the draft 2020/21 plan. This is going to present all systems with a challenge in signing up to control totals, and is likely to instigate detailed scrutiny of all organisational plans.

Table 1 Illustration of the distance of 2020/21 operational plan compared to the LTP and FIT



Proposed Budget Summary Proposal

The proposed budget is illustrated in table 2 in the form of a waterfall chart and in table 3 the summarised financial position.

This demonstrates how the Trust is expected to move from a forecast outturn deficit (less financial support of PSF/MRET) of £9.3m to an underlying position of £15.m when recurrent cost pressures are taken into account.

When the impact of expected contract income is included, existing financial pre-commitments and savings are combined it is expected that the budget will be a deficit of £15.2m for 2020/21, prior to support funding.

The savings for 2020/21, which are handled within a separate section are expected to deliver an unprecedented 3%, or £8m and is to be delivered as part of the wider Cheshire financial recovery plan.

Table 2 i) 2020/21 Budget summary by waterfall diagram

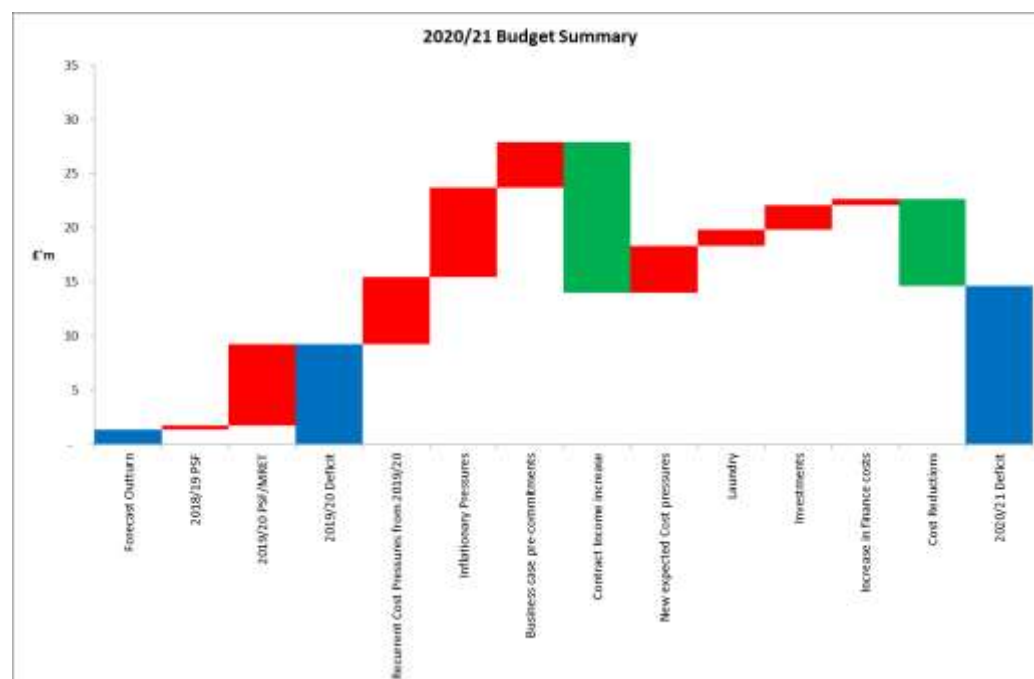


Table 2 ii) 2020/21 Budget Summary by Subjective

£'m	Net Position (Excluding PSF/MRET)	Contract Income	Other / Risk Income	Pay Expenditure	Non Pay Expenditure	Finance Movements
19/20 Budget	(9.3)	232.0	28.5	(182.6)	(78.6)	(8.6)
19/20 Forecast Outturn	(9.3) ✓	235.2	27.5	(184.2)	(79.7)	(5.7)
Recurrent challenges	(6.2)	(3.6)	(0.5)	(1.2)	(0.4)	(0.4)
Normalised Position	(15.4)	231.6	27.1	(185.3)	(80.1)	(6.1)
Inflationary Pressures	(8.3)	0.0	0.0	(5.2)	(3.0)	0.0
20/21 Pressures Expected	(6.2)	0.0	(1.3)	(2.1)	(2.8)	0.0
Identified CIP	2.8 ✓	(0.0)	0.0 ✓	1.1	1.7	0.0
System driven CIP	5.2	0.0	0.0	0.0	5.2	0.0
Business cases Agreed	(4.2)	0.1	0.2 ✓	(3.8)	(0.6)	0.0
Investments	(2.6)	4.0	0.1 ✓	(6.3)	(0.3)	0.0
Tariff Movement	14.1 ✓	15.8	0.0	(1.7)	0.0	0.0
Finance Adjustments	(0.6)	0.0	0.0	0.0	1.8	(2.4)
2020/21 Proposed Budget	(15.2)	251.4	26.1	(203.4)	(78.2)	(8.5)

Control total

The control total is the expected financial surplus or deficit which has been set for the Trust by NHS Improvement for the financial year. As part of the LTP and 2020/21 operational plan setting – it is an expectation that Trusts will balance their books. In supporting Trusts to achieve this, there is a financial recovery fund (FRF) which if trusts meet their control total they will receive in order to meet this objective.

The Trust is required to formally accept or reject the control total, with the consequence that if Trusts do not sign up to a control total they will not receive their FRF and remain in deficit.

The total that has been set for 2020/21 is a deficit of £5.029m for MCHFT, however this assumes that £3.215m of MRET (Marginal Rate for Emergency activity Threshold) is received. This however is conditional on trusts signing up to their control totals, in effect the control total is a deficit of £8.244m for the Trust.

In order for the Trust to be able to sign up to the control total target a further £7m of cost savings would be required on top of the existing £8m assumed within the plan. This would make for a total cost improvement challenge of £15.2m equivalent to 5.7% CIP for the Trust, which is unrealistic and therefore this makes the acceptance of the control total unachievable.

Therefore the recommendation is that the Trust rejects the control total target.

2019/20 Underlying Financial Position

The Trust is expecting to meet the control total set for 2019/20 of a £9.3m deficit, which when MRET (£3.215m) and PSF (£4.320m) are added in gives a deficit position of £1.734m. During 2019/20 the Trust received an adjustment in relation to 2018/19 PSF of £0.362m which will give an expected final forecast outturn of £1.363m

Non-Recurrent Items

Within the position for 2019/20, there have been a number of non-recurrent items that have helped to support the financial position which are itemised below, and are a combination of balance sheet review and additional income from either commissioners or NHSI.

Table 3 Non Recurrent support

Description	£'m
Additional CCG Support	1.50
NHSI Funding - Beds	0.80
Slippage on the commencement of new Community services	0.75
Additional value added to contract to formalise block contract	0.50
Income associated with BMI transfer	0.50
Release of Provisions	0.45
Holiday pay Accrual	0.44
Additional funding for escalation beds for Winter	0.35
Asset lives adjustment	0.28
NHSI Funding - ACU	0.13
Total	5.70

Recurrent Challenges

Part of the challenges that the Trust has experienced in 2019/20 has been an increasing reliance on either agency support or external companies to deliver core services, which has come at a premium rate.

In addition to this, there have been some cost improvement schemes which were expected to deliver a recurrent saving in 2019/20 that have been reviewed and will not be achievable in 2020/21 and therefore creates a recurrent pressure.

The Trust has also experienced an increase in cost as a result of either growth or changes to services which the impact of the additional non-recurrent financial benefits that the Trust has had have offset for 2019/20.

A summary of these recurrent financial pressures are shown in the table overleaf. Whilst they are described as recurrent issues, part of the workforce strategy for 2020/21 is to target particularly nursing cost pressures in order to reduce the exposure to such costs from 2021/22 onwards.

Table 4 Recurrent cost pressures

Description	£'m
DMEC - Nursing and undefined schemes	(0.5)
Corporate nursing	(0.4)
S&C - Out of Area	(0.2)
Non -recurrent CIP (CCICP Revenue to capital scheme)	(0.2)
Non Delivery of CIP	(1.4)
DMEC - Medical & Agency nursing costs	(1.4)
S&C - Medical agency and WLI costs	(0.4)
DMEC - External supplier increase	(0.3)
Mammography service	(0.2)
W&C - Middle grade rota premium costs	(0.2)
Premium costs	(2.5)
DMEC - Drugs and non pay pressures	(0.4)
Other contract pressures	(0.4)
Cardiac CT Scanning	(0.3)
One to One HCA nursing increase	(0.3)
Child & Adolescent Unit increased acuity	(0.2)
Increase in midwifery staffing as a result of One to One closure	(0.2)
Utilities	(0.2)
Maternity and Apprenticeship Levy Increase	(0.2)
Pathology Sendaway Tests	(0.2)
Growth/Changes in practice Pressures	(2.4)
Total Recurrent 2020/21 challenges	(6.2)

2020/21 Inflationary Pressures

The table below indicates the inflation that has been applied to the plan for pay, non-pay and insurance premia.

Table 5 Calculation of Inflation

Description (£'m)	MCHFT	CCICP	Total
Agenda for Change Pay increases	(3.6)	(0.6)	(4.2)
Medical Pay award	(1.0)	0.0	(1.0)
Non pay Inflation	(1.4)	(0.2)	(1.5)
CNST increase	(1.5)	0.0	(1.5)
Total Inflation	(7.5)	(0.8)	(8.3)

Pay inflation

Agenda for change pay discussions were concluded in 2018 with an agreed 3 year deal, and the calculations in the table above reflect these terms and conditions.

Medical and Dental Staff are not covered by the agenda for change terms and conditions. A provision reflective of the 2019/20 deal has been accounted for in relation to the 2020/21 medical pay award.

In addition to the normal cost of living increases the budget recognises the impact of progression through the incremental pay scales. This is calculated based on staff in post and in reference to existing pay structures. The increases in year from staff progressing up the pay spines is reduced by the impact of turnover since the previous budget setting round where replacements may be appointed at a lower incremental point.

Non-pay inflation

All non-pay budgets except clinical negligence premiums have been increased by 1.8% including drugs, which is in line with the planning guidance.

Non pay inflation is held centrally and distributed to budget holders where need can be clearly demonstrated. Through a continual review of contracts and alternative products some elements of non-pay inflation can be mitigated or avoided and the cost improvement programme (CIP) will expect a level of reduction in cost via the collaboration at scale workstream.

NHS Litigation Authority (NHSLA) Insurances

The NHSLA provides pooled membership insurance against a number of risks in particular:

1. *Clinical Negligence Scheme for Trusts (CNST)*. This provides legal support and a pooled insurance for claims against the Trust for Clinical Negligence. This has increased from 2019/20 as can be noted in the table below.

Table 6 Insurance premium split

Scheme	2019/20 £000's	2020/21 £000's	(Increase) /Decrease
Clinical Negligence Scheme for Trusts	6,968	8,486	(1,518)
Liabilities to Third Parties (LTPS)	120	138	(18)
Property Expense Scheme (PES)	14	17	(3)
Total Premium	7,102	8,641	(1,539)

2. *Liabilities to Third Parties (LTPS)*. LTPS typically covers employers' and public liability claims from NHS staff, patients and members of the public. These range from straightforward slips and trips to serious workplace manual handling, bullying and stress claims. LTPS covers claims arising from breaches of the Human Rights Act, the Data Protection Act and the Defective Premises Act, as well as defamation, unlawful detention and professional negligence claims. LTPS also extends to cover the personal liabilities of the members of NHS boards, including non-executive directors. Personal injury cover is unlimited in value and there is no limit on the number of claims members may make in any membership year. Trusts are liable for excesses for public liability of £4,000 and employer liability of £10,000
3. *Property expense schemes (PES)*. This provides cover up to £1,000,000 against property damage and again excess of £1,000 is in place. The Trusts takes out further commercial insurance to cover claims in excess of £1,000,000.

2020/21 Unavoidable Cost Pressures

The planning process with the Divisions has identified a number of new unavoidable cost pressures to the Trust which are summarised below.

The most material item is the expectation of the issues with the onsite laundry continuing into 2020/21. There is an expectation that there will be some mitigation of the costs seen in the final quarter of 2019/20 as staff will be offered employment elsewhere within the hospital and there is a procurement underway which is expected to reduce the problems for 2020/21, which is reflected in the £1.5m pressure below.

The acquisition of BMI in February 2020, will see a reduction in income which was previously charged to BMI being lost and there is also an expected one off pressure associated with the staff that have TUPE'd to MCHFT who have not immediately slotted into a current vacancy.

Given both the financial and operational pressures seen in 2019/20 in relation to the level of nurse vacancies – and the success of the first cohort of international nurse recruitment in the year, this will be extended and accelerated in 2020/21 with the aim of reducing nurse vacancies to a minimum by Q1 2021/22.

These are the most material cost pressures, but are by the nature expected to be non-recurrent.

There are in addition a number of schemes in relation to upgrading IT software and hardware that will be unavoidable in 2020/21, including office 365 charges, continuation of the PC refresh programme and replacement of Somerset.

The impact of changes to services at East Cheshire Trust (ECT) have also led to an expectation of a reduced charge in relation to pathology services, which are unlikely to be offset by corresponding cost reductions. This has been calculated for the loss of the Sexual Health service at ECT, but there is also an expectation of a reduction in terms of Clinical Haematology which is now going to be provided by the Christie.

The table overleaf illustrates in detail the unavoidable cost pressures for the Trust.

Table 7: Unavoidable Cost Pressures

Description (£'m)	MCHFT	CCICP	Total
Laundry	(1.50)		(1.50)
BMI - loss of Income	(1.20)		(1.20)
International Recruitment	(1.10)		(1.10)
Office 365	(0.50)		(0.50)
BMI - Staffing	(0.50)		(0.50)
PC Refresh licences	(0.16)		(0.16)
Board secretariat	(0.16)		(0.16)
Physician Associates	(0.15)		(0.15)
Somerset software	(0.11)		(0.11)
Trainee ACPs	(0.10)		(0.10)
Loss of Sexual Health work	(0.10)		(0.10)
GNA funding		(0.10)	(0.10)
Cancer funded Posts	(0.09)		(0.09)
Administration increases		(0.06)	(0.06)
11th Paediatrician	(0.06)		(0.06)
Vessel Nurse	(0.06)		(0.06)
DTA Therapies		(0.06)	(0.06)
Other CCICP Pressures		(0.05)	(0.05)
ERISS referral therapy increase		(0.05)	(0.05)
Pleurex drains		(0.04)	(0.04)
RTT Tracker	(0.04)		(0.04)
Total	(5.84)	(0.36)	(6.20)

Financial Pre-commitments

Business Cases Approved in 2019/20

As part of business planning round for 2019/20, there were a number of business cases agreed that had a part year impact in 2019/20 – and will have a further impact as recruitment has completed for the budget in 2020/21.

These are summarised below:-

Table 7 Pre-commitments from 2019/20 planning

Description	£'000s
ED Workforce Expansion	(1,046)
Ward 19	(535)
REACT	(292)
3rd MRI Case	(239)
Acute Care Team	(186)
3rd CT Case	(176)
Cardiology Review	(133)
Nurse Apprentices	(100)
HR Re-structure	(66)
Divisional admin review	(25)
Stroke Review	(25)
Total 1920 planning round investments	(2,823)

In addition, during the financial year there were a series of business cases agreed most of which have an impact for 2020/21. The combined impact of these cases is £4.2m.

Table 8 Pre-commitments arising in year

Description	£'000s
EPR	(304)
Panel Re-bandings	(149)
LIMS Case	(146)
Capacity Gap in Radiographers	(143)
Iqemo/IBABS/Cyber Engineer	(134)
Acuity Investments (DMEC)	(130)
Acuity Investments (S&C)	(128)
Data warehouse support	(78)
Support for Volunteers	(68)
Pharmacy Robot	(33)
Microbiology	(30)
Int Recruitment PEF	(25)
Total 1920 Decisions Made during the year	(1,368)

Contract Income

The contract values have been derived based on a full Payment by Results basis based on the activity baselines agreed. This aligns with the Cheshire system CCG's overall contract value expectations for both Acute and Community contracts of circa £230m. In the table below there is a summary of the key movements between commissioners from the original budget set for 19/20. It includes a level of investment above the tariff inflator for CCICP to reflect the LTP and 2020/21 ambitions to develop out of hospital care.

For noting the additional activity associated with BMI (£4m) is part of the investments section.

Table 9 Commissioning Income

	1920/21 Budget	1920 FOT	Non-recurrent	Underlying position	Tariff Movement	Growth / other changes	2020/21 Budget
Cheshire contracts	210.8	214.9	1.4	216.2	4.5	5.2	225.9
Associates	7.5	4.9	0.0	4.9	0.1	1.0	5.9
Specialised Commissioning	8.1	9.0	0.0	9.0	0.1	0.5	9.7
Public Health England	1.2	1.1	0.0	1.1	0.0	0.0	1.1
Screening contracts	2.1	2.1	0.0	2.1	0.1	(0.6)	1.5
Cancer Drugs Fund	0.5	1.1	0.0	1.1	0.0	0.0	1.1
Cross Border Flows	0.4	0.4	0.0	0.4	(0.0)	(0.2)	0.1
Non contract Activity	1.0	1.7	0.0	1.7	0.0	0.3	2.0
Total	231.6	235.2	1.4	236.6	4.8	6.0	247.4

The contract plan has been prepared using the 2020/21 local payment grouper, using the activity plan. Underpinning the tariff for 2020/21 there are the following underlying assumptions:-

Table 10 Underlying Tariff Assumptions

Cost	Estimate	Cost Weight	Weighted estimate
Pay	2.9%	68.3%	2.0%
Drugs	0.6%	2.6%	0.0%
Capital	1.8%	7.2%	0.1%
CNST	3.2%	2.3%	0.1%
Other	1.8%	19.6%	0.4%
Total Inflation		100.0%	2.5%
Efficiency			-1.1%
Total Tariff uplift			1.4%

Whilst contractual terms have yet to be agreed talks continue to consider the most appropriate risk share arrangements, such that it is likely that the Trust will enter a block arrangement with the host commissioner with appropriate

incentives and caveats applied. This would take away some risks around the potential for fines and penalties that are applicable to providers who have not signed up control totals, and also the risk around CQUIN achievement. With the associate contracts – the out of area reductions that have been observed in 2019/20, have been consolidated.

For associates to the host commissioners contract, the market contraction that has materialised in 2019/20 has been consolidated in the 2020/21 budget, and the change to the screening contract reflects the business case for Breast screening to be led by East Cheshire Trust from 1st April 2020.

Specialised commissioning

The Trust is not currently fully re-imbered for the costs of running neo-natal services at MCHFT, and working with Specialised Commissioning has identified a deficit gap of £0.95m in funding, in relation to the unit. In addition the Trust has not historically recorded transitional care in a ward setting, which given the shadow recording undertaken in 2019/20 indicates that this is a further £0.25m that is needed to be reflected within the contract.

In accordance with the NHS standard contract, appropriate notice was given in the 6 month notice letter in September 2018 – which meant that in 2019/20 a transition where 50% of the difference was included as part of the contract value, and the counting and coding changes recorded will a £nil impact where completed. Further notice was given in September 2019 and therefore these values have been added to the expected contract value for Specialised Commissioning for 2020/21. Discussions with the commissioner are ongoing, and therefore this is not yet finalised and presents some degree of risk.

Commissioning for quality and innovation (CQUIN)

CQUIN is a scheme where commissioners link 1.25% of contract value to the delivery of quality initiatives, which is £2.5m of the expected contract income. The guidance for 2020/21 scheme has been issued as part of the operational guidance and following are the key schemes for both the community and acute contracts

CCG Acute Contract

- 1) Recording of the NEWS2 Score, escalation time and response time for critical care admissions
- 2) Treatment of community acquired pneumonia in line with BTS care bundle
- 3) Appropriate antibiotic prescribing for UTI in adults aged 16+
- 4) Cirrhosis and fibrosis tests for alcohol dependent patients

- 5) Rapid rule out protocol for ED patients with suspected acute myocardial infraction (Excluding STEMI)
- 6) Screening and treatment of iron deficiency anaemia in patients listed for major elective blood loss surgery
- 7) Adherence to evidence based interventions clinical criteria
- 8) Staff flu vaccinations (90%)

Community Contract

- 1) Assessment, diagnosis of treatment of lower leg wounds
- 2) Malnutrition screening
- 3) Assessment & documentation of pressure ulcer risk
- 4) Staff flu vaccinations

The plan currently assumes that these CQUIN's will be fully delivered however early indications suggest that this will be a risk and therefore require further investment to deliver, which may require a system decision.

Bed Management/Winter planning

In 2019/20 The Trust received winter funding through the contract with the CCG of £0.75m and this was topped up by £0.6m within year from a combination of CCG resources and Better Care fund transfers from the Local Authority. For 2020/21 the CCG has rolled forward the £0.75m in the contract value and this will support additional escalation beds over the winter period. It is anticipated that the support from the local authorities will re-occur, but at this stage it has not been factored into the plan.

In addition to this, as part of the ambitions of the long term plan to reduce bed occupancy and maintain bed stock at January 2020 levels – the Trust has had discussions with the CCG to formally extend ward 15 in order to support the Trust achieving this from their Winter plan funding. It would be expected that if this were to be confirm that it will cost £1.5m which will be added to the contract value.

The final plan for use of winter funds will be determined through the A&E Delivery Board.

Activity Assumptions

The commissioning plan has been underpinned by a process of calculating expected demand within the system and matching through the expected capacity. Whilst the divisions have not completed the final review and sign off for this process the table below summarises the key assumptions for growth by point of delivery.

In order to support the delivery of the 2020/21 demand plan there are cases within the divisions that have yet to be approved, and as such as provision to support the capacity and demand of £1.073m has been set aside. This is in addition to the expected investments for CCICP of £0.646m.

Table 11: Activity Assumptions for the 2020/21 Plan

Point of Delivery	Plan 2019/20	Forecast 2019/20	Growth	BMI	2020/21 Plan	% Growth excluding BMI	% Growth including BMI
Accident & Emergency	95,336	100,553	7,798	0	108,351	7.8%	7.8%
Day case	30,966	31,410	483	1,796	33,689	1.5%	7.3%
Elective	3,213	3,207	-24	302	3,485	-0.7%	8.7%
Non elective	39,026	40,422	1,509	0	41,931	3.7%	3.7%
Outpatients - First Attenders	82,658	84,020	2,959	2,952	89,931	3.5%	7.0%
Outpatients - Follow up	167,628	153,234	5,290	8,677	167,201	3.5%	9.1%
Total Activity	418,828	412,846	18,015	13,727	444,588	4.4%	7.7%

Cost Improvement Programme (CIP)

The underlying assumption within the national tariff calculations is for a 1.1% efficiency expectation. For Trusts that are expecting a deficit position this is a stretch target expectation of an additional 0.5%.

As part of the Cheshire Financial Recovery plan, it is expected that all organisations within the Cheshire system are planning for a 3% CIP delivery for 2020/21, which equates to £8m for MCHFT.

For all the organisations this presents a material challenge, however it is recognised that there are opportunities that could be gained by working closely as a system rather than individual organisations whether that is economies of scale, sharing best practice or looking to work in a completely different way. Therefore across the Cheshire system there are the following workstreams set up to reflect different types of cost improvements that are expected to be made in 2020/21, each being led by a Chief Executive within the system.

Table 12: Summary of Key workstreams to deliver 2020/21 CIP

Portfolios	Minimum required recurrent savings 20/21	Opportunity Identified
Grip and Control John Wilbraham	1% of system revenue £2.7m	<ul style="list-style-type: none">• Work with whole system to drive all QJPP/ CIP plans• Tight expenditure control and review of whole system budgets and actuals
Collaboration at scale James Sumner	1.5% of system revenue £4m	<ul style="list-style-type: none">• Medicines optimisation• Premium cost workforce• Estates• Procurement
Transformational Susan Gilby, Clare Watson	0.5% of system revenue £1.3m	<ul style="list-style-type: none">• RightCare• Rol of growth funding – OOH services• Joint commissioning of MH, LD and OP• Place Plan x 2 delivery

In terms of schemes identified to date, they are summarised in the table below:-

Table 13: Summary of CIP schemes

Description	£'000s
Community schemes	482
Pharmacy Robot case	400
Drugs - Bio-similars	120
Drugs - AMD	160
Drugs - other	352
Procurement	642
CNST	264
Remove diagnostic outsourcing contract	60
Introduction of cardiology ambulatory service	200
Reduce medical agency costs for trainee rotation gaps	60
Review of contract prices	82
Standardise uniform	25
Identified Schemes	2,847

Divisional CIP schemes are monitored at the monthly divisional finance and performance meetings, however given the level of CIP required in 2020/21 and how it will be dependent on how well the system works together, additional quarterly reporting will be required for the performance and finance committee.

Investments for 2020/21

The investments for 2020/21 have been through a process of review with the divisions and execs and broadly fall within the categories of Urgent Care, Workforce and Other , which support the expected review of the Trust strategy that is underway.

Urgent Care has significant pressures at MCHFT and therefore on top of the investment into CDU majors (as a result of the capital funding received from NHSI to provide additional capacity in December 2019).

The trust has an ambition to become the best place to work, and a number of key schemes are being planned in order to support key areas such as the training and incentives for staff, developing new roles, the communications team and expanding the existing IT/Informatics offer to the Trust.

There are then a final category of investments, which fall outside of these – but are being planned for 2020/21, for example the acquisition of BMI, the implementation of e expenses and supporting W&C to enhance services for maternity and achieve the CNST discount premia available.

Table 14: 2020/21 Investment Decisions

20/21 Investments	£'000s
ED Investment	(1,000)
CDU Majors	(477)
ACU - 2 extra nurses	(98)
Urgent Care	(1,575)
Radiology Recruitment/Retention and apprenticeship scheme	(102)
Physician Associates	(266)
E-Rostering	(276)
Clinical coding	(85)
Informatics/IT workforce	(298)
Communications	(156)
Training	(100)
Additional Practice educator	(45)
Workforce	(1,328)
W&C Investment to support achievement of CNST for 2020/21	(250)
CCG Approved Investments	(141)
Corporate nursing	(195)
BMI Additional Contract income	4,000
BMI Expected Costs	(3,000)
Electronic expenses	(107)
Other Investments	307

Total Investments	(2,596)
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A summarised income and expenditure table illustrating the movement from forecast outturn to 2020/21 plan is included below:-

Table 15: Income & Expenditure Statement

£'m	2019/20 Plan	Forecast Outturn	2020/21 Plan
Operating income from patient care activities	236.7	237.5	253.0
Other operating income	28.4	30.8	22.5
Employee expenses	(185.9)	(186.4)	(204.3)
Operating expenses excluding employee expenses	(78.4)	(80.9)	(83.9)
OPERATING SURPLUS/(DEFICIT)	0.8	1.0	(12.7)
FINANCE COSTS			
Finance income	0.0	0.1	0.0
Finance expense	(0.6)	(0.6)	(0.5)
PDC dividends payable/refundable	(2.0)	(2.0)	(2.2)
NET FINANCE COSTS	(2.5)	(2.4)	(2.7)
Other gains/(losses) including disposal of assets	0.0	0.0	0.0
Share of profit/(loss) of associates/joint ventures	0.0	0.0	0.0
Gains/(losses) from transfers by absorption	0.0	0.0	0.0
Movements in fair value of investments, investment property and financial liabilities	0.0	0.0	0.0
Corporation tax expense	0.0	0.0	0.0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(1.7)	(1.5)	(15.5)
Remove capital donations/grants I&E impact	0.0	0.1	0.2
Remove impact of prior year PSF post accounts reallocation	0.0	(0.4)	0.0
Adjusted financial performance surplus/(deficit) including PSF as per accounts	(1.7)	(1.7)	(15.2)
Less PSF/MRET	(9.3)	(9.3)	(15.2)

Capital Programme

The proposed capital programme has been developed in conjunction with the revenue budget planning process. This has enabled both divisional and corporate teams to submit bids and shape the proposed investments. Whilst the annual plan uses a one year time frame the indicative capital programme has been developed over a 5 year horizon to ensure that the full impact of schemes is transparent.

The financial position both in terms of cash balances and trading position has seen significant improvements over the previous 2 years which has been substantially driven by the increased allocation of support funds and delivery of surpluses prior to 2019/20. The impact of the deficit in 2019/20 and the anticipated non-acceptance of the control total means that the investment opportunities for the Trust going forward are significantly impacted.

Table 16 Summary of Capital Schemes

Scheme £'m	Carry Forward 2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Rolling Allocations Estates	0.80	2.11	2.96	2.81	2.84	2.46	13.99
Strategic Investments Estates	2.31	5.55	5.50	8.80	9.90	-	32.06
Rolling Allocations IT	-	0.28	0.29	0.19	0.19	0.19	1.13
Strategic Investments IT	1.98	4.15	2.47	0.50	0.12	0.02	9.24
Leases	-	3.09	0.65	1.50	0.65	0.65	6.54
Equipment	-	0.50	-	-	-	-	0.50
Donated	-	-	-	-	-	-	-
Capital Scheme	5.09	15.67	11.88	13.80	13.69	3.32	63.45

The detail behind the key areas, are outlined within the appendix in detail – however the strategic estates programme contains key projects such as the car park, development of South Cheshire Private hospital and the old theatres re-configuration. For IT, the focus is on replacement and upgrade of key systems – with the most significant being the highly anticipated clinical system replacement.

All of the strategic capital projects are complementary to the trusts vision to transform both the physical estate and advance the digital direction of the trust.

Capital Sources of Funding

Funding of the programme requires a balance to be struck between the use of accumulated cash balances and access to strategic borrowing. The financial regulatory framework (Financial Risk Rating) measures both ability to service outstanding debt and the liquidity of the organisation. The section on the single oversight framework details the risk ratings based on the borrowing proposals shown below.

The Trust is able (subject to sufficient central allocations) to access strategic borrowing through the Independent Trust Financing Facility (ITFF), interest is

chargeable at published rates which vary according to the loan term and remain fixed over the loan period. The current landscape however for capital is very challenging with loans only being approved for schemes which are classed as emergency requirements. As can be seen from the table below in order to support the scale of ambition the trust has it will be required to apply for a capital loan of £5.22m. In reality the programme will need to go through a further reiteration and refinement process to reduce this figure.

Table 17: Funding of Source for Capital Scheme

Scheme £'m	Carry Forward 2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
FUNDING							
PDC Mid Cheshire	4.18	-	-	-	-	-	4.18
Carry Forward	3.59	-	-	-	-	-	3.59
Leasing	-	3.09	0.65	1.50	0.65	0.65	6.54
Loans (Already Approved)	-	0.28	-	-	-	-	0.28
Donation	-	-	-	-	-	-	-
Depreciation (Purchased)	-	4.41	5.67	6.20	6.13	5.82	28.23
Total Funding	7.77	7.78	6.32	7.70	6.78	6.47	42.82
Cash (Shortfall)/Surplus	7.77	7.73	6.27	7.65	6.73	6.42	42.57
LOANS REQUIRED							
Loans EPR (To be applied for)	-	-	1.78	-	-	-	1.78
Other Loans	-	5.22	3.78	6.10	6.91	-	22.00
Total Loans Required to maintain cash balance	-	5.22	5.56	6.10	6.91	-	23.79

Financial Risk Ratings

NHS Foundation Trusts financial performance is regulated through the single oversight Framework which measures the Trusts Financial Risk Rating (FRR) through 5 key metrics:

1. **Capital servicing capacity** which measures the Trusts ability to generate sufficient surpluses to service its borrowings.
2. **Liquidity** which measures the Trusts ability to meet its ongoing running costs
3. **Income and Expenditure Margin** which measures the Trusts ability to generate surpluses
4. **Distance from Control Total** which measures how closely the Trust is delivering against its agreed financial plan
5. **Agency Spend** which measures how well the Trust is meeting its target of reducing agency spending within the cap set by NHSI.

Each of these metrics is scored against a scale of 1 to 4 with 1 being the best (least risky) performance and 4 being the worst (Highest Risk). Each element is then weighted to give an overall single score which NHSI use to determine the level of support or intervention that the Trust is subject to.

The table below shows the Trusts performance in 2019/20 and the associated ratings delivered by the financial plan contained within the budget proposal in 2020/21.

Table 18: Risk Ratings

Indicator	2019/20 Forecast		2020/21 Plan	
	value	rating	value	rating
Capital service cover rating	1.43	3	- 0.45	4
Liquidity rating	- 16.50	4	- 16.88	4
I&E margin rating	-0.7%	2	-5.4%	4
I&E margin: distance from financial plan	0.0%	1	-5.4%	4
Agency rating	-32.0%	3	-26.0%	3
Overall rating		3		4

As can be observed from the table above the overall risk rating for the trust is expected to be a 4, which is driven fundamentally by the £15.2m deficit that is planned.

Agency spend

Following significant escalation in agency rates and levels of spend across the country each provider is now allocated an “agency ceiling” against which spend is measured. Failure to remain within the ceiling has an adverse impact on the Financial Risk Ratings and is a key element of the performance framework.

The Trust has been notified that its agency ceiling spend for 2020/21 will be £5.7m, this is unchanged from the 2019/20 ceiling, against this forecast actual spend is £7.1m. Both Nursing and Medical Agency costs have seen significant increases in the later part of the year, and with the strategy of investing into International nurse recruitment it is anticipated that this area of premium cost can be reduced in 2021/22.

Statement of Financial Position

Taking into account the capital programme, the income and expenditure plans detailed earlier in this report, along with the proposed borrowing, the Statement of the financial Position is forecast as shown below.

Table 19: Balance Sheet

£'m	2019/20 Plan	Forecast Outturn	2020/21 Plan
Non-current assets			
Intangible assets	2.8	1.5	7.1
Other property, plant and equipment	102.0	97.2	104.1
Right of use assets - leased assets for lessee (excluding PFI/LIFT)	0.0	0.0	10.4
Receivables: due from non-NHS/DHSC Group bodies	0.6	0.6	0.6
Total non-current assets	105.4	99.3	122.3
Current assets			
Inventories	4.0	4.0	3.8
Receivables: due from NHS and DHSC group bodies	6.4	6.9	5.4
Receivables: due from non-NHS/DHSC Group bodies	4.9	5.2	4.6
Cash and cash equivalents: GBS/NLF	4.7	11.5	1.2
Cash and cash equivalents: commercial/in hand/other	0.0	0.0	0.0
Total current assets	20.1	27.6	15.0
Current liabilities			
Trade and other payables: capital	(1.3)	(0.5)	(2.1)
Trade and other payables: non-capital	(20.1)	(18.1)	(20.1)
Borrowings	(2.8)	(7.1)	(10.4)
Provisions	(0.3)	(0.3)	(0.3)
Other liabilities: deferred income including contract liabilities	(1.0)	(1.0)	(1.0)
Total current liabilities	(25.6)	(27.0)	(33.8)
Total assets less current liabilities	100.0	99.9	103.5
Non-current liabilities			
Borrowings	(21.3)	(15.5)	(29.6)
Provisions	(1.2)	(1.2)	(1.1)
Total non-current liabilities	(22.6)	(16.7)	(30.8)
Total net assets employed	77.4	83.2	72.7
Financed by			
Public dividend capital	77.7	83.1	88.1
Revaluation reserve	13.4	13.4	13.4
Income and expenditure reserve	(13.7)	(13.3)	(28.8)
Total taxpayers' and others' equity	77.4	83.2	72.7

Cash Flow

The impact of the spending plans and capital programme along with assumptions in the movement in working capital shows the following impact on the Trusts cash position.

Given the deficit position expected in 2020/21, it is expected that further working capital loans will be required to support the Trusts cash flow position – one in December (£3.2m) and then by the year end (£9.4m).

Table 20 Cash Flow

£'m	2019/20 Plan	Forecast Outturn	2020/21 Plan
Operating surplus/(deficit)	(0.09)	1.07	(12.72)
Non-cash income and expense:			
Depreciation and amortisation	5.58	5.68	8.48
Impairments and reversals	0.00	0.00	0.00
Income recognised in respect of capital donations (cash and non-cash)	(0.26)	(0.03)	(0.03)
(Increase)/decrease in receivables	3.33	0.80	1.86
(Increase)/decrease in inventories	(0.28)	(0.12)	0.24
Increase/(decrease) in trade and other payables	0.74	0.66	(0.23)
Increase/(decrease) in other liabilities	(0.64)	(0.50)	(0.08)
Increase/(decrease) in provisions	(0.15)	(0.18)	(0.09)
Other movements in operating cash flows	0.00	0.00	(0.04)
Net cash generated from/(used in) operations	8.32	7.39	(2.60)
Cash flows from investing activities			
Interest received	0.03	0.13	0.00
Purchase of intangible assets	(1.28)	(0.74)	(6.45)
Purchase of property, plant and equipment and investment property	(10.61)	(11.96)	(14.32)
Receipt of cash donations to purchase capital assets	0.26	0.18	0.04
Net cash generated from/(used in) investing activities	(11.59)	(12.39)	(20.73)
Cash flows from financing activities			
Public dividend capital received	0.16	5.58	5.00
Loans from Department of Health and Social Care - received	7.61	4.17	18.04
Loans from Department of Health and Social Care - repaid	(3.97)	(0.52)	(5.64)
Other loans repaid	(0.06)	(0.06)	0.00
Capital element of lease rental payments	(1.96)	(1.50)	(3.85)
Interest paid	(0.25)	(0.30)	(0.25)
Interest element on leases	(0.21)	(0.13)	(0.22)
PDC dividend (paid)/refunded	(1.00)	(1.99)	0.00
Net cash generated from/(used in) financing activities	0.34	5.25	13.07
Increase/(decrease) in cash and cash equivalents	(3.03)		(10.26)

Appendix

Capital Programme Details

Rolling Allocations Estates

Scheme £'m	Carry Forward 2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
GENERAL PROVISION/BACKLOG MAINTENANCE	0.50	1.65	2.15	2.15	2.15	2.15	10.75
DESIGN TEAM	-	0.31	0.31	0.31	0.31	0.31	1.57
ASBESTOS REMOVAL	0.10	0.15	0.20	0.20	0.20	-	0.85
CT/VT - MECHANICAL INFRASTRUCTURE	0.20	-	0.30	0.15	0.18	-	0.83
Rolling Allocations Estates	0.80	2.11	2.96	2.81	2.84	2.46	13.99

Strategic Investments Estates

Scheme £'m	Carry Forward 2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
A & E BUILD	-	-	-	7.00	6.00	-	13.00
WARD REFURBISHMENTS & FIRE COMPARTMENTATION	-	-	1.80	1.80	3.90	-	7.50
SCPH ENABLING/ORTHOPAEDICS	-	1.00	3.70	-	-	-	4.70
CAR PARK CONSTRUCTION	-	1.79	-	-	-	-	1.79
3rd CT ENABLING	0.73	0.80	-	-	-	-	1.53
ICU CONVERSION	0.69	0.42	-	-	-	-	1.10
ENDOSCOPY WASHERS BUILD WORK	-	0.50	-	-	-	-	0.50
CORRIDOR FROM A&E TO X-RAY and PAEDS	-	0.50	-	-	-	-	0.50
WASTE COMPOUND AND SEGREGATION	-	0.35	-	-	-	-	0.35
SSD Enabling	0.22	-	-	-	-	-	0.22
PHARMACY ROBOT ENABLING	0.20	-	-	-	-	-	0.20
Other Carry forwards	0.17	-	-	-	-	-	0.17
CARDIO RESPIRATORY 3 CLINICAL ROOMS	0.10	0.05	-	-	-	-	0.15
Turnkey Optima Scanner	0.14	-	-	-	-	-	0.14
AMU escalation	-	0.08	-	-	-	-	0.08
ACCESS CONTROL	0.07	-	-	-	-	-	0.07
SAFE ROOM	-	0.06	-	-	-	-	0.06
Strategic Investments Estates	2.31	5.55	5.50	8.80	9.90	-	32.06

Rolling Allocations IT

Scheme £'m	Carry Forward 2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
INTERFACING	-	0.13	0.15	0.09	0.09	0.09	0.53
IT APPLICATIONS	-	0.16	0.15	0.10	0.10	0.10	0.60
Rolling Allocations IT	-	0.28	0.29	0.19	0.19	0.19	1.13

Strategic Investments IT

Scheme £'m	Carry Forward 2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
EPR IMPLEMENTATION COSTS	-	1.60	1.23	-	-	-	2.83
EPMA	1.50	-	-	-	-	-	1.50
LABCENTRE UPGRADE	-	0.65	0.28	-	-	-	0.93
EPR East Cheshire	-	-	0.55	-	-	-	0.55
PHARMACY (ASCRIIBE)/JAC	-	0.44	-	-	-	-	0.44
CORE INFRASTRUCTURE UPGRADE	-	0.20	0.04	0.18	-	-	0.42
SOLITON REPLACEMENT RIS	-	0.40	-	-	-	-	0.40
CARDIORESPIRATORY SYSTEM	-	-	0.35	-	-	-	0.35
VOICE OVER IP	-	0.05	-	0.30	-	-	0.35
SEQUEL/WINDOWS LICENSES	0.05	0.28	-	-	-	-	0.33
SCPH IT	0.20	0.04	-	-	-	-	0.24
Other Carryforwards	0.23	-	-	-	-	-	0.23
EROSTER TEAM	-	0.17	-	-	-	-	0.17
NET CALL/CALL CENTRE	-	0.02	0.02	0.02	0.02	0.02	0.10
HIGH IMPACT STANDALONE	-	0.10	-	-	-	-	0.10
STAFF WIFI /WIRELESS UPGRADE	-	-	-	-	0.10	-	0.10
NURSE SSO	-	0.10	-	-	-	-	0.10
WARD CARTS	-	0.05	-	-	-	-	0.05
INTERSITE CONNECTIVITY	-	0.03	-	-	-	-	0.03
REPLACEMENT BIU SYSTEM	-	0.03	-	-	-	-	0.03
Strategic Investments IT	1.98	4.15	2.47	0.50	0.12	0.02	9.24

Leases

Scheme £'m	Carry Forward 2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total
MEC EQUIPMENT	-	0.60	0.60	0.60	0.60	0.60	3.00
MRI SCANNER (DONATED)	-	-	-	0.85	-	-	0.85
E Rostering Licences	-	0.72	-	-	-	-	0.72
REPLACEMENT CT SCANNERS * 2	-	0.41	-	-	-	-	0.41
PRTABLE X RAY MACHINE * 3	-	0.36	-	-	-	-	0.36
ROOM 2 X RAY (RADSPED)	-	0.35	-	-	-	-	0.35
ROOM 4 X RAY (RADSPED)	-	0.35	-	-	-	-	0.35
PATIENT TROLLIES	-	0.25	-	-	-	-	0.25
Hoists	-	0.05	0.05	0.05	0.05	0.05	0.25
Leases	-	3.09	0.65	1.50	0.65	0.65	6.54

Title of Paper:	Financial Arrangements in response to Covid-19		
Author:	Russell Favager, Deputy Chief Executive and Director of Finance		
Executive Lead:	Russell Favager, Deputy Chief Executive and Director of Finance		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		x
	Review/Benefits/Audit		
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	x	Safe	x
Being a Leading partner in a Progressive Health Economy		Effective	x
Striving for Outstanding Organisational Effectiveness	x	Caring	
Aspiring to Excellence in Practice Through Our Workforce		Responsive	x
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	x
Link to Board Responsibility:	Performance		
	Accountability		x
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note		x
	Recommend		
	Delegate		
Positive Benefit:	Outlines action taken in response to operational pressures on the Trust due to Covid-19		
Risk:	If pressure is not removed for regular reporting then this will take resources and focus away from the management of Covid-19		
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 April 2020		

Changes to NHS Finance regime to support the response to COVID-19

As you will be aware there has been extensive work to date across the Trust and wider community to prepare and deal with the rapidly increasing COVID-19 pandemic. This is a supplementary briefing to update the Performance and Finance Committee on the financial arrangements to support the NHS response.

Last Friday (20 March 2020) the NHS finance community was briefed by Julian Kelly (NHS Director of Finance) and the national team on the arrangements that are being put in place to ensure the resources required are available. The overarching aim is to ensure that finance is not a barrier to doing the right thing whilst maintaining appropriate financial governance and control. The main messages and proposals were around:-

- Simplification and certainty
- Resilience and continuity
- Support the wider economy
- Speed of response maintaining appropriate financial governance and control

To facilitate this the current financial regime will be suspended between 1 April and 31 July 2020 and replaced with block funding arrangements which will effectively see no NHS organisation in deficit across this period. The operational planning and efficiency requirements I have previously briefed the committee on are also suspended for this period. Arrangements are also being put in place to ensure that cash flows move effectively through the system, so that we can support the wider economy and pay suppliers more promptly.

The national team are also working through changes to the Annual Report & Accounts process for 2019/20. In the first instance the deadline for draft accounts submissions has currently only been slipped by a few days (24 April – 27 April) but the final sign off has been moved out from 29 May to 25 June. In addition a review is underway looking at what can be flexed down or reduced for all aspects of the Annual report & Accounts but some elements have already been reduced eg the introduction of IFRS 16 (single lessee accounting model) has been delayed by a year. Similarly a review of what is needed to fulfil legal requirements for Quality Accounts has begun with it already having been agreed that no auditor assurance is required.

The detailed guidance for the above is being finalised and I attached the slides presented by the national team, happy to try and answer any questions you have at the Committee but as you will appreciate this is a fluid position and we are receiving updated guidance constantly.

In summary the key headlines are:

- Operational planning process for 2020/21 has been suspended
- Initial guidance has been issued for 1st April – 31 July 2020 to give some certainty (in my view it is highly probable some of these arrangements will be extended after this period, probably for the rest of the year)

- Payment by Results (PbR) and financial targets have been suspended
- All Trusts to be on a block contract
- Prime aim to ensure Provider costs bases are fully funded (costs of Covid-19 related work will be reimbursed)
- Audited accounts deadline moved out by a month to 25 June from 29 May
- Not expecting system CIPs to be delivered in the first 4 months
- Financial Governance is really important during this period and we need to keep control, we all will have to account for what is spent in the future
- IFRS 16 (leases) implementation delayed by 1 year
- No new revenue investments should be entered into unless they directly related to Covid 19 or unless agreed with NHSI/E (the Centre will continue to accept business case but not expecting many, existing ones likely to take longer than normal to process – potential impact on our EPR, Pathology business cases!!)



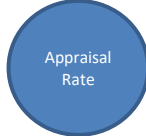
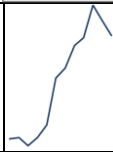

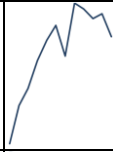

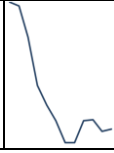
Russ Favager
 Deputy Chief Executive and Director of Finance
 24 March 2020









Board of Directors Workforce Report April 2020 (February 2020 data)



Performance Report Workforce Chapter
Month: Feb-20

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average
	N/A	4.72%	In-month 12m average Sickness Absence described as a Percentage	Sickness absence reduced in month by 0.93%. All divisiona experienced an improvement with the exception of EF.		↓	5.73%
	90.00%	89.48%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	Appraisal performance declined in month (1.05%) and 5 divisions saw a decline in performance. EF and SC delivered an improvement. 4 divisions remain about the 90% target (corporate, SC DCSS, and WC have dropped into Amber)		↓	86.55%
	90.00%	82.89%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Training compliance dropped by 1.43%. All divisions saw a decline in performance. EF are the only division to remain above the 90% target.		↓	89.40%
	10.00%	8.72%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	Turnover increased slightly in month by 0.02%. All divisions remain green against target with the exception of MEC who are amber and CCICP who are red but both are improving.		↑	10.87%

Measure	Target	Performance	Description	Narrative	Rolling Trend		
	(404)	(695)	In month total spend for the Trust against plan	Agency spend was £186k less than in the previous month. Nursing and Midwifery spend reduced by £212k and MEC spend reduced by £200k.		↓	N/A
	less than 100%	172.03%	In month Trust Agency Spend as a percentage of the Planned Agency Spend			↓	N/A
	N/A	74%	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



Agency Spend Dashboard 2019/20

£ 000's

	April	May	June	July	August	September	October	November	December	January	February	March	<i>Narrative</i>
Trust Level Summary													
Target Agency Spend	(403)	(403)	(404)	(404)	(404)	(404)	(404)	(404)	(404)	(404)	(404)	(404)	
Actual Agency Spend	(638)	(570)	(510)	(591)	(566)	(341)	(619)	(765)	(706)	(881)	(695)		
In month Difference	(235)	(167)	(106)	(187)	(162)	63	(215)	(361)	(302)	(477)	(291)		
Cumulative Difference	(235)	(402)	(508)	(695)	(857)	(794)	(1,009)	(1,370)	(1,672)	(2,149)	(2,440)		

Breakdown of Trust Spend														
By Professional Group														
Medical & Dental		(304)	(262)	(248)	(283)	(218)	(194)	(269)	(236)	(268)	(211)	(206)		
Nursing & Midwifery		(267)	(208)	(219)	(200)	(272)	(112)	(302)	(487)	(391)	(628)	(416)		
Allied Health Professionals		(58)	(63)	(31)	(70)	(66)	(25)	(38)	(35)	(22)	(19)	(39)		
Health Care Scientists		0	0	0	0	0	0	0	0	0	0	0		
Healthcare Support Workers		0	0	0	0	0	0	0	0	0	0	0		
Admin & Clerical		(9)	(38)	(12)	(38)	(10)	(10)	(10)	(7)	(25)	(23)	(34)		
Other (i.e. Management)		0	0	0	0	0	0	0	0	0	0	0		
CCICP		(87)	(83)	(77)	(72)	(47)	(82)	(54)	(49)	(69)	(54)	(53)		
Diagnostics and Clinical Support Services		(47)	(59)	(19)	(56)	(42)	(4)	(48)	(95)	(34)	(67)	(73)		
Estates & Facilities		0	0	0	0	0	0	(1)	0	(1)	(1)	0		
Medicine and Emergency Care		(329)	(313)	(319)	(317)	(276)	(153)	(329)	(475)	(454)	(610)	(410)		
Surgery & Cancer		(140)	(80)	(62)	(95)	(154)	(91)	(175)	(121)	(116)	(120)	(110)		
Womens & Childrens		(35)	(28)	(33)	(51)	(44)	(11)	(12)	(24)	(27)	(14)	(33)		
Corporate Services		0	(7)	0	0	(3)	0	0	(1)	(5)	(15)	(16)		

