NHS
Countess of Chester Hospital
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS (PUBLIC)
TUESDAY, 24TH JULY 2018 AT 1.00PM – 3.00PM

LECTURE HALL

A G E N D A

FORMAL BUSINESS

1.	Welcome and Apologies	Chair
2.	Declarations of Interest	Chair
3.	To receive and approve the Board of Directors minutes of meeting held on 22nd May 2018 and matters arising **(Attached)**	Chair

QUALITY & ASSURANCE

4.	To receive and approve the Nursing and Midwifery Strategy **(Attached)**	Director of Nursing and Quality with the team
5.	To review the Integrated Performance Report as at Month 3 to include a financial update **(Attached)**	Executive Team
6.	To receive details of the results of the CQC Inpatient Survey 2017 **(Attached)**	Director of Nursing and Quality
7.	To receive an update on Never Events and Serious Untoward Incidents **(Verbal)**	Director of Nursing and Quality

STRATEGIC DEVELOPMENT

8.	To receive details on the progress of the Integrated Care Partnership **(Attached)**	ICP Chair
9.	To receive a CEO Update **(Verbal)**	Chief Executive
10.	To receive an update on Board and Governor Matters **(Verbal)**	Director of Corporate & Legal Services

FOR NOTING & RECEIPT

11.	To receive the Month 2 and Month 3 letter to NHS Improvement (Please note there is no requirement for a month 1 letter to NHSi)	Chief Finance Officer

12.	To receive and approve Procurement & Commercial Services Year End Report 2017/18	Chief Finance Officer
13.	To receive and approve the Fifth Annual Report On Medical Appraisal And Revalidation 2017-18	Medical Director
14.	To receive the minutes of the Audit Committee – 17th April 2018	Chief Finance Officer
15.	To receive the minutes of the Quality, Safety and Patient Experience Committee – 15th May 2018 and 16th June 2018	Director of Nursing & Quality
16.	To receive the minutes of the Finance and Integrated Governance Committee – 17th April 2018	Chief Executive
17.	To receive the minutes of the People and Organisational Development Committee –15th May 2018	Director of People & Organisational Development
18.	To receive details of the Freedom of Information requests received by the Trust February 2018 - June 2018	Director of Corporate and Legal Services
19.	To receive Corporate Infection Prevention and Control Assurance – Quarterly Report (retrospective report based upon February 2018 quarterly data update)	Medical Director
20.	Date and Time of Next Meeting: **Board of Directors Meeting** **23rd October 2018 – time and venue to be confirmed**	

BOARD OF DIRECTORS (PUBILC)

MINUTES OF THE MEETING HELD ON TUESDAY, 22ND MAY 2018 AT 1.00PM
LECTURE HALL

		Attendance	
Chair	Sir D Nichol	☑	
Non Executive Director	Mr A Higgins	☑	
Non Executive Director	Mr E Oliver	☑	
Non Executive Director	Mrs R Hopwood	☑	
Non Executive Director	Ms R Fallon	☑	
Non Executive Director	Mrs C Hannah	☑	
Chief Executive	Mr T Chambers	☑	
Medical Director	Mr I Harvey	☑	
Chief Finance Officer	Mr S Holden	☑	
Director of Nursing & Quality	Mrs A Kelly	☑	
Director of People and Organisational Development	Mrs S Hodkinson	☑	
Director of Corporate & Legal Services	Mr S P Cross	☑	
Chief Operating Officer	Ms L Burnett	☑	

In attendance:
Mrs C Raggett – Assistant Trust Secretary

FORMAL BUSINESS

B21/18 **WELCOME AND APOLOGIES**

Sir Duncan welcomed all attendees to the Board meeting .

There were no apologies received.

B22/18 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

B23/18 **TO RECEIVE AND APPROVE THE BOARD OF DIRECTORS MINUTES OF MEETING HELD ON 13TH MARCH 2018 AND MATTERS ARISING**

The Board of Directors minutes of the meeting held on 13th March 2018 were received as a true and accurate record.

MATTERS ARISING

There were no matters arising.

QUALITY ASSURANCE

B44/18 To receive and approve the Annual Report & Accounts 2017/18 to include:

- Annual Accounts 2017/18
- ISA260 Audit Highlights Memorandum
- Management Representation Letter (to follow)

- Annual Report 2017/18 and Annual Governance Statement

- Quality Accounts 2017/18 and Limited Assurance Audit Opinion
- External Assurance on the Quality Accounts 2017/18
- Management Representation Letter

Mrs Hopwood presented the Annual Report and Accounts 2017/18 including the above associated documents to the Board. Mrs Hopwood stated that there had been robust and wide ranging discussions with colleagues and auditors. One area of discussion was in relation to valuations of buildings, which the Trust had previously was net of NAT as any potential rebuild would have been net of VAT. However, due to the Trust now not taking the Strategic Estates Partnership forward and also a tightening of audit rules, there is not sufficient progress to evidence any such rebuild at this stage. Therefore, £13m has been added to the balance sheet although this will not have an effect on income and the balance sheet in 2017/18.

A further discussion had taken place in the Audit Committee regarding the Trust's financial sustainability.

Mrs Hopwood was pleased that KPMG had issued an unqualified opinion and thanked the Trust's finance team for their hard work.

The Board approved the Annual Report and Accounts 2017/18 including the above associated documents subject to the final amendments agreed at the Audit Committee.

Sir Duncan was pleased to note that the Annual Report and Accounts 2017/18 had been approved in a very timely manner. Mrs Hopwood stated that the Annual report had only received small minor editorial comments and was then commended straight to Board. Mrs Hopwood thanked all the teams involved in the preparation of the Annual Report.

Mrs Hopwood added that it was pleasing to receive a clean limited assurance opinion on the Quality Account. KPMG had been very complimentary about the Quality Account. Mrs Hopwood thanked Mrs Kelly and her team for their hard work in preparing the Quality Account.

B05/18 **TO REVIEW THE INTEGRATED PERFORMANCE AS AT MONTH 12 TO INCLUDE : CAPITAL PROGRAMME**

The Board received details on the key issues within the integrated performance and finance report as at Month 12 and the following points were raised:

Performance

- Ms Burnett stated that the Trust ended the year on the key targets as follows:
  - A&E 4 h our target 0 82.9% against a national target of 95%.
  - 6 week diagnostic target did improve and then deteriorated over winter and ended on 97.1%.
  - 18 week RTT ended at 88.6% against a target of 92%.
  - Cancer 31 day target and 2 week target had been achieved, however the Cancer 62 day target was 81.8% against a target of 85%.
- Mrs Kelly referred to the number of falls and stated that a detailed quality improvement programme had been established. Falls will continue to be an area of focus at the Quality, Safety and Patient Experience Committee (QSPEC).
- Mrs Kelly noted that despite the challenges across the organisation, the Trust was still receiving positive feedback which was articulated through the Friends and Family test which was rated as green. This is good news as the Trust is making every effort to a give a positive patient experience.
- Mrs Hodkinson reported that it had been a challenging year for staff experience. It was noted that the agency spend was over plan however, the Trust had achieved the NHSi agency cap spend.
- Mrs Hodkinson stated that there is an improvement action plan in place for appraisals.

FINANCE

Mr Holden outlined the Trust's financial position as at month 12. Mr Holden stated that the Trust has delivered an improved deficit of £1.2m which will allow the Trust be eligible to receive some national reallocated monies from the STF.

The Integrated Performance Report for Month 12 and the financial update for Month 11 were received and noted by the Board.

Ms Burnett gave a performance overview for 2017/18 presentation and noted that operationally the Trust has been trying to manage the financial position against increasing demand whilst maintaining performance against targets. In January 2018, there was a national agreement to step down elective work for 2 months which included a relaxing of the mixed sex accommodation rules for a

month to support Trusts through this time.

Mrs Kelly stated that during the month due to the operational pressures across the NHS, there were 100 cases of mixed sex accommodation, however once the Trust was back in normal processes the number of cases is small and will only happen if it is clinically required.

Sir Duncan suggested that it would be useful if arrows showing the direction of performance could be included within the report. Ms Burnett stated that she would look into this.

Ms Burnett stated that the Trust had NHSi targets for each indicator for the year and noted that these are stretching targets which are achievable.

Ms Burnett added that the national guidance for the 18 week RTT target is about not increasing the waiting list.

Ms Burnett stated that the key operational focus was on the cancer 62 day target delivery sustainability however, there were some issues around tertiary centres.

Ms Burnett reported that the Trust was hopeful in achieving the 6 week diagnostic target.

MONTH 1 PERFORMANCE

Ms Burnett gave a presentation on month 1 performance and highlighted the following the points:

- The Trust did achieve the A&E 4 hour target NHSi trajectory target but not the 95% national target.
- The Trust did achieve the 62 day cancer target in month 1, however it was noted that there were some patients who have delays in their pathway coming through in the next month which may impact target delivery.
- The 6 week diagnostic target is a challenge due to staffing issues and an increase in demand.
- The 18 week RTT target for arterial patients has been impacted by some long waiting patients who have been transferred from other providers. The division is working on improving this position over the coming months.
- Mr Harvey reported that the Trust was 5 cases of C.Difficile over the trajectory which is a reflection of the operational pressures when the Trust is working in 97% bed occupancy, with 60-70 patients over the age of 90. Work is continuing on antibiotic surveillance.
- Mrs Kelly stated that the safe staffing internal target was achieved, however there hotspots across the Trust. Staffing levels are reviewed on a daily basis with teams in divisions also doing this on an hourly basis.
- Mrs kelly reported that that there had been one patient fall with harm which is an improvement from previous months. Working is continuing to support the work of the falls team.
- Mrs Hodkinson was pleased to report that the sickness levels were below trajectory when compared against the Trust's peers.
- The Trust currently has 61 nurse vacancies. The team are doing a lot of work around recruitment and retention and had held a stand at the RCN conference where they received over 90 expressions of interest in working at the Countess.

- Variable pay remains a challenge in month 1, especially in relation to 1-1 nursing as the Trust has some challenging patients at present.

In response to a question from Sir Duncan regarding the 1-1 nursing requirements as this is staffing requirement is over and above the usual staffing levels for wards. The Trust has a number of patients who require this additional support however, most of these patients do not require an acute hospital setting. There is a 1-1 supervision policy which sets out the criteria and a review of this is currently being undertaken as Mrs Kelly wants to be assured about the review process of such patients out of hours and at weekends. It is about getting the balance right for the patients.

Ms Burnett stated that the high level of bed occupancy is having a negative effect on patient experience, target delivery and the surgical division. There is a lot of work being undertaken across the Trust to reduce bed occupancy levels.

MONTH 1 - FINANCE

Mr Holden outlined the Trust's financial position as at month 1 and noted the following points:

- The Trust is £250k off plan at month1.
- The Trust received £2.5m in STF allocated monies, however STF has been renamed as Provider Sustainability Fund (PSF).
- PSF monies come to the Trust quarterly based on performance. The Trust is aiming to achieve Q1 and Q2 with an aspiration for Q3 and Q4.
- Nursing agency and bank pay is currently at £115k which is a 5 fold increase from the previous year. Mrs Kelly gave the board assurance that whilst this was a worry it is not a surprise due to the high level of bed occupancy. Mrs Kelly has met with her team to revisit the governance around bank and agency staff and also utilise the e-rostering data to challenge as the Trust cannot have another month of such high spend.
- Mr Holden advised that there had been a reduction in delayed transfers of care from Cheshire West and Chester Council although had been an increase from Wales. This had a financial impact of £30k.
- The Trust is working with divisions on the cost reduction schemes.
- The Trust does have sufficient cash resources at the end of April.

FINANCIAL PLAN 2018/19

Mr Holden gave a detailed overview of the planned budget for 2018/19 which sets out the challenge for the year ahead. The CRS programme for 2018/19 is £10.7m which equates to an overall saving of 4.8%. The Trust has allocated 3.5% savings to the wards and divisions and the remainder has been allocated centrally.

Mr Higgins asked about the levels of red and schemes being higher than the previous year. Mr Holden stated that 2018/19 is the most challenging. The Trust is trying to mitigate the challenge on budgets however the big schemes are difficult to deliver. The Trust is doing everything it can however reducing bed occupancy brings the possibility additional activity which is an alternative to cost reduction.

In response to a question from Sir Duncan, a discussion took place regarding the £3.6bm investment which was a reflection of staffing and pressures.

Sir Duncan reflected that whilst there is no easy answer however, it would not be effective if the Trust fund 4 additional posts in A+E and aspire to achieve 90% for the 4 hour target. Ms Burnett stated the numbers and complexity of patients, with patients waiting too long and overnight there is a need to increase staffing.

Mr Chambers stated that the challenge this year was to optimise the benefits whether that is staff, technology with greater operational visibility and for the Integrated Care Partnership to deliver.

Mr Chambers stated that there will be benefits from the investment in leadership such as the new medical director and investments in key departments. The pressures being experienced in A+E are hoping that being smarter on where deliver services will help to relieve these.

Mrs Fallon asked if the PSF monies quarterly performance review was based on trajectories or on the actual target. Mr Holden replied that 70% of the monies related to achieving the financial target with 30% related to performance targets. Ms Burnett added that it was about the national A+E target and any decisions cannot be appealed.

Mrs Hopwood referred to A+E improvement trajectory and asked what detailed action plans gave the Trust the confidence that this can stay on track. Ms Burnett stated that the patient numbers and demand reflect the growth of the last 3 years. This has been presented to commissioners as it is not reflected in their numbers. The Trust is experiencing 250 attendances on most days in A+E.

Mrs Hopwood asked about the plan to achieve the 95% A+E 4 hour target. Ms Burnett replied that the national directive was to achieve the target by September. The Trust has negotiated that the target for September would be at 90%

Mr Chambers stated that the A+E delivery Board focus on bed occupancy, delayed transfers of cart, flow through the A+E and the demands within primary care. The key area is to a collective version of a robust piece of demand and capacity. The system recognises that a step change is needed in demand. A clear commissioning plan is required to address the capacity constraints. There is a collective mind-set to achieve this.

Sir Duncan added that there are overlapping interests for the Trust and the Integrated Care Partnership (ICP) along with a joint CRS plan. There is a need for new big ideas which are not currently on the table at this stage.

CAPITAL PROGRAMME

Mr Holden presented the Capital spend for 2018/19 and stated that the Trust will seek a loan to meet day to day capital requirements.

Mr Holden reported that the Trust has worked with the EBME to say if equipment is safe or needs to be replaced, this has also been discussed with divisional directors for their priorities. The Trust has also considered any equipment which needs to be replaced all at once. Other areas such as a

pharmacy manufacturing unit although this could not be done at one site. The capital spend is a multi-year approach.

Mrs Hopwood asked how much of the capital spend would go through the procurement department. Mr Holden stated that the capital spend was on the procurement work plan so all the spend should go through the procurement department. Mrs Hopwood added that any spend that did not go through procurement department could be reviewed at the Audit Committee.

Mr Higgins asked about the quality impact assessment for patient safety and quality process for non-replacement of equipment and if there was an appeal process if clinicians view was that it should be replaced. Mr Holden replied that any items that are an urgent requirement are discussed at the Executive Directors Group. Mrs Kelly stated that from a clinical perspective there is clinical representation on the Risk and Performance Committee where any risks can be escalated. Mr Holden added that there is the opportunity to fund some things through charitable funds where appropriate.

The Board approved the following recommendations:

- The proposed Capital Programme for 2018/19 and subsequent loan application; and note
- The revenue implications of the capital programme; and
- The proposed "place" based bid for STP capital.

B26/18 **TO RECEIVE AN UPDATE ON FREEDOM TO SPEAK UP**

Mrs Kelly presented the paper on behalf of the Freedom to Speak Up Committee (FTSU). The FTSU agenda is a national agenda which is reflected at the Countess. Since the last update to Board, a significant amount of work has been undertaken. This included a workshop where the National Guardians Office (NGO) attended. The NGO provided support and challenge in terms of the Trusts processes. Work is being undertaken on the speak out safety policy which needs to be revised in partnership with staff side. The Trust has a number of ways for staff to raise concerns. The Trust is looking at utilising the datix system for staff to also be able to raise an issue.

Mrs Kelly reported that the committee is preparing a communications plan across the organisation to raise the profile of FTSU.

Mrs Kelly added that one area of focus for the committee was around having a dedicated resource. A plan is being scoped with a number of ambassadors underneath to support the work of FTSU.

The Trust submits data on a quarterly basis and this is included within the report. There are 2 appendices in the paper; one is a helpful guide from NHSi for board members and a gap analysis against a NGO case review.

Mr Higgins added that the 2 red areas in the gap analysis refer to the ring fencing of resources and the recruitment of a guardian. These are crucial to the FTSU agenda. It is also important to have confidence that the FTSU process is open, transparent and useable for staff.

Sir Duncan stated that it would be helpful to have some feedback from staff who have used the

FTSU process. Mrs Kelly replied that she would consider this for the next FTSU report.

B27/18 **TO RECEIVE DETAILS ON THE PROGRESS OF THE LEARNING FROM DEATHS POLICY**

Mr Harvey gave details of the Learning from Deaths policy progress report which recognises the support of Mrs Fallon and Mr Folwell on the mortality surveillance group (MSG). A structured review process developed by the Royal College is being utilised by the Trust, with 16 doctors now trained in the process. The doctors have also been trained on the new datix platform which gives analysis and overview. The numbers of reviews are small at this stage but will increase.

Mr Harvey reported that from the cases reviewed to date, no care had been classed as poor. The main 3 words from the word cloud are "good patient care". It is important to learn and as part of the review process there is a second review which has to be undertaken by Mr Harvey and Mr Semple, for anything classed as poor or very poor care.

There is one case at present where there are some concerns. This has been passed back to the clinical team so that they can discuss the view from the review and any learning from the case. The team will then come to the MSG, to discuss the case.

Mr Harvey noted that the paper outlines the next steps which include changing the name of MSG, extending the review process with a random selection and focus on sepsis and stroke.

B28/18 **TO RECEIVE AN UPDATE ON DATA SECURITY AND PROTECTIONS REQUIREMENTS (DSPR)**

Mr Holden gave a detailed overview on data security and protection requirements (DSPR) which has evolved from the Information Governance toolkit and focuses on cyber security. The Trust has a good compliance level and is not complacent. A piece of work relating to the structure of informatics resource is being undertaken to support the DSPR agenda.

Sir Duncan asked if there was a timetable for the partially compliant areas. Mr Holden replied that there is and that an audit of this is currently being undertaken which will be discussed at Risk and Performance Committee. Mr Holden added that cyber security was scheduled on the internal audit plan.

B29/18 **TO RECEIVE AN UPDATE ON THE BOARD ASSURANCE FRAMEWORK**

Mrs Kelly gave a detailed presentation on the current Board Assurance Framework (BAF) and stated that there were 3 risks which are rated as red. Ms Fogarty will undertake a further review of each BAF risk and the executive lead at the end of Q1. There are a number of areas for focus on the BAF including the implementation of the new electronic patient record (EPR) system, preparation for a CQC Well Led Review and lack of capacity for diagnostics.

Mrs Hodkinson stated there is a need to reflect the national issue around tier 2 sponsorship. The Trust is experiencing issues and has 10 doctors that have not had approval for visas which is a significant pressure. Sir Duncan stated that it would be helpful to understand this risk at a future Board meeting.

Mr Holden added that the risk around the urgent care centre and the pressure on the Trust's estate would be included on the BAF at the end of Q1.

B30/18 **TO RECEIVE AN UPDATE ON NTHE WORK UNDERTAKEN IN PREPARATION FOR THE GENERAL DATA PROTECTION REGULATION (GDPR)**

Mr Cross gave a detailed overview of the work undertaken in preparation for the General Data Protection Regulation (GDPR). Mr Cross thanked Ms Whalley, Head of Information Governance for her work on preparing for GDPR. Mr Cross added that Trust has a green level of compliance against the ICO checklist.

B31/18 **TO RECEIVE AN UPDATE ON NEVER EVENTS AND SERIOUS UNTOWARD INCIDENTS**

Mrs Kelly reported that there had been no never events, although there had been one serious untoward incident which was a fall with harm which was being investigated.

STRATEGIC DEVELOPMENT

B32/18 **TO RECEIVE A CEO UPDATE TO INCLUDE SEXUAL HEALTH TENDER UPDATE AND HEALTH CATALYST**

Mr Chambers gave an update on sexual health services contract which had previously been awarded to East Cheshire NHS Foundation Trust. There has been a re-tender for the service and is looking like the service will move to Liverpool.

Mr Chambers referred to the national breast screening issue which does have implications for the Trust. There are 700- 800 scans which need to be undertaken over the coming weeks. This will put pressure on system and the division is working on this and Mr Chambers will keep the Board appraised of any issues.

Mr Chambers gave a detailed update on the progress of the Integrated Care Partnership (ICP). There has been steady progress and this has also expanded to now include the Vale which is great opportunity. There has been an event which was a good stock take on the work in train, there were over 50 attendees at the event. The System Management Board for the Health and Care Partnership previously the STP, is over Cheshire and Mersey and they are meeting as we speak to consider funding for the Vale and West Cheshire ICP. The ICP is hosted by the Countess of Chester Hospital NHS Foundation Trust and Chris Hannah is the Chair of ICP and is a Non Executive Director on the Countess of Chester Hospital NHS Foundation Trust Board. There will be regular updates to the Board on the progress of the ICP. A managing director who will be a non-voting executive director of the Countess of Chester Hospital NHS Foundation Trust Board is to be recruited.

Mr Chambers gave a detailed CEO verbal and highlighted the following points:

- NHS 70, 5th July 2018 is the big birthday celebration for the NHS with lots of special celebrations taking place across the NHS. The Countess will be holding a very special service at Chester Cathedral on Sunday 21st October 2018. MR Cross will share further details of the event in due course. Professor Terry Wardle will also host a special lecture looking at

the history of the NHS in Cheshire, further details to follow.

- The Trust celebrated Nurses Day on 12th May 2018 which was very special day with Mrs Kelly and her team visiting nurses and sharing cupcakes with all the nurses.
- The Trust celebrated ODP day 14th May 2018.
- The Trust celebrated the international Day of the Midwife, 5th May 2018 and the Ice Cream Farm donated ice cream to midwives here at the Countess.
- Ruth Newton, pharmacist has been nominated for an award from the clinical nutritional magazine.
- The Dean from Medical School Professor Hazel Scott has opened the refurbished doctor's mess.
- The Trust held its Long Service Awards on the 26th April 2018 which was an exceptional event celebrating the staff.
- Mr Harvey is retiring in August 2018 and Dr Susan Gilby has been appointed as Medical Director and behalf of the Board Mr Chambers wished Dr Gilby all the very best in her new role.

B33/18 **TO RECEIVE AN UPDATE ON GOVERNOR MATTERS**

Mr Cross was pleased to see so many Governors attending the public Board and thanked them for their continued support.

Mr Cross stated that the Council of Governors meeting was scheduled to take place following this Board meeting.

Mr Cross reported that Ms Whalley, Head of Information Governance would be giving a presentation on GDPR to the Governors Quality Forum.

Mr Cross added that there are a number of events planned throughout the year to celebrate the NHS 70th anniversary and further details will be shared in due course.

FOR NOTING & RECEIPT

B34/18 **TO RECEIVE THE CNST MATERNITY STANDARDS**

The Board received and approved the CNST maternity standards.

B35/18 **TO RECEIVE AND APPROVE THE COSTING PROCESS AND SYSTEM APPROVAL**

The Board received and approved the costing process and system approval.

B36/18 **TO RECEIVE THE MONTH 11 AND MONTH 12 LETTERS TO NHS IMPROVEMENT**

The Board received and noted the month 11 and month 12 letters to NHS Improvement.

B37/18 **TO RECEIVE THE SAFEGUARDING ADULTS ANNUAL REPORT 2016/17**

The Board received and noted the Safeguarding Adults Annual Report 2016/17.

B38/18 **TO RECEIVE THE SAFEGUARDING CHILDREN ANNUAL REPORT 2016/17**

The Board received and noted the Safeguarding Children Annual Report 2016/17.

B39/18 **TO RECEIVE THE MINUTES OF THE AUDIT COMMITTEE – 20TH NOVEMBER 2018**

The Board received and noted the minutes of the Audit Committee – 20th November 2018.

B40/18 **TO RECEIVE THE MINUTES OF THE QUALITY, SAFETY AND PATIENT EXPERIENCE COMMITTEE –20TH FEBRUARY 2018, 20TH MARCH 2018 AND 17TH APRIL 2018**

The Board received and noted the minutes of the Quality, Safety and Patient Experience Committee – 20th February 2018, 20th March 2018 and 17th April 2018.

B41/18 **TO RECEIVE THE MINUTES OF THE FINANCE AND INTEGRATED GOVERNANCE COMMITTEE 20TH FEBRUARY 2018**

The Board received and noted the minutes of the Finance and Integrated Governance Committee 20th February 2018.

B42/18 **TO RECEIVE THE MINUTES OF THE PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE – 28TH NOVEMBER 2018 AND 27TH MARCH 2018**

The Board received and noted the minutes of the People and Organisational Development Committee – 28th November 2018 and 27th March 2018.

B43/18 **TO RECEIVE THE MINUTES OF THE CHARITABLE FUNDS COMMITTEE 24TH OCTOBER 2017**

The Board received and noted the minutes of the Charitable Funds Committee – 24th October 2017.

B44/18 **DATE AND TIME OF NEXT MEETING**

Tuesday 24th July 2018, 1.00pm in the Lecture Hall, Countess of Chester Hospital.

NHS
Countess of Chester Hospital
NHS Foundation Trust

Nursing and Midwifery Strategy

2018 -2020

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Foreword

This strategy has been informed by both the national 6C's and 10 Commitments and local context and has been developed in consultation with nurses and midwives across the organisation. It clearly articulates our three-year vision and makes explicit my expectation of every nurse, midwife and healthcare support worker, with a strong focus on every individuals responsibility in the delivery of safe, kind and effective care within the context of our 'Model Hospital' programme. In particular, during 2018 to 2020 the nursing and midwifery family will be fundamental in the design and delivery of the 'Model Ward' project, which I am very excited to support and will demonstrate the valuable contribution nursing and midwifery makes in transformational change to improve care and services for our patients and their loved ones across our health system.

This plan outlines clear, measurable improvements and provides details of the actions needed across the nursing and midwifery workforce to ensure a dynamic and flexible approach to stepwise change that will really make a difference to patients in our care and the teams we work within. The actions we take will be evaluated annually to acknowledge the pace of change and measure our impact in real terms. With an ever changing healthcare system it is clear that the nursing and midwifery family will need to transform through the development of new roles and new ways of working to ensure we have a workforce that is fit for purpose in a modernised, reformed and integrated NHS. This will require a focus on leadership and accountability together with cultural changes that reflect our Trusts expected values and behaviours.

The 'Five Year Forward View' (2014) has set out the challenge over the next few years, focusing on prevention and working across organisational boundaries to deliver care that meets service user expectations and ensures a seamless journey. The 10 commitments outlined within this strategy place nurses and midwives as leaders within this radical new way of working and although this can seem daunting at first, I believe with your support, dedication and continued hard work in the delivery of this strategy it is achievable.

What remains constant is the need to deliver safe, effective, individualised compassionate care in all settings. Building on the strong foundations from our previous strategy and quality improvement methodology, this strategy focuses on; operational transparency, high reliability and reducing variation, accountability and value and ensuring we get it right, first time for every service user. Care we would want delivered and would expect for our family and loved ones.

I am privileged to introduce this Strategy and would like to use the opportunity to acknowledge and thank the nursing and midwifery family for their continuous commitment and support.

Alison Kelly
Director of Nursing and Quality

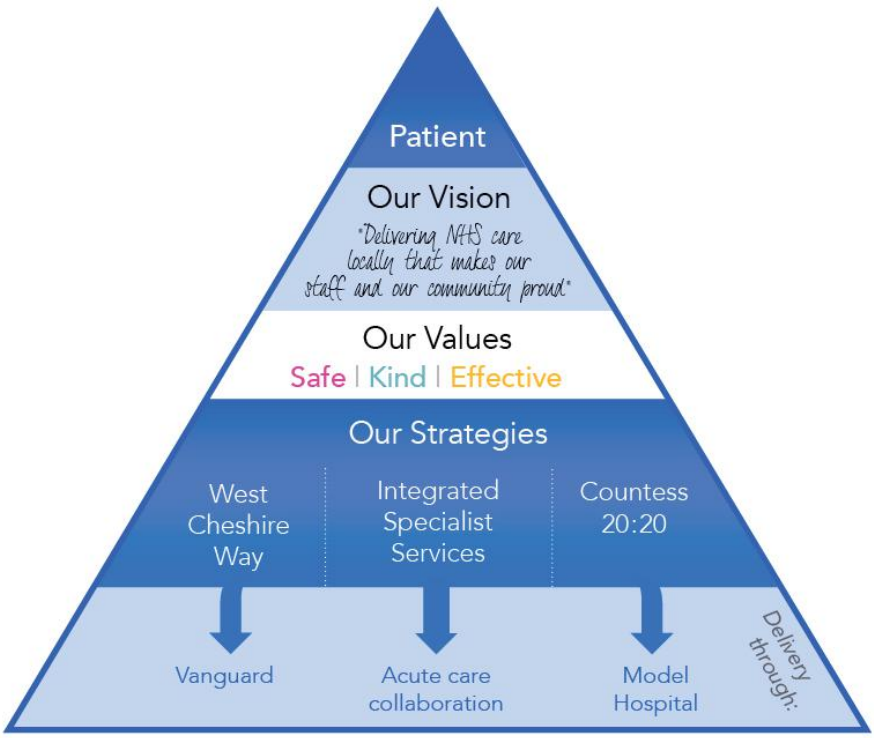
Strategic Direction

Our vision is to deliver NHS care locally that makes our staff and our community proud by being safe, kind and effective in everything that we do. The Countess has set out to achieve this vision through three key strategic programmes.

Countess 20:20 is how we review our core services to make sure they deliver the outcomes and quality our service users deserve. This is our internal approach to innovating and improving. The 'Model Hospital' supports the delivery of this programme and the 'Model Ward' project will provide a platform for nurses and midwives to lead on and contribute to transformational change for the benefit of service users, their families and the multi-professional team.

Integrated Specialist Services sees our hospital developing services as either a specialist centre in its own right, or through clinical networks in partnership with neighbouring hospitals. Our acute care collaboration with Wirral supports the delivery of this programme and provides the nursing and midwifery family with the opportunity to influence and shape care and services to meet the needs of service users.

The West Cheshire Way sees us working with local healthcare partners to redesign services so they are more joined up and easier for service users to access. The development of the Integrated Care Partnership (ICP) supports the delivery of this programme. Nurses and midwives across our health system are fundamental to achieving seamless service users care and are central to involving external services/agencies early and planning for a safe and timely discharge.



Introduction

This document outlines our three year strategy for nursing and midwifery. Following on from our previous achievements from the 2014-2017 strategy, it builds upon the Trust's core values and behavioural standards.

The strategy is not only aligned with the 10 Commitments of the national Nursing and Midwifery Framework "Leading Change, Adding Value" and the NMC Code of Conduct, it is also underpinned by the 6 Cs which are a legacy of the three year "Compassion in Practice" strategy that concluded in March 2016. The key principles of this strategy will be articulated at organisational and individual level so that every nurse and midwife in the Trust understands the role they have to play in ensuring excellence.

Our vision, values and behaviours

Our vision is to deliver NHS care locally that makes our staff and our community proud. Our values are summarised as being safe, kind and effective in everything that we do.

We want to 'bottle' the specialness that makes our hospitals so friendly and dependable for our patients. Collectively we have agreed standards of behaviour that we want to see and encourage in everyone which are:

- Working Together to get the best outcomes for the patients and the Trust
- Respect and Fairness so that everyone feels like a valued member of the Trust
- Positive Attitude to create a great environment for our patients, my colleagues and myself
- Achieving Excellence to continuously improve our care for patients, our people and our finances
- Leading People by creating an environment in which everyone can do the best job possible

The 6C's

1. Care
2. Compassion
3. Competence
4. Communication
5. Courage
6. Commitment

Continuing the journey – What have we achieved in the last 3 years?

In February 2016 the Countess of Chester was inspected by the Care Quality Commission and the Trust was awarded a 'good' rating.

Whilst the report which was published in June 2016 gave us much to celebrate and highlighted several areas of outstanding practice, it also reinforced our own sense of what we need to strengthen and improve.

Timeline of achievements

2017 Implementation of the Nursing and Midwifery 'Recruitment and Retention' Strategy

A task group was established during 2017 to lead the work programme for recruitment and retention in nursing and midwifery. This included undertaking a review of the current nursing and midwifery workforce numbers, vacancies and turnover during 2017. As a result a number of work streams are being progressed to support the successful recruitment and retention of registered staff. The group has recently extended its membership to include AHP colleagues and incorporate the theatre working group which also focuses on the Operating Department Practitioner (ODP) shortfall and plans during 2018 include joining with medical colleagues to work collaboratively across all clinical professional groups.

Recruitment work streams include (but are not limited to):

- Review and update of Comms Strategy to support recruitment (including utilising LinkedIn, FB and Twitter)
- Update of recruitment materials
- Update of website to include a 'one stop shop' to living in Chester and working at the Countess

- Redesign of job advert and review of benefits offered to new starters
- Introduction of 'book on tours' for interested applicants to visit the hospital and meet teams
- Rotational posts offering structured development opportunities
- Maximising National recruitment fairs
- Engagement with local Universities
- Increasing return to practice numbers
- Theatre open days and career events
- Evaluation of recruitment process using feedback from end-users
- Collaboration with 'Temporary Staffing' to support pay incentives (moving to weekly payroll) and improved technology to support recruitment process
- International recruitment

Retention work streams that include (but are not limited to):

- Review of ward staffing models, utilising acuity and teletracking data to support model development and design teams that reflect the needs of service users
- Scope the nursing and midwifery workforce requirements over the next 5—10 years and develop a training strategy using apprenticeship models to support career development towards professional registration
- ODP training programmes using apprenticeship models
- Theatre practitioner programmes using apprenticeship models
- Review of additional hours payments and incentives to join the Countess Bank
- Building a 'pool' of flexible staff on contracts to support short notice/unplanned gaps
- Collaboration with Education and Training to offer competency based/ higher apprenticeship development opportunities

2017 Nursing and Midwifery Staffing Survey

A snapshot survey of registered nurses and midwives has been undertaken during 2017, this comprised of 26 questions, covering the topics of working patterns, incentives and professional development. A total of 70 nursing and midwifery staff completed this. The feedback from this survey was listened and responded to by the Executive team and as a result the following has been implemented;

- Offer to increase contracted hours from 36 to 37.5
- Offer of 37.5 hour contracts to new registered nursing and midwifery employees
- Offer to work regularly over 37.5 hours (for individuals who requested this as an option)
- Increase bank pay in line with substantive pay for registered nurses and midwives

2017 Introduction of Tele-tracking/ Co-Ordination Centre Programme

The Co-ordination Centre will make us more responsive, giving our nurses and midwives more time to spend with service users by reducing the administrative and housekeeping tasks they currently have to do. The introduction of the bed cleaning teams really supported this goal and has released a number of nursing hours to support direct patient care.

2016/17 E-Rostering

The change to electronic rostering has allowed for more effective roster management, ensuring services are covered with the right number and skill mix of nursing and midwifery staff. Transparency in relation to flexible working patterns, annual leave allocation and time owing has allowed for the optimum use of the workforce which has been further progressed by the introduction of the 'SafeCare' system. Electronic rosters (HealthRoster) have been implemented in 40 wards/departments across the Trust with 2999 nurses and midwives now able to instantly access and view their rosters from a phone or tablet. Rosters are published 6 weeks in advance which supports a healthy work/life balance and allows for early planning to cover unfilled shifts. The electronic roster links with Bank Staff which supports 24 hour direct booking of nurse bank shifts when shifts cannot be filled by substantive staff.

2016/17 SafeCare

The introduction of the SafeCare programme has allowed us to move away from traditional staffing models and flex the workforce (both number and skill mix) to support the actual acuity and dependency of patients, resulting in the right staff, with the right skills, in the right place at the right time to meet patient's needs. Staff record live acuity data in SafeCare, 3 times in each 24 hour period within adult and paediatric inpatient areas. SafeCare links to HealthRoster and provides visibility and transparency of nurse staffing and patient acuity across the Trust. Senior nursing teams are able to identify a shortage or excess of nursing hours based on live patient acuity and can use this information alongside professional judgement to redeploy staff accordingly.

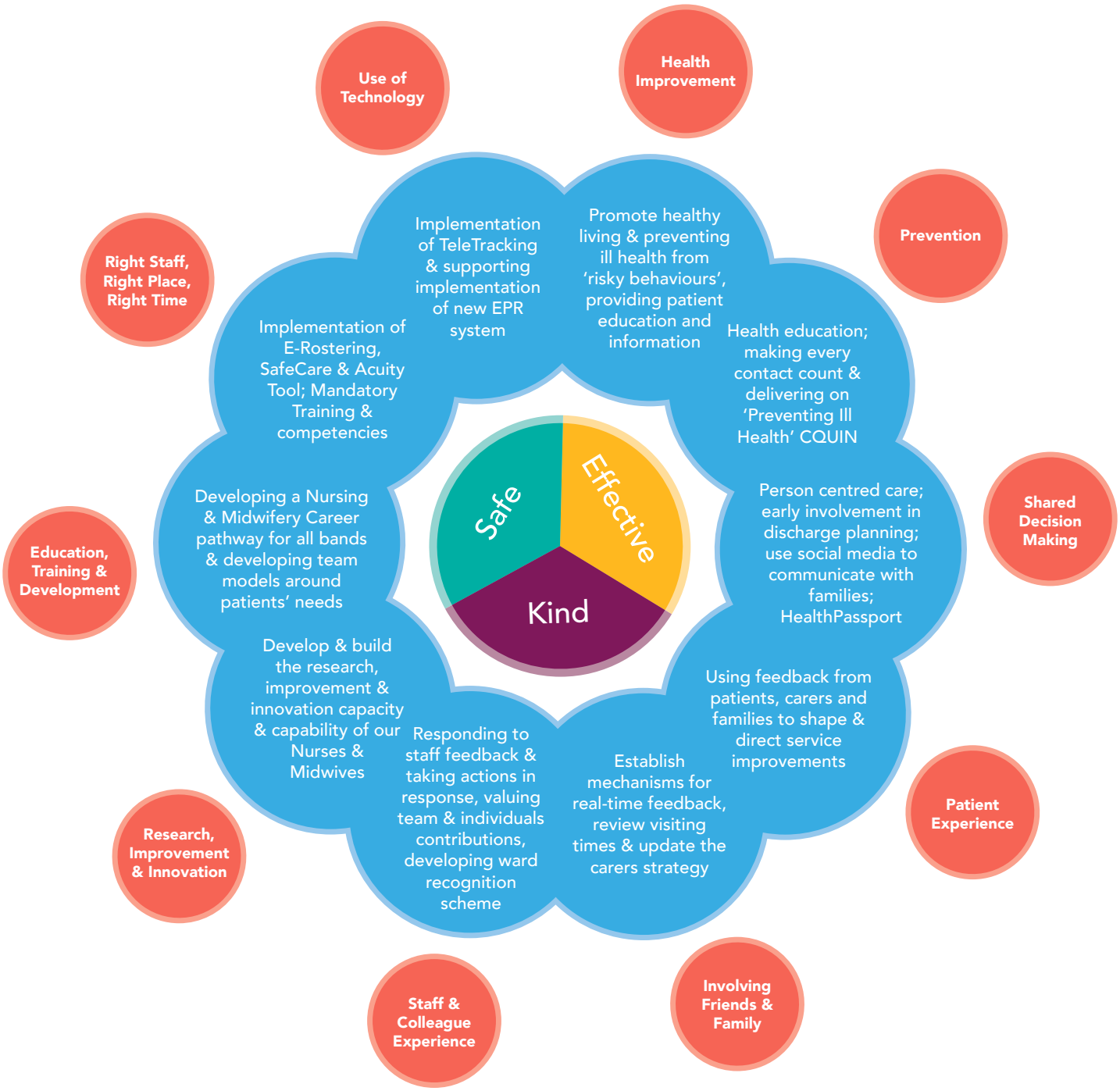
2016/17 Clinical Nurse Specialist (CNS) and Advanced Nurse Practitioner (ANP) Review

During 2016/17 a review of the CNS and ANP roles has been undertaken. This has provided the opportunity to map the current service models and operational requirement to the knowledge and skills provided through the CNS and ANP teams. This is essential to ensuring the right staff, with the right skills are available to provide care and treatment at the point of need. In addition, it has allowed for the standardisation of job descriptions and the completion of training needs analysis to reduce variation, improve efficiency and to identify specific development needs for individual nurses. The revised job descriptions and new job plans now mirror the national standards for advanced practice.

The 10 Commitments

The 10 Commitments are aspirational goals defined in the 2016 national framework for nursing and midwifery, 'Leading Change, Adding Value'. They are intended to help us focus on narrowing gaps, addressing unwarranted variation and helping us demonstrate outcomes.

The diagram below demonstrates how we, together as a Trust plan to deliver these commitments.



Our Vision

Our three main priorities as a Trust are…

1. To provide services that are safe and to ensure workforce excellence.

2. To support our patients, people and partners.

3. To ensure financial delivery and the effective use of resources.

To ensure our priorities are met we have 10 Nursing and Midwifery objectives which complement the 10 national commitments and build on the 6C's foundation to provide local context to our strategic direction, providing actions which can be measured to demonstrate our successes or highlight areas for further development.

The delivery of this strategy will be monitored and evidenced provided against achievements by 2020. Some objective will take the full 3 year programme to complete, whilst others may be achieved within a shorter timeframe. Regular progress reports will be monitored at the Nursing and Midwifery Board and identified leads will be supported by the Board to take forward any required actions.

Objective 1

To focus our resources on models of care that are; patient-centred, safe, effective, economically sustainable and responsive to the needs of our patients.

To support this we will:

- Work collaboratively with the Chief Clinical Information Office and the Chief Nursing Information Officer to agree a digital roadmap to define the benefits of the new electronic patient record (EPR) and to ensure a patient focused strategy of informatics is developed within the Trust in line with NHS England's Five Year Forward View
- Utilise IT strategies and informatics to promote performance and improvement
- Embrace a new 'Electronic Patient Record' which will support staff to deliver best practice
- Work collaboratively with the EPR implementation team to ensure the new system removes duplication and promotes efficiencies to release nursing and midwifery time
- Continue to implement and develop e-rostering and safe staffing management aligned to acuity and Care Assurance Framework
- Explore ways in which the electronic roster can support nurses and midwives to achieve a healthy work/life balance, with a particular focusing on flexible working
- Support National Patient Safety Initiatives
- Reduce patient harms (HCAI, falls and pressure ulcers)
- Monitor quality of care and the actions taken to improve through the use of nursing focused targets and indicators which will support the delivery of the Quality Agenda
- Continue to promote the duty of candour and conduct a review of Nursing and Midwifery practice to ensure that our systems and processes support a culture of transparency
- Incorporate human factors education and awareness into Trust training programmes

Objective 2

To ensure our Nursing and Midwifery workforce is flexible, skilled and responsive; enabling us to provide solutions to the current challenges by enabling them to work to their full potential.

To support this we will:

- Grow a nursing and midwifery workforce that is resilient and sustainable through the use of an annual appraisal and personal development planning to ensure staff progress from novice to expert
- Ensure organisational readiness to support nursing and midwifery revalidation
- Agree a standard set of skills and competencies for the roles required and monitor compliance annually
- Monitor and ensure professional and behavioural standards and Trust values are reflected in our daily actions
- Work collaboratively with university providers to ensure clinical placements provide a holistic experience and provide students in training with the required knowledge and skills to support them in their practice
- Review the registered nurse and midwives core and specific competency framework to allow all staff the opportunity to gain essential and desirable skills in practice
- Build on the existing recruitment and retention work programme to reduce the vacancy gap and improve turnover rates
    - > Evaluating effectiveness of corporate recruitment and make a demonstrated improvement by moving to ward/department specific recruitment
    - > Reviewing the support for newly qualified nurses and midwives, enhancing the preceptorship programme
    - > Exploring flexible retirement options that are both attractive and of benefit to services
- Work collaboratively with NHSi on a career development pathway in nursing, sharing best practice and learning from others successes

Objective 3

To support the advancement of nursing and midwifery research and demonstrate translation of research into practice.

To support this we will:

- Apply the "Learning, Education and Development Strategy"and implementation plan for nursing and midwifery staff across the organisation
- Develop a research and innovation strategy that will set out the Trust's research and innovation vision, including how we aim to increase capacity in the field of research and innovation

Objective 4

Continue learning from serious incidents and complaints. Ensure a just culture, supporting consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents.

To support this we will:

- Provide service users, carers and families with a mechanism to raise concerns at the point of care, allowing for this to be actioned and addressed in real-time
- Ensure we use a range of patient feedback to develop services and improve care
- Aim to decrease the number of formal complaints received annually
- Aim to increase the number of patient compliments received annually
- Develop robust feedback processes for staff; to ensure learning is disseminated and action is taken, where appropriate, to prevent reoccurrences of incidents and complaints
- Provide education and training for staff on how to deal with a concern or complaint to improve resolution at ward/department level

Objective 5

Listen to patient feedback to optimise communication, improve patient experience and subsequently increase and expand public and patient engagement.

To support this we will:

- Increase patient and public participation and involvement within organisational committees, focus groups and ensure we take actions in response to feedback
- Participate in delivering a programme of work through the Patient Experience Operational Group to improve patient experience

Objective 6

Improve the experience of service users with dementia.

To support this we will:

- Develop and launch a Dementia strategy to embed the principles of person centred care
- Improve access and equity for Dementia provision across the organisation (regardless of the location of patient/service users)
- Work collaboratively with Care Home providers to improve compliance and consistency to the 'Red Bag' initiative

Objective 7

To work towards an Integrated Care Partnership with key stakeholders.

To support this we will:

- Review our nursing and midwifery workforce development plans and work collaboratively with West Cheshire partners to ensure we have the right skills, values and behaviours
- Transform nursing and midwifery practice to improve care; utilising the full potential of nurses and midwives to increase the quality of care while achieving a seamless service for users across the health service
- Work collaboratively with therapist colleagues to ensure proactive discharge planning through the 'Red day-Green day' initiative

Objective 8

To ensure workforce capability by building strong leadership and strengthening inter-professional team collaboration for best outcomes.

To support this we will:

- Develop strategies for effective nursing and midwifery leadership
- Utilise a 360 degree self and peer review process that includes leadership evaluation
- Increase the number of nursing and midwifery staff who undertake mentoring
- Develop mentorship and coaching capability and capacity
- Have appropriate toolkits in place to support managers and leaders
- Support teams to develop resilience
- Evaluate senior nursing and midwifery roles and responsibilities to ensure visible support is offered consistently in the clinical area
- Evaluate the changing role of the ward/department manager, explore feasibility of delivering a seven day cover

Objective 9

Optimise the influence of nursing and midwifery, improving quality and value for money in the delivery of healthcare services.

To support this we will:

- Promote a professional and compassionate image of nursing and midwifery to patients, the public and service users by upholding the Trusts behavioural standards
- Reducing clinical variation (with a particular focus on the deteriorating patient, Sepsis and AKI)
- Explore and test new models of care which will include the development of multi-professional teams to ensure we get it right, first time for every patient
- Support changes across clinical footprints to reduce waste and share valuable resources.
- Ensure the nursing and midwifery family are recognised and rewarded for their valuable contribution to safe, kind and effective care through the development of a 'Ward Accreditation' scheme

Objective 10

Monitor our care assurance framework and ensure that in-year financial, capital and operational issues do not impact on patient safety and quality.

To support this we will:

- Utilise risk assessment processes, incident reporting and registers to mitigate and monitor any risks identified
- Complete monthly assurance audits, in safety, quality and patient experience, interpret findings and take actions to improve where necessary
- Share lessons learnt with the nursing and midwifery family, show casing best practice and supporting all areas to achieve excellence

The Model Ward

Model Ward' is a transformation change programme which is centred on making improvements to both clinical and operational processes. It is an enabler, using recognised quality improvement methodology to support new ways of working and testing the delivery of new models of care. It is an ambitious programme which builds on existing foundations to improve services further and supports staff by releasing time and removing duplication, whilst ensuring the safety, quality and experience of patients in our care. The chosen areas for testing are wards 50, 51, 44 and 45, once models have proved to be successful they will then be rolled out to all inpatient areas to ensure very ward/department becomes a 'Model Ward' of the future.

Model Ward Overview

3 overarching concepts; leadership, workforce and culture

Leadership

- Responsibility and accountability
- Resilience
- Toolkit/job plans for ward mangers and deputies (to include training on staff engagement and empowerment)
- Grow link nurse/champion roles (to include all bands), develop outline for each link nurse role/responsibilities
- Care Assurance Framework (CAF), knowing area, issues and challenges, leading improvement plans in response to findings
- Using lessons learning from patient feedback and clinical incidents (includes trends over time)
- Sharing and cascading key messages (including learning) to team
- Management of patient flow – right patient, right time, right place

Workforce

- Scope literature, demographics and workforce profile/projections to agree models
- Redesign multi-professional ward teams (to include staff development needs)
- Consideration for use of multi-disciplinary professionals to support nursing teams
- Staff and team development

Culture

- Ward accreditation and individual recognition
- High performance culture
- Expectations, roles and responsibilities (design cascade for learning, support/clinical supervision and appraisals)
- Values and behaviours

Operational processes

Patient Flow

- Tele-tracking KPIs (business as usual)
- Utilising patient status at a glance
- Implementing escalation processes
- Understanding length of stay information (for area and context within organisation)
- Criteria lead discharge

Admission/discharges processes

- Standardised approach accepting admission immediately
- Redesign admission assessment
- Standardise discharge planning (implementing discharge actions from ED programme, including Red Day/ Green Day)
- Implementing MDT ward/board rounds

Productivity

- Standardise ward layouts
- Equipment 'right place; right time'
- Bringing wards together to work as a unit (also links to workforce)

B-Busting

- Operationalising changes made through model ward
- Reducing duplication
- Identifying time saving approaches
- Time to recruit

Care Delivery

Safeguarding

- Defining role and responsibilities
- Embedding standardised approach and case management
- Education and training
- Implementing and accessing supportive resources

Handover

- Standardised approach
- Focusing on key risks

Releasing time to care

- Protected meal times
- Protected medicines
- Optimised ward round

Reducing clinical variation

- Failure to rescue (vital signs and escalation)
- Sepsis
- AKI
- EoL care
- Falls
- Pressure ulcers
- MUST and nutritional assessments

Our vision, values and behaviours in action

Ward 45 nurses win for planning couple's big day

Ward 45 manager Julie Dixon and her team received the biggest cheers on the night of the Celebration of Achievement awards, scooping the Patient Choice Award for their heart-warming efforts to help a couple get married in the hospital in 2017.

Grandmother seeks Royal seal of approval for Countess care

A Tarporley grandmother has received a letter from Buckingham Palace after writing to The Queen to praise staff at the Countess of Chester Hospital.

Betty Walker, 80, has been so impressed by the care she has received this year after being diagnosed with cancer that she kept saying 'if I could tell The Queen I would'.

Her granddaughter Lucy helped her do just that by typing out a letter and posting it on the day The Queen recently opened the Chester Storyhouse. The family didn't expect to get a response, but Betty was thrilled to see both her letter and the hospital staff being recognised.

Marie O'Brien named top midwife in the North West

Marie O'Brien has been named the best midwife in the North West after being nominated for the Emma's Diary Mum's Midwife of the Year 2018 by a patient.

COUNTESS OF CHESTER

PERFORMANCE REPORT, JUNE 2018

Safe

Indicator	Target	Act.	Alert
All Falls Rate	7	8.3	○
Falls with Harm Rate	0.3	0.1	○
Never Events	0	0	○
Safety Thermometer – Free of new harms %	95	90.4	○
Q4 Sepsis screening % (Inpatients)	90	59.0	○
Q4 Sepsis treatment % (Inpatients)	90	77.8	○
Q4 Sepsis screening % (ED)	90	39.8	○
Q4 Sepsis treatment % (ED)	90	75.8	○
Infection Control: C Difficile	6 YTD	9 YTD	○
Infection Control: MRSA	0	1	○

Kind

Indicator	Target	Act.	Alert
Friends and Family: A&E	80	77.9	○
Friends and Family: Inpatient Wards	90	93.4	○
Friends and Family: Maternity Services	90	96.1	○
Open Complaints	40	39	○
Open Complaints > 40 days response time	0	17	○
Open PHSO Complaints	0	2	○
MSA Breaches	0	8	○
Sickness Absence %	3.65	3.72	○
Mandatory Training %	95	93.2	○
Annual Appraisal %	95	84.2	○
Staff Turnover %	10	10.8	○

Effective

Indicator	Targ	Act.	Alert
*** ED 4 Hour Wait %**	95	83.8	○
*** 18 Week RTT %**	92	88.8	○
*** 6 week Diagnostic Wait %**	99	88.6	○
*** Cancer Treatment 62 Day %**	85	83.5	○
Bed Occupancy %	85	92	○
I&E Variance (excluding PSF)	Plan	+£337k	○
Forecast Position/ Run Rate	Plan	£6m	○
CRS In Year	Plan	-£76k	○
Contract Income	Plan	-£351k	○
Variable Pay	Less YOY	+£210k	○
Total agency spend £m	£4.8 EOY	£1.1 YTD	○
Total agency shift spend over cap rate	Less YOY	+£120k	○

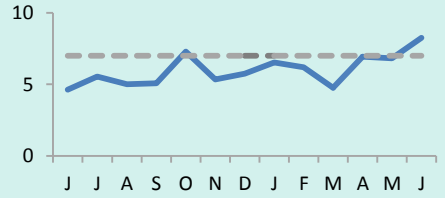
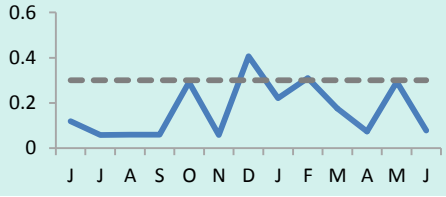
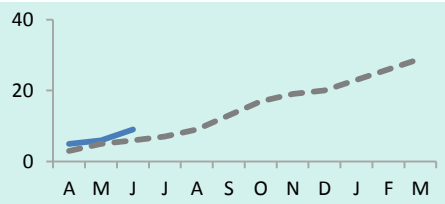
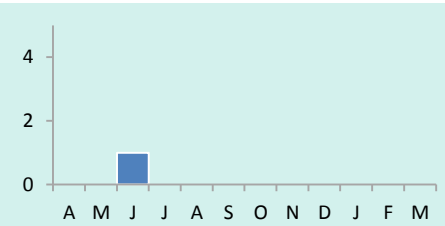
*** Key NHS constitutional target**

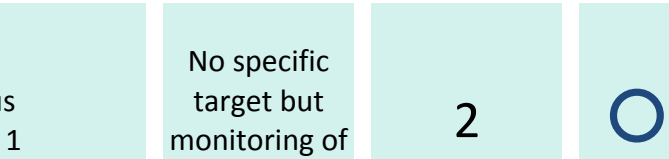
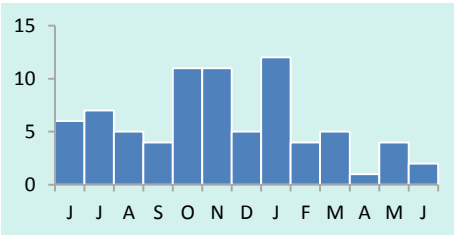
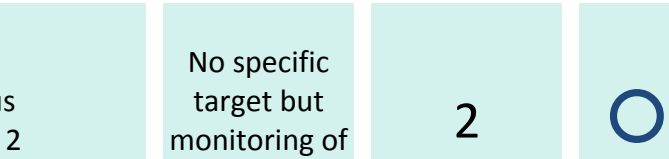
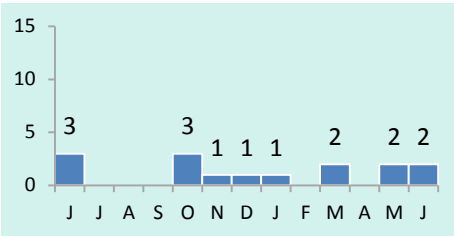
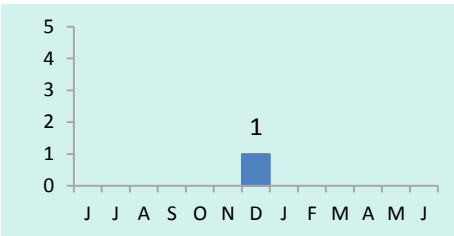
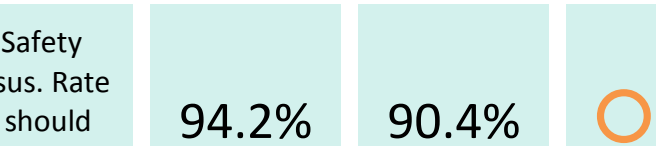
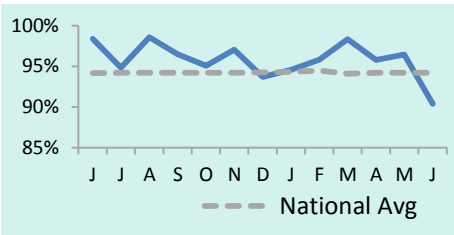
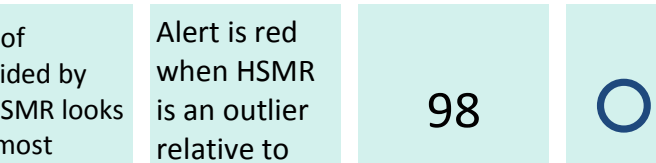
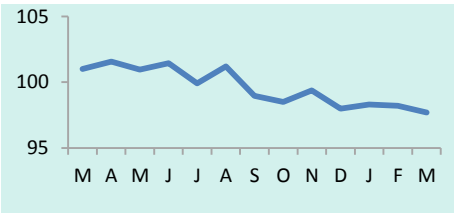
Key ○ Target consistently achieved ○ Performance below target during previous 3 months ○ Target not achieved over previous 3 months

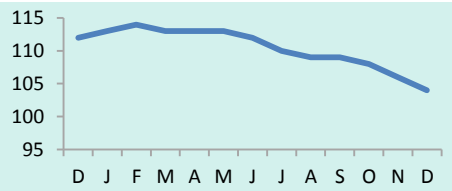
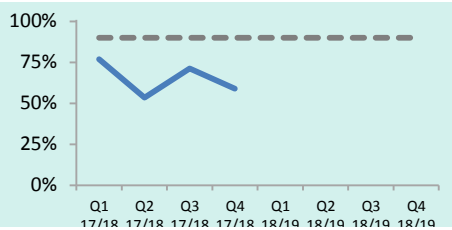
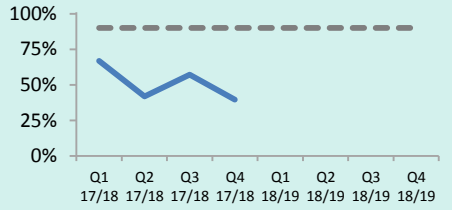
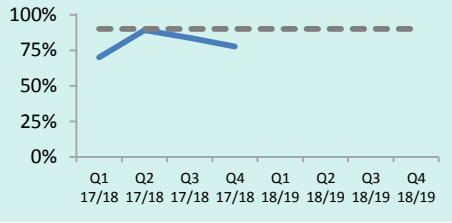
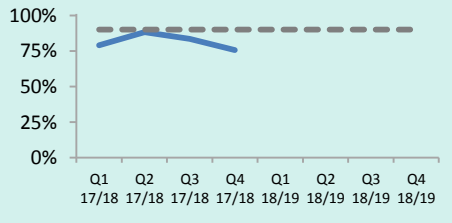
SAFE

Reducing patient harms

Supporting the Board Assurance Framework:
CR1, CR2, CR3, CR6, CR7, CR10

Measure	Definition	Threshold	Actual	Status	Comment	Graph
Harms: All Falls Rate	Rate of all falls per 1000 bed days	7	8.3		Performance is WORSE than last month.	
Harms: Falls with Harm Rate	Rate of falls with harm per 1000 bed days	0.3	0.1		Performance is BETTER than last month.	
Harms: Infection Control – Rate of C. Difficile	Cases of hospital acquired C. Difficile bacteraemia.	23 cases (2018/19)	9 cases (YTD)		Performance is WORSE than last month. We are now 3 cases above trajectory.	
Harms: Infection Control – Rate of MRSA	Cases of hospital acquired MRSA bacteraemia.	0 cases (2018/19)	1 cases (YTD)		Performance is WORSE than last month. One case of MRSA reported in June.	

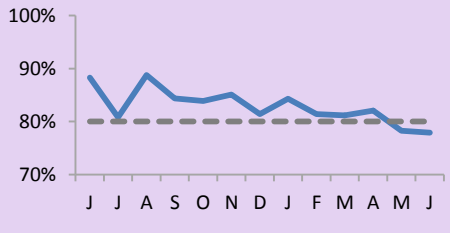
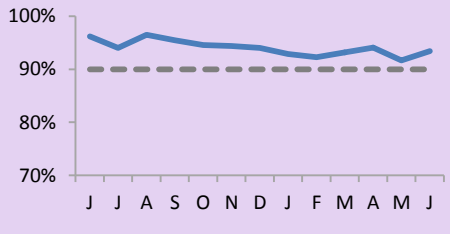
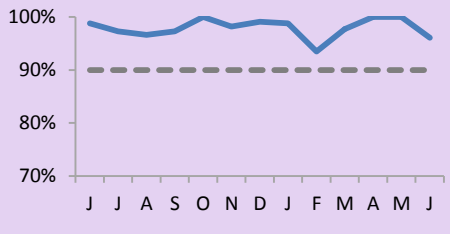
Measure	Definition	Threshold	Actual	Status	Comment	Graph
Harms: Serious Incidents - Level 1	Number of Serious Incidents at Level 1	No specific target but monitoring of trends	2		Performance is BETTER than last month. Two level 1 serious incidents were recorded in June.	
Harms: Serious Incidents - Level 2	Number of Serious Incidents at Level 2	No specific target but monitoring of trends	2		Performance is UNCHANGED. Two level 2 incidents were reported in June.	
Harms: Serious Incidents - Never Events	Number of Never Events reported	0	0		Performance is UNCHANGED. No never events were reported in June.	
Harms: Safety Thermometer	Based on monthly Safety Thermometer census. Rate free of new harms should be higher than national average	94.2%	90.4%		Performance is WORSE than last month. Increase in surveys reporting VTE, pressure ulcers and falls.	
Learning from Deaths: Hospital Standard Mortality Rate (HSMR)	Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death	Alert is red when HSMR is an outlier relative to other Trusts.	98		Performance is UNCHANGED. This measure is based on diagnosis groups that account for approximately 80% of inpatients.	

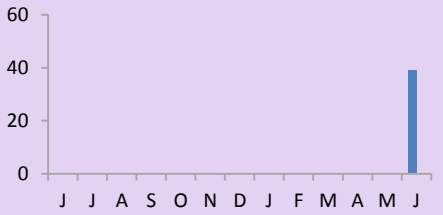
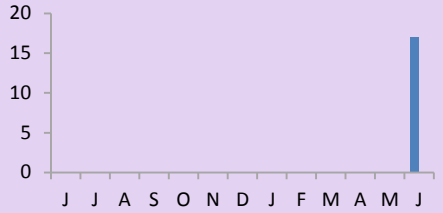
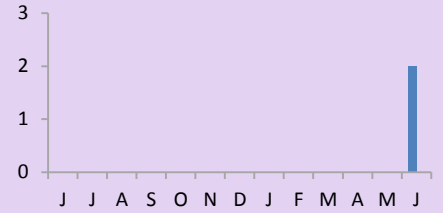
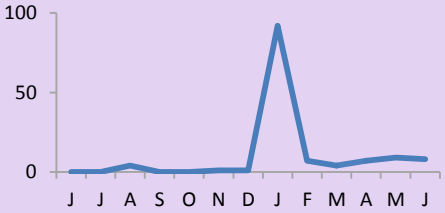
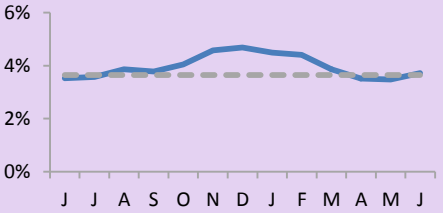
Measure	Definition	Threshold	Actual	Status	Comment	Graph
Learning from Deaths: Standardised Hospital Mortality Index (SHMI)	Risk adjusted mortality ratio based on number of expected deaths. National published figure from HSCIC.	Alert is red when SHMI is an outlier relative to other Trusts.	104		Performance is UNCHANGED. This information has not been refreshed nationally since December due to an issue with NHS Digital's data supplier.	
CQUIN: Sepsis Screening in ED / Inpatient Settings	Timely identification of sepsis in ED	90%	59.0%		QUARTERLY INDICATOR. 2017/18 whole year performance for sepsis screening was approximately 65% in ED.	
CQUIN: Sepsis Screening in ED / Inpatient Settings	Timely identification of sepsis for inpatients	90%	39.8%		QUARTERLY INDICATOR. 2017/18 whole year performance for screening was approximately 50% in inpatient setting.	
CQUIN: Sepsis Treatment in ED / Inpatient Settings	Timely treatment of sepsis in ED	90%	77.8%		QUARTERLY INDICATOR. 2017/18 whole year performance for timely sepsis treatment was approximately 65% in ED.	
CQUIN: Sepsis Treatment in ED / Inpatient Settings	Timely treatment of sepsis in inpatient settings	90%	75.8%		QUARTERLY INDICATOR. 2017/18 whole year performance for timely sepsis treatment was approximately 70% in inpatient setting.	

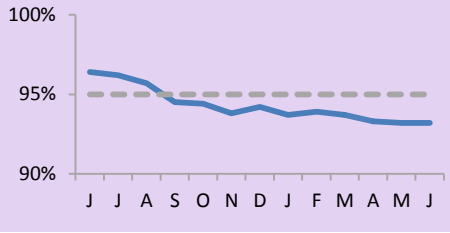
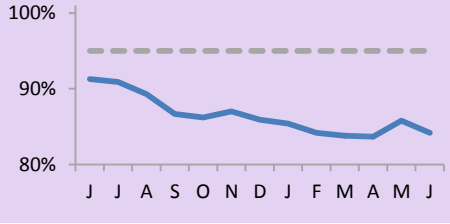
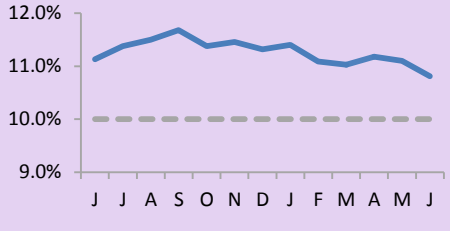
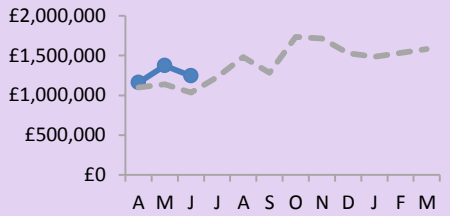
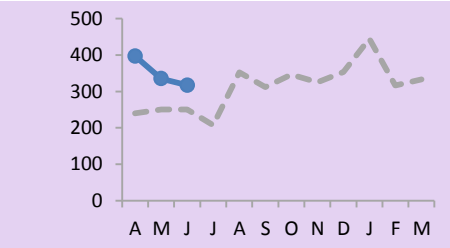
KIND

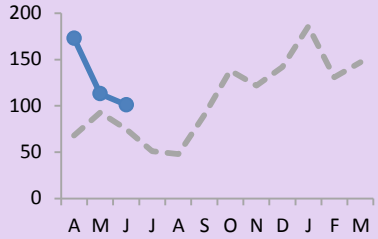
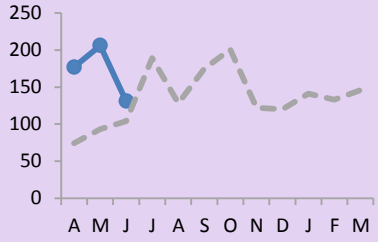
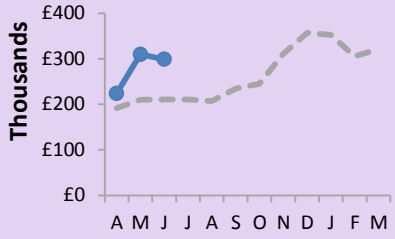
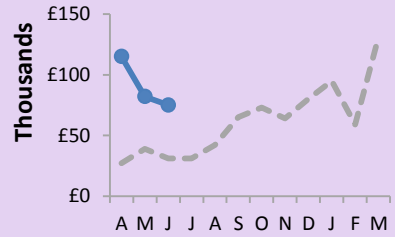
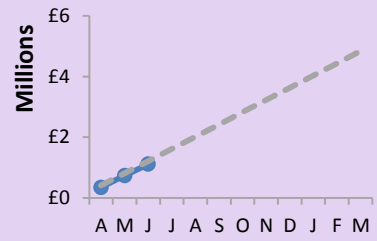
Providing high quality patient care

Supporting the Board Assurance Framework:
CR1, CR4, CR6, CR7, CR10

Measure	Definition	Threshold	Actual	Status	Comment	Graph
Friends and Family: % Likely to Recommend A&E	Response to 'Would you recommend this service to your friends and family' survey leaflet/ text	80%	77.9%		Performance is WORSE than last month. This is despite a slight improvement in the percentage of patients seen within 4 hours.	
Friends and Family: % Likely to Recommend Inpatient Wards	Response to 'Would you recommend this service to your friends and family' survey leaflet/ text	90%	93.4%		Performance is BETTER than last month. Satisfaction remains above target for inpatient stays.	
Friends and Family: % Likely to Recommend Maternity Services	Response to 'Would you recommend this service to your friends and family' survey leaflet/ text	90%	96.1%		Performance is WORSE than last month. Satisfaction remains above target for maternity services.	

Measure	Definition	Threshold	Actual	Status	Comment	Graph
Patient Feedback: Number of Open Complaints	Number of open patient complaints at month end.	40	39		NEW INDICATOR. Trends will be monitored over time.	
Patient Feedback: Number of Complaints Past 40 Day Response Time	Number of Complaints Past 40 Day Response Time	0	17		NEW INDICATOR. Status is red because it is known that we have had complaints past 40 days over recent months.	
Patient Feedback: Number of Complaints Open with PHSO	Number of Complaints Open with PHSO	0	2		NEW INDICATOR. Status is red because it is known that we have had complaints open with the PHSO over recent months.	
Mixed Sex Accommodation Breaches	Number of non-clinically justified breaches of the single sex accommodation standard	0	8		Performance is BETTER than last month. 8 breaches in June were not clinically justified, a decrease of 1 breach compared to last month.	
Sickness Absence	% monthly sickness absence, excluding comfort zone and Bank staff	3.65%	3.72%		Performance is WORSE than last month. The absence rate increased to 3.72%. Short term absence increased to 2.04%, while long term absence decreased to 1.68%.	

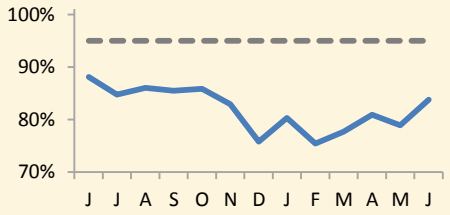
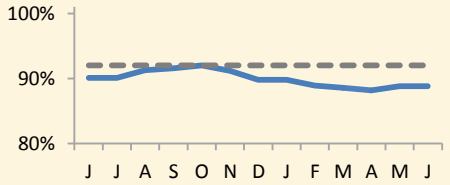
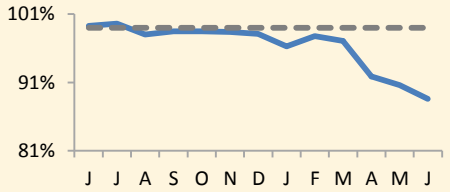
Measure	Definition	Threshold	Actual	Status	Comment	Graph
Mandatory Training Compliance	% mandatory training compliance, excluding comfort zone and Bank staff and staff on maternity/long term sick leave	95%	93.2%		Performance is UNCHANGED. It remains above the CQC target of 76% but below Trust target of 95%.	
Annual Appraisal Compliance	Exclusions as above and also excludes staff with less than 1 year's service.	95%	84.2%		Performance is WORSE than last month. It remains above the CQC target of 76% but below the Trust target of 95%.	
Staff Turnover	Based on headcount in the previous 12 months and on permanent staff only.	10%	10.8%		Performance is BETTER than last month but remains above target at 10.8%.	
Variable Pay	Reducing and controlling variable pay spend (including overtime, agency, additional clinical activity)	Year on year reduction	+£210k		Performance is BETTER than last month. Agency and locum costs continue to be high.	
M&D Reduction in Agency Shifts over Cap Rates	Reducing agency shifts over cap rates.	Year on year reduction	+£67k		Performance is BETTER than last month. The number of shifts decreased since last month. In total, 549 shifts were paid across all staff groups above the cap rates.	

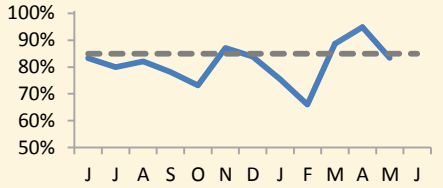
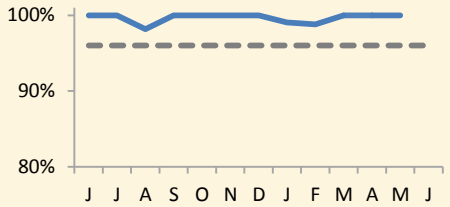
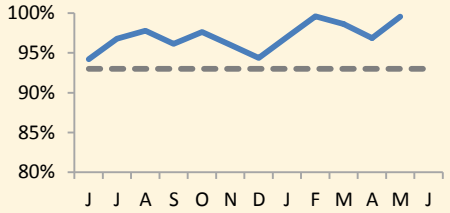
Measure	Definition	Threshold	Actual	Status	Comment	Graph
N&M Reduction in Agency Shifts over Cap Rates	Reducing agency shifts over cap rates.	Year on year reduction	+£26k	O	Performance is BETTER than last month. 101 shifts were approved above cap rates.	
'Other' Reduction in Agency Shifts over Cap Rates	'Other' consists of Care Packages, Sonographers, Theatres and CRV Dept.	Year on year reduction	+£27k	O	Performance is BETTER than last month. Operating Department Practitioner shifts decreased to 131 approved over the cap.	
People: Medical Agency Spend	Planning improvements in productivity and efficiency	Year on year reduction	+£88k	O	Performance is BETTER than last month. Medical Pay is overspent by £32k. Agency medical expenditure is £834k (7% of the totals medical spend).	
People: Nursing Agency Spend	Planning improvements in productivity and efficiency	Year on year reduction	+£44k	O	Performance is BETTER than last month. Nursing Pay is £403k overspent. Agency nursing expenditure is £272k which is 3% of total trained nursing spend	
People: Total Agency Spend within Budget	Planning improvements in productivity and efficiency	Total agency spend capped at 4.84m for 17/18	£1.1m YTD	O	Performance is UNCHANGED. Agency medical expenditure is £834k.	

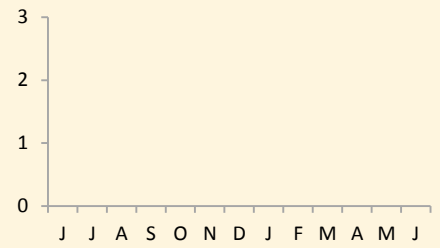
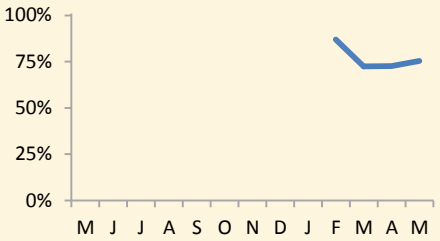
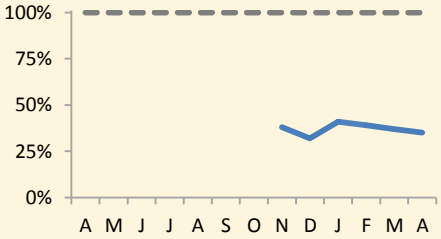
EFFECTIVE

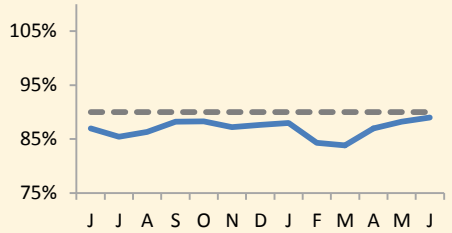
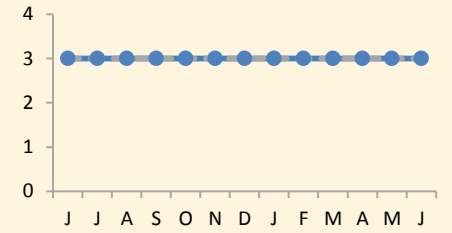
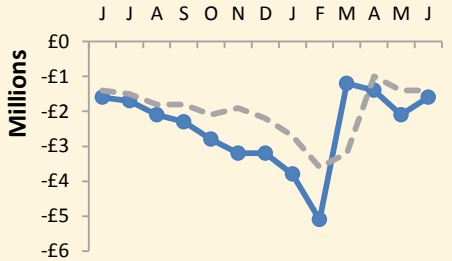
Minimising delay and improving processes

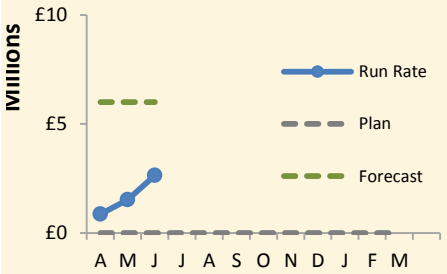
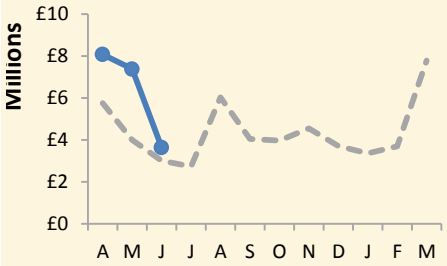
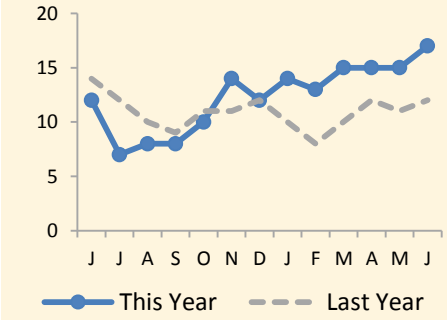
Supporting the Board Assurance Framework:
CR3, CR5, CR6, CR7, CR8, CR9, CR10

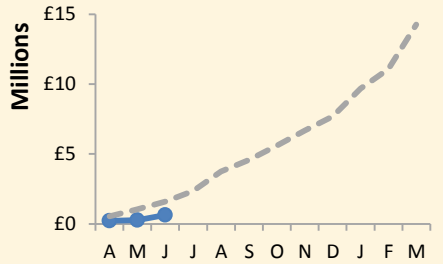
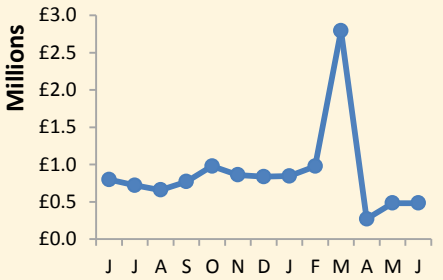
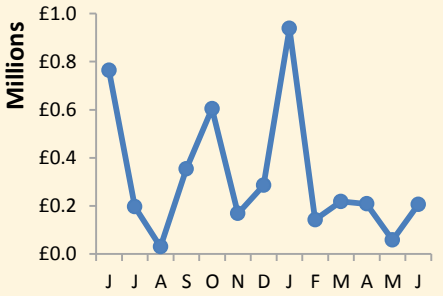
Measure	Definition	Threshold	Actual	Status	Comment	Graph
ED 4 Hour Wait Standard	% A&E attenders seen within 4 hours of arrival	95%	83.8%	O	Performance is BETTER than last month. An exception report is provided.	
18 Weeks RTT incomplete pathways	Percentage of incomplete pathways for English patients within 18 weeks.	92%	88.8	O	Performance is UNCHANGED. The RTT incomplete percentage remains at 88.8%	
Diagnostic Tests within 6 Weeks (DM01)	Diagnostic tests carried out within 6 weeks of request being received.	99%	88.6%	O	Performance is WORSE than last month. Exception report is provided.	

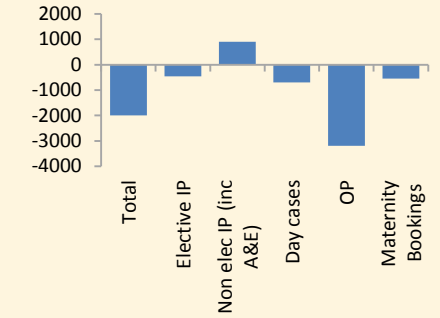
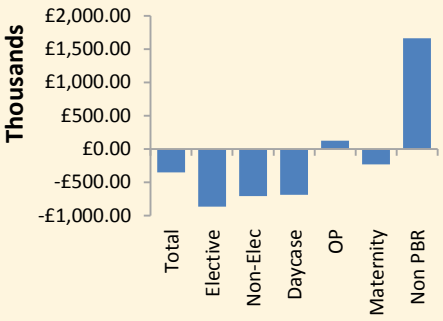
Measure	Definition	Threshold	Actual	Status	Comment	Graph
Cancer Treatments: 62 Day Standard	First treatment for cancer within 62 days of urgent referral through GP 2 week referral route.	85%	83.5%		Performance is WORSE than last month. Upper and Lower GI referrals and Lung referrals were below target.	
Cancer Treatments: 31 Day Standard	Patients receiving first definitive treatment within 1 month of cancer diagnosis.	96%	100%		Performance is UNCHANGED. This measure continues to achieve target.	
Cancer Treatments: 14 Day Standard	Patients referred from GP with suspected cancer should have their first appointment within 14 days	93%	99.6%		Performance is BETTER than last month. This measure continues to achieve target.	

Measure	Definition	Threshold	Actual	Status	Comment	Graph
Number of Urgent Operations Cancelled on Day	Urgent operations cancelled on the day of the procedure	0	0		Performance is UNCHANGED. Performance has been consistently above target over the last year. There were no urgent same day cancellations in June	
% Cancelled Operations Rebooked within 28 Days	Patients given a TCI date that is within 28 days of a procedure cancelled on the day.	100%	74%		Performance is WORSE than last month. This indicator is reported a month in arrears to ensure all patients offered a rescheduled procedure within 28 days are included.	
Clinical Correspondence: OP Letters within 7 days	100% of outpatient letters to be sent within 7 days.	100%	35.4%		Performance is WORSE than last month. This indicator has now changed to reporting within 7 days rather than 10 days. This indicator is reported two months in arrears.	

Measure	Definition	Threshold	Actual	Status	Comment	Graph
Clinical Correspondence: E-Discharge within 24 Hours	Percentage of clinical discharge letters that were sent within 24 hours	90%	89%		Performance is BETTER than last month, but has not achieved the 90% target. An exception report has been created for this indicator.	
Use of Resources	NHS Improvements measure of financial risk	A score of 3 each month (restated)	3		Performance is UNCHANGED. The Trust is currently at a level 4 for Capital Service Capacity, liquidity and I&E Margin rating, which when combined with Plan Variance and Agency expenditure, results in an overall score of 3.	
I&E Plan Variance	Variance to plan	No deviation from plan	£337k overspend		Performance is BETTER than last month Notable pressures include £328k in relation to lost PSF due to not achieving the A&E target and £25k in relation donated asset transactions, culminating in a reported net favourable position of (£16k). £1,365k non recurrent support has been required to deliver this position.	

Measure	Definition	Threshold	Actual	Status	Comment	Graph
Run Rate	Run Rate is I&E Variance adjusted for non-recurrent items and CRS profile. Forecast is then derived from run rate and known mitigation.	No deviation from plan	+£6m		Performance is UNCHANGED. The underlying run rate at the end of June is £1531k after adjusting for non-recurrent benefit (£308k) within the position and adjusting the profile to smooth the impact of a back loaded CRS target (£1,018). This figure is then utilised to provide the forecast after applying known mitigation.	
Cash	Cash on deposit <3 month deposit	No deviation from plan	+£0.5m		Performance is BETTER than last month. The closing cash balance at the end of June is £3.6m, £0.5m ahead of plan. We received the £6.1m 2017/18 STF monies in July. This potentially means that a proportion of our £6.7m interim revenue loan will need to be repaid, and will impact on the timing of any additional revenue support we will require in the future.	
Debtor Days	Debtor Days: Trade Debtors divides by income x 365	No target has been set for this indicator	17		Performance is WORSE than last month. Debtor days are showing an increasing trend over the last 12 months.	

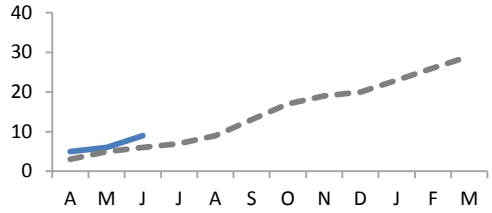
Measure	Definition	Threshold	Actual	Status	Comment	Graph
Capital Expenditure	Capital expenditure performance against plan / forecast out-turn	No deviation from plan	-£0.9m		Performance is BETTER than last month. YTD capital expenditure of £0.6m is under the original plan by £0.9m. The Trust has submitted its interim capital loan application, and is currently in discussion with NHSI to progress it.	
CRS in year	Planning improvements in productivity and efficiency	No deviation from plan	-£76k		Performance is BETTER than last month. The CRS programme is (£76k) ahead of the profiled plan as at June 18. In year 14% of the target has been delivered. The back loading of the CRS target affects the profile target to date by £1,527k; if the target was profiled evenly CRS would be £1,451k behind plan.	
CRS recurrently	Planning improvements in productivity and efficiency	No deviation from plan	4% identified		Performance is UNCHANGED. Recurrently 4% of the £10.7m target has been identified with 15% in Green or Amber Schemes and 81% in Red or Black (unidentified) schemes.	

Measure	Definition	Threshold	Actual	Status	Comment	Graph
Contract Performance (Activity)	YTD Contract performance against Trust Planned activity (English & Welsh)	No deviation from plan	-1996		Performance is WORSE than last month. All points of delivery are showing an under performance against plan YTD with the exception of non-elective (+453).	
Contract Income	YTD Contract performance against Trust Planned activity (English & Welsh)	No deviation from plan	-£351k		Performance is BETTER than last month. Prior to adjustment for the block contract with WCCCG, the June income position is below plan by £867k. The block contract adjustment to reflect the underperformance on WCCCG offsets this underperformance by £516k resulting in an adverse position on contract income of £351k.	

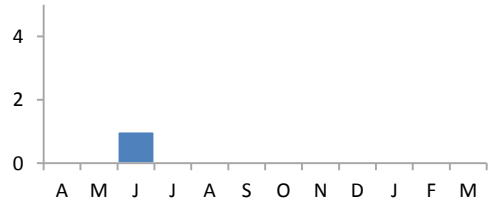
Infection Control

Performance Trend

C Difficile



MRSA



Performance Issue:

C Difficile has been above trajectory for three successive months. There has also been an incidence of MRSA, which means that the annual target of zero cases has not been achieved.

Planned Remedial Actions:

C DIFF: The Trust's C. difficile infection risk reduction strategy continues to include:

- Case by case C. difficile surveillance, with robust feedback methodology including early identification of any increased incidence
- Weekly multidisciplinary C. difficile wards rounds
- Antimicrobial stewardship programme
- Daily Consultant Microbiologist ward rounds within Critical Care
- Robust infection prevention and control practices, including hand hygiene, rapid patient isolation and environmental/equipment cleaning
- Root cause analysis process for each case of infection, sharing any identified learning from these investigations with clinical teams to support improvement
- Communication systems to support the workforce to remain informed on progress and for the promotion of best practice

MRSA: Investigation identified this infection as avoidable which exceeds the national objective for zero avoidable infections. The learning identified will be shared through established communication routes and includes screening, decolonisation, invasive device management, antibiotic prophylaxis, documentation and communication

Ownership:

Lead: Samantha Walker, Lead Nurse – Infection Control

Executive Lead: Ian Harvey, Medical Director

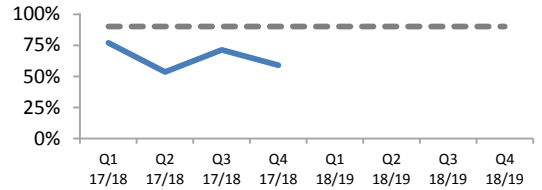
Improvement Timescale: By March 2019

Exception Report

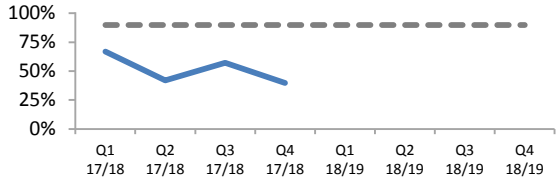
Sepsis screening and treatment CQUIN

Performance Trend

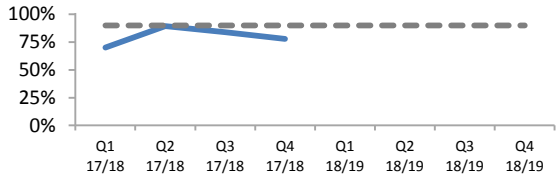
Sepsis screening (ED Patients)



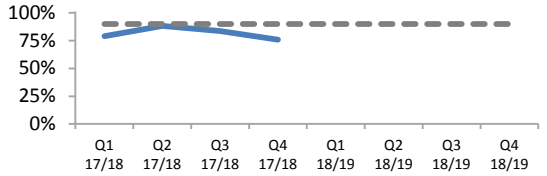
Sepsis screening (Inpatients)



Sepsis treatment (ED)



Sepsis treatment (Inpatients)



Performance Issue:

All Sepsis CQUIN targets were missed at Q4.

Planned Remedial Actions:

As anticipated; with the improvements made to the data sampling and collection process we have seen a reduction overall in compliance to the number of eligible patients screened. The sepsis steering group has been re-established with wider clinical membership and the work programme continues to be progressed. Key decisions made during Q1 include moving to the Sepsis Trust standardised pathways and the implementation plan has been agreed. Pilot wards include ward 43, 44, 45, 48 and 49.

Ownership:

Lead: Dr Santokh Singh

Executive Lead: Ian Harvey, Medical Director

Improvement Objective: Achieve target

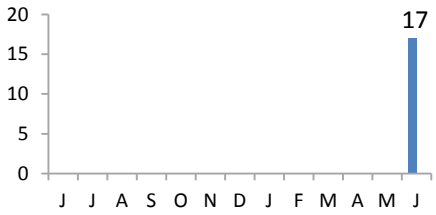
Improvement Timescale: By March 2019

Exception Report

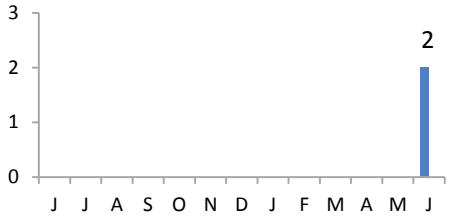
Complaints over 40 days / With PHSO

Performance Trend

Complaints over 40 day old at month end



Number of complaints with PHSO



Performance Issue:

- In June there were complaints that were still open after the 40 day timescale for closure.
- There were also complaints open with the Public Health Service Ombudsman at month end

Planned Remedial Actions:

A small number of complaints exceeded the 40 day target for a number of reasons (e.g. complexity, staff absences, ongoing serious incident investigations)

Where it is clear that the 40 day target is unlikely to be met the complainant is informed and the complaint escalated to the relevant Divisional Senior Management Team

All complainants have a right to escalate a complaint to the Public Health Service Ombudsman if they feel their issue has not been satisfactorily resolved.

Ownership:

Lead: Chris Wright

Executive Lead: Alison Kelly, Director of Nursing

Improvement Objective: Achieve target

Improvement Timescale: By March 2019

Exception Report

Mandatory Training

Performance Trend

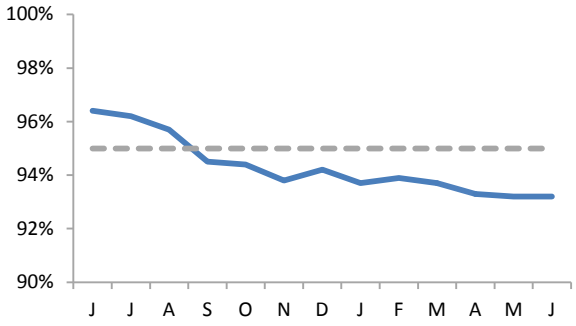


Figure: % mandatory training compliance

Performance Issue:

Trust compliance remains below target at 93.2%.

Mandatory Training Table June 2018

Position	Division	Compliance
1	Corporate Clinical	100.0%
2	Estates	100.0%
3	HRWBS	95.1%
4	Facilities	94.6%
5	Nurse Management	94.3%
6	Urgent Care	93.5%
7	Diagnostics and Pharmacy	93.2%
8	Finance & Performance	93.0%
9	Corporate Non - Clinical	93.0%
10	Planned Care	92.3%
11	Human Resources	90.0%
	Total	93.2%

Local Induction Table June 2018

Position	Division	Compliance
1	Facilities	100.0%
2	HRWBS	100.0%
3	Planned Care	93.2%
4	Urgent Care	81.3%
5	Diagnostics and Pharmacy	78.7%
6	Human Resources	60.0%
7	Finance & Performance	55.0%
8	Nurse Management	50.0%
9	Corporate Non - Clinical	36.4%
10	Estates	33.3%
11	Corporate Clinical	0.0%
	Total	82.2%

Ownership

Lead: Dee Appleton-Cairns, Deputy Director of HR

Executive Lead: Sue Hodkinson

Improvement Objective: Achieve target

Improvement Timescale: By March 2019

Planned Remedial Actions:

The Trust Training Needs Analysis (TNA) is due to be ratified in July 2018, when published this will offer staff a very clear breakdown of their mandated learning. Through the expanded use of "blended learning" of face to face and e-learning we will offer our staff increased flexibility in completing their mandatory training, whilst ensuring we remain compliant with the standards of the Core Standards Training Framework.

Appraisals Completed in last 12 months

Performance Trend

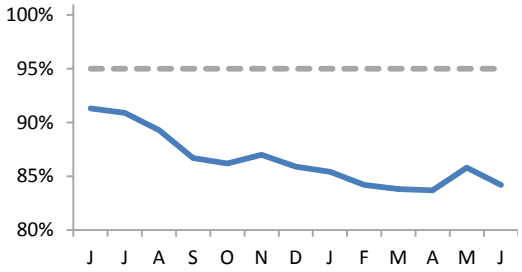


Figure: Exclusions as above and also excludes staff with less than 1 years' service

Ownership

Lead: Dee Appleton-Cairns, Deputy Director of HR

Executive Lead: Sue Hodkinson

Improvement Objective: Achieve target

Improvement Timescale: By March 2019

Performance Issue:

The number of completed appraisals remains below the compliance target of 95%.
In June we achieved 84.2%,.

Appraisal Table May 2018

Position	Division	Compliance
1	Corporate Clinical	100.0%
2	HRWBS	96.9%
3	Facilities	93.5%
4	Planned Care	89.7%
5	Finance & Performance	87.6%
6	Diagnostics and Pharmacy	85.6%
7	Nurse Management	83.3%
8	Corporate Non - Clinical	81.8%
9	Urgent Care	81.1%
10	Human Resources	78.8%
11	Estates	63.9%
	Total	**85.8%**

Planned Remedial Actions:

The launch of the "Trust Behavioural Standards" workshops will stress the importance of the appraisal process and offer a new toolset for managers to utilise. HRBP's are producing an action plan for their respective divisions and this will be discussed in more detail at a future People & OD Committee meeting.

In addition, Business Partners are continuing to highlight the compliance rate in the monthly divisional reports & at governance boards, stressing the importance of completing appraisals on a timely basis.

Turnover

Performance Trend

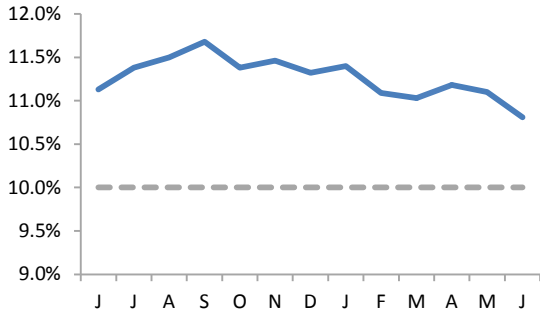


Figure: Based on headcount in the previous 12 months and on permanent staff only.

Ownership

Lead: Dee Appleton-Cairns, Deputy Director of HR

Executive Lead: Sue Hodkinson

Improvement Objective: Achieve target

Improvement Timescale: By March 2019

Performance Issue:

Turnover is, at 10.81 %, marginally decreasing in month. The rate based on FTE is also above target at 10.6%.

Contributing Factors:

Staff groups over target are: Addit. Prof. & Tech. at 10.08% due to 15 leavers, however the figure by FTE is below target at 8.47%. Additional Clinical Services at 10.97%, represents 74 leavers in the last year, 64 of which were Healthcare Assistants. Allied Health Professionals at 13.24%, represents 30 leavers in the last year. Admin and Clerical decreased slightly to 10.57% representing 81 leavers in the last 12 months (8 of which were MARs plus 11 age retirements). Nursing & Midwifery Registered Staff increased to 13.10% with 13 Midwives, 91 Staff Nurses, 12 Specialist Nurses & 9 Nurse Managers leaving the Trust in the last year. Trends will be continually monitored.

Planned Remedial Actions:

Significant focus is being placed on retention of staff particularly within the nursing, midwifery and medical staff groups, working on identifying hot spot areas and ways in which we can encourage staff to remain with the trust. The ESR resignation form was presented and agreed at the Nurse Mangers meeting in May, it was agreed terminations would be entered to ESR immediately, thus allowing leavers reports to be produced weekly for the PDN team to schedule exit interviews in a timely manner to capture information around why staff are choosing to leave, where they are going and if it is possible to prevent them from leaving. It is important to note that the North West average based on headcount is 14.65% (15.26% for Acute Trusts) according to Iview at April 2018.

Variable Pay

Performance Trend

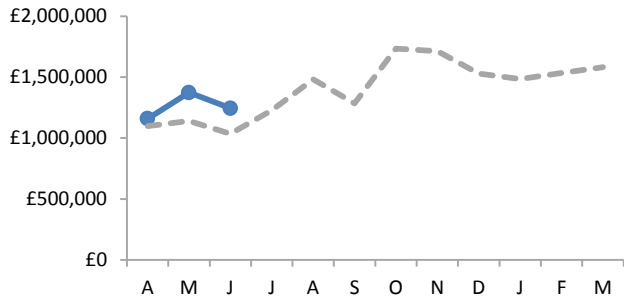


Figure: Reducing and controlling variable pay spend (including overtime, agency, additional clinical activity)

Ownership

Lead: Jane Hayes Green, Project Manager

Executive Lead: Sue Hodkinson

Improvement Objective: Achieve target

Improvement Timescale: By March 2019

Performance Issue:

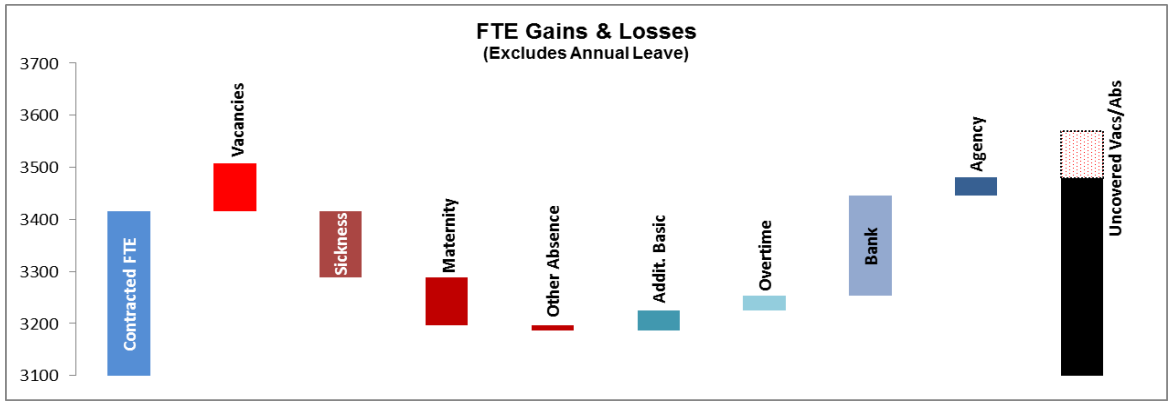
Variable pay is £240k over target as at June 2017.

Planned Remedial Actions:

Recruitment: the Trust is continuing to attend regional and also run nursing job fairs. We are continuing to experience no approvals in the certificate of sponsorship for non-EU medical posts, which the Trust has escalated nationally.

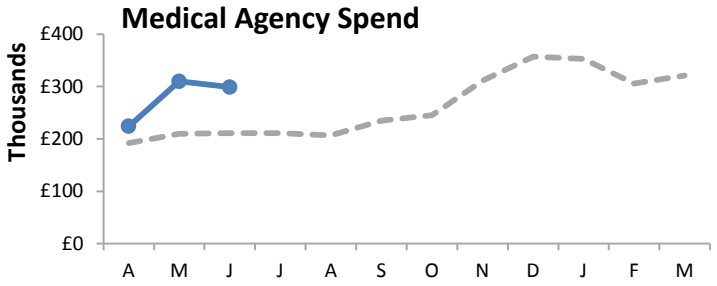
Retention: Multi-professional recruitment & retention meeting established with significant actions in place.

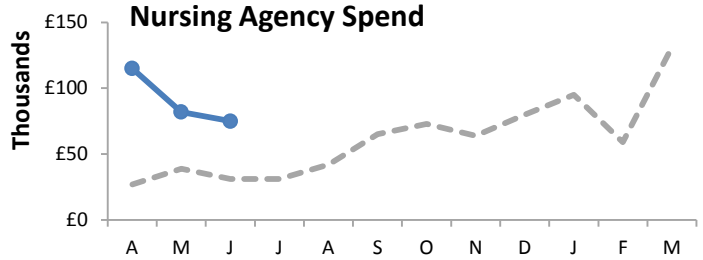
A Variable Pay Steering group has been established and has met a series of times with key areas of focus in 18/19 including reductions on agency spend, delivery of new guidance from NHSI, focus on technology and rollout of rostering across other staff groups, increasing recruitment to the medical bank and variable pay data review to support intelligence.



Agency Spend

Performance Trend





Ownership

Lead: Jane Hayes Green, Project Manager

Executive Lead: Sue Hodkinson

Improvement Objective: Achieve Plan

Improvement Timescale: By March 2019

Performance Issue:

Medical Pay is overspent by £32k. Agency medical expenditure is £834k (7% of the total medical spend). Nursing Pay is £403k overspent. Agency nursing expenditure is £272k which is 3% of total trained nursing spend. Total Agency spend for Q1 is £1,209k. (£776k was spent during the same period last year) A straight line forecast gives a £377k overspend against the ceiling.

Contributing Factors:

Agency Spend by Staff Group	14/15	15/16	16/17	17/18	18/19 YTD to June	18/19 Annual Straight Line Projection	Projected Yearly Movement
Admin & Clerical	£ 119,858	£ 163,219	-£ 180	£ 85,760	£ 18,338	£ 73,354	-£ 12,406
Medical	£ 2,531,112	£ 3,911,032	£ 2,743,172	£ 3,268,433	£ 833,761	£ 3,335,042	£ 66,609
Nursing	£ 830,776	£ 642,734	£ 380,679	£ 747,847	£ 271,969	£ 1,087,875	£ 340,028
Allied Health Professional	£ 177,384	£ 218,871	£ 75,470	£ 171,820	£ 45,032	£ 180,130	£ 8,310
Health Care Scientists	£ 115,743	£ 161,736	£ 252,863	£ 99,009	£ 39,949	£ 159,794	£ 60,785
Total	**£ 3,774,873**	**£ 5,097,592**	**£ 3,452,004**	**£ 4,372,869**	**£ 1,209,049**	**£ 4,836,195**	**£ 463,326**

Agency Ceiling 2018/19	**£ 4,459,000**

Planned Remedial Actions:

See actions proposed under Variable Pay

A&E 4 Hour Standard

Performance Trend

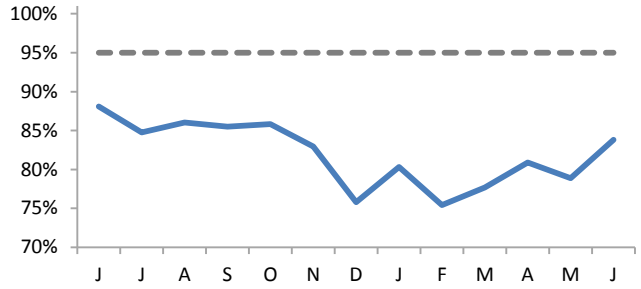


Figure: % ED attenders seen within 4 hours of arrival

Ownership:

Executive Lead: Lorraine Burnett, Chief Operating Officer

Improvement Objective: Return to national standard

(internal trajectory is to return to 90% compliance)

Improvement Timescale: By March 2019

Performance Issue:

The 4 hour A&E target was under the National target in June, achieving 83.8%, an improvement on recent months. Additionally, our Friends and Family A&E satisfaction rate fell below the 80% target in June.

Cheshire & Merseyside achieved a type 1 arrivals performance of 80.7% in June and achieved 89.2% for all arrival types. Nationally the comparative figures are 85.6% type 1 and 90.7% overall. COCH is a type 1 department with a small number of type 3 via the urgent treatment centre (approx. 20-30 per day).

Planned Remedial Actions:

We have seen an improvement in patient flow and bed occupancy, reducing the need for escalation capacity and medical outliers in Planned Care. Steps are planned for the summer to review the workforce and explore options to enhance overnight staff levels, as there continues to be demand into the evening and overnight.

Referral to treatment (18 weeks)

Performance Trend

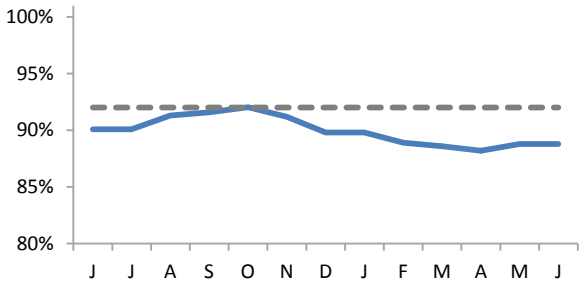


Figure: Percentage of incomplete pathways for English patients within 18 weeks.

Ownership

Lead: Divisional Directors

Executive Lead: Lorraine Burnett, Chief Operating Officer

Improvement Objective: Achieve target

Improvement Timescale: By March 2019

Performance Issue: RTT performance remains under the 92% target at 88.8%.

Contributing Factors: Data for Wirral and Warrington Vascular patients added from May 2018 continues to impact on the RTT position including the number of over 52 week waiters and a high number of over 40 week waiters which have transferred over from the other sites. Our worst performing specialties are Urology (76.6%), General Surgery (80.2% - including vascular surgery), Trauma & Orthopaedics (85.8%) and ENT (89.6%).

Planned Remedial Actions:

General Surgery –position has improved month on month but continued workforce pressures on a Medical/Nursing perspective which reduce departmental capacity. Both locums in Upper GI have resigned, one has left already. Substantive appointment has been made starting October 2018 and the second post will be out for advert shortly following Royal College approval. Additional sessions continue to be provided to meet the increase in demand which for surgical specialties currently sits at 9% increase year on year. Focus on Cancer pathways has meant that routine activity has been affected.

Vascular – the performance of patients transferred from Wirral has had a negative impact on our RTT performance however this is starting to improve with detailed validation taking place of all pathways. A whole network Capacity & Demand review has taken place which now identifies where the outpatient pressures are. Capacity is being realigned, through job planning, to meet the demand. The Wirral patients position has improved from 48% in April to circa 67% in June

Urology – Improvement programme underway with work streams focussed on Workforce and moving more activity from Inpatient to Day case to reduce need for beds. Locum Consultant has submitted his notice and advert is out for his replacement. Additional clinical staff are being sourced to deliver additional activity to improve under performance.

ENT – Junior doctor recruitment has been an issue which has meant routine outpatient activity has declined due to a lack of middle grade staff. This has now been resolved and the position should start to improve from July/August once all people are fully in post and operational

Diagnostic Tests within Timescale

Performance Trend

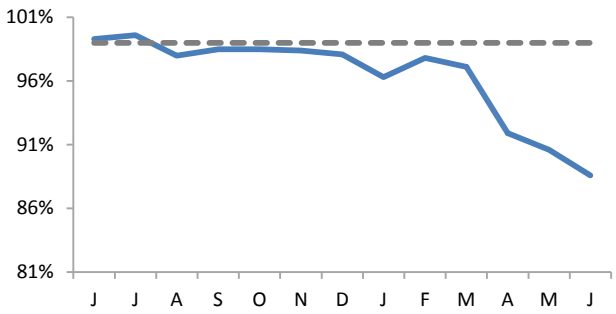


Figure: Diagnostic tests carried out within 6 weeks of request being received.

Ownership

Lead: Divisional Directors

Executive Lead: Lorraine Burnett, Chief Operating Officer

Improvement Objective: Achieve target

Improvement Timescale: October 2018

Performance Issue:

Diagnostic performance is below the 99% target at 88.6%

Contributing Factors: The ultrasound and endoscopy departments have experienced workforce gaps which have impacted on the available capacity. There has also been an increase in demand >10% for endoscopy. In both areas the prioritisation of inpatients to support reducing bed occupancy and quicker cancer diagnosis has increased waiting times for routine diagnostic tests.

Planned Remedial Actions: **Ultrasound** – Third party ultrasound capacity is being utilised, further capacity is being purchased from July 2018. Consultant job plans are being flexed to increase ultrasound capacity as a consequence other reporting will be outsourced. With this additional capacity there will be an improvement in performance over the coming months.

Endoscopy - validation of PTL has been moved to the central team to release time within the endoscopy booking team. Extra sessions are in place, including additional procedures on lists and reprioritising long waiters. Further work is ongoing to address a recent spike in DNA's which has led to reduced utilisation of capacity, specifically for colonoscopy.

English - Number of exams >6 weeks

Month End Snapshot	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Magnetic Resonance Imaging	22	2	1	1			5	5	2	10	12	5	9
Computed Tomography			3		1		1	4					
Non-obstetric ultrasound		1	1	8	3	5	7	13	6	51	177	207	247
CRV - Vascular				2	19	10	13	56	29	14	2	14	5
Audiology - Audiology Assessments													
Cardiology - echocardiography	3	4	9	3	3	7	5	10			2		
Respiratory physiology - sleep studies	2	3	8			1	2	2	5	3	3	3	2
Colonoscopy			23	7	6	8	8	20	14	19	77	141	192
Flexi sigmoidoscopy				2		2	9	3	1	8	3	5	2
Cystoscopy		5	15	10	14	14	16	12	17	18	22	49	59
Gastroscopy	1	1	15	6	12	20	18	54	19	12	74	114	100
Total patients waiting	3917	3908	3721	3775	3872	4215	4399	4799	4228	4623	4578	5738	5382
%<6 weeks	99.3%	99.6%	98.0%	98.7%	98.5%	98.4%	98.1%	96.3%	97.8%	97.1%	91.9%	90.6%	88.6%

Cancer Treatment - 62 Day Target

Performance Trend

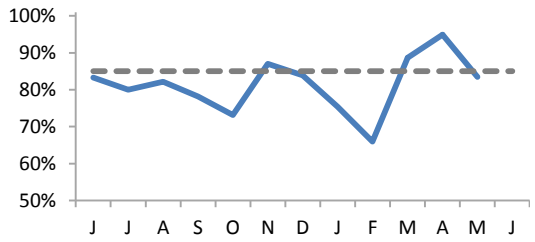


Figure: Cancer 62 Day Target

	Before Day 38	After Day 38	% of Total Transfers - After Day 38
Lung	1	5	22%
Urology	4	5	22%
Breast		3	13%
Gynaecology		3	13%
Haematology	1	2	9%
Head & Neck		2	9%
Upper GI	1	2	9%
Lower GI		1	4%
Other/Sarcoma	2		0%
Skin			0%
TOTAL	**9**	**23**	**100%**

Table: % of Transfers to Tertiary Centre by specialty (Treatment commenced) (April-May)

	Total Breaches	% of Trust Breaches
Urology	10	59%
Colorectal	2	12%
Head & Neck	2	12%
Lung	1	6%
Skin	1	6%
Upper GI	1	6%
Breast		
Gynae		
Haematology		
TOTAL	**17**	**100%**

Table: % Breaches by specialty (April-May)

Performance Issue

The 62 day performance for May was an underachievement of the standard – 83.47%. National performance in May was 81.8%.

Contributing Factors

There were 14 breaches in May (10 attributable to COCH).

Planned Remedial Actions

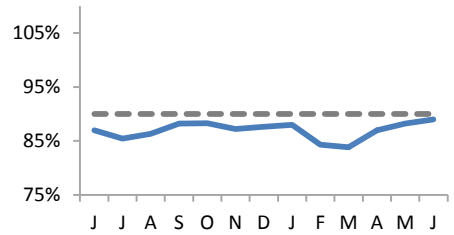
- Intensive Support Team has completed a two day visit and a final report is in draft with recommendations to support the Trust in delivery of 62 day target.
- The Trust Cancer Lead clinician is working with clinical colleagues to support the delivery of the target through engagement and working to identify pathway delays.
- Endoscopy – current capacity pressures due to an increase in referrals and vacancies. Action plan to review capacity and demand and alternatives to support the service in short term.
- Work stream action plans from Cancer Improvement Event.
- Specific action plans for tumour sites to address and resolve issues and optimise pathways in line with regional or local agreements.

Ownership

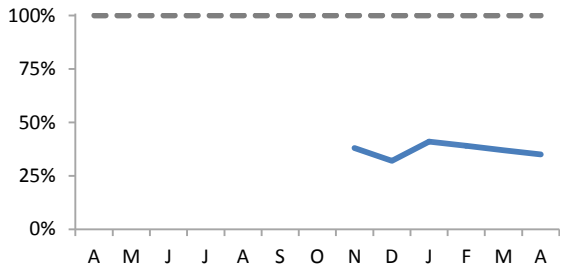
Executive Lead: Lorraine Burnett, Chief Operating Officer
Improvement Objective: Achieve target
Improvement Timescale: By March 2019

Clinical Correspondence

Performance Trend



% e-discharge letters sent within 24 hours



% Outpatient letters sent within 10 days

Performance Issue:

Neither of the eDischarge targets was achieved in June. Additionally, the target for outpatient letters was reduced from 'Sent within 10 days' to 'Sent within 7 days'.

Contributing Factors:

The specialties with the highest number of outpatient letters over 10 days were Ophthalmology, ENT, Paediatrics and Trauma & Orthopaedics.

Planned Remedial Actions:

eDischarge - actions are being led by Medical Director and Associate Medical Directors. Clinical teams to plan and start to complete the eDischarge before discharge. Daily reports are sent out and reviewed by ward clerks and consultants.

Outpatient letters - a number of projects are underway to help improve the sign off process for clinicians, including the continued roll out of Medisec Digital Dictation and a pilot of speech recognition. An action plan is being developed but needs to include introduction of partial booking and eRS. It is likely that further resources will be required to improve compliance and a business case is being developed.

Ownership:

Executive Lead: Ian Harvey, Medical Director

Improvement Objective: Achieve target

Improvement Timescale: By March 2019

NHS
Countess of Chester Hospital
NHS Foundation Trust

Subject	Financial Position – Month 3, June 2018
Date of Meeting	Trust Board 24th July 2018
Author(s)	Mr. Simon Holden, Director of Finance Ms. Jennie Birch, Deputy Director of Finance
Annual Plan Objective No.	
Summary	This paper is intended to provide details of the Trust's financial position, as at 30th June 2018 (Month 3 / Quarter 1).
Recommendation(s)	**The Board is asked to note:** o The adverse variance (Month 3) of £337k against plan, being made up as follows, namely: o Underlying position before PSF (Provider Sustainability Fund), (£16k) favourable, being the "monitored" position; o The PSF & Donated Asset position is £353k adverse, principally due A&E performance below target (resulting in non-achievement of £328k), and a technical accounting issues relating to donated assets (£25k adverse); o The utilisation of £1,365k Provisions & Reserves needed to deliver the reported position above; o There remains an adverse position on total Income (£494k), although the Commissioner Income position has improved during the month (£224k), but remains below plan; o The most significant pressure on expenditure remains the nurse staffing costs, being £403k overspent; o The Q1 position on CRS, whilst appearing to be ahead of plan by £76k, is effectively masked by the non-recurrent support of £376k, and also the back loaded profile of £1,527k; o The most likely forecast position of £6m variance to plan, pre STF, which effectively also utilises all reserves & contingency, resulting in no flexibility for 2019/20, & beyond; and o The underlying risks, most notably the expectation, included within this position, of a further £1m from West Cheshire CCG, over and above the £149.4m agreed at the start of the year, reflecting current occupancy levels.

Risk Score	N/A
FOIA Status: *FOIA exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.* **Applicable Exemptions:** ▪ **Prejudice to effective conduct of public affairs** ▪ **Personal Information** ▪ **Info provided in confidence** ▪ **Commercial interests**	Please tick the appropriate box below: [X] **A. This document is for full publication** [ ] **B. This document includes FOIA exempt information** [ ] **C. This whole document is exempt under the FOIA** IMPORTANT: If you have chosen B. above, highlight the information that is to be redacted within the document, for subsequent removal. Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

NHS
Countess of Chester Hospital
NHS Foundation Trust

Finance & Integrated Governance Committee

Financial Position
Month 3 (Quarter 1) 2018/19

1.1 Overview

	Annual Budget 2018/19 £000s	June YTD Budget 2018/19 £000s	June YTD Actual 2018/19 £000s	June YTD Variance 2018/19 £000s
Pre PSF (Provider Sustainability Fund, previously STF)	4,334	3,079	3,063	(16)
PSF	(7,297)	(1,094)	(766)	328
Post PSF Control Total	**(2,963)**	**1,985**	**2,297**	**312**
Donated Asset Transactions	45	11	36	25
I&E Surplus	**(2,918)**	**1,996**	**2,333**	**337**

The "monitored" financial position i.e. pre Provider Sustainability Fund (PSF) is a **(£16k) favourable variance** at the end of quarter one. The key points to note include:

Income

There is an adverse position on income of £494k noting:

- Underlying under performance on the West Cheshire CCG contract is £516k, but mitigated in full by the block arrangements;
- Welsh contract is broadly balanced overall at the end of quarter one; and
- There is an adverse variance on other English commissioners of circa £500k and is attributable predominantly to the NHS England contract.

Expenditure

The most significant pressure on the expenditure position relates to nurse staffing costs with a (£403k) overspend, some of which is agency expenditure (£272k). This overspend is driven by the number of patients requiring one to one care, and vacancies.

Cost Reduction Scheme (CRS)

The Cost Reduction Scheme (CRS) is £76k ahead of profiled plan due to the release of non-recurrent items to support the overall quarter one financial position. The target has been back loaded into later months; if it had been profiled evenly we would be £1,451k behind plan.

Reserves

Ward 54 is now open on a permanent basis alongside additional beds on wards 46, 34 and Bluebell, utilising three twelfths of the £1.2m Winter Reserve identified at budget setting. Further reserves of £227k have been utilised to support the financial position. See section 1.2.

Technical Opportunities

Use of non-recurrent resource of £1,134k has been used to support the position. See section 1.2.

1.2 Provider Sustainability Funding (PSF)

Provider Sustainability Funding is available to organisations that signed up to deliver the 2018/19 control total, with 70% awarded for financial delivery and 30% awarded for A&E performance. The profile of the funds available is shown in the table below:

Provider Sustainability Funding	Q1	Q2	Q3	Q4	Total
Financial Performance (70%)	766,185	1,021,580	1,532,370	1,787,765	5,107,900
A&E Performance Performance (30%)	328,365	437,820	656,730	766,185	2,189,100
Total	**1,094,550**	**1,459,400**	**2,189,100**	**2,553,950**	**7,297,000**
Weighted %	15%	20%	30%	35%	100%

The Trust is required to deliver to financial plan at the end of each quarter to be able to access the associated PSF for financial performance for that period. Therefore, significant non recurrent resource of £1.138m, and deployment of recurrent reserves of £227k, have been released into the position to achieve the required financial performance thus enabling the Trust to access PSF of £766k for quarter one.

The Trust has an adverse variance on PSF of £328k due to the non-achievement of the required A&E target.

Under achievement of PSF nationally (at year end) is redistributed based on a centrally determined (unknown) funding formula. For 2017/18 this included pound for pound matching for any over performance on the control total and an additional share for all organisations that signed up to the control total irrespective of delivery. It is therefore possible that the Trust will receive further allocation.

1.3 Income and Expenditure Summary

The table below summarises the financial position at quarter one both pre and post PSF:

KEY VARIANCES	Annual Budget £000s	June YTD Budget £000s	June YTD Actual £000s	June YTD Variance £000s	June YTD Variance % of budget
INCOME					
Income - England	(177,206)	(43,835)	(43,248)	587	-1.3%
Income - Wales	(24,851)	(6,315)	(6,342)	(28)	0.4%
Other Clinical Income	(11,234)	(2,794)	(2,818)	(24)	0.9%
Non Patient Income	(13,881)	(3,517)	(3,558)	(41)	1.2%
INCOME	**(227,172)**	**(56,460)**	**(55,966)**	**494**	-0.9%
PAY					
Nursing	56,666	14,426	14,829	403	2.8%
Medical	46,313	11,705	11,738	32	0.3%
Admin & Clerical	20,640	5,037	4,919	(118)	-2.3%
AHP, Therapies, Diagnostics & Pharmacy	22,820	5,594	5,530	(63)	-1.1%
Other	16,411	3,823	3,488	(335)	-8.8%
TOTAL PAY	**162,849**	**40,585**	**40,504**	**(82)**	-0.2%
NON PAY					
Drugs	19,054	4,931	4,989	58	1.2%
Medical & Surgical Equipment	10,944	2,756	2,499	(257)	-9.3%
Depreciation	4,382	1,096	1,096	0	0.0%
CNST	8,206	2,052	2,052	0	0.0%
Furniture & Office Equipment, Equip Hire & Computers	3,847	928	959	31	3.3%
Other	31,421	7,116	6,931	(185)	-2.6%
TOTAL NON PAY	**77,855**	**18,879**	**18,526**	**(353)**	-1.9%
CRS	**(9,199)**	**76**	**0**	**(76)**	
TOTAL - PRE PSF & DONATED ASSET TRANSACTIONS	**4,334**	**3,079**	**3,063**	**(16)**	-0.5%
PSF (Provider Sustainability Fund, previously STF)	**(7,297)**	**(1,094)**	**(766)**	**328**	-30.0%
POST PSF CONTROL TOTAL	**(2,963)**	**1,985**	**2,297**	**312**	15.7%
DONATED ASSET TRANSACTIONS	**45**	**11**	**36**	**25**	227.3%
I&E SURPLUS	**(2,918)**	**1,996**	**2,333**	**337**	16.9%

Please note: (Favorable) / adverse

2.1 Commissioner Income

A summary of the activity & income variances by Point of Delivery (POD) are shown below:-

Point of Delivery	Activity Variance YTD (actual activity delivered compared to funded baseline where (x)/x is underperformance / overperformance)	Value Variance YTD (financial value variance of activity units delivered compared to funded baseline where (x)/x is underperformance / overperformance)	Block Adjustment relating to West Cheshire CCG where (x)/x represents over performance not paid for / underperformance not penalised for	Value Variance attributable to Welsh and Other English Commissioners (where (x)/x is underperformance / overperformance)	RAG	Movement from Previous Period
Daycases	(349)	(£344,370)	(£35,469)	(£379,839)	↓	(£36,851)
Elective Inpatients	(227)	(£432,322)	(£138,392)	(£570,714)	↓	(£87,300)
Non-Elective Inpatients (exc Maternity)	(20)	(£45,720)	£507,415	£461,695	↑	£276,341
Non-Elective Inpatients - Maternity	(137)	(£371,523)	£264,531	(£106,992)	↓	(£28,821)
First Outpatients	1,184	£164,974	(£107,823)	£57,151	↑	£12,964
Follow Up Outpatients	(2,006)	(£150,369)	£94,057	(£56,312)	↓	(£25,445)
Outpatient Unbundled & Procedures	(776)	£46,842	(£3,771)	£43,071	↑	£30,373
Maternity	(275)	(£115,637)	£129,048	£13,411	↑	£26,093
A&E Attendances	610	£77,658	(£22,730)	£54,928	↑	£21,873
Best Practice Adj'ts	0	(£12,983)	£14,204	£1,221	↓	(£3,718)
Drugs & Devices	0	(£110,910)	(£146,845)	(£257,754)	↓	(£207,801)
AMD	(21)	(£55,432)	£122,879	£67,447	↑	£19,963
Adult Crit Care & Neonatal	(180)	(£118,580)	(£147,837)	(£266,417)	↓	(£119,597)
Other Non PBR & CQUIN	0	£171,624	(£13,582)	£158,042	↑	£202,702
PBR & Non PBR Variance	**(2,198)**	**(£1,296,748)**	**£515,685**	**(£781,063)**		**£80,776**
Critical Care Risk		£429,258		£429,258		£143,086
Total Excluding STF Funding		**(£867,491)**	**£515,685**	**(£351,805)**		**£223,862**

At the end of June 2018 (month 3) the total contract income is £867k below plan prior to the block adjustment, which when applied results in an overall financial underperformance of £352k, thus mitigating the financial position by £515k.

Please note the following key points in relation to income:

- The volume of un-coded activity at month 3 is currently at 15% of total activity. The Trust continues to pursue regular reviews of coding. The availability of case notes has also contributed to issues with coding in quarter one, this is currently under review;
- The reconfiguration of Vascular Services with Wirral University Teaching Hospital NHS Foundation Trust (WUTH), and Warrington & Halton Hospitals NHS Foundation Trust (WHH), has been factored into activity baselines. The Trust is reliant on information flows from the other two providers and therefore the data reported is a month in arrears. The actual activity has then been used to estimate the June activity. The Divisional Management Team is investigating why the planned activity levels have not been achieved, particularly with the WHH activity;
- Obstetric deliveries are continuing to reduce and activity is below plan in June to the value of £372k prior to the block adjustment. The pressure within the financial position following the block adjustment is £107k for quarter one. Obstetric bookings are also below plan but this is mitigated by the block contract. There was a previous reduction in the number of Welsh women booking to have

their care at the Countess, however the Trust is working with the Commissioner to understand the reasons for this, although recent months have shown a potential recovery.

- The net overall non-PBR position is showing an over performance of £132k following the block adjustment. This is largely due to an increase in out of area IVF cycles now the fertility unit is now fully established;
- Critical Care and Neonatal bed day activity is £266k below the funded levels of activity within the plan year to date after the application of the block adjustment. The application of the risk reserve has resulted in an over performance of £163k.

2.2 Non-Commissioner Income

At the end of June 2018, non-commissioner income is below plan by £470k for the following reasons:-

- The loss of the PSF monies in relation to A&E performance of £328k; and
- RTA income is below plan by £27k

3.0 Key Variances

The table below summarises the divisional financial performance and identifies the value of the over spend that is attributable to non-delivery of Cost Reduction Scheme (CRS) targets:

Divisional Variances	June YTD Var	CRS YTD Var	Pressure exc CRS
	£000s	£000s	£000s
Planned Care	565	406	159
Urgent Care	567	297	270
D&P	145	70	75
Facilities	(16)	5	(21)
Estates	1	9	(8)
Nurse Management	(13)	0	(13)
Corporate Services	(74)	(9)	(65)
Central (CRS)	(854)	(854)	0
Central Services	(337)	0	(337)
Total (before PSF & Donated Assets)	**(16)**	**(76)**	**60**

3.1 Key Pay Variances

<u>Nursing Pay</u> – £403k over spent in total.

Nursing pressures are significant for Q1 with a reported £403k overspend on nursing pay. Urgent Care accounts for £243k and Planned Care £136k of this overspend. This predominantly relates to nurse agency spend (£272k Q1 compared to £97k Q1 2017/18) covering vacancies and nursing 1:1 pressures:

- Within Urgent Care, the departments with the most significant overspend on nursing are the Emergency Department, the Rapid Response team and Ward 47; and
- Within Planned Care, the departments with the most significant overspend on nursing are Ward 45, Intensive Care Unit and Care Packages.

3.2 Agency Spend & Variable Pay

The agency expenditure position for Q1 2018/19 is shown below with a simple straight line projection, which suggests the Trust will breach the agency cap by circa £377k should this expenditure extrapolate in this way. The previous year's full year expenditure figures are also shown for comparison:-

Agency Spend by Staff Group	14/15	15/16	16/17	17/18	18/19 YTD to June	18/19 Annual Straight Line Projection	Projected Yearly Movement
Admin & Clerical	£ 119,858	£ 163,219	-£ 180	£ 85,760	£ 18,338	£ 73,354	-£ 12,406
Medical	£ 2,531,112	£ 3,911,032	£ 2,743,172	£ 3,268,433	£ 833,761	£ 3,335,042	£ 66,609
Nursing	£ 830,776	£ 642,734	£ 380,679	£ 747,847	£ 271,969	£ 1,087,875	£ 340,028
Allied Health Professional	£ 177,384	£ 218,871	£ 75,470	£ 171,820	£ 45,032	£ 180,130	£ 8,310
Health Care Scientists	£ 115,743	£ 161,736	£ 252,863	£ 99,009	£ 39,949	£ 159,794	£ 60,785
Total	**£ 3,774,873**	**£ 5,097,592**	**£ 3,452,004**	**£ 4,372,869**	**£ 1,209,049**	**£ 4,836,195**	**£ 463,326**

Agency Ceiling 2018/19	**£ 4,459,000**

The variable pay position for Q1 is shown below as is the comparison with previous months / year's performance: -

	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Additional Clinical Activity (WL)	£ 97,769	£ 92,896	£ 96,253	£ 72,869	£ 83,557
Medical Bank	£ 170,501	£ 142,245	£ 170,001	£ 159,831	£ 148,181
Additional Basic Pay	£ 75,483	£ 80,013	£ 81,765	£ 71,566	£ 77,576
Overtime	£ 144,792	£ 146,771	£ 172,810	£ 111,476	£ 94,082
Agency Expenditure	£ 389,860	£ 478,983	£ 375,766	£ 428,800	£ 404,881
Bank Expenditure	£ 366,705	£ 367,010	£ 320,470	£ 308,742	£ 416,014
Total Variable Pay Expenditure	**£ 1,245,110**	**£ 1,307,917**	**£ 1,217,065**	**£ 1,153,283**	**£ 1,224,290**
Pay Budget	**£13,446,432**	**£13,254,141**	**£13,193,249**	**£14,042,665**	**£13,349,289**
Variable Pay as % of Total Budget	**9%**	**10%**	**9%**	**8%**	**9%**

	2016/17 Full Year Spend	2017/18 Full Year Spend	2018/19 YTD Spend
Additional Clinical Activity (WL)	£1,136,104	£1,225,459	£252,678
Medical Bank	£1,581,579	£2,025,090	£478,013
Additional Basic Pay	£1,487,368	£1,200,461	£230,907
Overtime	£1,167,972	£1,530,417	£378,368
Agency Expenditure	£3,452,003	£4,372,869	£1,209,447
Bank Expenditure	£2,809,066	£3,665,410	£1,045,226
Total Variable Pay Expenditure	**£ 11,634,092**	**£ 14,019,705**	**£ 3,594,639**
Pay Budget	**£ 155,020,877**	**£ 157,824,980**	**£ 40,585,203**
Variable Pay as % of Total Pay Budget	**8%**	**9%**	**9%**

3.3 Delayed Transfers of Care

Delayed Transfers of Care (DTOC) continue to cause both an operational and financial pressure for the Trust. The table below shows the numbers for quarter one compared to the same period last year for both bed days and associated income. There is an overall reduction in Delayed Transfers of Care (DTOC) but note the continued pressure in relation to Welsh patients:

Bed Days

Local Authority	2017/18 YTD Total			2018/19 YTD Total			2018/19 Total Variance		
	Health	Social	Total	Health	Social	Total	Health	Social	Total
Cheshire West & Chester	856	1,194	2,050	811	372	1,183	(45)	(822)	(867)
Wales	373	279	652	288	613	901	(85)	334	249
Halton	25	24	49	2	7	9	(23)	(17)	(40)
Warrington	51	83	134	70	27	97	19	(56)	(37)
Wirral	57	1	58	5	25	30	(52)	24	(28)
Shropshire	16	4	20	0	0	0	(16)	(4)	(20)
Cheshire East	0	1	1	18	6	24	18	5	23
Wigan	0	0	0	0	0	0	0	0	0
Stockport	0	0	0	0	0	0	0	0	0
Lancashire	0	0	0	0	0	0	0	0	0
West Sussex	0	0	0	0	0	0	0	0	0
Total	**1,378**	**1,586**	**2,964**	**1,194**	**1,050**	**2,244**	**(184)**	**(536)**	**(720)**

3.4 Bed Base (Countess & Ellesmere Port)

The table below summarizes the changes to the bed base and funding:-

Ward	Beds Permanently Funded 2017/18	Beds Open 2017/18	Beds Open 2018/19	Net increase in Beds not funded recurrently	Notes
Established Acute Adult bed base	373	373	373		Core funded bed base
Ward 54 (Escalation Ward)	0	28	24	24	Beds were funded in 20178 via the Winter Reserve and this has continued in 2018/19
Ward 46	13	20	20	7	Additional funding was identified at budget setting 18/19 to support this increase (Frailty Unit)
Ward 34	26	26	32	6	
Bluebell	40	40	45	5	
Poppy	16	16	18	2	
TOTAL	**468**	**503**	**512**	**44**	

Bed occupancy remains high against core capacity, mitigated by opening additional capacity above financial plans, added to meet demand from A&E attendances and delayed transfers of care.

4.0 Cash Releasing Savings (CRS)

The CRS target for 2018/19 is set at £10,739k, made up as follows: -

Divisional / Central Allocation	£000	%
Operational Challenge (Divisions / Departments)	6,141	3.5%
Central Challenge	4,598	1.3%
Total CRS Requirement	**10,739**	**4.8%**

Divisional / departmental targets can be found in section 4.2.

4.1 June 2018 CRS Performance

CRS performance as at the end of June 2018 is (£76k) ahead of the profiled plan. Of the total non-recurrent financial support (£1,134k see section 1.2) circa £376k has been offset against the target to date (reported against the central CRS target).

The profile of the CRS target can be found in the table below.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Total Target	**386**	**386**	**386**	**536**	**536**	**536**	**703**	**703**	**703**	**703**	**703**	**4,461**	**£10,739**
Monthly Profile	4%	4%	4%	5%	5%	5%	7%	7%	7%	7%	7%	42%	**100%**
Quarterly Profile			11%			15%			20%			55%	**100%**

Therefore the CRS performance would be worse by £1,527k if the target had been profiled evenly i.e. if this profile adjustment had not been assumed, the CRS programme would have been £1,451k off plan.

4.2 In Year & Recurrent CRS Performance

Total CRS schemes delivered in year and recurrently are shown below: -

2018/19 EFFICIENCY PROGRAMME PERFORMANCE AS AT JUNE 2018

		IN YEAR						
Division / Department	**2018/19 In Year CRS Target**	**Achieved**		**Outstanding**	**Green**	**Amber**	**Red**	**Pipeline**
Planned Care	£ 2,515,966	£ 300,926	12%	£ 2,215,040	£ 284,652	£ 258,882	£ 539,750	£ 1,131,756
Urgent Care	£ 1,754,308	£ 150,306	9%	£ 1,604,003	£ 285,167	£ 245,295	£ 410,000	£ 663,541
D&P	£ 840,000	£ 167,137	20%	£ 672,863	£ 58,604	£ 100,000	£ 220,000	£ 294,259
Estates & Facilities	£ 489,724	£ 241,283	49%	£ 248,441	£ 82,181	£ 128,000	£ -	£ 38,260
Nurse Mgmt	£ 71,791	£ 21,698	30%	£ 50,093	£ 5,000	£ 10,000	£ -	£ 35,093
Corporate Clinical	£ 7,756	£ 5,090	66%	£ 2,666	£ -	£ -	£ 2,290	£ 376
IM&T	£ 167,599	£ 80,307	48%	£ 87,292	£ 18,099	£ 69,193	£ -	£ -
HR	£ 106,018	£ 23,334	22%	£ 82,684	£ 20,377	£ 17,946	£ 19,994	£ 24,367
Trust Administration	£ 108,457	£ 32,170	30%	£ 76,287	£ 5,320	£ -	£ 1,000	£ 69,967
Finance	£ 52,470	£ 35,805	68%	£ 16,665	£ 2,000	£ -	£ -	£ 14,665
PPD	£ 11,328	£ 3,000		£ 8,328	£ -	£ -	£ 2,000	£ 6,328
Procurement	£ 15,771	£ 3,153	20%	£ 12,618	£ 10,479	£ -	£ -	£ 2,139
Central	£ 4,597,684	£ 476,158	10%	£ 4,121,526	£ -	£ -	£ 3,650,000	£ 471,528
TOTAL	**£10,738,872**	£ 1,540,367	14%	£ 9,198,504	£ 771,878	£ 829,316	£ 4,845,034	£ 2,752,278
		14%		86%	7%	8%	45%	26%

NHS
Countess of Chester Hospital
NHS Foundation Trust

2018/19 EFFICIENCY PROGRAMME PERFORMANCE AS AT JUNE 2018

RECURRENT

Division / Department	2017/18 Recurrent CRS Target	Achieved		Outstanding	Green	Amber	Red	Pipeline
Planned Care	£ 2,515,966	£ 97,509	4%	£ 2,418,457	£ 174,896	£ 69,432	£ 600,500	£1,573,629
Urgent Care	£ 1,754,308	£ -	0%	£ 1,754,308	£ 590,559	£ 168,333	£ 400,000	£ 595,416
D&P	£ 840,000	£ 36,322	4%	£ 803,678	£ 85,000	£ 100,000	£ 220,000	£ 398,678
Estates & Facilities	£ 489,724	£ 176,650	36%	£ 313,074	£ 80,834	£ 210,000	£ -	£ 22,240
Nurse Mgmt	£ 71,791	£ 5,000	7%	£ 66,791	£ 5,169	£ 10,000	£ 9,795	£ 41,827
Corporate Clinical	£ 7,756	£ 5,090	66%	£ 2,666	£ -	£ -	£ 2,290	£ 376
IM&T	£ 167,599	£ 6,705	4%	£ 160,894	£ 7,771	£ 92,831	£ 3,295	£ 56,997
HR	£ 106,018	£ 11,635	11%	£ 94,383	£ 1,000	£ -	£ 31,563	£ 61,820
Trust Administration	£ 108,457	£ -	0%	£ 108,457	£ -	£ -	£ 1,000	£ 107,457
Finance	£ 52,470	£ 30,251	58%	£ 22,219	£ -	£ -	£ -	£ 22,219
PPD	£ 11,328	£ 3,000		£ 8,328	£ -	£ -	£ -	£ 8,328
Procurement	£ 15,771	£ -	0%	£ 15,771	£ -	£ -	£ -	£ 15,771
Central	£ 4,597,684	£ 100,000	2%	£ 4,497,684	£ -	£ -	£5,100,000	-£ 602,315
TOTAL	**£10,738,872**	£ 472,162	4%	**£ 10,266,710**	£ 945,229	£ 650,596	£6,368,443	£2,302,443
		4%		96%	9%	6%	59%	21%

	Status	Definition
Blue	Complete	Scheme delivered, budget savings removed for year
Green	Active	Low Risk, Confident of delivery, milestones on track but not removed from budget due to future start date
Amber	Active	Minor risk, Fairly confident of delivery but actions/minor issues to be resolved to ensure delivery within the timeframe
Red	Active	High Risk, Significant issues to be resolved before savings can be realised e.g. - Opportunity savings identified but plans not yet worked up accurately - Cross divisional issues to address - Potential negative impact on quality/safety - Requires investment?
Black	Yet to be activated	High Risk - Pipeline schemes with no value/milestones etc identified - Unidentified balance

4.3 Next Steps (Development of a Recovery Plan)

Reviews of the following are being pursued to support delivery of the central target: -

- Exploration of Alternative Delivery Models;
- Implementation of Allocate for Medical Workforce;
- Benefits realisation from Teletracking;
- Integrated Care Programme / Collaborations;
- Joint efficiency programme with the CCG;
- Exploration of further income generation opportunities;
- Review of reserves; and
- Review of balance sheet provisions, and the potential to review accounting policies.

5.0 Forecast

It remains difficult to extrapolate the financial outturn position at this early stage in the financial year, however, the table below shows the current best, most likely, and worst case forecasts for year-end:-

Forecast Position Pre STF	June £k Best	June £k Most Likely	June £k Worst
Initial Monthly Position	1,118	1,118	1,118
Use of Non Recurrent Resource	1,134	1,134	1,134
Reported Monthly Variance Position	**(16)**	**(16)**	**(16)**
CRS Profile Adjustment	1,527	1,527	1,527
Restated Actual Position	2,645	2,645	2,645
Full Year Variance Projection	**10,580**	**10,580**	**10,580**
Potential Mitigations: -			
Add back use of non recurrent resouce within positio	1,134	1,134	1,134
Use of further balance sheet (technical opportunities	2,060	2,060	1,644
Use of Reserves	1,558	1,558	1,258
Delivery of further efficiencies	5,828		
Assumes delivery of only green and amber schemes			(1,696)
Revised Full Year Variance Projection	**-**	**5,828**	**8,240**
Planned Deficit Pre STF	**4,334**	**4,334**	**4,334**
Forecast Deficit Pre STF	**4,334**	**10,162**	**12,574**

Forecast Position Post STF	June £k Best	June £k Most Likely	June £k Worst
Forecast Deficit Pre STF brought forward	4,334	10,162	12,574
Total PSF available	(7,297)	(7,297)	(7,297)
Loss of Q1 A&E Performance PSF	328	328	328
Loss of Q2 A&E Performance PSF	437	437	437
Loss of Q3 A&E Performance PSF	0	657	657
Loss of Q4 A&E Performance PSF	0	0	766
Loss of Q3 Financial Performance PSF	0	1,532	1,532
Loss of Q4 Financial Performance PSF	0	1,788	1,788
Forecast Position Post STF	(2,198)	7,607	10,785
Control Total Post PSF	(2,963)	(2,963)	(2,963)
Forecast Variance to Control Total Post STF	765	10,570	13,748

6.0 Model Hospital Update

The following table provides a summary of the work streams for 2018/19 and progress against the associated savings.

Model Hospital Programme	Sum of TARGET In Year	Sum of ACHIEVED In Year	Sum of VARIANCE In Year	Green	Amber	Red	Pipeline
Business as usual	£ 3,502,864	£ 1,406,369	£ 2,096,495	£ 630,475	£ 314,597	£ 1,147,284	£ 4,139
Collaboration & Integration	£ 525,000	£ -	£ 525,000	£ -	£ -	£ 520,000	£ 5,000
Co-ord Centre & Dashboards	£ 100,000	£ 7,000	£ 93,000	£ -	£ 93,000	£ -	£ -
Drugs	£ 1,926,000	£ 3,972	£ 1,922,028	£ 41,028	£ 100,000	£ 1,781,000	£ -
Outpatients	£ 50,000	£ 26,200	£ 23,800	£ 23,800	£ -	£ -	£ -
Patient Flow	£ 701,000	£ 26,963	£ 674,037	£ 2,200	£ 121,837	£ 550,000	£ -
Procurement	£ 691,356	£ 44,710	£ 646,646	£ 3,896	£ 95,000	£ 547,750	£ -
Stranded Patients (DTOCs)	£ 65,000	£ 15,000	£ 50,000	£ -	£ 50,000	£ -	£ -
Theatres	£ 418,882	£ 4,000	£ 414,882	£ 60,000	£ 54,882	£ 299,000	£ 1,000
Unidentified	£ 2,758,771	£ 6,153	£ 2,752,618	£ 10,479	£ -	£ -	£ 2,742,139
Grand Total	**£ 10,738,873**	**£ 1,540,367**	**£ 9,198,506**	**£ 771,878**	**£ 829,316**	**£ 4,845,034**	**£ 2,752,278**

6.1 Quality Impact Assessments Update

The QIAs reviewed in June are shown in the table below –

No.	CRS Ref	Scheme Name	Outcome	Reason
1	D&P1	Drugs - Generic	Approved	
2	E&F19	Portering Staffing	Deferred	More detail required
3		Domestic Review	Awaiting Review	

7.0 Capital Expenditure

There has been a slow start to the year in terms of capital spend, which represents the brought forward items from 2017/18, with actual spend of £0.3m, compared to the plan of £1.5m.

The new capital program for 2018/19 was approved at the last Board and the subsequent loan has been submitted to NHSI, and is currently being reviewed.

Based on the experience of the previous year, the approval process could prove to be a protracted one, and it is anticipated that any critical expenditure may need to be approved 'at risk' prior to the loan being approved, in a similar manner to last year.

During quarter one; the following items have been approved at risk due to the clinical risks outweighing the financial risk:

Department	Equipment	Indicative Cost
IMT	Air Handling Units Data Centre 1	27,000
Estates and Facilities	Cooker	11,000
Estates and Facilities	Steamer	11,000
Urgent Care	Development of Older Persons Assessment Unit	45,000
Planned Care	Theatre Instruments	100,381
Planned Care	Operating table, MODEL MR	50,400
Planned Care	Orthostar operating table	122,400
Planned Care	Orthostar operating table	122,400
Planned Care	Fundus Camera	83,585
Total		**573,166**

In addition, the Trust expects receipt of Public Dividend Capital (PDC) in relation to Fast Follower status and the implementation of a new Patient Administration System (PAS).

Furthermore, the Trust, in collaboration with system partners submitted a "place" based bid in an attempt to secure funds to improve the facilities used to deliver Acute Care. The outcome of this bid is still unknown.

8.0 Working Balances and Cash

The closing cash balance at the end of June is £3.6m, which is £0.5m ahead of plan, due primarily to slower than expected brought forward capital payments and a better than anticipated debt recovery from NHS organisations. This has been offset by the non-payment of a £0.7m monthly contract amount by North West Specialist Commissioners (their error, to be rectified in July) and the cash impact of the non-recurrent adjustments required to meet the control total £1.1m.

The Trust has not requested interim revenue distress funding so far this year, but has agreed to 'roll-over' the amount of the interim revenue loan drawn (currently £6.7m) during 2017/18 pending 2017/18 STF cash (£6.2m). This has now been received and so currently under review.

As noted above, the capital loan application has been submitted to NHSI, to fund the 2018/19 capital program – with the 2017/18 slippage being financed by brought forward cash resulting from the loan for that year being drawn down fully in March.

Cash balances continue to be monitored on a daily basis, feeding into a rolling 13 week cash-flow and the Trust remains in close communication with NHSI to ensure that all future cash funding requirements are clearly identified.

Capital and revenue cash funding and expenditure are clearly segregated as per monitoring and reporting requirements. This includes £2.6m currently held in a separate designated account for the delivery of the Neonatal Unit, which is excluded from the cash figures above.

9.0 Key Risks and Mitigation

The following key risks and mitigation have been identified as at the end of month three:

- **Additional contractual income** of £1m has been assumed from West Cheshire CCG but to date this has not been formally confirmed;

- **The CRS target for 2018/19** is a significant risk with a significant proportion unidentified 26% or red rated 45%. Divisions and departments continue to identify and implement schemes, organisation wide schemes are being pursued and a review of reserves and balance sheet opportunities is underway. Model hospital data available on the portal is reviewed monthly within the CRS working Group. The Trust is now on fortnightly monitoring with NHSI in relation to CRS delivery. The Trust is working with the CCG to identify joint initiatives to aid efficiency across the system;

- **Non Elective Activity and Winter Costs** - escalation capacity has remained, and further additional beds opened and consequently one quarter of the winter reserve has been applied. Furthermore, the unknown impact of winter, with regards to both activity pressures, and any potential, as yet unknown, additional winter funding. Bed occupancy remains high compounded by increased A&E attendances and DTOCs;

- **Delayed Transfers of Care (DTOCs)** - remain high, and contribute to the requirement to keep escalation capacity open.

- **Elective activity** – there is an under performance on the elective baseline which has been partly mitigated by the West Cheshire block. This represents a risk going forward. Work is underway to explore options to ring fence elective capacity to recover this position;

- **Ellesmere Port Hospital (EPH) Rental Recharges** – NHS Property Services have invoiced the organisation for rental charges for EPH. However, following a recent meeting of the parties a compromise agreement is currently being explored.

- **Control Total** may not be delivered should the risks above all materialise; the Trust is in regular communication with NHSI regarding performance and the potential to change the forecast should the need arise;

- **The proposed capital programme** looks to replace urgent and necessary items to enable business to continue as usual, however, a loan application will be required to proceed with purchases approved. The proposed application is not guaranteed; and
- **A STP Capital Bid** has been submitted in an attempt to secure funds to support the Acute Care System. If the bid is unsuccessful, a further loan application, or an alternative solution, maybe required.

Appendix 1: Statement of Financial Position and Cash Flow Statement

June 2018 Statement of Financial Position	2018/19 Actual £000	2018/19 Plan £000	2017/18 Out-Turn £000
Property, Plant and Equipment			
Opening	97,880	84,759	81,508
Capital Spend	639	1,587	7,648
Depreciation	(1,096)	(1,095)	(4,324)
Disposals	(31)	(25)	(73)
Revaluation			13,121
Closing	97,392	85,226	97,880
Current Assets			
Opening Cash Balance	9,112	9,112	7,093
Increase/(Decrease)	(5,469)	(6,107)	2,019
Closing Cash Balance	3,643	3,005	9,112
Inventories	1,650	1,449	1,437
Trade and Other Receivables	16,930	17,535	14,478
Neonatal Designated Account	2,591	2,491	2,591
Total current assets	24,814	24,480	27,618
Liabilities < 1 Year			
Trade and Other Payables and Provisions	(25,212)	(24,468)	(25,282)
Loans (ITFF)	(4,686)	(4,688)	(4,686)
PPP Loan	(37)	(38)	(37)
Total Net Current Assets	(5,121)	(4,714)	(2,387)
Liabilities > 1 Year			
Trade and Other Payables and Provisions	(1,350)	(1,350)	(1,350)
Loans (ITFF)	(31,078)	(31,724)	(31,924)
PPP Deferred Income	(1,641)	(1,641)	(1,658)
PPP Loan	(2,052)	(2,068)	(2,078)
Total Assets Employed	**56,150**	**43,729**	**58,483**
Capital & Reserves			
PDC	63,600	63,963	63,600
Revaluation Reserve	5,625	4,558	5,625
Income & Expenditure Reserve	(13,075)	(24,792)	(10,742)

Total Capital & Reserves	**56,150**	**43,729**	**58,483**

June 2018 **Cash Flow Statement**	**2018/19** **Actual** **£000**	**2018/19** **Plan** **£000**	**2017/18** **Out-Turn** **£000**
Surplus	(777)	(444)	7,332
Working Balance Movements	(2,071)	(3,418)	(6,942)
Donated / Grant Funded Asset Additions	-	24	182
Disposal Proceeds	6	-	12
PPP Income/Interest - non cash movements	(17)	(17)	(67)
	(2,859)	(3,855)	517
Other non cash movement	-	100	-
Capital Expenditure	(1,611)	(2,399)	(4,349)
New PDC	-	363	266
Purchase of investments	-	-	(2,591)
New Loans	-	648	14,839
Loan re-payments Principle	(846)	(846)	(5,129)
PPP Loan Repayments Principle	(9)	(9)	(55)
Interest Payable	(163)	(115)	(590)
Interest Received	19	6	41
PDC Dividend Paid	-	-	(930)
Cash Inflow / (Outflow)	(5,469)	(6,107)	2,019
Opening Cash Balance	9,112	9,112	7,093
Closing Cash Balance	**3,643**	**3,005**	**9,112**

Countess of Chester Hospital NHS
NHS Foundation Trust

Countess of Chester Hospital NHS Foundation Trust
CQC Inpatient Survey 2017

Data published by the CQC on 13th June 2018

1.0 Background to the survey

This survey is part of a series of annual surveys required by the Care Quality Commission (CQC) for all NHS Acute trusts in England. Picker has been commissioned by the Countess of Chester Hospital NHS Foundation Trust to undertake the inpatient survey during 2017.

The purpose of the survey is to understand what patients think of healthcare services provided by the Trust. The questionnaire used reflects the priorities and concerns of patients and is based upon what is most important from the perspective of the patient. The questionnaire was developed through consultation with patients, clinicians and trusts.

The questionnaire used for the inpatient survey 2017 was developed by the NHS Patient Survey Co-ordination Centre. Further information about how the questionnaire for this survey was developed can be found on the NHS Surveys website www.nhssurveys.org.uk.

2.0 Survey methodology

The 2017 CQC adult inpatient survey is part of the NHS Survey Programme and uses the same methodology as previous years. All participating organisations used a standard survey methodology and standard questions, as specified by the NHS Patient Survey Co-ordination Centre.

All patients aged 16 years or older, who had at least a one overnight stay in hospital, are invited to take part. The CQC analysed the findings from 148 acute and specialist NHS Trusts in the 2017 survey. The sample is drawn from the patient's records during the sampling period. A recommended sample size is provided to allow for meaningful analysis. Screening of the data is applied, in line with the CQC instructions before submission and the survey is then sent to all eligible patients through the postal system with up to 2 reminders being sent.

3.0 Response

3.1 Response rate

The 2017 CQC adult inpatient survey looked at the experiences of **72,778 people** who were discharged from an NHS acute hospital in July 2017. Data was collected on 1,250 recent inpatients at the Countess of Chester Hospital NHS Foundation Trust and the questionnaire was sent out to 1230 patients who were eligible for inclusion. Responses were received from **460 patients**

(reduction from 470 in 2016) in total giving a **37.4%** response rate and accounts for **0.63%** of the overall CQC responses reviewed.

3.2 About our respondents

Key facts about the 460 inpatients who responded to the survey:

- **26%** of patients were on a waiting list/planned in advance
- **71%** came as an emergency or urgent case
- **54%** had an operation or procedure during their stay
- **50%** were male and **50%** were female
- **4%** were aged 16-39; **14%** were aged 40-59; **19%** were aged 60-69 and **64%** were aged 70+

These facts are important when the CQC undertake their analysis, as Trusts may have differing profiles of people who use their services. As this can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics, the CQC apply a standardised analysis tool which enables a more accurate comparison of results from Trusts with different population profiles, making comparisons between Trusts as fair as possible (CQC, 2018).

4.0 Our results at a glance

When reviewing the findings from the Countess of Chester Hospital NHS Foundation Trust it is important to consider our position against the national CQC benchmark but also to track trends in performance over time. This allows for recognition of the areas that have improved since the previous survey and identifies those that are lower than the aspirations and/or expectations of the clinical teams despite being within the expected national comparison.

The Countess of Chester Hospital NHS Foundation Trust 2017 survey findings largely reflect the national position, showing that overall patient experience has remained consistent, with improvement noted in some areas, whilst others have shown some decline (CQC, 2018). Graph 1 below demonstrates consistency in the rating of positive patient experience since 2014 at the Countess.

Patients' overall views about **'care and services'** scored **4.3** which is within the expected national range, however this is a decline locally from 5.6 in 2016 and has highlighted 2 areas in particular that require attention (found in Table 1). A rating of 1.7 was given to the question "were you ever asked to give your views on the quality of care" and 2.2 to the question "did you see, or were you given, any information explaining how to complain to the hospital about the care you received".

Graph 1: Overall experience

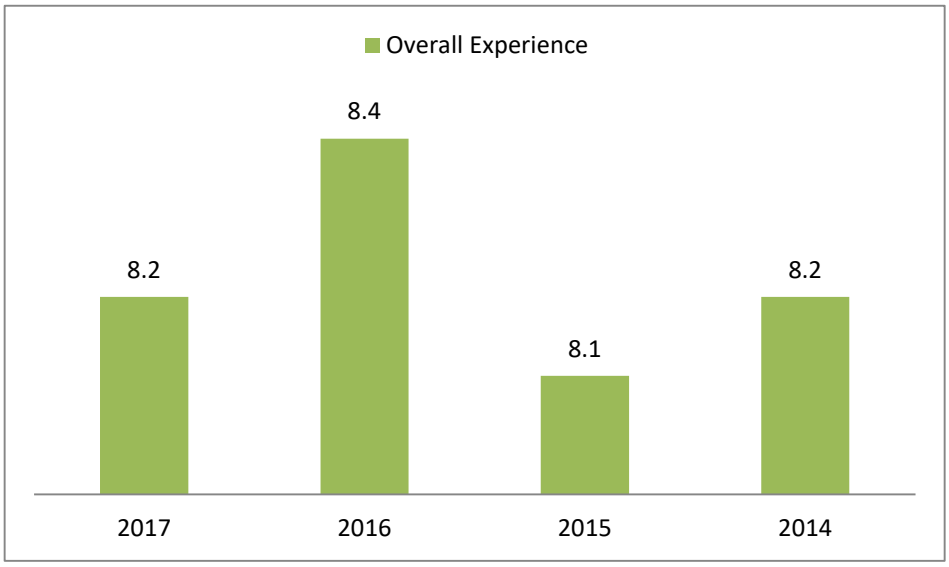


Table 1: Overall views about care and services

Question	2017	2016	2015	2014	Comment
Overall, did you feel you were **treated with respect and dignity**	**9.1**	**9.2**	**9.0**	**8.9**	**Consistently high**
During your hospital stay, **were you ever asked to give your views on the quality of care**	**1.7**	**1.8**	**1.6**	**1.9**	**Consistently low; requires improvement**
Did you see, or were you given, any **information explaining how to complain to the hospital** about the care you received	**2.2**	**2.4**	**2.3**	**3.0**	**Consistently low; requires improvement**
Overall rating for section	**4.3**	**About the same**			

4.1 Have we improved?

Analysis from the CQC shows that the 2017 findings (found in Graph 2) demonstrate gradual improvement in a number of areas. This includes patients' perceptions of;

- the quality of communication between themselves and medical professionals (doctors and nurses)
- the quality of information about operations or procedures
- privacy when discussing their condition
- quality of food
- cleanliness of their room or ward

However, the results also indicate that responses to some questions are less positive or have not improved over time. This includes patients' perceptions of;

- noise at night from other patients

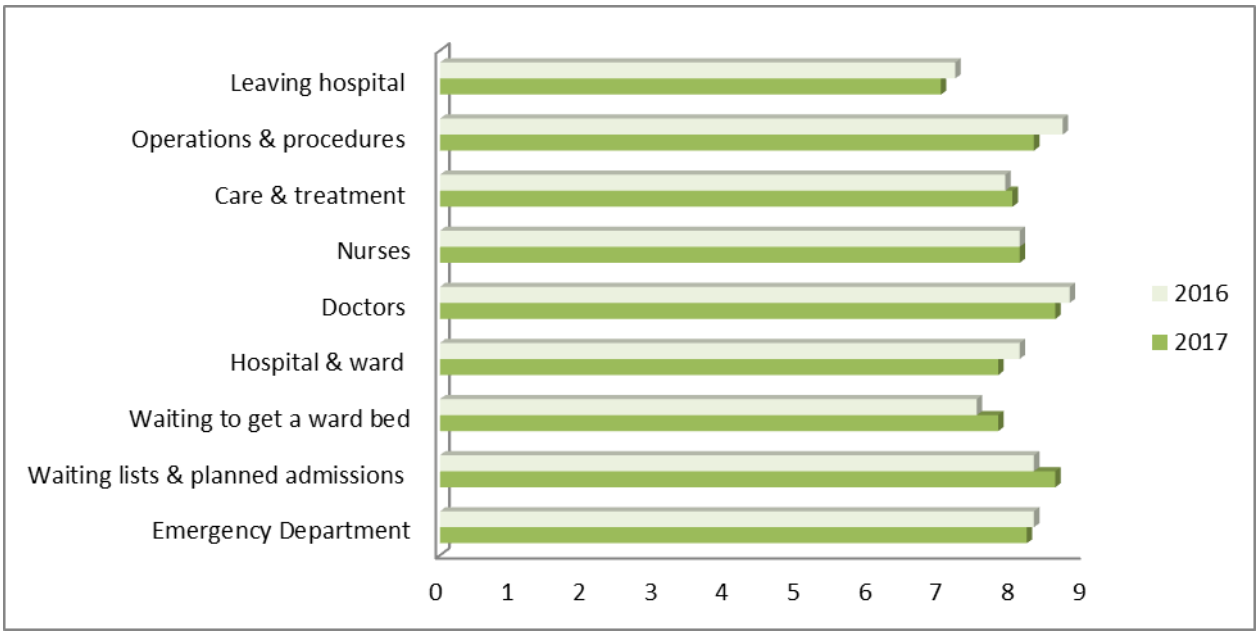
- emotional support from staff during their hospital stay
- information on new medications prescribed while in hospital
- the quality of preparation and information for leaving hospital

The Countess of Chester Hospital NHS Foundation Trust 2017 findings reflect these national statistics (found in Graph 3) and show that improvements have been made in the **'waiting lists & planned admissions'** category across all questions (an area identified from the 2016 findings as requiring improvement), as well as the **'care and treatment'** and **'waiting to get a ward bed'** categories. Improvements have also been noted in other responses but these have not impacted the overall category rating as it is accompanied by a decline in experience in some associated questions (found in Tables 2–10). Only one area has scored **'worse'** than the national comparison, this relates to being given **'enough privacy'** when being examined or treated in the Emergency Department, which is likely to be a direct result of the facilities and space available for the growing demand and complexity of patients seen within this area.

Graph 2: CQC comparison by survey category

The black diamond represents the trusts position and the grey area reflects that performance is within the expected range.

Graph 3: Overall rating by category



4.2 Detailed findings by question & response

The findings in Tables 2 to 10 show how the Countess of Chester Hospital NHS Foundation Trust scored for each category and sub set of questions. The scores are measured out of 10 (with 10 being the best score that can be achieved). The comparisons with other organisations are made using the **'expected range'** analysis technique, which indicates if performance against the question or category is **'better'**, **'about the same' or 'worse'** than peers.

RAG rates has also been applied to the findings for use within the Trust and indicate where high scores (above 9) have been achieved and where lower scores (less than 7) may need to be improved despite being within the expected peer range.

Table 2: Emergency department (answered by emergency patients only)

Question	Rating	Comparison to others
Were you given **enough information** on your condition or treatment?	**8.1**	**About the same**
Were you given **enough privacy** when being examined or treated?	**8.4**	**Worse**
Overall rating for section	**8.2**	**About the same**

Table 3: Waiting lists & planned admissions (answered by those referred to the hospital)

Question	Rating	Comparison to others
Did you feel you **waited the right amount of time** on the waiting list to be admitted?	**7.9**	**About the same**
Change to admission date, for not having your admission date changed?	**8.7**	**Worse**

Transition between services, specialist had been given all necessary information about your condition or illness from the person who referred you?	**9.1**	**About the same**
Overall rating for section	**8.6**	**About the same**

Table 4: Waiting to get a bed on a ward

Question	Rating	Comparison to others
Waiting to get a bed, for feeling they did not have wait a long time to get a bed on a ward?	**7.8**	**About the same**
Overall rating for section	**7.8**	**About the same**

Table 5: Hospital & ward

Question	Rating	Comparison to others
Single sex accommodation, for not having to share a sleeping area with patients of the opposite sex?	**9.0**	**About the same**
Changing wards at night, for staff explaining the reason for needing to change wards at night	**6.2**	**About the same**
Noise from other patients, for not being bothered by noise at night from other patients	**5.9**	**About the same**
Noise from staff, for not being bothered by noise at night from hospital staff?	**7.7**	**About the same**
Cleanliness of rooms or wards, for describing the hospital room or ward as clean?	**8.8**	**About the same**
Cleanliness of toilets and bathrooms, for describing the toilets and bathrooms as clean?	**8.5**	**About the same**
Help to wash and keep clean, for getting enough help to wash and keep clean?	**8.2**	**About the same**
Taking medications, for being able to take your own medications when you needed?	**6.6**	**About the same**
Quality of food, for describing the hospital food as good?	**6.2**	**About the same**
Choice of food, for having been offered a choice of food?	**8.7**	**About the same**
Help with eating, for being given enough help from staff to eat their meals if needed?	**7.2**	**About the same**
Having enough to drink, whilst in hospital	**9.6**	**About the same**
Overall rating for section	**7.8**	**About the same**

Table 6: Doctors

Question	Rating	Comparison to others
Answering questions, for doctors answering questions in a way in which you could understand?	**8.1**	**About the same**

Confidence and trust, for having confidence and trust in the doctors treating you?	**8.9**	**About the same**
Acknowledging patients, for doctors not talking in front of you as if you weren't there?	**8.8**	**About the same**
Overall rating for section	**8.6**	**About the same**

Table 7: Nurses

Question	Rating	Comparison to others
Answering questions, for nurses answering questions in a way in which you could understand?	**8.3**	**About the same**
Confidence and trust, for having confidence and trust in the nurses treating you?	**9.0**	**About the same**
Acknowledging patients, for nurses not talking in front of you as if you weren't there?	**9.2**	**About the same**
Enough nurses, for feeling that there were enough nurses on duty to care for you?	**7.5**	**About the same**
Nurse in charge of care, for knowing which nurse was in charge of your care?	**6.3**	**About the same**
Overall rating for section	**8.1**	**About the same**

Table 8: Care and treatment

Question	Rating	Comparison to others
Confidence & trust, in any other clinical staff treating you?	**8.7**	**About the same**
Staff teamwork, for staff caring for you working well together?	**8.7**	**About the same**
Communication, for not being told one thing by a member of staff and something quite different by another?	**8.1**	**About the same**
Involvement in decisions, for being involved as much as you wanted to be in decisions about your care?	**7.4**	**About the same**
Confidence in decisions, for having confidence in decisions made about your condition or treatment?	**8.4**	**About the same**
Information, for being given enough information on your condition or treatment?	**8.9**	**About the same**
Talking about worries and fears, for finding someone on the hospital staff to talk to about your worries and fears if needed?	**5.1**	**About the same**
Emotional support, for receiving enough emotional support from hospital staff if needed?	**7.1**	**About the same**
Privacy for discussions, for being given enough privacy when discussing your condition or	**8.6**	**About the same**

treatment?		
Privacy for examinations, for being given enough privacy when being examined or treated?	**9.5**	**About the same**
Pain control, for those who were in pain, that hospital staff did all they could to help control your pain?	**8.2**	**About the same**
Getting help, for the call button being responded to quickly when used?	**7.7**	**About the same**
Overall rating for section	**8.0**	**About the same**

Table 9: Operations and procedures (answered by those who had an operation or procedure)

Question	Rating	Comparison to others
Answers to questions, for having any questions answered in a way in which you could understand, before the operation or procedure?	**9.2**	**About the same**
Expectations after the operation, for being told how you could expect to feel after the operation or procedure?	**7.6**	**About the same**
After the operation, for being told how the operation or procedure had gone in a way in which you could understand?	**8.0**	**About the same**
Overall rating for section	**8.3**	**About the same**

Table 10: Leaving hospital

Question	Rating	Comparison to others
Involved in decisions, for being involved in decisions about your discharge from hospital if you wanted to be?	**7.0**	**About the same**
Notice of discharge, for being given enough notice about when you were going to be discharged?	**7.1**	**About the same**
Delays to discharge, for not being delayed on the day you were discharged from hospital?	**6.6 (improvement)**	**About the same**
Length of delay to discharge, for not being delayed for a long time?	**8.0**	**About the same**
Support after discharge, for those who went home, receiving enough support from Health & Social Care professionals if needed?	**7.0**	**About the same**
Care after discharge, for when leaving hospital, did you know what would happen next with your care?	**6.6**	**About the same**
Advice after discharge, for being given written or printed information about what you should not do after leaving hospital?	**5.9**	**About the same**

Purpose of medications, for having the purpose of medications explained to you in a way in which you could understand (those given medicines to go home)?	**8.3**	**About the same**
Medication side effects, for being told about medication side effects to watch out for (those given medicines to go home)?	**4.5**	**About the same**
Taking medication, for being told how to take medications in a way in which you could understand (those given medicines to go home)?	**8.1**	**About the same**
Information about medicines, for being given clear written or printed information about medicines (those given medicines to go home)?	**7.9**	**About the same**
Danger signals, for being told about danger signals to watch out for after going home?	**4.9**	**About the same**
Home and family situation, that hospital staff considered your family and home situation when planning your discharge if necessary?	**7.0**	**About the same**
Information for family and friends, for information being given to family and friends about how to help care for you if needed?	**6.2**	**About the same**
Contact, for being told who to contact if worried about your condition or treatment after leaving hospital?	**7.5**	**About the same**
Equipment and adaptions in the home, for hospital staff discussing if any equipment or home adaptions were needed when leaving the hospital if necessary?	**7.7**	**About the same**
Health and Social Care Services, for hospital staff discussing any further health or social care services needed when leaving hospital if necessary?	**8.3**	**About the same**
Overall rating for section	**7.0**	**About the same**

4.3 How can we improve for our patients?

It is clear that despite being within the expected range (with the exception of 1 question) a number of improvements are needed to enhance our patients' journey, with particular focus on:

- Changing wards at night
- Noise from other patients
- Taking own medication when needed
- Knowing which nurse is in charge of care
- Talking about worries and fears
- Providing advice on 'after discharge'
- Medication side effects and danger signals

- Providing information for family and friends about how to help and care for patients on discharge

5.0 Going forward

The improvements identified will be shared with the Patient Experience Operational Group (PEOG) for consideration on how best to share this learning with specialities and Teams to make the changes needed. Work will also continue through the group to 'listen to and respond to' a range of patient feedback from other mechanisms including;

- Friends & Family Test and comments
- NHS Choices
- Health Watch
- GovRounds
- PLACE
- PROMs
- PALs/Complaints
- Facebook and Twitter

This will allow for monitoring against any changes made and will provide additional information that may not be covered within the CQC Survey on the views of our patients, relatives and the wider community.

6.0 Achievement against previous recommendations

A number of initiatives have been achieved within the Patient Experience Team in response to the previous survey these include;

- ✓ Redesign of the Patient Experience Team to increase capacity and capability
- ✓ Recruited to team vacancies and are now up to establishment
- ✓ Offered apprenticeship opportunity
- ✓ Resolved the backlog of historic open complaints
- ✓ Improved complaint response times to meet national and local standards and meet the expectations of complainants
- ✓ Established strong relationships with external partners and agencies (including Parliamentary Ombudsman Service, MPs and Commissioners)
- ✓ Designed a Complaints and Concerns dashboard to track trends and themes
- ✓ Redesigned Divisional reporting templates to share key information and lessons learnt
- ✓ Provided root cause analysis training to Team members
- ✓ Improved policy and guidelines in relation to complaints and concerns handling (to be ratified in 2018/19)

Furthermore, the Patient Experience Operational Group (PEOG) has;

- Reviewed its Terms of Reference and improved membership
- Developed a clear work programme

- Undertaken a review of patient feedback mechanisms
- Worked in collaboration with the Council of Governors to design 'GovRounds'
- Supported the expansion of Patient and Public Involvement in improvement work streams across the Trust
- Strengthened relationships with external agencies

7.0 Recommendations for 2018/19

1. Hold a workshop with PEOG to review and evaluate the CQC findings, to agree actions and next steps to demonstrate improvement (please note the 2018 survey is currently in progress so improvements will not be seen until the 2019 survey publication is released).

2. To continue to ensure effective and inclusive systems are in place consistently for patients and the public to provide feedback on the quality of their care through a range of mechanisms.

3. To develop a mechanism for real-time patient feedback, ensuring patients are aware of how to share views with us about the quality of care they receive and allowing clinical teams to respond to any concerns at the point of need.

4. Increase the visibility of the Patient Experience Team across the hospital to support patients, families and clinical teams to acknowledge the patients' perceptions of quality whilst in our wards & departments.

5. Continue to test the newly developed Patient Experience Team structure, to ensure the capacity and capability within the Team meets the needs of patients, families, staff and external agencies.

6. Redesign the 'Listening and Responding to Concerns and Complaints' policy to include learning from patient feedback and develop a suite of Standard Operating Procedures to support staff.

7. Update and distribute redesigned patient experience information.

8. Continue to support the Divisional Teams to evaluate and action the patient experience information made available.

9. Develop a programme of work to ensure the patient and staff environment agenda is closely aligned to PEOG.

Quality, Safety & Patient Experience Committee (QSPEC) is asked to note the content of this report and actions planned for improvement

The actions will be taken forward through the Patient Experience Operational Group (PEOG), but will ultimately be monitored through QSPEC.

NHS
Countess of Chester Hospital
NHS Foundation Trust

Subject	Integrated Care in Cheshire West – Progress Report
Date of Meeting	Board - Tuesday 24th July 2018
Author(s)	Chris Hannah – Chair, Cheshire West Integrated Care Partnership
Annual Plan Objective No.	-
Summary	This paper provides a progress update on the development of Integrated Care in Cheshire West, as of July 2018
Recommendation(s)	**The Board is asked to approve:** o The Board is asked to note the progress on joining up care and the development of Cheshire West Integrated Care Partnership.
Risk Score	**N/A**
FOIA Status: *FOIA exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.* **Applicable Exemptions:** ▪ **Prejudice to effective conduct of public affairs** ▪ **Personal Information** ▪ **Info provided in confidence** ▪ **Commercial interests**	Please tick the appropriate box below: [X] **A. This document is for full publication** [ ] **B. This document includes FOIA exempt information** [ ] **C. This whole document is exempt under the FOIA** IMPORTANT: If you have chosen B. above, highlight the information that is to be redacted within the document, for subsequent removal. Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

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INTEGRATED CARE IN CHESHIRE WEST – PROGRESS REPORT

PURPOSE

1. This paper is to update the Board on progress in developing the Cheshire West Integrated Care Partnership (ICP).

BACKGROUND

2. The vision of local health and care partners is that the people of Cheshire West will live longer, healthier lives at home, or in a homely setting. People will be at the centre of all decisions and receive support to the highest standards of quality and safety.

3. We will achieve this by joining up delivery of our health and social care and focussing on prevention, early identification, supported self-management and providing care closer to home. The aim is to see care provided in the most appropriate setting and as a result, the demand for hospital- based care decrease over time.

4. Health and social care partners in Cheshire West have been pursuing these objectives over the last two years and are now progressing with the third phase of integration work through the Cheshire West ICP. The ICP is focusing on the Cheshire West 'Place' – the population within the boundary of Cheshire West and Chester Council and covering West Cheshire and Vale Royal Clinical Commissioning Groups.

5. This third phase of work will deliver the new model of care in several different areas including respiratory medicine, frailty and older people, risk stratification, enhanced community services and improving access to health and advice via digital and community solutions. Several 'enabling' work streams support this work, including finance, governance, estates and communications and engagement. A wide range of clinical and non-clinical staff from partner organisations, together with wider community representatives are leading and/or are actively engaged with the workstreams.

6. A System Leadership Group, including chairs, chief executives and their equivalents from partnership organisations oversee the development of integrated care and the ICP. Partners have agreed that the Countess of Chester Hospital NHS Foundation Trust (CoCH) will host the ICP. Accordingly, the chair of the ICP is now a non-executive director of the CoCH Board. Interviews have taken place for a Managing Director (lead executive) for the ICP and an announcement regarding this appointment will be made shortly. This post holder will become a non-voting member of the Board, enabling the hosting and associated delegation agreements to operate within effective governance arrangements.

TRANSFORMATION FUNDING TO SUPPORT INTEGRATED CARE

7. The Health & Care Partnership for Cheshire & Merseyside (previously known as the Sustainability & Transformation Partnership) has approved the ICP's application for Transformation Funding to the value of £500,000. The funding has been awarded against strict criteria which require the resources to focus on transformation, increase the pace of change and provide value for money. Our seven workstreams have been allocated a share of the transformation fund to progress agreed medium-term outcomes and 'quick wins'. Gateway Review meetings are held for each ICP priority workstream to monitor progress, discuss support requirements and ensure interdependencies with other workstreams have been identified.

8. A further tranche of transformation funding will be made available for bids in September with each 'Place' across Cheshire & Merseyside able to access up to £500k to support transformation.

9. The Department of Health guidance for 2018/19 set out the ambition for clinical commissioning groups to actively encourage every GP practice to be part of a local primary care network. This will help to enable practices to support local "place-based" integrated delivery systems and align with the overall vision of the Health and Care Partnership for Cheshire & Merseyside. For 2018/19, NHS England (Cheshire and Merseyside) will make £4m available via **the Primary Care Network Development Fund.**

   Eight of the nine Care Communities have applied for funding. Timescales for the bid process are as follows:
   - 31st July – 3rd August 2018: C&M Health and Care Partnership Board approval of bids and bidders notified of outcome.

CARE COMMUNITIES

10. In Cheshire West we have opted to re-design community-based services in line with place-based care models of local and national best practice.

11. Partners are committed to developing nine 'Care Communities' across Cheshire West covering populations of approximately 30,000-50,000. This will ensure we are delivering population-focussed healthcare closer to home. Care Communities will extend beyond existing community care teams and provide enhanced care through integrated working across the wider system.

12. This new model of care will shift the way we think about delivering services and allocating resources by providing greater emphasis on supporting self-care and utilising an asset-based approach to community development.

13. This shift will enable people in Cheshire West to be active participants in their health, care and support. It will challenge health and care staff to overcome organisational barriers ensuring empowerment is at the centre of patient care.

14. An interactive programme workshop "Describing our Care Communities" was held on 20th June 2018, with ICP partner organisations. The aim of the workshop was to develop a shared way of describing our Care Communities to local people and staff in a way that has a lasting impact. This was a well-

attended workshop by representatives from across all partner organisations. It was an energetic and engaging session where people worked together using creative approaches to start to develop a shared way of describing Care Communities to local people and staff. The plan is to use the resources developed to support stakeholder engagement and co-design our care model with local people. The Care Communities geographical map is attached to this report.

15. It is proposed for the 9 Cheshire West care communities that there is a need to develop and standardise leadership to ensure we can realise the benefits of an integrated community care system. The care community leadership proposal is a 'triple helix' model of management, which contains a lead GP; lead community professional (from nursing or therapies background); and a managerial lead. This will be achieved through a realignment of current clinical and managerial leadership resources

JOINING UP CARE – PRIORITES FOR ACTION

16. Partners have agreed to commence the process of joining up care and bringing services within the scope of the ICP. The ICP is strongly supportive of the first phase of services being part of the ICP from September 2018 as a visible change to the way services are delivered. It is important to note that this does not mean a transfer of services or staff to another organisation's payroll but a bringing together of services under one plan, working towards a single set of outcomes and the senior management of these services accountable to the ICP. In this first phase, we are focusing on services that help deliver our priorities around care communities, support to older people and improving the management of long term conditions. We are specifically targeting services that are delivered in people's homes, close to home (in GP practices, clinics, community centres etc.) or other community facilities such as intermediate care and community hospitals.

GOVERNANCE

17. Partners acknowledge the importance of ensuring appropriate and effective financial and quality governance arrangements are in place to support integration and have agreed that more formal integration and delegation agreements between partners are now drawn up.

18. System leaders (including health and social care commissioners) have committed to develop future contracting arrangements to support integrated care with a long-term goal to work towards a prime provider contract. There is an objective to implement some change for the 2019/20 financial year to better reflect new care models

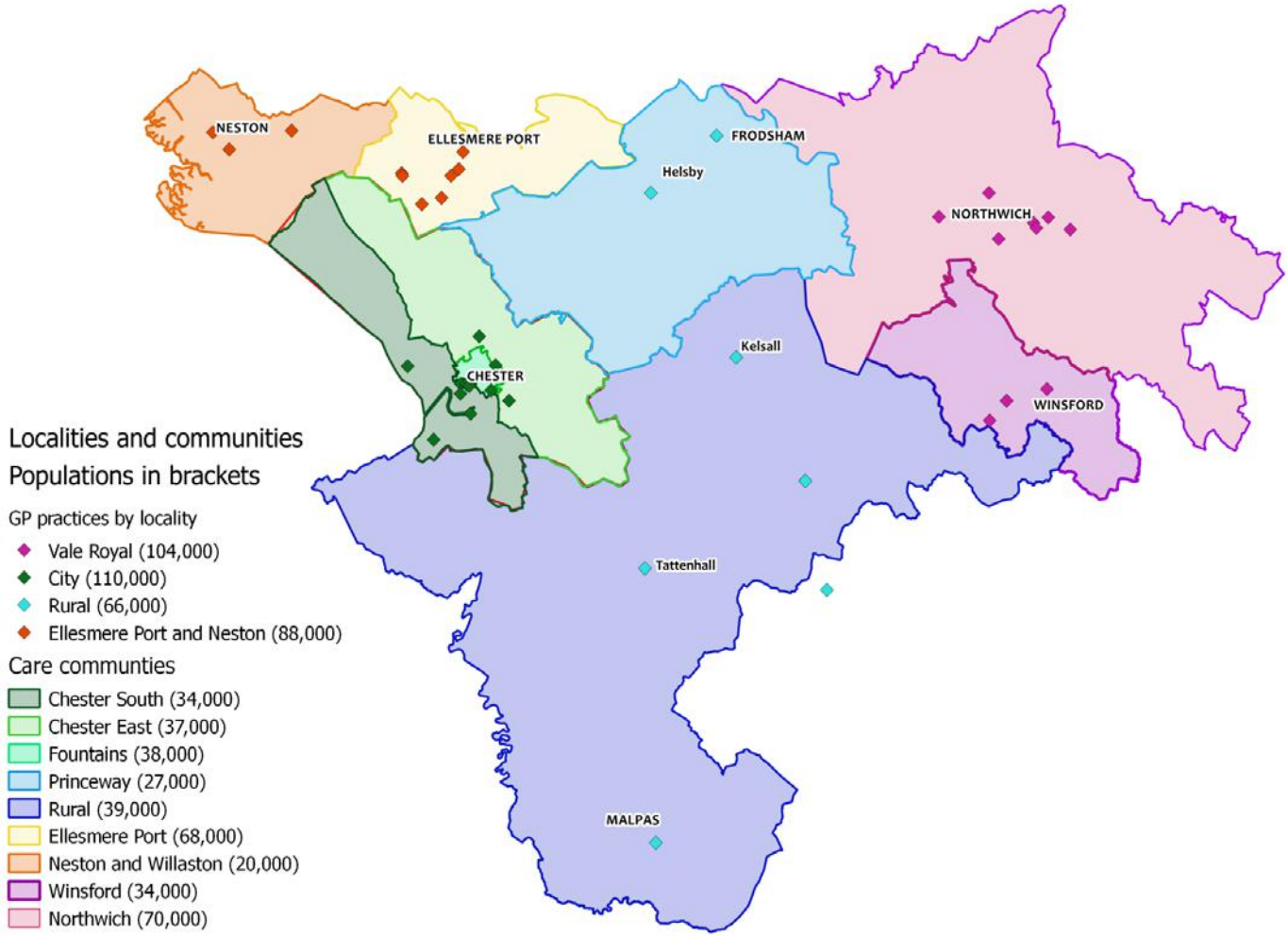
19. It has been agreed that the current Systems Leadership Group meeting will adapt to become the shadow ICP board from September 2018 with appropriate adjustments to membership, reflecting that the ICP is an alliance of providers. It is anticipated that the membership of the ICP board will be a combination of an executive or non-executive representative from each Partner organisation and the senior leadership team members of the Integrated Care Partnership. This is subject to final agreement and confirmation from each ICP partner, following internal governance discussions.

20. The minutes of the May and June June Strategic Leadership Group can be found here and future minutes of this group and the ICP Board (when established) will be reported routinely to the Board.

RECOMMENDATION

21. The Board is asked to note the progress on joining up care and the development of Cheshire West Integrated Care Partnership.

Chris Hannah
Chair, Cheshire West Integrated Care Partnership
July 2018


NESTON
ELLESMERE PORT
FRODSHAM
Helsby
NORTHWICH
CHESTER
Kelsall
WINSFORD
Tattenhall
MALPAS
Localities and communities
Populations in brackets
GP practices by locality
Vale Royal (104,000)
City (110,000)
Rural (66,000)
Ellesmere Port and Neston (88,000)
Care communties
Chester South (34,000)
Chester East (37,000)
Fountains (38,000)
Princeway (27,000)
Rural (39,000)
Ellesmere Port (68,000)
Neston and Willaston (20,000)
Winsford (34,000)
Northwich (70,000)