



MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC - PART ONE

THURSDAY 2ND DECEMBER 2021, 1.30PM – 2:45PM

VIA TEAMS VIDEO-CONFERENCE

A G E N D A

Apologies: Michael Boyle (Partner Governor), Stuart Hatton (Public Governor), Mark Adams (Non-Executive Director), Hilda Gwilliams (Director of Nursing & Quality), Susan Gilby (Chief Executive Officer), Simon Holden (Director of Finance/Deputy CEO), Alyson Hall (Director of HR & OD).

FORMAL BUSINESS:			Required Action
1:30pm	1. Welcome, apologies and opening remarks	Trust Chair	To note
1:30pm	2. Declarations of conflicts of interest with agenda items	Trust Chair	To note
1:30pm	3. To approve the minutes of the Council of Governors meeting held on the 23 rd September 2021 (attached) and to consider any matters arising. Page 3 - 8	Trust Chair	To approve
1:35pm	4. Executive Medical Directors Update (verbal)	Executive Medical Director	To note
SAFE, EFFECTIVE, CARING , RESPONSIVE & WELL LED			
1:50pm	5. To receive questions on: (a) The minutes of the Board of Directors meeting held on the 14 th September 2021 and agenda of 9 th November 2021 (attached). Page 9 - 19 (b) The September 2021 Integrated Performance Report (attached). Page 20 - 70 (c) The month 6 (September) 2021 Finance Report (attached). Page 71 - 86	Trust Chair & Executives	To note and discuss
WELL LED			
2:05pm	6. To note the recent reports from chairs of board committees, with an opportunity to raise any questions (attached): (a) Report from the chair of Quality & Safety Committee – 19 th October 2021 Page 87 - 92 (b) Report from the chair of Audit Committee – 1 st September 2021 Page 93 - 95 (c) Report from the chair of Finance & Performance Committee – 28 th September 2021 Page 96 - 98	Trust Chair & Non-Executive Directors	To note and discuss



2:20pm	7. To receive an update on the work of the Membership Engagement Group (verbal)	Governor/ Deputy Company Secretary	To note
2:25pm	8. To receive any feedback from governors in relation to Trust Members and ongoing activities (verbal)	Governors	To note
CONCLUSION			
2:40pm	9. Any Other Business	Trust Chair	To discuss
2:45pm	10. Date and Time of Next Meeting: Council of Governors: 17th March 2021 at 1.30pm – 3.30pm	Trust Chair	

Council of Governors are reminded that any changes to their circumstances concerning their eligibility to vote as a member of a constituency, which have occurred since their last declaration, must be passed to the Company Secretary or Deputy Company Secretary immediately. Governors may not vote at Council of Governors' meetings if they no longer meet the requirement of the Trust's Constitution.



**MINUTES OF THE COUNCIL OF GOVERNORS, IN PUBLIC,
THURSDAY, 23RD SEPTEMBER 2021 AT 2.30PM – 3.45PM
HELD VIA VIDEO-CONFERENCE DUE TO THE COVID-19 PANDEMIC RESTRICTIONS**

<u>Members</u>	03/06/21	23/09/21	02/12/21	17/03/22
Mr Ian Haythornthwaite, Trust Chair (Chair of meeting)	N/A	<input checked="" type="checkbox"/>		
Mr P Folwell, Public Governor/Lead Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr M Boyle, Partnership Governor	X	<input checked="" type="checkbox"/>		
Ms D Brown, Staff Governor	X	<input checked="" type="checkbox"/>		
Mr S Collings, Partnership Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Ms H Cooper, Staff Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Ms K Cottrell, Staff Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr H De Winter, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Ms P Edwards, Staff Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr A Firman, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr D Foulds, Partnership Governor	X	<input checked="" type="checkbox"/>		
Mr S Hatton, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr H Hoather, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr R Jackson, Public Governor/Deputy Lead Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr B Jones, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr J Jones, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr M Morris, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mrs K Newbury, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mrs R Overington, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Professor A Simpson, Partnership Governor	X	<input checked="" type="checkbox"/>		
Dr S Singh, Staff Governor	X	<input checked="" type="checkbox"/>		
Mrs B Southward, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Dr C Stein, Public Governor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
(Ms Chris Hannah, ex Trust Chair)	<input checked="" type="checkbox"/>	N/A		

<u>In Attendance</u>	03/06/21	23/09/21	02/12/21	17/03/22
Dr S Gilby, Chief Executive Officer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr S Holden, Director of Finance and Deputy CEO	X	<input checked="" type="checkbox"/>		
Dr D Kilroy, Executive Medical Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mrs A Hall, Director of HR & OD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr D Coyle, Chief Operating Officer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Ms H Gwilliams, Interim Director of Nursing & Quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Ms C Williams, Chief Digital Information Officer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr M Adams, Non-Executive Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Ms R Fallon, Non-Executive Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Ms B Fletcher, Non-Executive Director and Vice Chair	X	<input checked="" type="checkbox"/> Chair		
Mr K Gill, Non-Executive Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mr A Higgins, Non-Executive Director	X	<input checked="" type="checkbox"/>		
Mr P Jones, Non-Executive Director	X	<input checked="" type="checkbox"/>		
Mr D Williamson, Non-Executive Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Ms A Campbell, Associate Non-Executive Director	X	<input checked="" type="checkbox"/>		
Mr K Haynes, Interim Governance Consultant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mrs D Bryce, Lead for Governance Improvement/ Deputy Company Secretary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mrs C Jones, PA to the Medical Director	N/A	<input checked="" type="checkbox"/>		



FORMAL BUSINESS	
1.	<p><u>Welcome, apologies and opening remarks</u></p> <p>Vice Chair, Ms Fletcher welcomed everyone to the meeting.</p> <p>Apologies were received from Trust Chair, Ian Haythornthwaite; Peter Folwell, Lead Governor; Governors: Hugh Hoather, Stuart Hatton, Paula Edwards, Michael Boyle, David Foulds, Brenda Southward and Angela Simpson; Non-Executive Directors: David Williamson, Paul Jones, Mark Adams, Andrew Higgins and Ken Gill; and Debbie Bryce, Deputy Company Secretary.</p> <p>The Interim Governance Consultant confirmed that the meeting was quorate.</p> <p>On behalf of the Council of Governors, the Vice Chair thanked the Deputy Lead Governor, Mr Jackson, who was stepping down as Governor at the end of September. Mr Jackson's significant commitment as governor was acknowledged, along with his support to all governors and contributions to the Medical Devices Group. The Council of Governors extended its best wishes to Mr Jackson for the future.</p>
2.	<p><u>Declarations of Conflicts of Interest with agenda items</u></p> <p>There were no declarations of interest in relation to conflicts with agenda items.</p>
3.	<p><u>To approve the minutes of the Council of Governors Meeting, 3rd June 2021 and to note any matters arising</u></p> <p>The minutes of the meeting held on 3rd June 2021 were approved.</p>
4.	<p><u>Chief Executive Officer's Update</u></p> <p>The Chief Executive noted that the report circulated had been included within the papers for the recent Board of Directors meeting held on 14th September 2021. The following points were raised:</p> <ul style="list-style-type: none"> • The Trust had received planning permission for the Same Day Emergency Care Unit (SDEC), and this was progressing. • The Trust had signed a contract with Compass to refurbish the hospital's main reception area to include a Costa Coffee outlet for staff and visitors. • The Trust's Catering Team had recently won a regional award for hospital of the year and the Trust was proud of the achievement. • The Covid-19 figures were steadily in double figures, but not currently rising above the mid-30s and were mostly unvaccinated younger people. • There had been an approximate 30% increase in Emergency Department (ED) attendances, with several escalation areas open, resulting in huge staffing challenges. • A Covid-19 booster programme had been established in conjunction with Cheshire & Wirral Partnership (CWP) NHS Foundation Trust, for Countess of Chester and CWP staff. <p>In response to an enquiry made by Public Governor, Dr Stein, the Chief Executive Officer confirmed that there were significant issues with discharges and flow out of the hospital and that the Executive Medical Director and Chief Operating Officer were leading on work to improve this, including consideration of access to packages of care, with system level discussions taking place, including for Welsh patients. It was acknowledged that Ellesmere Port Hospital was still being used for step-down patients and for rehabilitation.</p>



	<p>The Deputy Lead Governor detailed issues that a relative in Flintshire was having with regards to packages of care and access to carer support. In response, the Chief Executive Officer suggested there may be a benefit in a co-ordinated or national approach to rates of pay for workers within social care, such as the initiative taking place in Worcestershire.</p> <p>In response to an enquiry made by Public Governor, Mr J Jones about progress with the elective waiting list restoration plans, the Chief Executive Officer informed that:</p> <ul style="list-style-type: none"> the Trust's new electronic patient record implementation had begun in July 2021 and a resulting reduction in activity had been factored in during August and September 2021 Covid-19 infection prevention and control measures were impacting on productivity the total waiting list position was not acceptable the Executive Medical Director had met with the Clinical Commissioning Group that morning and work was underway, for example, looking to address gynaecology cancers with neighbouring partners long elective waiting times was the main issue that Trust members were likely to be most concerned about workforce capacity was the main factor, rather than finances. The workforce was working above and beyond duty and, in addition, referrals were increasing the need to address the issues was recognised nationally <p>The Council of Governors noted and considered the contents of the CEO update report.</p>	
SAFE, EFFECTIVE, CARING, RESPONSIVE & WELL LED		
5.	<p><u>To receive questions on:</u></p> <p>(a) The minutes of the Board of Directors meeting held on 13 July 2021 and agenda of 14 September 2021</p> <p>(b) The July 2021 Integrated Performance Report</p> <p>(c) The Month 04, July 2021 Finance Report</p> <p>Questions were considered together on the documents circulated.</p> <p>In response to concerns raised by Public Governor, Dr Stein, the Executive Medical Director noted that the reporting of incidents was part of a positive safety culture, and he welcomed the rise in low level incidents reported; and this was not necessarily a rise in more harm and that the root cause of some incidents could be within the community. The Interim Director of Nursing added that the Trust was promoting incident reporting and looking closer into the medication incidents, with more medication incidents expected due to the nature of the area. It was noted that for every incident that resulted in harm, an investigation would take place which would be shared with the patient(s) involved.</p> <p>Public Governor, Mr Firman queried from the 13th July 2021 board minutes whether there was a plan for a board mortality indicators workshop and if governors would be invited to attend. In response, the Vice Chair and Interim Governance Consultant advised that the governors had not been involved in board development sessions, to date, and relevant areas of interest could be scheduled for the dedicated Governor Forum meetings; and the board mortality workshop had taken place on 14th September.</p> <p>In response to further enquiries made by Public Governor, Mr Firman, the Interim Director of Nursing explained that:</p>	



	<ul style="list-style-type: none"> • there was an advert out for maternity recruitment which had received a good response • an internal recruitment programme was underway for nursing staff with a cohort due to join the Trust in December 2021/January 2022, which was positive • overall within the organisation there were generally not many vacancies, but there existed other impacts to the workforce availability, i.e. sickness and maternity leave • with regards to sickness absence, the Covid-19 related sickness was declining, but short-term sickness was on the rise due to subsequent fatigue • there were currently challenges being experienced with regards to care hours and the number of 1-1 nursing support required • there was a dedicated Falls Group considering all falls incidents and a member of Chester University had been asked to join the group <p><i>Staff Governor, Ms Cottrell joined the meeting.</i></p> <p>Public Governor, Mr Firman enquired whether the fifth endoscopy suite was in operation, which the Chief Operating Officer confirmed that it was.</p> <p>In addition, Public Governor, Mr Firman enquired if the elective recovery fund was dependent upon the Integrated Care System performance as a whole. In discussion, the Director of Finance explained that this was the case and that income was received into the system and allocated proportionally to those over-performing.</p>	
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6. To note the recent reports from the Chairs of Board committees, with an opportunity to raise questions:

(a) Report from the Chair of Quality & Safety Committee – 20th July and 24th August 2021

The inclusions of the five key priorities within the Chairs' reports were noted.

In response to an enquiry raised by Public Governor, Dr Stein regarding the ward accreditation programme, the Interim Director of Nursing advised that an update paper was scheduled for the next Quality & Safety Committee meeting. The teams had an action plan for improvement, with continuous monitoring taking place, and there had been improvement in the position.

(b) Report from the Chair of Audit Committee – 28th July 2021

Public Governor, Mr J Jones enquired as to the status of the *Limited* assurance reported with regard to emergency preparedness. The Director of Finance explained that limited assurance had been received within the recent internal audit review as it was found that simulation exercises had not taken place, however there was now an Emergency Planning Manager in place taking forward the resulting action plan.

(c) Report from the Chair of the Finance & Performance Committee – 28th July 2021

No questions were raised on the report.

The reports from the Chairs of the Board committees were noted.



7.	<p><u>Governor Election Results 2021</u></p> <p>The Interim Governance Consultant referred to the outcome of the recent governor elections, as outlined within the report. Thanks were extended again to the Deputy Lead Governor who was standing down and to Public Governor, Mrs Southward who had not stood for re-election.</p> <p>There was a discussion on the governor vacancies which remained following the election process, and the Interim Governance Consultant suggested that the governors may wish to consider which route to take, in conjunction with the Lead Governor.</p> <p>The Council of Governors: -</p> <ul style="list-style-type: none"> • Noted the contents of the report and the results of the 2021 governor elections. • Welcomed a new governor, Mr Lionel Rimmer, to the Council of Governors, along with those who were re-elected for a further term. • Recorded thanks to the outgoing governors, as follows: Brenda Southward, Public Governor, Chester & Rural Cheshire, who did not re-stand for election; and Mr Russell Jackson, Deputy Lead Governor & Public Governor, Flintshire, who had recently decided to stand down from his position, since the election process started, and leaves the Council of Governors on 30th September 2021 after eight years of service as a governor. 	
8.	<p><u>Update on the work of the Membership Engagement Group and approval of terms of reference</u></p> <p>Public Governor, Mr De Winter reported that:</p> <ul style="list-style-type: none"> • he hoped that the work progressing within the Membership Engagement Group would result in additional members and more interest from Trust Members wishing to stand as governors in future • the group was working to update the governor/members information on the Trust's website, including support from the Communications Team • video messages from Governors had been uploaded to social media and this would be built on in future • access to minority groups was under consideration with support from the Equality & Diversity Manager and a leaflet had been drafted and was being further considered for future digital and hard copy use to encourage a more diverse membership <p>The Vice Chair noted that she was pleased that more was being done to reach out to minority groups and sought confirmation from governors on the Terms of Reference provided.</p> <p>The Council of Governors approved the Membership Engagement Group Terms of Reference.</p>	
9.	<p><u>To receive any feedback from governors in relation to Trust Members</u></p> <p>Public Governor, Mr De Winter shared a patient's feedback received in relation to a mammogram attendance and the difficulties completing the feedback form, which he had raised with the Patient Experience team who were investigating.</p> <p>Public Governor, Mrs Newbury enquired whether discharge letters were being issued promptly to GP's as delays had been reported to her. In response, the Executive Medical Director advised that there had been some difficulties experienced due to the Trust's new electronic patient record, and the Trust was in dialogue with GPs in relation to resolution of</p>	



	the issue. The Chief Digital Information Officer noted that elements of the system were being tested to ensure that discharge letters could work well and timely.	
CONCLUSION		
10.	<p><u>Any Other Business</u></p> <p>Public Governor and Organ Donation Committee Chair, Dr Stein advised that it was Organ Donation week and presence in the hospital to promote this had not been possible due to the current infection prevention and control restrictions. It was reported that between April 2020 to April 2021 the Trust had had three organ donors, resulting in seven lifesaving transplants. And with the electronic patient record implementation, the Trust was aiming to offer tissue donation in the near future.</p> <p>Dr Stein thanked Tracey Rhodes, Senior Nurse for her work with the Organ Donation Committee and welcomed Rebecca Gallagher as her replacement, along with the Executive Medical Director who was becoming the executive lead to join the committee. It was noted that the committee's work was productive and progressing well.</p>	
11.	<p><u>Date and Time of Next Meeting</u></p> <p>Council of Governors: 2nd December 2021 at 1.30pm</p>	

Council of Governors are reminded that any changes to their circumstances concerning their eligibility to vote as a member of a constituency, which have occurred since their last declaration, must be passed to the Company Secretary or Deputy Company Secretary immediately. Governors may not vote at Council of Governors' meetings if they no longer meet the requirement of the Trust's Constitution.

MINUTES OF THE PUBLIC BOARD OF DIRECTORS (PUBLISHED ITEMS)

TUESDAY, 14TH SEPTEMBER, AT 10:30AM – 1.30PM

HELD VIA VIDEO-CONFERENCE, DUE TO COVID-19 PANDEMIC RESTRICTIONS

<u>Members</u>	20/05/ 2021	13/07/ 2021	14/09/ 2021	09/11/ 2021	18/01/ 2022	08/03/ 2022
Trust Chair, Mr I Haythornthwaite	N/A	N/A	<input checked="" type="checkbox"/>			
(Trust Chair, Ms C Hannah)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A
Chief Executive Officer, Dr S Gilby	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Executive Director, Mr A Higgins	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Executive Director, Mr D Williamson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Executive Director, Mr M Adams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Executive Director, Mrs R Fallon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Executive Director, Ms B Fletcher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Executive Director, Mr P Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Executive Director, Mr K Gill (<i>item B14 only</i>)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Executive Medical Director, Dr D Kilroy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Director of Finance/Deputy Chief Executive, Mr S Holden	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Interim Director of Nursing, Ms H Gwilliams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Director of Human Resources and Organisation Development, Mrs A Hall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Chief Digital Information Officer, Ms C Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Chief Operating Officer, Mr D Coyle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

<u>In Attendance</u>	20/05/ 2021	13/07/ 2021	14/09/ 2021	09/11/ 2021	18/01/ 2022	08/03/ 2022
Trust Chair Designate, Mr Ian Haythornthwaite (Observer)	N/A	<input checked="" type="checkbox"/>	N/A			
Associate Non-Executive Director, Ms A Campbell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Interim Governance Consultant, Mr K Haynes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Lead for Governance Improvement/Deputy Company Secretary, Mrs D Bryce	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
PA to the Medical Director, Mrs C Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A			
Director of Transformation, Mr I Bett	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A			

<u>FORMAL BUSINESS</u>		
B1/09/ 21	<p><u>Welcome, apologies and opening remarks</u></p> <p>On behalf of the Board, the Trust Chair thanked Mr Andrew Higgins for his significant contributions to the Trust in his role as Non-Executive Director, noting that this was his last Board meeting. He also made the Board aware that Mr Russell Jackson, Deputy Lead Governor had taken the decision to stand down from his role at the end of September 2021, and thanked Mr Jackson for his contributions and achievements during his terms of office.</p> <p>Apologies were received from Mr Ken Gill, Ms Andrea Campbell and Ms Cara Williams. It was noted, however, that Mr Gill planned to join the meeting at 1pm to present the Audit Chair's Report.</p>	
B2/09/ 21	<p><u>Declarations of Conflicts of Interest with agenda items</u></p> <p>There were no declarations of interest in relation to conflicts with agenda items.</p>	

B3/09 /21	<p><u>Minutes of the meeting held on the 13th July 2021</u></p> <p>The minutes of the Board of Directors meeting held on 13th July, 2021 were approved as a correct record.</p>	
B4/09 /21	<p><u>To consider any matters arising and action log</u></p> <p>It was noted and that action 14/20 in relation to fridge temperature monitoring was being considered via the Quality & Safety Committee. In addition, action 02/21-22 in relation to workforce reporting was ongoing; and action 03/21-22 would be covered within the scheduled IPR and mortality agenda items. There were no matters arising to report.</p>	
B5/09 /21	<p><u>Chief Executive Officer's Report</u></p> <p>The Chief Executive Officer made reference to her report and additional announcements, as follows:</p> <ul style="list-style-type: none"> • 12-15 year olds would now be invited for a single dose of the Pfizer vaccine. • An increase in Covid-19 had been seen in pregnant women and women who had recently given birth, with some serious cases. And the evidence indicates that the vaccine is safe for pregnant women. • The Chair of the Integrated Care System (ICS) recruitment process had concluded, with the outcome expected early October, following the required approvals. • The Trust has signed a lease with Compass to refurbish the main entrance to the hospital and to provide a Costa Coffee. • The Same Day Emergency Care (SDEC) planning approval had been received, which is expected to transform urgent care services in the future. • Congratulations were extended to the Trust's Catering team who had been awarded Hospital of the Year by their association, for the North West, and were expected to move forward to the finals. <p>Following an enquiry made by Non-Executive Director, Ms Fletcher with regard to the development of ICS governance, the Chief Executive Officer advised that herself and the Deputy Chief Executive were members of the Place Executive Group and a workshop was scheduled to consider the ICP structure and how funds would be managed; with the priorities of Cheshire West to be set by the Health & Wellbeing Board.</p> <p>The Board noted the Chief Executive Officer's Report.</p>	
B6/09 /21	<p><u>Board Assurance Framework (BAF) – Quarter 2 2021/22</u></p> <p>The Interim Governance Consultant advised that the updated BAF reflected the discussions being held within Board committees, such as workforce issues and making the risks more strategic, and that he anticipated greater alignment with the Board five year strategy in future. The one new risk in relation to the EPR+ programme optimisation was noted, along with the top risks. The need for the BAF to be aligned with emerging risks, as referenced within the Audit Chair's report was acknowledged, along with the intention for the committees of the Board to further review the quarter 2 BAF.</p> <p>In response to an enquiry made by Non-Executive Director, Mr Jones as to sight of the employee engagement strategy, the Director of HR & OD advised that the formal work had not yet commenced, although the People Strategy was being embedded, and that further discussion with Mr Jones, as the Wellbeing Guardian, could be held.</p> <p>Further observations by Non-Executive Directors related to how the BAF had developed; the driver for the CQC visit in September; the devices required in relation to the new risk, E10, and if there were any safety risks linked to that; along with the potential for inclusion of data quality in future within the action plan for risk E10, and viewing all the detail of risks</p>	



	<p>E9 and E10. Action agreed: It was agreed that it would be useful to add further detail on data quality to the quarter 3 action plan for BAF risk E10, and to add a target risk date.</p> <p>The Trust Chair remarked that Board reports in future should focus on the monitoring of the BAF, the tracking of risks and the speed of direction in which they are moving.</p> <p>In relation to the CQC visit, the Interim Director of Nursing & Quality advised that the Trust was placed in the high risk category following the last inspection and that the CQC had decided to hold a series of virtual reviews and would analyse the Urgent Care Division documentation and ask any relevant questions; indicating that improvements had been demonstrated. It was expected that a maternity review would follow next in November 2021, and Surgery in January 2022, and that a Well Led review was expected around March 2022, with the methodology of the CQC not allowing them to change the overall score for an organisation until they physically visit the organisation.</p> <p>In response to an enquiry made by Non-Executive Director, Ms Fallon, as to the last Well Led review undertaken, the Chief Executive Officer referred to the previous external governance review and the intention to begin commissioning a Well Led review in the coming weeks, via a procurement process.</p> <p>The Board:</p> <ul style="list-style-type: none"> Reviewed the BAF/Strategic Risk Register and considered that the top risks reflected the current knowledge and understanding of strategic risks within the organisation. Noted the addition of a new risk, E10 - EPR+ Programme Implementation - with an initial total risk score of $4 \times 5 = 20$ and a residual total risk score of $4 \times 4 = 16$. 	CW/ KH
<p>SAFE B7/09 /21</p>	<p><u>Quality & Safety Committee Chair's Reports – 20th July 2021 and 24th August 2021 (attached), including:</u></p> <p>Non-Executive Director, Ms Fallon referred to her view of the priorities of the Quality & Safety Committee moving forwards; that a Board workshop was being held that afternoon on mortality; and that further work was required on infection prevention and control, Sepsis, and ensuring that the priorities within the Quality Accounts were being delivered. The Chair welcomed a focus on the priorities of the committee's in future chair's reports.</p> <p>The Board noted that medicines management Electronic Patient Record (EPR) assurances/mitigations were expected to be received by the Committee in October.</p> <p>The Board noted the contents of the reports.</p> <p>a) <u>Infection Prevention & Control (IPC) BAF</u> The Board were advised that the IPC BAF followed the national framework and that overall there were no high risk areas, with plenty of mitigation and good progress in place. The Interim Director of Nursing explained that the amber risks predominantly related to the Trust's estate, i.e. ventilation and side room capacity to manage Covid-19 patients, and that work was underway to review plans, with further discussion expected at the Quality & Safety Committee on the levels of risk.</p> <p>The Board consider and noted the assurance provided within the IPC BAF report.</p> <p>b) <u>Ockenden Report progress - verbal update</u> The Interim Director of Nursing referred to the learning from Shrewsbury and Telford Hospitals following the independent maternity review and made the Board aware of the</p>	

	<p>following:-</p> <ul style="list-style-type: none"> • The Trust (Countess) had completed and submitted the self-assessment to the regional office. There were some gaps which had subsequently been addressed, with some posts current out to recruitment. • There were three elements outstanding since the previous update:- <ul style="list-style-type: none"> (1) The Trust had been asked to submit evidence against the recommendations which was now completed, and with feedback awaited; (2) In relation to increased workforce at the point of delivery, national funding was available and the Trust had received feedback that all of the midwifery funding would be received but only half of the medical consultant funding, as per other organisations. These posts were out to advert; and the Trust had written back to confirm that 24/7 medical gaps would continue as only half (0.9 whole time equivalent from 2.0) of the funding had been received. (3) Each organisation had been asked to submit midwifery workforce data to an external source to confirm that their establishment numbers met the standards and confirmation had been received, but further analysis was awaited, with no issues expected. <p>The Director of Finance clarified that the Trust intended to fund the 0.1 gap to make the 0.9 funding into one whole time equivalent consultant position.</p> <p>The Board noted the verbal Ockenden report update.</p>	
B8/09 /21	<p><u>Mortality Indicators/Learning from Deaths Report</u></p> <p>The Board were advised by the Executive Medical Director that the mortality report describes the key pieces of work and assurances following deep dives into some areas of concern. It was noted that there was a Board mortality workshop session scheduled following the Board meeting to explore the issues in further detail.</p> <p>The Board noted the overall performance against all areas and actions being taken to meet targets.</p>	
B9/09 /21	<p><u>Update on Clinical Services Strategy</u></p> <p>The Executive Medical Director referred to the original Clinical Services Strategy agreed in 2019 and the subsequent impact from the Covid-19 pandemic which had influenced the roll out. The Board were made aware of the progress in the work that underpins the strategy, such as virtual consultations, and the continued efforts to maximise the progress of this via use of the correct hardware was acknowledged. It was noted that long term conditions had presented a risk and an opportunity in how those pathways were reformed. The Board were also made aware of the complexities from the EPR programme roll out which had been challenging. In addition, the Executive Medical Director advised that the Trust was ahead of where it aimed to be at this stage, and acknowledged the requirement to develop a system clinical strategy.</p> <p>In response to an enquiry made by Non-Executive Director, Ms Fletcher with regard to the recent learning from the <i>Perfect Week</i> exercise and embedding this within the clinical strategy, the Executive Medical Director explained that all the measures were aligned to the strategy and the Perfect Week demonstrated how things could look if the improvements were made, but some elements were a challenge and outside of the Trust's direct control within the wider community.</p> <p>There was a suggestion from Non-Executive Director, Ms Fletcher that a strategic level discussion would be helpful for Board covering:- (1) Digital, to improve learning; (2) Collaborations as a system and how the BAF can be used to provide timely patient</p>	

	<p>care, shared across the system to tackle difficult issues; and (3) Links to GIRFT to improve internal productivity and system learning. The Executive Medical Director acknowledged the strong position within the region to discuss GIRFT and productivity.</p> <p>There was a discussion of the supporting strategies to the clinical strategy and the interdependencies, prompted by Non-Executive Director, Mr Williamson who sought clarification as to the key enabling projects; and acknowledging the good separate strategies in place. The Chief Executive Officer advised of the operation progress to deliver the existing strategies and the prioritisation discussions at Board, with the biggest block to progress currently being workforce issues and having the right people in place. The Trust Chair acknowledged the future consideration by Board of how any blockers/issues to strategy progress should be resolved.</p> <p>The Board noted the contents of the clinical strategy update report and the invitation to interpret the document as an opportunity to discuss the future shape of strategic delivery across the Trust and the wider health system.</p>	
B10/ 09/21	<p><u>Winter Planning verbal update</u></p> <p>The Chief Operating Officer informed the Board that the winter plan was under development and had undergone four iterations recently; with the strategic element revised to reflect the current status of the hospital, due to nearly reaching 100% occupancy at all times, with escalation beds open. In addition, the following points were raised:</p> <ul style="list-style-type: none"> • Cheshire & Mersey have issued a template winter plan, due for completion by the end of the month, and are aiming to develop a system plan. • The current situation is challenging and plans are changeable, with the requirement to adapt quickly. • The strategic approach to winter includes:- the <i>Perfect Week</i> which released 100 beds prior to the Cerner EPR go-live and is planned again in October 2021; an interim respiratory support unit, with a dedicated area expected by January; more assessment cubicles to be established within the Emergency Department (ED); and consideration of changes to location again for elective surgery and some day surgery, as part of elective recovery plans. • Patients are attending ED more frequently, especially in evenings and weekends, with workforce challenges being experienced daily. <p>There was a discussion on the expected increase in bed occupancy under normal circumstances; expected Covid-19 demand; and how much worse the position could reach, prompted by Non-Executive Director, Mr Adams. The Chief Operating Officer outlined the normal expected occupancy of 85% and that the maximum he would want in December of 94%. The expectation that Covid-19 numbers would increase was outlined, along with plans to identify the next escalation area to be co-located with the Respiratory Support Unit, with the ultimate aim of keeping patients and ED safe. It was noted that care provision in the local area was very challenged, including Flintshire, which is impacting upon the hospital and consideration is required on how to influence this regionally.</p> <p>Non-Executive Director, Ms Fallon enquired if any modelling had been completed of the situation and what the health system response would be if all trusts were in the same situation. In response, the Chief Operating Officer advised that modelling had been undertaken, including critical care and that enquiries had been made with regard to potential mutual aid and the system approach to this. The Chief Executive Officer added that the robust plan in place had been tried and tested via surges in activity, including critical care, and that the Executive Team had agreed financial support for an escalation area in order to free up medical staff to ensure patient flow. And in terms of a system response, the system plan is not yet available to bring to Board and no additional capacity had been put in place in terms of separate 'cold' (elective) units, and the Trust would enact</p>	

	its own plan and intended to contain the urgent care need internally.	
	The Board noted the verbal winter planning update.	
EFFECTIVE		
B11/ 09/21	<p><u>Finance & Performance Committee Chair's Report – 27th July 2021 including updated Terms of Reference</u></p> <p>Non-Executive Director, Mr Higgins outlined his expected priorities for the committee including:- the opportunity to focus on the people issues/strategies; exception reporting for elements of the integrated performance report, including deep dives to look to remedy issues; considering a sensible budget for next year and establishing the longer term financial framework; and establishing the common ground and scrutinising the risk management landscape to support the work of the Audit committee. He referred to the meeting of 27th July and the BAF and integrated performance report discussions, along with the recalibration of the sickness absence metric. The challenge around cost reduction schemes and achieving results in the second half of the year (H2) was raised, and that scrutiny needed to remain in place on this. The revised Committee terms of reference were also brought to the Board's attention, for ratification.</p> <p>The Board:-</p> <ul style="list-style-type: none"> • Noted the contents of the report. • Ratified the revised Finance & Performance Committee terms of reference. 	
B12/ 09/21	<p><u>Finance Report – Month 04, July 2021/22</u></p> <p>The Director of Finance made the Board aware of the following in relation to the financial position:-</p> <ul style="list-style-type: none"> • The aim within the first six months of the year is a break even target, and at the end of month 04, a £1.4m surplus was reported, as a better Elective Recovery Funding had been achieved than earlier in the year. • The month 5 position had recently been produced showing a surplus of £0.9m. • Escalation wards remain open; Cerner remediation is in place; cost reduction (CRS) schemes are not being delivered currently; and Covid-19 patient numbers are high. And resulting pressures include nursing and medical staffing expenditure. • The financial regime for the second half of the year is awaited. • Trusts have been informed centrally that they cannot utilise their annual leave accruals. • The Trust have been turned down for a cash loan in relation to the capital programme, as there is too much cash in system, but there is an opportunity to request cash, when required. • A risk exists in relation to the new Cerner EPR system and capturing activity. <p>Following an enquiry made by Non-Executive Director, Ms Fallon with regards to the impact on cost reduction, and utilising the Elective Recovery Funding this year which is expected to be non-recurrent, the Director of Finance explained that a bigger financial problem is brought forward if the cost reduction is not delivered recurrently each year. The Trust is being encouraged to deliver CRS, with an expected 2% to be delivered in the second half of the year, but it remains challenging currently, with previous cost savings reinvested due to the Covid-19 pandemic.</p> <p>The Board noted the contents of the report, including the risks outlined.</p>	
B13/ 09/21	<p><u>Integrated Performance Report – July 2021</u></p> <p>The performance areas of focus were raised, including cancer and 52 week waiters. The Interim Director of Nursing and Quality advised that work was underway to develop a nurse</p>	



	<p>staffing tool to demonstrate the workforce position. In relation to continuity of care within maternity, it was acknowledged that there had been non-compliance with this for a number of months and the Trust was an outlier in implementing a phased approach. And it was envisaged that the final plan would be shared with Quality & Safety Committee to agree and leading to implementation by December 2021.</p> <p>Clarification was sought by Non-Executive Director, Mr Higgins with regard to the reference within the RTT exception report to a deep dive via the Intensive Support Team, enquiring if this was independent. In response, the Chief Operating Officer advised that the team were part of NHSE/I, and the team had asked if they could revisit following the Trust's Cerner EPR implementation as some of their previous recommendations were expected to be resolved with the Cerner implementation. It was advised that it was planned to request the team to return in October/November 2021 and share the initial report with the Finance & Performance Committee.</p> <p>There was a discussion on the increase in medication incidents reported, with Non-Executive Director, Mr Jones enquiring if this was something that should be considered as positive or negative. The Director of Nursing & Quality advised that more work was required to move incident reporting out of the bottom percentile; that she would expect medicines reporting to be in the top reporting categories; and that with the Cerner implementation there had been a number of incidents reported where nurses thought they were ordering medicines, and they were prescribing them instead, which was a technical issue with the system which had now been resolved, and which explained some of the rise in incidents. It was noted that there was positive encouragement given to staff within the Trust to report incidents.</p> <p>In response to an enquiry made by Non-Executive Director, Ms Fallon with regard to a change in mandatory training and appraisal targets, and the level of assurance to achieve the new slightly lower appraisal target, the Director of HR & OD notified that this was monitored via Strategic Workforce Group; the appraisal format had been revisited and the appraisal performance was beginning to show signs of improvement, however mandatory training was more challenging.</p> <p>A further enquiry was considered by the Board from Non-Executive Director, Ms Fletcher in relation to the impact of increased activity and the impact of the Cerner EPR implementation on income, due to the level of associated risk. The Chief Operating Officer outlined that the BAF had been updated to cover this risk area; and that, in terms of performance, both Emergency Department and occupancy was being monitored in relation to the Cerner implementation effect. He advised that activity reporting had been a challenge, but is developing at pace, with updates provided to NHSE/I regularly; a significant amount of validation work undertaken, and weekly restoration group in place with appropriate governance to monitor this.</p> <p>The Board considered and noted the contents of the July Integrated Performance Report.</p>	
B14/ 09/21	<p><u>Audit Committee Chair's Report – 28th July 2021 and verbal update from 1st September 2021 meeting</u></p> <p><i>Non-Executive Director, Mr Gill joined the meeting.</i></p> <p>The priorities for the committee were outlined by Non-Executive Director, Mr Gill; the most significant being ensuring links with the risk management framework and making progress on the implementation of the internal audit recommendations.</p> <p>The Board were informed that during the meeting of 28th July 2021, <i>Limited</i> assurance had</p>	

	<p>been received from internal auditors, MIAA, on the Emergency Preparedness, Resilience and Response (EPRR) audit and that an action plan had been received. In relation to learning from deaths and mortality, the Committee had agreed to bring forward the internal audit on this to quarter 3, from quarter 4. The revised Standing Financial Instructions (SFI's) and variable pay approval levels were also noted as agreed by the Committee and requiring approval by the Board.</p> <p>A verbal update from the recent 1st September meeting was provided, including the following:</p> <ul style="list-style-type: none"> • The appointment period of the external auditors had been considered in private based on the previous Council of Governors decision to appoint on a 1+1 year basis, with further consultation with the Council of Governors planned to continue with the current external auditor for a further year, based on the state of the external market and the advice of NHSE/I. • A private meeting had been held with the external and internal auditors to consider the general risk environment and there was a suggestion to hold a wider discussion on this area with Board in future. • Pleasing progress had been made in the approach to improving the internal audit processes and the Committee was expecting progress in some outstanding recommendations via the leads. • The environmental sustainability report from MIAA had been considered, with the relevant Divisional Director in attendance, and the Chief Digital Information Officer had volunteered to be the executive lead for sustainability. • There was continuing concern for cyber security and work is in progress. • Assurance had been received on the counter fraud baseline assessment and there are eight green and five amber elements, but the Trust is at a good starting position on this. <p>The Board:-</p> <ul style="list-style-type: none"> • Noted the contents of the report • Approved the Standing Financial Instructions, including variable pay approval levels, as included within the Part B papers. 	
<p>CARING</p> <p>B15/ 09/21</p>	<p><u>Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) action plans</u></p> <p>The Director of HR & OD referred to the outcomes of the WRES and WDES surveys to inform action plans, which had raised some issues; and that significant international recruitment had taken place with as much as possible undertaken to support staff on-boarding, especially during Covid-19 and self-isolate requirements. It was noted that feedback was encouraged; a BAME network was in place where views could be raised; and the action plans aimed to make material changes, although there would be resource implications to consider within the priorities.</p> <p>The openness of the survey respondents was welcomed by Non-Executive Director, Ms Fletcher, who remarked on the levels of pastoral support required for overseas staff and enquired about the progress of the inclusive values and behaviours outlined within the Trust's People Strategy. In response, the Director of HR and OD outlined the limited pastoral care in place as only £50k funding had been received for this and that the values work was being taken forward, with engagement on this planned.</p> <p>There was an enquiry made by Non-Executive Director, Mr Jones in relation to an external benchmark against other Trusts of the feedback along with funding for the BAME leadership course. In discussion, the Director of HR and OD advised that she was unaware of a benchmark on the survey feedback, but a correlation could be made to the staff survey feedback, and that the funding for the BAME leadership course would be</p>	

	<p>followed up. She also welcomed the suggestion of the sharing of lessons learned from the work of Non-Executive Director, Mr Adams within a related organisation. The Trust Chair remarked on the cultural deep seated issues to be considered within the items under consideration.</p> <p>The Chief Executive Officer advised the Board that the issue had been discussed during the week and there was an intention to move forward and appoint a senior manager role within Organisation Development and there was a requirement to establish the right values soon, welcoming the Board's view on this, in conjunction with the HR target operating model. There was support from the Trust Chair for a proposal to be developed.</p> <p>The Board:-</p> <ul style="list-style-type: none"> • Noted the content of the WRES and WDES reports. • Approved the action plans contents for publication on the Trust's website in line with NHS England WRES/WDES requirements. • Supported the development of further related proposals. 	
PART B		
B16/ 09/21	<p>The Board noted the following:</p> <ul style="list-style-type: none"> • Final Quality Accounts, including stakeholders comments (<i>following delegated authority to Quality & Safety Committee to approve on behalf of Board in June 2021</i>) • Update Board Business Cycle 2021/22 • Infection Prevention & Control Annual Report 2020/21 • Think Family & Complex Care Annual Report 2020/21 • Learning from Patient Experience Annual Report 2020/21 • <i>First Do No Harm</i> – The report of the Independent Medicines and Medical Devices Safety Review – action plan • Final External Auditor's Annual Report 2020/2 <p>The Board approved the Standing Financial Instructions and variable pay approval levels</p>	
B17/ 09/21	<p><u>Minutes for noting and receipt: -</u></p> <p>The Board noted the following:</p> <ol style="list-style-type: none"> a) Approved minutes of the Quality & Safety Committee – 22nd June 2021 and Extraordinary meeting of 20th July 2021 b) Approved minutes of the Audit Committee – 4th June 2021 and 28th July 2021 c) Draft Minutes of the Finance & Performance Committee – 27th July 2021 	
B18/ 09/21	<p><u>Any Other Business</u></p> <p>There was no other business raised.</p>	
B19/ 09/21	<p><u>Closing remarks and review of the meeting</u></p> <p>The Trust Chair thanked the Board for their participation during the meeting.</p>	
B20/ 09/21	<p><u>Date and Time of Next Meeting</u></p> <p>The public meeting of the Board of Directors will be held at 10:45am on 9th November 2021.</p>	



PUBLIC MEETING OF THE BOARD OF DIRECTORS (PUBLISHED ITEMS)
TUESDAY, 9TH NOVEMBER 2021, 11:15AM – 1:35PM
HELD VIA VIDEO-CONFERENCE

A G E N D A

Apologies: Mark Adams, Non-Executive Director; Michael Guymer, Non-Executive Director; and Andrea Campbell, Associate Non-Executive Director.

(A) MAIN AGENDA

(A) MAIN AGENDA				
FORMAL BUSINESS			Lead:	Decision Required/ purpose:
11:15am	1.	Welcome, apologies and Chair's opening remarks	Trust Chair	
11:15am	2.	Declarations of Conflicts of Interest with agenda items	Trust Chair	To note
11:15am	3.	Minutes of the meeting held on 14 th September 2021 (attached)	Trust Chair	To approve
11:20am	4.	To consider any matters arising and action log (attached)	Trust Chair	To note
11:25am	5.	To consider a Patient Story (<i>video shared with Board members only, in the absence of patient consent for wider circulation</i>)	Interim Director of Nursing & Quality	To discuss
11:30am	6.	Chief Executive Officer's Report (attached)	Chief Executive Officer	To note
SAFE				
11:45am	7.	Quality & Safety Committee Chair's Report – 19 th October 2021 (attached)	Quality & Safety Committee Chair	For assurance
11:55am	8.	Infection, Prevention & Control Board Assurance Framework Risk Register (attached)	Interim Director of Nursing & Quality	For assurance
12:05am	9.	Mortality Indicators/Learning from Deaths Report (attached)	Executive Medical Director	For assurance
EFFECTIVE				
12:20am	10.	Finance & Performance Committee Chair's Report – 28 th September 2021 (attached)	Non-Executive Director	For assurance
12:30pm	11.	Finance: (a) Finance Report - September 2021/22 (attached) (b) Draft Financial Plan 2021/22 (attached)	Director of Finance	For assurance
12:45pm-12:55pm	COMFORT BREAK			
12:55pm	12.	Integrated Performance Report – Sept 2021 (attached)	Chief Operating Officer/ Executives	For assurance



CARING				
1:15pm	13.	Staff Survey update 2021 (verbal)	Director of HR & OD	To note
		(B) CONSENT ITEMS <i>See separate public papers</i>		
1:20pm	14.	(a) Emergency Preparedness, Resilience & Response (EPRR) Core Standards Assessment 2020-21 (attached)	Chief Operating Officer	To ratify
		(b) Council of Governors Report (attached)	Trust Chair/ Vice Chair	To note
		(c) Continuous Improvement Strategy Update Report (attached)	Chief Executive Officer	To note
		(d) Audit Committee Chair's Report (<i>reported verbally at the 14th September Board meeting</i>) (attached)	Audit Chair	To note
		(e) Updated Board business cycle (attached)	Interim Governance consultant	To note
1:25pm	15.	Minutes for noting and receipt:- <u>Sent under separate cover:</u> a) Approved minutes of the Quality & Safety Committee – 24 th August 2021 b) Approved Minutes of the Finance & Performance Committee – 27 th July 2021 c) Draft minutes of the Audit Committee – 1 st September 2021	Trust Chair	To note
1:25pm	16.	Any Other Business	Trust Chair	To note
1:30pm	17.	Closing remarks and review of the meeting	Trust Chair	To discuss
1:35pm	18.	Date & Time of next meeting: The public meeting of the Board of Directors will be held at 11:00am on Tuesday 18th January 2022	Trust Chair	



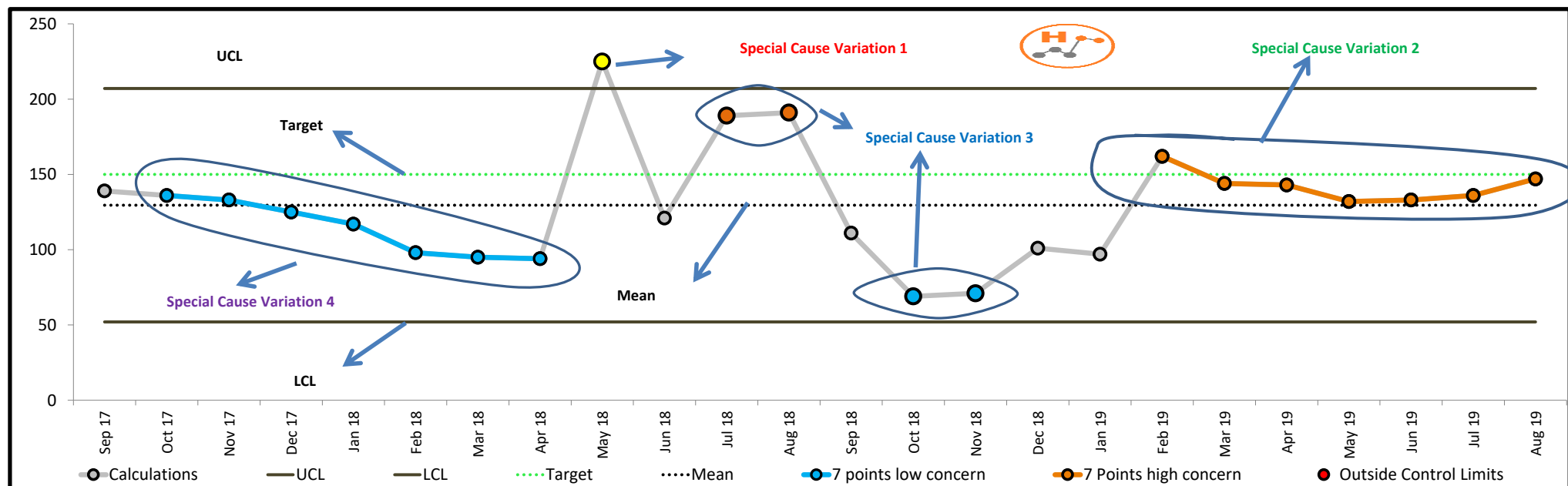
Meeting	2 nd December 2021		Council of Governors					
Report	Agenda item 5 (b).		Integrated Performance Report – September 2021					
Purpose of the Report	Decision		Ratification		Assurance	x	Information	
Accountable Executive	David Coyle				Chief Operating Officer			
Author(s)	Denise Wood				Head of Information & Performance			
Board Assurance Framework	E4 Q1 Q3 Q4 P1	Access, Waiting Times, Care Pathways and Constitutional Standards Quality & Safety Safety - Infection Prevention & Control (IPC) Safety - Nursing & Midwifery Workforce Retention						
Strategic Aims	-							
CQC Domains	Safe/Effective/Caring/Responsive & Well Led							
Previous Considerations	Board of Directors – 9 th November 2021							
Summary	The purpose of this report is to: <ul style="list-style-type: none">Summarise the key performance Indicators.Assure the Board of the monthly oversight of Trust priorities against agreed targets.Highlight areas of high or low performance for operational, quality, safety, workforce or financial metrics.							
Highlights	Areas of positive assurance: <ul style="list-style-type: none">Incident reporting – harm causedSafeguarding figuresBed movesStaff turnoverHSMR Areas requiring improvement: <ul style="list-style-type: none">ED 4 hour wait performance18 weeks RTTDM01 diagnosticsHospital acquired Covid-19Cancer metrics.							
Recommendation(s)	The Council of Governors is asked to note the contents of the Integrated Performance Report and raise any questions on its content							



Corporate Impact Assessment	
Statutory Requirements	
Quality & Safety	Monitors patient safety issues
NHS Constitution	Monitors performance against key targets
Patient Involvement	-
Risk	Risk to achievement of targets included on strategic risk register
Financial impact	-
Equality & Diversity	-
Communication	-



The integrated performance report has been reviewed and the use of Statistical process control (SPC) charts has been introduced. This method plots data over time to show how much the data varies naturally and guides us to take the most appropriate action based on alerts where a situation may be deteriorating, or if a situation is improving. SPC also shows how capable a system is of delivering a standard or target. This method of reporting is actively encouraged by NHSI for Board reporting to improve decision making.



A SPC chart is a time series graph which is used in order to monitor the performance of metrics over time. We aim to use a rolling 24 months worth of data from which the mean and moving averages are calculated. Then - from these - we can create our Upper Control Limit (UCL) and Lower Control Limit (LCL). Various tests are then performed on this data to see whether the process is in statistical control, if a process is 'Out of Control' it means it has broken one of the SPC rules below.

Special Cause Variation Criteria:

Special Cause Variation 1 - If one or more of the data points are above or below the control limits.

Special Cause Variation 2 - If a sequence of seven or more of the data points are above or below the mean.

Special Cause Variation 3 - When 2 out of 3 data points in a row are close to hitting the control limits, the point will become larger.

Special Cause Variation 4 - If a sequence of 7 or more points are all showing either a positive or negative trend.

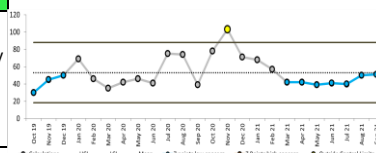
The graphs are then summarised using the summary icons to the right, one for Variation - which demonstrates whether a metric is improving or failing - and one for Assurance, which states whether or not we are on target. The variation icon only considers the last 6 months of data.

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H) higher or (L) lower values	Special cause of improving nature or lower pressure due to (H) higher or (L) lower values	Variation indicates inconsistently hitting passing and failing short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)ailing short of the target

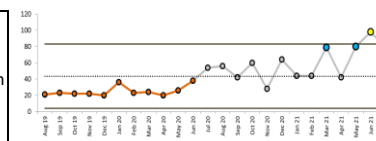


Areas of Positive Assurance

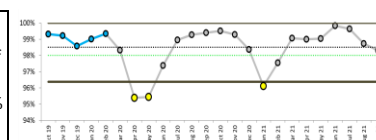
Indicator	This Month	Comments
Incident Reporting: Harm Caused	51	Starting this financial year, target for this metric was a 10% reduction. We have seen a statistically significant run of 7 months below the mean, showing we improving in reducing harm related incidents



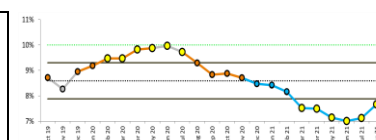
Safeguarding Figures	Increase	Safeguarding was an area for celebration pre-Cerner, with significant progress being made with uptake in form completion.
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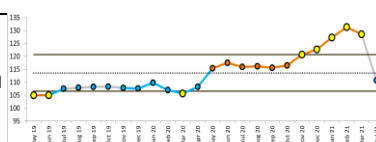
Bed Moves	98%	Historically, compliance for Ward Moves has dropped when there has been a higher cohort of Covid patients. Despite a difficult period in September, compliance remained above the 98% target.
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Staff Turnover	8%	In the last 10 months, we have seen significant improvement to our Staff Turnover rates, as denoted by a run of 10 points below the mean.
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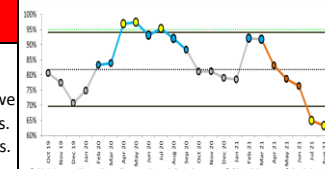


HSMR	110.7	HSMR has dropped significantly since the last report, this is affected by a change in data provider. Volumes have increased as a result and this will impact on risk adjusted and crude rate metrics.
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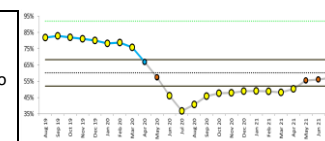


Areas Requiring Improvement

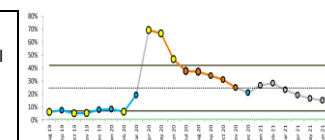
Indicator	This Month	Comments
ED 4 Hour Wait Performance	60%	ED Performance remains low and has been outside the lower control limit for 3 months as we continue to see an increased volume of patients. Please refer to exception report for more details.



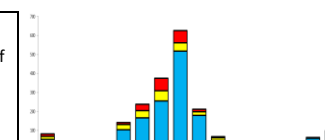
18 Weeks Referral To Treatment	57%	Work continues across all areas to return to submitting a monthly RTT figure. Please refer to the exception report for more details.
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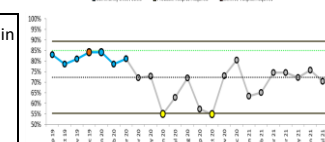
DM01	26%	Similarly, work is ongoing to provide a national figure for DM01. Please refer to the exception report for more details.
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Hospital Acquired Covid	8	Covid cases in the trust continue to increase month on month. September saw the return of Covid Outbreaks and although managed and contained, we still saw an increase in definite hospital acquired infections.
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Cancer Metrics	69%	Cancer 31 has seen a statistically significant rise in compliance in recent months although we are failing to hit targets across all Cancer metrics, please refer to the exception report for more detail.
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Performance Report Sep-21

SAFE							
Indicator	This Month	Target	Trend	Assurance	20/21 YTD	21/22 Target	20/21 Assurance
Hospital Standard Mortality Rate (HSMR)	110.7	To Be Within Expected Range			117.5	To Be Within Expected Range	
CHPPD Compliance	7.7	8.2			8.2	8.2	
Registered Fill Rates (%)	87%	95%			98%	95%	
Unregistered Fill Rates (%)	99%	95%			114%	95%	
Incident Reporting: All Incidents	542	10% Increase			6119	10% Increase	
Incident Reporting: Harm Caused	51	10% Decrease			736	10% Decrease	
Incident Reporting: No Harm	428	10% Increase			6119	10% Increase	
Incident Reporting: Low Harm	63	To Be Within Expected Range			736	To Be Within Expected Range	
All Medication Incidents	116	10% Increase			838	10% Increase	
Medication Incidents: Harm Caused	2	0			10	To Be Within Expected Range	
StEIS reported Incidents	10	0			10	To Be Within Expected Range	
Serious Incidents Never Events	1	0			2	0	
All Falls Rate	6.3	7.0			7.1	7.0	
Falls With Harm Rate	0.3	0.3			0.3	0.3	

SAFE							
Indicator	This Month	Target	Trend	Assurance	20/21 YTD	21/22 Target	20/21 Assurance
Hospital Acquired Pressure Ulcers	2.7	10% Reduction			2.2	10% Reduction	
Pressure Ulcers On admission	4.6	To Be Within Expected Range			4.6	To Be Within Expected Range	
Midwife Continuity of Care	0.0%	35%			32%	35%	
Reducing Term Admissions to NNU	1.3%	5.0%			4%	5.0%	
Infection Control -C-Difficile	4	< 3			43	36	
Infection Control -MRSA	0	0			0	0	
Hospital Onset Covid	7	0			311	0	
Covid Day 1 Screening	80%	95%			73.6%	95%	
Covid Day 5 Screening	87%	95%			58.6%	95%	
Safeguarding: Mental Capacity	96	10% Increase			403	10% Increase	
Safeguarding: DOLS	79	10% Increase			476	10% Increase	

These metrics do not currently have data available for the reporting month due to the Cerner implementation, these figures are from July 2021.



Performance Report Sep-21

Table with 8 columns: Indicator, This Month, Target, Trend, Assurance, 20/21 YTD, 21/22 Target, 20/21 Assurance. Rows include SEPSIS-Screening, SEPSIS-Treatment, Emergency Response Calls, and Bed Moves.

Cerner Update

Due to the Cerner EPR implementation further work is required on the safeguarding metrics and e-Discharge (both should be available in the next IPR report). Friends and Family requires integration with another system so a completion date will be provided on the next IPR report.

Table with 8 columns: Indicator, This Month, Target, Trend, Assurance, 20/21 YTD, 21/22 Target, 20/21 Assurance. Rows include F&F ED Response Rate, F&F Inpatient Response Rate, F&F Maternity Response Rate, Open Complaints, PHSO Open Complaints, and E-Discharge.

These metrics do not currently have data available for the reporting month due to the Cerner implementation, these figures are from July 2021.



Performance Report Sep-21

RESPONSIVE							
Indicator	This Month	Target	Trend	Assurance	20/21 YTD	21/22 Target	20/21 Assurance
ED 4 Hour Wait Standard %	60.2%	95%			88.6%	95%	
RTT Incomplete Pathways %	57.2%	92%			48.7%	92%	
RTT Total Incomplete Pathways	25054	Covid Related Delay		To be agreed	25054	Covid Related Delay	To be agreed
RTT Incomplete Pathways 0 - 18 Weeks	14324	Covid Related Delay		To be agreed	14324	Covid Related Delay	To be agreed
RTT Incomplete Pathways 18+ Weeks	10730	Covid Related Delay		To be agreed	10730	Covid Related Delay	To be agreed
RTT Incomplete Pathways 40+ Weeks	4800	Covid Related Delay		To be agreed	4800	Covid Related Delay	To be agreed
Diagnostic 6 wks Standard %	25.8%	1%			37.4%	1%	
Cancer Treatment - 62 Day Standard %	68.6%	85%			66.7%	85%	
Cancer Treatment - 31 Day Standard %	91%	96%			83.8%	96%	
Cancer Treatment - 14 Day Standard %	69.7%	93%			81.4%	93%	

WELL LED							
Indicator	This Month	Target	Trend	Assurance	20/21 YTD	21/22 Target	20/21 Assurance
Sickness Absence	6.2%	6.00%			4.0%	6.00%	
Mandatory Training	80.2%	90%			83%	90%	
Annual Appraisal	70.7%	80%			73%	80%	
Staff Turnover %	8.0%	10%			9.3%	10%	
M&D Over Cap Rates	230	Reduction			2214	Reduction	
N&M Over Cap Rates	841	Reduction			5558	Reduction	
Other Over Cap Rates	412	Reduction			637	Reduction	
Medical Agency £	205000	Reduction			1445k	Reduction	
Nursing Agency £	665000	Reduction			1539k	Reduction	
Total within Budget	123001	Meet Plan			1202k	Meet Plan	

Due to the Cerner implementation it is unlikely that external reporting will be in place for both RTT and the diagnostic DM01 until late Autumn, but the Trust has full visibility of patients waiting for treatment.

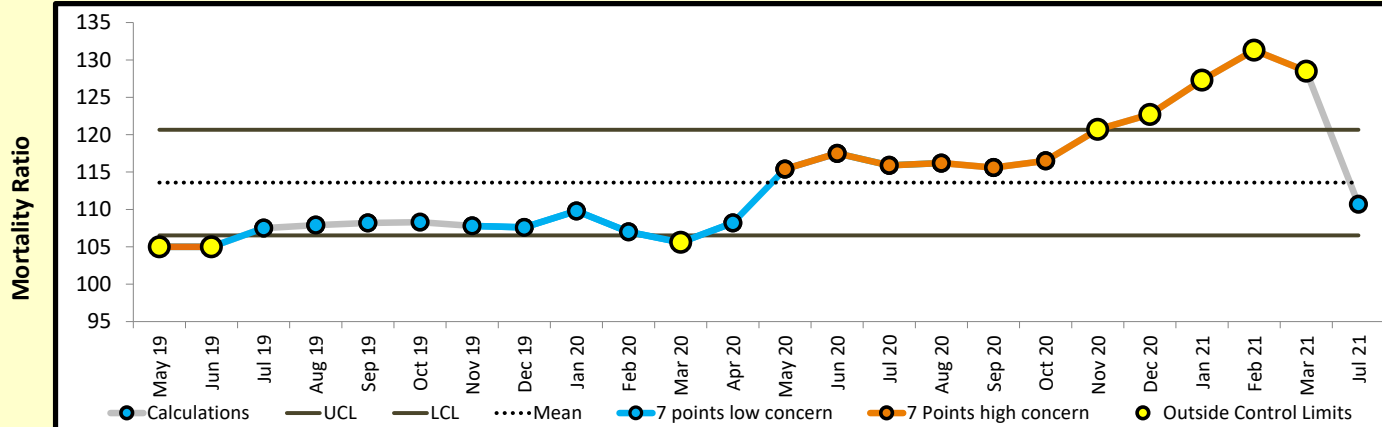
These metrics do not currently have data available for the reporting month due to the Cerner implementation, these figures are from July 2021.

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H) higher or (L) lower values	Special cause of improving nature or lower pressure due to (H) higher or (L) lower values	Variation indicates inconsistency hitting passing and falling short of the target	Variation indicates consistency (P) passing the target	Variation indicates consistency (F) failing short of the target





Hospital Standard Mortality Rate (HSMR)



The HSMR measures the rate of observed deaths divided by predicted deaths (based on the diagnoses which most commonly result in death)

Target: To Be Within Expected Range

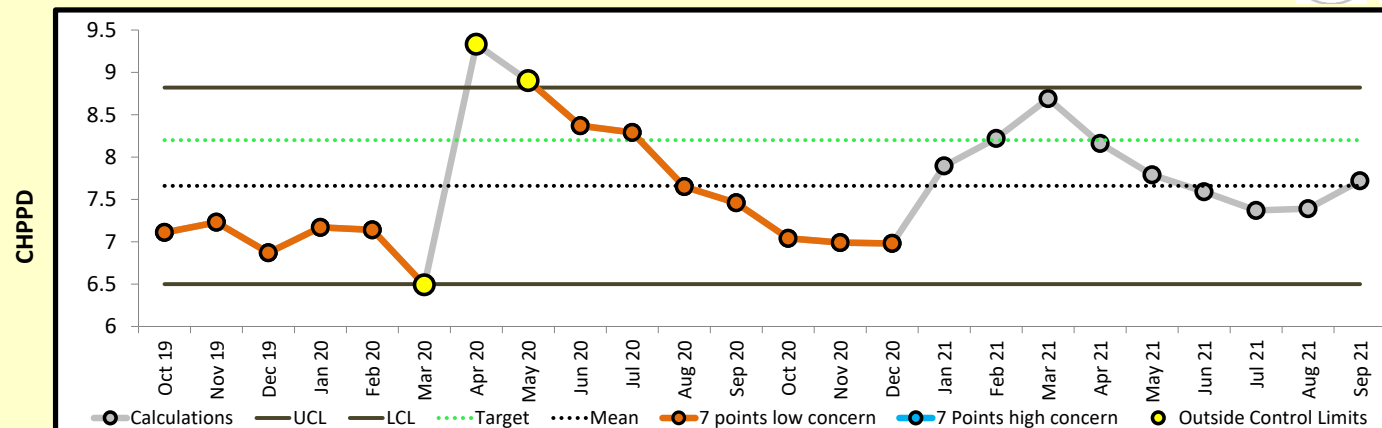
Mean: 113.6

This Month's Figure: 110.7

Executive (Darren Kilroy) Comments:

Dr Foster are now receiving HES data directly from NHS Digital rather than via the former Imperial College Unit. This means a richer data set as it now includes patients who have registered a national data opt-out. Volumes have increased as a result and this will impact on risk adjusted and crude rate metrics. The latest data released in August now includes the 12 month period to July 2021.

Care Hours Per Patient per Day (CHPPD) Compliance



(Hours of registered clinical ward-based staff + Hours of non-registered clinical ward based staff) / Total number of inpatients at midnight

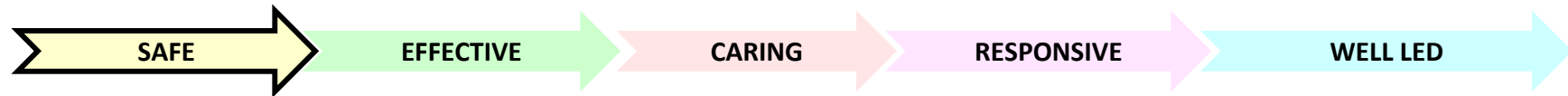
Target: 8.2

Mean: 7.66

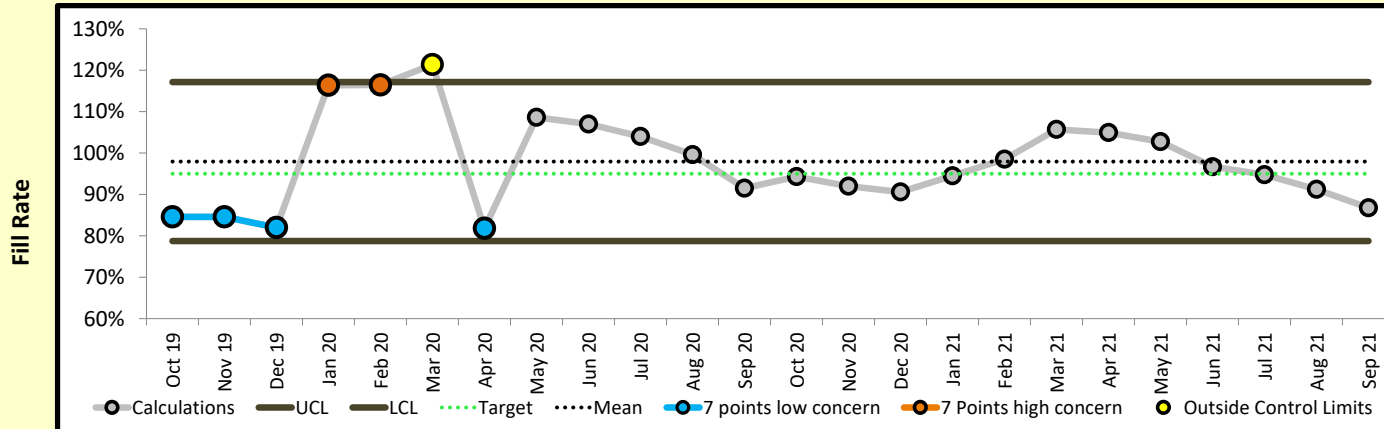
This Month's Figure: 7.72

Executive (Hilda Gwilliams) Comments:

The number of hours delivered in wards and departments to provide care that meets the needs of patients (acuity and dependency) has slightly increased in September 2021 but is lower than national comparator. This is monitored in real-time and action is taken to deploy staff in response.



Registered Nursing and Midwifery Fill Rates



The extent to which rota hours are being filled by registered care staff.

Target: 95%

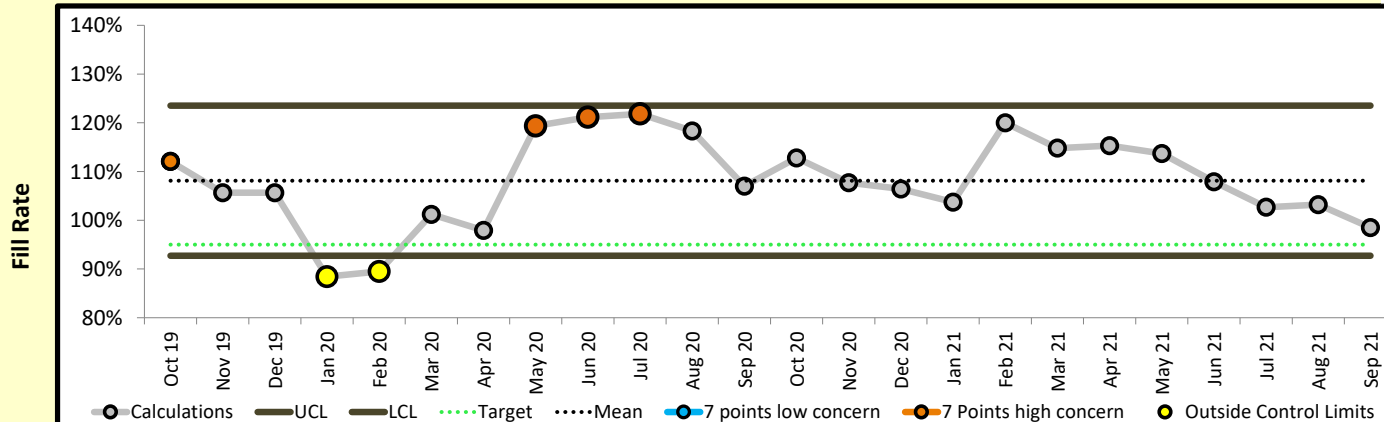
Mean: 98%

This Month's Figure: 87%

Executive (Hilda Gwilliams) Comments:

Registered nursing fill rates are below the 95% target, and an increasing proportion of them are filled by temporary staff including agency. This reflects the increasing sickness absence and staffing of escalation areas. Staff are deployed in real-time to meet the needs of patients and skill mix is monitored by the Centralised Nursing Workforce Team (CNWT) with oversight provided by the senior nursing team.

Unregistered Nursing and Midwifery Fill Rates



The extent to which rota hours are being filled by unregistered care staff.

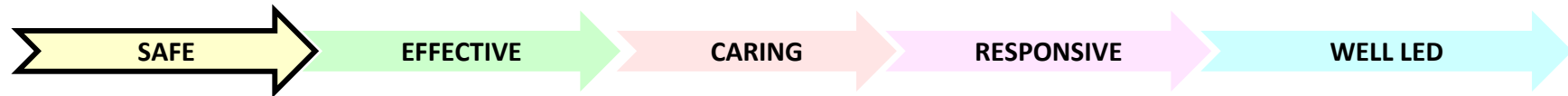
Target: 95%

Mean: 108%

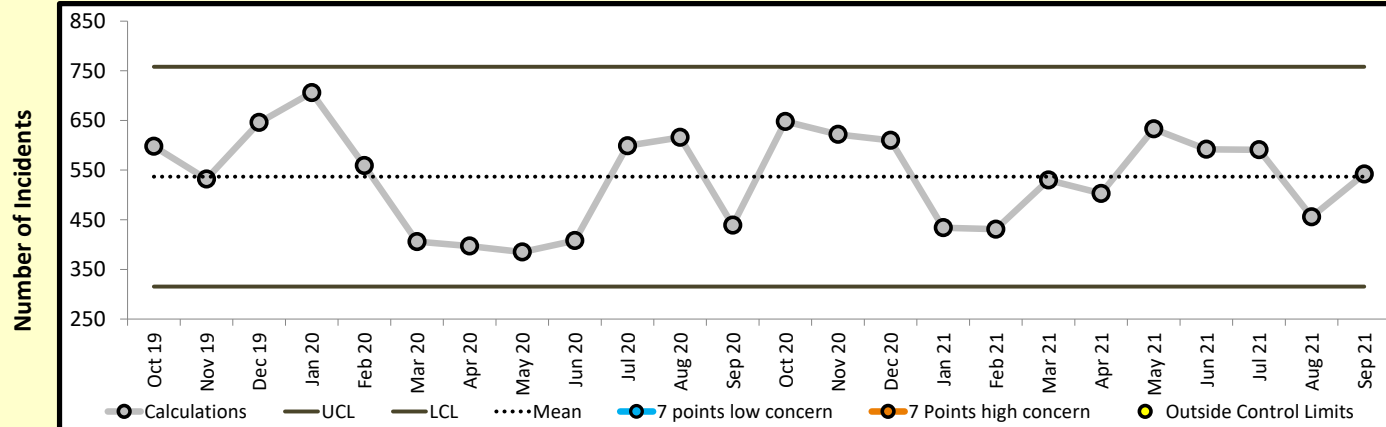
This Month's Figure: 99%

Executive (Hilda Gwilliams) Comments:

Unregistered nursing fill rates remain above 100%, this is due to the complexity of patients, with multiple wards and departments operationalising 'zoned bays' and nursing patients' requiring on-to-one.



Incident Reporting: All incidents



The total number of incidents

Target: Within CQC Top 25% of Trusts for recorded incidents

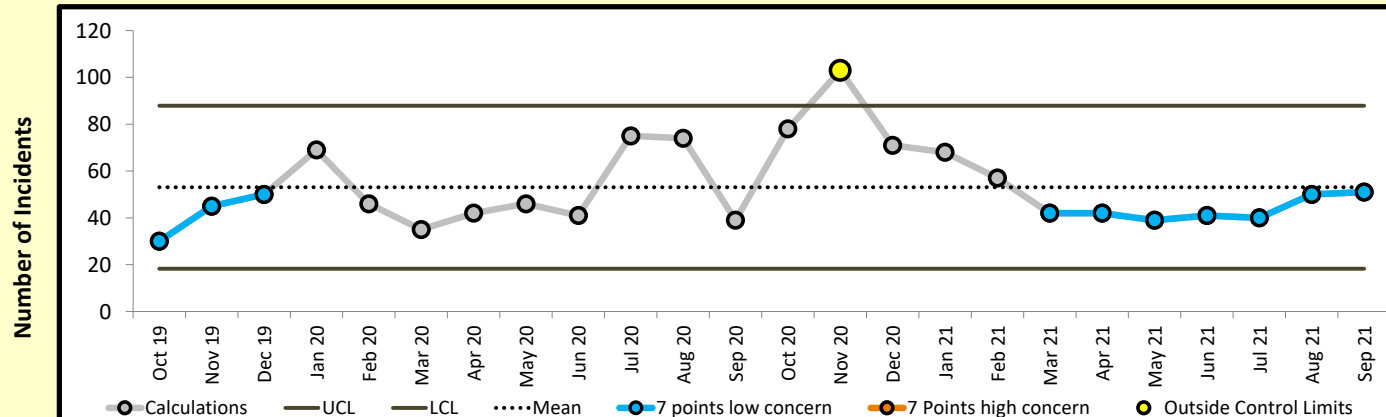
Mean: 536.79

This Month's Figure: 542

Executive (Hilda Gwilliams) Comments:

This measure gives an indication of the Trusts culture to reporting all incidents, the Trust has seen a slight increase in Clinical Incidents reported, of which the new EPR implementation is considered to be an influence. The Trust continues to encourage all staff to report incidents to ensure safe practice and shared learning.

Incident Reporting: Moderate Harm +



The total number of incidents where moderate harm, severe harm or death was caused

Target: To Be Within Expected Range

Mean: 53.08

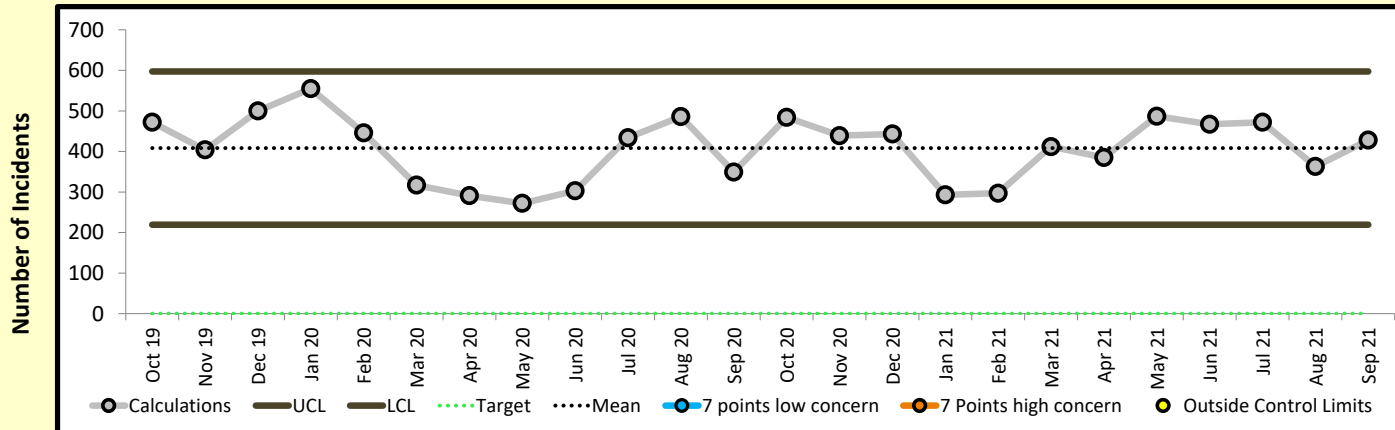
This Month's Figure: 51

Executive (Hilda Gwilliams) Comments:

All incidents reported with moderate harm or more are discussed on a weekly basis at the Serious Incident review panel. The numbers reviewed in September have increased and some have been connected to the implementation of Cerner. We have seen improvement in this metric noted by the 7 points below the mean.



Incident Reporting: No Harm



The number of incidents where no harm was caused

Target: 10% Increase

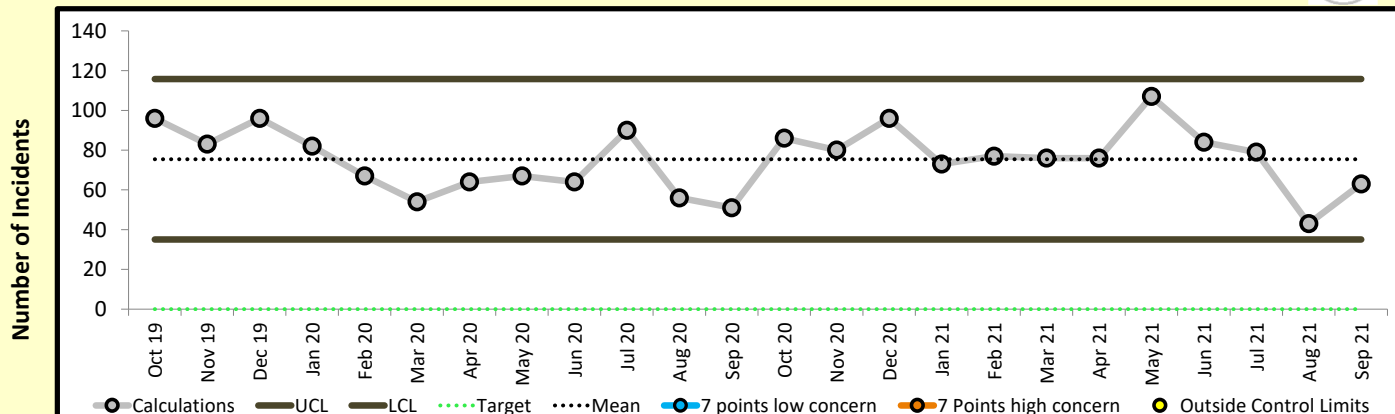
Mean: 408.29

This Month's Figure: 428

Executive (Hilda Gwilliams) Comments:

Medication administration and slips, trips and falls incidents remain the highest reported in the no harm category for Sept 2021.

Incident Reporting: Low Harm



The number of incidents where low harm was caused

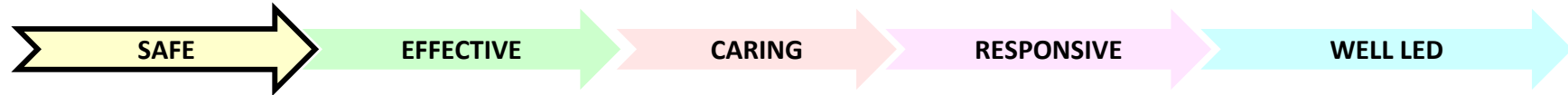
Target: 10% Increase

Mean: 75.42

This Month's Figure: 63

Executive (Hilda Gwilliams) Comments:

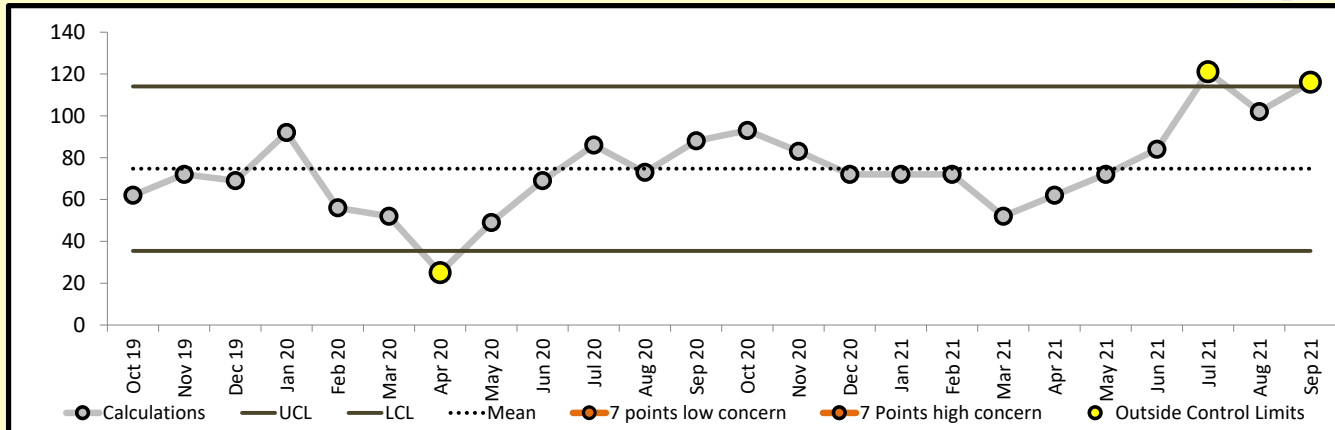
There has been an increase in the low harm incidents reported in Sept 2021. This may be associated with the implementation of Cerner and will be monitored monthly.



Total Medication Incidents Reported



Number of Incidents



The number of medication related clinical incidents reported

Target: 10% Increase

Mean: 74.75

This Month's Figure: 116

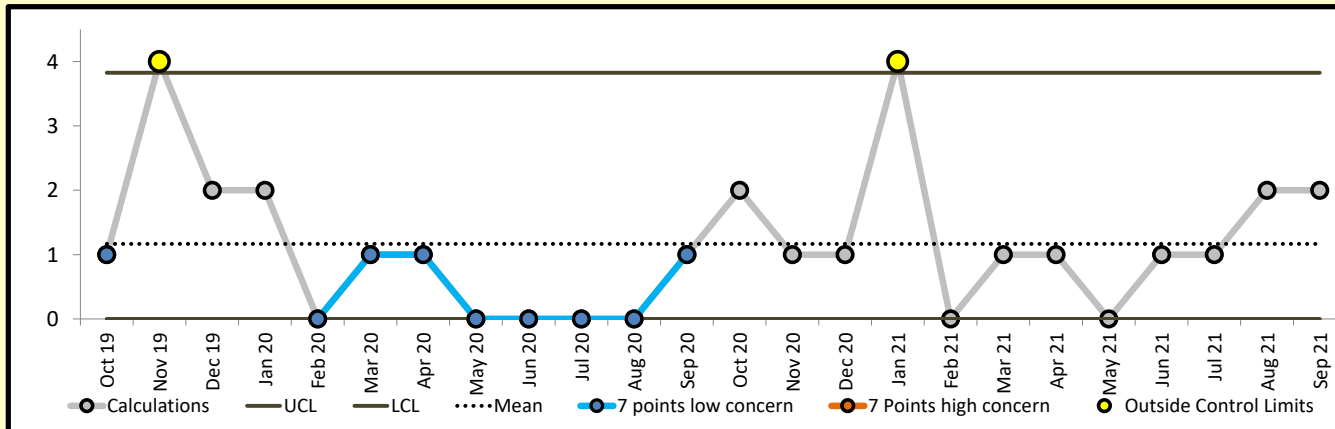
Executive (Hilda Gwilliams) Comments:

Monthly focus groups of matrons, training and development nurses and nurse managers continue to meet to address the themes and trends of incidents to cascade messages and share learning with a focus on administration, storage, supply and controlled drugs incidents.

Medication Incidents with harm



Number of Incidents



The number of medication related clinical incidents with associated harm

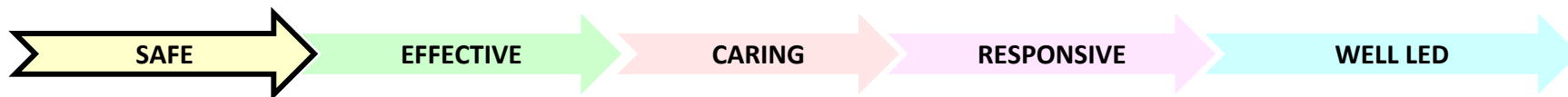
Target: 0

Mean: 1.17

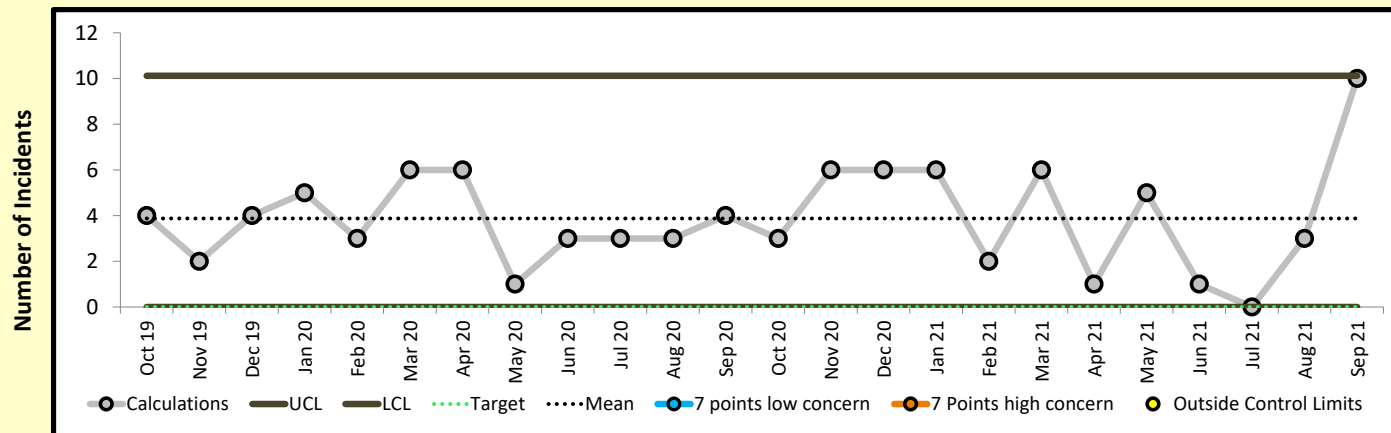
This Month's Figure: 2

Executive (Hilda Gwilliams) Comments:

There have been two incidents reported as moderate harm, one related to community dispensing and the other relating to misidentification. The pharmacy team have conducted some education and training sessions in September to share learning of recent incidents since the implementation of Cerner to junior doctors and divisions in the Trust.



Incident Reporting: StEIS Reported Incidents



The number of incidents reported to the Strategic Executive Information System (StEIS)

Target: 0

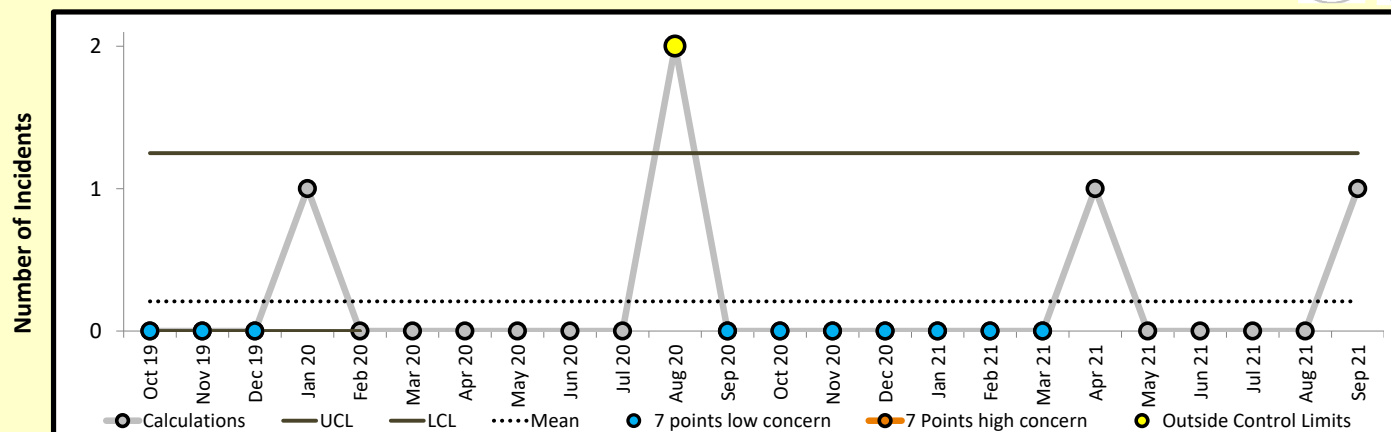
Mean: 3.88

This Month's Figure: 10

Executive (Hilda Gwilliams) Comments:

The Trust has reported 10 incidents to StEIS in September, four relating to the closure of the Maternity Unit. In addition to Incidents relating to Falls and Treatment Delays.

Serious Incidents - Never Events



Number of reported Never Events

Target: 0

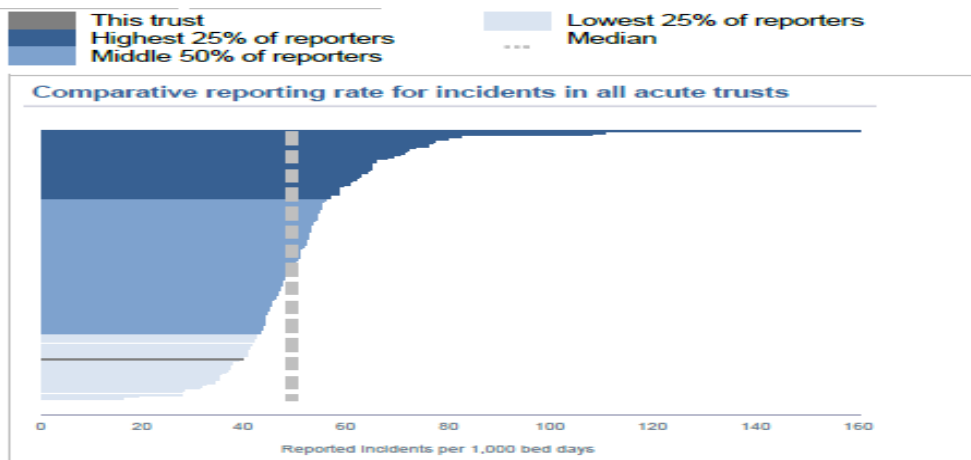
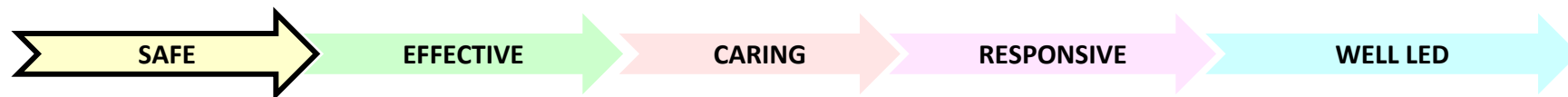
Mean: 0.19

This Month's Figure: 1

Executive (Hilda Gwilliams) Comments:

There was a historical never event reported in September relating to a procedure performed in 2015.

Performance Report Sep-21 - Incidents



Indicator	Trend	Performance
Proportion of reported patient safety incidents reported as resulting in harm (%)	→	⊖
Risk of under-reporting patient safety incidents resulting in death or severe harm to the National Reporting and Learning System (NRLS)	→	⊖
Risk of under-reporting patient safety incidents to the National Reporting and Learning System (NRLS)	↑	⊖

What does the chart tell us?

The graphs shown in the incident section of this report indicate the Trusts reporting culture and demonstrate where harm may have been caused as a result of care and treatment received at the hospital. The comparative graph above shows the Trust is in the lowest 25% of reporters nationally (reports per 1000 bed day) which demonstrates there is significant improvement work needed to improve our reporting culture (benchmark taken from CQC Insight Report – August 2021).

Additional Information

Work continues across all areas to ensure Incidents are reported in a timely and accurate manner wherever possible. Trends and overall positions for each area are made available and reviewed at the monthly Quality and Safety Panel. A key insight from the CQC insight report is that the Trusts average time to report incidents is 11 days faster than the national comparator (28), which attests to staff reporting incidents in a timely manner. Monitoring and reviewing incidents provides insight and when involving patients, colleagues and specialists it leads to improvement to prevent incidents from reoccurring. This learning enables Trusts to ensure that systems and processes are safe, working well and promote a positive and inclusive culture. When serious incidents do occur, the NHS Serious Incident Framework is followed. A rapid 72 hour takes place and the incident is reported externally to the Strategic Executive Information System (StEIS) and to our commissioners. A more detailed Root Cause Analysis (RCA) investigation is then undertaken to ensure that lessons can be learnt to prevent similar incidents. These investigations are then closed by our commissioners when they are satisfied that the investigation reports and action plans meet the required standard. The Trust review of Quality Governance continues and the findings of this review will inform the improvement plan that will be taken forward during quarter 3 and 4.

Please note this data reflects the Trust position as of March 2021 as it is reported in arrears.

Ownership:

Lead: Refeth Mirza, Associate Director of Quality Governance

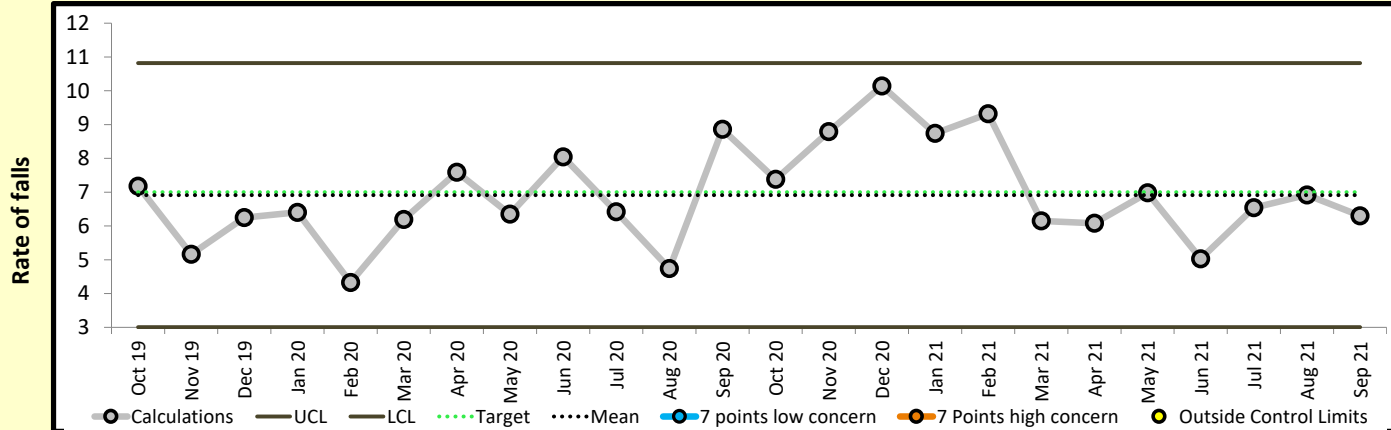
Primary Lead: Hilda Gwilliams, Director of Nursing and Quality

Improvement Objective: Within Control Limits on all Incident Charts

Improvement Timescale: To be agreed



Falls



Rate of all falls per 1000 bed days

Target: 10% Reduction

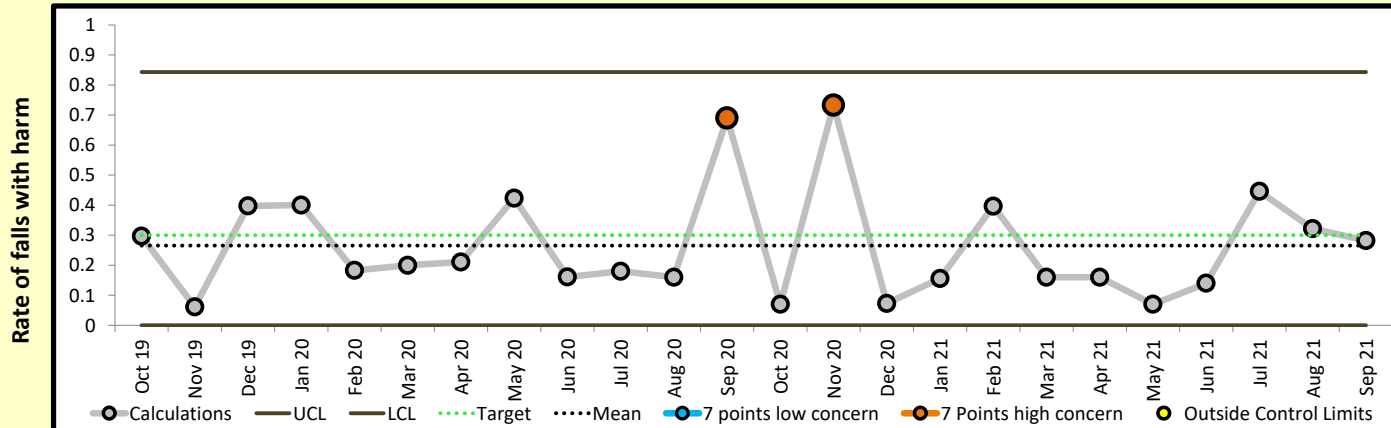
Mean: 6.91

This Month's Figure: 6.30

Executive (Hilda Gwilliams) Comments:

Ellesmere Port site has commenced an improvement programme to support a reduction in falls. The Executive summary has now been completed to summarise the National Audit of Inpatient Falls. Actions identified from this audit will be discussed and implemented following discussion at the Trust Falls meeting.

Falls with harm rate



Rate of falls with harm per 1000 bed days

Target: 10 % Reduction

Mean: 0.27

This Month's Figure: 0.28

Executive (Hilda Gwilliams) Comments:

Of the total 89 falls in September 2021, 5 resulted in harm levels of moderate or above. Each of these are currently undergoing a detailed root cause analysis, the learning from these investigations will inform any necessary practice changes.



Present on Admission Pressure Ulcers



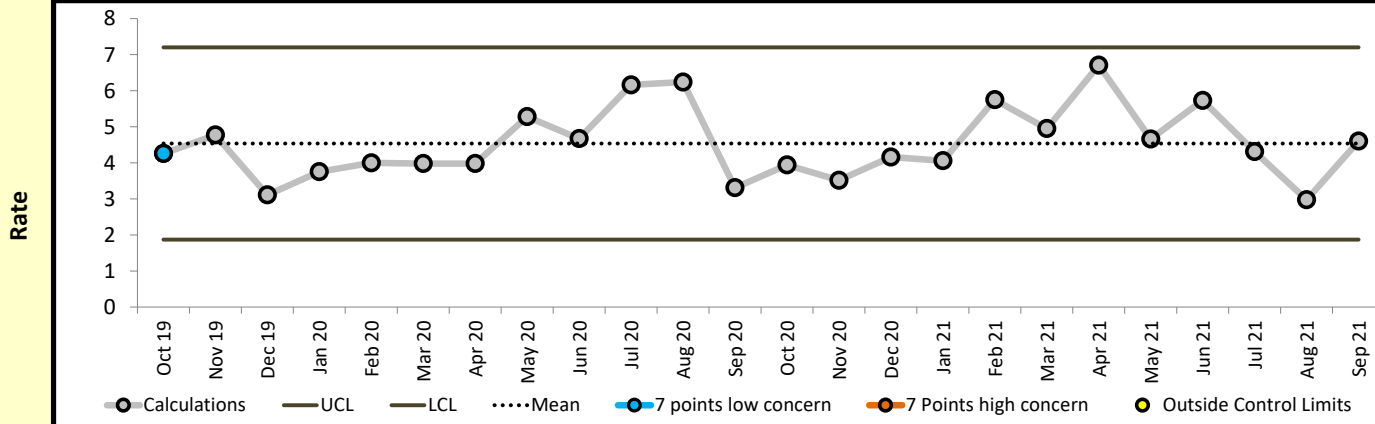
Target: No Target

Mean: 4.54

This Month's Figure: 4.6

Executive (Hilda Gwilliams) Comments:

Present on admission pressure ulcer reporting has increased in Sept 2021, but remains within the expected range. The introduction of Cerner had seen a reduction in the completion of admission assessments, which was addressed last month thus the increase this month.



Rate of all present on admission Pressure Ulcers per 1000 bed days

Hospital Acquired Pressure Ulcers



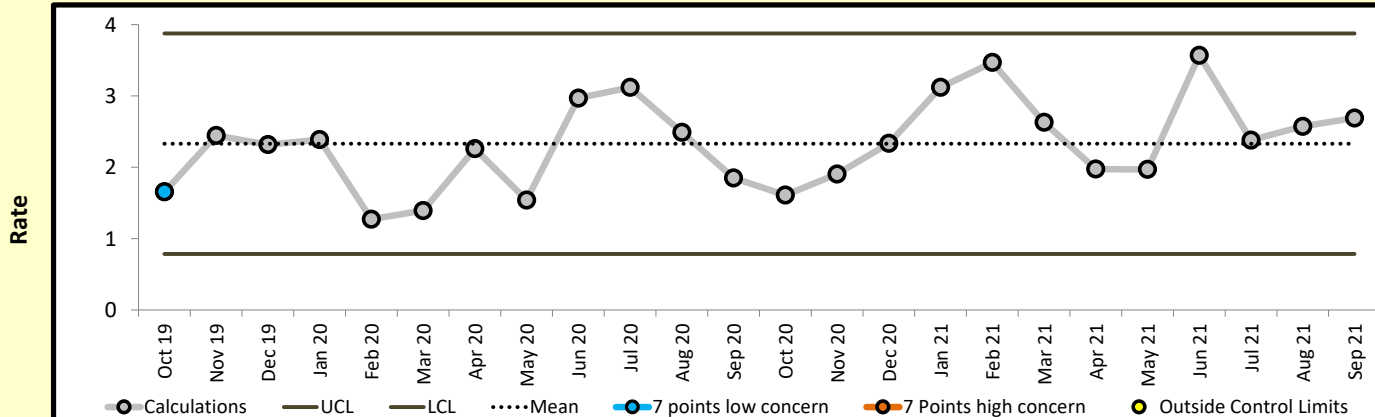
Target: 10% Reduction

Mean: 2.33

This Month's Figure: 2.7

Executive (Hilda Gwilliams) Comments:

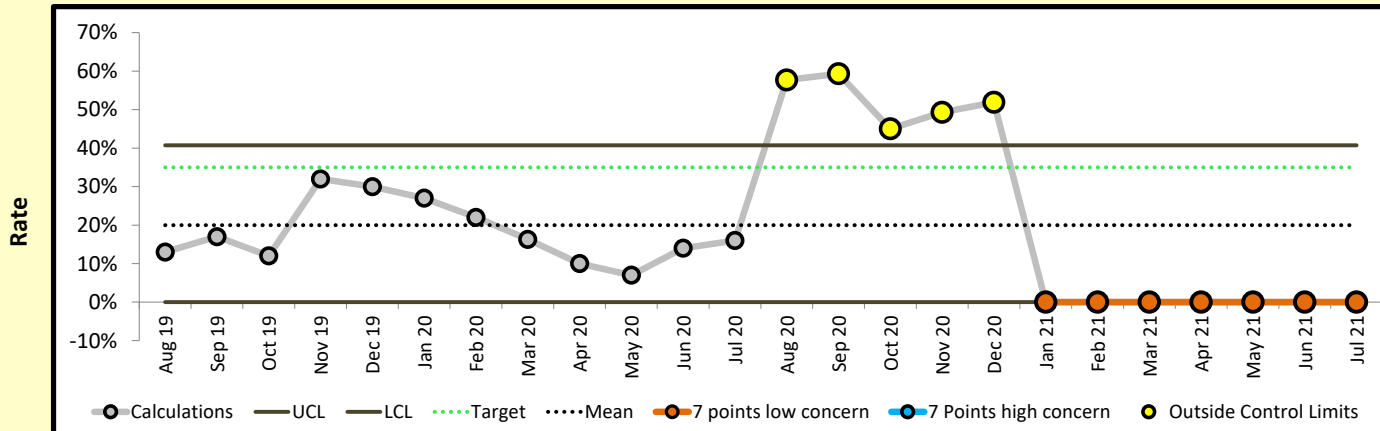
Hospital acquired pressure ulcers reporting has again increased in Sept 2021. This could be due to the lack of initial assessments completed on arrival and therefore all PU reported will be reported as hospital acquired.



Rate of all hospital acquired Pressure Ulcers per 1000 bed days



Women and Children's Continuity Of Care



The percentage of pregnancies where the patient had a consistent midwife/midwife team throughout their pregnancy

Target: 35%

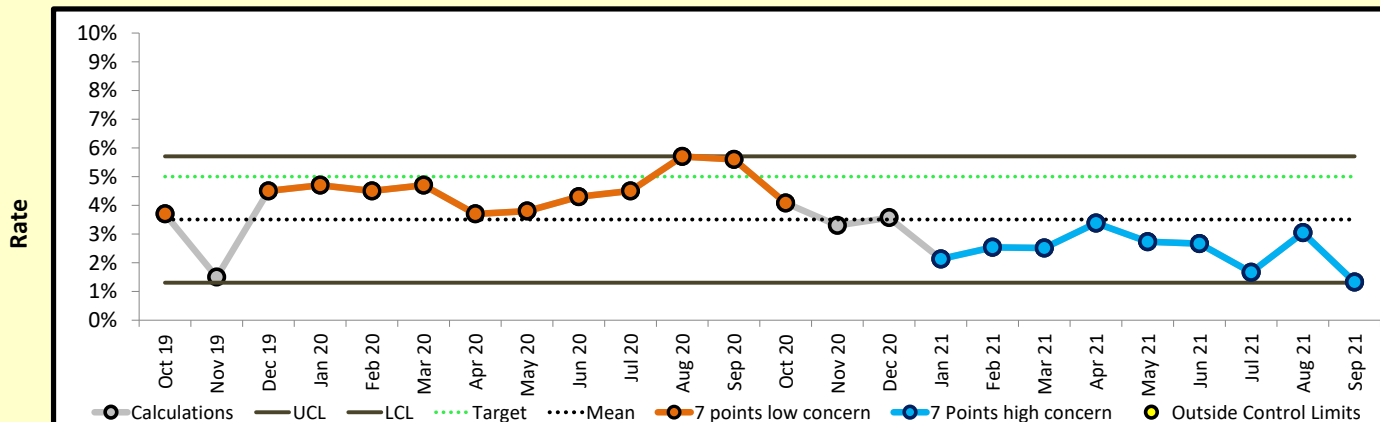
Mean: 20.0%

This Month's Figure: 0.0%

Executive (Hilda Gwilliams) Comments:

Achievement against this quality metric is below expectations and remains at 0% for June 2021 (please refer to exception report for full details). Due to the implementation of a new EPR system, we are currently unable to provide the latest figures for this metric.

Women and Children's - Reducing NNU Term Admissions



The percentage of term admissions to the Neonatal Unit (NNU)

Target: 5%

Mean: 3.5%

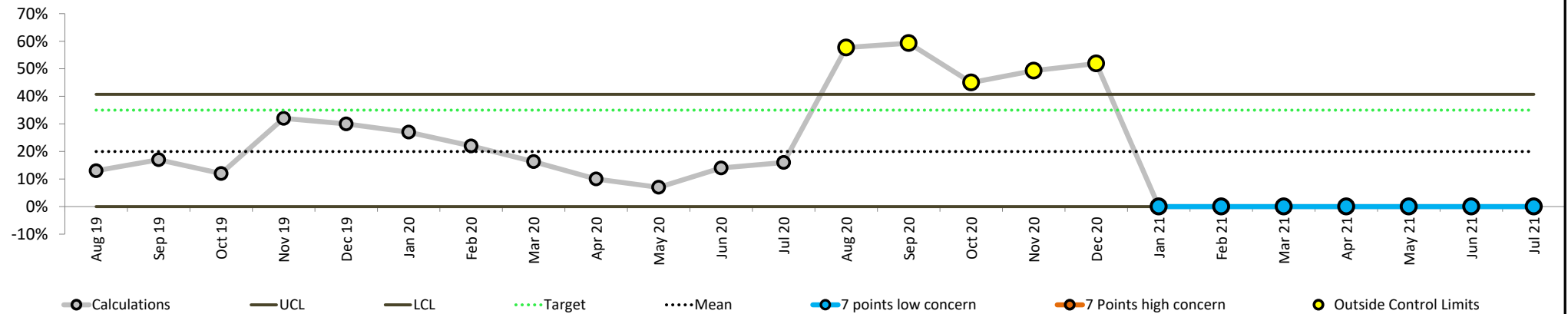
This Month's Figure: 1.3%

Executive (Hilda Gwilliams) Comments:

This metric continues to show a positive trend and this reporting month we reported three term admission to NNU, which further demonstrates the continued commitment of clinical staff to reduce the separation of mothers and babies. There will always be term admissions for appropriate clinical reasons – although we certainly want to keep our numbers low, demonstrating only those infants that definitely need admission are admitted.

Exception Report Sep-21

Women and Children's Continuity Of Care



What does the chart tell us?

The chart shows how many Women have been booked onto a Continuity of Carer pathway which since January 2021 has been inclusive of the birthing (labour) part of their journey. Due to staffing levels we have been unable to roll our additional continuity teams. The Daisy Team have been able to support families during their birth by elective caesarean section and postnatal period. However, again due to staffing they do not yet have a full caseload of families.

Planned Remedial Actions:

Since the Continuity of Carer (CoC) model was introduced the Trust has trialled a number of staffing models and work patterns to support its implementation. From January 2019 to December 2020 this metric was measuring the number of women booked onto a CoC pathway but this did not include the intra partum (birth) part of the pathway. In January 2021 the measurement changed to include the intra partum care (in line with national guidance). The newly defined trajectories for implementation (post COVID-19) are detailed in the table to the right. The Trust has missed the target set for March 2021 but is on track to recover this position and meet the 51% target by March 2022. From July 2021 the first sustainable CoC team (including intra partum care) will go-live, this will focus initially on the elective section pathway. Subsequent CoC teams will be established (in year) with a focus on BAME and vulnerable communities.

To achieve full compliance with this metric there will need to be an increase in the midwifery establishment and the management of change process. The Trust has been awarded a small proportion of the national maternity funding which will contribute to the midwifery staffing needed. This will be actively recruited to during quarter 2. Staff engagement continues to gather views from midwifery colleagues in advance of the formal management of change process. This intelligence is important to ensure our midwifery workforce remains stable.

Ownership:

Lead: Jean Fisher, Interim Head of Midwifery

Primary Lead: Hilda Gwilliams, Director of Nursing

Improvement Objective: Return within the Control Limits consistently

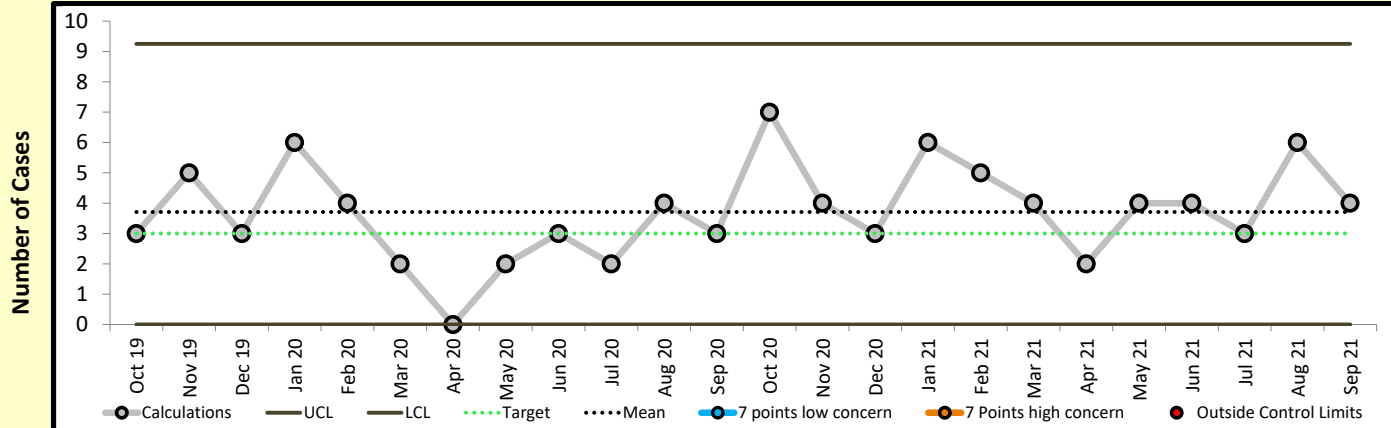
Improvement Timescale: March 2022

Adjusted NHSE CofC targets below - original targets amended August 2020 due to the COVID-19 pandemic	
March 2021	35% of women booked with a provider should be booked onto a CofC pathway that has the capacity to deliver antenatal (AN), intrapartum (IP) and postnatal (PN) care with the percentage from the BAME and vulnerable community exceeding 35%
March 2022	The majority (51%) of women booked with a provider should be in receipt of CofC during the antenatal (AN), intrapartum (IP) and postnatal (PN) continuum.
March 2024	75% of the BAME and vulnerable communities are on a CofC Pathway

	Apr-21	May-21	Jun-21	Jul-21 Phase 1	Aug-21	Sep-21	Oct-21	Nov-21 Phase 2	Dec-21	Jan-22 Phase 3	Feb-22	Phase 4 Mar-22
Continuity of carer	0%	0%	0%	5%	12%	15%	17%	20%	25%	30%	35%	51%



Infection Control - Rate of C.Difficile



Cases of hospital acquired C. Difficile

Target: 3

Mean: 3.71

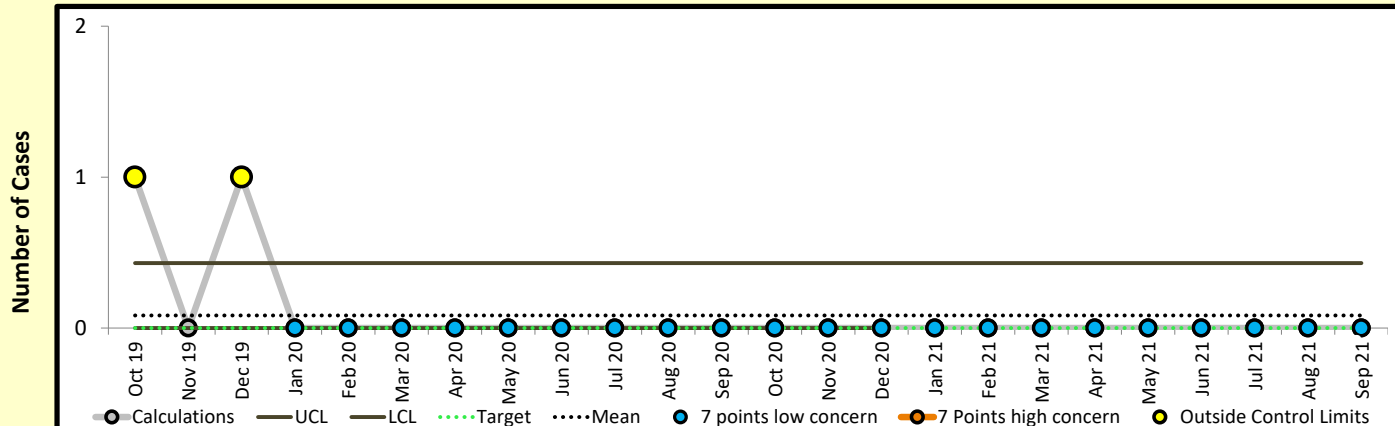
This Month's Figure: 4

Executive (Hilda Gwilliams) Comments:

The NHS Standard Contract 2021/22 has been released and includes quality requirements for the Countess of Chester Hospital NHS Foundation Trust to minimise rates of both Clostridioides difficile (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement.

The threshold for C. difficile has been set as no more than 41 cases.

MRSA



Cases of hospital acquired MRSA(Methicillin-resistant Staphylococcus aureus) bacteraemia

Target: 0

Mean: 0.13

This Month's Figure: 0

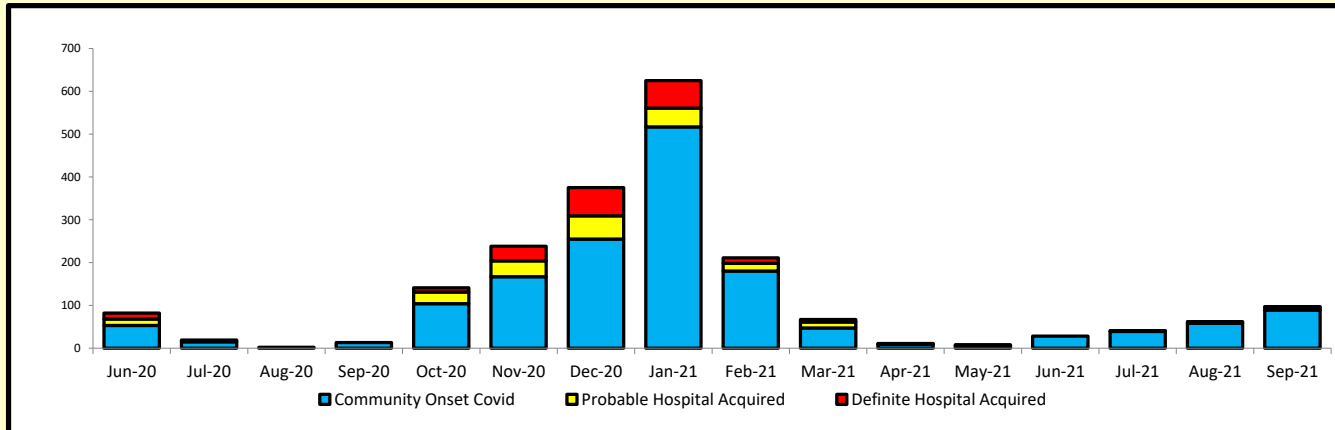
Executive (Hilda Gwilliams) Comments:

The Trust continues to report zero cases of MRSA bacteraemia, with the last case of this infection reported in December 2019.



Hospital Onset Covid

Number of Cases



Patients who have had a positive covid swab collection and their Onset category, 15 + days post admission is definite hospital acquired and 8 + days is probable

Target: 0

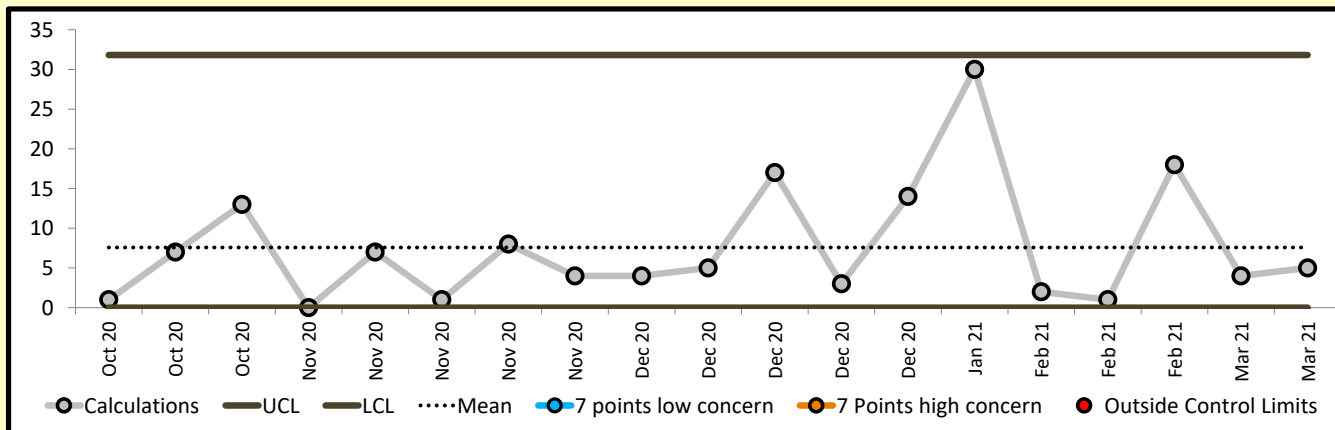
Definite Hospital Onset Total: 241
Probable Hospital Onset Total: 255

Executive (Hilda Gwilliams) Comments:

There has been an increase in the number of patients admitted to the hospital with COVID-19 related disease during September 2021. This is representative of the increase in community prevalence. Work is ongoing to determine factors in an Outbreak being declared.

SPC Days Between: Covid Outbreaks

Number of Cases



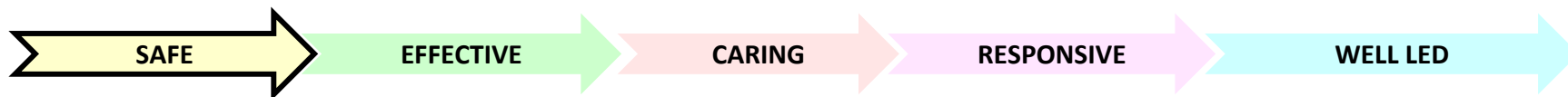
SPC Days Between: Covid Outbreaks

Target: No further outbreaks

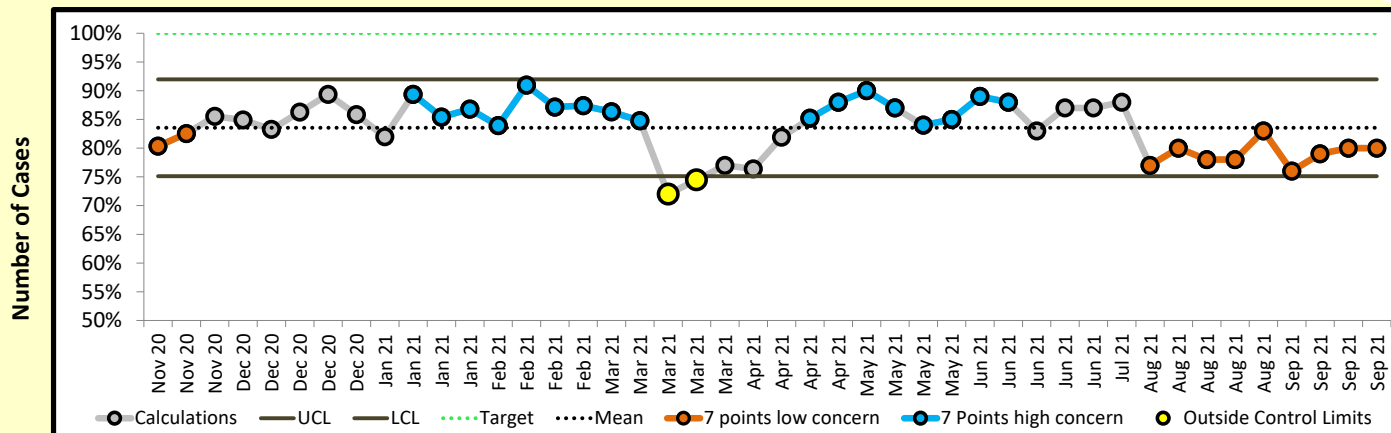
Covid Outbreaks this month: 0

Executive (Hilda Gwilliams) Comments:

This graph shows the days between Covid outbreaks we have seen in the trust since the 2nd wave began. A lower point corresponds to a lower number of days between 2 outbreaks. The Trust saw no outbreaks of COVID-19 during the month.



Covid Screening Compliance - Day 1



The % of eligible patients who were screened for Covid-19 on admission

Target: 100%

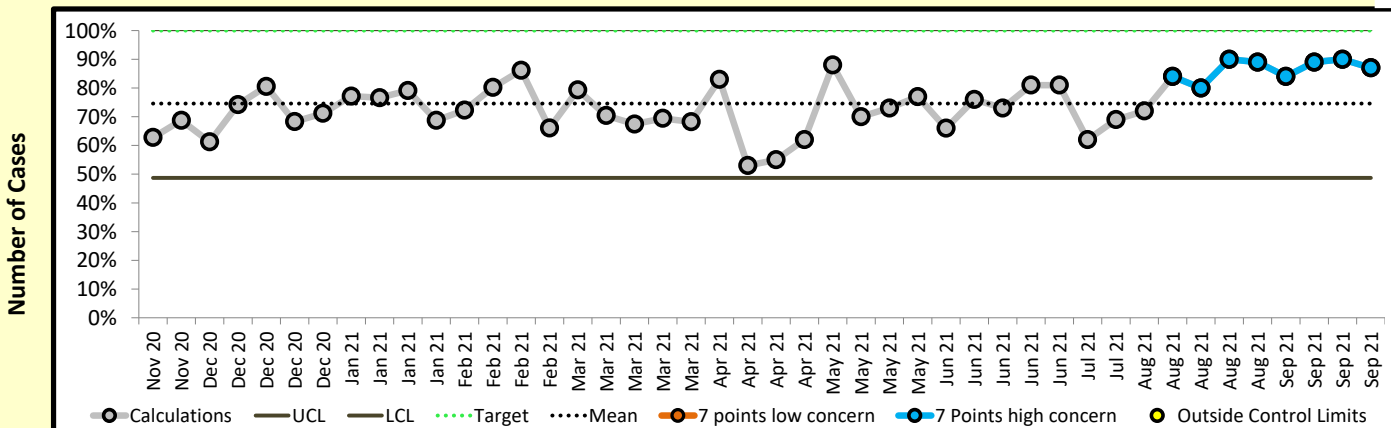
Mean: 83.55%

Latest Week's Figure: 80%

Executive (Hilda Gwilliams) Comments:

The Trust has consistently demonstrated a high level of compliance for day 1 covid screening (above 80%) however compliance has dipped since August, this may be due to workforce capacity and ward changes but active measures to standardise screening utilising Cerner to simplify the screening process and drive improvement but as numbers increase sustained improvement is required. Areas with reduced levels of compliance have continued to be supported and active measures to standardise screening to twice weekly have been trialled in order to simplify the screening process and drive improvement.

Covid Screening Compliance - Day 5



The % of Eligible Patients who were screened for Covid-19 on day 5 of their stay

Target: 100%

Mean: 74.59%

Latest Week's Figure: 87%

Executive (Hilda Gwilliams) Comments:

The Trust has demonstrated consistent levels of screening compliance (above 60%) since May 2021. Areas with reduced levels of compliance have continued to be supported and active measures to standardise screening utilising Cerner to simplify the screening process and drive improvement but as numbers increase sustained improvement is required.



Safeguarding: Mental Capacity



Target: 10% Increase

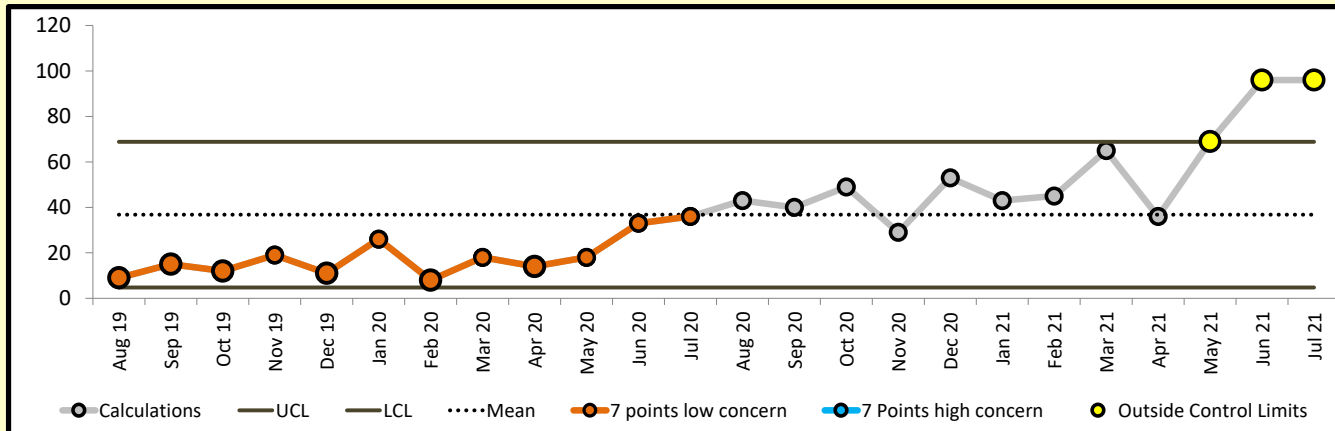
Mean: 36.79

This Month's Figure: 96

Executive (Hilda Gwilliams) Comments:

There has been a positive increase in the number of Mental Capacity Act (MCA) assessments during the month of June and July. The implementation of the new EPR+ (single record) will allow for more accurate data collection and we are currently in the process of validating the new method of capture for this metric, but we are expecting to continue our positive trend.

Completed Forms



The number of safeguarding forms completed relating to Mental Capacity

Safeguarding: Deprivation of Liberty Safeguards (DOLS)



Target: 10% Increase

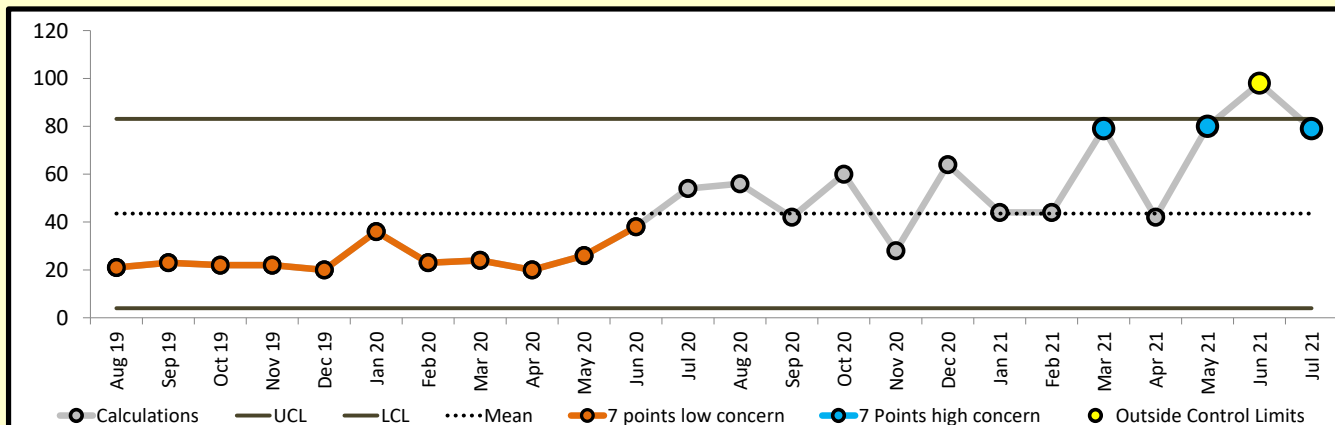
Mean: 43.54

This Month's Figure: 79

Executive (Hilda Gwilliams) Comments:

There has been a positive increase in the number of DOLs applications within recent months and the Trust is considerably above target. Work is currently ongoing to validate the new method of capture for this metric after the implementation of our new EPR system.

Completed Forms



The number of Deprivation of Liberty Safeguards applications and urgent authorisations

SAFE

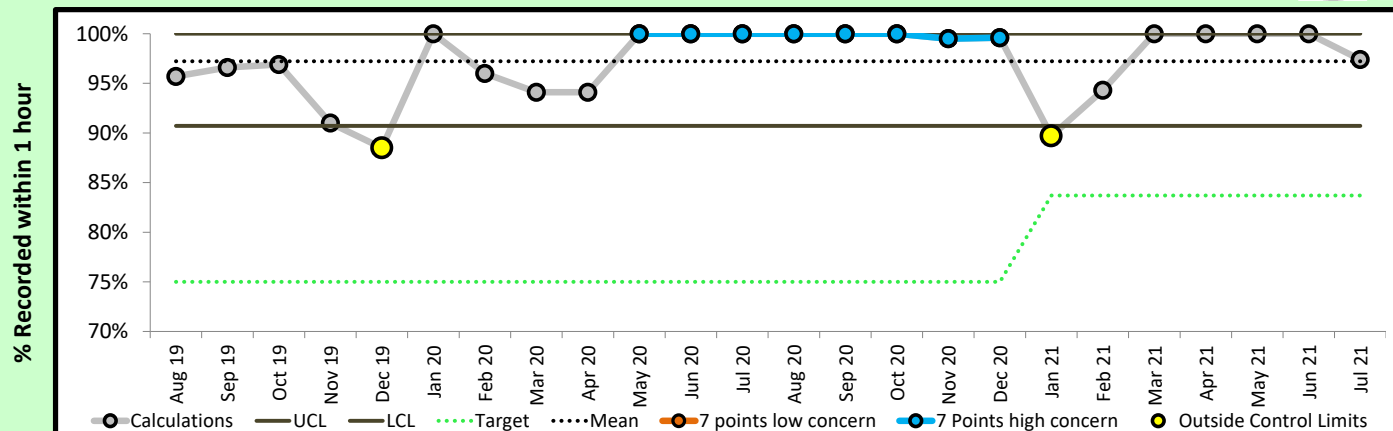
EFFECTIVE

CARING

RESPONSIVE

WELL LED

Sepsis Screening



Target: 83.7%

Mean: 97.23%

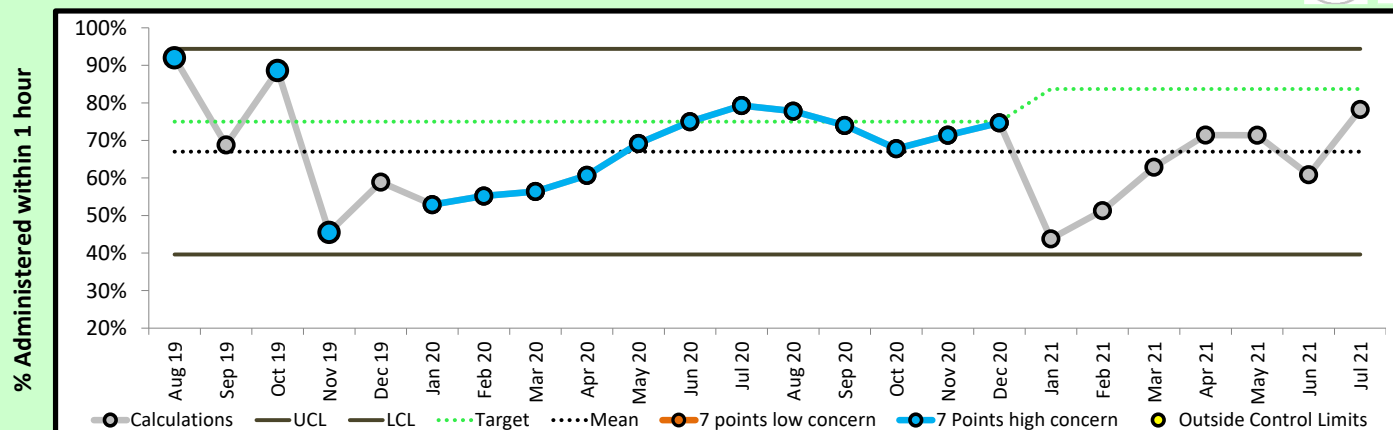
This Month's Figure: 97%

Executive (Hilda Gwilliams) Comments:

The Trust has achieved 97.4% compliance of eligible patients being screened for sepsis on arrival at hospital within 60 mins of arrival (37/38 patients)

Advancing Quality NEWS2 (National Early Warning Score) recorded within 1 hour of hospital arrival

SEPSIS Treatment



Target: 83.7%

Mean: 67.01%

This Month's Figure: 78%

Executive (Hilda Gwilliams) Comments:

In July 2021 78.3% of eligible patients received antibiotics within 60 mins of diagnosis. (18/23 patients)

Advancing Quality IV - Antibiotics administered within 1 hour of sepsis diagnosis

AQ - SEPSIS NEWS Performance

What the charts tell us?

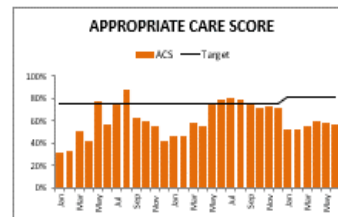
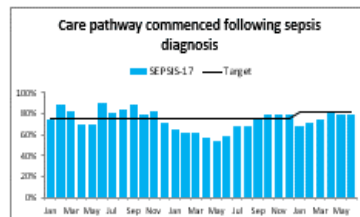
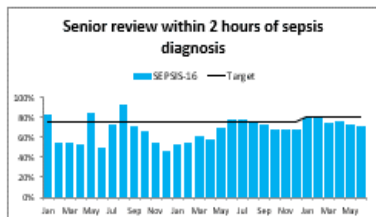
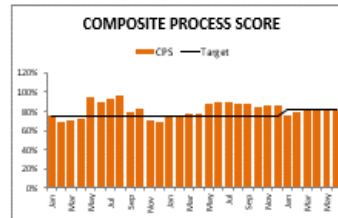
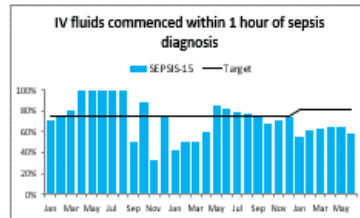
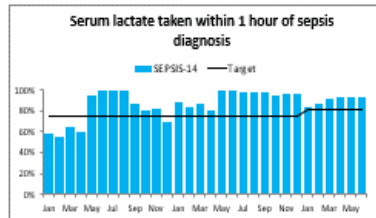
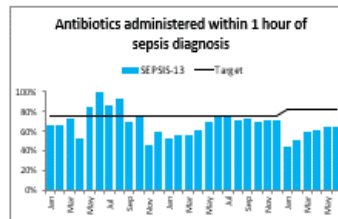
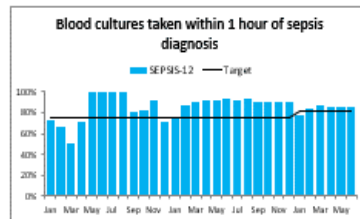
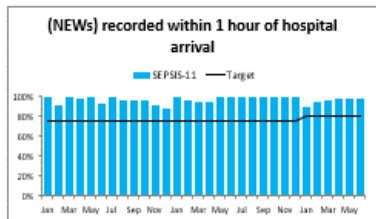
The trust is consistently achieving 100% on screening for sepsis for all patients with suspected sepsis. 71.4% of patients received antibiotics within 1 hour of sepsis diagnosis.

Planned Actions:

Data: The annual target for Sepsis bundle compliance is set by AQUA annually. To date the trust has achieved 82.2% bundle compliance against a target of 83.7%.

Education: Sepsis training compliance currently is recorded as 88.3% of staff having undertaken training

Documentation: 71.4% of the patients in the AQ population were commenced on a sepsis pathway



SepsisNEWS		SEPSIS-11	SEPSIS-12	SEPSIS-13	SEPSIS-14	SEPSIS-15	SEPSIS-16	SEPSIS-17	CPS	ACS	Number of measures passing out of 6 (excl. data collection measures)
Code Provider	Target	National early warning score recorded within 1 hour of hospital arrival	Blood cultures taken within 1 hour of sepsis diagnosis	Antibiotics administered within 1 hour of sepsis diagnosis	Serum lactate taken within 1 hour of sepsis diagnosis	IV fluids commenced within 1 hour of sepsis diagnosis	Senior review within 2 hours of sepsis diagnosis	Care pathway commenced following sepsis diagnosis	COMPOSITE PROCESS SCORE	APPROPRIATE CARE SCORE	
RW6 Pennine Acute	84.3%	95.7%	75.9%	84.9%	81.8%	90.5%	85.8%	73.8%	87.3%	76.1%	4
REN Clatterbridge	83.9%	100.0%	74.5%	87.4%	70.3%	84.3%	54.7%	45.8%	78.4%	28.4%	3
RJR Countess of Chester	83.7%	98.1%	85.2%	63.5%	93.7%	58.3%	71.9%	78.8%	81.7%	56.3%	3
RBT Mid Cheshire	69.5%	96.2%	66.7%	67.0%	69.8%	86.5%	28.1%	36.8%	70.3%	46.2%	3
RBN St Helens & Knowsley Trust	75.1%	84.1%	58.5%	86.9%	56.1%	93.9%	70.1%	42.1%	73.1%	26.2%	3
RRF WWL	74.7%	100.0%	26.9%	80.8%	53.8%	100.0%	69.2%	86.5%	73.2%	54.6%	3
RXN Lancashire Teaching	68.8%	97.5%	65.2%	53.1%	90.0%	66.7%	42.9%	28.6%	72.1%	54.3%	2
REM Liverpool Uni Hospital	86.4%	99.4%	66.5%	68.6%	73.5%	89.2%	79.4%	38.1%	78.6%	41.3%	2
RVY Southport and Ormskirk	78.1%	100.0%	43.2%	71.2%	47.6%	78.9%	44.2%	40.8%	63.8%	21.7%	2
RJN East Cheshire	77.7%	97.2%	54.3%	59.6%	48.9%	70.4%	66.0%	40.4%	68.5%	47.9%	1
RWW Warrington and Halton	75.0%	89.0%	45.2%	39.7%	48.4%	65.6%	41.5%	49.2%	55.8%	23.5%	1
RBL Wirral	89.3%	95.5%	67.7%	77.3%	86.6%	81.6%	68.6%	40.8%	80.1%	46.8%	1
All North West		95.9%	62.9%	71.5%	71.3%	81.2%	63.4%	49.8%	75.2%	47.0%	

Ownership:

Lead: Michelle Tinker

Executive Lead: Darren Kilroy, Medical Director

Improvement Objective: Achieve targets in all Sepsis graphs

Improvement Timescale: To be agreed

SAFE

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Emergency Response Calls - 2222



Target: To Be Within Expected Range

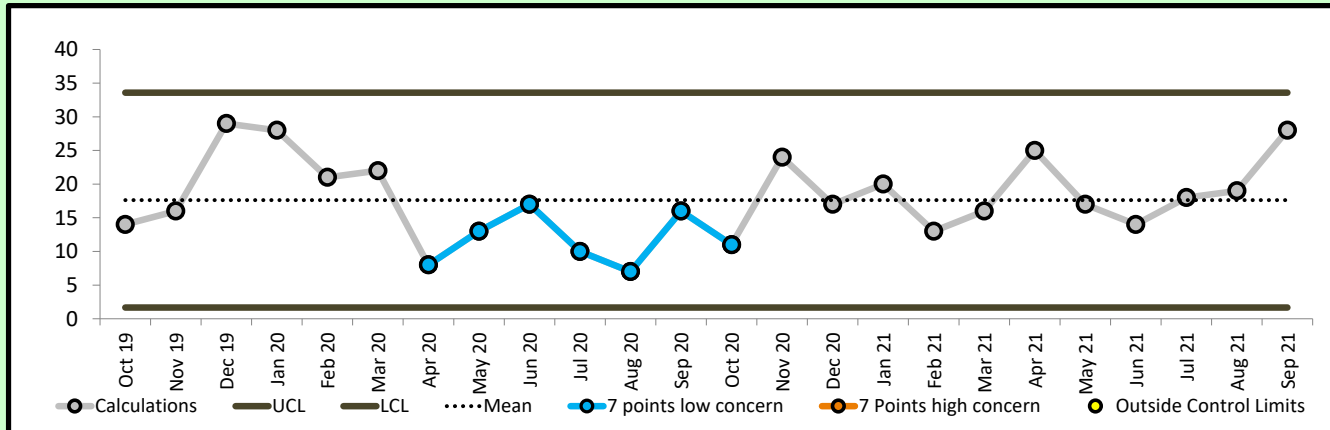
Mean: 17.63

This Month's Figure: 28

Executive (Hilda Gwilliams) Comments:

This metric details the number of emergency calls made month to month. Favourable performance is a low number as this should reflect proactive anticipatory clinical care. It is recognised that there will always be a necessary cohort of emergency calls reflecting deterioration that could not have been foreseen.

Number of Calls



Calls received from emergency 2222 number from hospital areas

Inpatient Ward Moves



Target: 98%

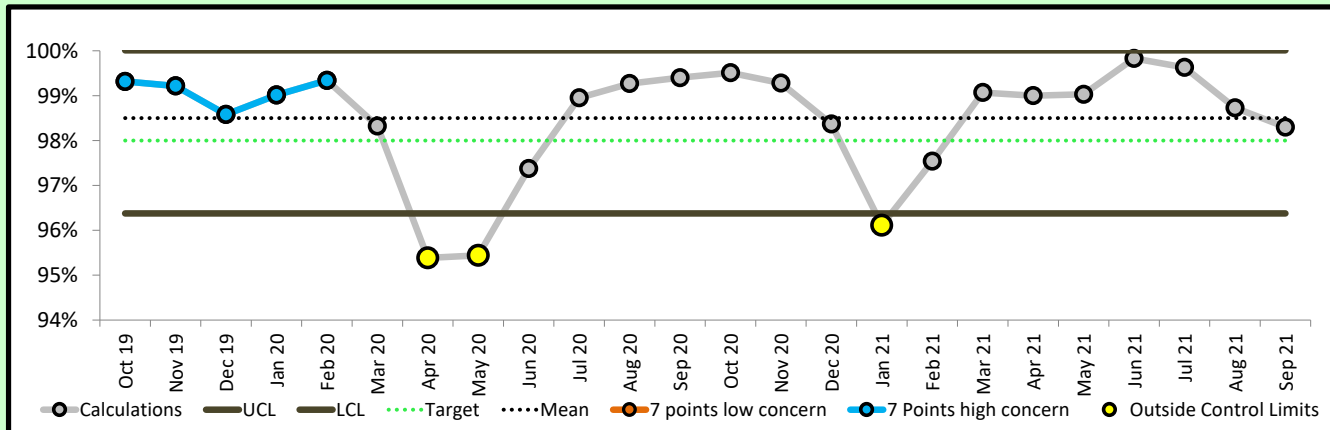
Mean: 98.50%

This Month's Figure: 98.30%

Executive (Hilda Gwilliams) Comments:

The target for this metric was increased from 95% to 98% to drive further improvement. Performance against this measure remains strong and consistently above target. As we have seen in previous months, there is a correlation between months with a higher cohort of Covid patients and a lower compliance for Ward moves, this will be monitored closely for the Winter months.

% Of Patients having < 3 ward moves



The % of patients having fewer than or equal to 3 Ward moves during their Inpatient spell

SAFE

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CARING

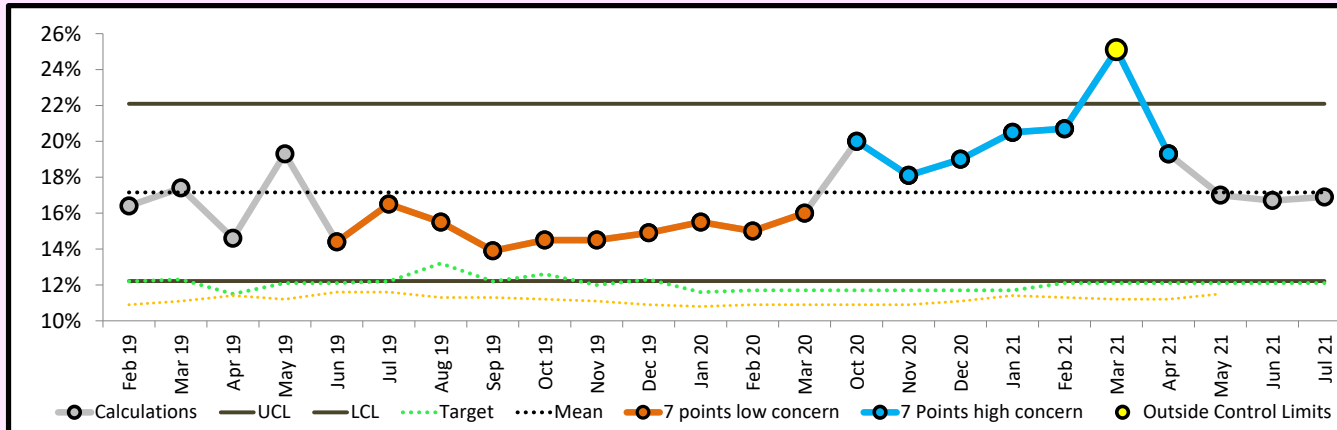
RESPONSIVE

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Friends and Family: A&E Response Rate



% Seen within 4 hours



The Response Rate from the 'Would you recommend this service to your friends and family?' survey/text for A&E

Target: 12%

Mean: 17.15%

This Month's Figure: 16.90%

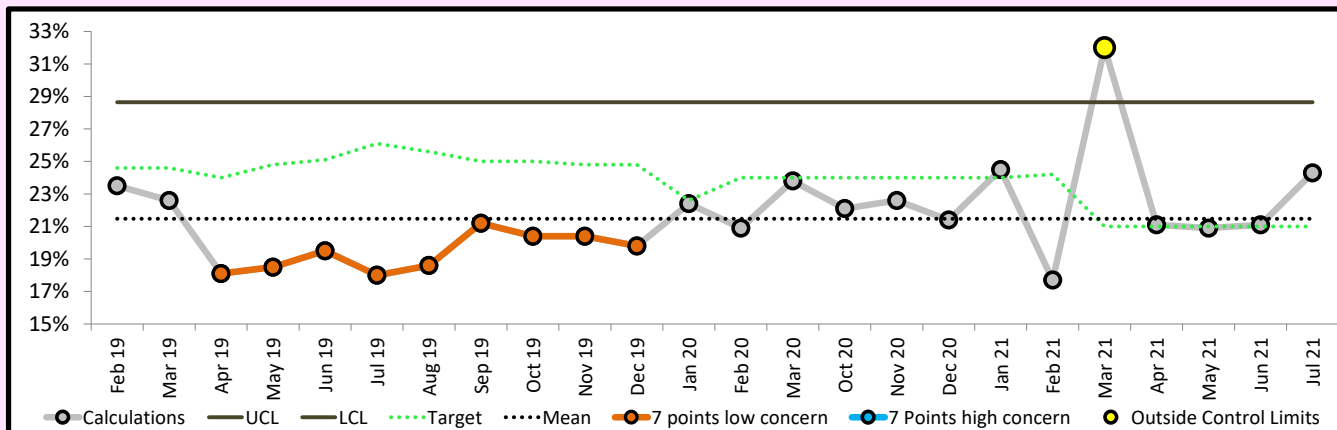
Executive (Hilda Gwilliams) Comments:

We continue to actively seek the views of our inpatient population and performance for this metric remains in line with our national comparator. Due to the EPR implementation, this metric is currently on hold for the next 2 month and data refers to July 2021.

Friends and Family: Inpatient Wards Response Rate



Incomplete Pathways %



The Response Rate from the 'Would you recommend this service to your friends and family?' survey/text for Inpatient Wards

Target: 21%

Mean: 21.48%

This Month's Figure: 24.30%

Executive (Hilda Gwilliams) Comments:

We continue to see a high response rate for this question which is pleasing. Further work is planned to build on this high response rate with follow up local surveys which will be triangulated with other Patient Experience reports. Due to the EPR implementation, this metric is currently on hold for the next 2 months and data refers to July 2021

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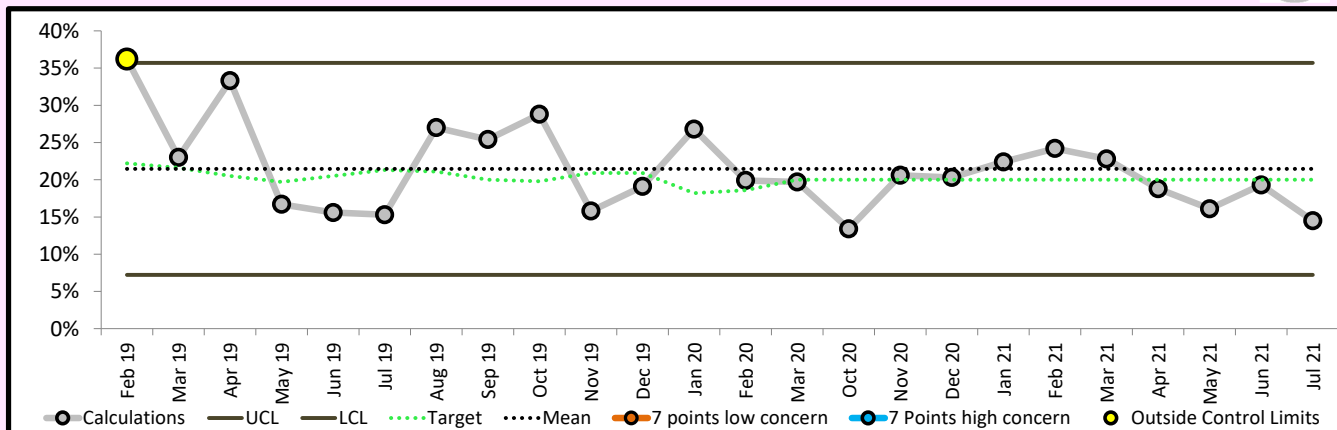
CARING

RESPONSIVE

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Friends and Family: Maternity Response Rate

% Seen within 4 hours



The Response Rate from the 'Would you recommend this service to your friends and family?' survey/text for Maternity

Target: 20%

Mean: 17.15%

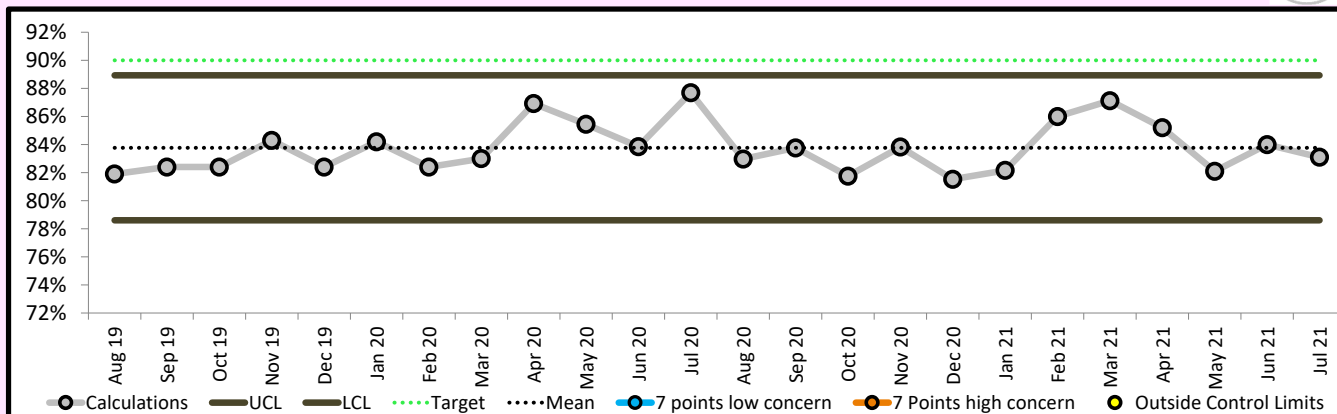
This Month's Figure: 14.50%

Executive (Hilda Gwilliams) Comments:

We continue to actively seek the views of women using maternity services during pregnancy, birth and postnatally. In the latest reporting months we have fallen slightly below our national comparator but we will monitor this closely. Due to the EPR implementation, this metric is currently on hold for the next 2 months and data refers to July 2021.

E-Discharge within 24 hours

Compliance %



The % of clinical discharge letters which were sent within 24 hours

Target: 90%

Mean: 83.77%

This Month's Figure: 83.10%

Executive (Darren Kilroy) Comments:

Provision of a timely e-discharge is an important element of ensuring safe continuity of care. This metric has been re-instituted following the pandemic surge to enable us to track performance. The metric is broad at this level, but beneath it sits a layer of detail that enables drill-down at a specialty- or ward-specific level should performance fall. This metric currently refers to July 2021 data, following the EPR implementation we are testing and validating data submissions before finalising figures.

Friends and Family

CoCH Performance Scores

Area	Likely	Unlikely	Don't Know	Responses	% likely to recommend
IP	496	31	4	709	70.0%
A&E	326	61	13	433	75.3%
MAT	16	0	0	16	100.0%
OP	1257	39	4	1335	94.2%
Trust	2095	131	21	2493	84.0%

CoCH Response Scores

Area	Responses	Eligible	%
IP	709	2920	24.3%
A&E	433	2561	16.9%
MAT	16	110	14.5%
Trust	1158	5591	20.7%
OP	1335	N/A	N/A

National Statistics

FFT	Number of organisations submitting	Total responses to date	Responses		Score (% recommend)		Score (% not recommend)	
	June 2021	June 2021	June 2021	May 2021	June 2021	May 2021	June 2021	May 2021
A&E	124	11,502,730	116,863	127,246	79%	82%	13%	11%
Inpatient	154	17,111,530	165,882	164,170	95%	95%	2%	2%
Maternity (Antenatal)	112	559,920	3,472	3,170	91%	92%	6%	5%
Maternity (Birth)	116	874,017	5,425	5,338	95%	95%	3%	3%
Maternity (Postnatal Ward)	115	955,049	6,536	6,675	93%	94%	3%	3%
Maternity (Postnatal)	120	410,618	1,151	1,402	91%	94%	6%	3%
Outpatient	227	20,933,813	323,823	300,831	93%	93%	3%	3%

The Trust continues to over perform in seeking the views of patients and service users, demonstrating response rates higher than the national comparators. The percentage of patients likely to recommend our hospital has fallen slightly below our national benchmarks. This will be monitored closely.

National comparators are given 2 months in arrears. North West comparators will also be made available in this report moving forward.

Ownership:

Lead: Divisional Directors

Primary Lead: David Coyle, Chief Operating Officer

Improvement Objective: Once Covid restoration is in place, progress will be agreed

Improvement Timescale: To be agreed

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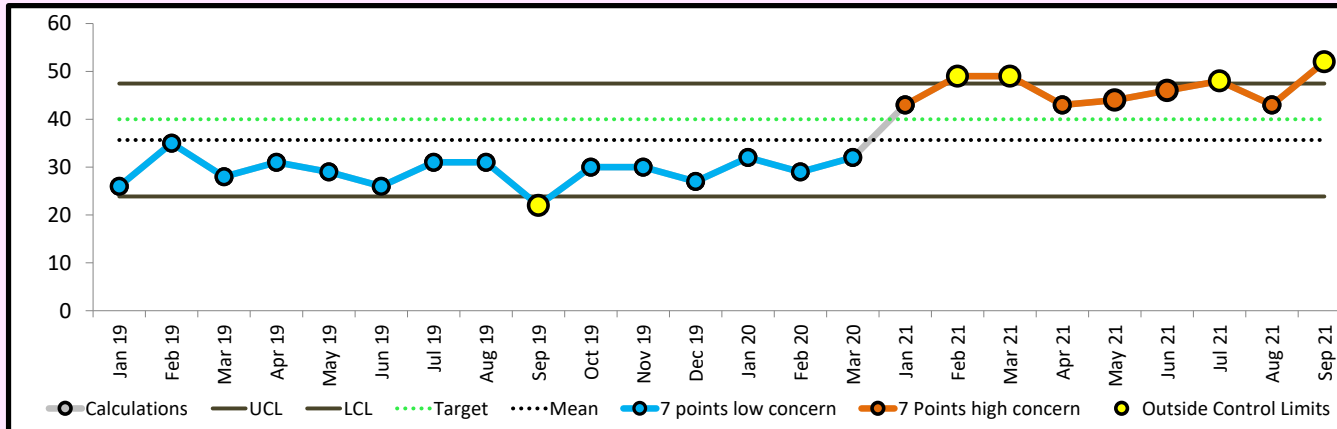
RESPONSIVE

WELL LED

Patient Feedback: Open Complaints



Complaints



The number of open patient complaints we had at month end

Target: 40

Mean: 36

This Month's Figure: 52

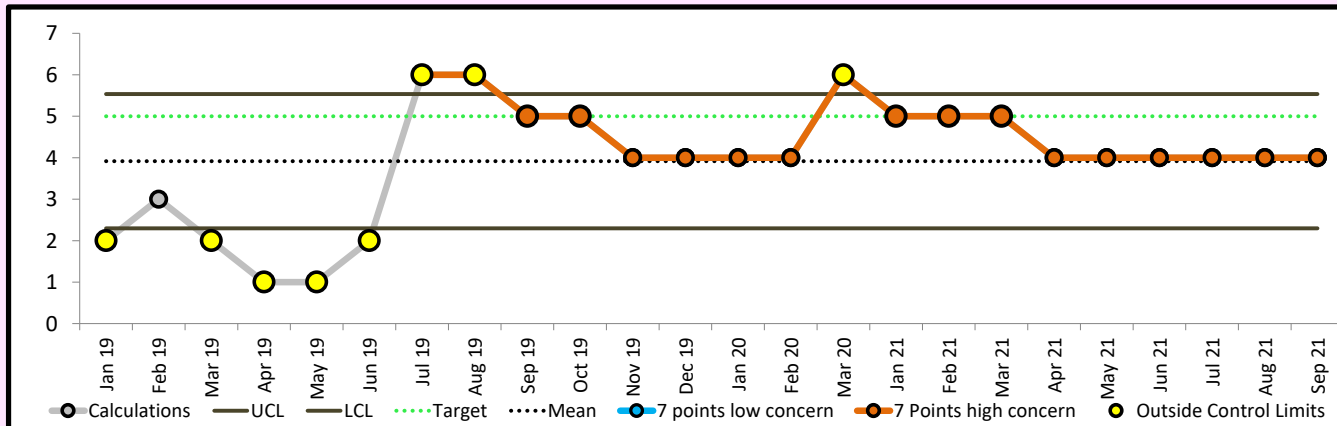
Executive (Hilda Gwilliams) Comments:

The Trust closed a considerable amount of complaints in August, although the number of open complaints remains above the set target. Work is being progressed to resolve this and bring performance back in line with expectations.

Number of Complaints Open with PHSO



Complaints



The Number of complaints that are being investigated by the PHSO (Parliamentary and Health Service Ombudsman)

Target: 5

Mean: 3.92

This Month's Figure: 4

Executive (Hilda Gwilliams) Comments:

There remains 4 complaints being independently reviewed by the Parliamentary and Health Service Ombudsman (PHSO), which remains below the target. This measure gives an indication of the quality of our investigation process and the inclusiveness of patients and families.

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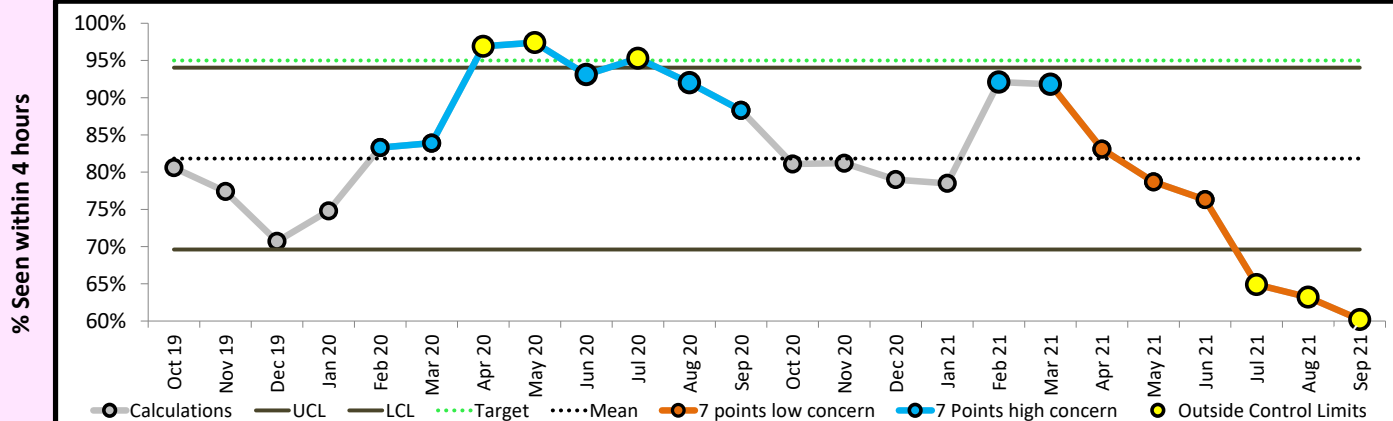
EFFECTIVE

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ED 4 Hour Wait Standard



% of A&E attendances that were seen within 4 hours of arrival

Target: 95%

Mean: 81.83%

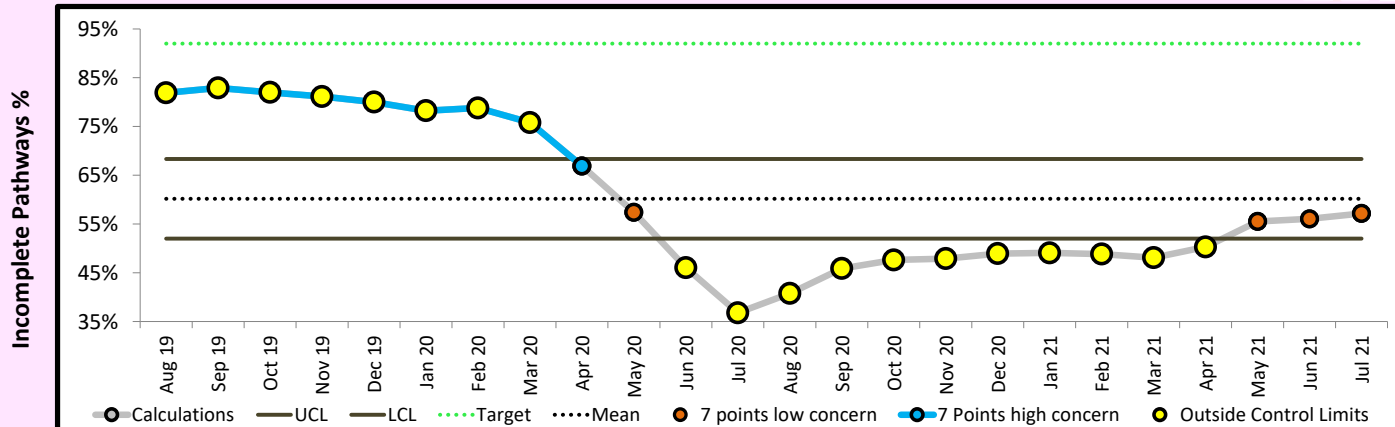
This Month's Figure: 60.20%

Executive (David Coyle) Comments:

Nationally, 77.0% of the total attendances were seen within 4 hours. National type 1 performance was 66.2%, CoCH was 60.6%, whilst National Type 3 performance was 96.4% compared to the Trusts score of 94.0%

An exception report is provided.

18 Weeks Referral To Treatment (RTT) Incomplete Pathways



The % of incomplete pathways for English patients within 18 weeks

Target: 92%

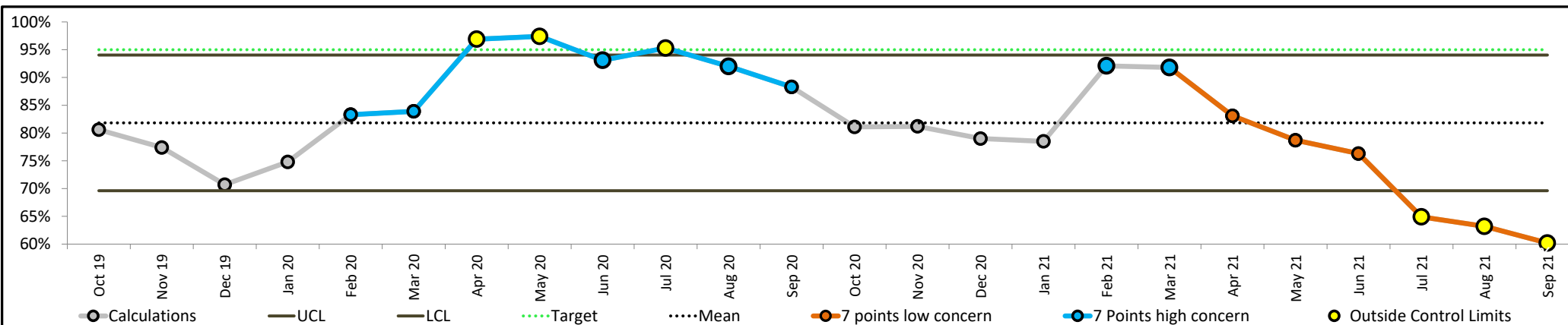
Mean: 60.17%

This Month's Figure: 57.17%

Executive (David Coyle) Comments:

This metric identifies the percentage of patients who are still on an 18 week pathway, for example the figure for July shows that 57.17% of patients are currently waiting under 18 weeks at month end. The latest national figure (1 month in arrears) for this indicator is 68.8% (June 2021). An exception report is provided.

ED 4 Hour Wait Standard



What does the chart tell us?

Performance this month has fallen outside the control limits for the third time in the reporting period. Due to the change in performance over the last few months, we now have a run of 8 points above the mean from February-20 to September-20. In recent months, we can now see a run of 7 decreasing points.

Ownership:

Primary Lead: David Coyle, Chief Operating Officer

Improvement Objective: Remain above national standard

Improvement Timescale: Ongoing

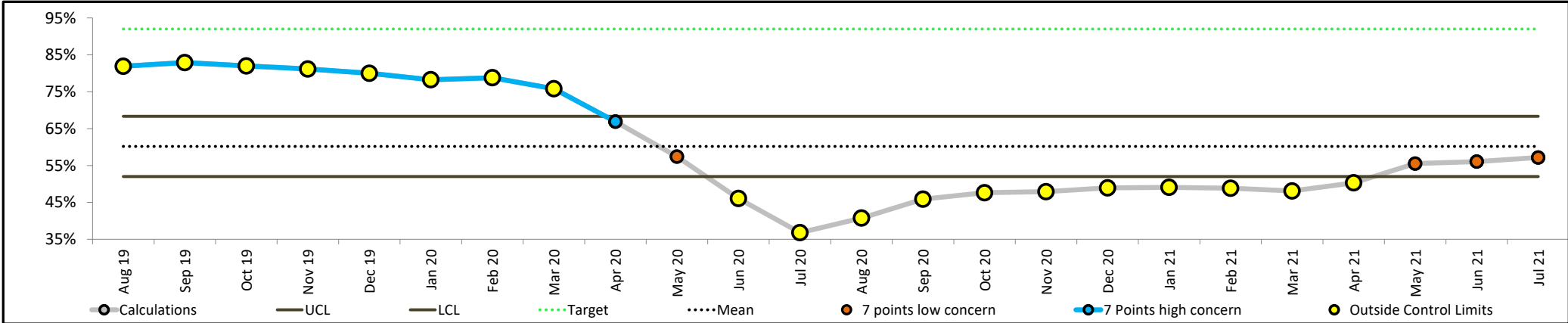
Planned Remedial Actions:

We continue to experience increased numbers of lower acuity patient attendances. Throughout September, performance has reduced as we continued to see increased attendances at an average of about 230 – 240/day. Post-migration work from our old PAS system to the new Cerner EPR continues where we experienced slower movement of patients through the ED system which has now improved with some outstanding training and technical support, some of which require project-planning.

The planned national change to the focus of ED waits, where the number of patients who have waited over 12hrs from registration is now in operation is now being closely monitored nationally. Bed occupancy remained high in September (>98%) with continued use of escalation beds. This extended escalation and high occupancy was multifactorial, due to the slow availability and movement of community packages of care both in Cheshire and Flintshire. We have experienced increasing Medical and Nursing shortages due to sickness, with both regular illness episodes and Covid-contact related occurrences having a substantial impact on workforce. The Isolation area in AMAC continued to be protected throughout September from admissions in order to continue to provide an assessment and COVID-positive area for GP-referred medical patients and to ensure quick recovery from high-attendance evenings which has now become a daily occurrence. The enlarged Discharge Lounge continues to be of benefit as we can move immobile patients there earlier in the day who are waiting for discharge, to enable successful early flow. We are planning to run another Perfect Week in mid-November to facilitate increased discharges where we will be setting expectations on the wider system for increased capacity to allow Discharge to Assess processes to take place.

Exception Report Sep-21

18 Weeks Referral To Treatment (RTT) Incomplete Pathways



What does the chart tell us?

The RTT figure has remained within the boundaries of the control limits for the third time in 12 months.

Ownership:

Lead: Divisional Directors
Primary Lead: David Coyle, Chief Operating Officer
Improvement Objective: Once Covid restoration is in place, progress will be agreed
Improvement Timescale: To be agreed

Planned Remedial Actions:

The Trust continued to deliver COVID restoration work in a highly focussed way throughout September, with continued concentration on cancer and urgent referrals. As a result of the Cerner migration we experienced ongoing difficulty with visibility of patient lists, with Cancer and Fast-track patients being monitored manually. This is being rectified as quickly as possible by the BI team. High priority solutions have been requested on Cerner to enable soonest-possible visibility to all departments.

The Trust continues to conduct the Clinical Validation exercise where extended clinic consultation has been required on all urgent, fast-track and over-waiting patients on RTT pathways. We continue to reference the deep-dive investigation report from the Intensive Support Team in order to gain support and insight on how we can increase our elective restoration productivity which has initially been shared with the Finance and Performance committee. We continue, via the Elective recovery and Restoration group to apply the productivity-control plan within each division to allow controlled care delivery where patient safety is maintained. This unfortunately involves reduced activity to enable safe implementation of Cerner, although our productivity is slowly increasing.

We continue to request mutual aid from the region -our highest risk areas (due to workforce challenges) where we have gone out to region are Ophthalmology, Gynaecology, Endoscopy, ENT and Breast screening. We have also commenced sending gynaecology patients to Mid-Cheshire at the end of September. We continue to request assistance from the CCG as we are aware that they have existing contracts with some independent providers in the area and the CCG are now actively looking for other IS opportunities.

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Total number of 18 Weeks Referral To Treatment (RTT) Incomplete Pathways



To be agreed

Target: To be agreed

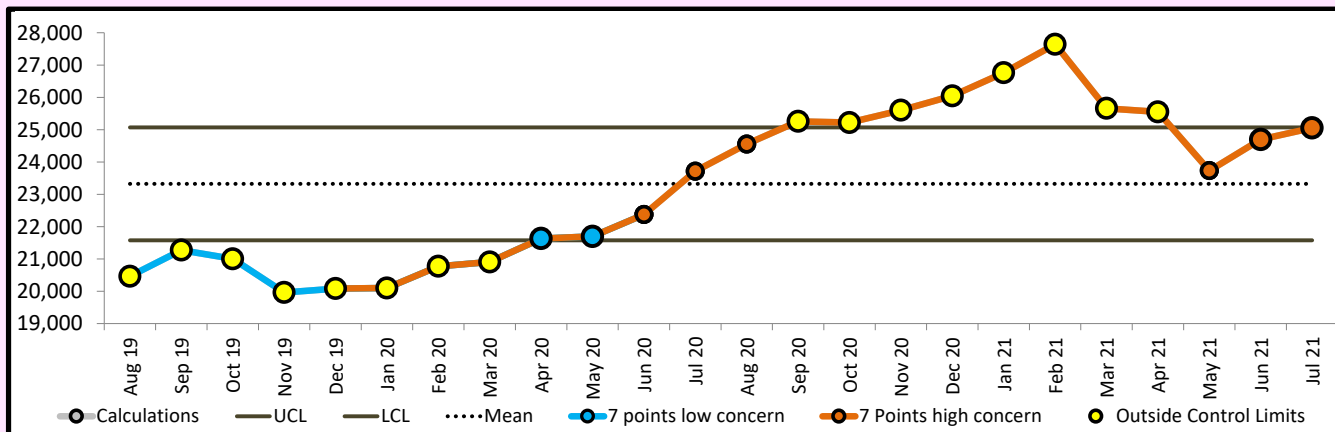
Mean: 23324

This Month's Figure: 25054

Executive (David Coyle) Comments:

There continues to be pressures around the entirety of the RTT metrics due to the continued influence of Covid-19. Please see the RTT exception report for more details. All RTT metrics currently refer to July 2021 data, following the EPR implementation we are testing and validating external submission data before figures are finalised.

Incomplete Pathways



The total number of incomplete pathways for English patients

Referral To Treatment (RTT) Incomplete Pathways of patients waiting between 0 - 18 weeks



To be agreed

Target: To be agreed

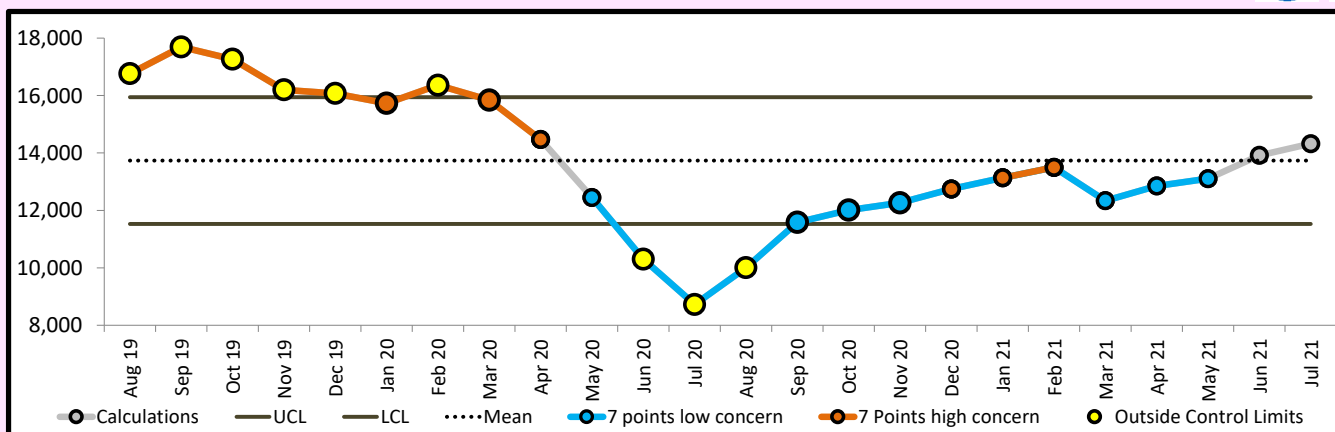
Mean: 13736

This Month's Figure: 14324

Executive (David Coyle) Comments:

There continues to be pressures around the entirety of the RTT metrics due to the continued influence of Covid-19. Please see the RTT exception report for more details. All RTT metrics currently refer to July 2021 data, following the EPR implementation we are testing and validating external submission data before figures are finalised.

Incomplete Pathways



The total number of incomplete pathways for English patients between 0 - 18 weeks

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Referral To Treatment (RTT) Incomplete Pathways of patients waiting over 18 weeks



To be agreed

Target: To be agreed

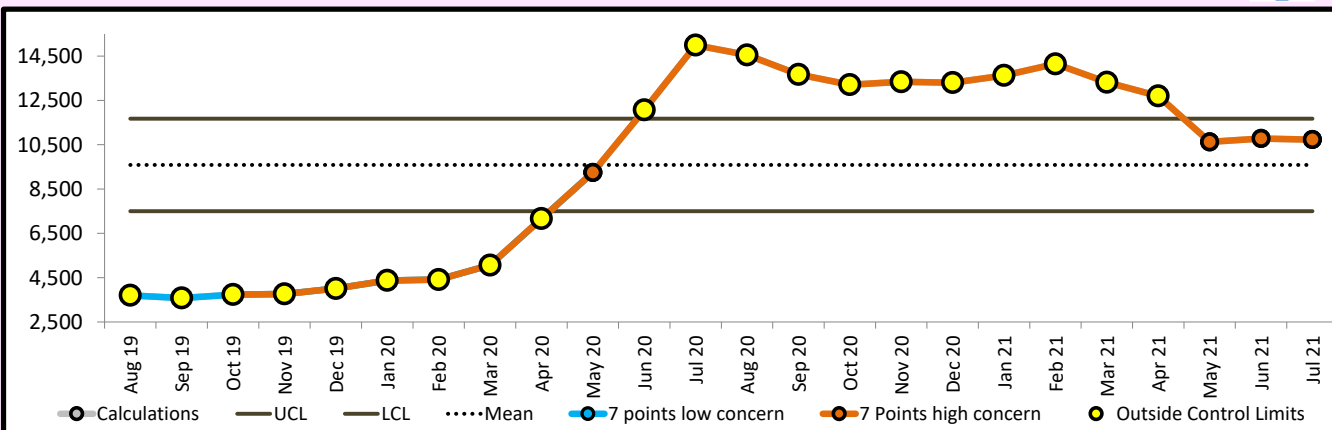
Mean: 9588

This Month's Figure: 10730

Executive (David Coyle) Comments:

There continues to be pressures around the entirety of the RTT metrics due to the continued influence of Covid-19. Please see the RTT exception report for more details. All RTT metrics currently refer to July 2021 data, following the EPR implementation we are testing and validating external submission data before figures are finalised.

Incomplete Pathways



The total number of pathways for English patients exceeding the 18 week RTT target

Referral To Treatment (RTT) Incomplete Pathways of patients waiting over 40 weeks



To be agreed

Target: To be agreed

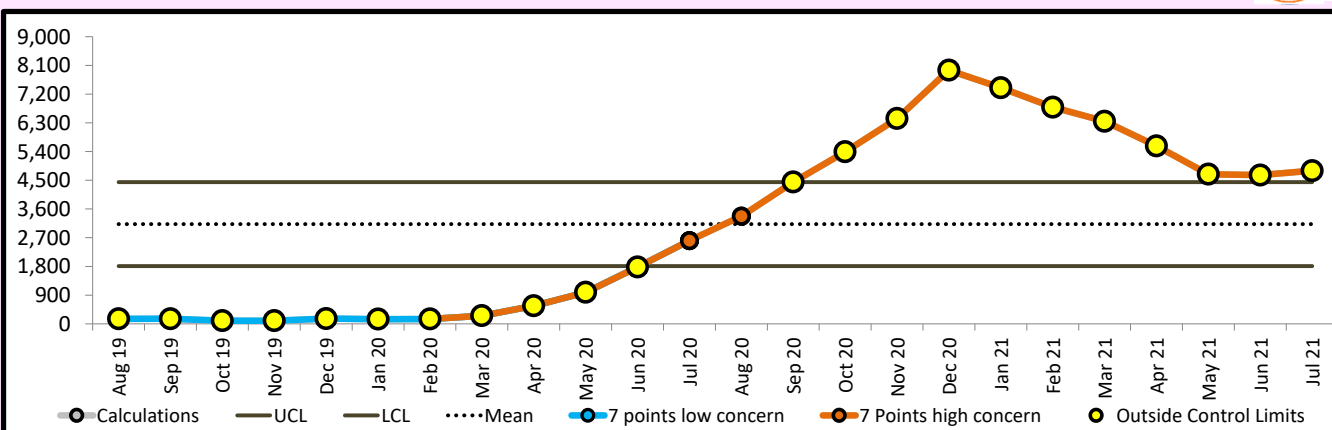
Mean: 3126

This Month's Figure: 4800

Executive (David Coyle) Comments:

There continues to be pressures around the entirety of the RTT metrics due to the continued influence of Covid-19. Please see the RTT exception report for more details. All RTT metrics currently refer to July 2021 data, following the EPR implementation we are testing and validating external submission data before figures are finalised.

Incomplete Pathways



The total number of pathways for English patients exceeding 40 weeks from Referral To Treatment (RTT)

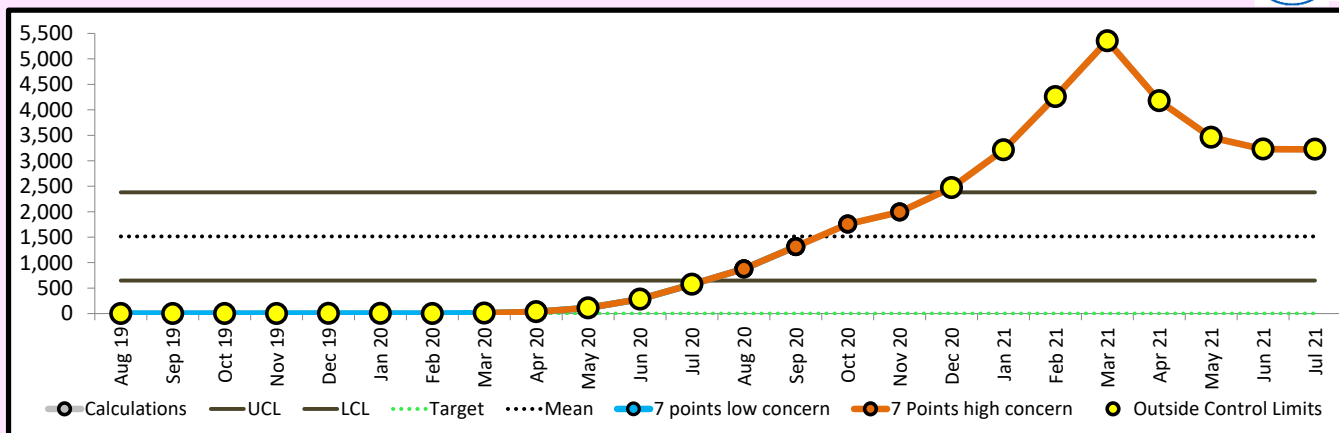
Performance Report Sep-21



Referral To Treatment (RTT) Incomplete Pathways of patients waiting over 52 weeks



Incomplete Pathways



The total number of pathways for English patients exceeding 52 weeks from Referral To Treatment (RTT)

Target: To be agreed

Mean: 9588

This Month's Figure: 10730

Executive (David Coyle) Comments:

There continues to be pressures around the entirety of the RTT metrics due to the continued influence of Covid-19. Please see the RTT exception report for more details. All RTT metrics currently refer to July 2021 data, following the EPR implementation we are testing and validating external submission data before figures are finalised.

SAFE

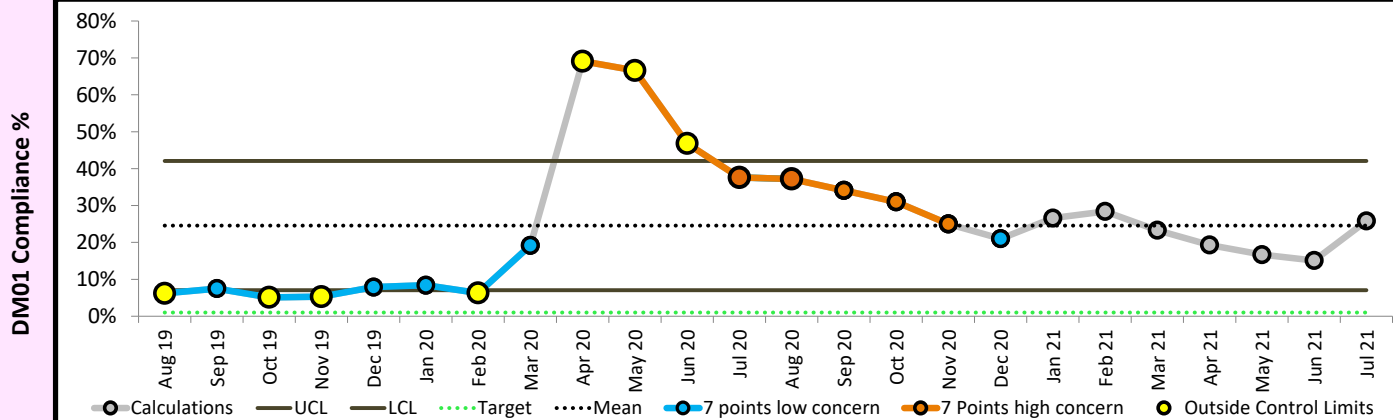
EFFECTIVE

CARING

RESPONSIVE

WELL LED

Diagnostic Tests Exceeding 6 Weeks Waiting Time(DM01)



The % of Diagnostic tests that have currently not been carried out within 6 weeks of the request being received

Target: 1%

Mean: 24.56%

This Month's Figure: 25.80%

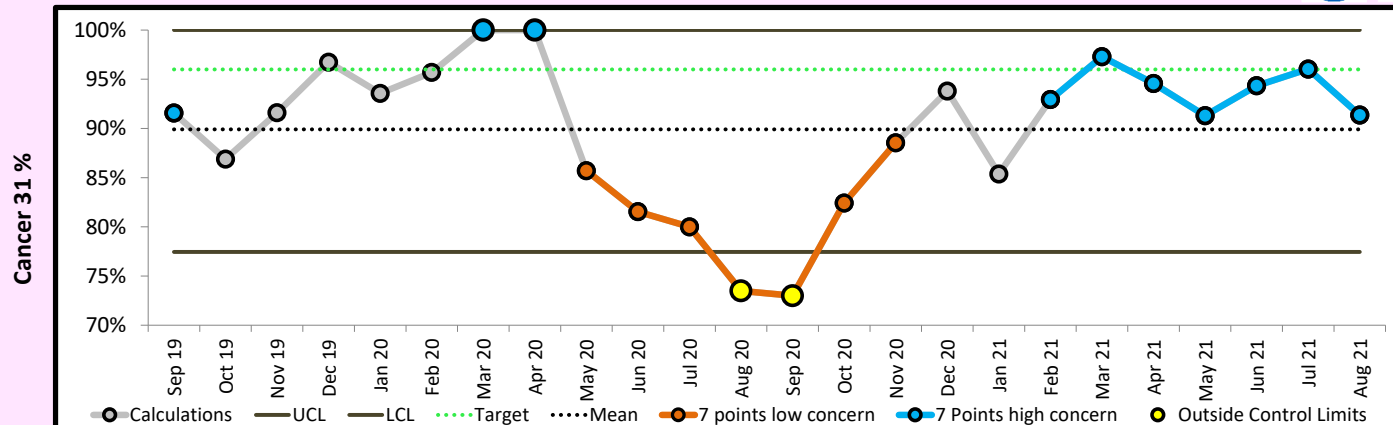
Executive (David Coyle) Comments:

This metric has declined for the first time in 6 months and is now above the mean, as well as the 1% target. The latest national figure for this indicator is 23.5% (July 2021).

This metric currently refers to July 2021 data, following the EPR implementation we are testing and validating external submission data before figures are finalised.

An exception report is provided.

Cancer Treatments: 31 Day Standard



The number of patients who received their first definitive cancer treatment within 1 month of being diagnosed

Target: 96%

Mean: 89.91%

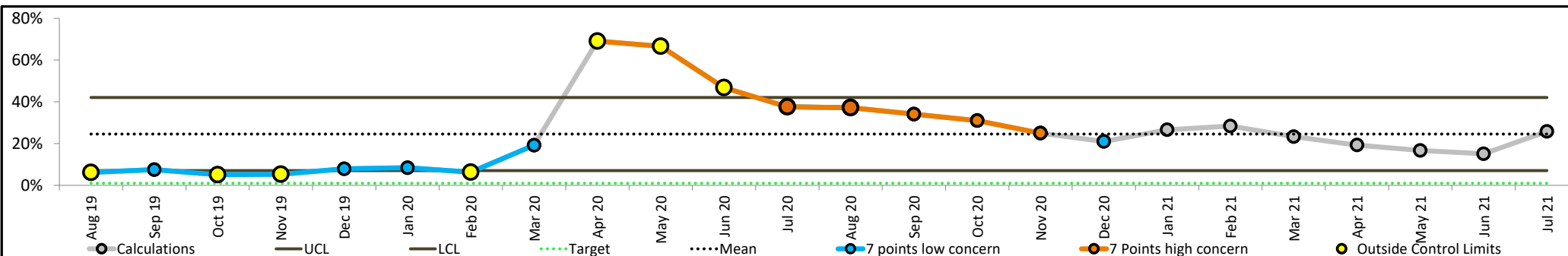
This Month's Figure: 91.36%

Executive (David Coyle) Comments:

Performance has improved but remains below the target of 96%. The latest national provisional figure for this metric is 94.6% (June 2021). This indicator is reported one month in arrears.

Exception Report Sep-21

Diagnostic Tests Exceeding 6 Weeks Waiting Time(DM01)



English - Number of exams >6 weeks

Month End Snapshot	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Magnetic Resonance Imaging	98	32	7	2	9	7						70	489
Computed Tomography	69	88	76	68	60	104	186	132	128	189	299	239	463
Non-obstetric ultrasound	218	68				5						3	27
CRV - Vascular	149	54								5	10	3	24
Barium Enema												5	29
Audiology - Audiology Assessments	265	289	307	253	103	83	108	140	55	35	52	7	
Cardiology - echocardiography	89	99	7	5	8	3	2	17	48	22	10	7	18
Respiratory physiology - sleep studies	19	19	12	12	9		23	22	17	6	10	47	37
Colonoscopy	145	254	231	168	126	116	201	246	273	245	146	121	118
Flexi sigmoidoscopy	132	144	127	98	112	123	166	181	203	154	154	163	138
Cystoscopy	469	469	454	341	279	188	196	240	219	165	122	58	50
Gastroscopy	517	574	606	547	401	320	370	403	338	273	240	233	278
Total patients waiting	5764	5617	5362	4867	4426	4510	4704	4868	5512	5691	6269	6348	6486
Total breaches	2170	2090	1827	1494	1107	949	1252	1381	1282	1100	1047	956	1671
% > Threshold	37.6%	37.2%	34.1%	30.7%	25.0%	21.0%	26.6%	28.4%	23.3%	19.3%	16.7%	15.1%	25.8%

Ownership:

Primary Lead: David Coyle, Chief Operating Officer

Lead: Divisional Directors

Improvement Objective: Achieve Target

Improvement Timescale: Once Covid restoration is in place, progress will be agreed

What does the chart tell us?

The chart is showing conflicting special causes, due to the impact of covid our pre-covid levels are showing as statistically significant. From April onwards, all these points are above the mean, but from April to December every point was improving. We have now returned to being in statistical control and have been in statistical control for the last 7 months.

Planned Remedial Actions:

Endoscopy: Endoscopy still continues to breach DM01:-

We lost an amount of activity towards the end of July and through September due to reducing lists for the Cerner implementation process

Endoscopy went live with Cerner on Monday 23rd September due to technical issues which delayed go-live - this amount of downtime will have a negative effect on the capacity and will affect DM01 for September.

However we continue to operate throughout September with the new nursing model which has enabled the 5 procedural rooms to function which gives part mitigation of the effect that the EPR migration has had on productivity.

Radiology: The increase in emergency and fast track referrals has resulted in a drop in performance for direct referrals. MRI is now 94%, CT to 81% and US has been maintained at 100%. With the continued increase in emergency activity and the implementation of the new Trust EPR system, the plan to improve the system has been revised, particularly with regards workforce shortages due to Covid. Following approval for funding from NHSEI about our Community Diagnostic Centre at Ellesmere Port Hospital which will be established in the latter half of next year we are proceeding at pace, primarily to install an additional MRI scanner. This will provide welcome capacity to provide additional investigative procedures for one of our busiest areas of coverage.

SAFE

EFFECTIVE

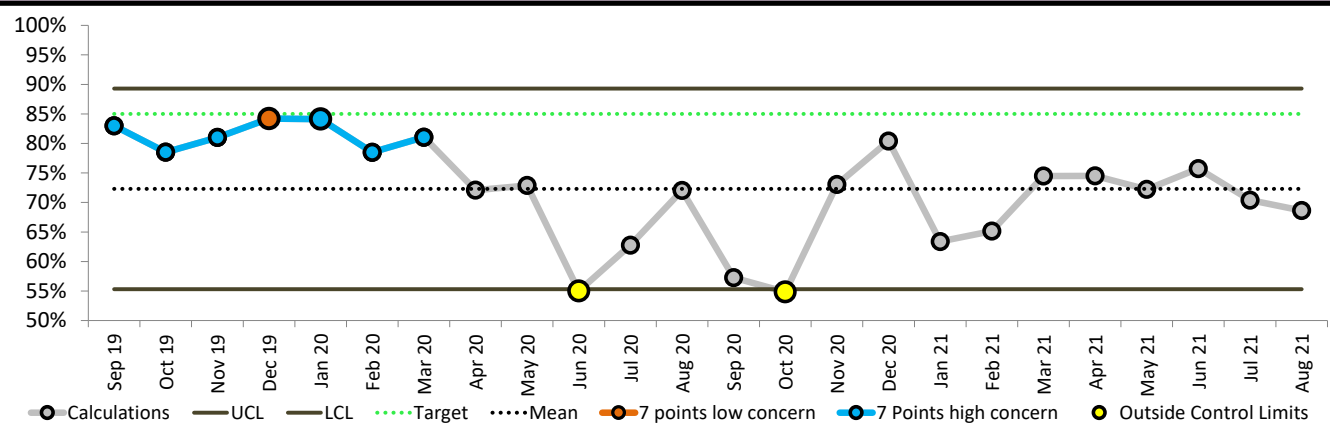
CARING

RESPONSIVE

WELL LED

Cancer Treatments: 62 Day Standard

Seen within 62 days %



The percentage of patients having their first treatment for cancer within 62 days of an urgent referral through the GP 2 week referral route

Target: 85%

Mean: 72.30%

This Month's Figure: 68.63%

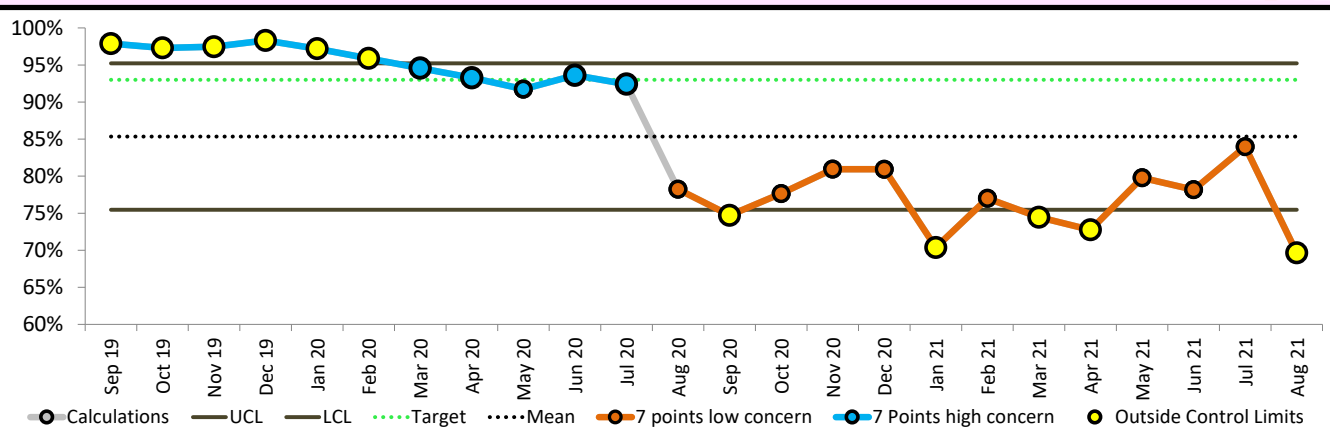
Executive (David Coyle) Comments:

Performance has remained above the Lower Control Limit but remains below the target. This indicator is reported one month in arrears.

The latest national provisional figure for this indicator is 73.3% (June 2021).

Cancer Treatments: 14 Day Standard

Cancer 14 %



The number of patients referred from their GP with suspected cancer should have their first appointment within 14 days

Target: 93%

Mean: 85.34%

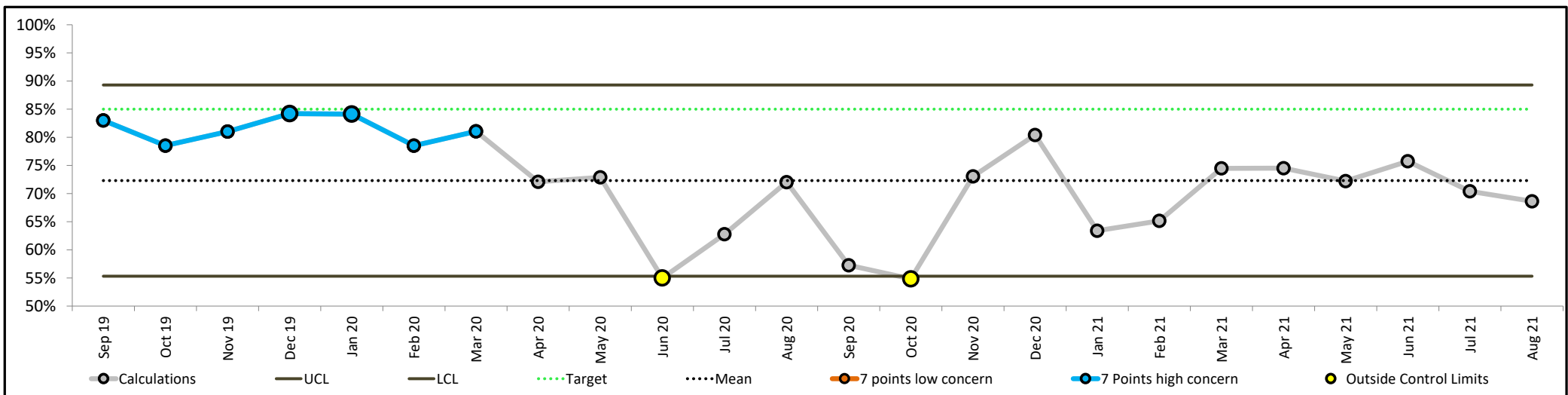
This Month's Figure: 69.65%

Executive (David Coyle) Comments:

Performance has returned above the Lower Control Limit. The latest national provisional figure for this indicator is 84.9% (June 2021). This indicator is reported one month in arrears.

Exception Report Sep-21

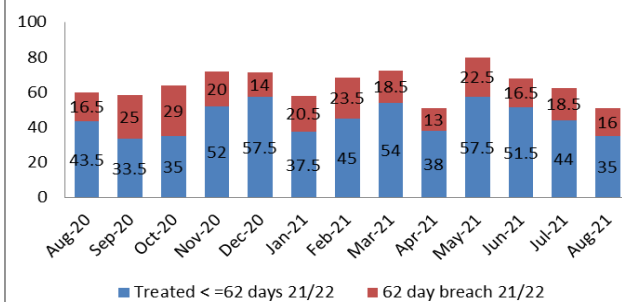
Cancer Performance - Overall



What does the chart tell us?

The chart shows we have seen a statistically significant drop in 62 day cancer performance since the beginning of the pandemic, with Jun-20 and Oct-20 falling below the Lower Control Limits, but performance has been consistent in the last 6 months.

62 Day Treatments & Breaches

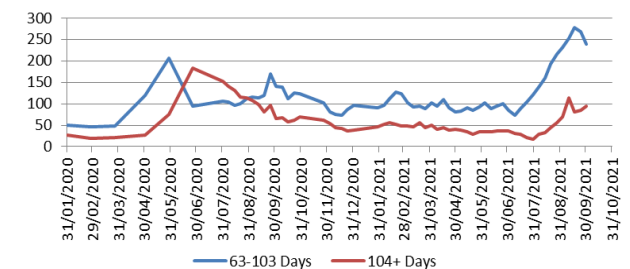


Patients by tumour site treated over 104+ Days

	Colorectal	Gynae	Haematology	Urology	Grand Total
62 Day	1	2	1	3	7
Complex Pathway			1		1
Elective Capacity Inadequate		1			1
Healthcare Provider Initiated Delay	1			2	3
Outpatient Capacity Inadequate		1		1	2
62 Day - Screening	1				1
Complex Pathway	1				1
Grand Total	2	2	1	3	8

Breakdown of CoCH Patients on the PTL for over 62 days

62 Day PTL - Patients over 63-103 and 104+ Days



Planned Remedial Actions:

Endoscopy:

There are plans to continue pre-op assessment for every patient from September with a scaled down service also commenced on the 28th June. The service still has a capacity gap of 12 lists per week, and work is continuing to address this shortfall.

Endoscopy capacity reduced by around 30% due to the issues that have been encountered with identifying, booking and monitoring patients on the EPR system. This capacity reduction has been addressed through focussed training on Cerner and the Endoscopy team applying novel solutions to the Cerner challenges, so there is an improvement in productivity for September. All Cancers and fast-track are being managed manually and the significant backlog of cases that were captured on paper will be uploaded onto the system.

Theatres:

Theatres continue to face significant pressures in Anaesthetics and Theatre Staffing over the course of this month due to both sickness, COVID isolation and identified establishment gaps. We have managed this by utilising ACAs and conversion of lists into Local Anaesthetic procedures wherever possible. Despite these pressures, this has not lead to the cancellation of any Fast Track suspected Cancer patients.

Theatres continue to work in September on reduced elective theatre activity as there are some outstanding visibility issues with patient lists that are slowing down booking and admissions. Again, the highest priority are fast track suspected cancer patients, and we are running as many sessions as we possible are being run to not reduce any of this activity.

Referrals/First Outpatients:

There continued to be increased referrals and other workforce pressures particularly in Breast, Ophthalmology, Dermatology and Gynaecology resulting in a continued underachievement of the two-week target for September. The Trust continues to see a high level of referrals beyond pre-pandemic levels. The increase in referrals and the diagnostic elements of the pathway are still under pressure and this continues to have a significant impact on the overall pathway and PTL numbers.

The streamlined process for clinicians in primary care and secondary care to discuss referrals (including downgrades) continues, and a review of both processes will be undertaken in the near future to assess the outcome. The Cerner migration has created a significant amount of pathway entry that will need to be manually inputted, which will require a large administrative workforce for the initial 3-6 months. This has been planned into the schedule.

Cancer Referrals per month from Nov 2019



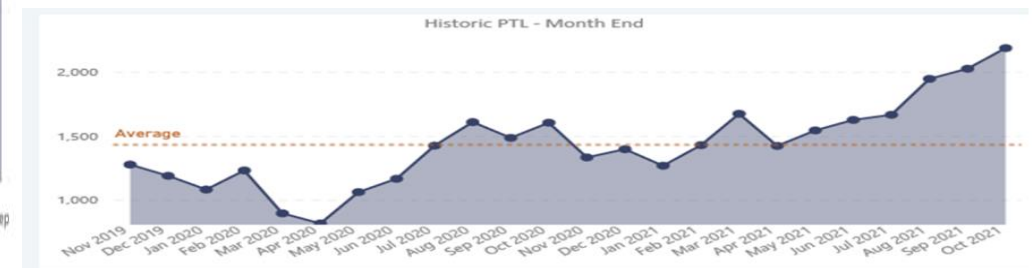
Ownership:

Primary Lead: David Coyle, Director of Clinical Operations

Improvement Objective: Achieve Target

Improvement Timescale: Currently under review

Cancer PTL Size since 2020



SAFE

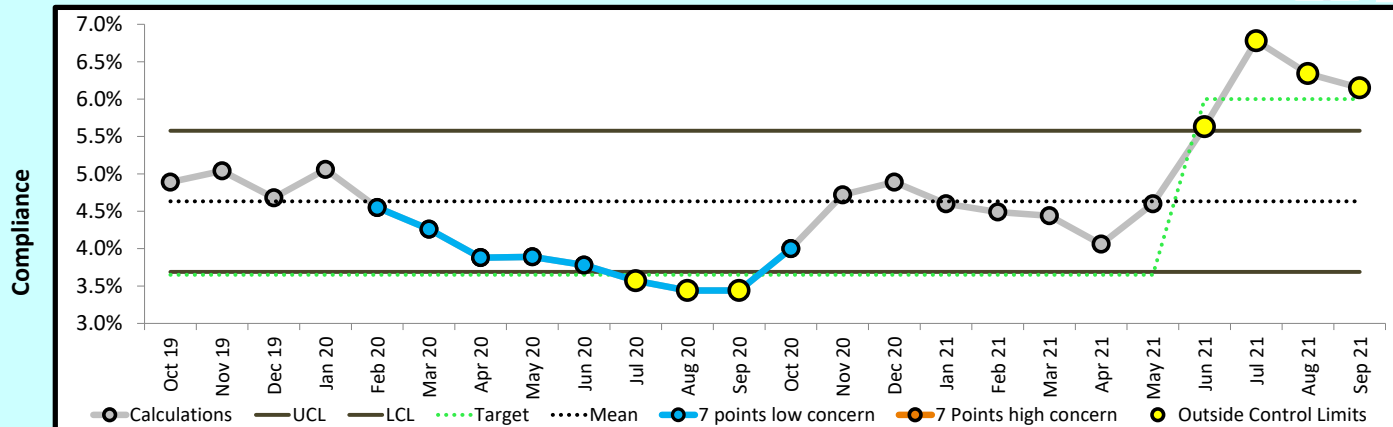
EFFECTIVE

CARING

RESPONSIVE

WELL LED

Sickness Absence



The % of monthly sickness absence, excluding comfort zone (café) and bank staff

Target: 6.00%

Mean: 4.63%

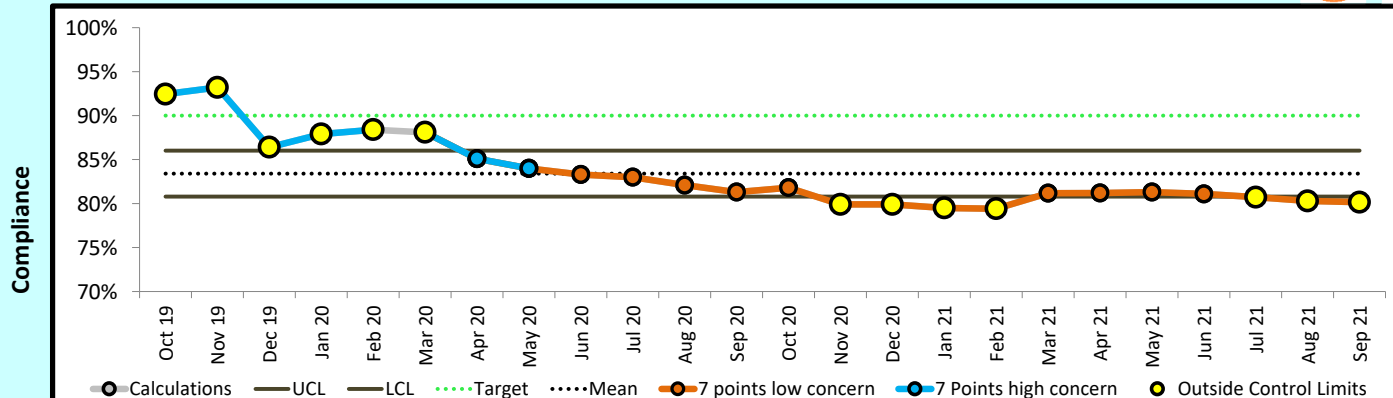
This Month's Figure: 6.15%

Executive (Alyson Hall) Comments:

September Absence rate is 6.15%.
Decreasing from the previous month.
Exception report provided.
Performance exceeds the reviewed
target of 6% (aspiring to 4%)

COVID ABSENCE INCLUDED

Mandatory Training Compliance



The % of Mandatory Training Compliance, excluding Comfort Zone (Café) and bank staff, as well as staff on Maternity leave/long term sickness

Target: 90%

Mean: 83.40%

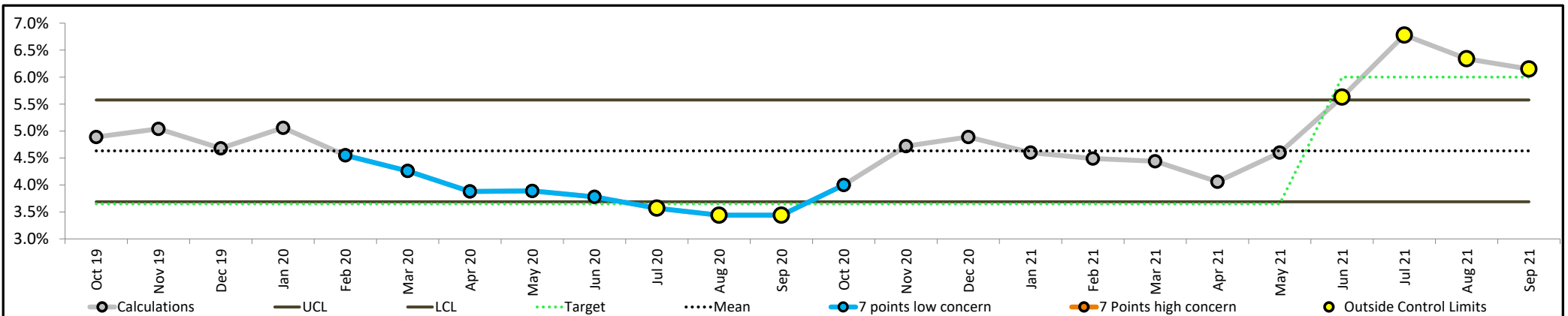
This Month's Figure: 80.15%

Executive (Alyson Hall) Comments:

Mandatory Training compliance slightly
decreased in September.
Exception report provided.

Exception Report Sep-21

Sickness Absence



What does the chart tell us?

The sickness absence rate for September 21 is 5.32%, which is in target; this is also higher in comparison to the previous year at 3.55% - Covid absence for September is 0.83% which has seen a decrease this month. Further analysis and investigation shows as little change in Long Term Absence (LTA) at 3.14%, whilst cases are being managed LTA still remains high driving force for increasing the overall absence percentage. Short term absence rate remains high at 2.18% increasing month on month since April 21. Covid Absence is still prevalent and is starting to see a decrease. Cases around the country have increased with different variants speeding up transmission. Isolation cases are rising as contacts increase and policies around isolation remains in place. This is having significant impact on Nursing staffing rates and gaps in rota being managed daily, with Bank and Agency usage to cover remaining high. Changes in isolation policy are being discussed nationally. Over 75% of Trust employees have now received 2 doses of the Covid Vaccination providing added protection against emerging variants. Booster vaccinations are now being given.

Ownership:

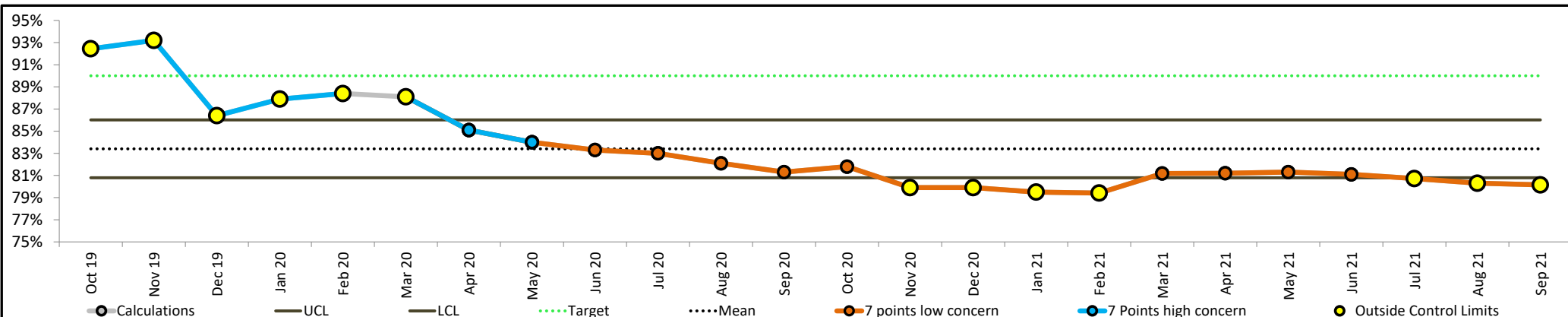
Executive Lead: Alyson Hall
Improvement Objective: Achieve Target
Improvement Timescale: To be agreed

Proposed Actions:

A recovery plan for resuming absence management was agreed with unions at partnership forum in February 2021. As part of the recovery the HRBP Team will work closely with managers to address sickness absence. Procedures in place for COVID absence remains and in line with NHS Employers average pay is calculated to ensure employees don't suffer a detriment as a result of COVID isolation or symptoms, Long COVID cases are being handled case by case with clear guidance on recording and managing these individuals.

Exception Report Sep-21

Mandatory Training Compliance



Changes to this metric:

Trust compliance remains below target at 80.2%. Compliance for Mandatory training continues to remain below target, in July the target was revised in line with the People St strategy and is now set at above 90%. Low compliance can be attributed to pressures of the Covid-19 pandemic coupled with social distancing measure in place reducing face to face training capacity – in particular for clinical staff. As a result of social distancing and availability of training spaces, mandatory training for clinical staff has changed focus to be only those elements that are required to be face to face, moving to e-learning for pre work and all other elements. Mandatory training for non-clinical staff is now completed fully by e-learning, with support provided to ensure ESR updates correctly. Clinical skills sessions will be more readily available as social distancing measures reduce, providing more assurance in ward accreditation. Local Induction continues to remain below the Trust target at 63.9%.

Proposed Actions:

A revised target of 90% will be closely monitored and performance to be scrutinised at divisional level. With the easing of Covid restrictions more availability for Face to Face sessions should reduce the back log.

Ownership:

Executive Lead: Alyson Hall
Improvement Objective: Achieve Target
Improvement Timescale: To be agreed

Mandatory Training Table September 2021

Position	Division	Compliance
1	Finance & Performance	89.5%
2	Human Resources	88.1%
3	IMT Division	82.5%
4	Planned Care	82.4%
5	Integrated Care Partnership	82.3%
6	Diagnostics and Pharmacy	80.7%
7	COCH & WUTH Collaboration	80.7%
8	Urgent Care	77.9%
9	Nurse Management	77.4%
10	Corporate Non - Clinical	73.5%
11	Estates & Facilities	72.3%
Total		80.2%

Local Induction Table September 2021

Position	Division	Compliance
1	Estates & Facilities	100.0%
2	IMT Division	76.5%
3	Integrated Care Partnership	74.6%
4	Planned Care	67.3%
5	Finance & Performance	62.5%
6	Urgent Care	61.5%
7	Diagnostics and Pharmacy	52.9%
8	Corporate Non - Clinical	50.0%
9	Nurse Management	34.6%
10	Human Resources	9.1%
11	COCH & WUTH Collaboration	0.0%
Total		63.9%

SAFE

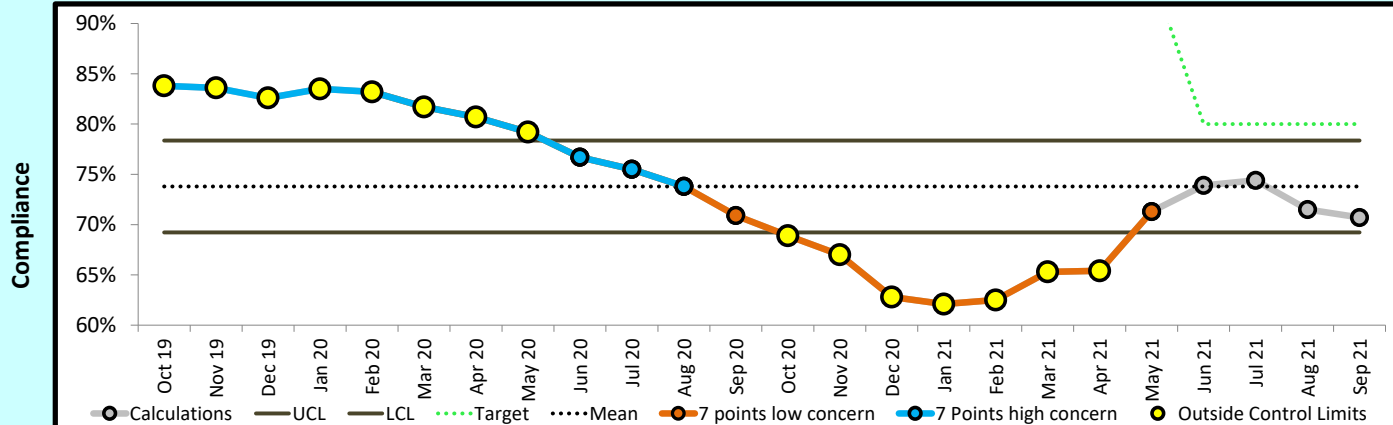
EFFECTIVE

CARING

RESPONSIVE

WELL LED

Annual Appraisal Compliance



Annual Appraisal Rate, again excluding Bank staff and long term absentees, staff with < 1 years service also excluded

Target: 80%

Mean: 73.79%

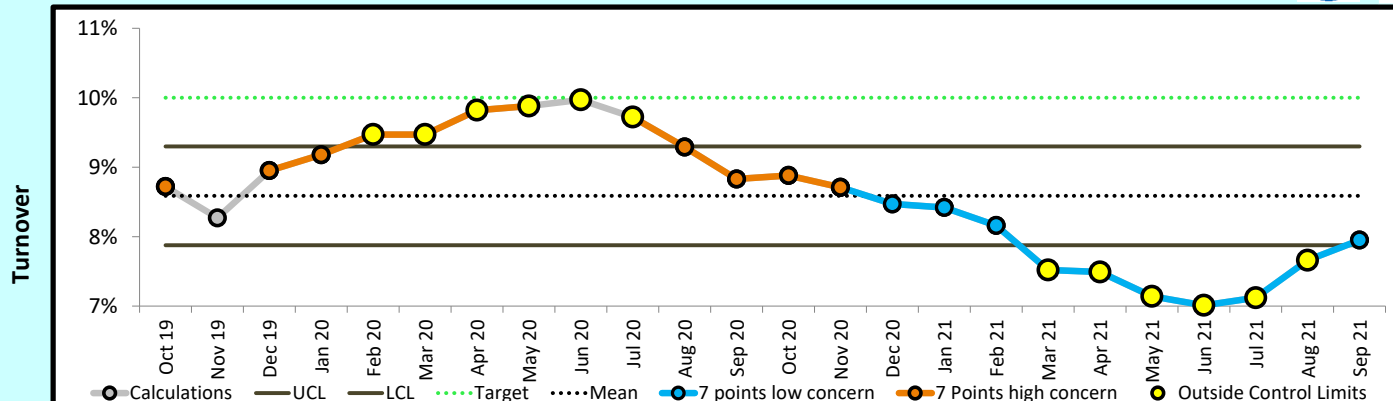
This Month's Figure: 70.71%

Executive (Alyson Hall) Comments:

Appraisal compliance decreased in September. The target for this metric has been changed provisionally to 80%, and will return to 90% later on in the year.

Exception report provided.

Staff Turnover



The staff turnover rate is based on headcount in the previous 12 months and is comprised of only permanent staff

Target: 10%

Mean: 8.59%

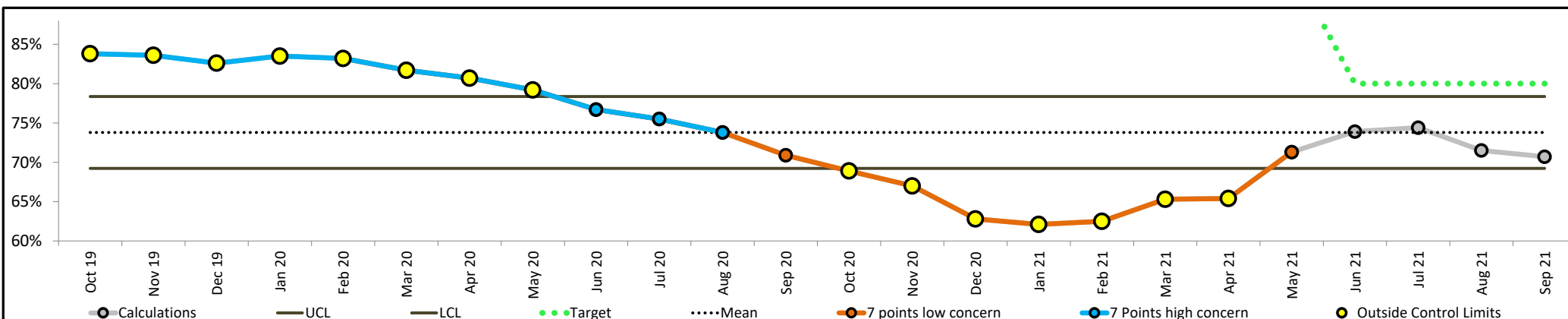
This Month's Figure: 7.95%

Executive (Alyson Hall) Comments:

Performance is inside target at 7.95%.

Exception Report Sep-21

Annual Appraisal Compliance



What does the chart tell us?

Appraisal compliance for September is 70.7%. Target has been revised in line with the People Strategy and is now set at above 80%, aspiring to be above 90%. This new target takes into account a number of factors to provide a more realistic aspiration for the Trust.

Whilst compliance is still below target, 144 appraisals were completed in September – taking the total complete appraisals since the introduction of the shorter form in February to 1794. This is a significant improvement on the previous 12 months and increasing compliance by 8% since January 21.

Proposed Actions:

The introduction of the new Appraisal target alongside the new shorter appraisal form has improved compliance in the last 5 reporting periods. Compliance continues to be strictly monitored and teams are encouraged to complete appraisals timely.

The HRBP team will continue to highlight compliance at monthly divisional review boards and work closely with the divisions to encourage improvement.

Creation of an electronic version of the appraisal process continues to be looked at, with ESR providing a potential solution; a project team will be assembled to explore the options.

Ownership:

Executive Lead: Alyson Hall

Improvement Objective: Achieve Target

Improvement Timescale: By March 2021

Appraisal Table September 2021

Position	Division	Compliance
1	Planned Care	80.7%
2	Finance & Performance	75.9%
3	Urgent Care	74.4%
4	Integrated Care Partnership	70.3%
5	IMT Division	67.0%
6	Estates & Facilities	66.9%
7	Diagnostics and Pharmacy	63.8%
8	Corporate Non - Clinical	39.0%
9	Human Resources	38.3%
10	Nurse Management	22.6%
11	COCH & WUTH Collaboration	0.0%
	Total	70.7%

SAFE

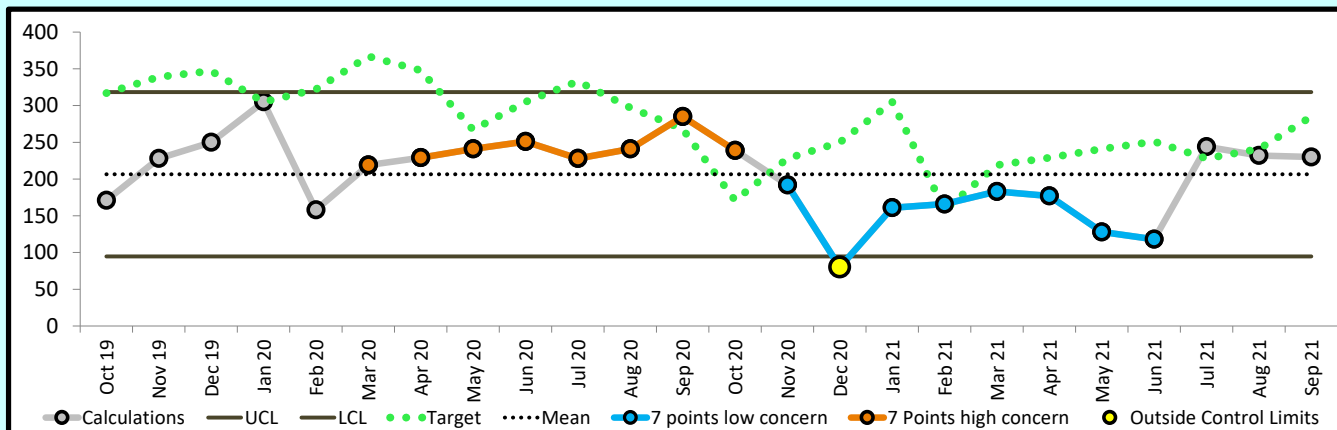
EFFECTIVE

CARING

RESPONSIVE

WELL LED

Medical & Dental Reduction in Agency Shifts over Cap Rates



Reducing agency shifts over the cap rates

Target: Last Year

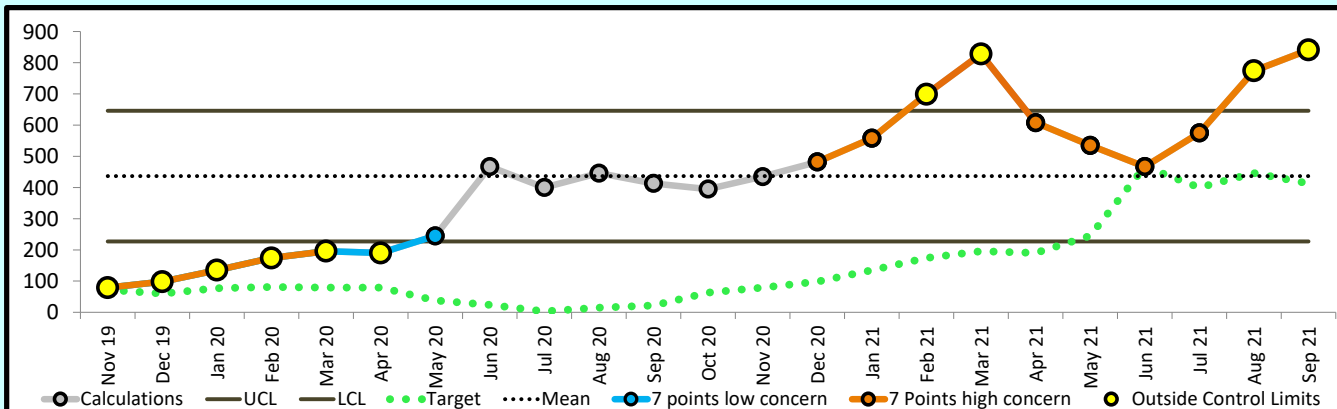
Mean: 206.50

This Month's Difference: 55

Executive (Alyson Hall) Comments:

Month 6 shows an increase in shifts above the cap, with 199 Medical shifts above cap rates. A difference of 38 from the previous year.

Nursing & Midwifery Reduction in Agency Shifts over Cap Rates



Reducing agency shifts over cap rates

Target: Green Line

Mean: 436.52

This Month's Difference: 428

Executive (Alyson Hall) Comments:

In relation to Nursing shifts, 841 shifts were approved above cap rates in Month 6. A difference of 406 from the previous year.

SAFE

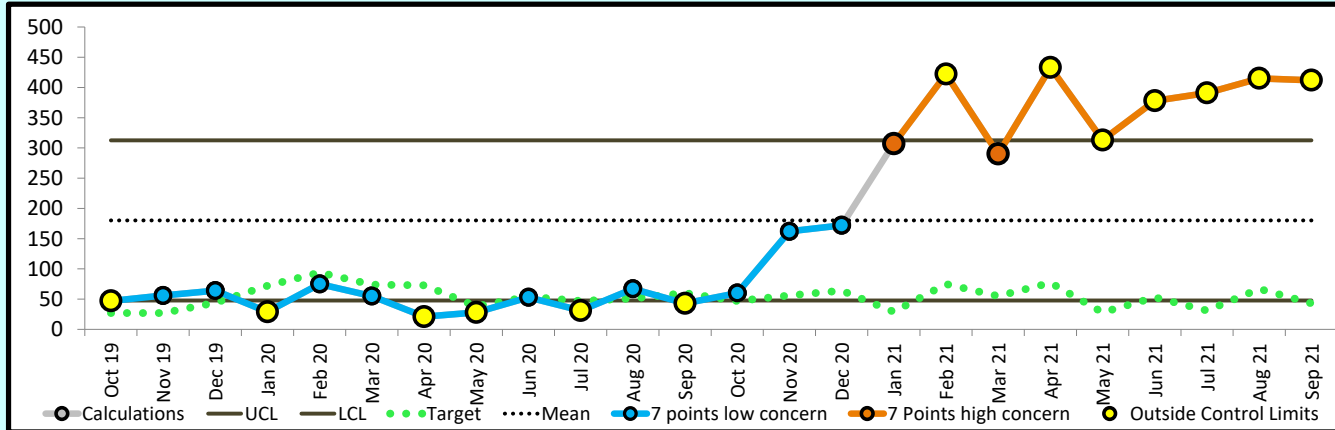
EFFECTIVE

CARING

RESPONSIVE

WELL LED

Other Reduction in Agency Shifts over Cap Rates



Other reductions are comprised of Care Packages, Sonographers, Theatres and the CRV Dept

Target: Green Line

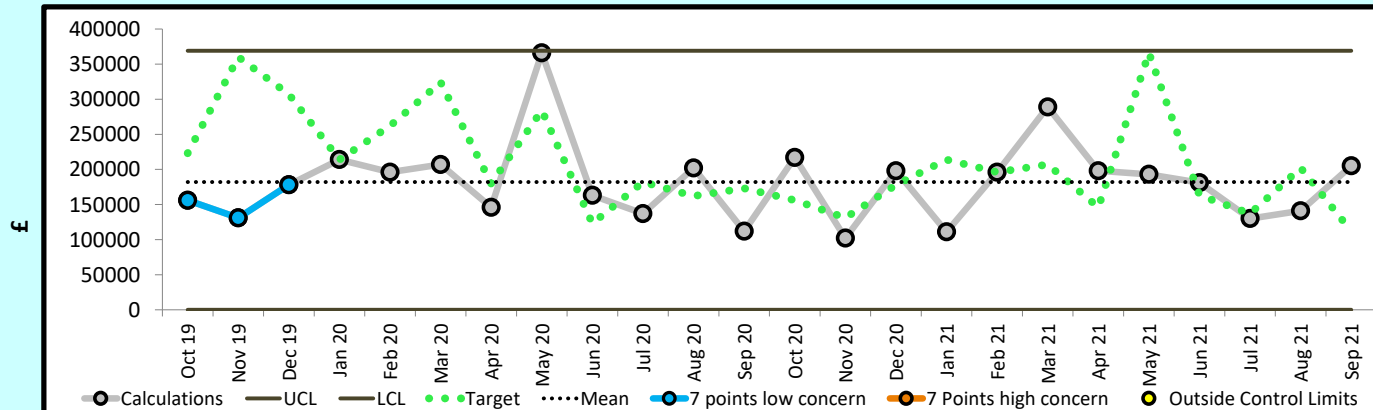
Mean: 180.17

This Month's Difference: 369

Executive (Alyson Hall) Comments:

In relation to Other shifts 412 were approved over the cap in Month 6. A difference of +369 from the previous year.

Medical Agency Spend



Planning improvements in productivity and efficiency

Target: Green Line

Mean: £182042

This Month's Difference: 93000

Executive (Alyson Hall) Comments:

Agency medical expenditure is £205k (4% of the total medical spend).

SAFE

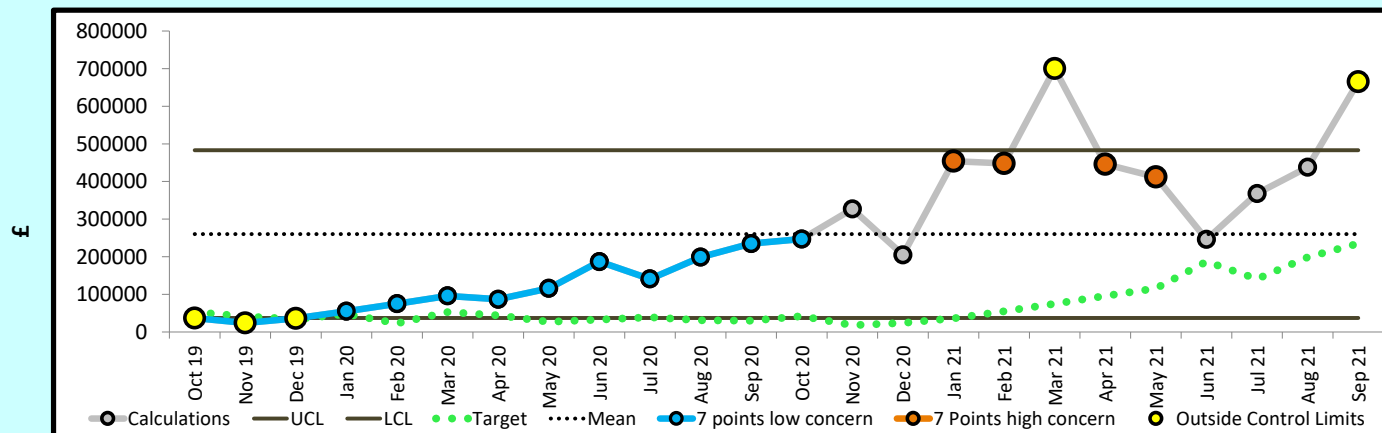
EFFECTIVE

CARING

RESPONSIVE

WELL LED

Nursing Agency Spend



Planning improvements in productivity and efficiency

Target: Green Line

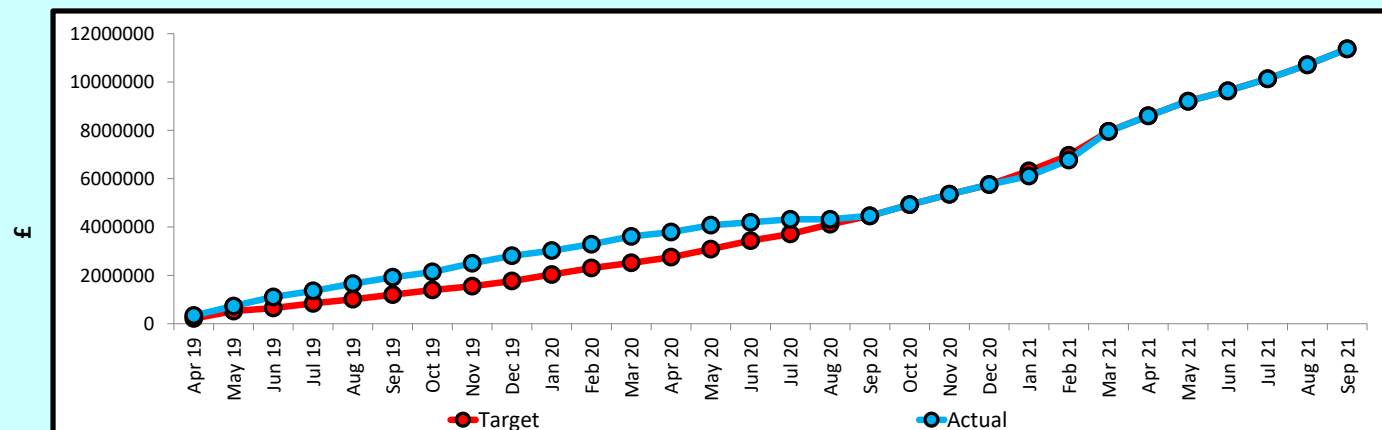
Mean: £260167

This Month's Difference: 430000

Executive (Alyson Hall) Comments:

Agency nursing expenditure is £655k which is 9% of total trained nursing spend.

Total Agency Spend within Budget



Total Agency Spend within Budget

Target: Plan

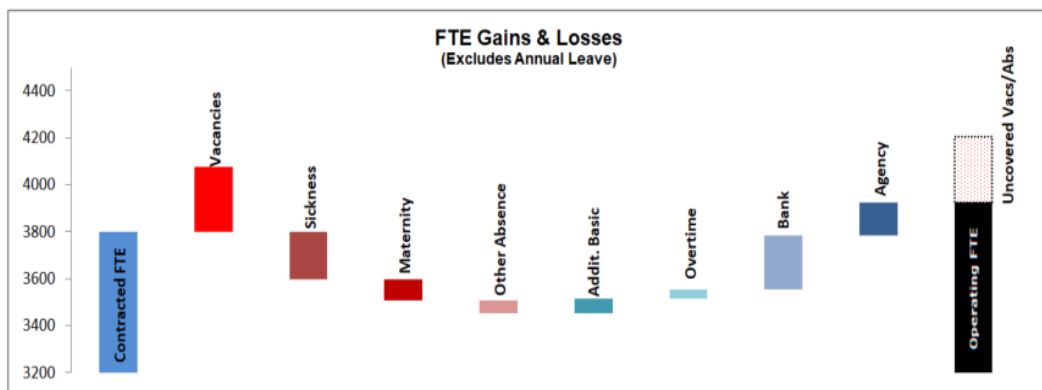
This Month's Difference: 0

Executive (Alyson Hall) Comments:

Total Agency spend for M1-6 is £3973k. (£2044k was spent during the same period last year).

Performance Report Sep-21

Agency Spend



Staff Group	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
	£	£	£	£	£	£	£	£	£
Admin & Clerical	194,881	119,858	163,219	180	85,760	£ 88,172	£ 58,632	£ 151,116	£ 245,041
Medical	1,486,646	2,531,112	3,911,032	2,743,172	3,268,433	£ 3,339,110	£ 2,186,354	£ 2,092,661	£ 1,051,559
Nursing	208,260	830,776	642,734	380,679	747,847	£ 662,413	£ 420,670	£ 3,346,196	£ 2,563,153
Allied Health Professional	72,710	177,384	218,871	75,470	171,820	£ 222,289	£ 175,607	£ 76,411	£ 54,151
Health Care Scientists	141,450	115,743	161,736	252,863	99,009	£ 110,124	£ 133,831	£ 89,028	£ 59,460
Total	2,103,946	3,774,873	5,097,592	3,452,004	4,372,869	4,422,108	2,975,094	5,755,413	3,973,365

Performance Issue

To not exceed £4.576m agency expenditure ceiling.
 Agency medical expenditure is £205k (4% of the total medical spend).
 Agency nursing expenditure is £655k which is 9% of total trained nursing spend.
 Total Agency spend for M1-6 is £3,973k. (£2,044k was spent during the same period last year).

Covid absence is shown in the waterfall graph below as 'Other Absence'

Proposed Actions:

The above is being reviewed in terms of presentation in conjunction with the variable Pay group to focus on key metrics to ensure comparison across other organisations. For further actions see actions proposed under Variable Pay.

Ownership:

Lead: Steve Bridge, Planning & Partnerships

Executive Lead: Alyson Hall

Improvement Objective: Achieve Plan

Improvement Timescale: By March 2021

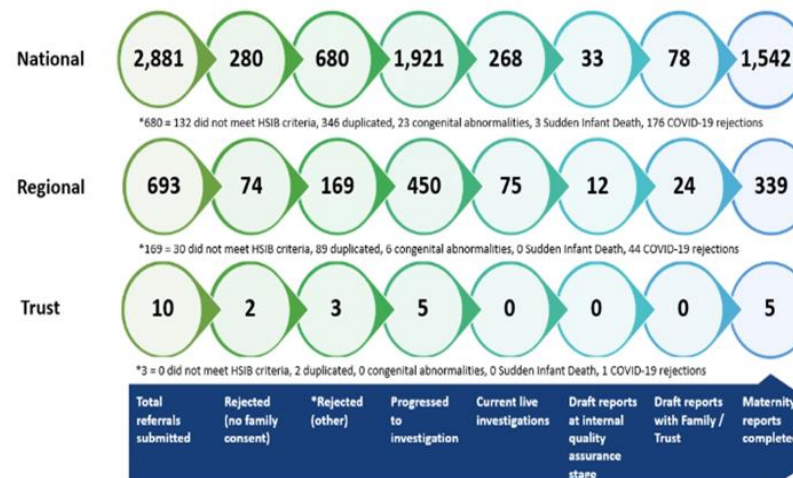
Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	48.71
Of which Registered Midwife Vacancy WTE	8.60
Of which Registered Health Visitor Vacancy WTE	0.00
Of which Advanced Care Practitioner Vacancy WTE	0.51
Total Qualified AHP Vacancy WTE	24.56
Of which Qualified Physiotherapist Vacancy WTE	4.68
Of which Qualified Occupational Therapist Vacancy WTE	0.73
Qualified Art / Music/ Drama Therapy Vacancy WTE	0.00
Qualified Chiropody/Podiatry Vacancy WTE	0.14
Qualified Dietetics Vacancy WTE	0.00
Qualified Operational Department Practitioners Vacancy WTE	5.27
Qualified Orthoptics/Optics Vacancy WTE	0.00
Qualified Prosthetics and Orthotics Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	12.54
Qualified Radiography (Therapeutic) Vacancy WTE	0.00
Qualified Speech & Language Therapy Vacancy WTE	1.20
Of which Qualified Paramedic Vacancy WTE	0.00
Total Medical/Dental Vacancy WTE	29.60
Of which Medical/Dental Consultant Vacancy WTE	10.00
Support to Clinical Staff Vacancy WTE	103.36
Of which Support to Nursing Vacancy WTE	67.09
NHS Infrastructure Vacancy WTE	71.22
Total Vacancies	277.45
Budgeted FTE Total	4281.34
Trust Vacancy Rate	6.48%

Appendix 1 Maternity

Maternity Safety Support Programme	Yes	Known within the Trust as the Trust Safety Champions - these are the Director of Nursing & Quality, Clinical lead Consultant Obstetrician & Gynaecologist, Head of Midwifery & Associate Director of Paediatrics
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2020		
	Dec	Comments
Findings of review of all perinatal deaths using the real time data monitoring tool	Yes	Perinatal Mortality Review Tool (PMRT) is used for deaths which meet the criteria, and external scrutiny is used to draft a report with actions using the grading system of the PMRT. There is an action to ensure that the perinatal deaths are noted
Findings of review all cases eligible for referral to HSIB (Healthcare Safety Investigation Branch).	Yes	All relevant cases are referred to HSIB for review in accordance with their reporting criteria.
Report on: •The number of incidents logged graded as moderate or above and what actions are being taken •Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training •Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively	Yes	A gap has been identified for strengthening the governance structure within Womens & Childrens in order to provide ongoing assurance to the Trust Board. A business case is currently under development. This will ensure that the internal and external scrutiny is led by a integrated governance structure for Womens & Childrens.
Service User Voice feedback	Yes	Maternity Voices chair person who liaises with Head of Midwifery and provides service user feedback via minutes and meetings
Staff feedback from frontline champions and walk-	Yes	Safety huddles take place everyday for staff and the Division are also developing the role of the Professional Maternity Adv
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	Yes	External organisations routinely make contact with the Trust Governance and Head of Midwifery for requests which require actions. These are disseminated by Quality Governance team and the service reviews the request and provides the relevant assurance and action plans where applicable.
Coroner Reg 28 made directly to Trust	No	There is a process in place to identify these which is overseen by the Legal Services Department. Coroners activity has decreased due to the pandemic.
Progress in achievement of CNST 10	N/A	This is currently suspended until March 2021 as reporting is now through HSIB

Maternity Referrals: Summary



Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)	
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	100%

Based on 2019 survey



Glossary of terms

Metric Explanation

Hospital Standard Mortality Rate (HSMR)	The Hospital Standard Mortality Rate plays a role in learning about and improving the quality of patient care. The HSMR measures the rate of observed deaths divided by predicted deaths (based on the diagnoses which most commonly result in death) to give a measure of mortality rates and to aid in the reduction of this rate
CHPPD Compliance	Care hours per patient per day has become the principle measure of nursing within the NHS and is a measure of workforce deployment that can be used at ward level, service level and can also be aggregated to trust level
Serious Incidents: Level 1, Level 2 and Never Events	An Incident is classified as Serious when there are major consequences to patients, families, carers or staff. Serious incidents are split into Level 1, Level 2 and Never Events dependent on the severity of the incident
Incident Reporting	As a trust, we report all incidents to the National Reporting and Learning System (NRLS), again these incidents are classified differently depending on the severity of the incident. The different levels of harm we report on are: No Harm, Low Harm, Moderate Harm, Severe Harm and Death
All Falls Rate	Every month, the total number of patient falls recorded from our systems are aggregated against the number of bed days during the month.
Falls With Harm Rate	This metric is similar to the 'All Falls Rate', every fall is categorised differently (no harm, low harm, moderate harm and severe harm). This metric focuses solely on those categorised as moderate harm or above
Pressure Ulcers	Similar to 'All Falls Rate', we measure the number of reported Pressure Ulcers against the total number of bed days. Pressure ulcers are categorised into those 'Present on Admission(PoA)' and 'Hospital Acquired'
Infection Control -C-Difficile (cumulative)	The number of patients presenting with Clostridium difficile - an easily transferred infection commonly affecting the bowels - per month
Infection Control -MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium that causes infections in different parts of the body. It is difficult to treat due to the bacterium being resistant to the commonly used antibiotics
Hospital Acquired Covid	Patients entering the hospital are now tested on admission as well as throughout their stay. As a trust, we have been identified as an outlier for 'Hospital Acquired' Covid, meaning people are catching Covid while in the hospital. We have provided a new metric detailing how many of these patients we have compared to those classified as 'Community Onset'
Emergency Calls - 2222	The number of emergency 2222 phonecalls from hospital areas
SEPSIS-Screening	One of the Sepsis assessments we undertake is recording the number of patients who have their National Early Warning Score (NEWS2) recorded within 1 hour of arriving at the hospital
SEPSIS-Treatment	One of the Sepsis assessments we undertake is recording the number of patients who antibiotics administered within 1 hour of being diagnosed with Sepsis

Continuity of Care	Every women should have a midwife who is part of a small team (of 4 -8), who are based in the community and who know the woman and family. Each team should have an identified obstetrician for advice and to support care needs as necessary.
Bed Moves	During Covid when rates of infection have been high, there has been pressure to reduce transmission whenever possible. One area we have looked into is the number of times a patients moves beds during their spell. If a patients moves frequently and has the virus, it means there is a higher chance of it spreading round the hospital.
ED 4 Hour Wait Standard %	A patient is considered a breach if they are waiting in A&E for over 4 hours without being seen, the operational standard is that at least 95% of patients attending A&E should be admitted, transferred or discharged within four hours.
RTT Incomplete Pathways %	Every event recorded on the patients letter from their referral to their treatment is considered their pathway, this metric reports on what % of these pathways are considered to be complete after 18 weeks has passed since their referral
Diagnostic 6 weeks Standard %	A Patients waiting time for various diagnostic tests are recorded, our aim is to provide all patients with their required test within 6 weeks, this metric details the % of tests which are not completed in this time frame
Cancer Treatment - 62 Day Standard %	The 62 day Cancer target measures the % of patients who began their first definitive Cancer treatment within 62 days of having an urgent GP referral
Cancer Treatment -31 Day Standard %	The 31 day Cancer target measures the % of patients who began their first definitive Cancer treatment within 31 days of receiving their associated diagnosis
Cancer Treatment - 14 Day Standard %	The 14 day Cancer target measures the % of patients who were seen by a specialist within 2 weeks of their urgent suspected Cancer referral
RTT Total Incomplete Pathways	Our main Referral to Treatment metric details the % of completed pathways, the completion of all these pathways are commonly categorised into those completed between 0 and 18 weeks, over 18 weeks, over 40 weeks and occasionally over 52 weeks. All these metrics were created to provide more clarity for the main Referral to treatment metric

Acronym Explanation

Bed Days	Bed days are days during which a person is confined to a hospital bed and the patient stays overnight.
CHPPD	Care Hours Per Patient per Day
C-Diff	Clostridium difficile
ED/A&E	Emergency Department / Accident & Emergency
MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium that causes infections in different parts of the body.
NEWS	National Early Warning Score
RTT	Referral to Treatment
YTD	Year to date, a measure of performance from the start of the financial year to the latest reporting month
StEIS	Strategic Executive Information System



Meeting	2 nd December 2021		Council of Governors					
Report	Agenda item 5 (c)		Finance Report – September (Month 6) 2021/22					
Purpose of the Report	Decision		Ratification		Assurance		Information	X
Accountable Executive	Simon Holden				Director of Finance			
Author(s)	Simon Holden Clare Barrow				Director of Finance Interim Deputy Director of Finance			
Board Assurance Framework	E1	Underlying Long Term Trust Financial Sustainability						
Strategic Aims								
CQC Domains	Safe, Caring, Responsive, Effective & Well Led.							
Previous Considerations	Board of Directors – 9 th November 2021							
Summary	<p>The purpose of this report is:</p> <p>To provide an update on the financial performance to Month 6 (September 2021).</p> <p>The Board is asked to note:</p> <p>a) The Trust reports a year to date adverse variance of £36k against plan. Delivering the breakeven position forecast at this point in the year. This includes £2.038m more Elective Recovery Fund (ERF) than was planned for at this point. The position before additional ERF is a £2.1m adverse variance against plan;</p> <p>b) Key variances being:</p> <ul style="list-style-type: none">➤ Pay overspends on Nursing £1,736k & Medical Staff £595k; and➤ Non-pay overspends on Consultancy £689k & Building & Engineering Materials & Contractors £225k; <p>c) The growth in non-elective activity, resulting in increased staffing costs to ensure safe staffing levels and a divisional overspend of £2.1m to date.</p> <p>d) Cost Reducing Savings (CRS) of £2.4m delivered year to date, as at M6.</p> <p>e) Mitigations in place to maintain financial control :</p> <ul style="list-style-type: none">➤ No new investments to be made unless “urgent and necessary” and signed off by Director of Finance and/or Chief Executive Officer➤ Re-instatement of Finance & Performance Working Group to identify opportunities for further waste reduction/transformational change schemes. <p>f) The additional funding of £4.4bn nationally for H2 plus £1bn ERF. Planning work taking place at an Integrated Care System level over coming weeks to understand local impact; and</p> <p>g) Public Dividend Capital of £5.3m requested to support Capital Programme rejected on grounds of high cash balances held. Ability to resubmit if cash</p>							



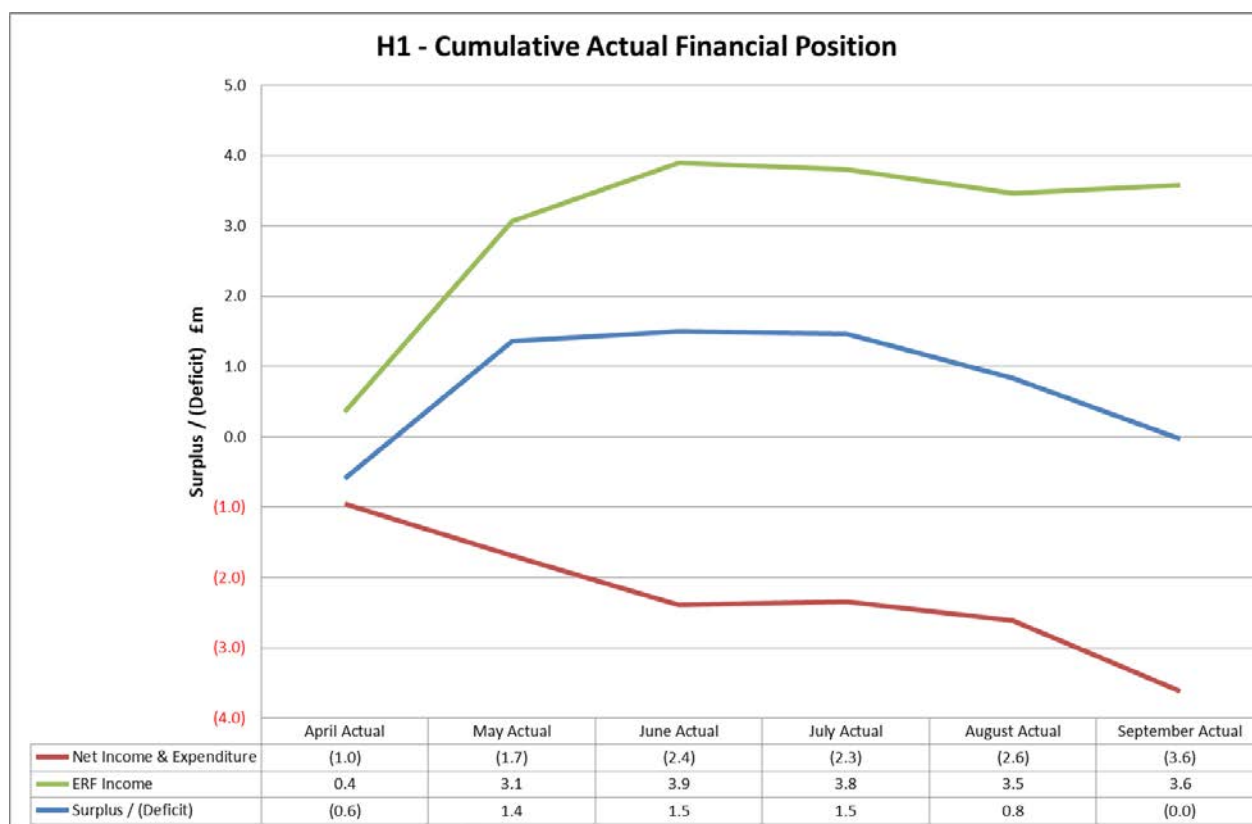
	<p>needed later in year.</p> <p>The Board is also asked to note the following key risks/issues:</p> <ol style="list-style-type: none"> 1) The Month 6 position is based on actual spend to date with assumptions made on activity information which remains subject to final counting and coding, but remain reasonable estimates at this stage. 2) The changes in ERF trajectory requirements increasing from 85% from July onwards to 95% resulting in no further ERF being generated in H1. 3) New investments excluded from the 2021/22 Budget Setting process, of £4m (£8m annually), may become “urgent and necessary” to deliver services in year increasing in year budget pressures, and the required efficiency targets. 4) The ability to deliver recurrent cost savings by 31st March 2022 given the time taken to implement service change or redesign, and the nature of the block funding payment mechanism (i.e. additional activity will not necessarily generate additional income). 5) The delays in publication of H2 financial envelope and impact on planning at this stage in the year, and the anticipated reduction in income (see separate Trust Board a paper on H2 challenges).
Recommendation(s)	<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> 1) Note the content of the report including the risks outlined above, and raise any questions on the content.
Corporate Impact Assessment	
Statutory Requirements	Meets the Trust compliance with Foundation Trust Status
Quality & Safety	Seeks to address Quality & Safety issues across the Trust.
NHS Constitution	n/a
Patient Involvement	n/a
Risk	See above
Financial impact	See above
Equality & Diversity	n/a
Communication	This report can be communicated publically.



1.0 Financial Performance Overview

- 1.1 The Trust is required to breakeven for the first 6 months (H1) of the current financial year. The financial settlement for H2 has now been agreed nationally, resulting in additional revenue funding of £4.4bn (from published funding) plus a further £1bn to support delivery of elective recovery plus £500m capital. National guidance has been published detailing finance and operational performance requirements on 30th September 2021.
- 1.2 As in H1, a system envelope will be allocated to Cheshire & Merseyside Integrated Care System for distribution to commissioners and providers. Principles for the allocation of resources will be developed and agreed by Directors of Finance/Chief Finance Officers, with the aim of achieving a system level break-even plan and delivery of required activity trajectories and efficiency targets. Further information on H2 is provided in the planning update presented alongside this report today.
- 1.3 At month 6, the Trusts year to date “monitored” financial position i.e. excluding donated asset transactions shows a slight **adverse variance against plan of £36k, which rounds down to the required breakeven position.** This is net of CRS delivery of £2.4m which in the most part has been delivered through non-recurrent ERF income (£2m) above planned levels.

The graph below illustrates the H1 cumulative financial position to September 21. CRS is built in to the net income & expenditure position.



- 1.4 The Trust has met the forecast breakeven position for H1, which includes delivery of CRS savings of £2.5m, no further ERF income is anticipated for the remainder of H1 (see Appendix 1) that could be used to further offset the CRS target.
- 1.5 The overall month 6 Trust Position is provided below, followed by a high level summary of the year to date variances by Division: -



KEY VARIANCES	Annual Budget £000s	Sep YTD Budget £000s	Sep YTD Actual £000s	Sep YTD Variance £000s	Sep YTD Variance % of budget
INCOME					
Income - England	(256,748)	(131,276)	(130,971)	305	-0.2%
Income - Wales	(25,126)	(12,563)	(12,564)	(1)	0.0%
Other Clinical Income	(9,713)	(4,905)	(5,056)	(151)	3.1%
Non Patient Income	(14,097)	(8,213)	(8,776)	(563)	6.9%
INCOME	(305,685)	(156,958)	(157,366)	(409)	0.3%
PAY					
Nursing	74,546	38,702	40,439	1,736	4.5%
Medical	58,510	29,413	30,008	595	2.0%
Admin & Clerical	26,332	13,391	13,104	(287)	-2.1%
AHP, Therapies, Diagnostics & Pharmacy	30,172	15,239	14,913	(325)	-2.1%
Other	13,513	7,924	7,670	(255)	-3.2%
TOTAL PAY	203,074	104,669	106,134	1,465	1.4%
NON PAY					
Drugs	20,861	10,493	10,987	494	4.7%
Medical & Surgical Equipment	12,483	6,760	6,192	(568)	-8.4%
Depreciation	6,494	3,247	3,247	0	0.0%
CNST	8,453	4,227	4,227	0	0.0%
Furniture & Office Equipment, Equip Hire & Computers	6,703	4,065	4,463	398	9.8%
Other (inc Reserves & CRS)	47,950	23,664	22,250	(1,414)	-6.0%
TOTAL NON PAY	102,943	52,456	51,366	(1,090)	-2.1%
TOTAL	332	167	133	(34)	
REMOVE DONATED ASSET TRANSACTIONS	334	167	97	(70)	
REVISED TOTAL - MONITORED POSITION	(2)	0	36	36	

Income

- 1.6 As in 2020/21, PbR remains suspended and the majority of income is under block contracts with English Commissioners and is £409k ahead of plan at M6. This is predominately due to non-patient income recharges and miscellaneous income such as commercial procurement income.
- 1.7 As part of the H1 settlement, the Trust received an income stream in relation to lost income such as car parking and catering income which has been passed onto divisional budgets. This is supporting the over delivery on income at M6 reporting but it is expected that this support will reduce by circa 25% in H2.

Expenditure

- 1.8 The key movements on pay and non-pay between Month 5 and Month 6 are highlighted in Appendix 3, with the main reasons detailed below;



Pay

- 1.8.1 The most significant pressure on pay expenditure position is nursing and medical pay costs. Nursing pay is £1.736m overspent cumulatively, which includes £2.563m of agency costs. The Trust is currently 82.52 wte in excess of the funded nursing establishment as at the end of September 2021, (previously 100.14 wte in August 2021) as follows;

	ANNUAL	YTD M6	YTD M6	YTD M6	YTD M5	M6	M6	M6	M5
	BUDGET	BUDGET	ACTUAL	VAR	VAR	BUDGET	ACTUAL	VAR	VAR
NURSING PAY	£000's	£000s	£000s	£000s	£000s	WTE	WTE	WTE	WTE
Trained	51,744	26,283	23,700	(2,583)	(2,095)	1087.8	976.61	(111.19)	(116.35)
Untrained (incl HCA's)	20,661	10,621	10,032	(588)	(490)	710.05	681.04	(29.01)	(13.75)
Bank - Trained	1,043	746	1,770	1,023	869	10.01	52.68	42.67	43.18
Bank - Untrained	703	665	2,374	1,709	1,380	24.79	129.25	104.46	115.35
Agency	394	388	2,563	2,175	1,599	16.9	92.49	75.59	71.71
TOTAL NURSING PAY	74,546	38,702	40,439	1,736	1,263	1849.55	1932.07	82.52	100.14

Key reasons have been identified as;

- Escalation beds 29 wte
- International Nurses 41 wte
- Sickness 40 wte

- 1.8.2 The overspend is driven by the use of bank and agency staff to maintain safe staffing levels, required to cover increasing demand in non-elective activity, sickness, annual leave and vacancies.
- 1.8.3 It should also be noted that Covid funding is currently being used to support £2m of nursing pay spend to date.
- 1.8.4 Medical pay is £595k overspent cumulatively, which includes £1,052k of agency costs.
- 1.8.5 Within both the Nursing and Medical pay positions are costs identified by the divisions in relation to Restoration and Growth (e.g. escalation beds) c£1.069m for nursing and £1.211m for medical. Spend currently exceeding the Trust's funding received for restoration and growth.
- 1.8.6 A piece of work to review the value in increasing the establishment to reflect the sustained changes in service models is being carried out by finance and members of the senior nursing team. It is anticipated that the changes will result in better overall use of resources due to the premium costs associated with the use of bank and agency staff. The outcome will be shared with the Finance & Performance Committee and Trust Board once concluded.

Non Pay

- 1.8.7 **Energy & Utility £111k** - there has been an electricity cost pressure of circa £160k for April to September associated with the Combined Heat and Power (CHP) system (which burns gas to generate electricity) being down for a number of days, offset in part by the related



reduction in gas spend. Also the Trust has received an additional charge of £54k for 20/21 Electricity in relation to Transmission Use of System Charges (TUoS). Utility prices are increasing across the country and financial plans for H2 will be flexed to take this into account.

1.8.8 Building & Engineering Materials & Contractors £225k – initial feedback suggests costs may be high due to backlog in work unable to be carried out during the pandemic due to access restrictions. Additional costs are also being incurred due to the expansion of the Trust's estate.

1.8.9 Purchase of Health Care £754k – this relates predominantly to the HBS activity being undertaken as part of the elective restoration programme for Endoscopy £164k; Planned Care £310k, Nuffield Endoscopy, T&O & Urology activity £274k which is part of the recovery/growth spend. In conjunction with commissioners, the Trust has been in negotiation with the Nuffield Hospital to provide additional activity over the remainder of the financial year to support the reduction of the waiting list particularly as we head into the winter period. It is not yet known how much capacity the private provider can deliver over the coming months so we may see expenditure in this area increase.

1.9 Divisional Position:

1.9.1 The breakdown of expenditure by Division is shown in the table below. This includes indicative spend to date for covid, restoration and growth as identified by the divisions. It should be noted that based on current levels of spend and applying a straight line projection, both restoration and growth spend will exceed the budget set for 2021/22, which is being offset against an underspend on covid costs.

Divisional Variances	May YTD Var	June YTD Var	July YTD Var	Aug YTD Var	Sep YTD Var	Movement	CRS	Restoration & Growth	Covid
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Planned Care	191	275	149	(120)	(235)	(115)		1,450	
Urgent Care	651	1,174	1,413	1,720	2,136	416		1,883	
ICP	(129)	(211)	(284)	(308)	(388)	(80)			
D&P	71	(9)	(8)	(50)	(112)	(62)		132	
Facilities	180	(148)	(182)	(233)	(333)	(100)		115	
Estates	154	131	193	48	36	(12)			
Nurse Management	(81)	(101)	(127)	(133)	(101)	32			3,120
Corporate Services	107	185	270	301	338	37			
IM&T	15	(58)	(33)	130	331	201			
Central Services	(2,500)	(2,748)	(2,906)	(2,295)	(1,706)	589	2,375		
Total	(1,341)	(1,510)	(1,515)	(940)	(34)	906	2,375	3,580	3,120
Exclude Donated Asset Transactions	0	(35)	(47)	(58)	(70)	(12)			
Therefore favourable variance against plan (MONITORED POSITION)	(1,341)	(1,475)	(1,468)	(882)	36	918			
NB: included in Total Above: -									
ERF VARIANCE	(2,126)	(2,538)	(2,447)	(2,098)	(2,038)	60			
Therefore Position before ERF Variance	785	1,063	979	1,216	2,074	858			
STRAIGHT LINE PROJECTION OF SPEND								7,160	6,240
ANNUAL FUNDING AVAILABLE								4,780	9,703
VARIANCE								2,380	(3,463)



- 1.9.2 Planned Care is (£235k) under-spent at M6 which includes restoration costs incurred to date. Planned care activity was scaled back during July and August to accommodate Cerner implementation and the in month favourable movement of (£115k) relates mainly to underspend for medical & surgical equipment within theatres resulting from lower activity numbers. Key pressures relate to restoration work; medical pay is £343k overspent YTD (predominantly ACAs) and Purchase of Healthcare spend totals £509k ytd relating to outsourcing/insourcing of pressurised specialties.
- 1.9.3 Urgent Care is £2.1m overspent at M6, due to higher than anticipated growth in activity. Key cost pressures include medical pay £375k overspent YTD (predominantly ED £438k and ACAs), Nursing pay £1.762m overspent ytd (primarily in relation to escalation beds, 1:1 nursing, maternity leave cover and vacancy pressures) and Purchase of Healthcare £236k ytd (outsourced Endoscopy activity).
- 1.9.4 The table below compares the Trust activity in July 2019 to July 2021 and demonstrates the changes in activity described above. Data for August 21 & September 2021 is not available.

Point of Delivery	July 2019 YTD Activity	July 2021 YTD Activity	Activity Variance	% Variance
Daycases	12,025	10,236	(1,789)	-15%
Elective Inpatients	1,380	1,179	(201)	-15%
Non-Elective Inpatients (exc Maternity)	9,890	11,145	1,255	13%
Non-Elective Inpatients - Maternity	802	753	(49)	-6%
First Outpatients	26,220	18,403	(7,817)	-30%
Follow Up Outpatients	64,578	58,839	(5,739)	-9%
Outpatient Unbundled & Procedures	26,427	23,268	(3,159)	-12%
A&E Attendances	25,012	26,800	1,788	7%
	166,334	150,623	(15,711)	-9%



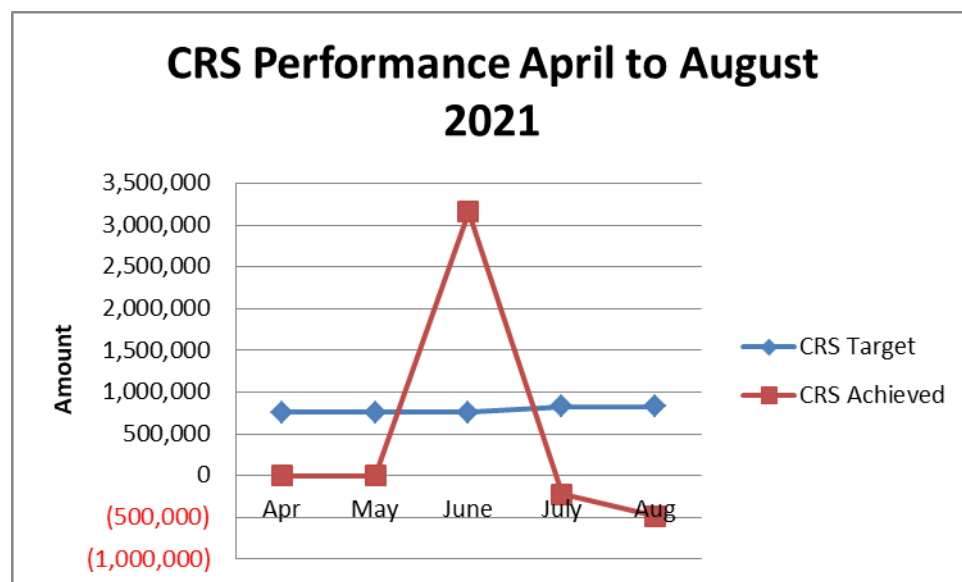
2.0 Cost Reduction Scheme (CRS)

- 2.1 The CRS target is set at 3.2% equating to £9.5m for the year. This target is broadly profiled evenly throughout the year and is currently showing as an adverse variance of £2.4m after 6 months, based on achievement of £2.4m efficiency savings.
- 2.2 For H1, the Trust is reliant on non-recurrent savings, balance sheet items or additional income to achieve its CRS plan. Work has commenced via the Finance & Performance Working Group (FPWG) to develop plans for H2 and beyond with the efficiency target expected to be even more challenging than first anticipated.

Achievement of CRS by scheme as at M6 (September 2021), is detailed below;

Description of scheme	Amount
ERF	2,038,090
Review of Budgets - Pay	225,000
Review of Budgets - Non Pay & Income	106,931
Total CRS Achieved as at M5	2,370,021

- 2.3 The chart below shows the profile and delivery of the CRS for H1;



3.0 Cash and Statement of Financial Position (SoFP)

- 3.1 Cash balances at the end of September stood at £25.2m (August £23.3m), buoyed by the receipt of £4.5m central cash (ERF, Covid etc) in September. Cash is expected to continue to reduce due to a catch up on creditor payments and spend on the capital programme.



- 3.2 Cash balances are monitored on a daily basis through a rolling cash flow.
- 3.3 The Statement of Financial Position (SoFP) and Cashflow Statement as at Month 5 can be found in Appendix 2.

4.0 Better Payment Practice Code

Better payment practice code	Actual 30/09/2021 YTD Number	Actual 30/09/2021 YTD £'000	Actual 31/08/2021 YTD Number	Actual 31/08/2021 YTD £'000
Non NHS				
Total bills paid in the year	30,663	44,693	25,249	38,333
Total bills paid within target	28,781	42,477	23,789	36,695
Percentage of bills paid within target	93.9%	95.0%	94.2%	95.7%
NHS				
Total bills paid in the year	1,033	11,475	902	10,029
Total bills paid within target	899	11,183	789	9,872
Percentage of bills paid within target	87.0%	97.5%	87.5%	98.4%
Total				
Total bills paid in the year	31,696	56,168	26,151	48,362
Total bills paid within target	29,680	53,660	24,578	46,567
Percentage of bills paid within target	93.6%	95.5%	94.0%	96.3%

- 4.1 NHSE&I are currently focused on the performance of organisations in paying their creditors in a timely way. There is a target of 95% overall, which the Trust has traditionally performed well against compared to other Trusts. Unfortunately, the legacy of Covid related staffing issues / remote working and some technical issues with the on-site scanner have all led to a backlog of supplier payments. As the figures above are calculated at the point of payment, it is likely that the performance will dip as the backlog is cleared. Additional temporary resource has been secured to accelerate progress in clearing the backlog.



Appendix 1 – Elective Recovery Activity Reporting & Estimated ERF Calculations

Trajectory for Trust by POD vs Actual (Elective Care)

		ACTUAL	ACTUAL	ACTUAL
		Apr-21	May-21	Jun-21
Daycase	19/20	2,916	3,000	2,972
Trajectory	Expected	2,041	2,250	2,378
	Actual	2,750	2,838	2,903
	%	70%	75%	80%
	Actual %	94%	95%	98%
Variance (+/-)		709	588	525

Inpatient	19/20	323	346	350
Trajectory	Expected	226	260	280
	Actual	362	353	313
	%	70%	75%	80%
	Actual %	112%	102%	89%
Variance (+/-)		136	94	33

OP - NEW	19/20	7,915	8,446	7,886
Trajectory	Expected	5,541	6,335	6,309
	Actual	8,282	7,818	8,481
	%	70%	75%	80%
	Actual %	105%	93%	108%
Variance (+/-)		2,742	1,484	2,172

OP - FU	19/20	17,588	18,265	17,184
Trajectory	Expected	12,312	13,699	13,747
	Actual	15,621	15,251	16,703
	%	70%	75%	80%
	Actual %	89%	83%	97%
Variance (+/-)		3,309	1,552	2,956

When the above activity is populated in the ERF calculator within the NHSEI operational planning tool, this generates an ERF value of £1.7m for April, £1.6m for May and £0.7m for June – see table below.



ERF ready reckoner - NHS providers

System

Enter Org Code

RJR / COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

Take account of counting and coding?

Yes

	Apr	May	Jun	Jul	Aug	Sep	Total
ERF proxy							
Estimated % of 2019/20 baseline	97.8%	101.6%	89.8%	0.0%	0.0%	0.0%	47.5%
ERF threshold	70%	75%	80%	85%	85%	85%	n/a
Level above threshold	27.8%	26.6%	9.8%	0.0%	0.0%	0.0%	n/a
2019/20 value (£m)	5.5	5.4	6.3	5.9	5.3	6.1	34.5
Estimated ERF claim (£m)	1.7	1.6	0.7	0.0	0.0	0.0	4.0

NHS acute providers

Consultant-led first outpatient attendances (Spec acute)	E.M.8	105%	102%	98%	0%	0%	0%	50%
Consultant-led follow-up outpatient attendances (Spec acute)	E.M.9	89%	92%	88%	0%	0%	0%	45%
Elective day case spells	E.M.10a	94%	105%	89%	0%	0%	0%	47%
Elective ordinary spells	E.M.10b	112%	113%	81%	0%	0%	0%	49%

Weights 2019

Consultant-led first outpatient attendances (Spec acute)	E.M.8	1,431,789	1,389,813	1,579,898	1,556,610	1,361,808	1,536,261	8,856,181
Consultant-led follow-up outpatient attendances (Spec acute)	E.M.9	1,720,051	1,640,146	1,867,479	1,796,576	1,618,609	1,802,655	10,445,516
Elective day case spells	E.M.10a	1,598,794	1,554,113	1,830,029	1,718,654	1,440,432	1,688,295	9,830,317
Elective ordinary spells	E.M.10b	797,803	844,494	977,438	871,421	841,063	1,041,423	5,373,642

Baseline activity 2019

Provider								
Consultant-led first outpatient attendances (Spec acute)	E.M.8	7,915	8,446	7,886	9,105	7,620	8,252	49,224
Consultant-led follow-up outpatient attendances (Spec acute)	E.M.9	17,588	18,265	17,184	19,072	16,547	17,563	106,219
Elective day case spells	E.M.10a	2,916	3,000	2,972	3,291	2,748	3,006	17,933
Elective ordinary spells	E.M.10b	323	346	350	363	351	355	2,088

Counting and coding % change

Consultant-led first outpatient attendances (Spec acute)	E.M.8	0	0	0	0	0	0	0
Consultant-led follow-up outpatient attendances (Spec acute)	E.M.9	0	0	0	0	0	0	0
Elective day case spells	E.M.10a	0	0	0	0	0	0	0
Elective ordinary spells	E.M.10b	0	0	0	0	0	0	0

Adjusted provider

Consultant-led first outpatient attendances (Spec acute)	E.M.8	7,915	8,446	7,886	9,105	7,620	8,252	49,224
Consultant-led follow-up outpatient attendances (Spec acute)	E.M.9	17,588	18,265	17,184	19,072	16,547	17,563	106,219
Elective day case spells	E.M.10a	2,916	3,000	2,972	3,291	2,748	3,006	17,933
Elective ordinary spells	E.M.10b	323	346	350	363	351	355	2,088

Planned activity 2021

Provider								
Consultant-led first outpatient attendances (Spec acute)	E.M.8	8,282	7,818	8,481	0	0	0	24,581
Consultant-led follow-up outpatient attendances (Spec acute)	E.M.9	15,621	15,251	16,703	0	0	0	47,575
Elective day case spells	E.M.10a	2,750	2,838	2,903	0	0	0	8,491
Elective ordinary spells	E.M.10b	362	353	313	0	0	0	1,028



The Trust was notified by the ICS on 29th July 2021 of the April 21 ERF payment which was different to the internally calculated value. Following a review of these differences, the main reason is due to Welsh activity is excluded from the ICS calculation. BCU LHB have been notified and an invoice has been raised for their share:-

	April Freeze	May Freeze	June Freeze	July Freeze	August Forecast	September Forecast	Total
	£000	£000	£000	£000	£000	£000	£000
Trust Calculation @ M6 exc activity not recorded	1,686	1,621	670	0	0	0	3,977
Share received as per agreement	1,605	1,367	610	0	0	0	3,582
Variance to Trust Calculation	(81)	(254)	(60)	0	0	0	(395)

Appendix 2: Statement of Financial Position and Cash Flow Statement

September 2021	2021/22 Actual £000	2020/21 Out-Turn £000
Statement of Financial Position		
<i>Property, Plant and Equipment</i>		
Opening	105,704	100,492
Capital Spend	4,132	18,132
Depreciation	(3,247)	(5,534)
Disposals	(100)	(304)
Revaluation	-	(7,082)
Closing	106,489	105,704
<i>Non-Current Assets</i>		
Receivables	817	817
<i>Total Non-Current Assets</i>	107,306	106,521
<i>Current Assets</i>		
Opening Cash Balance	32,711	12,173
Increase/(Decrease)	(7,464)	20,538
<i>Closing Cash Balance</i>	25,247	32,711
Inventories	2,068	1,972
Contract and Other Receivables	12,458	8,947
Prepayments	8,484	6,839
<i>Total current assets</i>	48,257	50,469
<i>Liabilities < 1 Year</i>		
Trade and Other Payables	(12,808)	(14,657)
Capital Payables	(3,936)	(5,976)
Accruals	(11,365)	(9,323)
Provisions	(1,214)	(1,166)
Deferred Income	(5,663)	(5,225)
Other Payables (including Tax and Pension)	(12,398)	(10,247)
Loans (ITFF)	(2,686)	(3,784)
PPP Loan	(108)	(108)
<i>Total Net Current Assets</i>	(1,921)	(17)
<i>Liabilities > 1 Year</i>		
Provisions	(2,121)	(2,119)
Loans (ITFF)	(11,810)	(12,711)
PPP Deferred Income	(1,427)	(1,460)
PPP Loan	(1,772)	(1,826)
<i>Total Assets Employed</i>	88,255	88,388
<i>Capital & Reserves</i>		
PDC	115,141	115,141
Revaluation Reserve	4,793	4,793
Income & Expenditure Reserve	(31,679)	(31,546)
<i>Total Capital & Reserves</i>	88,255	88,388

September 2021	2021/22 Actual £000	2020/21 Out-Turn £000
Cash Flow Statement		
Surplus	4,590	5,654
Working Balance Movements	(2,420)	19,372
Donated / Grant Funded Asset Additions	120	494
Disposal Proceeds	-	-
PPP Income/Interest – non-cash movements	(33)	(66)
	2,257	25,454
Capital Expenditure	(6,172)	(23,558)
New PDC	-	46,640
Purchase of investments	-	2,076
Loan re-payments Principle	(2,013)	(28,487)
PPP Loan Repayments Principle	(54)	(214)
Interest Paid	(191)	(304)
Interest Received	6	16
PDC Dividend Paid	(1,297)	(982)
Cash Inflow / (Outflow)	(7,464)	20,538
Opening Cash Balance	32,711	12,173
Closing Cash Balance	25,247	32,711

Appendix 3 – Key Expenditure Movements between Month 5 (August) & Month 6 (September)

	May	June	July	August	September	Movement
Key Issues	£000s	£000s	£000s	£000s	£000s	£000s
PAY	371	628	797	1,024	1,465	441
Nursing	540	836	952	1,263	1,736	473
Medical	178	318	385	476	595	119
PAMS pay	(127)	(189)	(227)	(253)	(291)	(38)
A&C pay	(134)	(197)	(288)	(287)	(286)	1
Ancillary pay	(94)	(114)	(137)	(148)	(170)	(22)
Maintenance & Works Staff	30	54	70	87	101	14
Other pay groups	(22)	(80)	42	(114)	(220)	(106)
NON PAY	(1,712)	(2,103)	(2,265)	(1,906)	(1,429)	477
Purchase of Health Care	488	650	730	744	754	10
Drugs (high cost drugs)	117	159	(14)	192	494	302
Consultancy	171	288	446	566	689	123
Building & Engineering Materials & Contractors	113	146	166	213	225	12
Furniture, Office & Computers				184	398	214
Electricity TUOS (one off)	54	54	54	54	54	0
Electricity / CHP Downtime	69	80	131	145	160	15
Gas				(95)	(103)	(8)
Other Non Pay (i.e. Reserves, CRS)	(2,724)	(3,515)	(3,778)	(3,909)	(4,100)	(191)
YTD VARIANCE	(1,341)	(1,475)	(1,468)	(882)	36	918



Meeting	2 nd December 2021		Council of Governors						
Report	Agenda item 6 (a).		Quality and Safety Committee Chair’s Report						
Purpose of the Report	Decision		Ratification		Assurance	x	Information	x	
Author(s)	Ros Fallon				Non-Executive Director				
Board Assurance Framework	See detail within report								
Strategic Aims	-								
CQC Domains	Well Led								
Previous Considerations	Board of Directors – 9 th November 2021								
Summary	The purpose of this report is to inform Board members of the main priority matters considered and approved by the Quality and safety Committee at its meeting on 19 October 2021; to link these to the Trust’s risks/BAF; and to provide assurance on these matters, including any areas of escalation where the committee is not assured, and next steps.								
Recommendation(s)	The Council of Governors is asked to:- <ul style="list-style-type: none">Note the contents of the report, and raise any questions.								
Corporate Impact Assessment									
Statutory requirements	The Quality and Safety Committee is established as a committee of the Board of Directors								
Quality & Safety									
NHS Constitution	-								
Patient Involvement	-								
Risk	Quality & Safety risks are overseen by the Quality & Safety Committee								
Financial impact	-								
Equality & Diversity	-								
Communication	-								

The Quality and Safety Committee met on 19 October 2021 and considered the following main items:

	BAF ref	Priority items of business and assurance provided	Decision(s) and any next steps agreed
1.	Q1	<p><u>Outstanding actions</u></p> <p><i>CQC fridge temperature monitoring</i></p> <p>It was noted that although the digital solution has still to be completed, daily fridge temperature monitoring is now in place. Audits have been undertaken with only two areas not achieving 100% and are being addressed by Ward Managers.</p> <p>There have been some technical difficulties with the digital implementation and this is being progressed as a priority.</p> <p>CQC have confirmed that the current daily checks meet regulatory guidance and provide evidence that internal processes are being followed.</p>	This action has now been closed
	E8	<p><i>Cerner Pharmacy Mitigations</i></p> <p>The Committee received a report detailing pharmacy related risks due to the implementation of Cerner. Whilst mitigations are in place there were no definitive timescales for resolution of a number of risks. Mitigations rely upon individual vigilance and any incidents are reported on Datix. It was reported that the Trust is managing changes with Cerner and there are processes to follow. Programme governance is in place with weekly meetings to manage the change process. It was reported that some changes can be managed internally and the Trust is trying to minimize what it requires from Cerner. It was reported to the Committee that pharmacy staff are being supported to use the system and that they needed to become familiar with the core content of the system before other functionality is added. It was also reported that the Pharmacy Department is where it is expected to be and that quality and safety issues are being prioritised.</p>	The Committee noted the Pharmacy issues and mitigation relating to Cerner implementation.
2.	All areas	<p>Board Assurance Framework (BAF)</p> <p>The Committee Reviewed the Quarter 2 BAF and considered the residual risk scores. Work is ongoing to</p>	The Committee reviewed the BAF and agreed



		<p>strengthen the BAF alongside a review of priorities relating to quality and safety. Workforce has been identified as the highest priority however additional priorities include:</p> <ul style="list-style-type: none"> • Delivery of Clinical Strategy and quality metrics • Infection Prevention Control • Clinical Deep Dives (Sepsis, Pressure Ulcers, and Falls) • Medicines management • Maternity • Mortality • Patient experience • Policy Review • National Quality Board Surveillance • Preparation for CQC Inspection • Delivery of Quality Contract and priorities set out in the Quality Account • EPR implementation <p>Work will be undertaken before the next meeting to analyse the level of risk in relation to these priorities ensuring they are built into the business cycle agenda with a focus on improvement. This work will also be cross referenced against the current Quality Governance Review and the next iteration of the BAF. An overarching action plan will be developed following completion of this work.</p> <p>The Committee noted the addition of a new risk (E10) relating to the EPR implementation with an initial risk score of 20 and residual risk score of 16.</p>	<p>further work is required to understand the current position and action plans in relation to Quality and Safety Committee priorities.</p>
3.	Q3	<p><u>Infection Prevention & Control (IPC)</u></p> <p>The IPC BAF provided assurance on progress with strong evidence for 78% of indicators and moderate evidence for 22% of indicators.</p> <p>The Committee reviewed the IPC Strategy which will be delivered through a Programme Board. The strategy links back to national objectives, monitors compliance and sets targets for improvement and cultural change.</p> <p>It was agreed that links to other strategies and the system requirements would be referenced within the document and recirculated.</p>	<p>The Committee noted the assurance provided within the IPC BAF and approved the IPC Strategy subject to changes which are to be circulated via email.</p>



4.	Q5	<p><u>Mortality Review Report</u></p> <p>The most recent report was produced on 15 October 2021 and the Trust HSMR has reduced to 110. The Trust has triggered as an outlier in several areas, however operational pressures are impacting on internal reviews.</p> <p>SHMI remains at 107 and is within the expected range.</p> <p>CUSUM alerts also inform patient care and two areas of concern have been highlighted. A data review has been undertaken for these two conditions.</p>	<p>The Committee acknowledged that progress has been made in relation to reporting and the outcome of HSMR. Work continues on reviewing pathways and sharing the learning across the Trust.</p>
5.	Q1	<p><u>National Quality Board Surveillance</u></p> <p>In line with the NHSE Quality Governance Framework the Trust has been identified as an outlier against several indicators and a pre-review meeting of regulators and other key stakeholders was held on the 10 June 2021. The purpose of the meeting was to triangulate Trust quantitative and qualitative data and agree a preliminary risk score, based on the intelligence from a variety of sources. NHSE engaged with the Trust on the 6 July 2021, to establish a Quality Risk Profile. This provided the opportunity for the Trust to review the risk scores and provide the most up to date information. The meeting resulted in some reduction in the risk score with the remaining triggers being:</p> <ul style="list-style-type: none"> • Increasing HSMR • 52 week Waiters • Cancer 2 week waits/Other Cancer Indicators • Serious Incident Reporting • Issues with pathways • Issues with Clinical Information Systems • Waiting List Issues • Maternity Services: Continuity of Care, Caesarian Section Rates, Improving Care and Outcomes of Women and Babies. <p>The Trust is now entering into an enhanced monitoring phase and the Executive Team are preparing for a further QSG meeting with NHSE in November 2021. The Committee will receive an update at each meeting however the issue will also be escalated to the Trust Board.</p>	<p>The Committee acknowledged the current position and agreed that further discussion is required to understand the impact. It was also agreed that this issue will be escalated to the Trust Board.</p>



6.	E5	<p><u>Emergency Preparedness, Resilience & Response (EPRR) – Core Standards Assessment 2020-21</u></p> <p>The Trust is currently fully compliant with 16 and partially compliant with 30 of the 46 NHSE Core Standards for EPRR. Overall the Trust is rated as ‘non-compliant’. Following the appointment of the Emergency Planning and Business Continuity Manager, this report has a greater level of accuracy this year.</p> <p>An action plan is being overseen by the EPRR Strategy Group which will in turn report to the Quality Governance Committee and exceptions through to the Quality and Safety Committee. It was agreed that as the Trust is not compliant, the Committee should receive a full update prior to the next annual report.</p>	<p>The Committee approved the EPRR Core Standards Assessment Statement of Compliance and recommend it to the Board for ratification.</p> <p>The Committee will receive an update on the EPRR action plan update in January 2022.</p> <p>EPRR to be added to the Committee priorities until full assurance received</p>
7.	E4, E8, Q4	<p><u>August Integrated Performance Report</u></p> <p>Issues were reported with data collection due to the implementation of Cerner, and data validation is taking place as in some instances paper records are being used. 350 internal reports need to be rebuilt.</p> <p>Two unfunded and unestablished escalation areas are creating pressures on safe staffing metrics. The Trust is overfilling posts to support these areas and is reliant on temporary and agency staff to support safe staffing levels. Workforce issues are to be reviewed at the next Private Board meeting.</p> <p>The Committee received assurance as to the processes in place to support the operational pressures and prioritisation, however there were some inaccuracies within the report alongside an absence of some RTT data.</p>	<p>The Trust Board to receive an update on workforce issues.</p> <p>Inaccuracies and RTT data to be resolved.</p>
8.	Q1	<p><u>Research & Innovation Committee Chair’s Report</u></p> <p>-</p>	<p>The Committee received and noted the contents of the Research & Innovation Committee Chair’s Report</p>
9.	C1	<p><u>Continuous Improvement (CI) Progress Update</u></p> <p>The Committee received a 12 month progress report on the Clinical Strategy. There has been significant work on Improvement Methodology throughout the Trust and future work will align improvement projects to the Trust’s Strategic Objectives.</p>	<p>The Committee received and noted progress on the Clinical Strategy with a further update due in February 2022.</p>



10.	Q1	<u>Clinical Audit Strategy 2021-23 and Clinical Audit Annual Report</u> -	The Committee noted the Clinical Audit Strategy and considered the progress of the Clinical Audit Department and implementation of key objectives over the next 3 years.
11.	Q2	<u>Policies for ratification</u> <i>Safeguarding Adults at Risk; and</i> <i>Mental Capacity Act/Deprivation of Liberty</i>	The Committee ratified the Safeguarding Adults at Risk and Mental Capacity/Deprivation of Liberty policies and endorsed both policies for use across the Trust.

(b) It was agreed to escalate the following items to the Trust Board:

- National Quality Board Surveillance – the impact needs to be explored further and understood by the full Trust Board.
- Work on the Quality and Safety Committee priorities – priorities to be escalated onto the BAF.
- Cerner/EPR implementation – Quality and Safety Risks were considered at the Committee and further issues have subsequently been identified, therefore a more detailed understanding is required by the full Trust Board.

(c) Recommendation(s)

- The Council of Governors is asked to note the contents of this report and raise any questions.



Meeting	2 nd December 2021		Council of Governors						
Report	Agenda item 6 (b)		Audit Committee Chair’s Report						
Purpose of the Report	Decision		Ratification		Assurance	x	Information	x	
Author(s)	Ken Gill				Non-Executive Director				
Board Assurance Framework	See detail within report								
Strategic Aims	-								
CQC Domains	Well Led								
Previous Considerations	Board of Directors – 9 th November 2021								
Summary	The purpose of this report is to inform Board members of the main priority matters considered and approved by the Audit Committee at its meeting on 1 September 2021; to link these to the Trust’s risks/BAF; and to provide assurance on these matters, including any areas of escalation where the committee is not assured, and next steps.								
Recommendation(s)	The Council of Governors is asked to:- <ul style="list-style-type: none">Note the contents of the report, and raise any questions.								
Corporate Impact Assessment									
Statutory requirements	The Audit Committee is established as a statutory committee of the Board of Directors								
Quality & Safety									
NHS Constitution	-								
Patient Involvement	-								
Risk	Internal Control risks are overseen by the Audit Committee; Financial and performance risks are overseen by the Finance & Performance Committee; Quality & Safety risks are overseen by the Quality & Safety Committee								
Financial impact	-								
Equality & Diversity	-								
Communication	-								



(a) Main priority items of business considered/agreed, including link to risks and next steps

The Audit Committee met on 1 September 2021 and considered the following main items:

	BAF ref	Priority items of business and assurance provided	Decision(s) and any next steps agreed
1.	-	The Committee discussed the approval previously given for the contract for external audit to be extended within the two-year window that the Governing Council had approved in December 2020 and reached the position that this was appropriate in order to secure the statutory audit process in a challenging set of market circumstances where supply is not guaranteed.	That Governors be informed that the second year of the two-year extension to KPMG's contract be secured and that the Audit Committee fully endorsed the position of Governors in this matter.
2.	G1	The Committee considered the general risk environment in a reserved piece of business with the internal and external auditors. This was informative and beneficial and Committee felt that Board would benefit from having similar sessions built in to its forward plan.	Board should consider building in regular discussions perhaps facilitated by the Internal and External Auditors to test whether the risk environment is appropriately reflected in the Business Assurance Framework and Risk Register of the COCH. Also the risk appetite of the Board should be established.
3.	G1	The risk management arrangements that operate throughout the COCH were considered together with the current Business Assurance Framework documents. Committee concluded that further detail was required at the November meeting on the internal risk management framework operation and also policy arrangements, as the required level of assurance was not received and a refresh is required to the Risk Management Policy.	The Chair of Audit, in seeking to fulfill one of the five key objectives of the Audit Committee, is engaged in discussions to consider how best this area can be developed and improved. Committee will consider how best this can be achieved in its next two meetings.
4.	G1	Work is progressing on ensuring that the approach to reporting progress on implementing internal audit report recommendations is streamlined and improved. Also, engagement in Committee of auditees has begun but more needs to be done. Management engagement with internal audit recommendations is required so that outstanding actions from several years ago are attended to.	A journey of improvement in engagement, reporting and implementing actions agreed is needed in relation to internal audit recommendations.



5.	E7	Cyber security was considered and Committee noted the challenges in making progress to enhance the security of systems, data and information at COCH, This has not progressed at the speed that Committee were comfortable with. This is largely due to capacity issues and the diversion of people capacity to the EPR programme combined with a lack of capacity.	Board should seek further assurance through both Audit and Finance and Performance Committees that the resourcing issues are being addressed so that this risk is being mitigated by appropriate actions.
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(b) Items for escalation to Board, including where the Committee is not assured, and why, and any other matters to bring to the Board's attention

1. Board should consider a regular and wider based discussion on the general risk environment at appropriate intervals to ensure that the business assurance framework and risk register reflects that environment. In addition, Board should have a discussion and seek agreement on their risk appetite in the near future.
2. Board should support the Audit Committee in its efforts to improve the approach to internal audit and risk management across COCH. This may need independent, expert review and could enhance our well led credentials.
3. Board should through Audit and Finance and Performance Committees seek assurance that Cyber Security as a substantive risk within the BAF is appropriately resourced and making progress at a speed that matches the nature of that risk.

(c) Recommendation(s)

- The Council of Governors is asked to note the contents of this report and raise any questions.



Meeting	2 nd December 2021		Council of Governors						
Report	Agenda item 6 (c).		Finance & Performance Committee Chair’s Report						
Purpose of the Report	Decision		Ratification		Assurance	x	Information		
Author(s)	Andrew Higgins				Non-Executive Director (to 30/09/21)				
Board Assurance Framework	See detail within report								
Strategic Aims	-								
CQC Domains	Well Led								
Previous Considerations	Board of Directors – 9 th December 2021								
Summary	The purpose of this report is to inform Board members of the main priority matters considered and approved by the Finance & Performance (F&P) Committee at its meeting held on 28 September 2021; to link these to the Trust’s risks/BAF; and to provide assurance on these matters, including any areas of escalation where the committee is not assured, and next steps.								
Recommendation(s)	The Council of Governors is asked to note the contents of this report and raise any questions.								
Corporate Impact Assessment									
Statutory requirements	The Finance & Performance Committee is established as a sub-committee of the Board of Directors								
Quality & Safety									
NHS Constitution	-								
Patient Involvement	-								
Risk	Financial and performance risks are overseen by the Finance & Performance Committee								
Financial impact	-								
Equality & Diversity	-								
Communication	-								

(a) Main priority items of business considered/agreed, including link to risks and next steps



The F&P Committee met on 28 September 2021 and considered the following main items:

	BAF ref	Priority items of business and assurance provided	Decision(s) and any next steps agreed
1.	Q6 & E4	Medical Staffing team were undertaking a comprehensive review of medical capacity to address coverage of existing gaps. This is in addition to the Interim Director of Nursing's review of the nursing establishment. Bids for further staff had been submitted in other areas and due to the size of the investment, these will be required to be submitted to the Board of Directors.	<p>The impact of staffing pressures was raised across the meeting, including in the context of operational targets not met; further investments required; and the operational and data issues arising post Cerner implementation.</p> <p>While no fixed timescales had been agreed for all relevant workstreams, the Committee recognized the need to consolidate different threads into one focused and prioritised plan.</p>
2.	E1	Finance reports highlighted the absence of clarity around the funding envelope for H2 and hence the Trust's allocation for that period. Alongside this, the Committee discussed the recent re-introduction of focus on the Trust's CRS activity and the challenges in delivering any meaningful and appropriate cost reductions in H2.	<p>The Committee agreed the following important areas for added scrutiny:</p> <ul style="list-style-type: none"> • Covid-19 expenditure • Analysis of potential cost step-downs • Aggregate CRS aspirations for H2 and beyond <p>It was further agreed that this activity needed to reflect a rolling CRS programme, linked to the Transformation agenda and operational priorities.</p>
3.	E2	It was reported that the Trust's capital programme for the year amounted to £18.9m and that this exceeds the Trust's Capital Departmental Expenditure Limit (CDEL) by £1m. Executive colleagues felt that this "overspend" could be managed.	Board to note the excess over the Trust's CDEL and the need to manage delivery of capital projects in the current year so that hard limits are not exceeded.
4.	E10	<p>A new risk was recorded on the BAF relating to the optimisation of the EPR+ Programme. Continued progress was reported in the implementation of the Cerner system, including the resolution of certain key steps such as ICE integration. Issues around data capture were acknowledged, including significant variances in some areas and data not yet captured in others. It was considered that meaningful data sets were not likely to be produced until 3 months post go-live.</p> <p>A paper was also presented setting out the need for further Cerner investment totalling £1.3m (some part funded) to enable full stabilisation and benefit realisation from the new system. The Committee acknowledged the need for this further investment to embed EPR+ as originally intended.</p>	<p>Board to note the current risks from implementation and the focus needed to ensure stabilisation of the implementation and full realisation of benefits.</p> <p>The Board to consider and ratify further investment to support the full implementation of Cerner.</p>



(b) Items for escalation to Board, including where the Committee is not assured, and why, and any other matters to bring to the Board's attention

None, other than noted in section (a) above.

(c) Recommendation(s)

- The Council of Governors is asked to note the contents of this report and raise any questions.