

MEETING OF THE BOARD OF DIRECTORS

TUESDAY, 3RD MARCH 2015 AT 12.00 NOON

TRAINING ROOM 3 & 4

A G E N D A

FORMAL BUSINESS

- | | | |
|----|---|----------|
| 1. | Welcome and Apologies | Chairman |
| 2. | Declarations of Interest | Chairman |
| 3. | To receive and approve the Board of Directors minutes of meeting held on 16 th December 2014, matters arising and BoD action tracker
(Attached – yellow/white) | Chairman |

QUALITY & ASSURANCE

- | | | |
|----|--|---------------------------------|
| 4. | To receive a patient story | Director of Nursing and Quality |
| 5. | To review the Integrated Performance Report to month 10
(Attached - white) | Executive Team |
| 6. | To receive details of the Annual Plan 2015/16 to date
(verbal) | Deputy Chief Executive |
| 7. | To receive an update on the Bariatric Services
(Attached - green) | Deputy Chief Executive |
| 8. | To receive the Board Assurance Framework – February 2015
(Attached – A3 white) | Chief Executive |
| 9. | To receive a update on Never Events and Serious Untoward Incidents | Director of Nursing and Quality |

STRATEGIC DEVELOPMENT

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|-----|--|---------------------------------------|
| 10. | To receive the Chief Executive's Report (verbal) | Chief Executive |
| 11. | To receive an update on Governor Matters (verbal) | Director of Corporate & Legal Affairs |

FOR NOTING & RECEIPT**(Please note that the noting and receipt papers are available on request)**

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|-----|--|--|
| 12. | To receive the headlines of the NHS Staff Survey results 2014 | Director of Human Resources & Organisational Development |
| 13. | To receive the Q3 response letter to Monitor | Chief Finance Officer |
| 14. | To receive the Nursing Establishment Paper
<i>(previously received at FIGC)</i> | Director of Nursing and Quality |
| 15. | To receive the minutes of the Quality, Safety and Patient Experience Committee 17 th November 2014 and 19th January 2015 | Director of Nursing and Quality |
| 16. | To receive the minutes of the Audit Committee – 20th October 2014 | Chief Finance Officer |
| 17. | To receive the minutes of the Finance and Integrated Governance Committee – 14 th October 2014 | Director of Corporate and Legal Services |
| 18. | To receive the Corporate Infection Prevention and Control Assurance – Quarterly Report (retrospective report based upon November 2014 quarterly data update) | Medical Director |
| 19. | To receive the details of Freedom of Information Requests – July 2014 – December 2014.
<i>(by separate email only)</i> | Director of Corporate and Legal Services |
| 20. | Date and Time of Next Meeting: | |

Board of Directors Meeting**Tuesday 5th May 2015 @ 1.15pm Training Room 3 & 4**

BOARD OF DIRECTORS

MINUTES OF THE MEETING HELD ON TUESDAY,
16TH DECEMBER 2014 AT 9.00AM,
MERCURE ABBOTS WELL HOTEL

		Attendance	
Chairman	Sir D Nichols	<input checked="" type="checkbox"/>	
Non Executive Director	Mr A Higgins	<input checked="" type="checkbox"/>	
Non Executive Director	Mr J Wilkie	<input checked="" type="checkbox"/>	
Non Executive Director	Mr E Oliver	<input checked="" type="checkbox"/>	
Non Executive Director	Mrs R Hopwood	<input checked="" type="checkbox"/>	
Non Executive Director	Dr E McMahon	<input checked="" type="checkbox"/>	
Chief Executive	Mr T Chambers	<input checked="" type="checkbox"/>	
Medical Director	Mr I Harvey	<input checked="" type="checkbox"/>	
Chief Finance Officer	Mrs Debbie O'Neill	<input checked="" type="checkbox"/>	
Director of Nursing & Quality	Mrs A Kelly	<input checked="" type="checkbox"/>	
Director of Planning, Partnerships & Development	Mr M Brandreth	<input checked="" type="checkbox"/>	
Acting Director of Human Resources and Organisational Development	Mrs S Hodgkinson	<input checked="" type="checkbox"/>	
Director of Corporate & Legal Services	Mr S P Cross	<input checked="" type="checkbox"/>	

In attendance:

Mrs C Raggett – Secretary to the Board

Ms G Lamb, Mrs S Flynn, Ms K De Berger, Ms J Fogarty, Mrs H Thomas &

Mrs S Walker – Senior Nursing and Midwifery Team

Mrs S Williams – Deputy Director of Nursing

FORMAL BUSINESS

126/14 WELCOME AND APOLOGIES

Sir Duncan welcomed all attendees to the meeting.

There were no apologies.

127/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

128/14 **TO RECEIVE AND APPROVE THE MINUTES OF BOARD OF DIRECTORS' MEETING HELD ON 11TH NOVEMBER 2014 AND BOARD ACTION TRACKER DECEMBER 2014**

The Board of Directors minutes of the meeting held on 11th November 2014 were received as a true and accurate record.

The Board noted the Board Action Tracker as at December 2014.

MATTERS ARISING

There were no matters arising.

QUALITY & ASSURANCE

129/14 **TO RECEIVE A PRESENTATION ON THE NURSING AND MIDWIFERY STRATEGY – A YEAR ON AND NEXT STEPS**

Mrs Kelly and Mrs Williams gave a presentation with the Senior Nursing and Midwifery on the progress of the Nursing and Midwifery Strategy a year on from the launch and the next steps to continue taking the strategy forward.

Mrs Kelly presented a video which outlined the thoughts from the senior nursing team and the commitment to improve the patient experience and quality.

The Senior Nursing and Midwifery Team referred to the following:

- There has been an updated nurse recruitment programme which demonstrated the investment in the nursing staff. The Trust is now recruiting nursing assistants, in a similar way it recruits registered nurses which is a value based approach.
- The Education Strategy is now written which supports the learning, education and development for nursing and midwifery staff. The Trust wants a knowledgeable and skilled workforce to deliver high quality patient care. Mrs Flynnne has been collaborating with the University of Chester and is now seconded there to see how the Trust can develop education. The team have also developed competency frameworks for all disciplines of nursing staff.
- The Senior Nursing and Midwifery Team now wear uniforms and speak to the nursing teams on a regular basis. This has also built relationships within the senior team and helps support staff which leads to an improved staff experience and patient experience.
- The Trust has developed the Health and Wellbeing Strategy, there have been lots of ideas from staff and these will be rolled out during 2015/16.
- Mrs Thomas stated that the Trust has been proactive in developing the services and supporting patients with a cancer diagnosis and that a survivor strategy was being developed. The Trust is a pilot site for the Macmililan Service. The Trust continues to work collaboratively with the Hospice of Good Shepherd and

the CCG. Sessions are being held regarding the care of the dying person in the hospital and there are plans to increase communication skills around advanced care planning for staff.

- The Senior Nursing and Midwifery Team that they have had a successful 2014 and been well supported by Mrs Kelly.
- The Trust has now opened the birthing unit and this has received excellent feedback.
- The Senior Nursing and Midwifery Team have now developed the 7th C which is about teamwork, leadership and also listening to patients.
- Ms Walker stated that quality, safety and patient experience are fundamental to infection control. The Nursing Strategy meant is all about teamwork and making sure that staff do everything they can for the patient. The Trust is doing well around MRSA and C.Diff which demonstrates that the Trust's systems and processes are working however it is important to not become complacent, the Trust must build on the work the team have been doing and improve where possible to ensure the best patient experience.
- Mrs Williams highlighted some of the achievements of the Senior Nursing and Midwifery Team and staff over the last 12 months which included, the Trust was a finalist in the HSJ Awards for care and comfort workers, Mrs Kelly was named as one of the Top 50 Nursing Leaders, midwifery team have won a number of awards, the Trust has signed up to the Speak Out Safely Campaign and the Hello My Name is Campaign.

Mrs Williams read out a poem which reflected the feelings of comfort by a patient who was being cared for by a nurse.

Sir Duncan thanked the Senior Nursing and Midwifery Team and their staff for the hard work and commitment.

Mrs Kelly added that whilst it had been a challenging year, there had been many successes and also thanked Mrs Williams and the Senior Nursing and Midwifery Team for their hard work and support.

130/14 **TO REVIEW THE INTEGRATED PERFORMANCE REPORT TO MONTH 7**

The Board received a presentation on the key issues within the integrated performance report to Month 7.

Mr Brandreth reported on the following points:

- The Trust has not achieved the A&E 4 hr target which was due to the pressures in the Trust and across the health economy. Mr Brandreth outlined the local and national picture in relation to the increased attendances to Trusts and calls to the Ambulance Service. Mr Brandreth reported that there will be no elective surgery taking place during the first two of January 2015 as this will be a very busy period following Christmas and New Year. Urgent and cancer surgery will continue throughout the period.

- The cancer 62 day target performance has improved and the performance in November 2014 is expected to be 87.6% which means that the target will be achieved for the month. Mr Bett and the Cancer Team are working hard to support delivery of the target.

Mrs Hodgkinson reported on the increase of workforce establishment and referred to the summary in the performance report and added that the increase reflected the investment in nursing staff and additional needed to support the pressures across the Trust. Mrs Hodgkinson stated that the establishment figures had been reported to Monitor as it was above the planned number. Mrs Hodgkinson outlined some of the other issues which had contributed to the increase in staffing numbers which included sickness, maternity leave and gaps in junior doctor rotas. Mrs Hodgkinson suggested that the People and Organisational Development Committee monitor in detail the establishment numbers and provide assurance to Board. This was agreed by the Board.

Mrs Hodgkinson acknowledged that increase in the establishment numbers had impacted on the financial position of the Trust but was

Mrs O'Neill gave an overview of the current financial position of the Trust which included the following points:

- The Trust has an adverse variance of £350k and is currently off plan by £1.7m.
- The efficiency programme is off plan by £603k, Mrs O'Neill highlighted key areas of achievements from both Planned Care and Urgent Care divisions. It was noted that there were schemes that would not be achieved due to the pressures across the Trust.
- The Trust has lost income from cancelled operations during October 2014 which has caused additional financial pressures.
- The yearend forecast is currently just over £2m and Mrs O'Neill would report this to Monitor.
- Mrs O'Neill gave details of the actions being taken with regards to the financial position which included divisional action plans submitted and Mrs O'Neill has written to Commissioners requesting support however, the CCG are reviewing the finances at month 8 and at this present time they are not offering any additional support. Mrs O'Neill is continuing to discuss this with the CCG.

In response to a question from Mr Oliver regarding the forecasting of the deficit for the Trust, a full discussion took place about the process forecasting the yearend deficit, issues that could impact on the forecast and cause this to be more than currently predicted. Mr Oliver asked whether it would be more realistic to post a higher deficit to take account of additional slippage. A further discussion took place regarding the local and national position regarding potential additional funding opportunities and the need for the Western Cheshire Health economy to produce a balanced position.

Mrs Hopwood referred to the decline in obstetrics and the differential between

bookings for English and Welsh patients. Mrs O'Neill stated that the position had recovered slightly and that whilst this was the lowest birth rate year for 20 years nationally, bookings for ante-natal appointments had started increasing for both English and Welsh patients.

A further discussion took place regarding Welsh patients and the payment for the pathway. Mrs Kelly stated that the Trust was also looking at how to promote its maternity services across the local area in both England and Wales.

Dr McMahon reported that she had met with Mr Bett and the Cancer Team to gain further understanding in relation to the cancer 62 day target. Dr McMahon stated that staff morale and improving quality processes for people. There is a lot of work being undertaken regarding the team, who are doing a great job however, there was still further work to be done around delivery of the target in the long term. Mr Chambers agreed with Dr McMahon's comments and stated that the NHS currently spends 5% of the monies for staff development on existing where as the other 95% is spent on new staff. Mr Chambers added that it was really important to support existing staff and this would be discussed in the planning session with the Board and Governors.

Sir Duncan stated that the workforce is still one of the biggest challenges the NHS faces and listening to the Chief Executive of Health Education England, there is work being undertaken nationally and that this subject should be discussed further by the Board at a future meeting.

Mr Chambers was pleased to report that Mrs Hodgkinson had been appointed as the Director of Human Resources and Organisational Development. Mr Chamber congratulated Mrs Hodgkinson on behalf of the Board.

The Integrated Performance Report for Month 7 was received by the Board.

131/14 **TO RECEIVE DETAILS OF THE EMERGENCY DEPARTMENT PICKER SURVEY 2014**

Mrs Kelly gave an overview the results of the national Emergency Department Picker Survey 2014.

Mrs Kelly stated that the results were positive as they were broadly the same as the survey undertaken in 2012 which is testament to the work of the staff in the department especially in light of how busy the department is.

Mrs Kelly reported that there was a need to ensure regular communication with patients whilst in the department. Mr Wilkie asked about the feedback regarding the issue of communication when a patient leaves the department. Mrs Kelly stated that this was around discharge and that she was discussing this issue with Mrs Evans, Head of Nursing for Urgent Care to improve the process.

Mrs Kelly reported that the results of the survey would be fed in the CQC

intelligent monitoring information.

The Board noted the results of the Emergency Department Picker Survey 2014.

132/14 **TO RECEIVE AN UPDATE ON THE PROGRESS OF THE IMPLEMENTATION OF THE NURSING TIMES SPEAK OUT SAFELY CAMPAIGN**

Mrs Kelly and Mrs Hodgkinson gave an update on the progress and next steps of the Nursing Times Speak Out Safely Campaign and highlighted the following points:

- A confidential database has been established for any issues raised and currently there are no trends in the concerns raised.
- 15 members of staff have raised concerns since the process commenced.
- A communication process has also established for staff, who have raised concerns.
- Executive walkabouts are now undertaken which also an opportunity for staff to raise any concerns they may have.

The Board noted the actions taken to date with regards to the Nursing Times Speak Out Safely Campaign and supported the actions detailed going forward.

133/14 **TO RECEIVE AN UPDATE ON NEVER EVENTS AND SERIOUS UNTOWARD INCIDENTS**

Mrs Kelly reported that there had been no never events however, there were 3 Serious Untoward Incidents during October 2014 which were around the following:

- Grade 3 / 4 pressure ulcers - Mrs Kelly reviews each of the pressure ulcer cases and monitor them regularly.
- There has been an incident with the birth of a baby delivered in poor state. The baby has recovered in the neonatal unit. This incident was being reviewed by the division.
- There was an incident in theatre in relation to an ophthalmology procedure which was being reviewed.

STRATEGIC DEVELOPMENT

134/14 **TO RECEIVE THE CHIEF EXECUTIVE'S REPORT (VERBAL)**

Mr Chambers updated the Board on the following items:

- Mr Chambers thanked Mrs Kelly, Mrs Williams and all the nursing team for their presentation which demonstrated that even though the Trust is under a lot of pressure, staff are maintaining the safety of the patient and ensuring compassionate care was delivered.
- Mr Chambers acknowledged the hard work of all staff and thanked them for their support during this very busy time.

- The health system is working together to help reduce the pressure on the across the health economy.
- The Trust held the Tree of Life Service which was very special and thanked Revd John Kingsley and his team for their support with staff and patients.
- The Trust in conjunction with Wirral University Teaching Hospital and Leighton Hospital, have launched the Clinical Leadership Development Programme for senior doctors.
- Mr Chambers has attended a Welsh Affairs Select Committee at Parliament which was looking at cross border issues. Mr Chambers felt he had been able to give the Trust's perspective of the issues as the Countess is also a hospital where 20% of our patients and staff are Welsh.
- Mr Chambers wished the Board, Governors and staff a Merry Christmas and Happy New Year.

135/14 **TO RECEIVE AN UPDATE ON GOVERNOR MATTERS**

Mr Cross thanked governors for their work over the last 12 months. Mr Cross stated that Governors have undertaken their statutory duties excellently and also thanked Mrs Williams for her work with the Governors Quality Forum.

Mr Cross was pleased to report that Mr Hemmerdinger will serve as Deputy Chairman of Governors for a further 12 months.

Mr Cross stated that the forward plan for Governors would include taking the Governors KPIs forward and further professional development for Governors with the first session following later in the day focussing on finance.

FOR NOTING& RECEIPT

136/14 **TO RECEIVE THE Q2 LETTER FROM MONITOR**

The Board received and noted the Q2 letter to Monitor.

137/14 **TO RECEIVE THE MINUTES OF THE QUALITY, SAFETY AND PATIENT EXPERIENCE COMMITTEE – 20TH OCTOBER 2014**

The Board received and noted the minutes of the Quality, Safety and Patient Experience Committee – 20th October 2014.

138/14 **TO RECEIVE THE MINUTES OF THE PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE – 9TH SEPTEMBER 2014**

The Board received and noted the minutes of the People and Organisational Development Committee 2014.

139/14 **TO RECEIVE A PAPER NOTING THE TRUST SIGN UP TO THE HEALTH AND WORK NETWORK PUBLIC HEALTH RESPONSIBILITY DEAL PLEDGE FRAMEWORK**

The Board received and noted the paper noting the trust sign up to the Health and Work Network Public Health Responsibility Deal Pledge framework.

140/14 **TO RECEIVE THE CORPORATE INFECTION PREVENTION AND CONTROL ASSURANCE – QUARTERLY REPORT (RETROSPECTIVE BASED UPON AUGUST 2014 QUARTERLY DATA UPDATE)**

The Board received and noted the Corporate Infection Prevention And Control Assurance – Quarterly Report (Retrospective Based Upon August 2014 Quarterly Data Update).

141/14 **DATE AND TIME OF NEXT MEETING**

Tuesday, 3rd March 2015 – 12pm Education and Training Centre, Countess of Chester Hospital.

BOARD OF DIRECTORS ACTION LOG 2014/15

Meeting Date	Minute Ref:	Issue	Action	Update	Responsibility	Target Date
06.05.14	51/14	Analysis of below average performance for the Trust in the Picker Inpatient Survey	The areas of below average performance in the survey to be benchmarked, reviewed, compared to next set of results and then reported back to Board.	Survey results will be published end of Q4 2015	Alison Kelly	May 2015*
02.09.14	91/14	Further narrative was needed regarding the safer staffing levels.	Mrs Kelly to add further information to safer staffing figures to include levels of vacancies, use of bank staff, sickness levels and the implications for staffing levels.	Information currently being RAG rated. Exception reporting on impact on patient care, agenda item on QSPEC. Also presented to FIGC in February 2015	Alison Kelly	February 2015
02.09.14	91/14	Continued high levels of usage of bank and agency staff.	Board to receive a detailed presentation on the use of bank and agency staff and how these issues are being addressed.	Further narrative included in Performance Report presented Dec 2014 and discussed further at FIGC in February 2015	Exec Team	February 2015 and on-going review
02.09.14	94/14	There have been a number of incidences in theatres. Mrs Kelly has commissioned an external review.	Mrs Kelly to bring feedback from theatre incidents external review.	Unable to secure external reviewer after lengthy process, internal review undertaken by Head of Patient Safety and result presented to FIGC in April 2015	Alison Kelly	April 2015 to FIGC*
02.09.14	95/14	Francis Report Recommendations Implementation Action plan requires further narrative and RAG rating.	Mrs Kelly to RAG rate action plan and provide further narrative around the actions that are completed and those that remain outstanding.	Action plan to be update and reviewed at Board in 6 months time.	Alison Kelly	May 2015*

BOARD OF DIRECTORS ACTION LOG 2014/15

Meeting Date	Minute Ref:	Issue	Action	Update	Responsibility	Target Date
02.09.14	95/14	The Board to receive details of the Trust's CQC inspection preparations.	Mrs Kelly to bring a report on the Trust's CQC Inspection preparation work.	Frist CQC preparation meeting being held with appropriate senior manager during March 2015 based on proposed inspection being end of Q2	Alison Kelly	May 2015*
11.11.14	113/14	Efficiency Programme – how has this affected by the pressures within the Trust and what schemes have not been able to go ahead due to the lack of beds.	Agenda item at next FIGC meeting		Exec Team	February 2015
11.11.14	113/14	Increase in workforce numbers following the investment in the nursing and midwifery strategy.	Agenda item at the next FIGC meeting		Alison Kelly / Sue Hodgkinson	February 2015
11.11.14	114/14	Board Assurance Framework CR 10 risk to be reviewed further at the next FIGC	To be added to next FIGC agenda	Also discussed at Exec Team during IMT Stocktake	Debbie O'Neill / John Glover	February 2015
16.12.14	130/14	The Board to consider the national and local picture in education for existing staff	Alison Kelly and Sue Hodgkinson to bring assurance to the Board in May 2015		Sue H and Alison	May 2015

	Action has slipped
	Action is not yet complete but on track
	Action complete
*	Moved with agreement



Subject	Integrated Performance Report – January 2015
Date of Meeting	Board of Directors meeting 03.03.15
Author(s)	<div>Sian Williams Deputy Director of Nursing</div> <div>Sue Phillipson Head of Financial Management</div> <div>Allan Axon Acting Head of HR & Wellbeing Business Service</div> <div>Denise Wood Information & Data Quality Manager</div> <div>Katie Clark Head of Contracts & Income</div> <div>Ian Bett Associate Director of Performance & Planning</div>
Presented by	Executive Directors
Annual Plan Objective No	
Summary	Monthly report presenting key metrics relating to patient experience, quality, safety, performance and finance.
Recommendation(s)	<p>The Board is asked to:</p> <p>Receive the January Integrated Performance Report and to note key metrics and issues.</p>
Risk Score	N/A
<p>FOIA Status: FOIA exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Applicable Exemptions:</p> <ul style="list-style-type: none"> ▪ Prejudice to effective conduct of public affairs ▪ Personal Information ▪ Info provided in confidence ▪ Commercial interests 	<p>Please tick the appropriate box below:</p> <div> <input checked="" type="checkbox"/> A. This document is for full publication </div> <div> <input type="checkbox"/> B. This document includes FOI exempt information </div> <div> <input type="checkbox"/> C. This whole document is exempt under the FOI </div> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>

PERFORMANCE SUMMARY

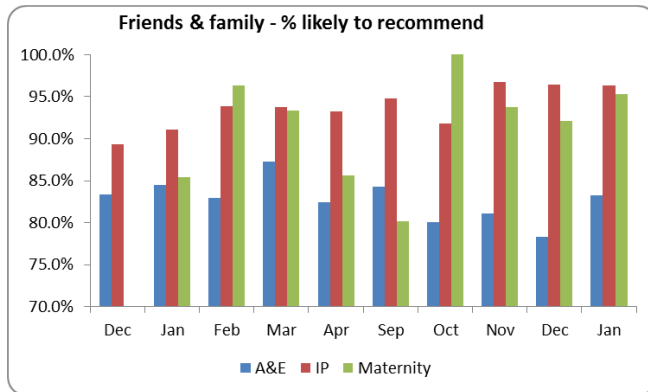
	current month	previous month	mtly target	status	YTD	YTD target	Comment
Patient Experience							
Friends and family test:							
- response rate	25.5%	15.4%	15%	↑		15%	A&E, inpatients and maternity combined
- % likely to recommend	90.8%	87.2%		↑			A&E, inpatients and maternity combined
Number of complaints	21	22	0	↑		n/a	
Mixed sex accommodation	0	0	0	↔		0	
Quality							
Dementia case finding	93.3%	91.7%	90%	↑			
eDischarge:							
- % of e-discharge with GP within 24 hours	90.7%	90.5%	90%	↔		90%	
- % of e-discharge with GP within 48 hours	94.1%	94.5%	95%	↓		95%	
- pts letter not with GP within 2 weeks	13	28	0	↑		0	
Patient Safety							
Mortality (based on SHM)	1.08	1.12					Jul 13 to Jun 14 (quarterly update next due Apr 15)
Serious untoward incidents:							
- never events	1	0	0	↑		0	
- level 1	4	1	-	↓		-	
- level 2	3	3	-	↔		-	
Safety Thermometer	92.9%	94.3%	95%	↓		95%	Current month available is January
MRSA bacteraemia	1	0	0	↑		0	Annual Target is 0
Clostridium Difficile	4	2	3	↓	14	24	National annual limit for 2014/15 is 30
Handwashing Compliance	94%	96%	95%	↓			
VTE Assessment	97.5%	98.0%	95%	↔	98.3%	95%	
Performance							
Monitor governance rating of green	A/R	A/R	G	↔		G	
A&E 4 hour target (including Urgent Care Centre)	88.0%	89.8%	95%	↓		95%	based on Mon 29 Dec - Sun 1st Feb
NWAS Ambulance handovers over 30 mins	311	220	165	↓	-	-	Apr 13 figure put in as initial internal target
Diagnostic wait times	99.4%	99.4%	99%	↔	-	99%	
18 week referral to treatment times:							
- admitted	90.1%	94.1%	90%	↓	92.8%	90%	General Surgery, Ophthalmology and Oral Surgery under 90% target
- non admitted	99.5%	99.1%	95%	↔	99.6%	95%	Dermatology under 95% target
- incomplete	92.0%	92.2%	92%	↔	93.0%	92%	General Surgery and Oral Surgery under 92% target
- patients waited >52 weeks	0	0	0	↔	0	0	No new patients at end January
Cancer:							
- 31 day target 1st treatment	97.9%	99.0%	96%	↓	n/a	96%	Dec validated. Jan unvalidated 94.6%
- 62 day target	80.0%	86.7%	85%	↓	n/a	85%	Dec validated. Jan unvalidated 81.1%
- 14 day target	95.9%	96.8%	93%	↓	n/a	93%	Dec validated. Jan unvalidated 94.6%
Stroke (90% of stay on Stroke unit)	74.1%	86.2%	80%	↓		80%	Current month available is December
TIA (high risk of stroke who experience TIA assessed within 24 hrs)	54.5%	90.9%	60%	↓		60%	Current month available is December
Referrals:							
- GP	4,578	4,539			45,783	43,273	English referrals compared to last yr
- Other	5,759	5,948			59,501	54,624	English referrals compared to last yr
Human Resources							
Staffing:							
Overall sickness %	4.73%	4.59%	3.65%	↓	3.79%	3.65%	YTD figure is rolling 12 month %
Mandatory Training	90.5%	94.4%	95%	↓	n/a	95%	
Appraisal rates	80.1%	79.3%	95%	↑	n/a	95%	
Finance							
Risk Rating	3	3	4	↔	3	4	
Financial position (actual over plan) £,000	33	679	0	↓	2,866	0	
Cost reduction strategy delivered £,000	789	510	782	↓	6,288	7,323	
Cost reduction strategy variance to plan £,000	(7)	271	0	↓	1,035	0	
Capital expenditure variance to plan £,000	(169)	(700)	0	↓	(2448)	0	
Medical agency costs £,000	281	432	100	↓	1,931	1,000	

Trend key:

↑	Improvement in performance on last month
→	No change on last month
↓	Deterioration in performance on last month

1. PATIENT EXPERIENCE

1.1 Patient Satisfaction

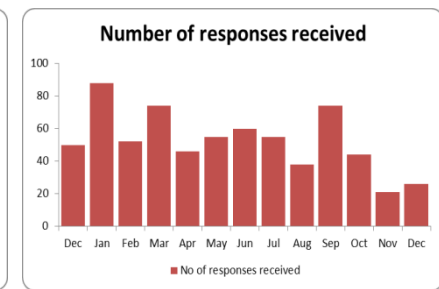
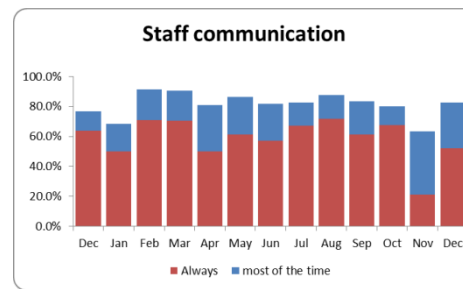
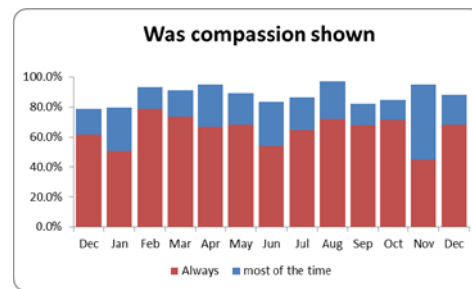
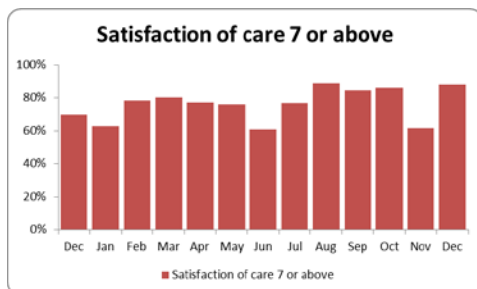


Friends & Family test results - would you recommend COCH

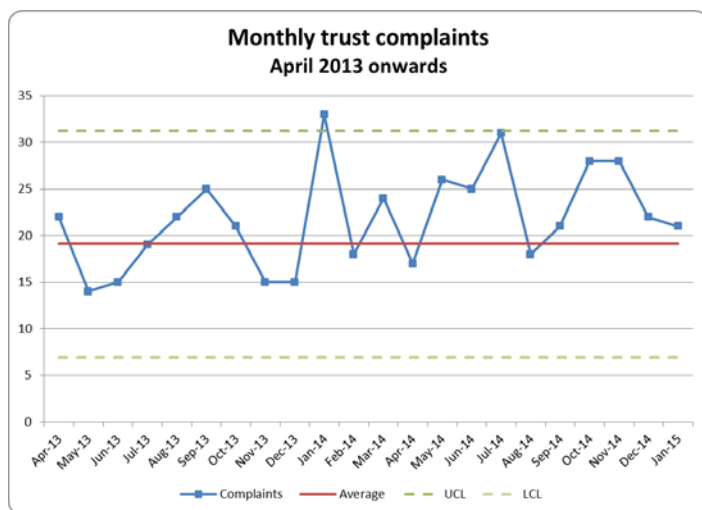
Month	Area	Likely	Unlikely	Neither/don't know	Responses received	% likely to recommend
Jan-15	A&E	400	53	27	480	83.3%
Jan-15	Inpatient	571	3	19	593	96.3%
Jan-15	Maternity	61	0	3	64	95.3%
Jan-15	Combined	1032	56	49	1137	90.8%

Performance in relation to the percentage of patients who would recommend the Trust remains fairly constant in all areas and compares positively against other Trusts in the region. A&E are working to improve their response rate and a review of the free texts comments returned is underway to learn from the patient feedback. Work is ongoing to improve response rates in outpatient departments and day case following a meeting with the leads of these areas.

There is a technical issue with the Hospicom link and data collection tool 'survey monkey' – from early January there has been little response from the system and therefore the performance data for January is not reliable. We are continuing to collect patient feedback using other methods.



1.2 Complaints



In January 2015 the Trust received 21 new formal complaints, one less than in December 2014.

18 (82%) out of 22 cases were acknowledged within 3 working days. 10 out of the 19 cases dealt with during the month of January were sent out within the agreed timescales (53%). No referrals have been referred to the Ombudsman.

Reason for complaint:	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Treatment and care	8	14	13	17	10	10	14	13	14	15
Delay in outpatient appointment	2	5	2	1	1	1	1	2	0	0
Discharge arrangements	3	1	1	1	1	2	2	3	2	0
Delay in care being provided	1	4	5	5	2	2	5	8	3	1
Other/referred to other provider	1	1	1	2	3	3	0	0	1	0
Staff attitude	2	1	1	3	1	1	2	0	2	0
Privacy & Dignity	0	0	0	1	0	0	0	1	0	0
Communication	0	0	2	1	0	2	4	1	0	5
Total	17	26	25	31	18	21	28	28	22	21

1.3 Hospital cancellations due to no beds

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
ENT	7	0	0	2	1	0	7	1	0	5	3	7	5
Oral Surgery	0	0	0	0	5	0	0	0	0	0	1	3	1
Orthopaedics	16	0	4	3	6	0	18	0	1	11	0	8	4
Trauma (Orthopaedics)	0	0	0	0	1	0	10	1	0	0	4	0	0
Plastic Surgery	4	0	1	0	0	0	3	1	1	1	2	4	6
General Surgery	13	0	0	2	1	0	6	0	2	5	2	1	1
Urology	2	0	0	0	1	0	5	0	0	2	1	0	5
Gynaecology	17	0	4	4	8	0	25	3	8	10	9	3	5
Nephrology	0	0	0	0	0	0	0	0	0	0	0	0	0
Bariatric Surgery	0	0	0	0	0	0	0	0	0	7	7	0	0
Breast Surgery	0	0	0	0	0	0	2	0	0	1	0	1	2
Pain Management	0	0	0	0	0	0	0	0	0	0	0	0	0
Vascular Surgery	0	0	0	0	0	0	0	0	0	11	4	1	6
Total	59	0	9	11	23	0	76	6	12	53	33	28	35

Some of the patients may have been cancelled on more than one occasion
Financial impact for 2014/15 YTD (Apr-Jan) is £701,590

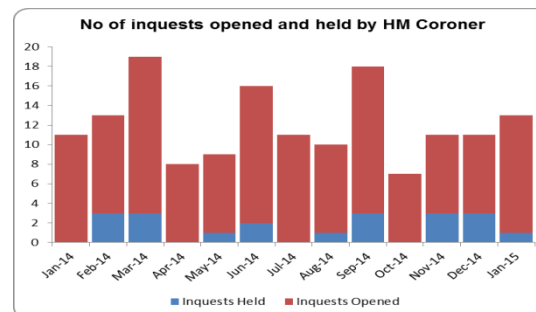
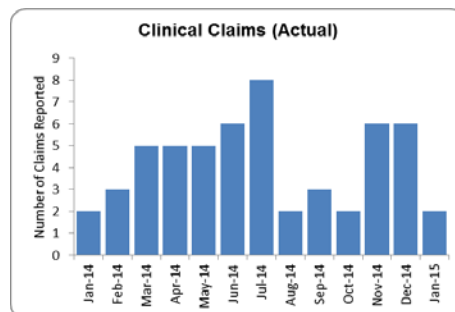
Yearly comparison by month

	2011/12	2012/13	2013/14	2014/15
Apr	0	11	97	11
May	0	8	39	23
Jun	0	28	0	0
Jul	1	5	0	76
Aug	14	18	0	6
Sep	23	24	21	12
Oct	28	7	21	53
Nov	12	7	8	33
Dec	26	0	33	28
Jan	11	23	59	35
Feb	90	11	0	
Mar	35	15	9	
Total	240	157	287	277

The number of elective operations cancelled increased in January compared to the previous month. As noted in the previous report, the numbers of planned routine operations were reduced from the 23rd December until the 12th January 2015.

1.4 Litigation, Claims & Inquests

Claims reported to the NHS Litigation Authority (NHSLA) January 2014 – January 2015



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec 14	Jan-15
Inquests held	0	3	3	0	1	2	0	1	3	0	3	3	1
Inquests linked to a claim		0	0	1	1		0	0					
Inquest Verdicts:					1								
Inquest adjourned		1					0		1		1		
Natural causes		1	3						1			1	1
Accident/ misadventure		1			1	1			1		2	2	
Industrial disease													
Open verdict													
Narrative													
Neglect													
Pre Inquest Hearing						1							

Note: Inquests are generally held within 12 months of being opened by HM Coroner.

1.5 Eliminating Mixed Sex Accommodation

In January there were no mixed sex accommodation breaches for non-clinical reasons.

1.6 Executive Hospital Walkabouts - Director of Nursing & Quality – January 2015

No Non-Executive walkabouts with the Director of Nursing took place in January 2015. Even though these visits have been beneficial in terms of exposure to operational areas within the Trust, a plan is being put in place to do this differently. In conjunction with Non-Executive Directors (including the Chairman), the Director of Nursing is going to provide options of attending different forums to obtain assurance across the Trust. This will be in place from March 2015. Ad-hoc walkabouts will still continue as required.

Healthwatch – Enter and View

One visit was undertaken in the month of January to ward 43. The yet unpublished report was very reassuring with some very positive comments. The Trust is in the process of responding and the full report on published on the Healthwatch website in due course.

2. QUALITY

2.1 Safe Nurse staffing levels

The full summary by ward is shown on appendix 1.

Similar to other Trusts we saw some particularly busy spells due to acute pressures and escalated our concerns on a number of days involving our commissioners. There were a number of wards who needed additional hours to support patient acuity. We continued to report an increased number of 'one to one' shifts for patients with dementia. The delayed discharges and transfers of care have had a significant impact on the nursing hours required to care for patients of that acuity. This month we continued to use Nursing Assistants to support Registered Nursing shift gaps and nursing staff were moved around the hospital to cover gaps from short term sickness or other unplanned leave. Following the nurse staffing review in December 2014 work is now on-going to look at specific wards to gain assurance that the nursing establishment is correct.

Further recruitment of Registered Nurses took place in January and large recruitments are planned for March.

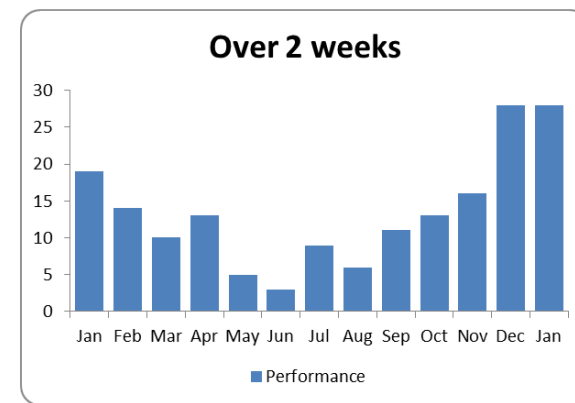
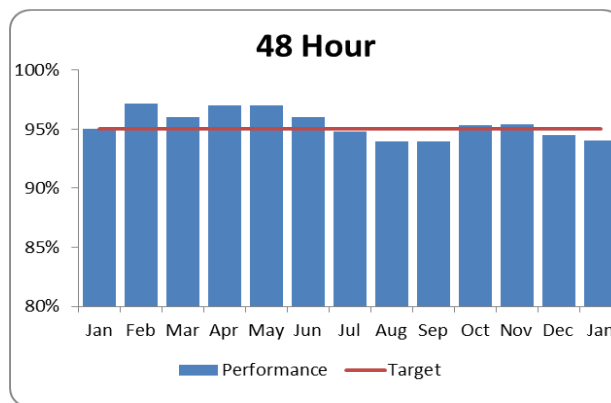
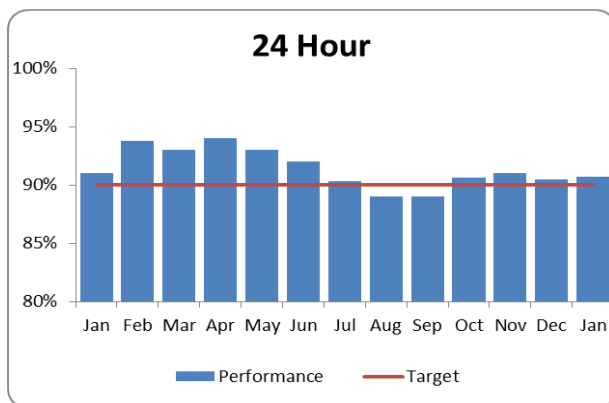
Summary of January Safe Staffing

	Registered Nurses/Midwives			Care Staff			All staff
	Planned monthly hours	Actual monthly hours	%	Planned monthly hours	Actual monthly hours	%	% Planned hours staffed
Total	63670.5	60248	94.60%	43130.5	46178.1	107.1%	99.6%

Safe Staffing Report In Line With National Quality Board Expectations - January 2015

	Sickness Absence %	Turnover %
All Trust Registered Nursing & Midwifery	4.63%	1.60
All Trust Healthcare Support Staff	7.25%	0.92

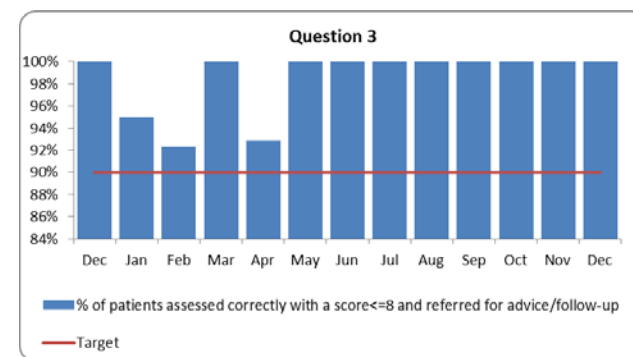
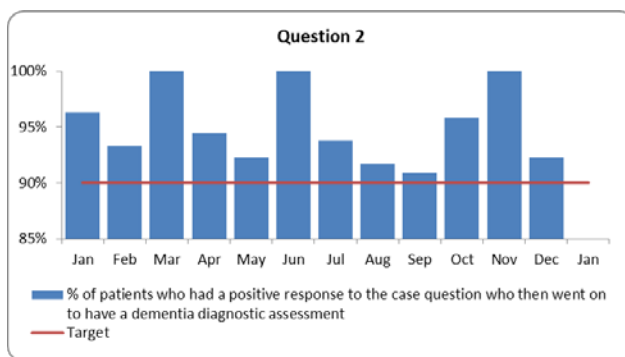
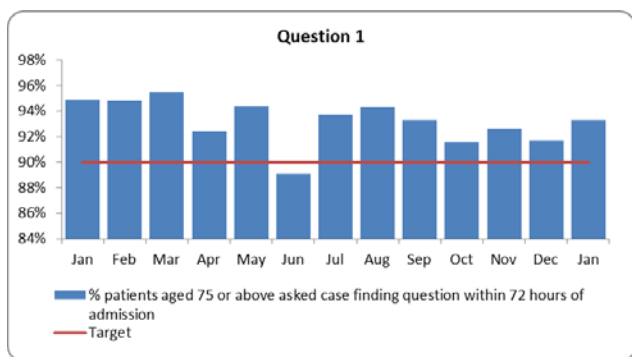
2.2 eDischarge Contractual Performance



The Trust continues to achieve the 24 hour target and a continued improvement in over 2 weeks. In January the 48 hour performance was below the target at 94.1% against a target of 95%. The emergency pressures continue to have a negative impact on this standard but the Clinical leads within the Divisions continue to work hard to ensure performance is improved.

2.3 National – Dementia

The data for January for the dementia questions 2 and 3 is not yet available for January. This will be updated in the next report.



2.4 Commissioning for Quality & Innovation (CQUIN's)

Appropriate Care Scores (Advancing Quality)

	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Year End
Acute Myocardial Infarction	85.9	89.47	85.71	93.33	88.24	93.33	100	100						91.96 ↑
Heart Failure	73.2	66.67	85.71	70	72.73	84	83.3	71.43						76.76 ↓
Hip & Knee Replacement	87.6	54.55	70.37	51.22	76.19	86.96	60.00	87.50						67.17 ↑
Pneumonia	73.7	60.87	67.86	74.47	61.54	74.58	64.60	73.13						67.57 ↑
Stroke	59.5	55.00	55.17	72.73	54.55	75	69.6	72.22						64.29 ↑

Work is ongoing with the clinical teams to ensure pathways are followed. The audit team are starting to feel increased work pressure due to additional AQ focus groups.

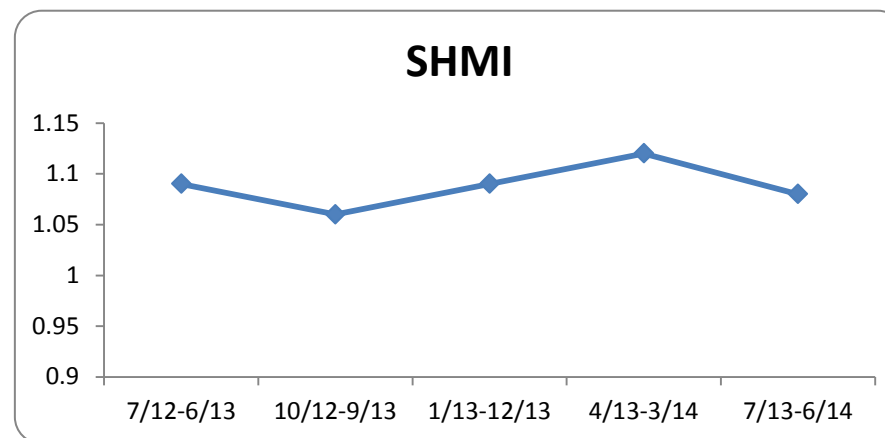
PATIENT SAFETY

3.1 Mortality

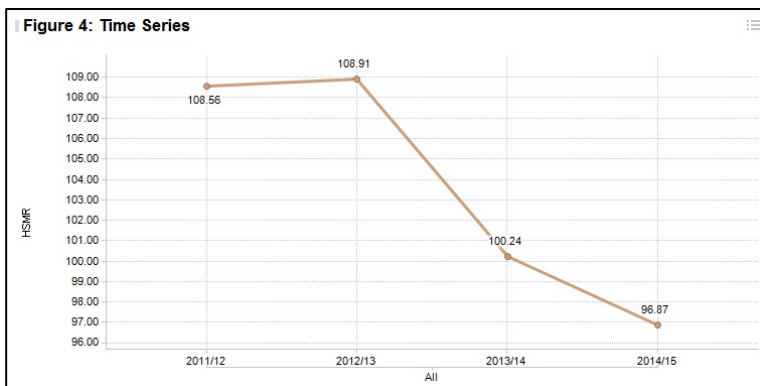
Since the last report was compiled the Trust has changed its clinical benchmarking software supplier, moving from CHKS to HED (Healthcare evaluation Data) which was developed by and is compiled by the University Hospitals Birmingham.

This allows easier and timelier review and presentation of data.

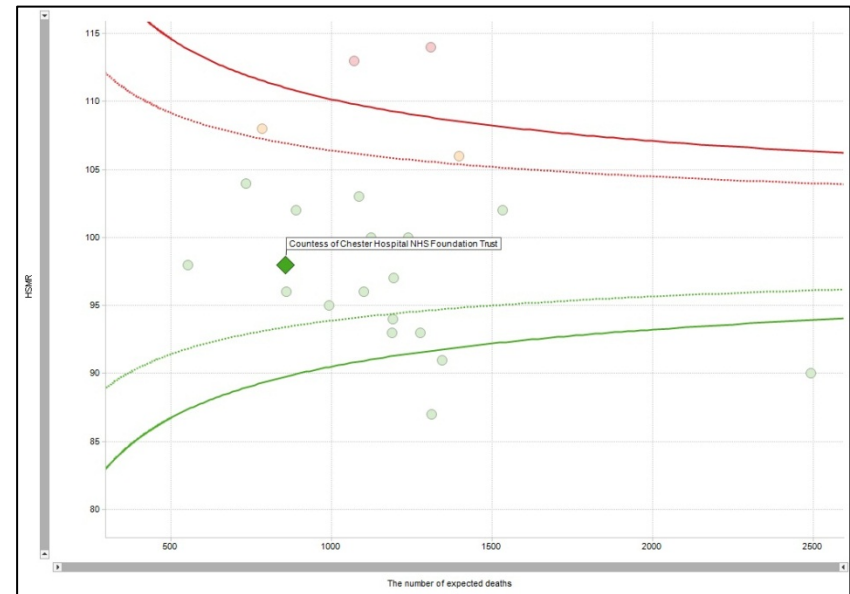
The SHMI reported by the HSCIC for the period July 2013 to June 2014 is 1.08, a reduction of 0.04 from the previous quarter. There is no particular trend especially considering that the index is rebased every quarter.



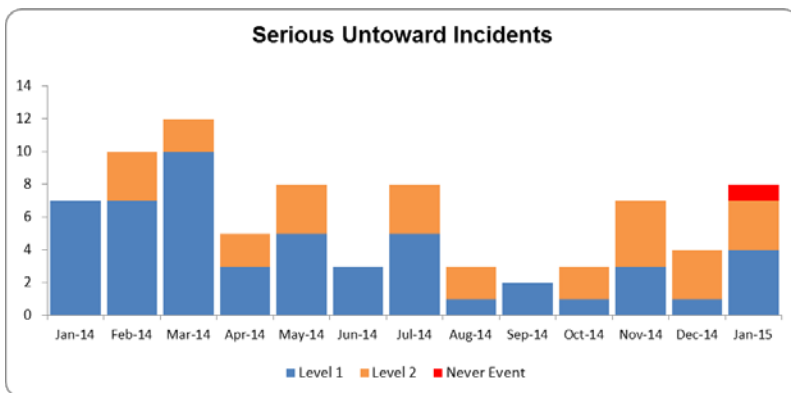
The monthly HSMR for September 2014 is 98.0. The year on year trend shows a reduction:



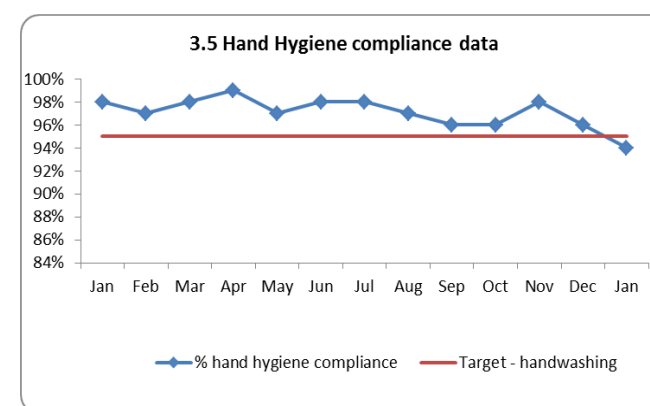
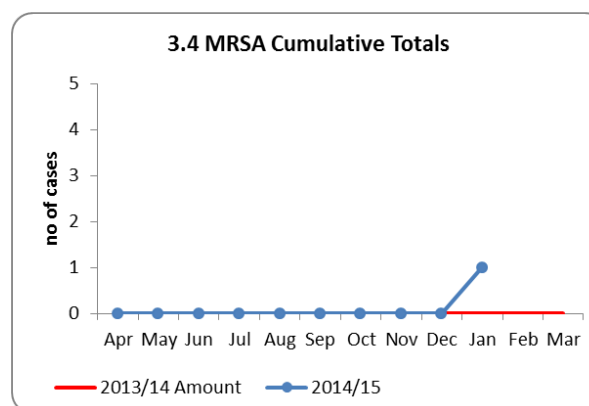
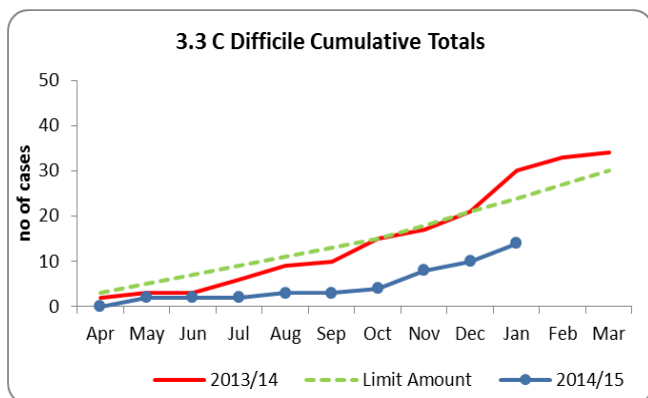
Meanwhile the mortality review process continues; the next report is due February 2015.



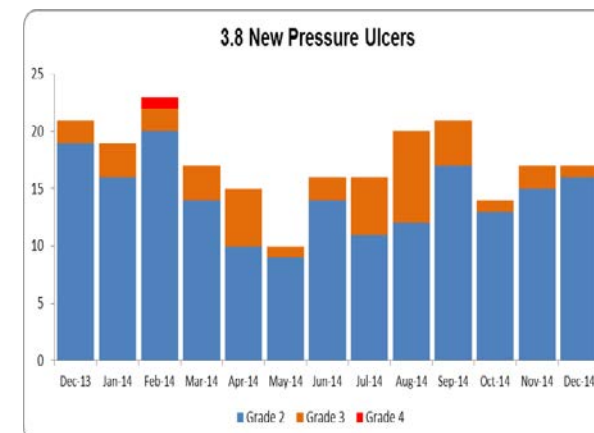
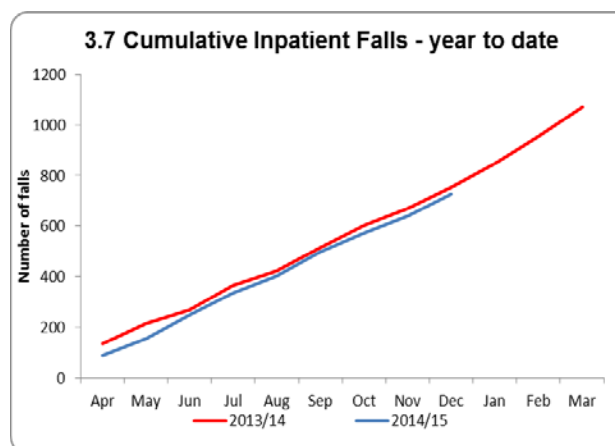
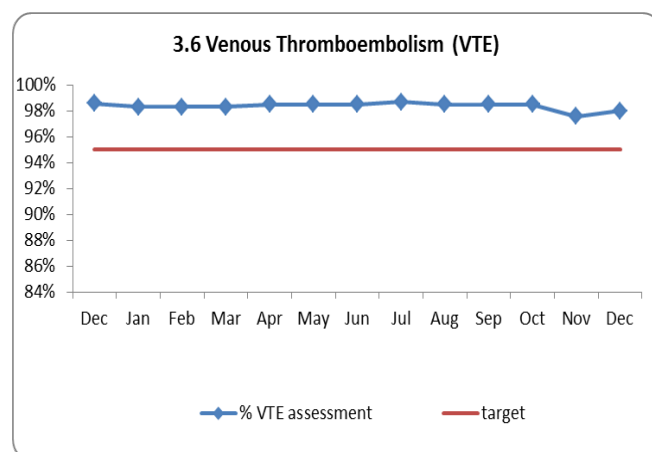
3.2 Serious Untoward Incidents



The level 2 serious untoward incidents relate to a mortuary investigation, MRSA bacteraemia and two grade 3 hospital acquired pressure ulcers. The never event relates to wrong site surgery, the initial SBAR, timeline and table top have been complete and the level 2 report is being drafted.



A case of MRSA is under review. It was over 700 days since last MRSA case.

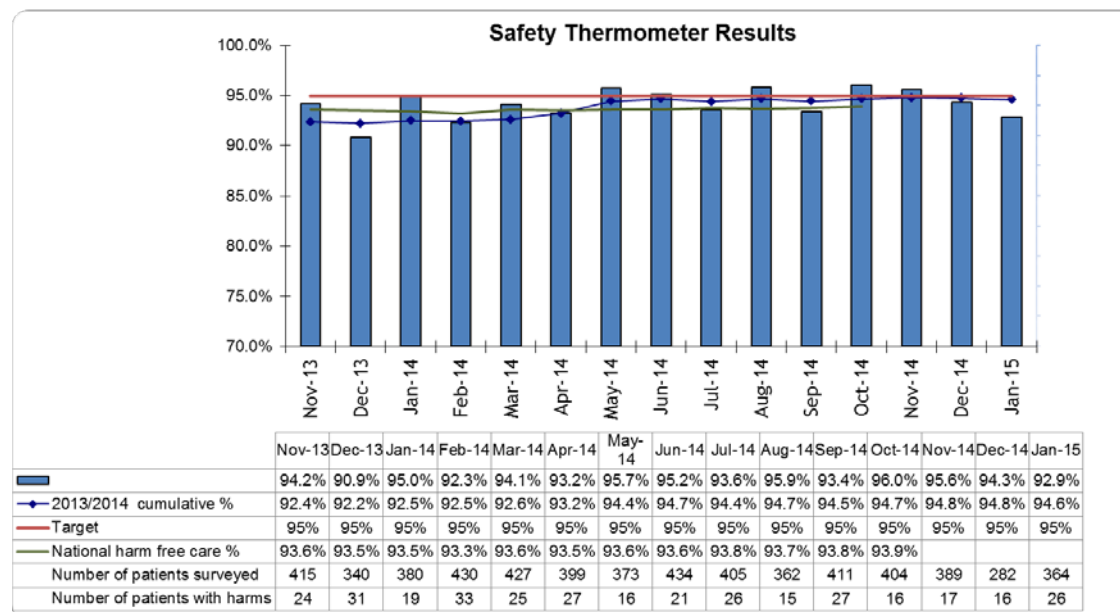


VTE compliance remains above target.

1 of the falls resulted in moderate harm

Despite measures in place we have seen the deterioration of pressure ulcers which have deteriorated from a grade 2 to small grade 3 for three patients

3.9 Safety thermometer



This month has seen a dip in the safety thermometer. This is in part due to partial completion of the return by ward staff due to the current workload on staff. Ward managers have been reminded to be vigilant and complete the safety thermometer on the expected date. In addition to this the operational pressures that were experienced within the Trust were also a factor.

3.10 Safeguarding Referrals for Adults

There were 9 reported Safeguarding Referrals made to Social Services during January, 4 of these referrals related to one incident. Of the referrals made all related to Cheshire and a total of 6 were accepted. Within the safeguarding referrals 4 related to allegations of potential documentation failures by a staff member. This is currently under investigation.

3.11 Mental Capacity Assessments and Deprivations of Liberty Safeguards

31 Mental Capacity Assessments (MCA) were reported during January with no IMCA referrals and 16 Deprivation of Liberty Safeguard (DoLS) authorisations sought (8 urgent and 8 standard). There is continued work to raise awareness of the DoLS process at ward Managers meetings to ensure areas are submitting DoLS applications for eligible patients. Of the MCA reported 11 related specifically to DoLS applications with the remainder relating to medical treatment (7) and discharge planning (6) or a combined need (7). Due to the launch nationally of new DoLS forms the Trust will be required to amend its DoLS practice again, this will include the introduction of a new coroners referral form.

3.12 Care Metrics

	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Medication storage and custody	↑ 100%	↓ 98%	↑ 100%	↓ 99%	↑ 99%	↑ 99%	↑ 99%
Infection control & privacy & dignity	↑ 99%	↑ 99%	↑ 100%	↑ 100%	↑ 100%	↓ 99%	↑ 99%
Patient observations	↑ 95%	↑ 96%	↑ 98%	↓ 97%	↓ 95%	↑ 99%	↓ 97%
Pain management	↑ 99%	↑ 99%	↑ 99%	↑ 100%	↑ 100%	↓ 99%	↑ 99%
Tissue viability	↑ 92%	↑ 95%	↑ 96%	↓ 96%	↑ 98%	↓ 91%	↑ 97%
Nutritional assessment	↑ 93%	↑ 94%	↑ 94%	↓ 89%	↑ 96%	↓ 93%	↑ 94%
Falls assessment	↑ 98%	↑ 99%	↑ 99%	↓ 97%	↑ 100%	↓ 98%	↑ 99%
Continence assessment	↑ 95%	↑ 97%	↑ 99%	↑ 100%	↑ 100%	↓ 95%	↑ 97%
Managment of Urinary Catheters	↑ 99%	↓ 98%	↑ 98%	↑ 98%	↓ 96%	↓ 94%	↓ 93%
Discharge	↑ 96%	↑ 97%	↓ 95%	↓ 94%	↑ 96%	↑ 97%	↑ 97%
Total	↑ 97%	↑ 97%	↑ 98%	↓ 97%	↑ 98%	↓ 97%	↑ 98%

Work is nearing completion on new care metric dashboard reporting being piloted in a few areas. A dual system is running supported by senior nurses also doing clinical rounds and doing spot checks of care in practice.

4. PERFORMANCE

4.1 Monitor Compliance

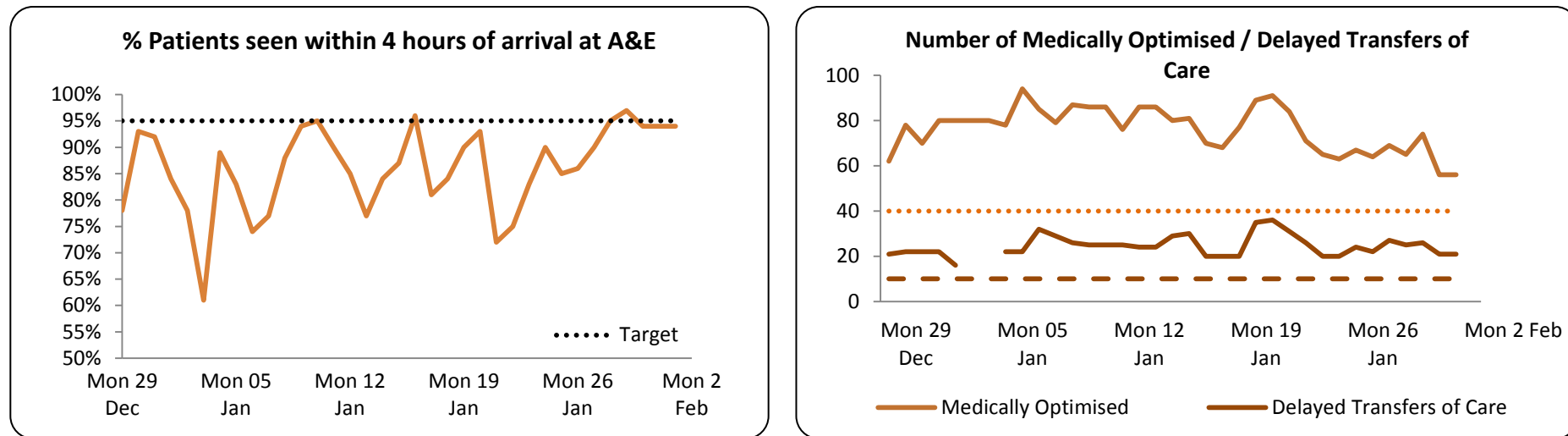
			2013/14					2014/15						
Weighting 1.0	Monitor target	Threshold for 2014/15	Q1	Q2	Q3	Q4	Year End	Q1	Q2	Oct	Nov	Dec	Q3	Jan
	18 Weeks - RTT - Admitted	90%	94.9%	96.2%	95.2%	94.2%	95.1%	91.4%	93.6%	94.3%	94.8%	94.1%	94.4%	90.1%
	18 Weeks - RTT - Non Admitted	95%	99.8%	99.8%	99.8%	99.7%	99.8%	99.8%	99.7%	99.6%	99.5%	99.1%	99.4%	99.5%
	18 weeks - RTT - incomplete pathway	92%	96.0%	95.9%	94.5%	93.3%	94.9%	93.0%	93.6%	93.5%	92.8%	92.2%	92.8%	92.0%
	A&E - 4 Hour Target (Classic)	95 % <=4 Hours	95.1%	96.5%	95.1%	94.4%	95.0%	95.4%	94.4%	92.1%	91.0%	89.8%	91.1%	88.0%
	Cancer - 62 day wait - from urgent GP referral to treatment - post local breach re-allocation	85%	87.0%	85.0%	80.0%	87.0%	84.0%	72.5%	77.1%	74.3%	88.4%	80.0%	82.3%	81.1%
	Cancer - 62 day wait - from NHS cancer screening service referral - post local breach re-allocation	90%	100.0%	100.0%	94.0%	93.0%	97.0%	97.4%	92.2%	100.0%	87.5%	92.6%	93.1%	100.0%
	Cancer - 62 day wait - from urgent GP referral to treatment - pre local breach re-allocation	n/a	n/a	n/a	n/a	n/a	n/a	75.4%	79.7%	80.2%	89.0%	83.1%	83.9%	85.1%
	Cancer - 62 day wait - from NHS cancer screening service referral - pre local breach re-allocation	n/a	n/a	n/a	n/a	n/a	n/a	98.4%	91.0%	100.0%	87.5%	96.2%	94.7%	100.0%
	Cancer - 31 day wait - Surgery	94%	99.2%	96.8%	98.4%	95.9%	97.6%	97.7%	91.7%	95.2%	86.7%	100.0%	96.0%	93.8%
	Cancer - 31 day wait - Drug	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Cancer - 31 day wait from diagnosis to first treatment	96%	100.0%	97.3%	98.7%	96.9%	98.1%	99.2%	97.5%	98.9%	97.9%	99.0%	99.0%	98.8%
	Cancer - 14 days wait - all cancers	93%	98.0%	98.5%	98.2%	97.3%	98.0%	97.0%	96.8%	97.4%	96.8%	95.9%	96.6%	94.6%
	Cancer - 14 days wait - for symptomatic breast patients	93%	97.8%	99.1%	97.8%	95.8%	97.5%	93.8%	96.2%	89.6%	92.7%	93.2%	92.2%	97.9%
	Cdiff cases due to lapses in care	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	*	*	*	*
	Cdiff total cases	30	3	7	11	13	34	2	1	1	4	2	7	4
	Cdiff cases under review	n/a	n/a	n/a	n/a	n/a	n/a	0	0	1	4	2	7	4

* Cdiff cases are reviewed on a quarterly basis

Note: The cancer data for January is provisional and subject to change

4.2 A&E Seen Within 4 Hours

The Monitor period in January covers the period Monday 29th January to Sunday 1st February.



Daily Performance

A&E performance continues to fall below the expected level due to the number of discharge delays that are being experienced. On average there have been 71 medically optimised patients of which 25 are Delayed Transfers of Care. Performance did improve for a few days in January at the same time as the number of medically optimised patients and the subsequent Delayed Transfer of Care reduced.

Senior managers continue to meet daily with community and social care colleagues to discuss the delays and facilitate discharge and a 4pm teleconference has also been introduced to ensure any actions from 1pm meeting are undertaken and any issues/escalations are raised. Social care has purchased a number of step down beds to support the pressures.

4.3 Ambulance Handovers

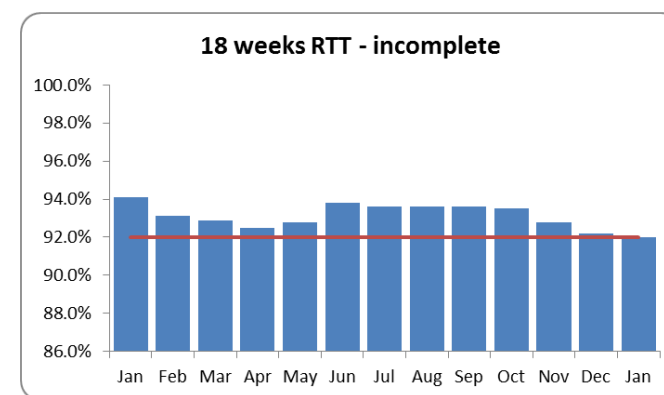
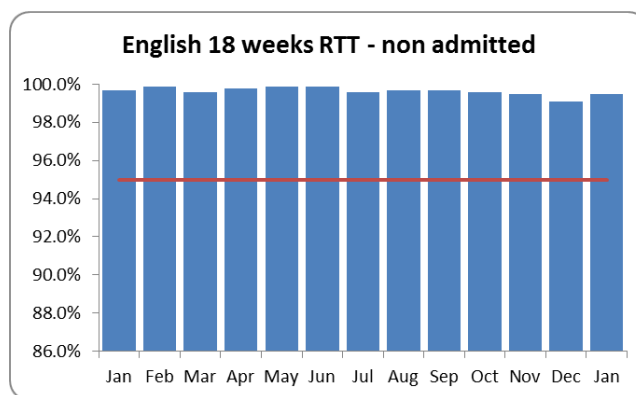
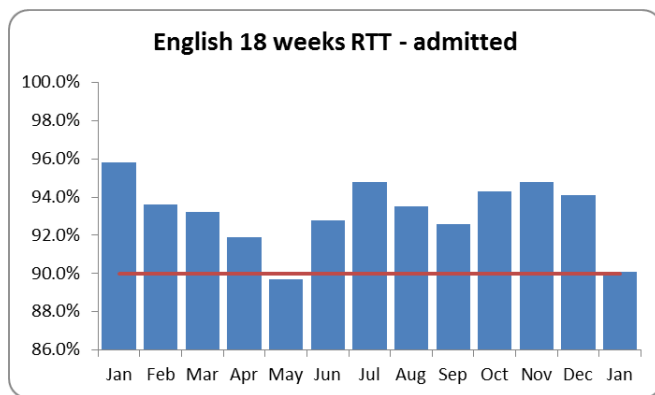
Patients should be clinically handed over within 15 minutes of arrival by ambulance to the receiving A&E staff:	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
<15 minutes	1747	1102	981	1009	1065	1139	1101	1158	1194	1148	1086	1131	1130	1065
15-30 minutes (no financial penalty)	491	388	378	430	393	319	320	358	328	292	340	342	315	284
31-60 minutes	191	118	128	140	110	135	140	173	116	110	146	146	220	253
>60 minutes	31	17	20	24	15	17	10	25	12	9	22	18	65	58
Total	2460	1625	1507	1603	1583	1610	1571	1714	1650	1559	1594	1637	1730	1660
% of Patients >15 minutes	29.0%	32.2%	34.9%	37.1%	32.7%	29.3%	29.9%	32.4%	27.6%	26.4%	31.9%	30.9%	34.7%	35.8%

4.4 Diagnostic Wait Times

English - Number of Exams > 6 weeks

Month End Snapshot	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Magnetic Resonance Imaging	4	14	127	15	72	90	18				1		3	1	1
Computed Tomography					1										
Non-obstetric ultrasound	14	6			17	38	82	32	3	44	5			15	
Audiology - Audiology Assessments		2		1							2	1	1		
Cardiology - echocardiography	4	7	3	2		20	32	27	37	24	2	2	1	4	6
Colonoscopy															1
Flexi sigmoidoscopy															
Cystoscopy	2		2		4	6	9	9	13	12	6	2	10	2	9
Gastroscopy															
Total patients waiting	3024	2904	3292	3440	3786	3818	3962	3474	3738	3329	3506	3614	3567	3662	2774
% < 6 weeks	99.70%	99.00%	95.99%	99.48%	97.33%	95.97%	96.20%	98.00%	98.60%	97.70%	99.54%	99.9%	99.6%	99.4%	99.4%

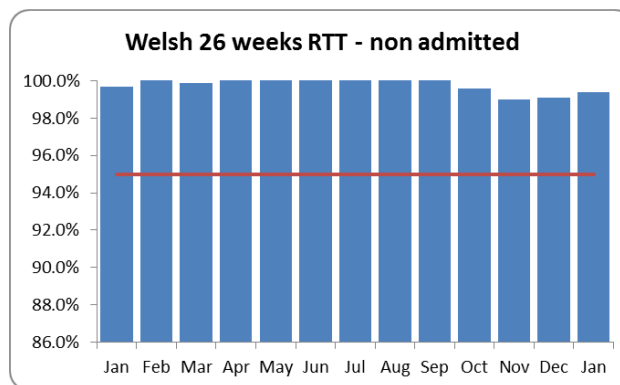
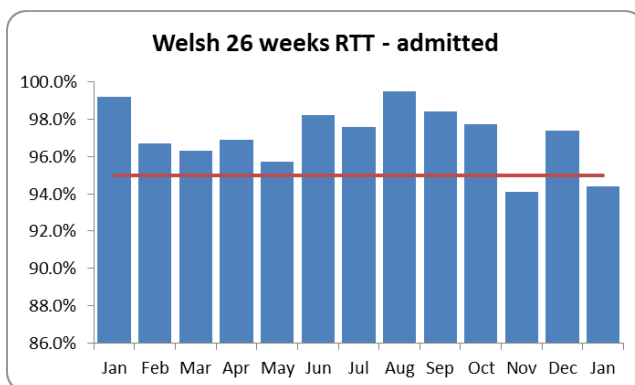
4.5 Referral to Treat (RTT)



The Trust continues to achieve all English 18 Week RTT targets at an aggregate level for January. The admitted target of 90% was failed for the individual specialties of General Surgery (83.7%), Ophthalmology (87.5%) and Oral Surgery (52.7%). The non-admitted target of 95% was failed for the individual specialty of Dermatology (93.8%). The incomplete target of 92% was failed by General Surgery (83.9%) and Oral Surgery (77.9%).

As noted last month the Trust has now begun participation in the NHS England national drive to improve validation of existing 18 week waiting lists. Any initial improvements made will be updated next month.

On the 6th February the Trust was informed by NHS England and Monitor that it should look to reduce the number of patients waiting over 18 weeks for the remainder of quarter 4 with the acknowledgement that Trusts may fail the standard for the quarter. The Trust is therefore working to reduce its longest waiters in February and March which may result in temporary failure of the 18 week standards in these two months.



The 26 week performance for Wales is well understood by Betsi Cadwaladr and is part of ongoing contractual discussions.

4.6 Over 52 Week Waiters

There were no over 52 week waiters waiting at the end of January.

4.7 Cancer

	Target	Q1	Q2	Q3	Q4	Year End	Q1	Q2	Oct-14	Nov-14	Dec-14	Q3	Jan-15
% of Patients seen within 2 wks of an urgent GP referral for suspected cancer	93%	98.0%	98.5%	98.2%	97.3%	98.0%	97.0%	96.8%	97.4%	96.78%	95.93%	96.6%	94.6%
Proportion of patients with breast symptoms where cancer not initially suspected referred to a specialist who are seen within 2 wks of referral	93%	97.8%	99.1%	97.8%	95.8%	97.5%	93.8%	96.2%	89.6%	92.68%	93.18%	92.2%	97.9%
Proportion of patients receiving first definitive treatment for cancer within 62 days of:													
- an urgent GP referral for suspected cancer	85%	86.6%	84.5%	79.6%	87.2%	83.9%	72.5%	77.1%	80.7%	86.67%	80.00%	82.3%	81.1%
- referral from an NHS cancer Screening Service	90%	100.0%	100.0%	93.9%	93.0%	96.7%	97.4%	92.2%	100.0%	87.50%	92.59%	93.1%	100.0%
- following a consultant's decision to upgrade the patient priority		91.0%	76.5%	94.1%	89.3%	89.8%	88.7%	87.0%	88.7%	90.91%	97.62%	92.2%	79.4%
% of patients receiving first definitive treatment within 1 mth of a cancer diagnosis	96%	99.6%	97.3%	98.7%	96.9%	98.1%	99.2%	97.5%	98.9%	97.92%	99.03%	99.0%	98.8%
Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment - surgery	94%	99.2%	96.8%	98.4%	95.9%	97.6%	97.7%	91.7%	95.2%	86.67%	100.00%	96.0%	93.8%
Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment - drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.00%	100.0%	100.0%

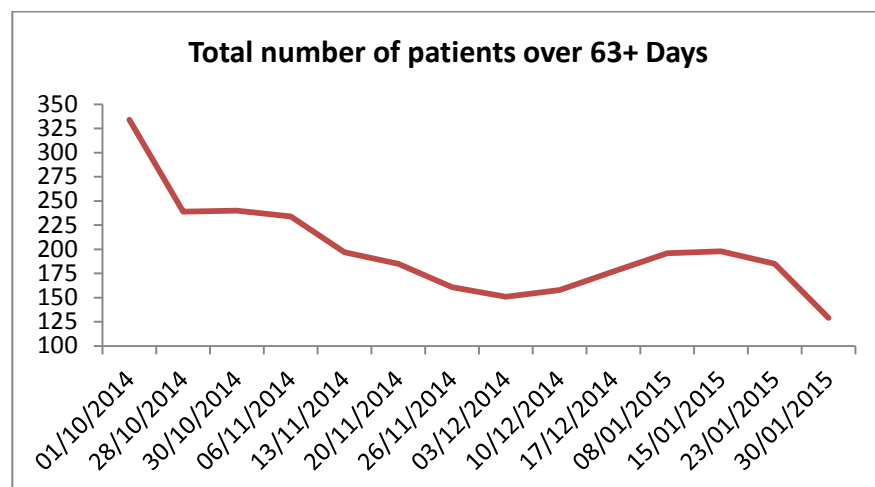
Note: The cancer data for January is provisional and subject to change.

Cancer 62 day

The current unvalidated pre reallocation position for January currently stands at 81.1%. The breaches incurred are as a result of the continued reduction in the number of patients waiting over 62 days.

As noted in the October performance report, the number of patients waiting over 62 days in October 2014 was significant with 334 patients identified as waiting over 62 days. Whilst a majority of these patients were at the time undiagnosed patients for confirmed cancer this has meant that the Trust has continued to be at significant risk of failing the 62 day target should any of these patients be found to have confirmed cancer.

Intensive work began in October to reduce the number of patients waiting both over 62 days and over 43 days. The aim being to reduce the risk of the number of patients waiting beyond their breach date and to ensure performance is sustainable in the future. As at the 30th January 2015 the total number of patients on the waiting list since October has reduced by 33%, a reduction from 1170 to 779 patients



The number of patients waiting over 62 days has reduced by 205 patients (61% reduction) as shown in the graph opposite. Work also continues to reduce the number of patients waiting between 43 and 62 days as to minimise the risk of patients going beyond the 62 days. The number of patients waiting over 43 days has reduced by 54%, a reduction from 517 to 241 patients.

Whilst this is excellent progress in reducing the number of patients over 43 and 62 days there is still a significant risk to performance in Quarter 4 as there are still 129 patients currently over 62 days who are at risk of breaching performance should they be confirmed as having cancer over the coming weeks and months. These are being actively tracked and patients are being seen as quickly as possible.

Cancer 31 day - Surgery

This standard failed in January due to one breast patient who breached due to being cancelled for theatre due to another urgent patient taking priority. This patient was booked in again and breached the target by just two days. This one breach has meant the month failed by 0.2% and is not seen as a risk to the quarter performance at this stage.

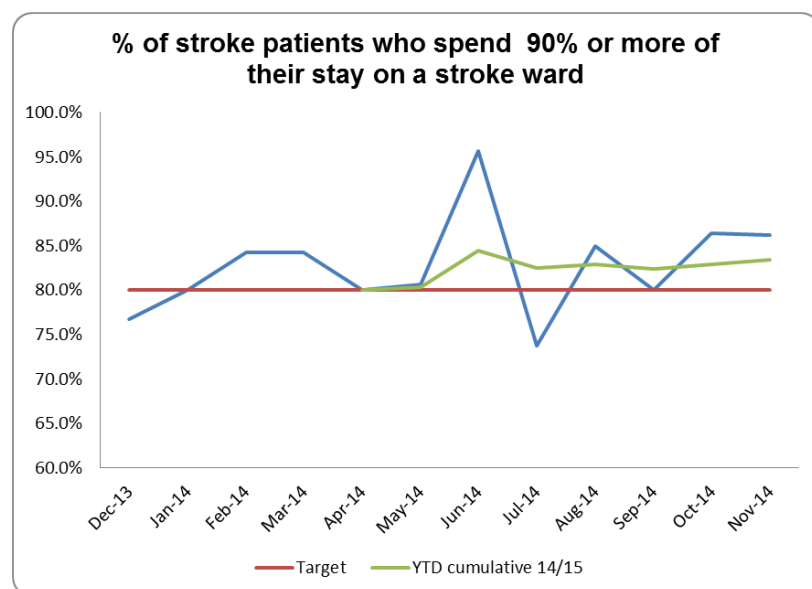
4.8 Stroke

In December there were significant bed pressures due to the high numbers of medically optimised patients and the inability across the health economy, both provider & commissioner, to initiate any action that improved the situation. This meant the trust bed management service had to risk assess all patients and move them around the site to enable capacity for acutely sick patients within ED who were awaiting admission and at risk of life threatening events if not given a hospital bed. Due to the level of escalation this included the stroke unit.

For TIA all patients were seen the day after the referral was sent, however, for a number of patients this was an AM referral with a PM clinic appointment the following day (>24 hrs but <30hrs). In future all referrals received before 2pm will be asked to attend the same day.

	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Stroke patients who spend at least 90% of their time in hospital on a stroke unit ¹	76.7%	80.0%	84.3%	84.2%	80.0%	80.6%	95.7%	73.7%	85.0%	80.0%	86.4%	86.2%	74.1%
YTD cumulative 14/15					80.0%	80.3%	84.5%	82.5%	82.9%	82.4%	82.9%	83.4%	82.3%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
Patients at high risk of Stroke who experience a TIA assessed/treated within 24hrs	94.7%	84.6%	100.0%	82.4%	94.1%	81.3%	72.7%	72.2%	85.7%	83.3%	70.8%	90.9%	54.5%

¹ Stroke measure from September includes patients who were 'stepped down' from Stroke unit once rehab optimised



5. HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT

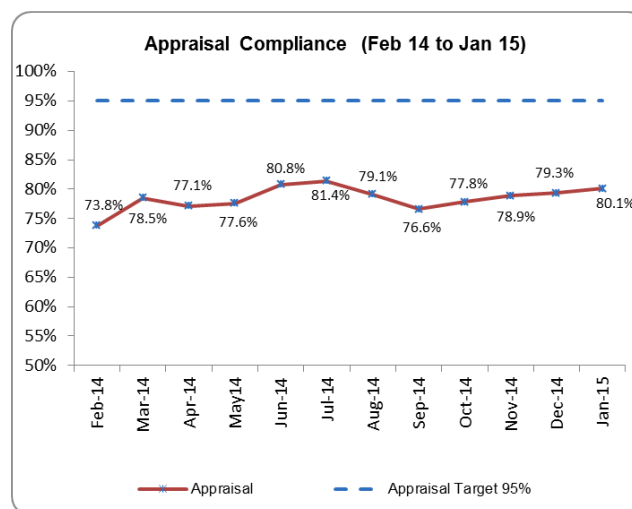
Headlines from the Director of HR & Organisational Development

- Operational pressures and the impact on our teams continue to be a major concern, with a significant increase in our levels of sickness absence across the Trust which has again impacted on the anticipated improvement in appraisal compliance. Whilst we have undertaken analysis against our peers, and have reported both lower absence in December and January and a lower rolling 12 month average, we will continue to monitor this carefully over coming months as we are now running at levels higher than the Trust's target. Supporting actions in relation to the implementation of our Health & Wellbeing Strategy are detailed within the report.
- Medical agency spend and the total spent on agency staffing across the Trust has reduced from the levels seen in December 2014, with medical agency spend reducing to £281K and total spend reducing to £409k respectively.
- As part of the "1st of the Month" Executive Walkabout, with the Chief Finance Officer, members of staff across ED, Radiology, AMU, Wards 45, 50 & 51 and Catering were met on Sunday 1st February. Morale and the pressures on staff, especially within ED & AMU, was discussed, in addition to concern regarding key members leaving for other posts within the Trust. It was also important to hear so many great ideas & suggestions from teams, which was discussed further at the Executive Team Development Workshop, which took place during February.
- Whilst appraisal completion is still not at the level the Trust needs to be, it is important to highlight the fantastic work of the Estates & Facilities divisions who have achieved the Trust target, reporting 100% and 96.3% respectively.
- Revisions to the format and content of the Performance report will be shared with Board members over coming weeks, with the aim of obtaining feedback to enable a launch of the revised report in April.

5.1 Performance and Recognition

Appraisal Table for January 2015

Position	Division	Compliance
1	Estates	100.0%
2	Human Resources	97.8%
3	Facilities	96.3%
4	Planned	91.8%
5	Nurse Management	88.0%
6	Corporate Clinical	83.3%
7	Diag, Therapies & Pharmacy	82.8%
8	Finance & Performance	77.9%
9	Urgent Care	62.9%
10	Corporate Non Clinical	62.8%
11	COCH & WUTH Collaboration	61.5%
Trust Total		80.1%



Performance Appraisal (NB: figures exclude bank staff, those members of staff on long term sickness and on maternity leave.)

Performance against the target of 95% illustrates a positive trend when compared with the previous year, with a marginal on month to 80.1%. With the continued levels of operational activity and demand, it is still proving difficult to significantly improve the levels of compliance. Corporate Non Clinical areas improving their rates are anticipated to improve, as appraisals have been prioritised during January. From a

staff group perspective, the highest compliance is for Estates and Facilities staff group at 94.1%, followed by Medical and Dental at 87.6% and Healthcare Scientists at 86.5%. The lowest % compliance is with Nursing Assistants 75.4%, Allied Health Professionals at 76.6% and Registered Nurses and Midwives at 77.8%. A small working group has been established to focus on the particular difficulties that our nursing colleagues experience. This will be led by a Learning & Development Facilitator, with the focus on looking at making the process more effective and efficient, whilst still maintaining the quality of the appraisal conversation.

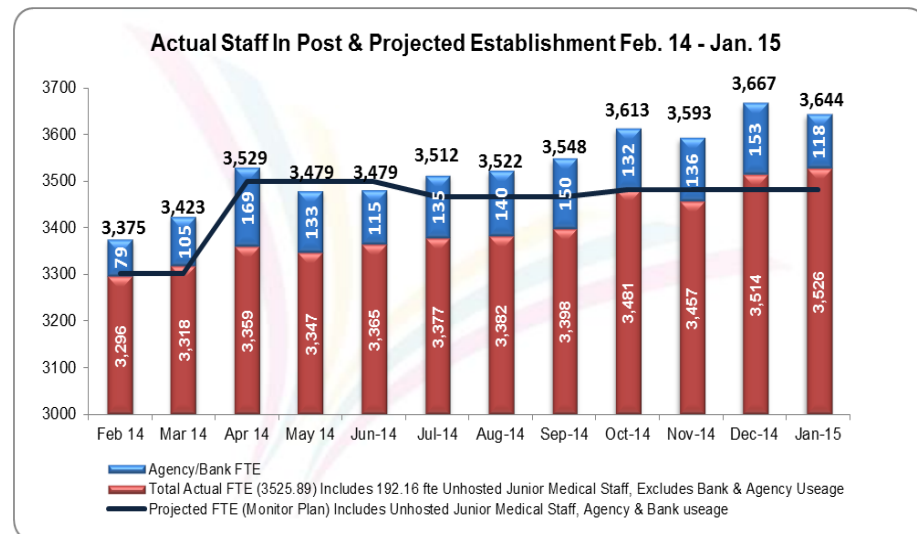
Staff Recognition

The Practice Education Facilitators have submitted a nomination to the Student Nursing Times Awards 2015 for Ward 54, for their consistently high standards of mentorship in 2014, despite service and management changes.

5.2 Workforce, Strategy and Planning

Staff in Post

This month the Actual FTE establishment has marginally increased by 12 FTE, to 3526 FTE, with Bank/agency usage decreasing this month from 153FTE to 118FTE. It is important to reiterate that whilst the establishment position is higher than the Monitor plan, this is due to a number of factors including escalation beds being in place, a short stay unit being established (Ward 51) and a number of CRS schemes being failed to be realised.



Staff In Post - Jan. 2015

Division	FTE	Headcount
COCH & WUTH Collaboration	52.70	53
Corporate Clinical	19.06	19
Corporate Non Clinical	51.55	52
Diag., Therapies & Pharmacy	324.80	325
Estates Division	37.71	38
Facilities Division	235.96	236
Finance & Performance	195.82	196
Human Resources	48.31	48
Nurse Management	22.78	23
Planned Care	1155.89	1156
Urgent Care	1189.15	1189
Total Excluding Bank Staff	3333.73	3334
Bank Staff	0.00	1210
Total Including Bank Staff	3333.73	4544
Unhosted Junior Medical Staff	192.16	N/A
Bank & Agency FTE	117.90	N/A
Grand Total FTE	3643.79	

Agency Staff Usage (Agency costs are provided in the Finance Section)

Medical agency spend has significantly decreased month-on-month from £432K in December to £281K in January, due to Medical Staffing being able to utilise more of our own doctors to cover shifts, especially at weekend thereby reducing the reliance on Agency usage. This is in addition to the difficult

and unexpected impact of a large number of our medical colleagues experiencing bereavements during December and now returning to their roles. Nursing agency spend position resulting in the total agency spend reducing from £512K in December to £409K in January 2015.

Medical / Nursing & Midwifery Vacancies

Monitoring of the current Medical and Nursing & Midwifery vacancies across the Trust continues to be a priority, in order to mitigate the need for bank or agency spend.

From a medical perspective, the current vacancy status as at 16th February 2015 is as follows :

Urgent Care Division: 12 vacancies (which includes 1 x Consultant long term vacancy in Acute Medicine , 1 Locum Consultant to cover maternity leave & 2 x Trust Middle grade posts, 6 Specialist Registrars training grade posts due to maternity leave, allocation of part time trainees and out of program trainee; CT1/2 x 2 vacancies due to maternity leave and long term sick)

There is no agreed establishment or base line numbers set for winter ward pressure/short stay ward a number of agency doctors have been brought to cope. To help with future gaps and hope fully future winter ward pressures, the following appointments have recently been made:

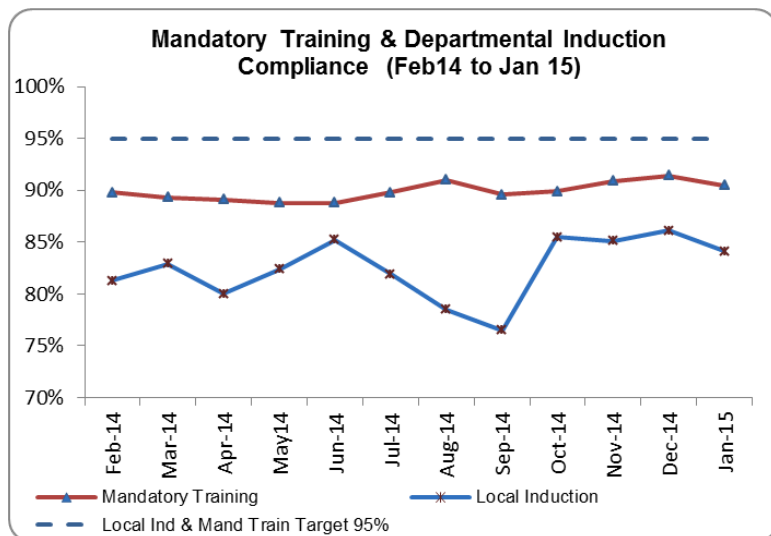
4 x Medical Senior House Officers from overseas have been appointed, 1 started in January 2015 and the other 3 are due to start mid – end of Feb. They will all need a period of induction, training and shadowing before they are able to work on the wards and on call rota. The 5th doctor appointed is currently struggling to get GMC registration, and it is not known how long this could take.

Planned Care Division: 18.8 vacancies (which includes 5 Consultants (2 of which are to replace Plastic Surgery Consultants who have retired, 1 Locum Consultant due to Maternity leave (covered by agency due to difficulty in recruiting). The other consultants posts are currently been covered by Trust locums ; 8.2 Specialist Registrars due to unplaced trainees – including Plastic Surgery; long term sick; Maternity leave and part time trainees & 4 x CST 1/2 training posts due to trainees not places and maternity leave)

In relation to vacancies within our Nursing & Midwifery posts, the position as at 11th February 2015 is reported in the associated table.

N&M Vacancies (FTE)	Urgent Care	Planned Care	Total
N&M Registered	5	4	9.00
Support Staff	0.50	0	0.50

5.3 Skills Development



Mandatory Training Table for January 2015

Position	Division	Compliance
1	Corporate Clinical	100.0%
2	Estates	100.0%
3	COCH & WUTH Collaboration	98.4%
4	Human Resources	94.4%
5	Planned	92.2%
6	Diag, Therapies & Pharmacy	91.8%
7	Facilities	91.0%
8	Finance & Performance	89.5%
9	Urgent Care	88.0%
10	Nurse Management	85.2%
11	Corporate Non Clinical	81.8%
Trust Total		90.5%

Mandatory Risk Management Training

Mandatory Risk Management Training (incorporating Corporate Induction) reduced slightly to 90.5%. However, when including those booked to attend future sessions, the figure stands at a rate of 94.5% which has improved on last month's rate. The continuing pressures and operational demands continue to challenge us and with a number of Did Not Attends, additional

programmes of training will be put in place over the coming months. Local (Departmental) Induction illustrates a reduction in compliance and this month stands at 84.1% and further monitoring has been instigated.

Medical Education Update

- Dr Jamie Fanning has taken over from Mr Nick Laundry as Foundation Programme Director. We are delighted to welcome him to the Medical Education Faculty and look forward to working with him to continue the excellent work of Mr Laundry with our Foundation Programme.

NHS Leadership 360 Feedback Facilitator Train the Trainer sessions

- Over the coming months, we are increasing the number of Feedback Facilitators, which will enable us to utilise this leadership tool more frequently. We will also be providing this training to some of our partners at Mid Cheshire Hospital NHSFT, Wirral University Teaching Hospitals NHSFT and also Cheshire and Wirral Partnership NHSFT with the aim of sharing our resources to increase capacity.

Manual Handling Team Initiative

- In response to requests from Tissue Viability and Gastroenterology, the team worked with the Nurse Specialists to address several issues. New training content and lesson plans were prepared and implemented with marked improvements in patient care in relation to pressure ulcer development and patients receiving enteral feeding. This has been highlighted as part of the 'Sign up to Safety' programme.

5.4 Staff Engagement / Experience and Culture

NHS England Quarter 4 Staff, Friends and Family Test (SFFT)

- During February 2015, we will launch the Quarter 4 SFFT. This is a requirement from NHS England and in addition to the mandated questions, we will be using the opportunity to ask two additional questions, in relation to the culture and values of the Trust.
- The feedback from the Quarter 2 SFFT is being used to inform the discussions in the review of the Attendance Management policy.

Staff Engagement / Experience and the Culture of our Trust

- During March, we will be undertaking an informal Board session focusing on the culture within the Countess. This will incorporate learnings from a recent visit to Siemens Congleton, who were highlighted as a best practice staff engagement organisation by the IPA. A reciprocal visit is being arranged, with a further visit from a wider group of stakeholders to share learnings being planned.

NHS 2014 Staff Opinion Survey (SOS)

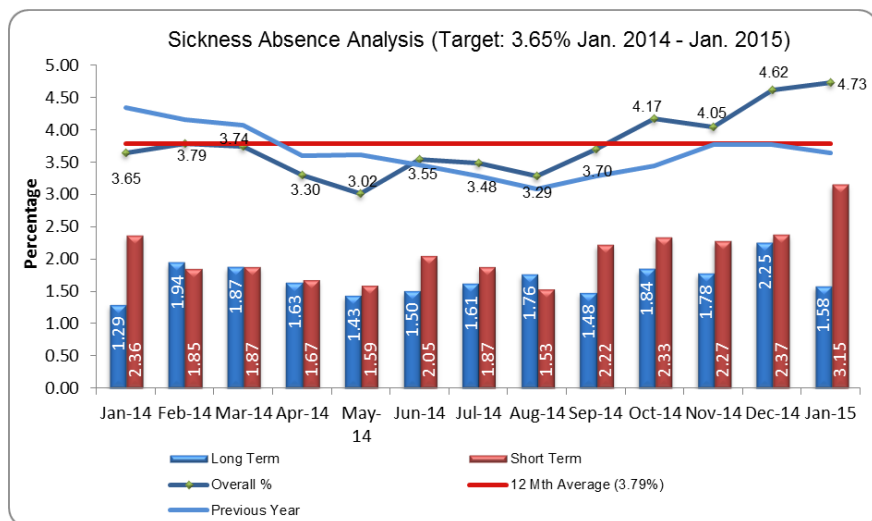
- The formal results of the 2014 SOS are expected during week commencing 9th February 2015. These results will be embargoed until 24th February 2015 and a supporting paper will be provided to the Board in March 2015.

Freedom to Speak Up Review

- Sir Robert Francis has now published the findings and recommendations from his “Freedom to Speak Up Review”, focusing on the experiences of those who have raised concerns across the NHS and especially the experiences of whistleblowers. Whilst the Trust provided evidence to the review, on the back of the implementation of “Speak Out Safely” across the Trust, it is important that each of the recommendations is examined and associated actions identified. A paper providing a review of the recommendations will be provided to the Board in March 2015.

Attendance Management

- Trust wide attendance management levels have further increased to a year high of 4.73% in January, from the December position of 4.62%. This is significantly higher than the January 2014 figure of 3.65%, and the rolling 12 month average has consequently increased to 3.79%, which is now higher than the 3.65% Trust target.
- It has been observed that there has been a significant increase in the number of short term absences, with the seasonal conditions of Cold, Cough & Flu and Chest/Respiratory Conditions increasing by a third. Long term absences have been reduced to 1.58%.



Division	% Abs Rate (FTE)	Estimated Cost
COCH & WUTH Collaboration	5.50%	5061.75
Corporate Clinical	9.91%	5902.93
Corporate Non Clinical	1.17%	1617.52
Diagnostics, Therapies & Pharmacy	2.99%	26213.98
Estates	3.50%	2851.24
Facilities	7.10%	24912.66
Finance & Performance	3.22%	12312.80
Human Resources	4.03%	4021.39
Nurse Management	1.26%	985.36
Planned Care	4.78%	132018.53
Urgent Care	5.10%	142025.49
Trust Rate	4.73%	357923.64
Trust 12 Month Rolling %	3.79%	

To understand the current level of sickness absence we are experiencing further, we have undertaken comparison analysis with our local Trusts. Whilst there is a similar picture of increasing absence rates in recent months, it is important to note that the Trust is reporting a lower monthly figure over the most challenging months. In addition, the rolling 12 month average is also reported to be the lowest.

	Countess of Chester Hospital NHSFT	Wirral University Teaching Hospital NHSFT	Warrington & Halton Hospitals NHSFT	Mid Cheshire Hospital NHSFT	Cheshire & Wirral Partnership NHSFT
November 2014	3.94%	5.05%	4.82%	4.40%	6.39%
December 2014	4.59%	5.67%	5.35%	4.67%	7.17%
January 2015	4.73%	5.46%	Not Available	Not Available	Not Available
Rolling 12 month Average	3.79%	4.91%	4.48%	4.00%	5.79%

Supporting the Health & Wellbeing of “Team Countess”

- **Flu Campaign:** an additional session and walkabout in January concluded the formal campaign. The vaccine is still available & we are focusing on those members of staff who may require the vaccine due to contact with patients experiencing flu-like symptoms. As at the end of January 2015, 2895 vaccines have been provided, equating to over 78% of all staff being vaccinated. Vaccines have already been ordered for the 2015 campaign.
- **Health & Wellbeing Strategy:** current actions are focusing on the following key areas:
 - Resilience techniques and managing stress workshops;
 - The delivery of support to members of staff who are Carers, as part of the soon-to-be launched Carers Strategy;
 - Supporting the inaugural Schwartz Centre Round with the first session planned for late February;
 - Exploring rapid access to physiotherapy for our staff;
 - Delivery of the Public Health & Work Network Responsibility Deal Pledges;
 - Staff aerobics classes taking place throughout January & February 2015;
 - Over 50 members of staff have volunteered to participate in the “Countess Choir”, with the first “getting to know your voice” session being planned for March;
 - Occupational Health Nurses continue with walkabout sessions to wards and departments
 - “Mentally Healthy Workplace” Train Trainer Training through NHS Employers;
 - We have been successful in securing a bid for funding from North West Leadership Academy for “Perform @ Your Peak” to enable 24 staff to take part in this initiative. Focusing on how the body and team members manage times of pressure and providing tools, support and techniques to enable those teams identified to improve their coping mechanisms. The commencement date and identification of the teams to take part in this initiative are currently being agreed.

6.1 Summary

The Trust reports a financial overspend at the end of January 2015 of £2,866k, which represents a small adverse movement in month of £33k. Despite the adverse financial position, the Continuity of Service Risk Rating remains a 3 because it is largely determined by the liquidity of the organisation which remains strong.

The key areas contributing to the adverse position are as follows:

- The gap on the efficiency programme continues to be a significant financial pressure of £1,035k to date, after applying transitional support from the CCG of £1m and slippage from investments. Please see section 6.3 below for further details.
- The medical pay is £580k overspent to date. Spend on agency doctors is £1,932k to date and included within this reported variance. This is predominantly due to gaps on the medical rotas for training grade doctors which is largely outside of the Trust's control. It is difficult to predict because training doctors are not employed by the Trust and rotate in and out with the financial implications of sickness, maternity leave and vacancies borne by the receiving organisation.
- The nursing pay is overspent by £161k to date. Spend on agency nurses is £716k to date and included within this reported variance. The increase is due to a combination of reasons including shifts lost through sickness and maternity leave which given the operational pressures experienced at present, have had to be replaced requiring agency usage.
- The income position in month is above plan by £255k however the position to date is below plan by £896k. There are a number of factors contributing to this position as detailed in section 6.5.

Details of the financial position are as follows: -

Divisional Variances	Breakdown of Cum Var						Pressure exc CRS & VF £000s
	Dec Var	Jan Var	Movement	CRS	Vacancy Factor	Total Cum Var	
	£000s	£000s	£000s	£000s	£000s	£000s	
Planned Care Division	3081	3193	112	952	205	1157	2036
Urgent Care Division	802	896	94	317	170	487	409
Diagnostics & Pharmacy Division	17	18	1	17	56	73	-55
Facilities	-15	-11	4	54		54	-65
Estates	63	67	4	17	31	48	19
Nurse Management	84	96	12	0	18	18	78
Corporate Services	4	-41	-45	63		63	-104
Other (inc Contract Income)	-895	-1014	-119	-385		-385	-629
EBITDA	3141	3204	63	1035	480	1515	1689
Net Interest Received	-8	-5	3	32%	15%	47%	54%
Govt Interest & Dividend	-300	-333	-33				
Operating (Surplus) / Deficit	2833	2866	33				
Donated Asset Depreciation			0				
RETAINED (surplus) / DEFICIT	2833	2866	33				

Details of the main pressures being experienced by Divisions, excluding CRS and Vacancy Factor are highlighted below: -

Key Variances - Urgent Care	Var In Month £000s	Var To Date £000s	Notes
Nursing	39	150	There are a number of factors contributing to this overspend, including additional staffing to support the opening of additional beds, increased bank usage to support patient acuity and additional costs incurred to cover maternity leaves (£38k to date).
Medical Pay	1	148	The main reasons for the financial overspend within Medical Pay are cover costs for medical rota gaps, agency costs to support delivery of activity within Rheumatology and cover costs for maternity leaves within Paediatrics.
Drugs and Medical & Surgical consumables	20	102	There are financial pressures across most wards resulting from increased patient acuity and dependency due to dementia or frailty.
TOTAL	60	400	

Key Variances - Planned Care	Var In	Var To	Explanation
	Month	Date	
	£000s	£000s	
SMART	£66	£118	Adverse PBR income £131k in month, £496 cumulatively. This is due to both an activity underperformance and case mix issue.
Bariatrics	(6)	£278	Expenditure incurred with Bariatric Service is currently in excess of the income received resulting in a financial loss.
Obstetric PBR	(39)	£262	Bookings are under by £189k cumulatively and deliveries are down by £113k cumulatively. This is in line with the birth rate nationally. It should be noted that in month we saw a favourable movement of £39k and the position is being monitored.
Elective Inpatient Cancellations & associated PBR loss	£50	£488	As a result of operational pressures within the Trust we have seen a further 35 cancellations in month, cumulatively this brings the total number of patients cancelled to 277. The associated income loss to Planned Care is estimated to be £488k, at full tariff value this is in the region of £697k. An improvement event is scheduled for the 17th February to identify immediate actions to reduce the number of patients cancelled on the day due to bed capacity.
Critical Care PBR Income	(185)	(7)	There has been a significant favourable movement this month, due to both increased activity, which is in line with overall increased admissions and also we have seen a complexity increase across the number of organs supported.
Medical Staffing - Rota Gaps	£37	£313	This relates to the net pressure due to the use of agency doctors to cover outstanding shifts which have arisen from: vacancies on training doctor rotas, maternity leave and consultant special leave.
Additional costs of delivering activity	£211	£374	Both Outsourcing to a private provider and Insourcing (using an external medical workforce in our facility) have resulted in a significant pressure in month of £181k. This has been necessary due to the continued high number of cancellations and to maintain target delivery.
Nursing	(38)	£67	Cumulative overspend relates to the Critical Care Outreach Team. There is currently no income stream to support this cost.
TOTAL	96	1,893	

6.2 Key Financial Performance Indicators

Trust Performance to 31st January 2015

Financial Performance

Liquidity Ratio (days)

Current Month

Movement

Capital Servicing Capacity (times)

Continuity of Service Risk Rating

Income & Expenditure

Actual over Plan (£,000)

£ 2,866

CIP Performance

CIP Delivered as at M10 (£,000)

£ 6,288 85.9%

CIP Performance

CIP Variance as at M10 (£,000)

£ 1,035 14.1%

CIP Performance

Recurrent Outstanding (£,000)

£ 4,851 54.6%

Capital Spend

Capital Spend Variance against Plan (£,000)

£ (2,448) (37.1)%

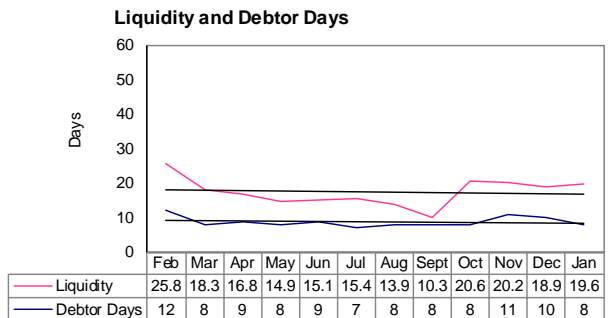
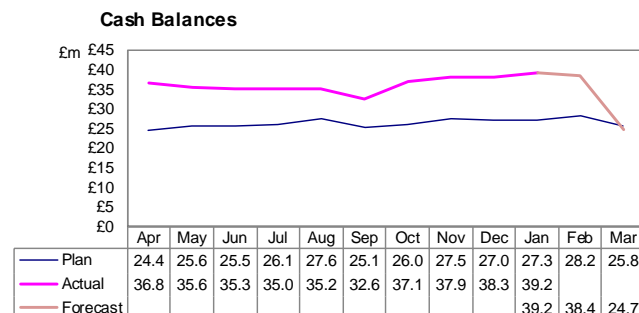
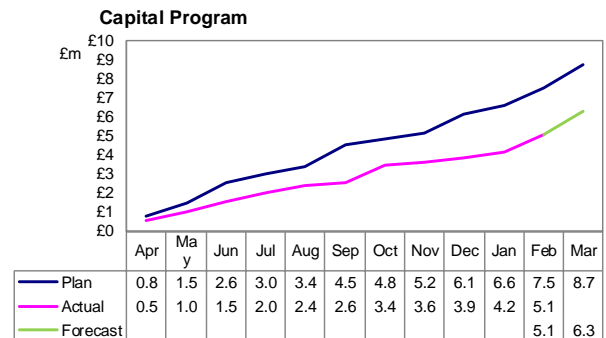
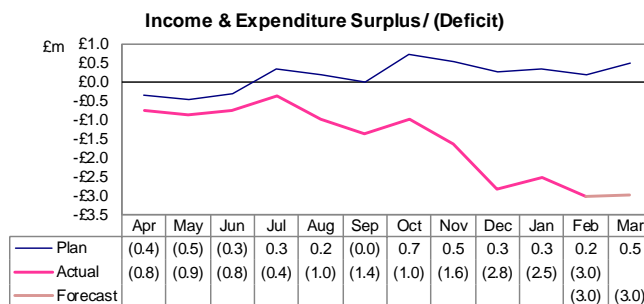
Cash Balance

Cash Balance Variance against Plan (£,000)

£ 11,974 43.9%

Debtor Days

8



6.3 Efficiency

The table below demonstrates the efficiency target and progress to date. Funding support from the CCG of £1m to date and slippage from investments has been offset against the CRS target reducing the adverse position to £1,035k at the end of month ten. This is summarised by division below: -

CRS DIVISIONAL PERFORMANCE AS AT JANUARY			
Division / Department	Target to Jan	Achieved to Jan	Var to Jan
Planned Care	£ 2,283,589	£ 1,331,306	£ 952,283
Urgent Care	£ 1,974,330	£ 1,657,066	£ 317,265
D&P	£ 497,236	£ 480,278	£ 16,958
Estates	£ 160,043	£ 142,995	£ 17,047
Facilities	£ 260,841	£ 207,339	£ 53,501
Nurse Mgmt	£ 33,325	£ 33,484	-£ 159
Corporate Clinical	£ 7,428	£ -	£ 7,428
IM&T	£ 172,709	£ 144,739	£ 27,970
HR	£ 82,123	£ 56,061	£ 26,063
Trust Administration	£ 19,709	£ 17,368	£ 2,342
PPD, Medical Photography & Marketing	£ 39,743	£ 39,742	£ 1
Finance	£ 63,656	£ 63,818	-£ 162
Procurement	£ 34,051	£ 34,051	-£ 0
Central	£ 1,694,564	£ 2,080,013	-£ 385,449
TOTAL	£ 7,323,347	£ 6,288,258	£ 1,035,088

The full year effect of the main schemes that have delivered include the following: -

- Planned Care Out Patient Efficiencies £292k
- Planned Care Day Case Efficiencies £598k
- Planned Care Repatriation of Welsh work £404k
- Urgent Care Out Patient Efficiencies £475k
- Urgent Care Sapphire Ward Closure & reconfiguration £398k
- Urgent Care Winter Planning schemes £600k
- D&P – skill mixes £208k
- D&P – drug contract savings £112k
- Slippage on investments and transitional support £2,223k

A number of the “red “ schemes both in Urgent and Planned Care involve further reduction in bed numbers to deliver savings. These are unlikely to deliver given the continued bed pressures and medically optimised patients occupying beds.

The Planned Care CRS Programmed identified a number of areas for income generation which have failed to deliver in full for the following reasons:

- Income loss due to cancellations continues to contribute to the non-delivery of CRS schemes within Planned Care.
- Additional income from Wales also forms part of the efficiency programme for Planned Care. Plans to create the required capacity have been put in place but Wales have failed to refer over the number of procedures they initially requested. This has resulted in further deviation from the CRS plan and will be addressed formally through the contact process.

- The DNA (did not attend) rate has increased this year adversely affecting the income position for the Division. This is thought to be a result of text message reminder service failing. A new system has been procured and will be in place for April 2015.

The tables below show the current status of the full year CRS programme for both in year and recurrently. In Year 14/15 shows that 86% (£7.6m) has been achieved and consequently removed from budgets (blue column). This is an improvement of £0.5m and 5% since December. Assuming that green and amber schemes are delivered in full this currently leaves 14% (£1.2m) at risk in year.

Recurrently it must be noted that only 45% (£4m) has been removed from budgets (blue column) an improvement of £0.2m and 2% since December with 49% (£4.3m) of the recurrent outstanding target RAG rated either Red or as Pipeline schemes. A number of schemes that have been achieved non recurrently in 2014/15 are currently being assessed as to whether they should also be accounted for on a recurrent basis and this exercise will be reflected in February's report.

EFFICIENCY PROGRAMME PERFORMANCE AS AT		Jan					
		IN YEAR					
Division / Department	2014/15 In Year CRS Target	Achieved to date	Outstanding	Green	Amber	Red	Pipeline
Planned Care	£ 2,763,690	£ 1,956,225	£ 807,465	£ 9,851	£ -	£ 119,000	£ 678,614
Urgent Care	£ 2,406,463	£ 1,929,282	£ 477,181	-£ 0	£ -	£ 170,280	£ 306,901
D&P	£ 612,883	£ 597,043	£ 15,840	£ -	£ -	£ 15,840	£ -
Estates	£ 196,451	£ 181,143	£ 15,308	£ 0	£ -	£ -	£ 15,308
Facilities	£ 330,742	£ 274,337	£ 56,405	£ 1	£ -	£ -	£ 56,404
Nurse Mgmt	£ 44,990	£ 44,990	£ -	£ -	£ -	£ -	£ -
Corporate Clinical	£ 8,914	£ -	£ 8,914	£ -	£ -	£ -	£ 8,914
IM&T	£ 207,251	£ 179,798	£ 27,453	-£ 1	£ 5,000	£ 20,000	£ 2,454
HR	£ 98,548	£ 68,548	£ 30,000	£ 0	£ -	£ -	£ 30,000
Trust Administration	£ 23,651	£ 20,841	£ 2,810	£ -	£ -	£ -	£ 2,810
PPD, Medical Photography & Marketing	£ 47,691	£ 47,690	£ 1	£ 1	£ -	£ -	£ -
Finance	£ 76,387	£ 76,549	-£ 162		£ -	£ -	-£ 162
Procurement	£ 40,861	£ 40,861	£ -	£ -	£ -	£ -	£ -
Central	£ 2,033,477	£ 2,222,590	-£ 189,113		£ -	£ -	-£ 189,113
TOTAL	£ 8,891,999	£ 7,639,896	£ 1,252,103	£ 9,853	£ 5,000	£ 325,120	£ 912,130
		86%	14%				

EFFICIENCY PROGRAMME PERFORMANCE AS AT				Jan					
				RECURRENT					
Division / Department	2014/15 Recurrent CRS Target	Achieved to date	Outstanding	Green	Amber	Red	Pipeline		
Planned Care	£3,535,916	£ 1,603,281	£ 1,932,635	£ 65,367	£ 349,023	£ 738,000	£ 780,245		
Urgent Care	£3,088,541	£ 818,622	£ 2,269,919	£ 22,000	£ 66,148	£ 1,625,621	£ 556,150		
D&P	£ 683,254	£ 653,157	£ 30,097	-£ 2	£ -	£ 30,099	£ -		
Estates	£ 301,738	£ 203,643	£ 98,095	£ -	£ -	£ -	£ 98,095		
Facilities	£ 388,394	£ 355,701	£ 32,693	£ -	£ -	£ -	£ 32,693		
Nurse Mgmt	£ 64,584	£ 18,300	£ 46,284	£ -	£ -	£ -	£ 46,284		
Corporate Clinical	£ 13,692	£ -	£ 13,692	£ -	£ -	£ -	£ 13,692		
IM&T	£ 228,937	£ 109,354	£ 119,583	-£ 3	£ 10,000	£ 87,900	£ 21,686		
HR	£ 98,548	£ 49,361	£ 49,187	£ 0	£ -	£ -	£ 49,187		
Trust Administration	£ 23,651	£ 20,841	£ 2,810	£ -	£ -	£ -	£ 2,810		
PPD, Medical Photography & Marketing	£ 47,691	£ 8,760	£ 38,931	£ -	£ -	£ 8,392	£ 30,539		
Finance	£ 76,387	£ 56,242	£ 20,145	£ -	£ -	£ -	£ 20,145		
Procurement	£ 40,861	£ 40,861	£ -	£ -	£ -	£ -	£ -		
Central	£ 299,806	£ 102,685	£ 197,121	£ -	£ -	£ -	£ 197,121		
TOTAL	£8,892,000	£ 4,040,808	£ 4,851,192	£ 87,362	£ 425,171	£ 2,490,012	£ 1,848,647		
		45%	55%						

6.4 Capital Performance

As at January 2015 the capital programme is £2,448k behind plan.

This is due to expected equipment purchases relating to the new SMART Centre being underspent, as well as the timing of spend on backlog maintenance and IM&T projects being slower than planned. Some of these schemes will be deferred into 2015/16.

There has been a delay to the start of the Jubilee 4th Day Case Theatre, however the scheme has now commenced and will last for 42 weeks.

The forecast year end spend is £6.3m, which is £2.4m lower than our original Monitor Plan. The replacement CT scanner procurement has been escalated, due to the breakdown of the current scanner, increasing the forecast spend slightly.

Performance by division is shown below: -

Area	Plan to Date £000s	Actual £000s	Variance £000s	Comments
Planned	£1,380	£1,072	-£308	Arterial Centre equipment underspend.
Urgent	£159	£174	£15	-
D&T	£287	£221	-£66	-
Corporate	£2,630	£1,480	-£1,150	Backlog Maintenance & IT Schemes - spend slower than expected, and some deferred to 2015/16.
Building Schemes	£2,150	£1,211	-£939	Delay to the start of the Jubilee 4th daycase theatre which now starts in February.
Total	£6,606	£4,158	-£2,448	

6.5 Contract Performance

6.5.1 Performance against Trust Internal Plan

Point of Delivery	January Internal Trust Variance	January Internal Trust Variance	YTD Internal Trust Variance	YTD Internal Trust Variance
	Activity	Value £,000's	Activity	Value £,000's
Daycase	56	120	474	287
Elective	(87)	(156)	(310)	(130)
Emergency (incl A&E)	(506)	(13)	631	(1,242)
Outpatients	(283)	(54)	1,379	(199)
Non PBR		358		388
Total	(820)	255	2,174	(896)

- Activity targets have been increased to reflect operational backlog resilience plans in relation to elective activity which has been agreed with NHS West Cheshire CCG and funding has been allocated to the divisional teams to deliver this additional work.
- The over performance on day case activity has been generated by a number of specialties such Endoscopy and Clinical Haematology.
- There has been an under performance in the month of January on elective activity as a result of cancellations following the planned cessation of routine elective care in the first week of the month. Vascular elective activity for the SMART centre is also contributing £103k to date to the underperformance on elective activity with the majority of this under performance (£84k) occurring in January.
- Although the Trust has a block contract for emergency activity for West Cheshire CCG, the activity that is outside of this agreement (including Wales & Obstetric activity) is still significantly below plan at £1,242k to date. The main pressures include:-
 - Obstetric Deliveries – the Trust has seen a reduction in English activity all year which is contributing £214k to date although there has been a slight increase in the month of January of £36k. This will continue to be a financial pressure in the coming months due to the reduction in the number of the antenatal bookings.
 - Welsh emergency activity (excluding obstetrics) – this activity is above plan in the month of January with a favourable variance in month of £36k and is now £303k below plan to date. Further work has been done to identify that there is a casemix complexity change within general medicine. As a result of the rapid assessment, diagnostic and discharge of patients within the ambulatory care unit, this activity is now classed and charged for as a short stay admission where the tariffs are traditionally lower.
 - Vascular non elective activity for the SMART centre is also below plan at £289k to date which is a further £25k reduction in January. This represents a reduction in both anticipated activity and casemix complexity.
- Outpatient activity is below plan for the month of January (£54k) which has increased the underperformance to £199k to date. The main pressure continues to be obstetrics

activity which is £396k below plan at the end of January. English activity continues to be down 12% compared to the same period last year and will have a corresponding impact on emergency activity in future months. This appears to be a problem for a number of providers across the region that are also seeing a similar trend and national data is indicating the lowest number of births since 1975.

6.5.2 Performance against Commissioner Plan

Point of Delivery	Commissioner Variance	
	West Cheshire £,000's	BCU £,000's
Daycase	564	73
Elective	(143)	(168)
Emergency (incl A&E)	(548)	(260)
Outpatients	317	(156)
Non PBR	1,263	62
Total	1,453	(449)

- The emergency variance for West Cheshire CCG is in relation to obstetric activity that is outside of the block arrangement. The over performance on non-PBR is in relation to AMD activity (£383k), GP direct access activity (£327k) and excluded drugs and devices (£607k).
- The performance for Betsi Cadwaladr University Local Health Board is against the contract proposal that has been agreed with the commissioner which includes non-recurrent activity to support BCU to reduce the number of patients waiting in order to meet their access targets.

6.6 Mitigating Actions

The following actions have been taken to improve the financial outturn position:

- Financial recovery plans had been received from the three clinical Divisions and although some actions have been taken due to unprecedented operational pressures experienced throughout the hospital in the last couple of months it is unlikely that the plans submitted by the Divisions will be delivered in full.
- We are continuing to pursue West Cheshire CCG, Betsi Cadwaladr University Health Board and NHS England for financial support to mitigate the consequences of the pressures experienced that are beyond the Trust's control. Although it is unlikely that we will receive additional funding this year, we will ensure that existing cost pressures are reflected in the contract discussions for 2015/16.
- The weekly QVDT meeting has been re-designated as a Finance Working Group until the end of April under the chairmanship of the Chief Finance Officer. The membership has been reviewed and now includes the Divisional Directors. CRS will be monitored and reviewed in this forum as will expenditure pressures and investments.
- The finance team continue to work with budget holders to review the financial position and take corrective action where appropriate. This includes the identification and development of further cost reduction schemes as part of the business planning process for 2015/16.

- A communication and engagement plan across the organisation has been developed to improve financial awareness, understanding of the financial position of the organisation and to ensure greater ownership and defined responsibilities in an attempt to reach staff at all levels and not just budget holders. The finance position is consistently reported in the same format via the Senior Management Team with a slide pack provided for dissemination across the organisation.

6.7 Forecast

The forecast outturn for the year remains at a deficit of circa £3m (£3.5m variance to plan). The forecast increase from Month 8 is primarily due to additional outsourcing costs and junior medical doctor rota gaps anticipated between now and the end of the financial year. The movement in the forecast (surplus)/deficit throughout the year is shown below.


Plan	Aug	Nov	Dec	Jan	Feb	Mar
(£0.5m)	£2m	£2.4m	£3m	£3m	£3m	£3m

This forecast has been reported to Monitor and we will continue to take action to improve this position.

6.8 Conclusion

The Trust reports an adverse financial position of £2,866k at the end of month ten. Delivery of the efficiency target remains the main financial challenge with £1.2m not likely to be delivered in year but work continues to reduce this pressure along with action plans and review of agreed trajectories to reduce the current forecast outturn.

Appendix 1 – Safe Staffing by ward

Countess of Chester Hospital 		Jan-15						
Specialty	Ward	Registered Nurses/Midwives			Care Staff			All staff
		Planned monthly hours	Actual monthly hours	%	Planned monthly hours	Actual monthly hours	%	% planned hours staffed
Paediatrics	30	2676	2563.5	95.8%	953	768.5	80.6%	91.8%
Obstetrics	32	1725	2032	117.8%	1380	1606	116.4%	117.2%
Labour Ward	CLS	4071	4137	101.6%	840	752	89.5%	99.6%
Stroke Unit	33	2668.5	2701	101.2%	2302	2434	105.7%	103.3%
Care of the Elderly	34	2050.5	1959	95.5%	2596.5	2808	108.1%	102.6%
General Surgery	41	1354	1398	103.3%	808	687.5	85.1%	96.5%
Cardiology	42	1955.5	2021.5	103.4%	1612	1754.5	108.8%	105.8%
Care of the Elderly	43	2081.5	1994.5	95.8%	2643	3070	116.2%	107.2%
General Surgery	44	2141.5	1840	85.9%	2122	2051	96.7%	91.3%
Urology/Trauma and Orthopaedics	45	2141.5	2210.5	103.2%	2463	3086	125.3%	115.0%
Respiratory Medicine	48	2629.5	2589.5	98.5%	1731	2015	116.4%	105.6%
Gastroenterology	49	1924.5	1894.5	98.4%	2121	2163	102.0%	100.3%
Haematology/Resp Medicine	50	2296.5	2196	95.6%	1917	2223.5	116.0%	104.9%
Respiratory Medicine	51	2402.5	1865.5	77.6%	2002	2166.5	108.2%	91.5%
General surgery	52	2327.5	2164	93.0%	1762	2146	121.8%	105.4%
Surgery	53	2237.5	2193	98.0%	1762	1877.5	106.6%	101.8%
General Surgery	54	2854.5	2634	92.3%	2283	2279.5	99.8%	95.6%
Acute Medicine	AMU	4947	4267	86.3%	2823	2931	103.8%	92.6%
Cardiology	CCU	2436	2297	94.3%	360	485	134.7%	99.5%
Rehabilitation - EPH	Diamond	1955.5	1607	82.2%	2122	2496	117.6%	100.6%
Rehabilitation - EPH	Emerald	1242.5	1185	95.4%	1942	2001	103.0%	100.0%
Rehabilitation - EPH	Ruby	1955.5	1691.5	86.5%	2122	2213.1	104.3%	95.8%
Critical care medicine	ICU	8556	8358.5	97.7%	1061	1052	99.2%	97.9%
Neonatal	NNU	3041	2448.5	80.5%	1403	1111.5	79.2%	80.1%
Total		63670.5	60248	94.6%	43130.5	46178.1	107.1%	99.6%

This is the data that is now published on our internet site ready for the public to view. This is a mandated data collection for all Trusts which are published on NHS choices with a link to the above information.

		Nov	Dec	Jan
Paediatrics	30			
Stroke Unit	33			
Care of the Elderly	34			
General Surgery	41			
Cardiology	42			
Care of the Elderly	43			
General Surgery	44			
Urology/Trauma and Orthopaedics	45			
Gastroenterology	49			
Haematology/Resp Medicine	50			
Respiratory Medicine	48			
Short Stay	51			
General surgery	52			
Surgery	53			
General Surgery	54			
Acute Medicine	AMU			
Cardiology	CCU			
Rehab - EPH	Diamond			
Rehab - EPH	Emerald			
Rehab - EPH	Ruby			
Critical care medicine	ICU			
Neonatal	NNU			
Obstetrics	32			
Labour Ward	35			

Key									
>105%		Monitoring of the use of one to one and the need for additional hours or current workforce							
95% to 105%		Hours available match the patient acuity							
<95% to 90%		Daily-Shift review							
<90%		Daily-Shift review resulting in staff movement if needed- escalation guidance triggered							



Subject	Future Of Bariatric Surgery At Countess Of Chester Nhs Foundation Trust						
Date of Meeting	Board of Directors meeting 03.03.15						
Author(s)	Mark Brandreth – Deputy Chief Executive Debbie O'Neill – Chief Finance Officer Loretta Lloyd – Business Performance Manager						
Presented by	Deputy Chief Executive						
Annual Plan Objective No							
Summary	The purpose of this paper is to review the on-going financial pressures, along with future tariff and NICE implications and make recommendations regarding the viability of a surgical bariatric service in the future.						
Recommendation(s)	The Board is asked to: approve the recommendations as detailed in the paper.						
Risk Score	N/A						
FOIA Status: <i>FOIA exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</i> Applicable Exemptions: <ul style="list-style-type: none"> ▪ Prejudice to effective conduct of public affairs ▪ Personal Information ▪ Info provided in confidence ▪ Commercial interests 	<p>Please tick the appropriate box below:</p> <table border="1"> <tr> <td><input checked="checked" type="checkbox"/></td> <td>A. This document is for full publication</td> </tr> <tr> <td><input type="checkbox"/></td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td><input type="checkbox"/></td> <td>C. This whole document is exempt under the FOI</td> </tr> </table> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>	<input checked="checked" type="checkbox"/>	A. This document is for full publication	<input type="checkbox"/>	B. This document includes FOI exempt information	<input type="checkbox"/>	C. This whole document is exempt under the FOI
<input checked="checked" type="checkbox"/>	A. This document is for full publication						
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FUTURE OF BARIATRIC SURGERY AT COUNTESS OF CHESTER NHS FOUNDATION TRUST

Purpose

The purpose of this paper is to review the on-going financial pressures, along with future tariff and NICE implications and make recommendations regarding the viability of a surgical bariatric service in the future.

Background

In 2012 the Countess of Chester Hospital (COCH) was successful in securing (via tender process) the contract to provide a Tier 4 Surgical Bariatric Service at the Countess of Chester Hospital. The service at the COCH is provided by an external provider company (Phoenix Health) which is led by Professor David Kerrigan, an internationally regarded expert in bariatric surgery.

The service at Chester has been in operation since October 2012 and provides bariatric surgery for both NHS and private patients, through elective operating sessions and a number of outpatient clinics, facilitating treatment for patients from Wirral, Cheshire and Warrington.

Three contracts exist in relation to this service – CoCH with Specialised Commissioning, CoCH with Phoenix Health Ltd relating to NHS patients, and CoCH with Phoenix Health Ltd. relating to private patients.

Strategic Fit

The Bariatric service fits under the first of the Trust's three business models – Integrated Specialist Services - that of low volume and high acuity services. Other examples include the SMART Centre (Vascular Surgery) service.

Key in the future will be to differentiate the clinical offer that the Trust provides, and bariatric surgery gives us the opportunity to do this. As a regional centre for this type of surgery it will make us more attractive as a clinical employer and the training opportunities that this presents.

Service Operation

All NHS inpatient bariatric patients are seen in a dedicated area on Ward 41. Currently there are 4 bariatric beds and 3 bariatric HDU beds. The HDU beds are used flexibly to accommodate non-bariatric HDU patients when required. The ward is open from Monday at 8am to Friday at 8pm.

Provision exists also for Bariatric private patients to be brought in by Phoenix and operated on in NHS facilities. A separate pricing mechanism and contract structure has been developed to facilitate this.

Bariatric surgery is provided from inpatient Theatre A by a mixture of Phoenix and Trust surgeons. Currently six Bariatric sessions per week are allocated – on Mondays, Tuesdays

and Wednesdays. Trust surgeons operate for Phoenix outside of their normal NHS contract obligations.

Under the terms of the contract the Trust makes a payment to Phoenix for each inpatient procedure, or outpatient attendance undertaken. The Trust is remunerated under normal PBR Tariff payment mechanisms.

The Trust provides all facilities, accommodation, supplies, ward and theatre staff to provide the surgery. Phoenix provides the consultant surgeon and anaesthetist staff only under our contract with them. Phoenix also provides some administrative support, and arranges appointments, MDTs and patient literature. Phoenix use the new outpatient facility in the Haygarth building and have recently begun renting office accommodation adjacent to Ward 41.

Phoenix provide two years post-surgical outpatient follow-up review for each Bariatric patient under the terms of the specialist contract specification.

Aintree Hospitals also have a similar arrangement in place with Phoenix Health to provide a surgical bariatric service on their site, with Salford Royal providing the same service independently 'in house'.

COCH was also awarded a joint contract for South Manchester patients in April 2013 with Salford Royal Hospital.

Specification Changes – Tier 3

In April 2013 the specialist commissioners revised the service specification relating to eligibility for surgery, with the introduction of a Tier 3 service which requires a dietetic and psychological intervention before referral to the Tier 4 surgical service.

Previously general practitioners would have applied to the CCG's for funding for each patient requiring bariatric surgery. However from April 2013 each provider was required to audit incoming referrals to ensure each patient met the required criteria of a Tier 3 assessment.

This initially caused major problems nationally as only a small minority of CCG's had an operational tier 3 service in place. And although this has improved, there are still a number of local referrers who still do not have a recognised Tier 3 Service in operation.

Western Cheshire Tier 3 service commenced at the beginning of December 2013 and is provided by a team of physicians and specialists within the Urgent Care Division at COCH and led by Prof. Frank Joseph.

Since establishing this service, a number of other local CCG's have now commissioned or are in the process of commissioning their Tier 3 element of the service with the COCH team. Once patients have completed a fully compliant Tier 3 programme and are deemed suitable candidates for surgery, they are referred on to the Tier 4 Service for consideration.

Service viability

Following on-going cost pressures an internal review was undertaken in September 2013 which recommended further exploration of the costs of the service under a new operational model.

There were assumptions made in the original business case regarding the level of complexity of the patients referred, with an expectation (based on national guidance and Phoenix experience) that 80% of patients would be classed as complex and 20% as non-complex, with the complex cases attracting a higher tariff.

Unfortunately this case mix did not materialise, and a review of activity has shown that it is circa 50% complexity currently. This lack of complexity of case mix has contributed to the bariatric service reporting a higher underperformance against the planned baseline activity.

This has resulted in a continued income loss on both NHS and private patients treated within the service.

Current Situation

Disappointingly, despite working hard with Phoenix Health since this time, the service has continued to run at a financial loss.

Recent NICE guidance would indicate that referral rates will increase as the new guidance gives further support for surgery as follows:-

- *Bariatric surgery in patients with recent-onset type 2 diabetes with a BMI of 35 and over*
- *Weight loss surgery is also beneficial for people with a BMI of 30-34.9 who have recent-onset type 2 diabetes that is very poorly controlled*
- *Consider surgery for people of Asian family origin who have recent-onset type 2 diabetes at a lower BMI than other populations*

The above, coupled with new proposed tariff indications, which reflect a 20% reduction in current tariff, will only serve to widen the significant gap in cost vs income, increasing the current financial pressures on the Trust.

If the Trust did want to explore providing the provision of an in-house service, the current contract does state that the Trust would not be able to provide a surgical bariatric service for 12 months following cessation of the current contract.

Financial Position

(Table breaking down costs provided to Board members only as “commercial in confidence”)

The financial position for the service at the end of month 9) is reporting a deficit of £277k before overheads. After allocating 10% overheads, the deficit increases to £449k.

Based on a full year projection of the month 9 position, the bariatric service is likely to deliver a deficit of £370k before overheads and £598k after overheads.

Assuming all the costs were to stay the same, the indicative tariffs for bariatric services are a reduction of 20% so the full year deficit would be £753k before overheads and £981k after overheads.

Impact on Other Services/Risks

The bariatric service is a discrete one that has minimal impact on other services. The patients spend a small amount of time in an HDU bed on Ward 41, and require minimal input from other support services such as Diagnostics, Therapies and Pharmacy.

However, the consultant general surgical team are concerned that the lack of a bariatric service could have a longer term impact on general surgery as hosting a 'specialist service' attracts consultants and trainees to the Trust. Before October 2012 we did not undertake this work, and our surgeons have gained skills under the supervision of the Phoenix Medical Director.

It is further recognised however that Bariatric surgery is high profile and there is a growing market for this type of weight management solution. However it is questionable whether commissioners are prepared to pay for the high cost of the surgery when taken against the long-term payback of the health and socio-economic benefits of this intervention.

The number of obese patients generally across the Trust is increasing however, and we need to adapt our facilities, equipment and working practices accordingly. The Trust has developed a Bariatric action group to identify and prioritise the Trust's future requirements in response. This will input into the Trust's forward plans and capital programme in a consistent fashion and ensure we respond to this challenge appropriately.

Present Position

The service in its time has treated some 375 patients. Patients report good outcomes and good experience.

The Trust recognises the risks to General Surgery from a variety of sources. It is agreed that the Bariatric services plays an important role in attracting doctors to COCH now and potentially in the future.

Urgent discussions are ongoing with Phoenix. More work is being done together on finding ways of safely reducing costs (e.g. consumables) and Phoenix have indicated a willingness to consider their fee structure and the nature of the financial risks in the contract.

What is unknown as yet is the impact on the service of any tariff changes, the position of Aintree (the nearest provider) and the position of specialist commissioners if the provider landscape changes.

Summary

The Trust needs to make a final decision by the end of March 2015 as to the future of the service. This will allow the impact to be factored into the operational plan; notice served to specialist commissioners (6 months) and given the option in the contract, notice served to Phoenix (6 months). (N.B Phoenix has indicated a willingness to consider waiving their notice period).

Recommendations

i) Seeking to find a solution that is viable in the medium term (12 to 24 months):

- That on behalf of the Trust, the Chief Finance Officer and Deputy Chief Executive pursues urgent discussions with Phoenix about the financial model for the service.
- That the Trust seeks urgent discussions with NHS England Specialised Commissioning Team about the impact of the tariff and future commissioning intentions.

ii) However: that if these discussions prove unsuccessful, subject to Chair and Chief Executive approval:

- The Board is asked to approve that the Trust inform NHS England Specialist Commissioning Team that it no longer wishes to provide a Tier 4 surgical bariatric service from September 2015.
- The Trust will therefore not take up the option of a further contract with Phoenix when the present contract expires and will cease to provide a private Bariatric Service.
- The Trust will continue to develop Tier 3 provision.

iii) A further update is brought to the next Board meeting.

Mark Brandreth
Deputy Chief Executive
26th February 2015

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

ASSURANCE FRAMEWORK

REVIEW 3 - 2014/15

Presented to Board of Directors 3rd March 2015

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

ASSURANCE FRAMEWORK

CONTENTS

REF	STRATEGIC RISK	EXECUTIVE DIRECTOR	BOARD COMMITTEE	Q3	Review 1 14/15	Review 2 14/15	Review 3 14/15
CR1	Failure to maintain and enhance the quality and safety of the patient experience	Medical Director / Director of Nursing and Quality	Quality, Safety and Patient Experience	4x3=12 →	4x2=8 ↓	4x2=8 →	4x2=8 →
CR2	Inability to effectively manage demand	Deputy Chief Executive	Finance and Integrated Governance	4x3=12 ↓	4x3=12 →	4x3=12 →	4x3=12 →
CR3	Failure to comply with Monitor's Compliance Framework - Governance	Deputy Chief Executive	Corporate Directors Group	4x3=12 ↑	4x3=12 →	4x3=12 →	4x4=16 ↑
CR4	Failure to maintain in-year Financial Compliance	Chief Finance Officer	Finance and Integrated Governance	4x2=8 →	4x3=12 ↑	4x3=12 →	4x2=8 ↓
CR5	Failure to ensure compliance with Care Quality Commission standards	Director of Nursing and Quality	Quality, Safety and Patient Experience	4x3=12 →	4x2=8 ↓	4x2=8 →	4x2=8 →
CR6	Failure to recruit and retain professional staff	Director of HR and OD	People and Organisational Development	4x3=12 →	4x3=12 →	4x3=12 →	4x3=12 →
CR7	Failure to develop and deliver a robust medium term integrated service, quality, workforce & financial strategy.	Deputy Chief Executive / Exec Team	Finance and Integrated Governance	4x3=12 ↓	4x3=12 →	4x3=12 →	4x3=12 →
CR8	Failure to maintain robust corporate governance and overall assurance	Director of Corporate and Legal Services	Finance and Integrated Governance	3x2=6 →	3x2=6 →	3x2=6 →	3x2=6 →
CR9	Failure to maintain Information Governance standards	Medical Director	Finance and Integrated Governance	4x4=16 ★	4x4=16 →	4x4=16 →	4x4=16 →
CR10	Failure to provide appropriate Informatics infrastructure, systems and services that support the business objectives of the Trust	Chief Finance Officer	Finance and Integrated Governance	4x4=16 ★	4x4=16 →	4x4=16 →	4x4=16 →

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST ASSURANCE FRAMEWORK - KEY

This Assurance Framework assesses the most important risks that the Trust faces to date, and which have the highest potential for external impact. Such risks differ in magnitude and complexity to operational risks and often require comprehensive risk mitigation plans which span over a longer timescale than most operational risks. The Trust defines strategic risk as a strategic control issue that could:

- Close down a service / services.
- Seriously prejudice or threaten achievement of a principal objective.
- Threaten the safety of service users.
- Threaten the reputation of the Trust/NHS.
- Lead to significant financial imbalance and/or the need to seek additional funding to allow to be resolved and/or result in significant diversion of resources from another aspect of the

Strategic risks will be reviewed as part of the annual business planning process and can also be identified in-year. They are managed as part of a complex process as opposed to discrete events. The Trust Board needs to be satisfied that strategic risks are being properly identified and managed robustly.

Risk score= consequence/impact x likelihood

The matrix below can be used to calculate a risk score, which will determine what category the risk falls within, that score informing follow up action, its urgency, and the required performance management to ensure the risk is managed effectively.




LIKELIHOOD	CONSEQUENCE / IMPACT				
	Negligible	Minor	Moderate	Major	Catastrophic
	Almost no impact on achievement of objectives	Small impact on achievement of objectives	Significant impact on the achievement of objectives	Major impact on the achievement of objectives	Objectives could not be achieved
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost Certain	5	10	15	20	25

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency(broad descriptors of frequency)	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

A fuller description and explanation of the impact and likelihood categories are contained within the Risk Management Strategy and Policy




Impact Level of Risk Potential/Actual Origins

The extent to which the actual origins of the risk currently impact on the strategic risk.

-  The origin of the strategic risk is significantly impacting on the risk.
-  The origin of the strategic risk is still impacting on the risk to a limited extent.
-  The origin of the strategic risk is no longer impacting on the risk.




Controls

The extent to which the controls in place are satisfactory impacting on the mitigation of the strategic risk.

-  Effective control partially in place and thus only impacting in a limited way on the mitigation of the strategic risk.
-  Effective control in place but only partially impacting on the mitigation of the strategic risk.
-  Effective control in place and positively impacting on the mitigation of the strategic risk.

Reporting

The extent to which the reporting to a committee is providing assurance against each of the controls.

-  Reporting to a committee is in place, but is not regular and only provides limited assurance against each of the controls.
-  Reporting to a committee is in place, regular but not always providing assurance against each of the controls.
-  Reporting to a committee is in place, regular and providing assurance against each of the controls.

Movement

The direction from last reported quarter

- ↓ Indicates improvement from last reported quarter
- Indicates same level from last reported quarter
- ↑ Indicates slippage or further required work from last reported quarter
- ★ New item added since last quarter

COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement	These are the POSITIVE ASSURANCES actually received...		
		INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE						
		5x4=20	4x2=8	4x2=8	Mar-14	Mar-15					
What is the strategic risk to be controlled?				EXECUTIVE DIRECTOR	BOARD COMMITTEE				What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.		
REF	STRATEGIC RISK								REPOR T REF	POSITIVE ASSURANCE	DATE LAST REPORTED TO COMMITTEE
									R1	Quality elements of the performance dashboard	19.01.15
									R1	Various reports from groups reporting to the Quality, Safety & Patient Experience Committee	20.10.14
									R3	Integrated Performance Reports regarding progress against CQUIN contract	15.09.14
CR1	Failure to maintain and enhance the quality and safety of the patient experience			Director of Nursing & Quality / Medical Director		Quality, Safety & Patient Experience Committee	amber	→	R3/R6	Annual complaints report	30.06.14
									R6	Patient & Staff Stories	19.01.15
									R4/R6	CQC registration & compliance reports	20.01.14
									R6	Quality Account report approved by the Board of Directors	19.02.15
									R3/R4/R6	Serious incident reports	30.06.14
									R6	Integrated complaints, Claims & incident analysis report	19.05.14
									R3/R4/R6	CQC inspection reports	02.07.13
									R9	External visit reports - Healthwatch	19.01.15
									R1	Internal audit reports	19.01.15
									R6	Annual infection prevention & control report	12.09.13
									R6	Executive/NED/Chairman Walkabouts	12.09.13
									R1	Audits/reports re: key CQUIN work streams	17.11.14
									R1/R4/R6	PLACE Report to Board of Directors/Council of Governors/QSPE Committee	02.09.14 R6
									R1/R4/R6	Nurse staffing review complete	04.02.15
									R1/R4/R6	Mortality audit completed	30.06.14
									R1	Review of VRE outbreak completed	20.01.14
									R6	Friends and Family process now embedded	05.02.14
										MIAA Report safeguarding adults (significant assurance)	
										MIAA Report patient experience (significant assurance)	
									R1	CQC Band 6 quarterly monitoring	19.01.15
The GAPS IN CONTROL / NEGATIVE ASSURANCES are...											
What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in											
REF	GAP		ACTION PLAN		AGREED DEADLINE	REVISED DEADLINE					
G1	Review of quality metrics not completed		Final workshops to be held with ward managers and cross section of nursing & midwifery workforce to finalise. Further development required with the support from IM&T		Q4						
G2	Review of Quality Boards not completed		As above		Q4						
G3	No formalised patient experience strategy in place		Scoping exercise underway to determine baseline. Strategy to be developed		Completed						
G4	Lack of side rooms		Review of site strategy. Independent site strategy underway.		Q4	On-going					
G5	Quality Strategy requires refreshing in 2013		Develop health economy quality strategy with external partners		Q3	Completed					
G6	Maintaining adequate staffing vs actual numbers/skill mix		Monthly monitoring planned, nursing and midwifery transformation group		Q4 review	Completed					
G7	Mortality		current outlier at weekend HSMR		Q3	on-going monitoring					
G8	Further review SMT agenda re Quality, Safety & Patient Experience		Director of Nursing & Quality to with SMT Chair to action this.		Q4	Completed					
G9	Never event incidents		Further increase communication across all staff groups re processes and implications Review patient ID policy		Q4						
G10											

IMPACT ON CORPORATE OBJECTIVES(up to top 3)		POTENTIAL CONSEQUENCES OF THE RISK	
	REF	What are the key potential consequences (up to 4) of the risk?	
		Not a provider of choice, therefore possible reduction of referrals	
		Non compliance with regulatory & commissioner contracts	
		Poor patient experience - impact on Trust reputation	
IMPACT ON CQC CORE OUTCOMES			
What are the Outcome Reference Numbers?		Increase in complaints & poor patient experience	

				IMPACT LEVEL	Movement
				Red	
				Amber	
				Green	
				RAG	
				amber	→
				amber	→
				amber	→
				amber	→
				amber	→
				amber	→
				amber	→
				amber	→
				amber	→
				amber	→

Potential or actual origins that have led to the risk...		What are the most significant origins (up to 10) which could or have led to the risk?	
REF	ORIGIN		
O1	Francis Report		
O2	Demographic/needs of local population		
O3	Environment needs/estates issues/use of space		
O4	Capacity issues - patient experience		
O5	Workforce skills		
O6	Complacency of culture/cultural issues/lack of clinical leadership		
O7	bank and agency staff usage		
O8	Keogh Report		
O9	Berwick Report		
O10	Keogh 7/7 Working		

The risks are CONTROLLED by...		Strength	Movement
What are the key controls (up to 10) that are in place to mitigate these risks?		Red Amber Green	
REF	CONTROL	RAG	
C1	Ward Manager engagement workshops (6C's implementation)	green	→
C2	Staff engagement programme (including use of patient & staff stories)	green	→
C3	Monthly quality metrics monitoring (under review)	green	→
C4	Ward based 'Quality Board Review' (under review)	green	→
C5	Ward Action plans to address concerns	green	→
C6	Review of Complaints process	green	→
C7		green	→
C8	Exec Safety Walkabouts & daily ward Safety Briefs	green	→
C9	Actions from 'Francis' embedded into executive director's objectives	green	→
C10	Analysis of nurse staffing levels	green	→

The REPORTING mechanisms are...		Strength	Movement	
What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.		Red Amber Green		
REF	REPORTING MECHANISM	FREQUENC		RAG
R1	Quality, Safety & Patient Experience Committee (NED Chair)	Monthly	green	→
R2	Corporate Directors Group	Monthly	green	→
R3	CCG quality performance meetings	Monthly	green	→
R4	Council of Governors	Bi-monthly	green	→
R5	Trust Governors Quality Forum	6 weekly	green	→
R6	Board of Directors	Bi monthly	green	→
R7	Senior Management Team meetings	Monthly	green	→
R8	Leadership Forums	Monthly	green	→
R9	External Stakeholder visits (E)	Ad hoc	green	→
R10	CQC visits (E)	Ad hoc	green	→

COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
		INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE			
		4x5=20	4x3=12	4X3=12	Mar-14	Mar-15		
What is the strategic risk to be controlled?			EXECUTIVE DIRECTOR		BOARD COMMITTEE		amber	➔
REF	STRATEGIC RISK							
CR2	Inability to effectively forecast and/or manage demand		Deputy Chief Executive		Finance and Integrated Governance			

IMPACT ON CORPORATE OBJECTIVES (up to top 3)		POTENTIAL CONSEQUENCES OF THE RISK	
REF	What are the key potential consequences (up to 4) of the risk?		
PC1	Demand exceeds capacity leading to long waiting times leading to activity being sent elsewhere		
PC2	Capacity exceeds demand leading to wasted slots and lack of income		
PC3	Impact on overall viability of the Trust		
PC4	Failure to achieve commissioner targets		
IMPACT ON CQC CORE OUTCOMES			
What are the Outcome Reference Numbers?			

		IMPACT LEVEL	
		Red	
		Amber	
		Green	

Potential or actual origins that have led to the risk...		What are the most significant origins (up to 10) which could or have led to the risk?		IMPACT LEVEL	Movement
REF	ORIGIN			RAG	
O1	Resilience of community and voluntary sector			Amber	→
O2	Cross border issues			Amber	→
O3	Impact of national initiatives/ screening programmes/cancer target changes			Amber	→
O4	Impact of specialist service developments			Amber	→
O5	Demographic of local population			Amber	→
O6	Local authority and health constraints on budgets			Amber	→
O7	Historical failure of commissioners to deliver demand management approaches			Red	→
O8	Insufficient understanding of the organisational capacity/specialist staff shortage			Amber	→
O9	Lack of assurance on 52 weeks safeguards			Green	→
O10					

The risks are CONTROLLED by...			Strength	Movement
What are the key controls (up to 10) that are in place to mitigate these risks?			Red Amber Green	
REF	CONTROL	RAG		
C1	Monthly integrated performance report	Green	→	
C2	Core efficiency work programme	Amber	→	
C3	Agreed capacity and demand analysis	Amber	→	
C4	Daily monitoring of cancer patients and improved escalation process	Green	↓	
C5	Ambulatory Care /Frailty Service	Green	→	
C6	Early supported discharge	Green	→	
C7	A&E block	Green	→	
C8	Contract activity performance	Green	→	
C9	Independent review of 52 week process	Green	→	
C10				

The REPORTING mechanisms are...			Strength	Movement
What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.			Red Amber Green	
REF	REPORTING MECHANISM	FREQUENC	RAG	
R1	Finance and Integrated Governance Committee	Bi -Monthly	Green	→
R2	Corporate Directors Group	Monthly	Green	→
R3	Board of Directors	Bi -Monthly	Green	→
R4	Daily reporting	Daily	green	→
R5	Weekly reporting	Weekly	green	→
R6	Accountable Provider Board	Monthly	Green	→
R7	Quarterly performance Reviews with divisions	Quarterly	Green	→
R8	reporting to Commissioners & Monitor	Ad hoc	Green	→
R9				
R10				

These are the POSITIVE ASSURANCES actually received...		
What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.		
REPORT REF	POSITIVE ASSURANCE	DATE LAST REPORTED TO COMMITTEE
R1	Integrated Performance Report	04.02.15
R2	Capacity and Demand Analysis by speciality	
R3	Integrated Performance Report	16.12.14
R2	Bed states and theatre performance	16.12.14
R5/R7	Core efficiency work programme	Jan-15
R6-a	Reduction in wasted slots	
R7	Contract meeting update	Jan-15
R2	Frailty launch	01-May-14
R2	Mobilisation of additional winter capacity	27.10.14
R3	Core efficiency tracker	16.12.14
R2	Qlikview system delivered	23.06.14
R1	Associate Director of Performance and Planned commences at Trust	01.07.14
R1	Report on 52 week performance	01.02.15
R2	52 week report on action plan to ODC	27.10.14
R2	Revised Cancer Action plan	01.09.14
R2	Winter resilience plans (urgent and planned)	
R2	Approval of performance management system implementation	28.01.15

The GAPS IN CONTROL / NEGATIVE ASSURANCES are...				
What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?				
REF	GAP	ACTION PLAN	AGREED DEADLINE	REVISED DEADLINE
G1	Lack of validation of PTL (18 weeks)	NHS England team on site	Q4 14/15	
G2	Capacity Analysis	Lack of robust process for analysing capacity	Q3 15/16	
G3				
G4				
G5				
G6				
G7				
G8				
G9				
G10				

COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE						CURRENT ASSURED LEVEL	Movement	These are the POSITIVE ASSURANCES actually received...				
		INITIAL RISK SCORE		PREVIOUS QUARTER RISK SCORE		CURRENT RISK SCORE				TARGET RISK SCORE		What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.		
		4x3=12		4x3=12		4x4=16				4x2=8 4x2=8				
What is the strategic risk to be controlled?				EXECUTIVE DIRECTOR		BOARD COMMITTEE								
REF	STRATEGIC RISK													
CR3	Failure to comply with Monitor's Risk Assessment Framework - Governance			Deputy Chief Executive		Corporate Directors Group		Red	↑					
										R1	Integrated performance Report/key exceptions & Risk Register	25.02.15		
										R2	Integrated performance Report & Risk Register to FIGC	04.02.15		
										R3	Integrated performance Report to BoD	16.12.14		
										R4	Performance Report to WC Quality & Performance meeting	19.02.15		

IMPACT ON CORPORATE OBJECTIVES(up to top 3)		POTENTIAL CONSEQUENCES OF THE RISK	
* Cancer 62 day moved from CR2 to CR3		REF	What are the key potential consequences (up to 4) of the risk?
		PC1	Monitor escalation process from action plans to formal intervention
		PC2	Escalation with Commissioners/Area Team/CQC
		PC3	Negative publicity & reputational damage
IMPACT ON CQC CORE OUTCOMES			
What are the Outcome Reference Numbers?		PC4	Negative Impact on staff/patient experience

							IMPACT LEVEL	Movement
Potential or actual origins that have led to the risk...							Red Amber Green	
REF	ORIGIN						RAG	
O1	Delivery of Cdff target/Monitor Board Statement						green	→
O2	Delivery of Cancer target 62 day						Red	→
O3	Delivery of A&E target						Red	↑
O4	Delivery of the 18 week RTT						amber	↑
O5	Number of medically optimised patients and delayed transfers of care						Red	↑
O6								
O7								
O8								
O9								
O10								

The risks are CONTROLLED by...			Strength	Movement
What are the key controls (up to 10) that are in place to mitigate these risks?			Red Amber Green	
REF	CONTROL	RAG		
C1	Daily bed meeting	green	→	
C2	CQC visits	green	→	
C3	Clinical Streaming in A&E	green	→	
C4	Ambulatory Care and Early supported discharge to aid patient flow	green	→	
C5	Daily monitoring of cancer patients and improved escalation process	amber	↓	
C6	Root Cause Analysis for each case of CDiff	green	→	
C7	Intensive hygiene regime and monitoring	green	→	
C8	Introduction of Alamac 'Kitbag'	green	→	
C9	ECIST Review of 4hr target	Amber	*	
C10				

The REPORTING mechanisms are...			Strength	Movement
What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.			Red Amber Green	
REF	REPORTING MECHANISM	FREQUENC	RAG	
R1	Corporate Directors Group	Mthly	green	→
R2	Finance & Integrated Governance Committee	Bi-monthly	green	→
R3	Board of Directors	Bi-monthly	green	→
R4	Commissioner contract meetings (WC) (E)	Mthly	green	→
R5	Monitor	Qrtly	green	→
R6	Quality, safety & Patient Experience Committee	Mthly	green	→
R7	Infection Control Committee	Quarterly	green	→
R8	Council of Governors	Quarterly	green	→
R9	Urgent Care Working Group (E)	Monthly	green	→
R10				

[illegible]

The GAPS IN CONTROL / NEGATIVE ASSURANCES are...				
What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in				
REF	GAP	ACTION PLAN	AGREED DEADLINE	REVISED DEADLINE
G1	Lack of validity of PTL (18 weeks)	NHS England on site	Q4 14/15	
G2	Medically optimised patients / delayed transfers of care patients	Lead provider/acute hub delayed	Q2 15/16	
G3	Cancer performance	Implementation of key actions identified in action plan	Q3 14/15	Q4 14/15
G4				
G5				
G6				
G7				
G8				
G9				
G10				

**COUNTLESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015**

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE				CURRENT ASSURED LEVEL	Movement
		INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE		
		4x3=12	4x3=12	4x2=8	Mar-14 4x2=8 Mar-15 4x3=12		
What is the strategic risk to be controlled?				EXECUTIVE DIRECTOR		BOARD COMMITTEE	
REF	STRATEGIC RISK						
CR4	Failure to maintain in-year financial compliance		Chief Finance Officer		Finance & Integrated Governance Committee		amber ↓
IMPACT ON CORPORATE OBJECTIVES(up to top 3)		POTENTIAL CONSEQUENCES OF THE RISK					
	REF	What are the key potential consequences (up to 4) of the risk?					
	PC1	Not meeting CORR3 and subsequent Monitor escalation process					
	PC2	negative financial impact on local economy					
	PC3	Inability to maintain safe and effective local services					
IMPACT ON CQC CORE OUTCOMES							
What are the Outcome Reference Numbers?		PC4 Potential impact ability to fund future investments/capital programme					

COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE				CURRENT ASSURED LEVEL	Movement		
		INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE				
		4x3=12	4x2=8	4x2=8	Mar-14 4x2=8 Mar-15 4x2=8				
What is the strategic risk to be controlled?									
REF	STRATEGIC RISK		EXECUTIVE DIRECTOR		BOARD COMMITTEE				
CR5	Failure to ensure compliance with CQC standards		Director of Nursing & Quality		Quality, Safety & Patient Experience Committee	amber	→		
IMPACT ON CORPORATE OBJECTIVES (up to top 3)			POTENTIAL CONSEQUENCES OF THE RISK						
	REF	What are the key potential consequences (up to 4) of the risk?							
	PC1	Non compliance with regulatory & commissioner contracts							
	PC2	Risk to Registration & licence to operate							
	PC3	Poor patient experience - impact on Trust reputation							
IMPACT ON CQC CORE OUTCOMES									
	What are the Outcome Reference Numbers?		PC4		Breach of Monitor's terms of authorisation as a Foundation Trust				
					IMPACT LEVEL				
					Red Amber Green				
Potential or actual origins that have led to the risk...			What are the most significant origins (up to 10) which could or have led to the risk?						
REF	ORIGIN				RAG				
O1	In respect of Adult Safeguarding, lack of investment has led to limitations in implementing core elements of the agenda				amber		→		
O2	Francis Report				amber		→		
O3	Regime of Inspector of Hospitals				green		→		
O4	Mortality review				amber		→		
O5	infection control				amber		→		
O6	maternity review				amber		→		
O7	CQC Quality dashboard				amber		→		
O8	Data quality				amber		→		
O9	Compliance with trust policies and procedures				amber		→		
O10	Failure to observe Trust values - cultural issues				amber		→		
The risks are CONTROLLED by...			Strength	Movement	The REPORTING mechanisms are...				
What are the key controls (up to 10) that are in place to mitigate these risks?			Red Amber Green		What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.				
REF	CONTROL		RAG		REF	REPORTING MECHANISM	FREQUENC	RAG	
C1	Completion and regular review of provider compliance assurance (PCA) framework		Green	→	R1	Quality, Safety & Patient Experience Committee (NED Chair)	Monthly	green	→
C2	Monitoring of performance with commissioners including visits		Green	→	R2	Quality, Safety & Patient Experience sub group	Monthly	green	→
C3	Regular reviews of QRP dashboards & outcome standards		Green	→	R3	CCG quality performance meetings	Monthly	green	→
C4	Quarterly CQC relationship meetings		Green	→	R4	Council of Governors	Bi-monthly	green	→
C5	Actions taken re: minor concerns re recent unannounced visits (EPH)		Green	→	R5	Trust Governors Quality Forum	6 weekly	green	→
C6	Open communication with commissioners and CQC re any concerns identified by the Trust		Green	→	R6	Board of Directors	Bi monthly	green	→
C7	Gap analysis of Francis recommendations undertaken and actions embedded into executive objectives		Green	→	R7	External Stakeholder visits (E)	Ad hoc	green	→
C8	Service Reviews		Green	→	R8	CQC visits (E)	Ad hoc	green	→
C9					R9	Various groups reporting to the Quality, Safety & Patient Experience Committee i.e. safeguarding strategy	Monthly/ bi monthly	green	→
C10					R10				
These are the POSITIVE ASSURANCES actually received...									
What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.									
REPOR T REF	POSITIVE ASSURANCE						DATE LAST REPORTED TO COMMITTEE		
R1	Quality & operational performance dashboard						19.01.15		
R2	Various reports from groups reporting to the Quality, Safety & Patient Experience Committee						30.06.14		
R3	Integrated Performance Reports (including progress against CQUIN contract)						22.04.14		
R4-a	Annual complaints report						30.06.14		
R4-b	Patient & Staff Stories						24.10.14		
R1	CQC registration & compliance reports						20.01.14		
R5-a	Quality Account report approved by the Board of Directors						19.05.14		
R9	Serious incident reports						30.06.14		
R6	Integrated complaints, Claims & incident analysis report						20.01.14		
R8	CQC inspection reports						20.01.14		
R7	External visit reports						Various		
R9	Internal audit reports						06.01.14		
R6	Annual infection prevention & control report						12.09.13		
	Executive/NED/Chairman Walkabouts						12.09.13		
R1	Audits/reports re: key CQUIN work streams						17.11.14		
R9	Annual Safeguarding Children's report to AS Strategy Board						02.09.14		
R9	Annual adult safeguarding report						02.09.14		
R5-a	Governor ward inspections						06.02.15		
	Nursing and Midwifery Strategy						16.12.14		
	MIAA report safeguarding adults (significant assurance)								
R1	MIAA report on patient experience						20.01.14		
The GAPS IN CONTROL / NEGATIVE ASSURANCES are...									
What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in									
REF	GAP		ACTION PLAN		AGREED DEADLINE	REVISED DEADLINE			
G1	Review of quality metrics not completed		Final workshops to be held with ward managers and cross section of nursing & midwifery workforce to finalise. Further development required with the support from IM&T		Q4 14/15				
G2	Review of Quality Boards not completed		As above		Q4 14/15				
G3	No formalised patient experience strategy in place		Scoping exercise underway to determine baseline. Strategy to be developed. Strategy to linked to Quality Strategy.		Q3	Q4			
G4	Training compliance re adult safeguarding is poor		Training Strategy approved. Staff attendance at training to be improved.		Q3	review monthly			
G5	Perceived poor compliance to CQC Inspection		Regular review of CQC data Spot checks / audits re care delivery		On-going				
G6	Quality Strategy requires refreshing in 2013		Develop health economy quality strategy with external partners. Strategy to linked to Patient Experience Strategy.		Q3	Completed			
G7	DOLS - new legislation in place re: definition of consent		Process has been reviewed to address this, prioritising by risk assessment but full implementation required. Further consideration required to Coroners mandate re: notifications		Q3	Completed			
G8	Adult Safeguarding policies are not fully embedded		Policies are now approved, implementation across the Trust has started and will be on-going.		Q3	Review via audit Q4			
G9	PREVENT agenda not embedded in organisation		Training plan developed. Implementation required across the Trust		Q4 14/15	on-going			
G10	DOLS - new legislation in place re: definition of consent		Process has been reviewed to address this, prioritising by risk assessment but full implementation required. Further consideration required to Coroners mandate re: notifications		Q3				

COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
		INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE			
		4x3=12	4x3=12	4x3=12	Mar-14 4x3=12	Mar-15 3x3 = 9		
What is the strategic risk to be controlled?			EXECUTIVE DIRECTOR		BOARD COMMITTEE		amber	➔
REF	STRATEGIC RISK							
CR6	Failure to recruit and retain professional staff	Director of HR and OD		People and Organisational Development				

IMPACT ON CORPORATE OBJECTIVES (up to top 3)		POTENTIAL CONSEQUENCES OF THE RISK	
REF	What are the key potential consequences (up to 4) of the risk?		
PC1	Possible reduction in services and poor patient experience/staff experience		
PC2	Need to outsource services		
PC3	Use of agency staff / increased costs		
IMPACT ON CQC CORE OUTCOMES			
What are the Outcome Reference Numbers?		PC4	Risk to patients / risk to staff, if inadequate cover

		IMPACT LEVEL	Movement
		Red Amber Green	

Potential or actual origins that have led to the risk...		What are the most significant origins (up to 10) which could or have led to the risk?	R A G	M o v e m e n t
REF	ORIGIN		RAG	
O1	Gaps in junior doctors rotas		Red	→
O2	Lack of suitably qualified candidates in specialist clinical skills e.g. ED Consultants/Sonographers/EBME/Endoscopy		amber	→
O3	Tighter UK border controls for non EU countries / Tier 2		green	→
O4	Delays in NMC pin number receipt		green	→
O5	National pay and pensions agenda and potential for industrial action		green	→
O6	Age profile/demographic in some staff groups EG Midwifery/Nursing		amber	→
O7	High cost of agency / locum staff (Nursing / Medical Groups)		red	→
O8	Commissioning changes e.g. tenders		amber	→
O9	7 day services and additional resource requirements		amber	→
O10	Operational pressures and impact on retention/health and wellbeing appraisals, mandatory training etc		amber	*

The risks are CONTROLLED by...			Strength	Movement
What are the key controls (up to 10) that are in place to mitigate these risks?			Red Amber Green	
REF	CONTROL	RAG		
C1	Development and communication of People & OD Strategy	amber	→	
C2	Medical staffing gaps, fortnightly reviews	green	→	
C3	Improved recruitment material and website	amber	→	
C4	Relationship management with Deanery	green	→	
C5	Medical staffing admin team	amber	→	
C6	Development and exploration of new and extended roles e.g. Advanced Practitioner, physicians associates	green	→	
C7	Monthly monitoring of safer staffing nurse levels	green	→	
C8	Countess 2020 and other development programmes e.g. Clinical Leaders programme, releasing Potential Programme	green	→	
C9	Experience and engagement (including use of staff stories)	green	→	
C10	Health and Wellbeing Strategy	green	→	

The REPORTING mechanisms are...			Strength	Movement
What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.			Red Amber Green	
REF	REPORTING MECHANISM	FREQUENC	RAG	
R1	Board of Directors reports	bi-monthly	green	→
R2	Finance and Integrated Governance Committee	bi-monthly	green	→
R3	People and OD Committee	bi-monthly	green	→
R4	Nursing and midwifery workforce bi-monthly Transformation Group	bi-monthly	green	→
R5	Partnership Forum	Monthly	green	→
R6	Executive Directors Group	Weekly	green	→
R7	HR & Wellbeing Business Services Management Board / HR Performance Board	quarterly	green	→
R8	Annual Deanery visit (E)	Annually	green	→
R9	GMC trainee survey (E)	Annually	green	→
R10	University relationships (E)	On-going	green	→

These are the POSITIVE ASSURANCES actually received...		
What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.		
REPORT REF	POSITIVE ASSURANCE	DATE LAST REPORTED TO COMMITTEE
R1	HR/Finance reports on agency spend	Mar-15
R2	Regular HR/OD reports to Board on workforce trajectory	1-Mar-15
R3	Nursing and midwifery workforce strategic and op group paper	Various dates in 2014
R4	Multi-Disciplinary Education Committee	Various dates in 2015
R5	Partnership Forum: People Strategy/staff survey/staff experience/SFFT reviewed monthly	Various dates in 2014
R6-a	Staff survey reports to Board of Directors	1-Mar-15
R6-b	Exec Team sign off of HEE workforce plan	Jul-14
R3	NED Chair for People and OD Committee - March 2015 onwards	1-Mar-15
R1	Appraisal Performance to BOD	1-Mar-15
R1	IPA Staff engagement case study	1-Apr-14
R3	Staff engagement/survey review group being established	Dec-13
C7	Monthly monitoring of safer staffing	Monthly
R3	Occupational Health visits reported to POD Committee / Partnership Forum	Various dates in 2014/2015
R2	Medical Staffing Board paper presented to FIGC	14.10.14
R1	HENW / Monitor 5 year workforce plans	01.07.14
R1	Speak Out Safely progress paper	Dec-14
R3	Staff Survey/Staff Friends & Family Test/Team Countess Newsletter	Nov-14
C10	Implementation of Schwartz Rounds approved	Feb-15
R3	Receipt of national recognition e.g. HSJ/Navajo/Leadership Academy	Various dates in 2014
R10	University of Chester and opportunities for education/innovation/research	Various dates in 2014
R6	Executive '1st of the Month' walkabouts reported to EDG	Feb-15

The GAPS IN CONTROL / NEGATIVE ASSURANCES are...				
What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in				
REF	GAP	ACTION PLAN	AGREED DEADLINE	REVISED DEADLINE
G1	Gaps remain in some medical specialties in junior doctors rota	JDs developed and amended to be more attractive and reviewing fortnightly with divisions, escalating with Deanery, looking at all workforce options, discussion with DMDs/CDs	Q2	On-going
G2	People and OD Strategy including Leadership Talent management, succession planning, to be developed.	To be developed for all staff groups in conjunction with key stakeholders, to include increased profile for recruitment, key roles profile etc.	Q3	Q4 14/15
G3	Stronger clinical engagement in recruitment processes, e.g. drafting of JDs and commitment for recruitment timescales	Divisions more involved and accountable, fortnightly monitoring, reviewing value based recruitment.	Q3	On-going
G4	Shortage of certain professions e.g. ultra sonographers and nurses	Reported as part of regional workforce planning return July 2014 Working with University and HENW on Sonographers programme	Q3	On-going
G5	Poor performance and recording of appraisal outside of Trust target, impacted by operational pressures	Monitoring and escalation taking place with each division on a monthly basis with increased focus in stocktake meetings.	Q3	Q4 14/15
G6	Integrated workforce agenda	Integrated monthly workforce agenda meeting for HRDs and key leads with CWP/CWAC/COCH, prep for bid to support workforce development in progress.	Q4	Q1 15/16
G7	Staff Engagement (Staff Survey/SFFT)	Staff Friends & Family Q1 /Q2/ Q3 issued. Board papers undertaken. Staff Survey group established with supporting communication. Staff experience governance being developed to report to POD Committee.	Q2	Ongoing
G8	Pressures of activity on staff and ability to manage pressures	Launch of Health and Wellbeing Strategy / Resilience support. Partnership working / Engagement with Unions Review Staff survey and SFFT results / Staff engagement experience programme, Schwartz Rounds	Q2	Ongoing
G9				
G10				

COUNTLESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
		INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE			
					Mar-14	Mar-15		
		4x5=20	4x3=12	4x3=12	4x3=12	4x1=4		
What is the strategic risk to be controlled?								
REF	STRATEGIC RISK		EXECUTIVE DIRECTOR		BOARD COMMITTEE			
CR7	Failure to develop and deliver a robust medium term integrated service, quality, workforce & financial strategy.		Deputy Chief Executive & Exec Team		Finance & Integrated Governance Committee		amber	→

IMPACT ON CORPORATE OBJECTIVES (up to top 3)		POTENTIAL CONSEQUENCES OF THE RISK	
REF		REF	What are the key potential consequences (up to 4) of the risk?
			Future organisational sustainability
			Inability to deliver services to commissioner specification or local need
			Failure to develop integrated plan leading to quality and safety being risked by approach to financial savings
IMPACT ON CQC CORE OUTCOMES			Short term based decision making putting the long term viability of the organisation at risk
What are the Outcome Reference Numbers?			

REFERENCES OF KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK		IMPACT LEVEL	Movement
Based on those reported to Executive Committee on 16 April 2013		Red Amber Green	

Potential or actual origins that have led to the risk...			What are the most significant origins (up to 10) which could or have led to the risk?		RAG	Movement
REF	ORIGIN					
O1	Long term contractual and commissioning intentions / regional / local			Amber	→	
O2	National specialised service specifications / Royal College standards			Amber	→	
O3	Maintaining 24/7 acute rota's / EWTD / Limitations of A&C / Doctor contracts / 7 day services			Amber	→	
O4	Planning for Demographics (Patient and Workforce)			Amber	→	
O5	Maintaining market share			Amber	→	
O6	Future tariff/ Pbr framework / Better Care Fund			amber	→	
O7	Cross border protocols			Amber	→	
O8	Lack of integrated system wide plan (strategy, finance and workforce)			Amber	→	
O9	Future skills shortages			Amber	→	
O10	Lack of long term efficiency plan			Red	→	

The risks are CONTROLLED by...			Strength	Movement
What are the key controls (up to 10) that are in place to mitigate these risks?			Red Amber Green	
REF	CONTROL	RAG		
C1	Annual plan process and production	Green	→	
C2	Annual refreshed five year LTFM	green	→	
C3	Financial assumptions based on a shared understanding with commissioners	green	→	
C4	People & OD strategy	amber	→	
C5	Commercial strategy	green	→	
C6	Nurse staffing review	green	→	
C7	Systematic service review process / Countess 20:20	green	→	
C8	Governor workshops	Green	→	
C9	Various partner workshops and networks	Green	→	
C10				

The REPORTING mechanisms are...			Strength	Movement
What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.			Red Amber Green	
REF	REPORTING MECHANISM	FREQUENC	RAG	
R1	Corporate Director Groups	Monthly	green	→
R2	Finance and Integrated Governance Committee	Bi-Monthly	Green	→
R3	Board of Directors Meeting	Bi-Monthly	Green	→
R4	Annual General Meeting	Annual	Green	→
R5	People & OD Committee	Bi-Monthly	Green	→
R6	Monitor APR process	Annual	Green	→
R7	Council of Governors	Quarterly	Green	→
R8	Multi-disciplinary Committee	Quarterly	Green	→
R9	CCG review meetings	Monthly	Green	→
R10	External submissions	Ad hoc	Green	→

These are the POSITIVE ASSURANCES actually received...		
What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.		
REPORT REF	POSITIVE ASSURANCE	DATE LAST REPORTED TO COMMITTEE
R10	Outline Commercial Strategy to ODC	22.01.14
R1-a	Service review process and plan	27.10.14
R2	Divisional Annual plans submitted	03.06.14
R3	Refreshed organisational SWOT	22.01.14
R4	Annual Report	11.11.14
R5	People and OD plans	09.09.14
R6	Monitor Annual Plan and templates complete	22.01.14
R7	Annual Report	02.07.14
R9-a	Minutes of meetings with commissioners	23.10.14
R9-b	Participation in whole system integrated care strategy	23.10.14
R10	Health Education England workforce plan submission	01-Jul-14
R9	West Cheshire Way established	05.02.14
R3	Nursing and Midwifery Strategy	10.12.13
R3	Board and Governors Planning Event	10.12.13
R1	High Quality Care Costs Less Seminar	27.11.13
R3	System wide long term financial model	05.02.14
	PWC self assessment (Monitor issued)	due March 2014
	5 year strategy complete	
R5	Investment in medical staffing business case	Nov-14

The GAPS IN CONTROL / NEGATIVE ASSURANCES are...				
What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?				
REF	GAP	ACTION PLAN	AGREED DEADLINE	REVISED DEADLINE
G1	Quality strategy	in development	Q2 14/15	
G2	Informatics Strategy	Develop strategy and EPR replacement plan	Q4	
G3	Integrated Workforce Agenda	Role appointed within CWP, HRDs and operational leads meeting monthly	Q4	
G4	Long Term Efficiency plan	Development of new business plan fund	Q3	
G5	Development of medical staffing business case	To support the robust monitoring of rotas, medical agency spend and EWTD, a business case is being developed to enhance the medical staffing team resources.	Q2 14/15	Completed
G6	People and OD Strategy not communicated across the organisation	To be communicated to all staff groups inline with review of organisation culture	Q2	Q4 14/15
G7				
G8				
G9				
G10				

COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement	These are the POSITIVE ASSURANCES actually received...			
		INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE				What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.	REPORT T REF	POSITIVE ASSURANCE	DATE LAST REPORTED TO COMMITTEE
					Mar-14	Mar-15						
		3x2=6	3x2=6	3x2=6	3x2=6	3x2=6						
What is the strategic risk to be controlled?					EXECUTIVE DIRECTOR		BOARD COMMITTEE					
REF	STRATEGIC RISK											
CR8	Failure to maintain robust corporate governance and overall assurance		Director of Corporate & Legal Affairs		Board of Directors		amber	→				

IMPACT ON CORPORATE OBJECTIVES(up to top 3)	POTENTIAL CONSEQUENCES OF THE RISK	
	REF	What are the key potential consequences (up to 4) of the risk?
		Significant increase in NHSLA contributions
		Failure to maintain Provider Licence (Monitor)
		Impact on Trust's overall performance
IMPACT ON CQC CORE OUTCOMES		
What are the Outcome Reference Numbers?		Reputation of Trust

REFERENCES OF KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK		IMPACT LEVEL	10
Based on those reported to Executive Committee on 16 April 2013			

Potential or actual origins that have led to the risk...		What are the most significant origins (up to 10) which could or have led to the risk?	Amber Green	More...
REF	ORIGIN		RAG	
O1	Significant number of changes to Board of Directors membership		green	➔
O2	Review of the Governance Framework		green	➔
O3	Failure to triangulate outcomes of Board committees		amber	➔
O4	Health and Social Care 2012 - training for Governors		green	➔
O5	Board development		green	➔
O6				
O7				
O8				
O9				
O10				

The risks are CONTROLLED by...			Strength	Movement
What are the key controls (up to 10) that are in place to mitigate these risks?			Red Amber Green	
REF	CONTROL	RAG		
C1	Board Assurance Framework review	green	→	
C2	Revising staffing structure clinical and non-clinical risk teams	green	→	
C3	Control by the Executive Team/COG/BOD	green	→	
C4	Discussions with MIAA and KPMG regarding the Governance Framework	green	→	
C5	Legal services claim management reports	green	→	
C6				
C7				
C8				
C9				
C10				

The REPORTING mechanisms are...			Strength	Movement
What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.			Red Amber Green	
REF	REPORTING MECHANISM	FREQUENC	RAG	
R1	Regular updates to Board of Directors and Board committees	monthly	green	→
R2	Regular updates to Council of Governors/Governors Quality Forum	As required	green	→
R3	Updates to Senior Management Team	Bi-monthly	green	→
R4	Monitor / CQC / WC CCG	As required	green	→
R5	Weekly reporting to Execs	As required	green	→
R6				
R7				
R8				
R9				
R10				

[illegible]

The GAPS IN CONTROL / NEGATIVE ASSURANCES are...				
What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in				
REF	GAP	ACTION PLAN	AGREED DEADLINE	REVISED DEADLINE
G1	Flow of data from operational meetings through the Governance Framework	SPC to communicate with Board committee chairs/Exec Team to formalise the flow of information from operational committess reporting up to Board Committees	Q1 15/16	
G2				
G3				
G4				
G5				
G6				
G7				
G8				
G9				
G10				

**COUNTLESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015**

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE			TARGET RISK SCORE		CURRENT ASSURED LEVEL	Movement			
INITIAL RISK SCORE		PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	Mar-15 Mar-16							
4x4=16		3x4=12	3x4=12	4x3=12 4x3=12							
What is the strategic risk to be controlled?											
REF	STRATEGIC RISK		EXECUTIVE DIRECTOR		BOARD COMMITTEE		Amber	→			
CR9	Failure to maintain Information Governance standards		Medical Director		Finance & Integrated Governance						
IMPACT ON CORPORATE OBJECTIVES(up to top 3)			POTENTIAL CONSEQUENCES OF THE RISK								
			REF	What are the key potential consequences (up to 4) of the risk?							
			PC1	Unable to share clinical data effectively with partner organisations to support the delivery of integrated clinical services							
			PC2	Patient confidence in the Trust adversely impacted							
			PC3	Adverse impact on Trust's reputation resulting from adverse publicity							
IMPACT ON CQC CORE OUTCOMES											
What are the Outcome Reference Numbers?			PC4	Information Commissioners Office (ICO) impose a fine							
REFERENCES OF KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK											
Based on those reported to Executive Committee on XXXX											
Potential or actual origins that have led to the risk...			What are the most significant origins (up to 10) which could or have led to the risk?								
REF	ORIGIN		RAG		IMPACT LEVEL		Movement				
					Red Amber Green						
O1	Unintended loss of confidential or valuable data (clinical, corporate & employee) e.g. lost ward handover sheet		amber		→						
O2	Misdirection of confidential or valuable data to an individual or individuals e.g. incorrectly addressed letter		amber		→						
O3	Incorrect disposal of data media or its content that does not protect confidentiality e.g. confidential waste in a non-confidential bin		green		→						
O4	Inadequate security practices that enable inappropriate access to confidential/valuable data e.g. generic usernames and passwords		amber		→						
O5	Inadequate security controls that enable inappropriate access to confidential/valuable data e.g. paper records accessed on a ward		amber		→						
O6	Access to confidential/valuable data is incorrectly provided to individuals e.g. staff granted system access beyond role based needs		green		→						
O7	Confidential/valuable data shared to a public domain or an unsecured area inappropriately e.g. provision of payroll details for mailshot		green		→						
O8	Confidential or valuable data retained for longer than is mandated by the Department of Health e.g. Meditech records kept indefinitely		amber		→						
O9	Security controls/data media used puts at risk access/legibility/accuracy of data e.g. temporary staff without legitimate access to data		green		→						
O10	Intentional (approved/unapproved) disposal/transfer of confidential/valuable data, inappropriately e.g. child records weeded at 7yrs		amber		↓						
The risks are CONTROLLED by...			Strength		The REPORTING mechanisms are...						
What are the key controls (up to 10) that are in place to mitigate these risks?			Red Amber Green		What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.						
REF	CONTROL		RAG		REF	REPORTING MECHANISM		FREQUENC	RAG	Movement	
C1	95% of staff undertook Information Governance training within the last 2yrs		green		→	R1	Risks and incident trends reported to the Informatics Board		monthly	green	↑
C2	Information Governance and IT Security policies and procedures		green		↑	R2	Risks and incidents reviewed by the Caldicott & IG Panel		monthly	green	→
C3	Use of technology and data sharing agreements to support secure transmission and sharing of data		green		→	R3	Bi-Annual IG and Annual Caldicott reports to the Informatics Board		bi-annual/annual	green	→
C4	Use of encryption to secure data on portable devices		amber		→	R4	Significant incidents reported through STEIS		As required	green	→
C5	Secure disposal of sensitive, confidential and person identifiable waste (paper and electronic)		amber		→	R5	Significant incidents reported to the Information Commissioners Office		As required	green	→
C6	Data flow mapping		red		→	R6	Audits reviewed by the Informatics Board and Action Plans tracked		As required	green	→
C7	Maintain up-to-date Information Asset Register		red		→	R7	Information Governance plan updates to the Informatics Board		Quarterly	green	→
C8	Members of the Information Governance Panel and Caldicott Panel fully trained		amber		↑	R8	Exec Team receives updates on significant risks and issues		Weekly	green	→
C9	Appropriately qualified Information Governance Manager		green		→	R9	Finance & Integrated Governance receives Informatics Board minutes		Bi-Monthly	green	→
C10	Identified and trained Caldicott Guardian and Senior Information Risk Owner		green		→	R10	Audit & research data requests reviewed by Caldicott Panel		monthly	green	→
These are the POSITIVE ASSURANCES actually received...											
What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.											
REPORT REF	POSITIVE ASSURANCE								DATE LAST REPORTED TO COMMITTEE		
A1	Independent review of Information Governance presented to Executive Directors								11-Dec-13		
A2	ICO Data Protection Audit Report (Limited Assurance)								22-Jul-13		
A3	IT Health Check (including Penetration Test) report received								9-Aug-14		
A4	Routine email communications relating to IG alerts and threats								On-going		
A6	Assurance on workforce Information Governance included in HR Annual Plan								5-Jun-14		
A7	MIAA IGT Audit - mandatory (Limited Assurance)								14-Apr-14		
A8	2013/14 Information Governance Toolkit Submission 65%								14-Apr-14		
A9	MIAA IGT Audit - review IGT requirements not covered by 14/4/14 audit (Significant Assurance)								9-Aug-14		
A10	Bi Annual Information Governance report received by Informatics Board								20-Jan-15		
A11	Annual Caldicott report received by Informatics Board								28-Oct-14		
A12	MIAA Core IT Infrastructure Review (Significant Assurance)								19-Jan-15		
A13	MIAA IGT Pre-Audit (Limited Assurance) - review of 16 of the 45 Standards								12-Dec-14		

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
ASSURANCE FRAMEWORK REVIEW MARCH 2015

STRATEGIC RISKS		IMPACT x LIKELIHOOD = RISK SCORE					CURRENT ASSURED LEVEL	Movement
		INITIAL RISK SCORE	PREVIOUS QUARTER RISK SCORE	CURRENT RISK SCORE	TARGET RISK SCORE			
					Mar-15	Mar-16		
					4x4=16	4x4=16		
What is the strategic risk to be controlled?								
REF	STRATEGIC RISK	EXECUTIVE DIRECTOR			BOARD COMMITTEE			
CR10	Failure to provide appropriate Informatics infrastructure, systems and services that support the business objectives of the Trust	Chief Financial Officer			Finance & Integrated Governance		Red	→

IMPACT ON CORPORATE OBJECTIVES(up to top 3)		POTENTIAL CONSEQUENCES OF THE RISK	
	REF	What are the key potential consequences (up to 4) of the risk?	
	PC1	Unable to provide the information required to support effective clinical, operational and business decision making	
	PC2	Inability to enable the internal redesign of clinical and operational workflows required to ensure the long term sustainability of the Trust	
	PC3	Inability to enable the external redesign of clinical and operational workflows required to ensure the long term sustainability of local health services	
IMPACT ON CQC CORE OUTCOMES			
What are the Outcome Reference Numbers?		PC4	Inability to effectively support improvements in the delivery of clinical services in terms of quality, safety and clinical outcomes through technology

REFERENCES OF KEY OPERATIONAL RISKS IMPACTING ON THIS STRATEGIC RISK Based on those reported to Executive Committee on XXXX		IMPACT LEVEL	ent
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Potential or actual origins that have led to the risk...		What are the most significant origins (up to 10) which could or have led to the risk?	Amber Green	Moved
REF	ORIGIN		RAG	
01	In the absence of an Informatics strategy there is a lack of clarity in terms of priorities and resource utilisation		red	→
02	A range of single points of failure in ICT infrastructure and inadequate levels of resilience in particular within telecoms		amber	↑
03	Ineffective management and utilisation of existing ICT assets (equipment, systems, software, data)		amber	→
04	Lack of emphasis on use of technology to enable business change e.g. Meditech replacement		red	→
05	Absence of a local cross health and social care strategy to deliver IT enabled integrated services		amber	→
06	Inefficient and disjointed approach to data collection		red	→
07	Absence of robust mechanisms to properly assess and prioritise demand		green	→
08	Lack of reporting mechanisms up to Board due to delayed commencement of Informatics Board		green	→
09				
010				

The risks are CONTROLLED by...		Strength	Movement	The REPORTING mechanisms are...		Strength	Movement	
What are the key controls (up to 10) that are in place to mitigate these risks?		Red Amber Green		What are the key reporting mechanisms (up to 10) that will provide assurances that the key controls are effective? (E) = External assurance.		Red Amber Green		
REF	CONTROL	RAG		REF	REPORTING MECHANISM	FREQUENCY	RAG	
C1	Good programme and project governance (e.g. industry standard methodologies, business change & benefits)	amber	→	R1	Informatics strategy reviewed by the Informatics Board	annual	red	→
C2	Information Governance and IT Security policies and procedures	green	↑	R2	Informatics programme progress reported to the Informatics Board	6 monthly	green	↑
C3	Appropriate membership and governance arrangements for the Informatics Board and its sub-groups	green	→	R3	Informatics Board monitoring project progress (value >£50k)	As required	green	→
C4	Comprehensive and fully tested disaster recovery and business continuity plans	amber	→	R4	Informatics service key performance indicators reviewed	quarterly	amber	→
C5	Clinical engagement through Chief Clinical Information Officer, Divisional CIO's and Clinical Advisory Group	green	→	R5	Audits reviewed by the Informatics Board and Action Plans tracked	As required	green	→
C6	Up-to-date and fit for purpose Informatics Strategy which is owned by the business	red	→	R6	Finance & Integrated Governance receives Informatics Board minutes	Bi-Monthly	green	→
C7	Audit programme that includes Penetration Testing, Backup & Resilience, IGT and Asset Management	green	→	R7	Risks and incidents reported and reviewed at Informatics Board	monthly	green	→
C8	IT infrastructure, desktop and mobile assets supported, maintained and replaced in-line with best practice	amber	→	R8	Informatics Stocktake with Executive Directors	quarterly	green	→
C9	Use of data warehousing to develop single version of the truth	amber	→	R9				
C10	Review of staffing structures to support achievement of objectives	amber	→	R10				

These are the POSITIVE ASSURANCES actually received...

What are the key actual positive assurances received through reporting (up to 20) that a control has remained effective.

[illegible]

The GAPS IN CONTROL / NEGATIVE ASSURANCES are...

What are the remaining key gaps (up to 10) in the controls or negative assurances despite the stated controls and positive assurances in place?

REF	GAP	ACTION PLAN	AGREED DEADLINE	REVISED DEADLINE
G3	Disaster recovery and business continuity plans not developed or tested	Develop timetable for review and testing of plans	Q4 15/16	
G4	Senior Informatics team roles, responsibilities and structures not currently fit for purpose	Review and update job descriptions, bandings and structure of the senior Informatics team	Q1 14/15	Q4 14/15
G5	Inadequate Informatics Staff Development and no professional accreditation	Develop Informatics as a profession Achieve foundation level ISD accreditation	Q4 14/15	Q4 15/16
G6	Support the development of integrated health and social care records enabled by robust data warehousing & reporting	Implement an integrated health and social care record Implement new data warehouse	Q1 14/15 Q2 14/15	Q4 14/15 Q1 15/16
G11	Absence of Informatics/Digital Strategy	Develop and present new Informatics/Digital Strategy to Board of Directors	Q4 14/15	Q1 15/16
G12	Remote connections for Meditech and N3 contain a number of single points of failure	Undertake assessment of remote connection single points of failure and develop a set of recommendations for consideration	Q1 15/16	
G13	Inadequate information reporting tools	Implement new ClickView reporting solution for A&E, 18wks and Quality	Q2 15/16	