

Meeting	11th July 2024	Council of Governors					
Report	Agenda item 9c.	Strategic Oversight Framework Report – April 2024					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Cathy Chadwick				Chief Operating Officer		
Author(s)	Cathy Chadwick				Chief Operating Officer		
Board Assurance Framework	BAF 6	Underlying Long Term Trust Financial Sustainability					
	BAF 12	Access, Waiting Times, Care Pathways and Constitutional Standards					
	BAF 10	Data Quality					
	BAF 14	Quality & Safety					
	BAF 16	Safety - Infection Prevention & Control (IPC)					
	BAF 17	Safety - Nursing & Midwifery Workforce					
	BAF 1	Recruitment					
	BAF 2	Retention					
	BAF 3	Staff Engagement					
	BAF 5	Workforce Capacity					
Strategic Aims	All aims						
CQC Domains	Safe/Effective/Caring/Responsive & Well Led						
Previous Considerations	Board of Directors – 4 th June 2024						
Summary	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> Summarise the key performance indicators. Assure the COG of the monthly oversight of Trust priorities against agreed targets. Highlight areas of high or low performance. 						
Highlights	<p>Areas of positive assurance:</p> <ul style="list-style-type: none"> Hospital Standardised Morality Ratios (HSMR) Sustained reduction in open complaints 0 cases of MRSA Sustained reduction of Hospital Acquired Pressure Ulcers Sustained reduction in the number of open complaints. Reduction in long waiting elective patients. Reduction in the total size of waiting list. Sustained reduction in Nurse agency spend. Sustained reduction in staff turnover <p>Areas requiring improvement:</p> <ul style="list-style-type: none"> Sepsis Treatment Medical Agency Spend Emergency Medicine Performance Annual Appraisal and Mandatory Training Compliance 						

	<ul style="list-style-type: none"> Financial Overspend
Recommendation(s)	The Council of Governors is asked to note the contents of the report, the areas of positive assurance and the areas for improvement.
Corporate Impact Assessment	
Statutory Requirements	Access Targets (Elective and Urgent Care)
Quality & Safety	Monitors patient safety issues
NHS Constitution	Monitors performance against key targets
Patient Involvement	Not applicable
Risk	Risk to achievement of targets included on strategic risk register
Financial impact	Not applicable
Equality & Diversity	Not applicable
Communication	Not applicable

COCH Strategic Oversight Framework

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COCH SOF Summary - Quality & Safety Overview

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M1	HSMR	TOTAL	Jan-24	95.5			100	98.8	102	105
M2	SHMI	TOTAL	Nov-23	96.7			100	95.7	98.4	101
M3	Registered Staffing %	TOTAL	Apr-24	93.1%			95%	90.4%	95.1%	99.8%
M4	Unregistered Staffing %	TOTAL	Apr-24	107%			95%	98.7%	107%	115%
M5	Incident Reporting	All Incidents	Apr-24	1178			700	966	1,244	1,522
M5	Incident Reporting	Falls Rate Per 1000 Bed Days	Apr-24	6.88			7	3.23	6.51	9.80
M5	Incident Reporting	Falls With Harm Rate Per 1000 Bed Days	Apr-24	0.183			0.3	-0.248	0.248	0.745
M5	Incident Reporting	Hospital Acquired Pressure Ulcers Rate Per 1000 Bed Days	Apr-24	0.98			2.5	0.802	1.95	3.10
M5	Incident Reporting	Medication Incidents	Apr-24	79			110	50.1	105	160
M5	Incident Reporting	Medication Incidents With Harm	Apr-24	1			0	-1.90	1.46	4.81
M5	Incident Reporting	Moderate Harm And Above	Apr-24	45			80	11.0	64.1	117
M5	Incident Reporting	Never Events	Apr-24	1			0	-0.560	0.25	1.06
M5	Incident Reporting	Present On Admission Pressure Ulcers Rate Per 1000 Bed Days	Apr-24	3.23				2.22	4.15	6.07
M5	Incident Reporting	STeIS Reported Incidents	Apr-24	1			0	-2.70	4.13	10.9
M8	Infection Control	Infection Control - MRSA Cases	Apr-24	0			0	-0.190	0.0417	0.273
M8	Infection Control	Infection Control - Rate of C.Difficile	Apr-24	5			4	-1.64	6.46	14.6
M9	Sepsis	Sepsis Screening	Feb-24	80%			84%	57.0%	81.5%	106%
M9	Sepsis	Sepsis Treatment	Feb-24	40%			84%	-1.58%	45.7%	93.0%
M10	Complaints	Patient Feedback: Open Complaints	Apr-24	14			40	40.6	55.8	71.1
M27	FFT Positive	FFT A&E Positive Rate	Apr-24	76.8%					68.0%	
M27	FFT Positive	FFT IP Positive Rate	Apr-24	92.6%					92.3%	
M27	FFT Positive	FFT OP Positive Rate	Apr-24	93%					93.5%	
M28	FFT Response	FFT A&E Response Rate	Apr-24	14.5%					14.4%	
M28	FFT Response	FFT IP Response Rate	Apr-24	24.4%					26.8%	
M28	FFT Response	FFT OP Response Rate	Apr-24	12.7%					14.2%	

Metric ID	MetricName	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
W1	Number of Women giving birth	Apr-24	146	☺			127	170	214
W2	Number of Live Births (All Babies)	Apr-24	148	☺			128	172	216
W3	Total Number of Women experiencing a Caesarean Section	Apr-24	73	☺			48.3	73.7	99.2
W4	Number of Maternal Deaths	Apr-24	0	☺			0	0	0
W5	Number of Cases of Eclampsia	Apr-24	0	☺			0	0	0
W6	Number of Neonatal Admissions - Term Babies	Apr-24	7	☺			-2.39	5.13	12.6
W7	Number of Early Neonatal Deaths (< 7 Days Old)	Apr-24	0	☺			-0.190	0.0417	0.273
W8	ITU Admissions	Apr-24	0	☺			-0.459	0.322	1.10
W9	Room 15 emergency theatre use	Apr-24	0	☺			-0.922	0.253	1.43
W10	Number of Babies Born in MLU	Apr-24	5	☺			-0.912	6.83	14.6
W11	Total Number of Stillbirths (≥ 24 weeks) (Babies)	Apr-24	1	☺			-1.01	0.375	1.76
W12	Number of 3rd/4th Degree Tears in Vaginal Births	Apr-24	2	☺			-2.09	1.96	6.01
W13	Number of Haemorrhages ≥1500 ml	Apr-24	10	☺			-1.11	7.48	16.1
W14	Obstetric Unit - number of days the service has diverted on in reporting period	Apr-24	0	☺			-0.619	0.348	1.32
W15	HSIB suspected brain injuries in inborn neonates grade 3 HIE	Apr-24	0	☺			-0.198	0.0435	0.285
W16	Coroner Reg 28 made directly to Trust	Apr-24	0	☺			0	0	0
W17	Term Admission Rate	Apr-24	4.79%	☺			-0.950%	2.94%	6.82%
W19	Progress in achievement of CNST (out of 10)	Apr-24	10	☺			4.67	7.09	9.51
W21	Service User Feedback: number of formal complaints	Mar-24	2	☺			-0.550	0.375	1.30
W22	staff feedback from frontline champions and walkabouts (number of themes)	Mar-24	0	☺			-0.685	0.455	1.59
W24	Minimum Safe Staffing in Maternity Services: NN middle grade workforce rota gaps (SHO)	Mar-24	0%	☺			50.9%	62.5%	74.1%
















CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Inadequate	Inadequate	Requires Improvement	Good	Inadequate	Requires Improvement

Maternity Safety Support Programme	Yes	Simon Meighan
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Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)	46.4%
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they rate the quality of clinical supervision out of hours (Reported annually)	88.7%

COCH SOF Summary - Key Returns Overview

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M11	ED Performance	ED 4 Hour Wait Standard	Apr-24	59.9%		😊	76%	48.1%	55.9%	63.8%
M11	ED Performance	ED 4 Hour Wait Standard - Type 1	Apr-24	48.9%		😞	76%	45.0%	52.8%	60.6%
M12	RTT - 18 Week Compliance	18 Week Referral To Treatment (RTT) Incomplete Pathways	Apr-24	51.2%		😊	92%	44.7%	47.1%	49.6%
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 104 Weeks	Apr-24	2		😊	0	-12.7	16.7	46.1
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 52 Weeks	Apr-24	1653		😊	0	2,564	3,232	3,899
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 65 Weeks	Apr-24	138		😊		606	976	1,345
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 78 Weeks	Apr-24	2		😊	0	30.5	166	301
M13	RTT Waitlist Sizes	Total 18 Week RTT Incomplete Pathways	Apr-24	30356		😊	40000	33,602	35,463	37,325
M14	Diagnostics 6 Week Standard	Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01)	Mar-24	12.6%		😊	1%	16.6%	26.8%	37.0%
M15	Cancer Performance	Cancer Treatments: 28 Day FDS	Mar-24	81.9%		😊	75%	50.6%	63.5%	76.4%
M15	Cancer Performance	Cancer Treatments: 31 Day Standard	Mar-24	93.8%		😊	96%	88.3%	96.0%	104%
M15	Cancer Performance	Cancer Treatments: 62 Day Standard	Mar-24	75.4%		😊	85%	54.5%	71.2%	88.0%
M23	12 Hour DTA Breaches	12 Hour DTA Breaches	Apr-24	641		😊		397	604	811
M24	Ambulance Handover	30-60 minutes	Apr-24	483		😊		188	349	510
M25	Ambulance Handover	60 minutes +	Apr-24	198		😊		-9.74	232	474
M26	ED 12 Hours Waits	Patients Waiting 12 Hours +	Apr-24	1170		😊		800	1,263	1,727

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M16	Sickness Absence	Sickness Absence Rate	Apr-24	5.93%	 		5%	4.64%	5.51%	6.38%
M17	Mandatory Training	Mandatory Training Compliance	Apr-24	87.5%	 		90%	82.1%	84.3%	86.4%
M18	Annual Appraisal	Annual Appraisal Compliance	Apr-24	79.7%	 		80%	68.3%	74.2%	80.0%
M19	Staff Turnover	Staff Turnover Percentage	Apr-24	8.28%	 		10%	9.46%	10.2%	10.9%
M20	Cap Rates	Medical & Dental Reduction in Agency Shifts over Cap Rates	Apr-24	262	 		120	119	200	281
M20	Cap Rates	Nursing & Midwifery Reduction in Agency Shifts over Cap Rates	Apr-24	119	 		1200	453	733	1,014
M20	Cap Rates	Other Reduction in Agency Shifts over Cap Rates	Apr-24	452				417	746	1,076
M21	Agency Spend	Medical Agency Spend	Apr-24	267000				104,121	206,652	309,183
M21	Agency Spend	Nursing Agency Spend	Apr-24	113000				334,869	588,174	841,478

Highlights:

- Ward Accreditation Framework trial – ‘Striving for Excellence’ completed for AMU
- Each Division has completed a CQC self assessment and presented outcomes, areas of excellence and areas for improvement identified.
- Safer Nursing Establishment Review completed with check and challenge and accountability meetings regarding bank and agency usage in place.
- Tissue Viability Nurse Consultant commenced in post
- The Patient and Family Experience Strategy launched in early April 2024, each area completing action plan for each of the six steps
- Nurses and Midwives day

Areas of Concern:

There has been a small increase of incidents with harm related towards the later part of April 2024

The top 4 reported incident categories were : Skin Integrity (157), Slips, trips and falls (inpatient) 113, staffing 80 and medication incidents 78

Learning from incidents themes includes rounding, escalation, clinical observation, risk assessments, rounding, handover of care.

Concerns remain regarding CDiff – 28 cases between Jan – March 24 with a further 5 in April 24

There were 6 Trust assigned MSSA cases in April.

The Trust reported one Never Event in April - The incident in question pertains to a retained foreign object post-procedure, specifically a swab following a post-partum haemorrhage perineal repair following a forceps delivery.

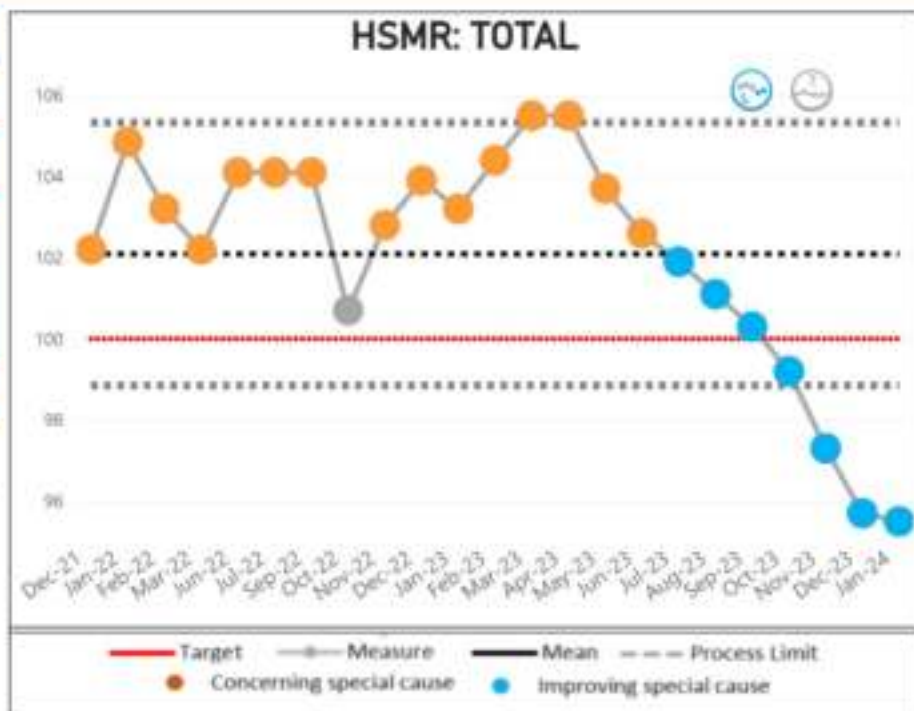
Forward Look (with actions):

Quality Account finalised

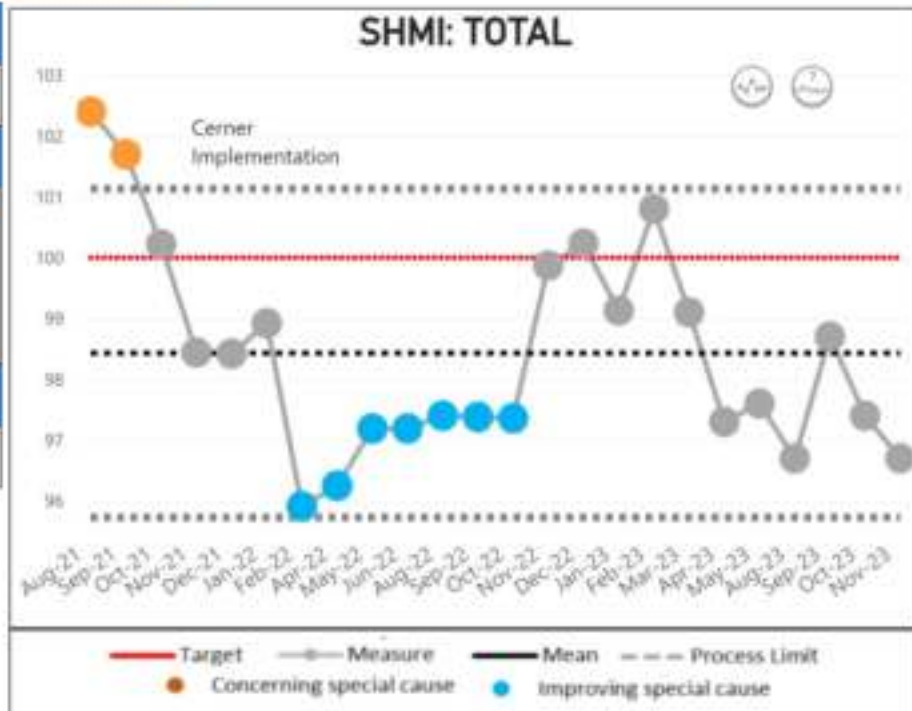
Improvements required in IPC compliance – urinary catheter audits/commode audits

Improvements required with risk assessments – falls/Braden/MUST

Jan-24
95.5
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
100



Nov-23
96.7
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
100



HSMR Narrative

The current HSMR (to January 2024) is now 95.5 which is an decrease on the previous period. From April - 23 onward, we are showing a statistically significant decrease in our HSMR score. As the reporting period now excludes most of the aftermath of the Cerner implementation the mean has dropped, and we now see that the current reporting figure is below the Lower Control Limit, showing an improved performance in this metric.

HSMR Narrative

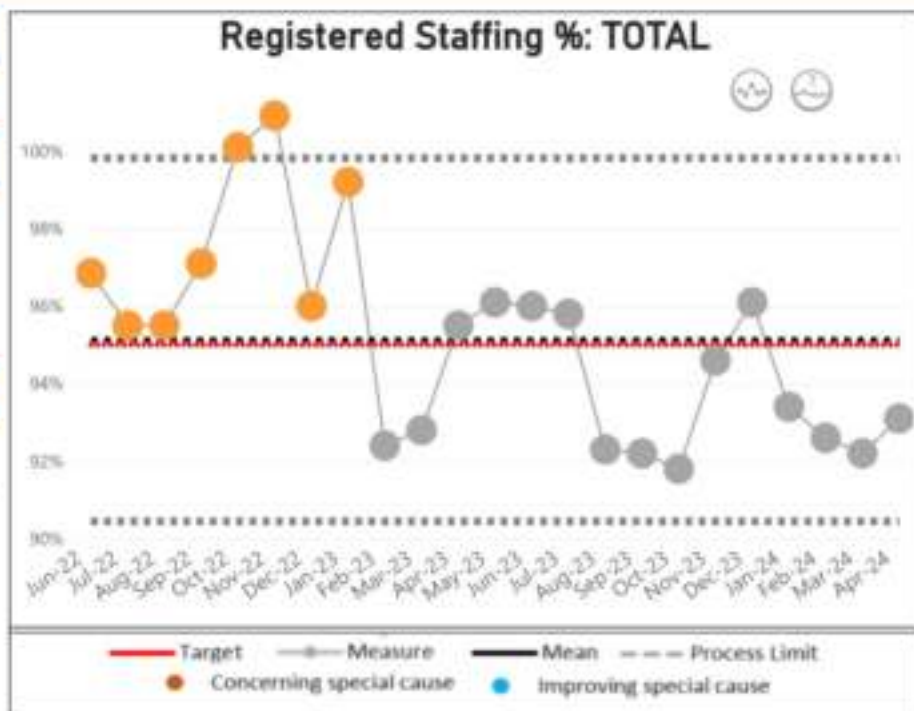
Update for April 2024 meeting: Telstra (Dr Foster) have communicated that the release of M11 HES data (March 2023 to February 2024) which was scheduled for Thursday 16th May 2024 will not go ahead. Data within HIP will remain at the M09 position (January 2023 to December 2023).

SHMI Narrative

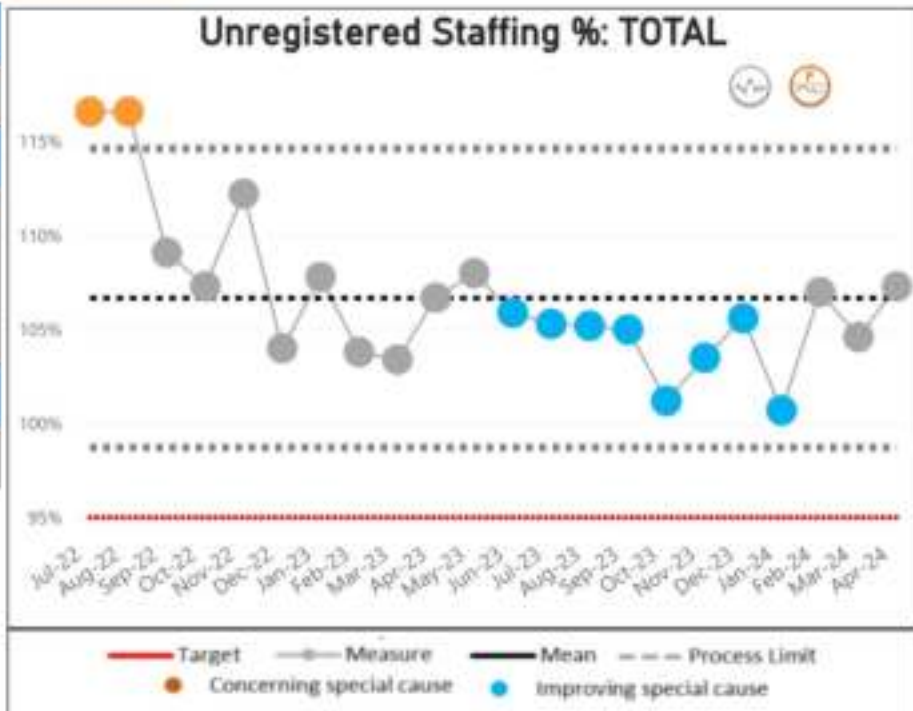
The current SHMI (to November 2023) remains sub 100 which is on par with previous periods and remains within the expected range.

From a statistical perspective, the Trust had seen a run of 7 points below the mean, showing a statistically significant improvement in this metric, for the last 4 reporting months we have been below the mean but remain within the expected range, we remain below the target of 100.

Apr-24
93.1%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



Apr-24
107%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



Registered Nursing Narrative

Registered nursing fill rates have remained slightly below target in recent months. Staffing of escalation areas and sickness have affected this metric considerably in prior months. Staff are deployed in real-time to meet the needs of patients and skill mix is monitored by the Centralised Nursing Workforce Team (CNWT) with oversight provided by the senior nursing team.

Unregistered Nursing Narrative

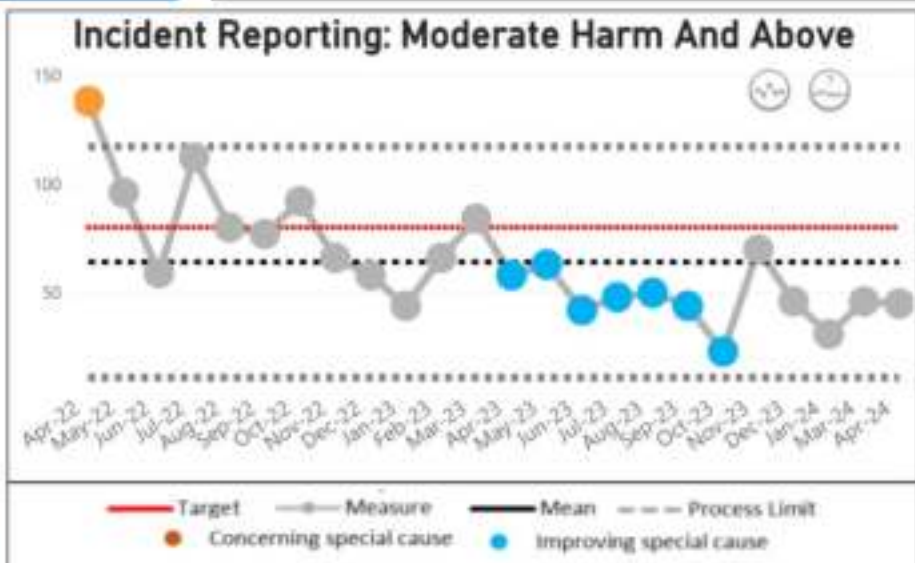
Unregistered nursing fill rates remain above 100%, this is due to the complexity of patients, with multiple wards and departments operationalising 'zoned bays' and nursing patients required on-to-one. There was a statistically significant run of 8 points below the mean between June-23 and Jan-24 but we have returned to the other side of the mean in recent months.

There will be additional metrics relating to nurse staffing in next month's SOF, with divisional breakdowns of Care Hours Per Patient Per Day (CHPPD) making a return.

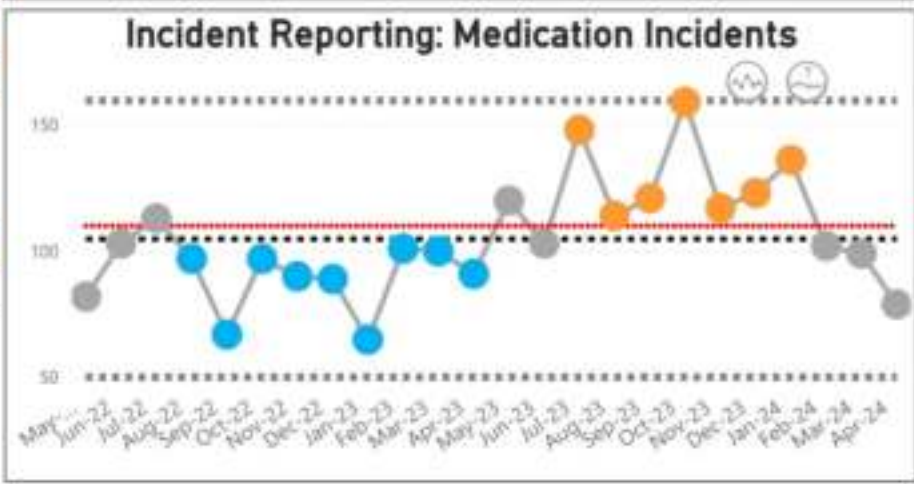
Apr-24
1178
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
700



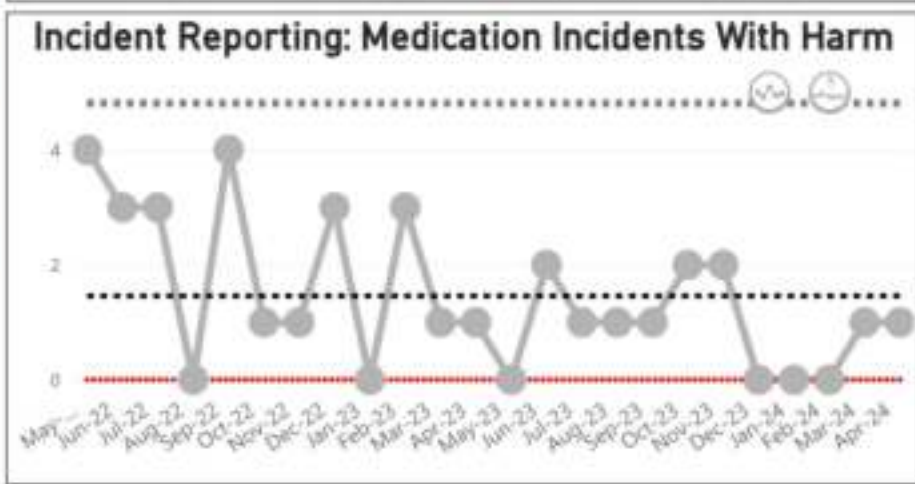
Apr-24
45
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
80



Apr-24
79
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
110



Apr-24
1
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Incident Reporting Narrative

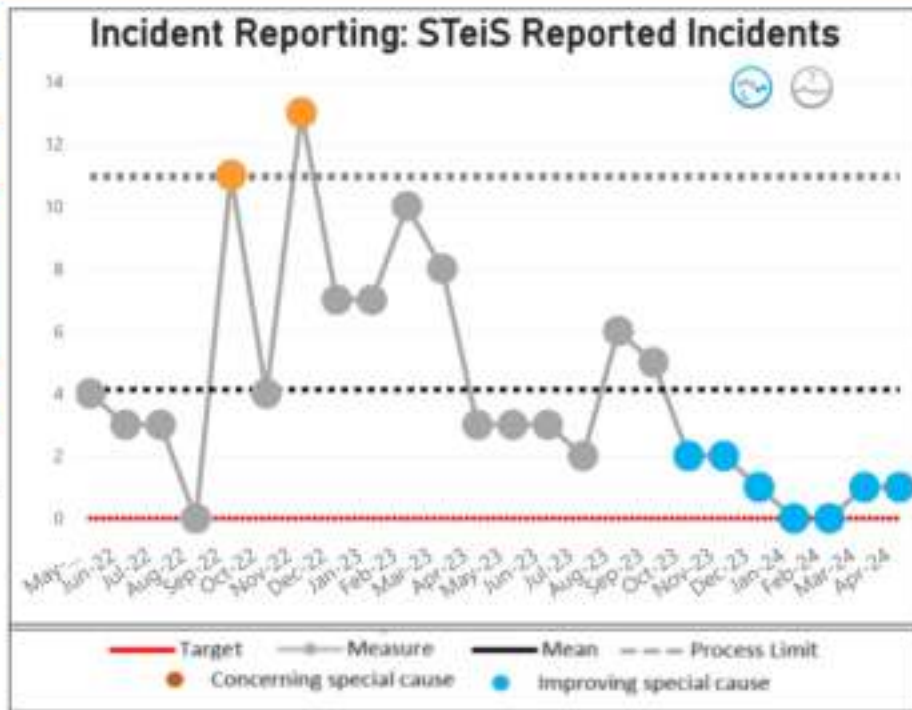
The metric for overall incidents has been changed, historically this metric comprised of only the incidents that were sent to NRLS now we are looking at any logged incident. There has been an decrease in the overall number of incidents reported (clinical and non-clinical); a total of 1168 – an decrease of 10 in comparison to March 2024.

The top 4 reported incident categories were: Skin Integrity 157 (13.4%), Slip, Trip, Fall (In-Patient) 113 (9.7%), Staffing 80 (6.8%) and Medication Incidents 78 (6.7%).

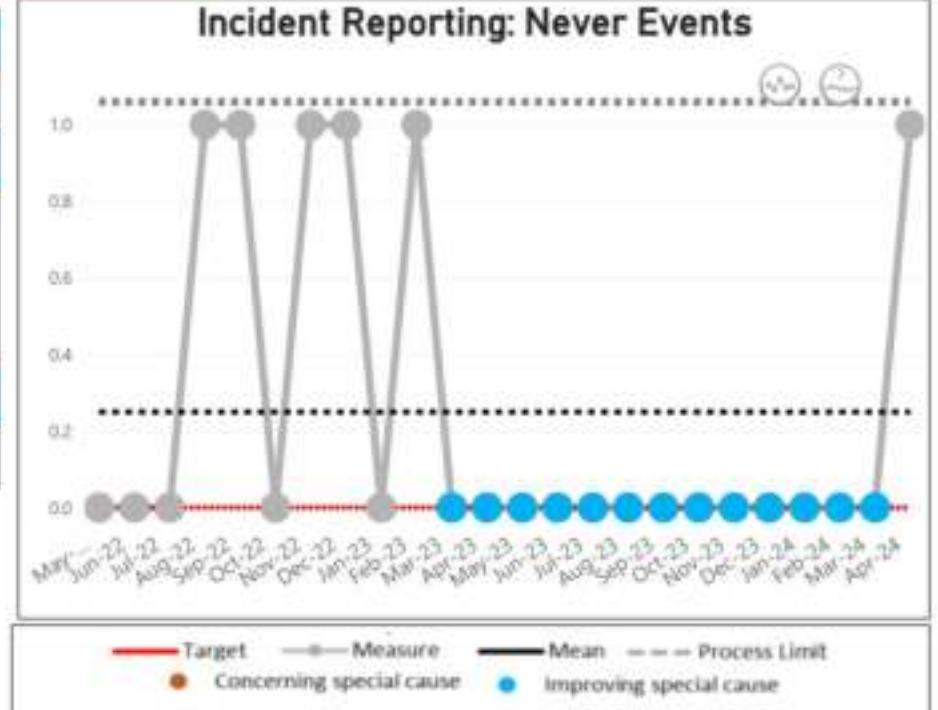
Medication Incidents Narrative

Medication incidents had shown a run of 7 points above the mean from July-23 to Jan-24, but for the last three reporting months we have returned below the mean. The top three sub categories for medication incidents during Apr 24 are currently: Administration Errors (10), Drugs not given (8) and Monitoring Issue (6). This is consistent with prior months. No incidents where harm was caused have been reported in April.

Apr-24
1
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0



Apr-24
1
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
0



Serious Incidents Narrative

The Trust has again reported 1 Incident to StEIS this month. This incident is also a never event, the first one of its kind for 14 months.

The incident pertains to a retained foreign object post-procedure, specifically a swab following a post-partum haemorrhage perineal repair following a forceps delivery.

As per Trust protocol, any Never Event triggers a thorough investigation to identify lessons and ensure shared learning.

We will continue to monitor these metrics closely as PSIRF comes in.

Apr-24

6.88

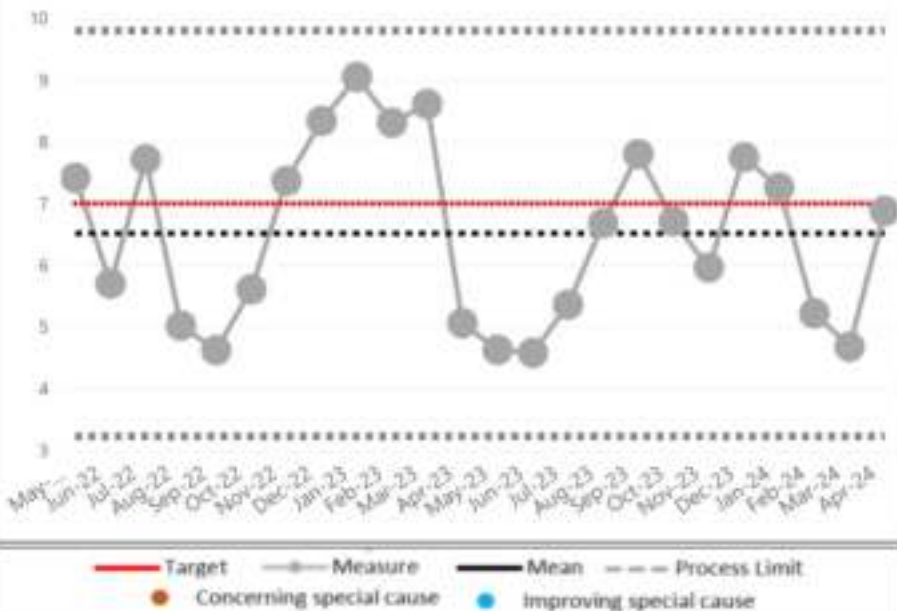
Variance

Common cause variation,
NO SIGNIFICANT CHANGE.

Target

7

Incident Reporting: Falls Rate Per 1000 Bed Days



Apr-24

0.183

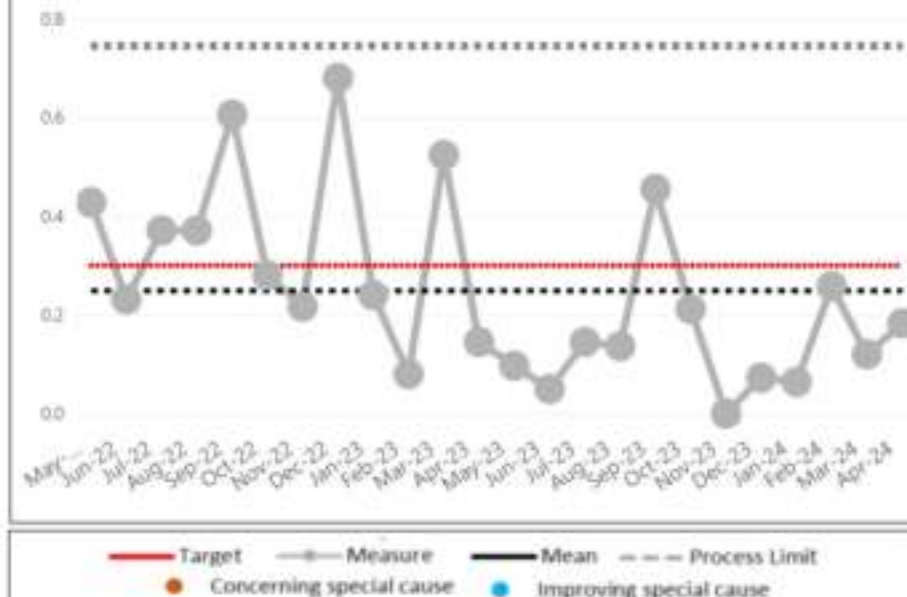
Variance

Common cause variation,
NO SIGNIFICANT CHANGE.

Target

0.3

Incident Reporting: Falls With Harm Rate Per 1000 Bed Days

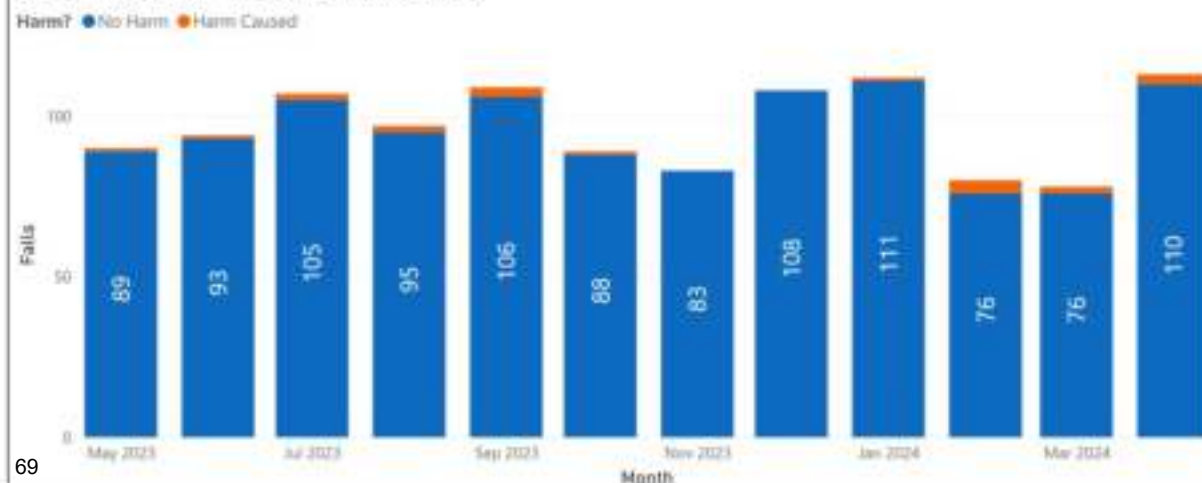


Falls Narrative

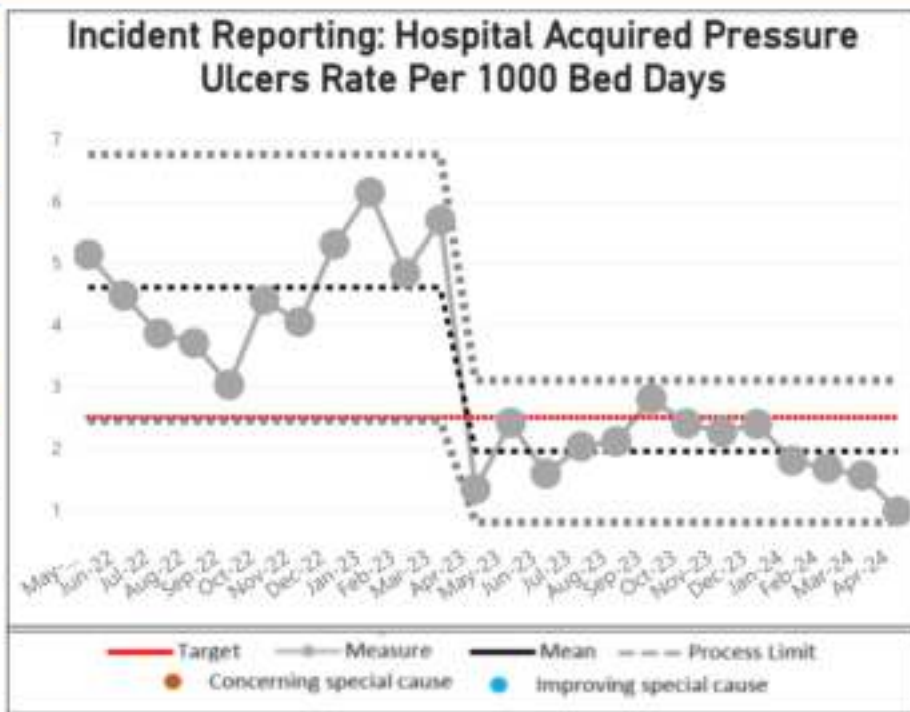
Falls has been reviewed as part of the 6 steps to patient safety and the aim will be to reduce the number of falls with harm by 40%. The Trust met it's target of reducing falls with harm by 40% in 2023/24 and we are on track to see further reductions in the coming year. The Trust has recategorised some existing falls with harm that existed and our final position for 2023/24 is reporting 19 falls with harm, which is a monthly reduction of 45.7% compared to our position in 2022/23.

The harms improvement programme for 24/25 have been set and the smart targets are now to see a 20% reduction in overall Falls which encompasses a 20% reduction in unwitnessed falls as well.

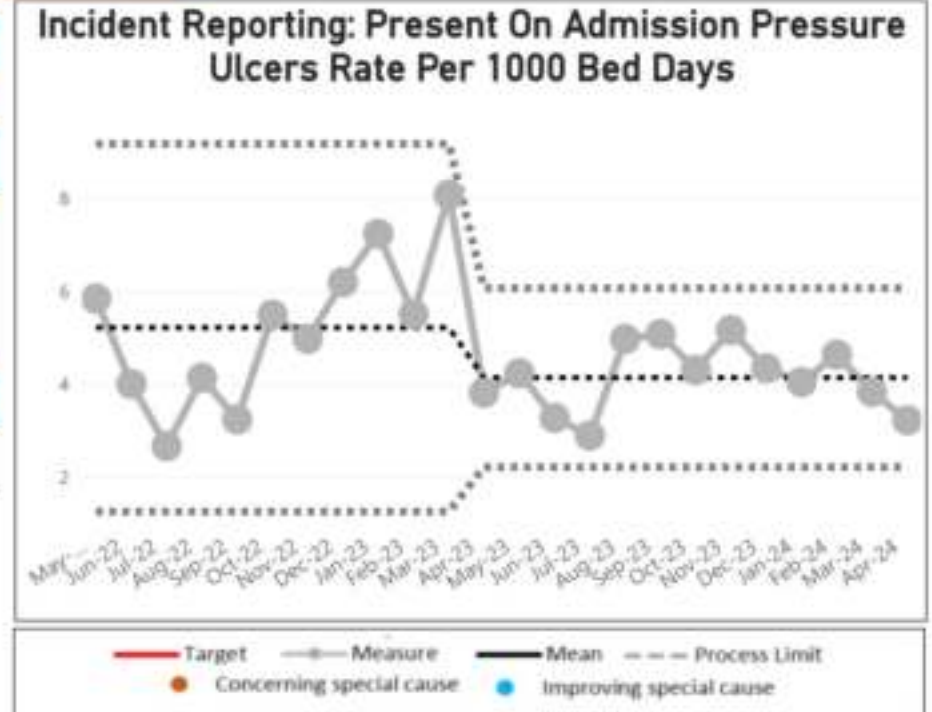
Overall Figures For Falls Split By Harm Caused



Apr-24
0.98
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
2.5



Apr-24
3.23
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
2.5



Pressure Ulcer Narrative

Considerable work has been done to move our Pressure Ulcer reporting in line with national standards, the Trust has finalised what we consider a Pressure Ulcer and what is considered a Skin Integrity Incident. This new methodology dates back to the start of the financial year and a step change will be put in place to acknowledge this change. The chart on the right is inclusive of all Skin Integrity Incidents. We have now amended our reporting again in line with national guidance, Deep Tissue Injuries will now sit under Skin Integrity but will not be part of our Pressure Ulcer numbers.

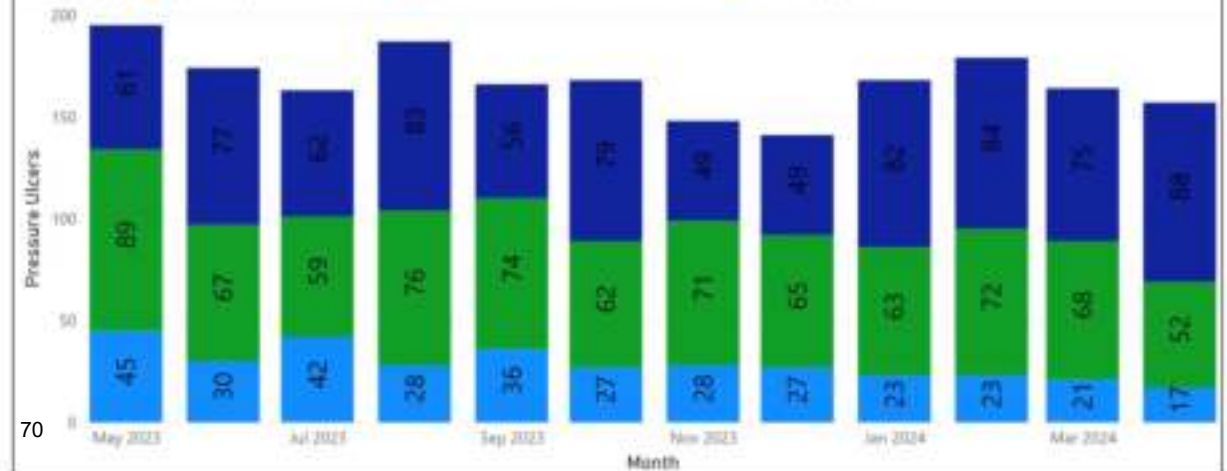
The target from the harms improvement programme is to reduce Hospital Acquired Pressure Ulcers by 40% by the 31st March 2025 with the new methodology of Pressure Ulcer reporting.

In April we saw 157 Skin Integrity Incidents, of which 69 counted as Pressure Ulcers. This Pressure Ulcer figure comprised of 18 Hospital Acquired and 51 Present on Admission, which means 26.1% of our pressure ulcers were hospital acquired, compared to the 2022/23 financial year average of 44%.

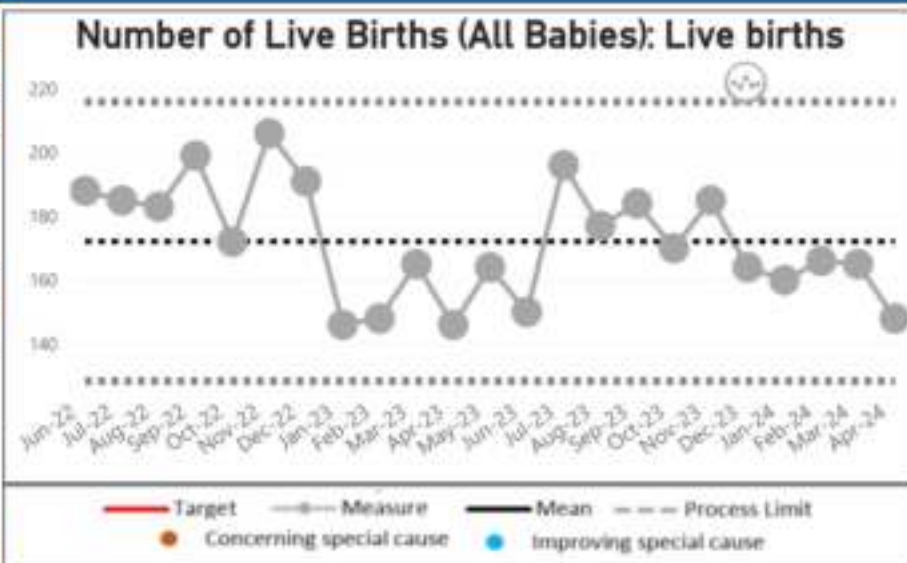
There were 2 moderate or above incidents reported in month, 1 of which was a deterioration of a present on admission ulcer and the other was a Category 4 Pressure Ulcer on an elderly medicine ward.

Overall Figures For Skin Integrity Incidents Split By Type

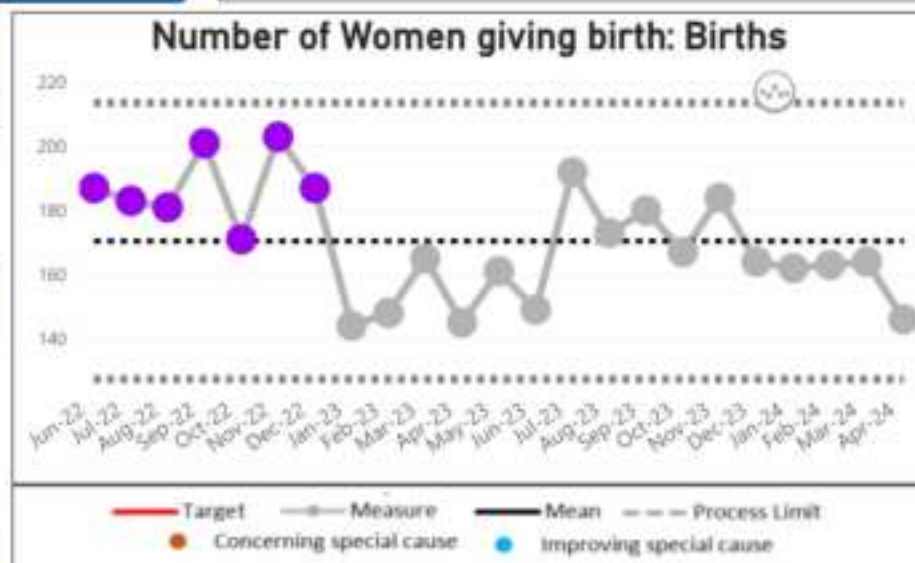
PU Category: Hospital Acquired Pressure Ulcer (Blue), Present On Admission Pressure Ulcer (Green), Skin Integrity Incident (Dark Blue)



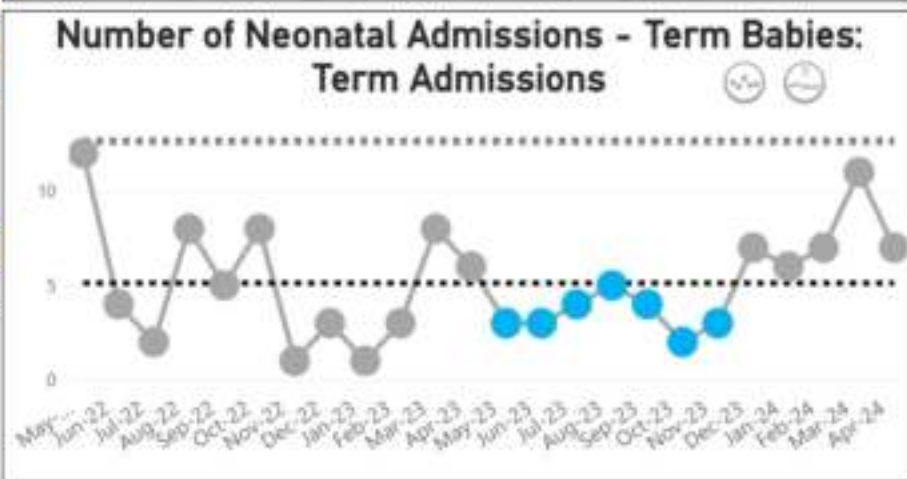
Apr-24
148
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



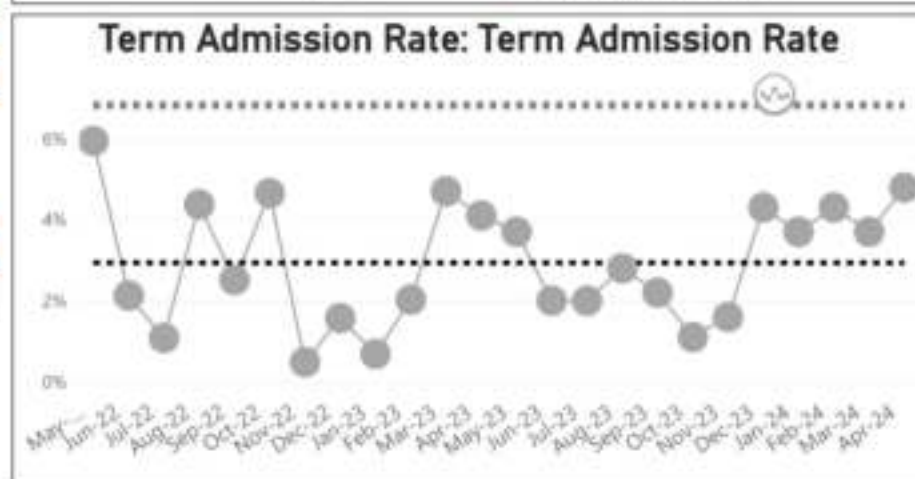
Apr-24
146
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Apr-24
7
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



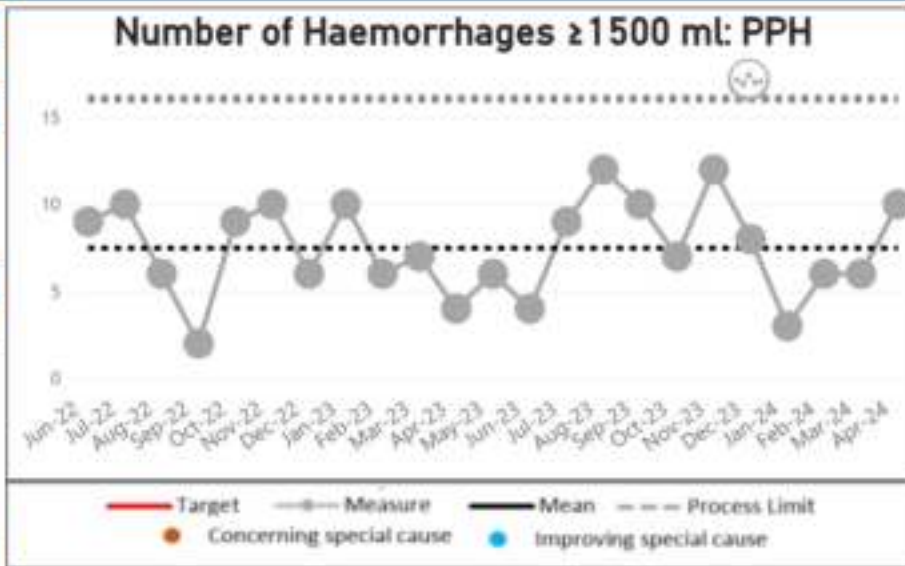
Apr-24
4.79%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



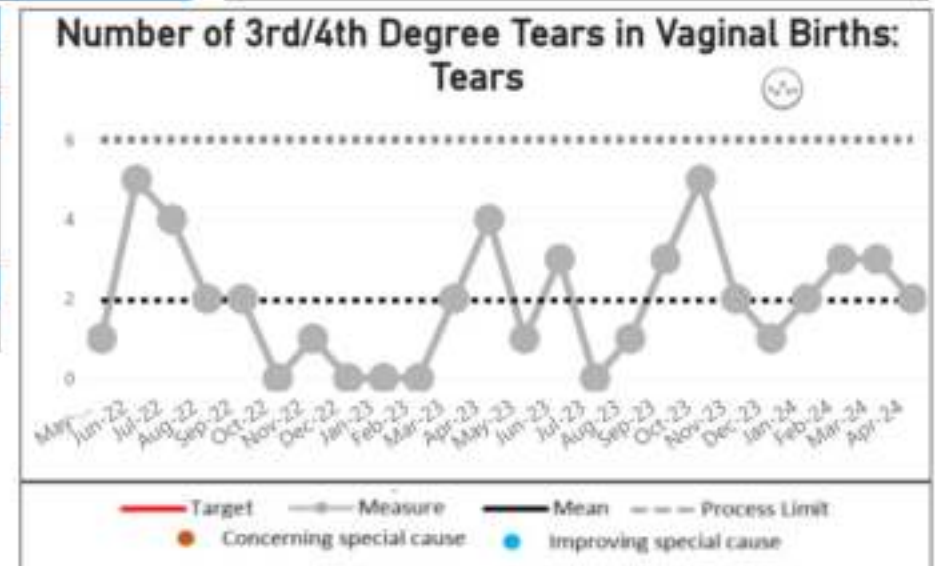
Narrative
 Since July, the number of live births in the Trust has been consistent.

Narrative
 Term admissions reduced in the reporting month and remains within the target of 5%. There will always be term admissions for appropriate clinical reasons – although we certainly want to keep our numbers low, demonstrating only those infants that definitely need admission are admitted. The Trust has maintained a strong position for this metric during the entire reporting period.

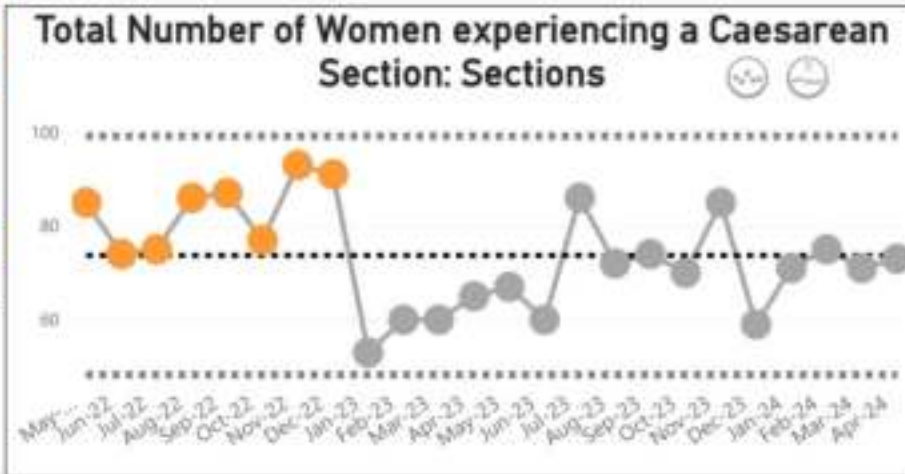
Apr-24
10
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Apr-24
2
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



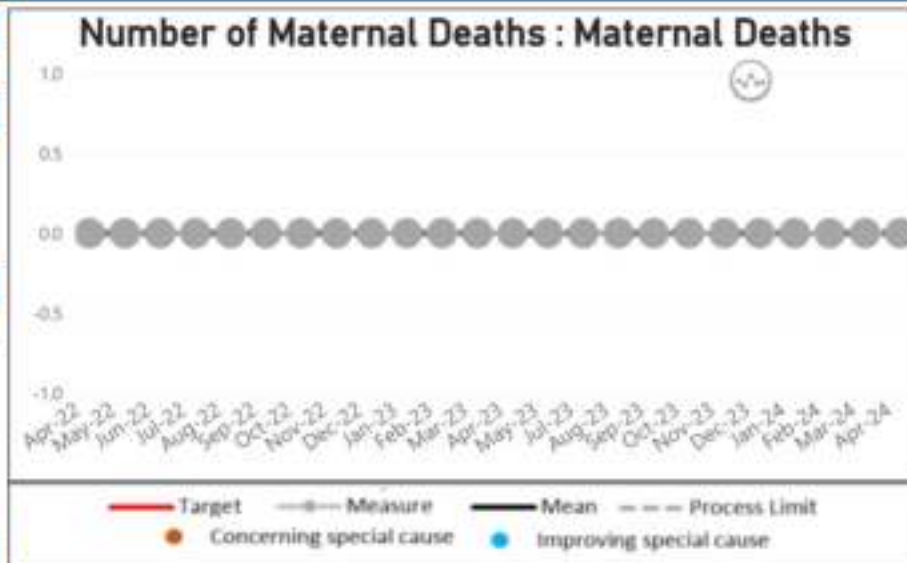
Apr-24
73
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



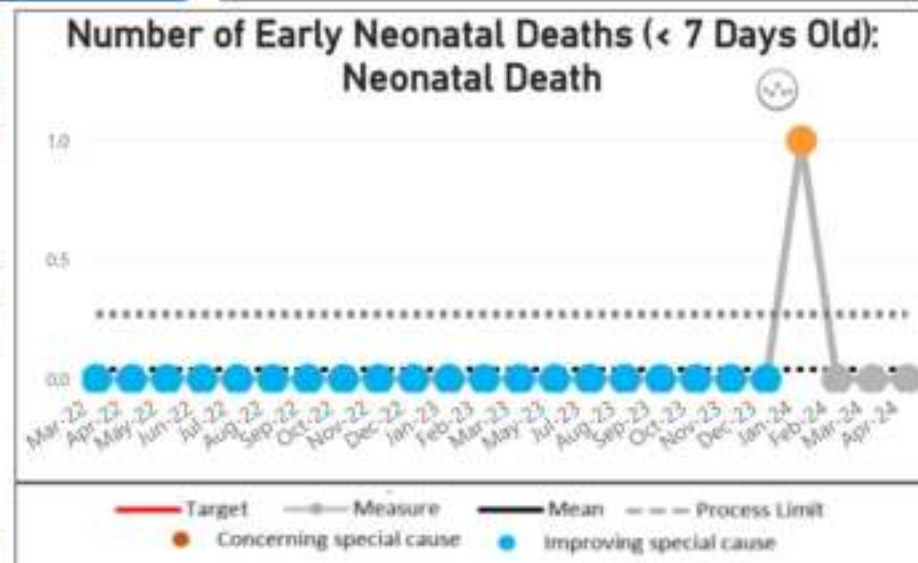
Narrative

Haemorrhages over 1500 ml has increased in the reporting month but remains close to the process mean. Women having a caesarean has increased in line with the overall number of women giving birth and the number of 3rd/4th degree tears remains close to the process mean.

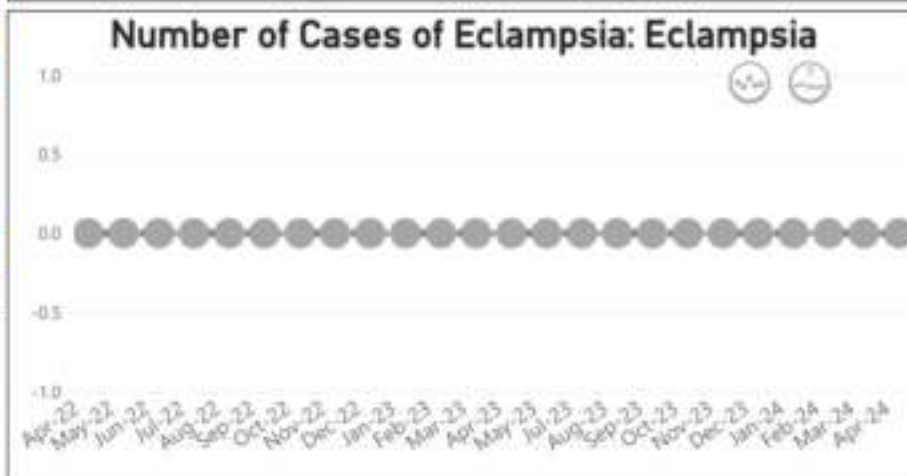
Apr-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



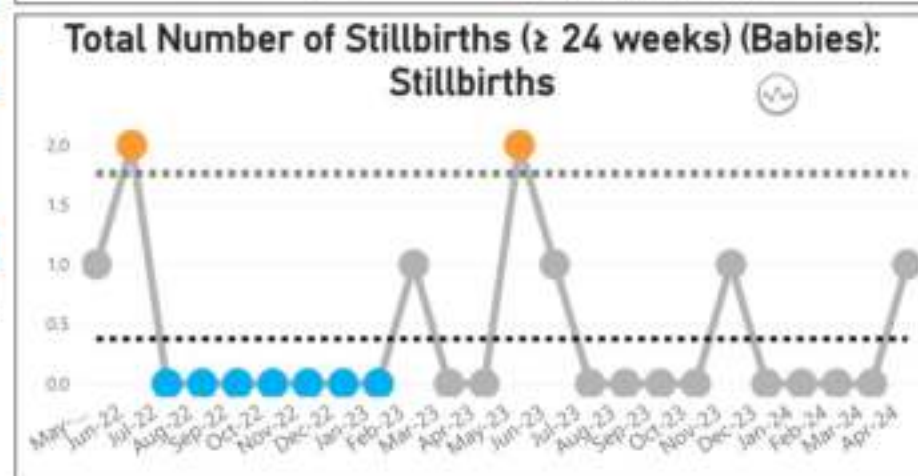
Apr-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Apr-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



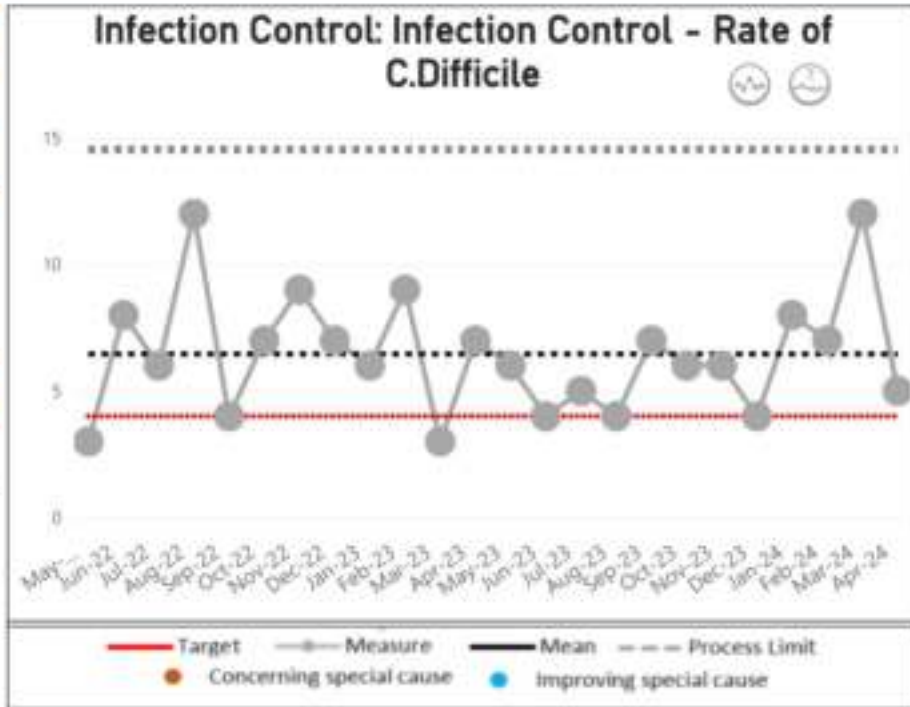
Apr-24
1
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



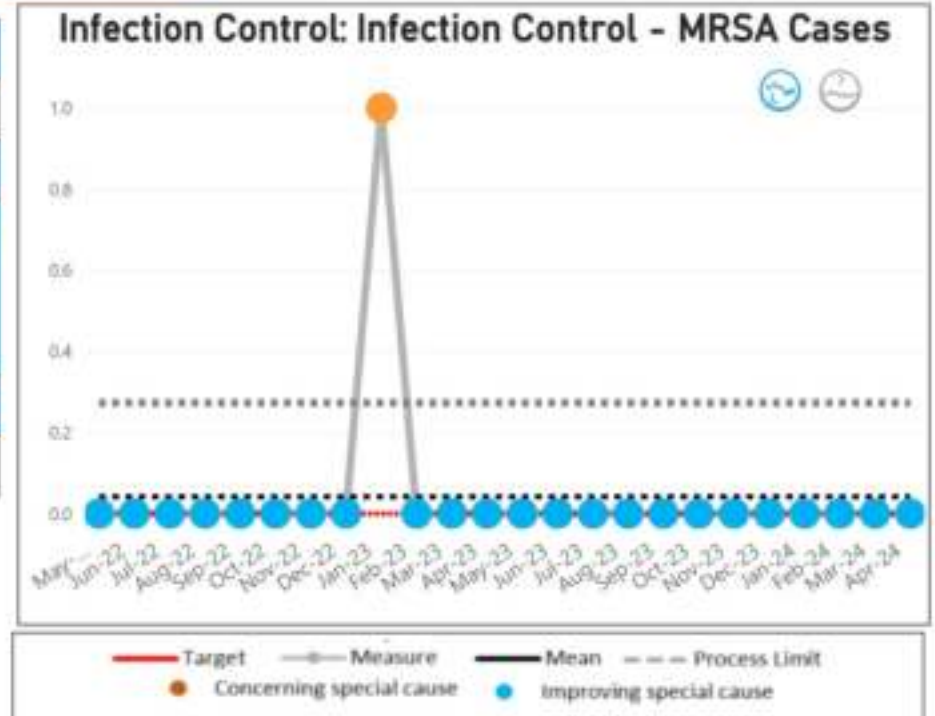
Narrative

The Trust continues a strong position across all maternal death metrics.

Apr-24
5
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
4



Apr-24
0
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0

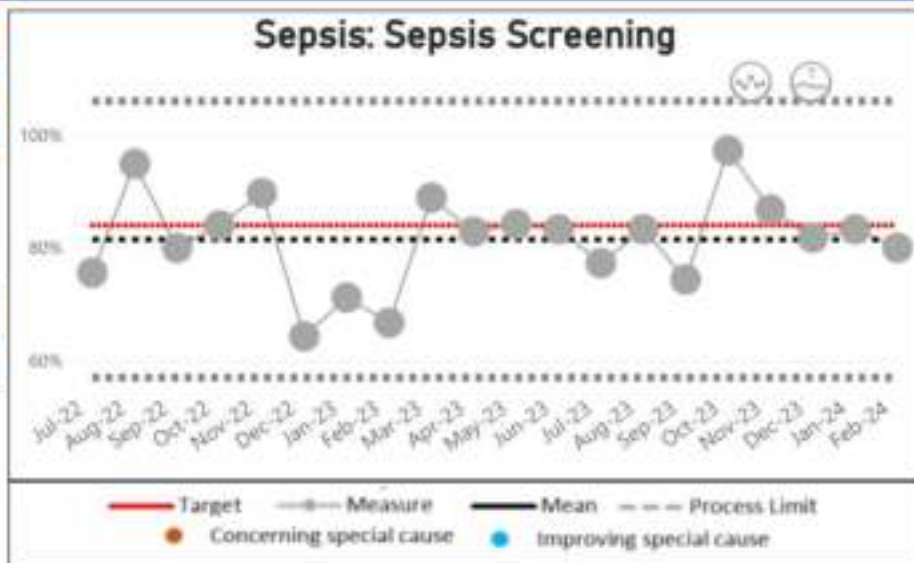


Infection Control Narrative

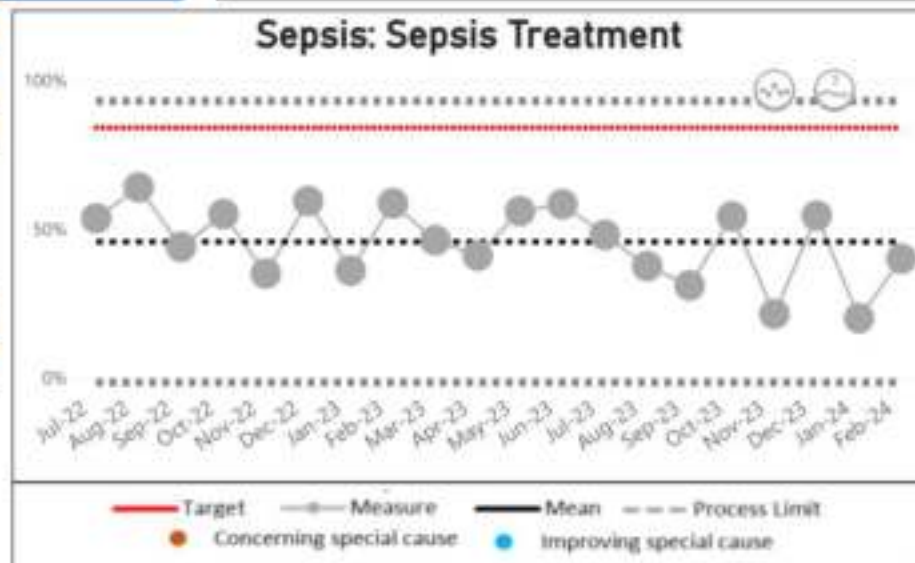
The NHS Standard Contract 2021/22 has been released and includes quality requirements for the Countess of Chester Hospital NHS Foundation Trust to minimise rates of both Clostridioides difficile (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement. The threshold for C. difficile has been set as no more than 57 cases.

The Trust continues to report 0 MRSA cases in Financial Year 2023/24.

Feb-24
80%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
84%



Feb-24
40%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
84%



Focus area:

SepsisNEWS

	CPI risk	Diagnosis compliance	Fatigue	NEWS2	Blood cultures	Antibiotics within 1 hour	Serum lactate	IV fluids	Senior review	Care pathway	Appropriate Care Score (perfect care)	ACS	Composite Process Score	CPI
AQ overall	-	88.8%	29.0%	81.4%	58.7%	81.3%	84.7%	78.7%	88.8%	88.9%	37.9%	71.4%		
Blackpool Victoria	6	92.4%	40.7%	97.9%	59.0%	58.5%	64.3%	72.1%	79.7%	87.3%	29.4%	71.9%		
Bolton	5	92.5%	26.6%	97.6%	47.6%	81.4%	56.6%	93.6%	75.8%	60.6%	26.7%	73.8%		
Clatterbridge		0.0%												
Countess of Chester	13	98.1%	33.1%	84.5%	60.8%	53.1%	55.2%	41.9%	58.5%	42.6%	38.7%	62.6%		
East Cheshire	7	75.3%	7.7%	90.9%	74.5%	56.0%	70.6%	65.3%	78.0%	59.6%	49.7%	73.3%		
Lancs Teaching	15	98.6%	16.7%	86.6%	50.0%	27.6%	77.4%	48.8%	39.6%	15.7%	31.4%	58.5%		
Liverpool University Hospitals	11	100.0%	43.3%	92.5%	58.3%	85.5%	56.6%	90.7%	62.6%	71.6%	22.2%	67.5%		
Manchester FT	2	90.1%	11.3%	82.3%	78.0%	85.6%	93.7%	77.8%	79.5%	100.0%	61.0%	89.2%		
Messey & M/Lancs	10	90.1%	28.1%	98.7%	58.9%	58.0%	58.4%	76.6%	70.4%	67.4%	36.7%	70.4%		
Mid Cheshire	9	89.7%	17.3%	96.6%	57.9%	60.1%	66.2%	73.7%	49.7%	26.3%	38.0%	68.5%		
Morecambe Bay	14	77.3%	27.2%	88.3%	58.0%	63.5%	38.1%	73.7%	64.1%	60.6%	27.3%	64.3%		
Northern Care Alliance	3	39.4%	11.6%	98.4%	75.4%	71.5%	74.7%	82.9%	76.0%	77.5%	55.8%	80.4%		
Stockport	12	93.8%	4.4%	99.1%	37.0%	57.3%	46.2%	62.1%	66.3%	41.3%	29.6%	62.9%		
Warrington & Halton	4	100.0%	53.4%	100.0%	72.1%	86.4%	71.3%	88.4%	65.6%	78.7%	38.9%	76.5%		
Wirral	1	96.1%	38.1%	97.1%	76.2%	79.5%	86.6%	81.5%	77.5%	43.7%	51.2%	83.6%		
WVL	8	100.0%	11.2%	96.6%	29.7%	69.7%	66.4%	62.0%	83.5%	91.8%	38.0%	72.1%		

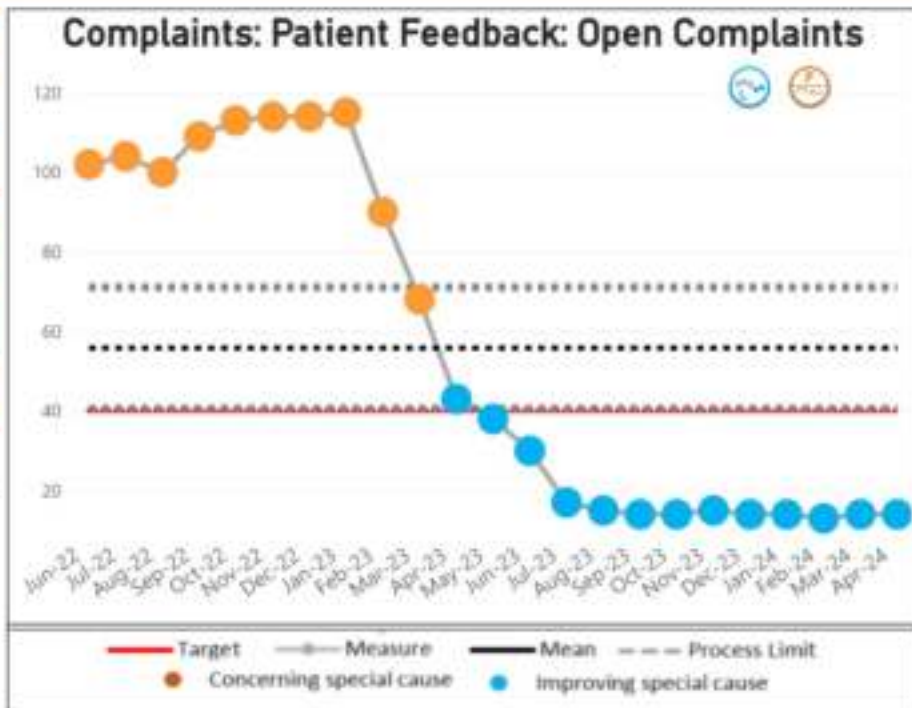
Sepsis Narrative

NEWS2 screening had remained consistent in recent months, in February we, again, fell slightly short of the 84% target. Sepsis reporting still has a 2 month lag rather than 3 as the Clinical Coding backlog has now been cleared and we envisage this to be the case moving forward.

Sepsis Treatment within an hour of diagnosis has increased in the reporting month, with 10 eligible patients and 4 of which passed. The composite process score (CPS) for Sepsis is currently 56.6%.

Work is ongoing with relevant clinicians and sepsis lead to ensure we have these sepsis metrics readily available via real time reporting. We have now requested the relevant changes with Cerner on the front end, once these changes have been actioned, reporting should follow.

Apr-24
14
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
40



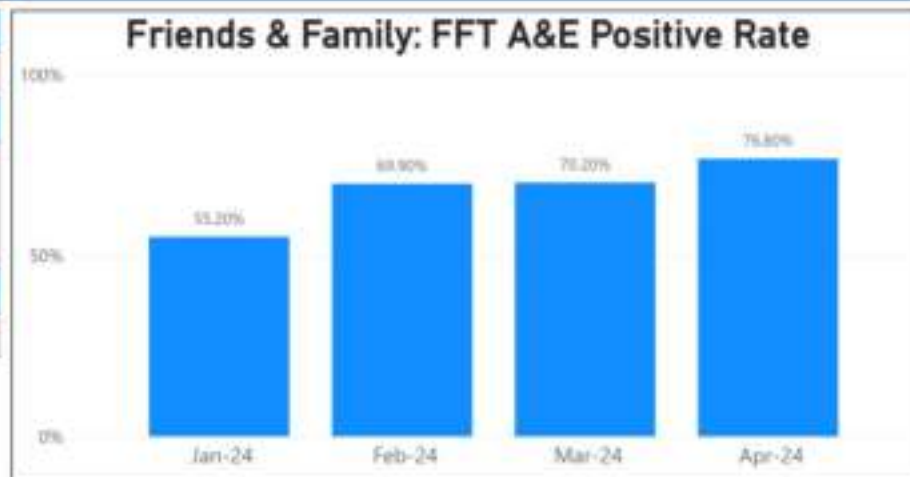
Complaints Narrative

The Trust continues to see stability in the number of Open Complaints in recent months, overall reduction of the total amount of open complaints was 88% since the beginning of the year (115 to 14) which is a remarkable step forward. Following 14 months either increasing or being above the mean, we are now demonstrating a comfortable position below the Lower Control Limit as well as the target, showing the significant improvement we have seen in this metric. We are now comfortably below the target of 40 and have done for the latter half of the reporting period, and we are going to continue at pace to ensure complaints have a timely closure and patients are left satisfied with the process. There will be additional metrics coming in for complaints/concerns in coming months to give more assurance moving forward.

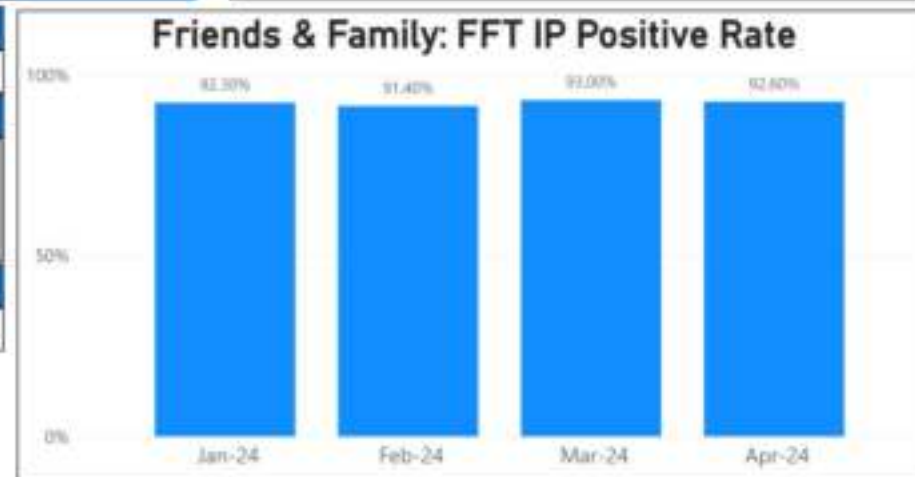
Of the total open complaints, the top categories are Attitude (5), Communication (2), Medical Care (2), Nursing Care (2) and Treatment (2). This month we saw 14 complaints opened, which is the highest amount we have seen in 2023/24 our current positions are:

Q1 2023/24 - 14 Q2 2023/24 - 12 Q3 2023/24 - 19 Q4 2023/24 - 21

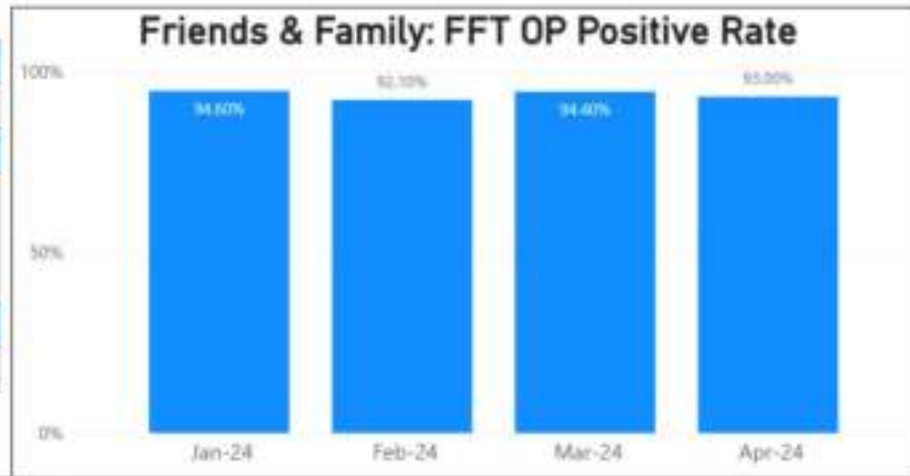
Apr-24
76.8%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Apr-24
92.6%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Apr-24
93%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target

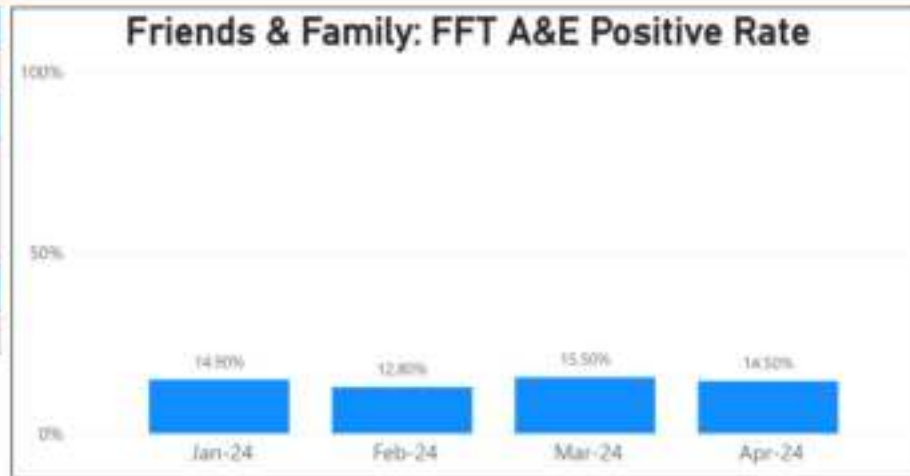


FFT Positive Rate Narrative

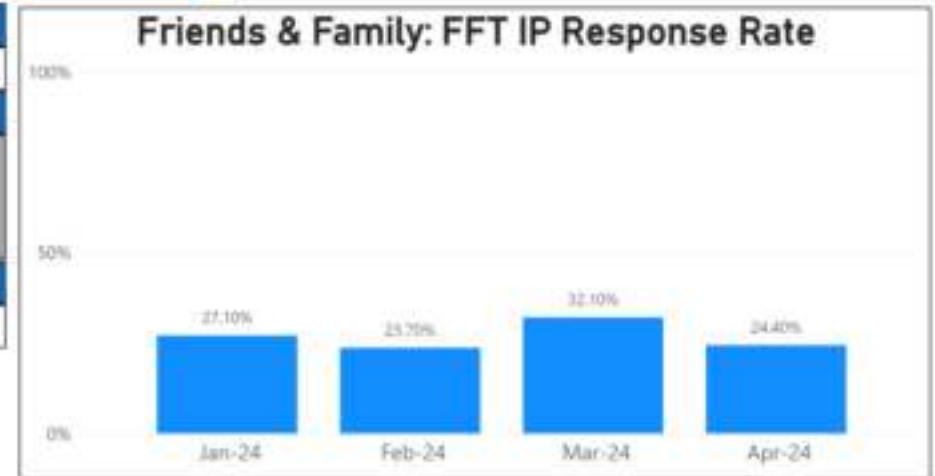
Friends and Family (FFT) data has been added back into the SOF after reporting recommenced in mid December and we are now compliant with all national returns. The data will remain in bar chart form until enough points are available for SPC. Our latest data for April shows us in line with the national averages for March FFT, which are as follows:

- Inpatient: 94%
- A&E: 78%
- Outpatients: 94%

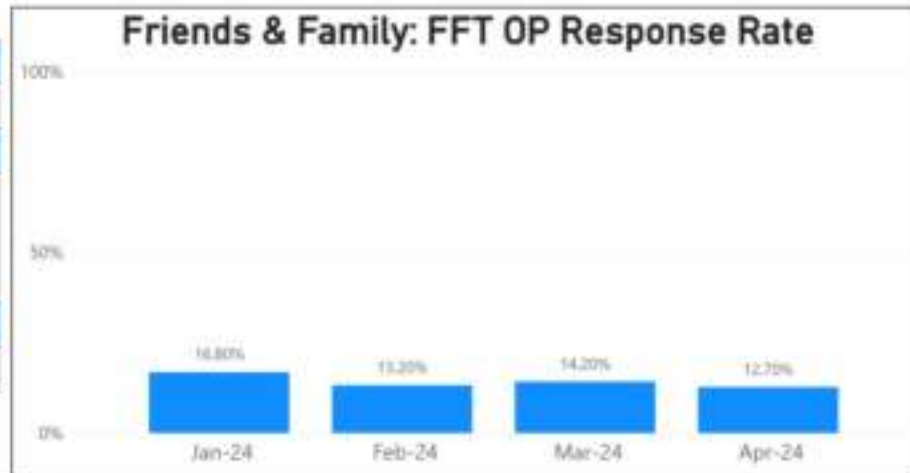
Apr-24
14.5%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Apr-24
24.4%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Apr-24
12.7%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



FFT Positive Rate Narrative

Friends and Family (FFT) data has been added back into the SOF after reporting recommenced in mid December and we are now compliant with all national returns. The data will remain in bar chart form until enough points are available for SPC.

Highlights:

In April we saw a significant improvement in our 4 hour standard performance from 52% in March to 61% in April driven by our ED improvement programme. The aggregation of our UTC and minor injuries into SDEC floor 1 has resulted in an increase in type 3 attendances increasing space in ED to treat type 1 patients.

28 FDS standard continues to improve after the trust met the 75% standard for the first time in February we improved further in March by 1.4% to 81.9%, also hitting the target in the quarter for the first time.

Trusts DM01 position improved in month to 87.4% up 0.6% from February driven by performance improvements across endoscopy.

The trust saw a deterioration in volume of 65 week patients in April, however there was a positive reduction in clearance position by end of September target in line with trajectory.

Areas of Concern:

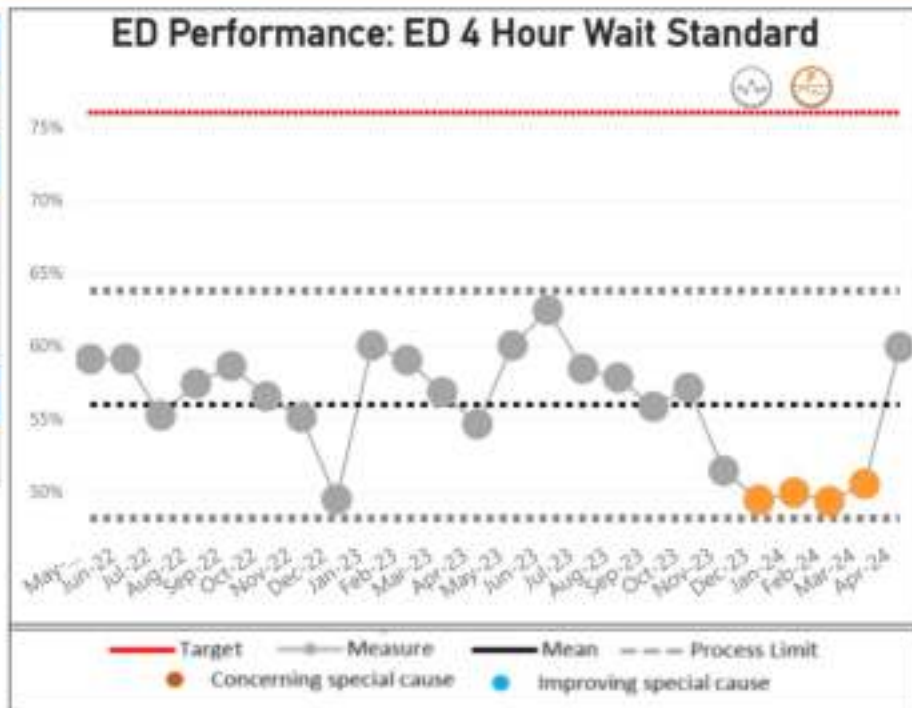
Despite improvement in our ED performance, it continues to be a concern across the KPI's. The patient flow steering group continues to meet on an alternate weekly basis, with all workstreams provided updates with agreed action plans.

Echocardiograph DM01 performance continues to deteriorate, mutual aid support being requested through diagnostic network with robust action plan in place with key milestones. Unfortunately we were unsuccessful in our CDC funding bid to the system which would support echocardiograph activity being undertaken at Ellesmere port

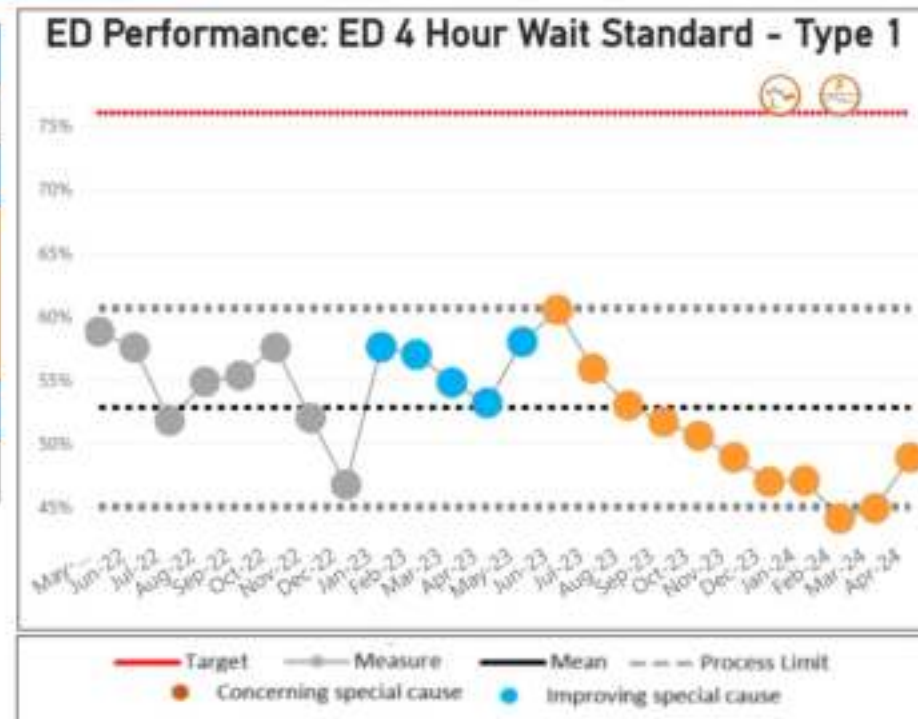
Forward Look (with action)

Discussions on-going with CMCA regarding support for skin and gynaecology FDS pathways with revenue funding

Apr-24
59.9%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
76%



Apr-24
48.9%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly LOWER.
Target
76%



In April, our ED attendances decreased by 7% to 6876 compared to 7330 for the previous month. Our average daily attendances in April was 229 compared to March at 236. There remains variation within the number of daily attendances, the lowest day of attendances for the month was 187 and the highest day was 283 – there were 7 days within April where attendances were above 240.

Our mean daily ambulance arrivals during April was 49, compared to 51 for the previous month. Our minimum daily ambulances was 39 and our highest daily ambulances was 64. Despite a more challenging month in terms of volume, we managed to maintain our improved position of reduced 60 minute handover breaches stayed below the mean for this metric. Previously we have experienced delays in Ambulance offloads due to poor flow out of the department which results in a congested ED and subsequent 60-minute breaches.

Overall 4 hour performance for April was 61% this has improved from 52% the previous month. Admitted 4 hour performance was 27% which demonstrates the difficulties the organization is facing around flow out of the ED and into the inpatient bed base although previous month this was 21% therefore slight improvement. Non admitted performance was 73%, this is an improvement from the previous month which was 63%.

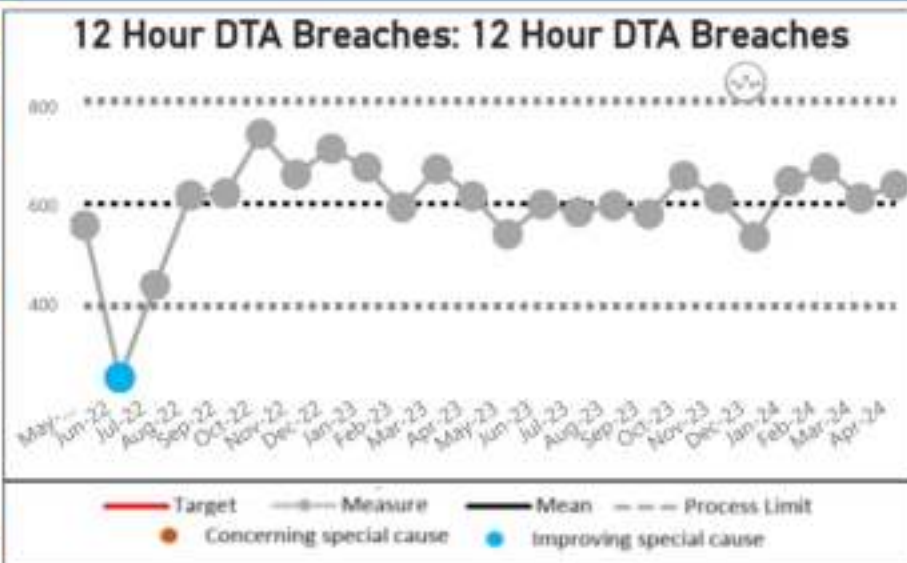
During April, there has been a continued focus on 4 hour quality standard and embedding processes around ambulance handover and streaming to SDEC and UTC.

At the end of March, we relocated our UTC, Minor injuries and Minor illnesses services to the first floor of our SDEC building. This move has supported an increased amount of type 3 patients being streamed to the UTC. In April we treated 25% of our attendances in month in the UTC and in some cases, we stream upto 100 patients to this service. A paper has been submitted to the executive team which outlines the current position of our UTC and includes a proposal of a 7 day 12 hour service which will support decongesting ED further and doing 'todays work today' thus improving patient experience and care.

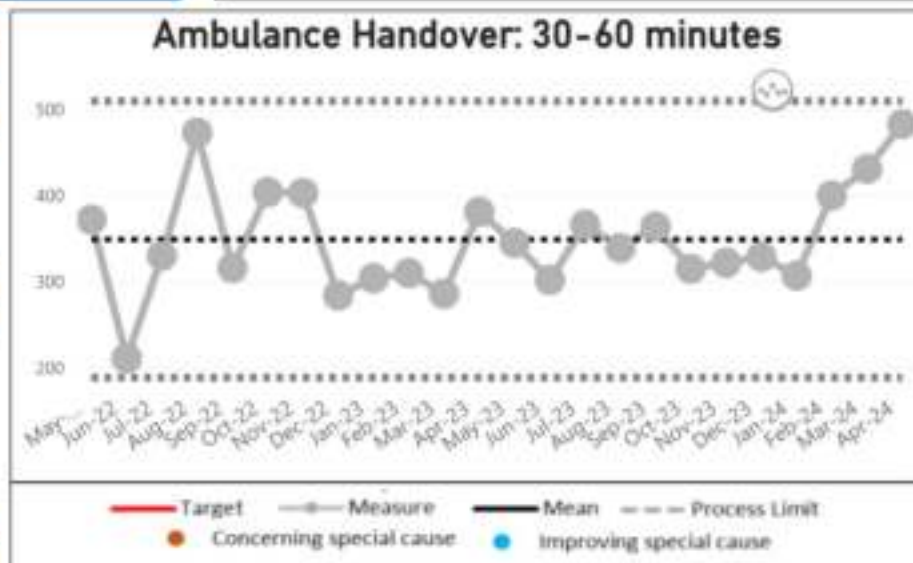
From June, we will have NHS 111 direct bookable slots for the UTC.

The latest National Comparator for this metric is 74.7% (Apr 24), type 1 was 60.6% nationally.

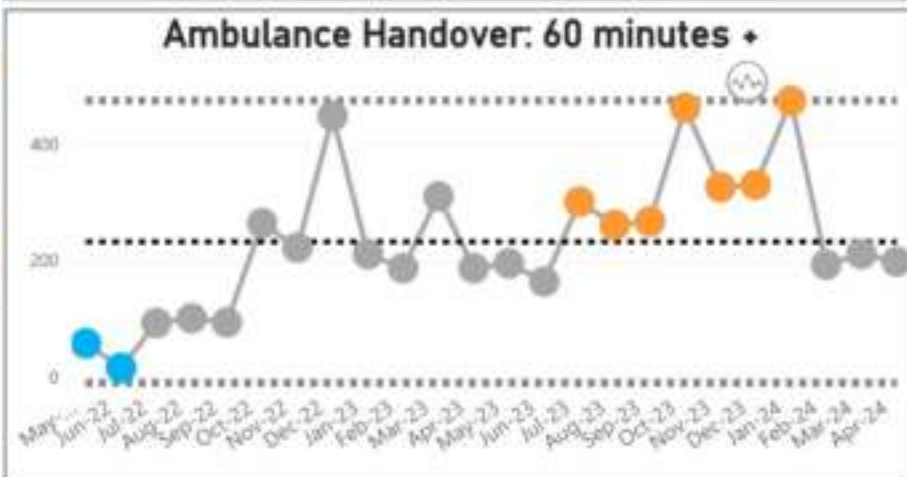
Apr-24
641
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



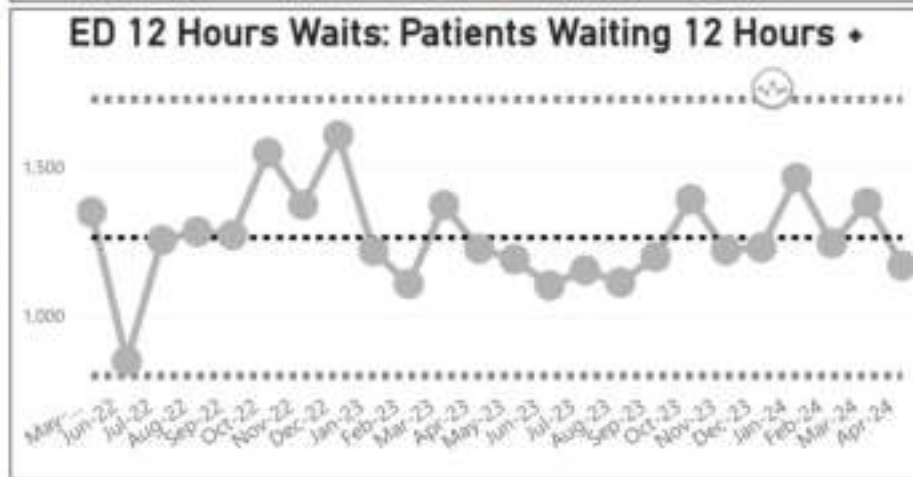
Apr-24
641
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Apr-24
198
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Apr-24
1170
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Supplementary ED Narrative

These metrics have been added to give extra insight into how ED is performing. Ambulance handovers of 60 minutes or above had seen a statistically significant increase, with 7 points being above the mean. We have returned below the mean in the reporting month while the other metrics have remained fairly consistent.

Metric ID	Metric	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 104 Weeks	Apr-24	2	🟢	🟢	0	-12.7	16.7	46.1
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 52 Weeks	Apr-24	1653	🟡	🟡	0	2,564	3,232	3,899
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 65 Weeks	Apr-24	138	🟡	🟡	0	606	976	1,345
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 78 Weeks	Apr-24	27	🟡	🟡	0	33.9	167	300
M13	RTT Waitlist Sizes	Total 18 Week RTT Incomplete Pathways	Apr-24	30356	🟢	🟢	40000	33,602	35,463	37,325

RTT: 18 Week Referral To Treatment (RTT) Incomplete Pathways

Apr-24

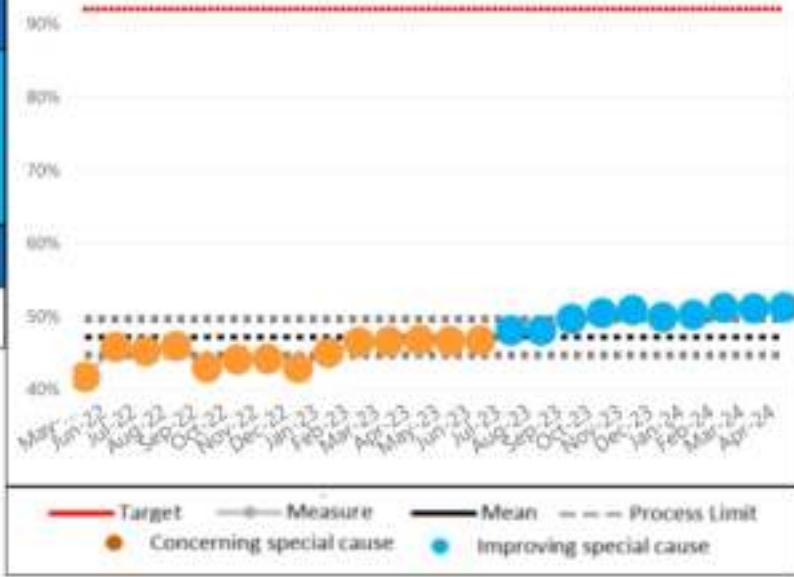
51.2%

Variance

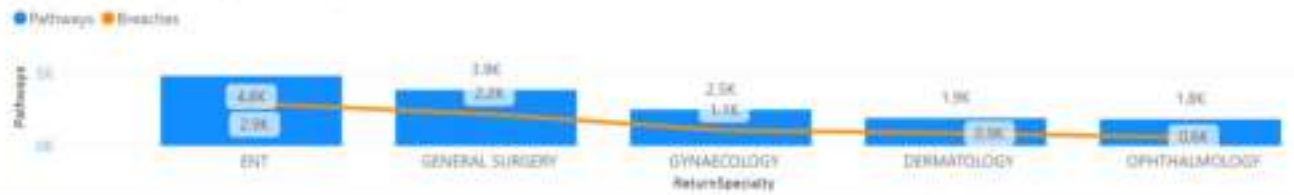
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.

Target

92%



Top 5 Specialities - Open Pathways



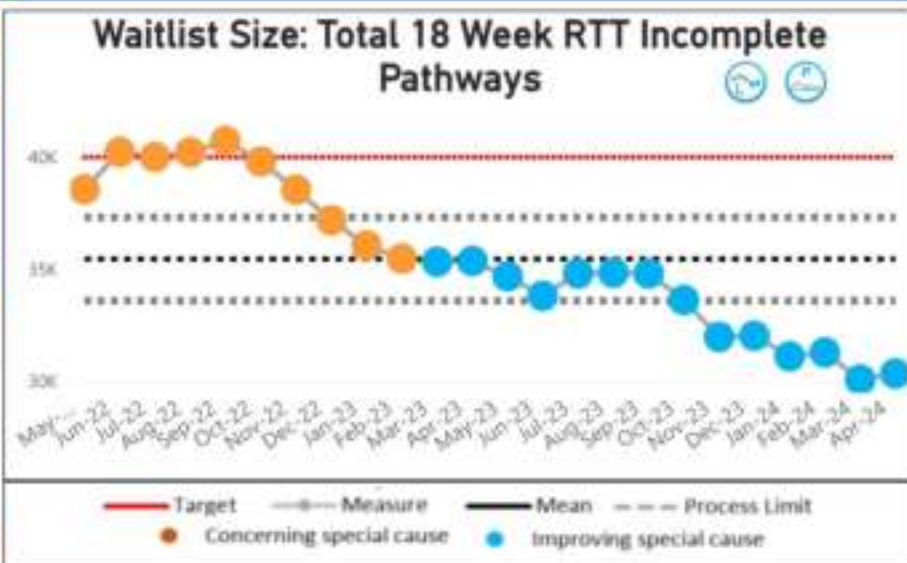
RTT Narrative

Overall performance at end of April delivered at 51.2% against 92% target, which is consistent with the previous month's position. Waiting list size has marginally increased by 270 to 30356 from 30086 in March. The figure for 72 weeks waiting, decreased this month.

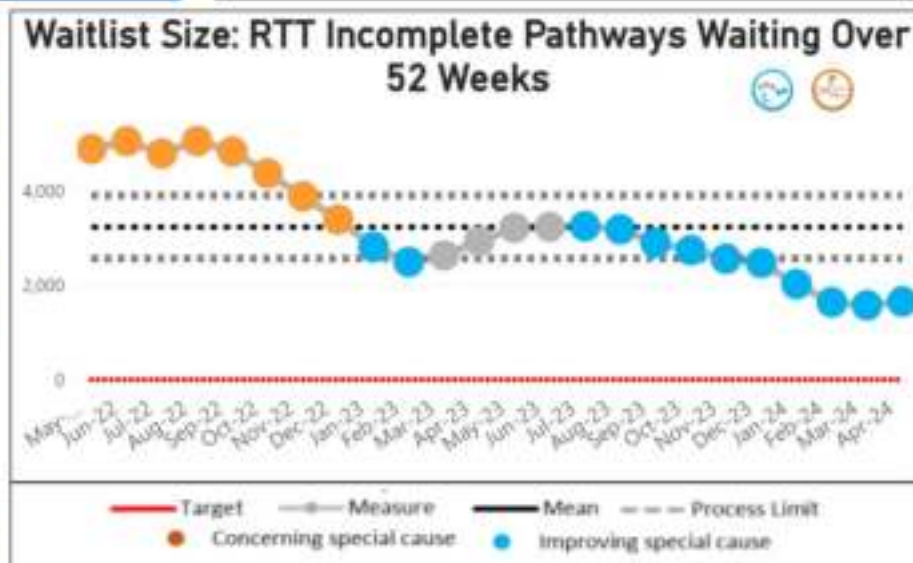
The Trust continued to ensure that there are minimal RTT pathways waiting longer than 78 weeks. In addition, Divisions are managing their waiting times with the aim of reducing long waits to no pathways greater than **65 weeks by the end of September 2024**

The latest National Comparator for this metric is 57.2% (Mar 24)

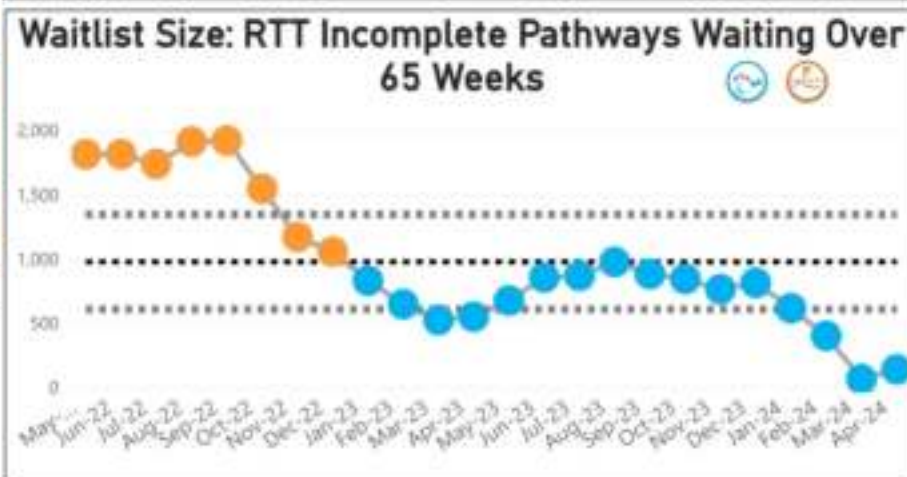
Apr-24
30356
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
40000



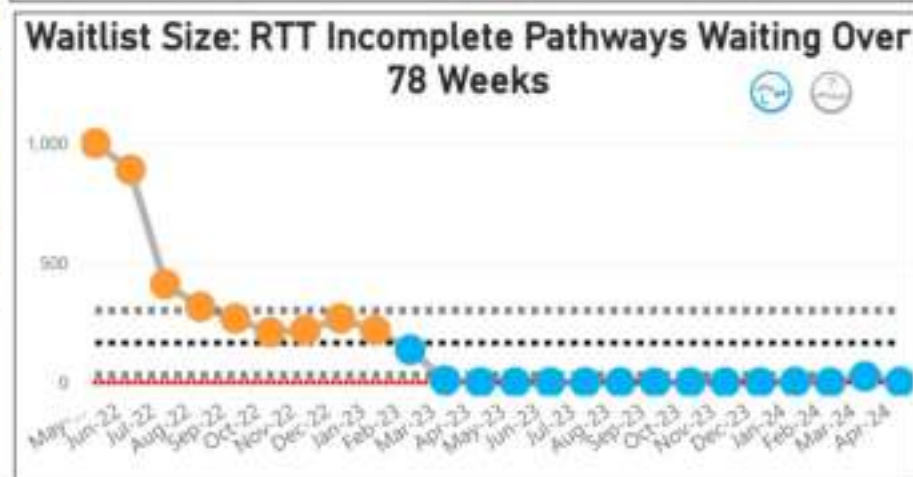
Apr-24
1653
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0



Apr-24
138
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0



Apr-24
2
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0

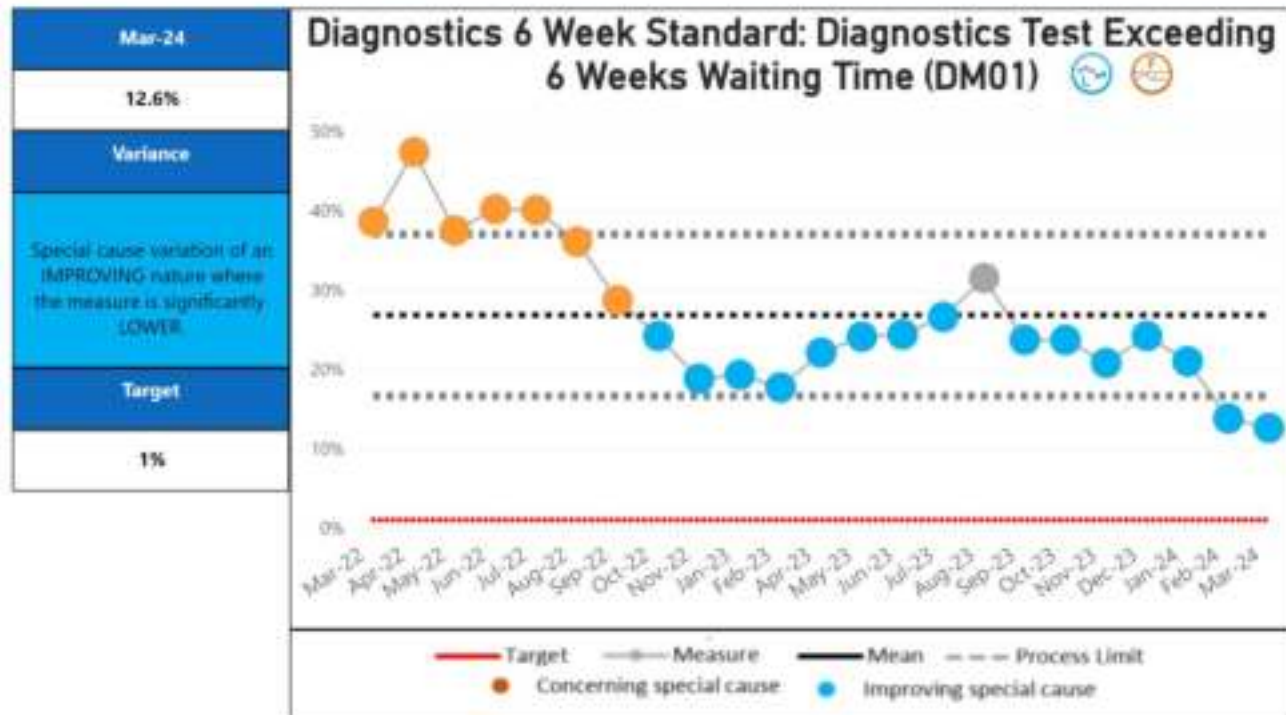


Waitlist Size Narrative

The waitlist size showed a slight overall increase this month, but the overall size remains consistent and is on an improving trajectory.

For 78 week waiters, the wait list figure has reduced this month and we remain below the Lower Control Limit and the Trust position is still reporting minimal pathways for this metric, as such there remains a special cause variation which shows improvement.

Across all the metrics for waiting 52 weeks or more, we are now showing statistically significant improvement due to having 7 decreasing points or 7 points below the mean. On the back of reporting 0 104 week waiters for most of the fiscal year, the 104 week graph has been removed and replaced with the 65 week breakdown. We will continue to monitor this metric closely with the intention of having 0 65 week waiters by **August 2024**



English - Number of exams >6 weeks

Month End Snapshot	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Magnetic Resonance imaging	0	4	2	5	0	9	6	9	13	24	7	8	10
Computed Tomography	2	5	0	0	3	4	0	0	3	6	1	2	3
Non-obstetric ultrasound	5	18	2	4	9	7	3	8	15	13	9	7	6
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0
Audiology - Audiology Assessments	80	165	131	98	53	41	27	45	91	95	91	150	184
Cardiology - echocardiography	30	9	15	27	41	15	21	44	134	142	108	272	416
Respiratory physiology - sleep studies	13	7	10	31	62	55	70	78	85	59	5	3	3
Colonoscopy	381	441	456	530	619	519	546	515	486	381	348	148	157
Flexi sigmoidoscopy	177	186	191	173	143	91	68	41	43	18	7	6	8
Cystoscopy	181	189	185	197	237	206	184	126	97	43	32	20	12
Gastroscopy	185	203	237	310	426	396	489	414	420	374	259	84	148
Total patients waiting	4767	5097	5027	5174	5052	5428	5978	6159	5738	5508	5566	5576	5588
Total breaches	1054	1227	1229	1375	1593	1343	1414	1280	1387	1155	767	700	945
% > Threshold	22.1%	24.1%	24.4%	26.6%	31.5%	24.7%	23.7%	20.8%	24.2%	21.0%	13.8%	12.6%	16.9%

DM01 Narrative

Audiology – DM01 position has been impacted by unfilled vacancies within the team, increased referrals and divisional prioritisation of clinical work to support ENT recovery and in particular, reduction of ENT RTT Long waiters.

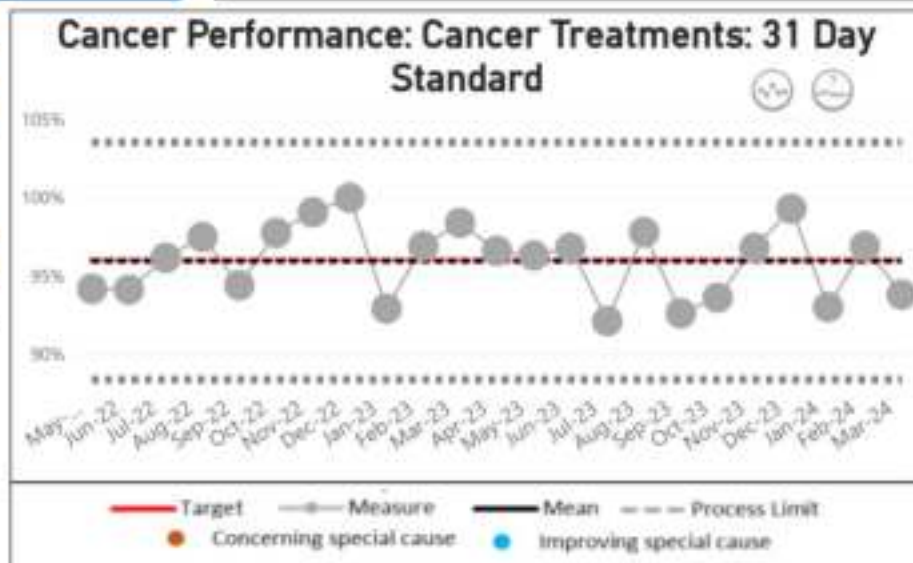
Echo - Increased demand in referrals since February 2024

The latest National Comparator for this metric is 21.8% (Mar 24)

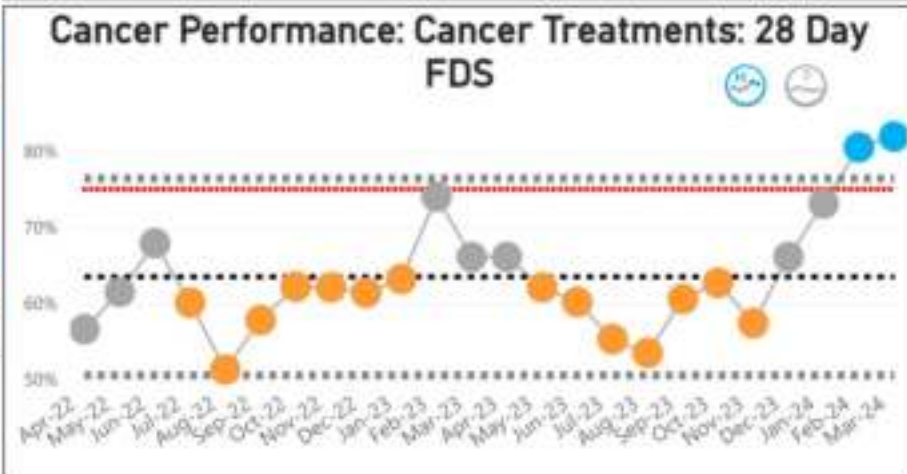
Mar-24
75.4%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly H.
Target
85%



Mar-24
93.8%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
96%



Mar-24
81.9%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly H.
Target
75%



Cancer Narrative

The Cancer 31 Day standard has fallen and now sits below the mean and target respectively. The Cancer 62 day standard has remained consistent month but remains below the target, we are now showing a statistically significant increase of 10 points in a row for Cancer 62 from May-23 to March-24. The Cancer 14 standard has been removed after being scrapped nationally Cancer FDS has been added and shows statistical significance in the most recent month where we are above both the Upper Control Limit as well as the target for the first time in the reporting period.

The latest National Comparator for the Cancer 62 Day Standard is 63.9% (Feb 24)

The latest National Comparator for the Cancer 31 Day Standard is 91.1% (Feb 24)

The latest National Comparator for the Cancer 28 Day Standard is 78.1% (Feb 24)

Highlights:

Turnover continues to perform below 10% target at 8.28% - for the 10th consecutive month below target

Sickness absence has increased, at 5.93% - Stress and Anxiety remains the highest sickness reason

Mandatory Training continues to improve 87.5%

Appraisal compliance also improved to 79.7%

Agency shifts for Nursing continues to reduce with 571 less shift than previous 12 months – spend at 2.6% of pay bill

Agency shifts for M&D increased by 126 shifts on the previous 12 months – spend at 2.1% of pay bill.

Agency spend is significantly reduced with £767k less spent than same period last year and under ICB target of 3.7%.

Areas of Concern:

Sickness absence is showing signs of improving, with seasonal short term illness reducing.

Forward Look (with actions):

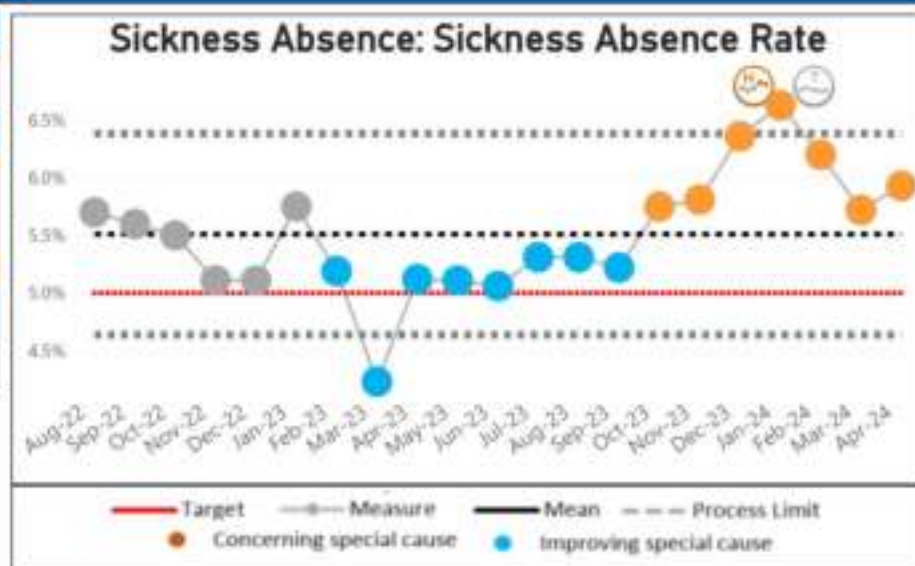
Appraisal process is currently under being rolled out – aim to increase compliance

A digital version of Local Induction Checklist is being developed

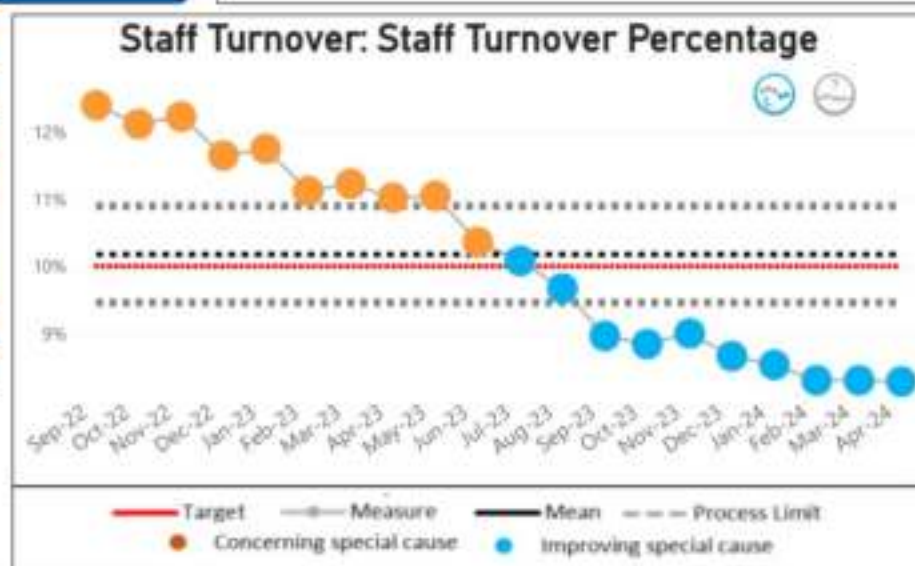
Processes in place to monitor sickness and gain improvement

Wellbeing Information has now opened and staff being offered opportunity to access.

Apr-24
5.93%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER .
Target
5%



Apr-24
8.28%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER .
Target
10%



Staff Group (excludes Fixed Term Temporary Staff)	Turnover Headcount %
Add Prof Scientific and Technic	16.85%
Additional Clinical Services	9.46%
Administrative and Clerical	10.65%
Allied Health Professionals	7.84%
Estates and Ancillary	6.83%
Healthcare Scientists	10.05%
Medical and Dental	7.04%
Nursing and Midwifery Registered	5.43%
Trust Rate	8.28%

Sickness Narrative

Sickness absence shows an increase for April to 5.93%, a decrease of 0.19% from March, which is a significant improvement. The top 3 reasons for absence were: Stress & Anxiety; Gastrointestinal problems; Other musculoskeletal problems. This equates to 3817.69 FTE days lost which is 49% of all Trust sickness absence. Stress and Anxiety has increased to 32.2% of all sickness absence

Short Term Absence

- Short term accounts for 1.86% in April, an increase on the previous month.
- For week ending 28/04 the trust recorded 5.59% weekly absence

Long Term Absence

- At 4.06% Long Term has reduced but remains high.
- Stress and Anxiety remains highest reason, this is an NHS Wide issue.

Sickness Narrative

There are also several initiatives in place to support staff absent due to stress and anxiety, with HR, Wellbeing, EAP and OH providing staff with different avenues to support their return to work effectively and efficiently.

Proposed Actions

The overall monthly position for sickness has worsened, despite being below 6% again and a reduction since the winter period, absence remains above target. EDG is presented with weekly absence figures for monitoring, and this will continue.

Work continues in HR with Managers to reduce absence and bring back within target, particular focus on LTA. A weekly absence report is provided to Exec Team for more calculated decision making.

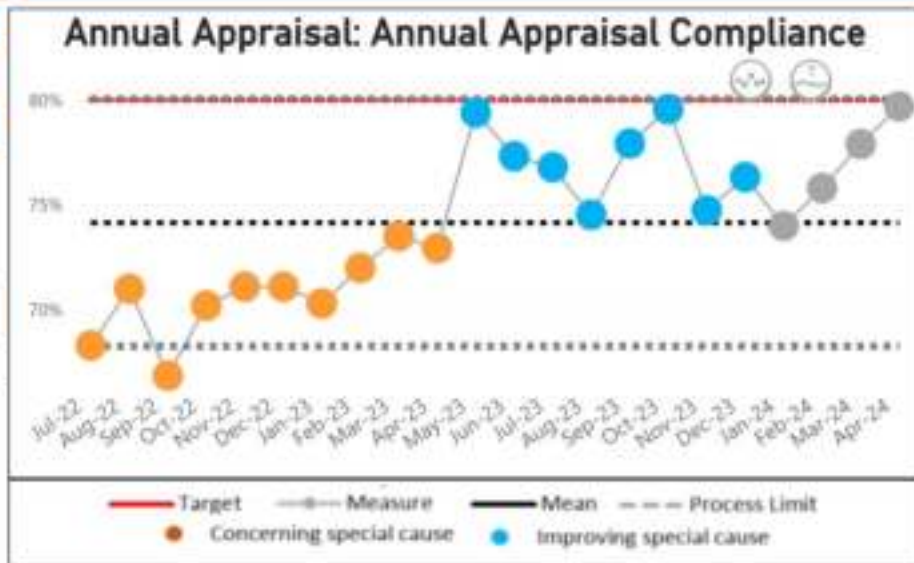
Staff

At 8.28% for April the Trust Turnover rate continues to trend below target since July 2023. The rate based on FTE is below target at 7.99%. Showing as a Trust the workforce is remaining more stable, retaining employees, skills, and knowledge.

There are 3 staff groups remains above target: Admin and Clerical (10.65%), Healthcare Scientists (10.05%) and Add Prof Scientific (16.85%) which increase relates to Medicines Management Team TUPE to ICB.

Turnover performance is being monitored by the POD committee with several sub-groups such as SWG and N&M Workforce group providing assurance around the challenge to reduce turnover and initiatives in place to improve staff retention.

Apr-24
79.7%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
80%



Apr-24
87.5%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
90%



Appraisal Narrative

Appraisal compliance increased in April to 79.7%, remaining below target of 80%, which remains aspiring to be above 90%. This new target assumes various factors to provide a more realistic aspiration for the Trust.

As a Trust, plans are being created to increase compliance for Appraisals, in conjunction with the HRBP team and the Divisions. The introduction of the new Appraisal target alongside the new shorter appraisal form has improved compliance but more focused worked is needed. Compliance continues to be strictly monitored and teams are encouraged to complete appraisals timely. The impact of this new approach is being monitored by POD.

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

The Trust will be undertaking a review of our Appraisal and Development Review Policy and Process, including the paperwork. The aim is to develop an Appraisal process that is both meaningful and productive.

Position	Division	Compliance
1	Corporate Non-Clinical	86.48%
2	Diagnostic & Clinical Support	83.24%
3	Estates & Facilities	81.28%
4	Finance & Performance	87.50%
5	Human Resources	79.08%
6	IT	79.49%
7	Nurse Management	88.79%
8	Payroll & Pension	8.00%
9	Planned Care	84.78%
10	Therapies & Integrated Community Care	86.09%
11	Urgent Care	87.38%
12	Women & Children	81.47%
Trust Total		79.7%

Mandatory Training Narrative

This report covers the 10 subjects mandated by NHSE in the CSTF and governed by the trusts mandatory training group, any subject with separate governance arrangements is reported separately.

Trust compliance has improved slightly in February up from 87.20% to 87.41%. This maintains our highest compliance to date, edging closer to target which was revised in line with the People Strategy and is now set at above 90%.

The initiatives launches in 2023 have seen new F2F programmes for both our clinical and non-clinical workforce, improving both compliance and quality. We continue to utilise E-learning where appropriate.

Attendance rates on fully booked courses has increased over recent months, yet remains a significant challenge. DNA rates can exceed 50% on face-to-face training, particularly when full capacity protocols or industrial action is in effect.

Local Induction compliance remains below target and HR are working with the Divisions to improve.

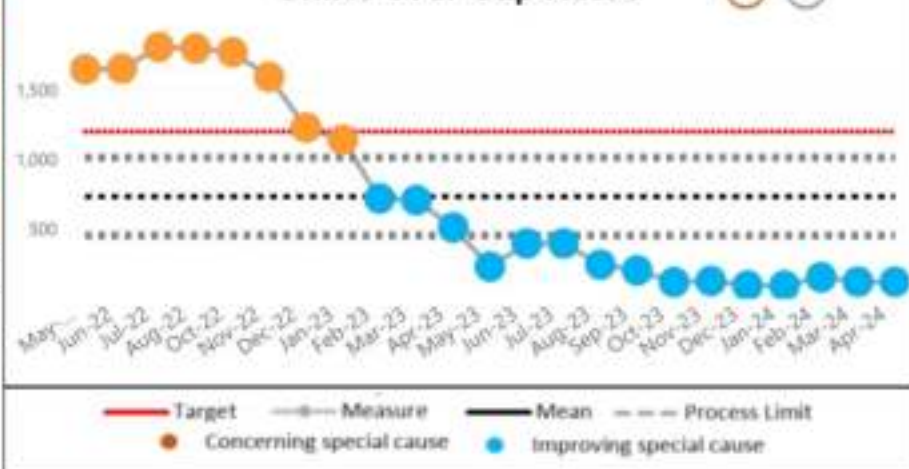
We continue to monitor the capacity of our training programmes and ensure surplus places exists. We have utilised the sharing and learning forum and other groups to highlight the importance of releasing staff for booked training courses.

Position	Division	Compliance
1	Corporate Non-Clinical	89.78%
2	Diagnostic & Clinical Support	90.90%
3	Estates & Facilities	89.03%
4	Finance & Performance	95.64%
5	Human Resources	85.09%
6	IT	84.07%
7	Nurse Management	88.14%
8	Payroll & Pension	87.00%
9	Planned Care	86.28%
10	Therapies & Integrated Community Care	88.09%
11	Urgent Care	88.07%
12	Women & Children	85.57%
Trust Total		87.5%

Position	Division	Compliance
1	Corporate Non-Clinical	13.88%
2	Diagnostic & Clinical Support	86.14%
3	Estates & Facilities	81.69%
4	Finance & Performance	83.50%
5	Human Resources	86.07%
6	IT	100.00%
7	Nurse Management	87.14%
8	Payroll & Pension	N/A
9	Planned Care	86.69%
10	Therapies & Integrated Community Care	87.09%
11	Urgent Care	83.69%
12	Women & Children	81.70%
Trust Total		82.7%

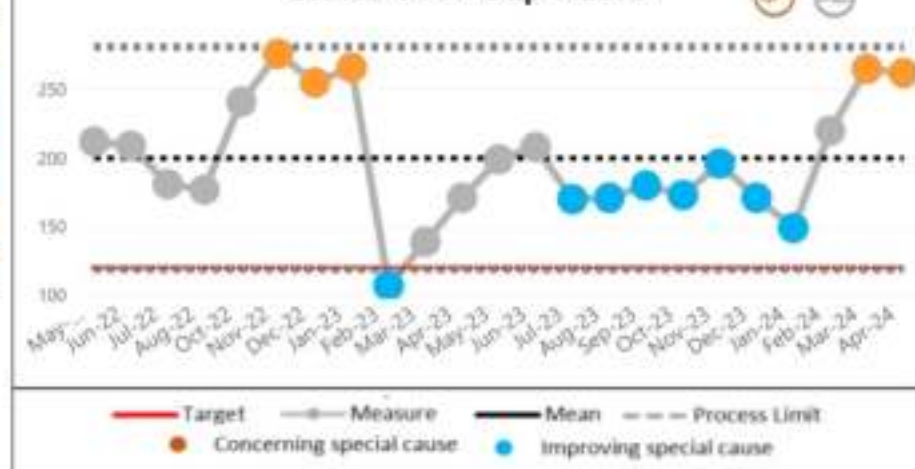
Apr-24
119
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
1200

Cap Rates: Nursing & Midwifery Reduction in Agency Shifts over Cap Rates



Apr-24
262
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
120

Cap Rates: Medical & Dental Reduction in Agency Shifts over Cap Rates



Cap Rates Narrative

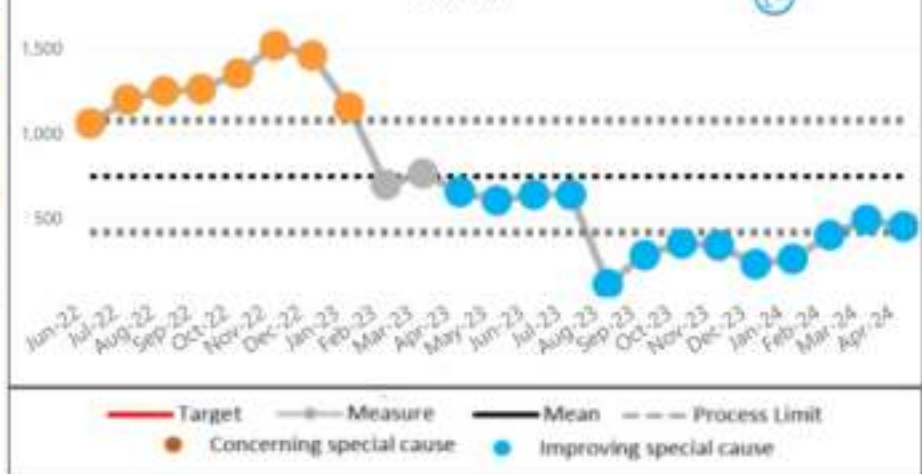
Medical & Dental - Month 1 shows 262 Medical shifts. A difference of +91 from the previous year. 233 were above cap rates and 29 were Off Framework.

Nursing & Midwifery - In relation to Nursing shifts, 125 shifts were approved in Month 1 and 124 were above cap. A difference of -391 from the previous year.

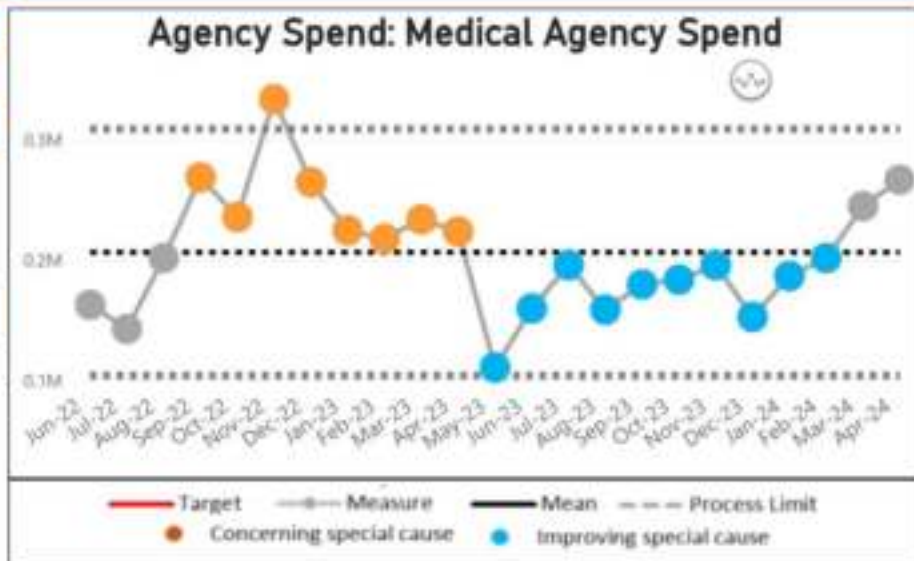
Other reduction in Agency - For M12 'Other' agency shifts 452 were approved reducing by 103 on previous year. 123 were above cap. There were 282 HCA shifts and 14 Admin shifts via Agency.

Apr-24
452
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120

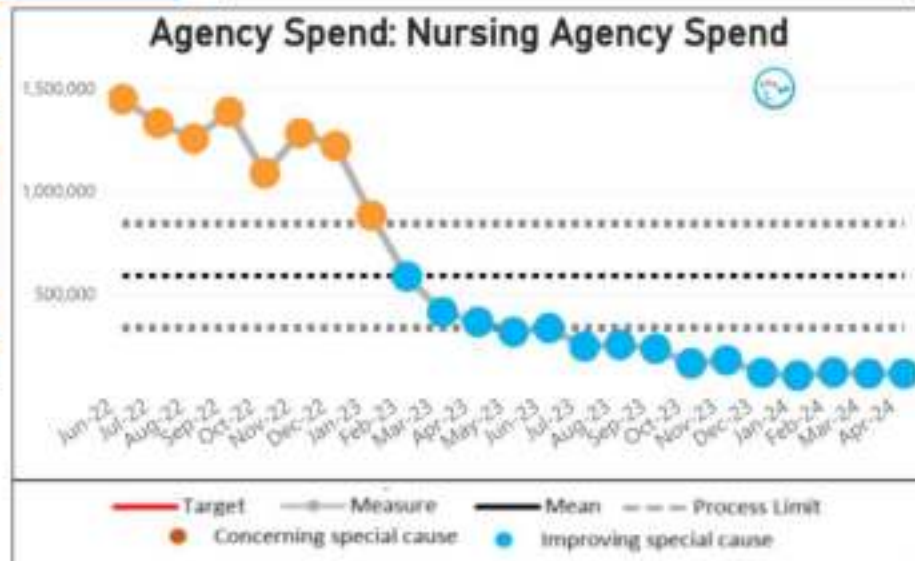
Cap Rates: Other Reduction in Agency Shifts over Cap Rates



Apr-24
267000
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
1200



Apr-24
113000
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120



Agency Spend Narrative

Medical Agency Spend - Agency medical expenditure is £267k, which is 4.3% of the total medical spend.

Nursing Agency Spend - Agency nursing expenditure is £113k which is 1.4% of total nursing spend.

Staff Group	Agency Spend YTD to 31st	Total Pay YTD to 31st	% Agency
Medical	267	6,201	4.3%
Nursing	113	8,127	1.4%
ITA / ITB	80	3,340	2.4%
Admin & Clerical	17	2,791	0.6%
Other	-	2,069	0.0%
TOTAL PAY	476	11,517	4.1%

Agency Spend by Staff Group	19/20	20/21	21/22	22/23	23/24	24/25
Medical	£ 2,386,894	£ 2,090,960	£ 2,384,548	£ 2,348,857	£ 2,372,543	£ 266,519
Nursing	£ 470,470	£ 3,340,298	£ 8,256,805	£ 12,982,420	£ 2,617,722	£ 112,887
ITA / ITB	£ 305,438	£ 365,438	£ 386,898	£ 828,786	£ 717,728	£ 85,393
Admin & Clerical	£ 18,632	£ 101,216	£ 943,763	£ 1,600,003	£ 518,638	£ 16,516
TOTAL	£ 3,190,034	£ 6,798,412	£ 12,111,914	£ 17,760,071	£ 6,227,632	£ 476,315
Total Pay WTE	£ 178,177,000	£ 218,177,000	£ 251,034,000	£ 362,148,000	£ 294,702,587	£ 32,316,000
Agency spend as a % of total pay WTE	1.7%	3.1%	4.8%	4.9%	2.1%	1.5%



Performance Issue:

To not exceed £4.576m agency expenditure ceiling.

Total agency spend for April is £476k. (£767k was spent in the same period last year).

Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	54.83
Of which Registered Midwifery vacancy WTE	15.67
Of which Registered Health Visiting vacancy WTE	0.20
Total Qualified ANP Vacancy WTE	19.88
Of which Qualified Physiotherapist Vacancy WTE	0.02
Of which Qualified Occupational Therapist Vacancy WTE	0.75
Qualified AN / Music / Drama Therapy Vacancy WTE	0.24
Qualified Prosthetic Vacancy WTE	0.07
Qualified Diabetic Vacancy WTE	0.00
Qualified Operational Department Practitioner Vacancy WTE	14.91
Qualified Orthoptics Vacancy WTE	0.02
Qualified Prosthetic and Orthotic Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	4.23
Qualified Radiography (Therapeutic) Vacancy WTE	0.00
Qualified Speech & Language Therapy Vacancy WTE	0.00
Of which Qualified Paramedic Vacancy WTE	0.00
Total Medical/Dental Vacancy WTE	58.87
Of which Specialist/Consultant Vacancy WTE	19.74
Support to Clinical Staff Vacancy WTE	127.88
Of which Support to Nursing & Midwifery Vacancy WTE	127.88
NHS Infrastructure Vacancy WTE	81.88
Other Registered Scientific, Therapeutic and Technical Staff	4.91
Total Vacancies	358.98
Supplied FTE Total	4829.12
Total Vacancy Rate	7.46%

Support to Nursing Vacancy WTE (NCA Only)

Staff Group	Vacancy FTE	Vacancy Rate
App Prof Scientific and Technical	0.00	0.00%
Additional Clinical Services	127.88	18.07%
Administrative and Clerical	20.24	1.24%
Allied Health Professionals	29.00	0.53%
Estates and Ancillary	71.40	18.07%
Healthcare Support	0	0.00%
Medical and Dental	58.87	11.80%
Nursing and Midwifery Registered	54.83	0.87%
Grand Total	358.98	7.46%

KPI	RAG Rating	Comments
I&E distance from target (cumulative)	●	The Trust has delivered a £25.2m deficit against a planned deficit of £25.2m, and as such has delivered to plan (subject to audit)
CIP	●	CIP is £0.1m behind plan at month 12 (£20.7m achieved against an annual target of £20.8m) Of the savings delivered, £10.6m (51%) are recurrent
Capital Expenditure	●	Capital expenditure is in line with plan
Cash in bank - £'000	●	The month 12 cash position is £12.2m, compared to £12.6m in February (cash support approved for the remainder of the year)
Liquidity (days)	●	The Trust has the equivalent of 13 days cash in the bank
Better Payment Practice Code (number)	●	86.3% of invoices (Year to Date) were paid within 30 days (compared to 95% national target). Prior month 86%. In month performance 91.1%
Better Payment Practice Code (value)	●	89.1% of invoices (Year to Date) were paid within 30 days (compared to 95% national target). Prior month 88.1%. In month performance 89.1%

Highlights:

The financial performance for March 2024 (financial year 2023/24) is a deficit of £25.2m against a planned £25.2m deficit (subject to audit). This position includes costs associated with anticipated the December to February junior doctor industrial action. The year end balanced position is as a result of utilising non-recurrent contingencies as well as the receipt of some central funding in relation to medical industrial action during the year.

Areas of concern:

Pay expenditure is £0.6m overspent against plan. The overspend is driven by pressures in nursing and medical budgets which is in part due to escalation beds being open and costs associated with delivery of urgent care activity. Additional costs have been seen in months 11 and 12 relating to the trial 'firebreak' in Urgent Care.

Non-pay expenditure is £1.7m overspent against plan, with pressures around drugs (some of which is offset by additional income for high cost drugs), building and engineering and utility costs (gas and electricity).

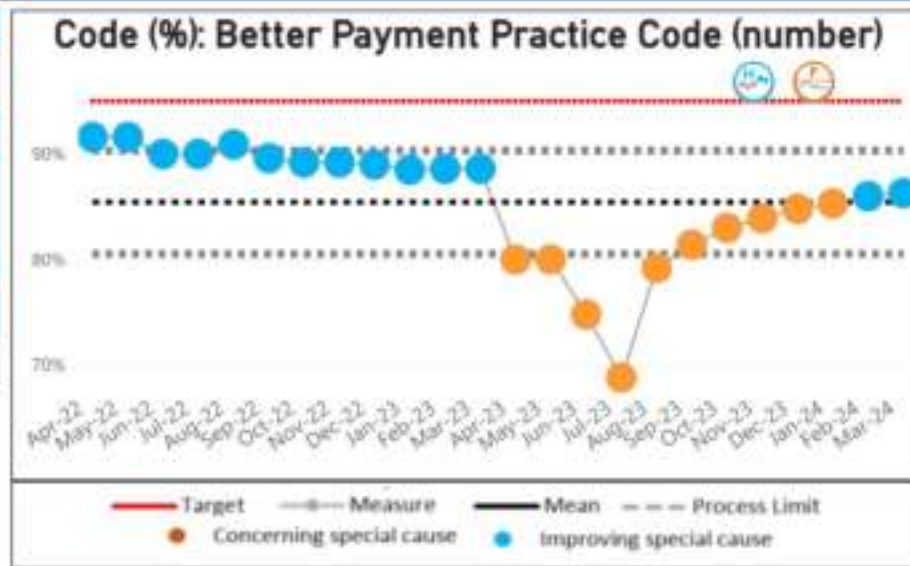
Forward look

Work continues on 24/25 business planning, including activity and workforce planning. This includes identification of efficiency schemes for 24/25

Work has started on 24/25 business planning, including activity and workforce planning. This will include identification of efficiency schemes for 24/25, as well as the development of an improved reporting and accountability framework for 24/25.

Work is also continuing on the 5-year financial plan with the aim to return to financial balance in this time.

Mar-24
86.3%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
95%



Mar-24
89.1%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
95%



A statistical process control (SPC) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

XmR chart

The most common SPC chart type is the XmR chart, which is made up of two charts. Usually, as can be seen to the right, only the main X chart is displayed. Each data point is shown as a grey dot on a grey line. From this data, the mean is calculated and added between the dots as a solid line, and process limits are added as grey dashed lines. If there is a target, it is shown as a red dashed line.

Process limits

The distance between the mean and both process limits is determined by how much change there is between consecutive data points using a calculation called three sigma. In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

Special cause variation & common cause variation

Data naturally varies but if this variation is statistically significant, this is called special cause variation and the grey dots are instead shown as blue or orange, depending on whether a higher value is better or worse – blue is used for improving performance, orange for concerning performance. If not significant, the dots stay grey and this is called common cause variation. The four rules used to trigger special cause variation on the chart, as advised by the Making Data Count team at NHS England, are:

- a point beyond the process limits
- a run of points all above or all below the mean
- a run of points all increasing or all decreasing
- two out of three points close to a process limit as an early warning indicator

Recalculations

After a sustained change, a recalculation may be added. This splits the chart with the mean and process limits calculated separately using the data before and after the recalculation. This gives a more accurate reflection on the system as it currently stands to allow for further variation to possibly be identified, and to show how the new level of variability compares to a target if set.

Baselines

Baselines are commonly set as part of an improvement project, which are shown with solid line process limits. The mean and process limits are calculated from the data in this period and fixed in place for the data points afterwards. This will more easily show if a change has occurred. If a recalculation is later added, the fixed mean and process limits end and are recalculated from the data starting at this point.

Summary icons

Summary icons are shown in the top-right of the chart and explained on the icon Descriptions page.



Ghosting

There is sometimes a need to remove a data point from the chart because it is a known anomaly – for example, a high referral count after a one-off migration – and will skew the data to render the chart meaningless. An alternative is to ghost the data point. The data point remains visible on the chart as a white dot but is excluded from all calculations.

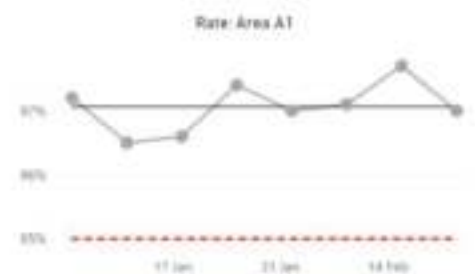
Annotations

If a dot has a black circle around it, there is an annotation that can be viewed in a tooltip by placing the mouse cursor over it in the interactive version of the report.



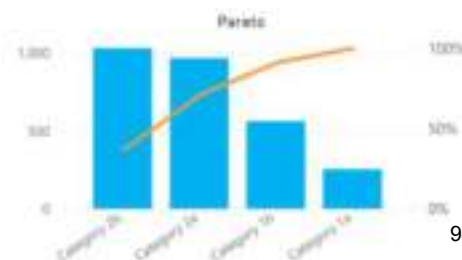
T chart & G chart

If you have rare events data, a T chart or a G chart works better than the common XmR chart. In these charts, each incident is plotted as a dot to show if they are getting more or less frequent. Incident number is listed at the bottom, instead of dates, and the process limits are not symmetrical about the mean.



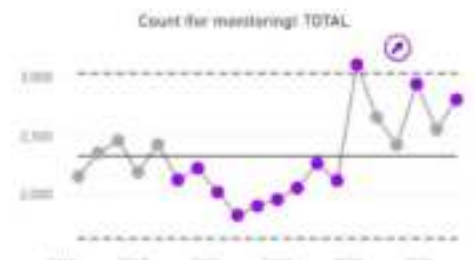
Not enough data points?

An SPC chart requires enough data to calculate the process limits for a robust analysis. If there are too few data points, the SPC elements of the process limits, baseline, coloured dots, and summary icons are not displayed.



Pareto chart

A Pareto chart shows which areas are the largest to focus attention where it will have the biggest impact. The areas are ranked in descending order with an increasing line chart overlaid, showing how the proportion of the largest X areas increases as more are added – that is, how big an impact focussing on the largest X areas will have.



Purple dots

It is not always possible to say that higher values are better or worse, for which purple dots are used instead of blue and orange. The variation icon is also purple and there can be no assurance icon as a target does not make sense in these situations.

A statistical process control (SPC) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

XmR chart

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Process limits

In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

Special cause variation & common cause variation

Data naturally varies but if this variation is statistically significant, this is called special cause variation and the grey dots are instead shown as blue or orange, depending on whether a higher value is better or worse - blue is used for improving performance, orange for concerning performance. If not significant, the dots stay grey and this is called common cause variation.

The four rules used to trigger special cause variation on the chart, as advised by the Making Data Count team at NHS England, are:

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- a run of points all above or all below the mean
- a run of points all increasing or all decreasing
- two out of three points close to a process limit as an early warning indicator

Recalculations

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Baselines are commonly set as part of an improvement project, which are shown with solid line process limits. The mean and process limits are calculated from the data in this period and fixed in place for the data points afterwards. This will more easily show if a change has occurred. If a recalculation is later added, the fixed mean and process limits end and are recalculated from the data starting at this point.

Summary icons

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Annotations

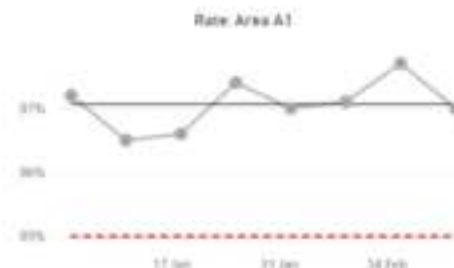
If a dot has a black circle around it, there is an annotation that can be viewed in a tooltip by placing the mouse cursor over it in the interactive version of the report.

Count for improvement: TOTAL



Not enough data points?

An SPC chart requires enough data for a robust analysis. If there are too few data points, the SPC elements are not displayed.



Purple dots

It is not always possible to say that higher values are better or worse, for which purple is used instead of blue and orange.



Assurance



Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**.

This process is capable and will consistently **PASS** the target if nothing changes.

Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**.

This process will not consistently **HIT OR MISS** the target as the target lies between process limits.

Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**.

This process is not capable and will **FAIL** the target without process redesign.

Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**.

Assurance cannot be given as there is no target.



Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**.

This process is capable and will consistently **PASS** the target if nothing changes.

Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**.

This process will not consistently **HIT OR MISS** the target as the target lies between process limits.

Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**.

This process is not capable and will **FAIL** the target without process redesign.

Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**.

Assurance cannot be given as there is no target.



Common cause variation, **NO SIGNIFICANT CHANGE**.

This process is capable and will consistently **PASS** the target if nothing changes.

Common cause variation, **NO SIGNIFICANT CHANGE**.

This process will not consistently **HIT OR MISS** the target as the target lies between process limits.

Common cause variation, **NO SIGNIFICANT CHANGE**.

This process is not capable and will **FAIL** the target without process redesign.

Common cause variation, **NO SIGNIFICANT CHANGE**.

Assurance cannot be given as there is no target.



Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**.

This process is capable and will consistently **PASS** the target if nothing changes.

Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**.

This process will not consistently **HIT OR MISS** the target as the target lies between process limits.

Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**.

This process is not capable and will **FAIL** the target without process redesign.

Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**.

Assurance cannot be given as there is no target.



Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**.

This process is capable and will consistently **PASS** the target if nothing changes.

Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**.

This process will not consistently **HIT OR MISS** the target as the target lies between process limits.

Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**.

This process is not capable and will **FAIL** the target without process redesign.

Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**.

Assurance cannot be given as there is no target.



Special cause variation of an increasing nature where **UP** is not necessarily improving or concerning.

Assurance cannot be given as there is no target.



Special cause variation of an increasing nature where **DOWN** is not necessarily improving or concerning.

Assurance cannot be given as there is no target.



There is insufficient data to determine either special cause or common cause variation.

Assurance cannot be given as there is no target.

Variation

COCH SOF - SPC Variation Icon Explanation

Metric

Search

Select all

- WOM
- Number of Women giving birth
- Number of Live Births (All Babies)
- SBM
- Registered Staffing %
- Total Number of Women experiencing a Caesarean Section
- Number of Maternal Deaths
- Unregistered Staffing %
- Incident Reporting










Group

Search

Select all

- 12 Hour (24) Breach
- 12 Hour Breach To Treatment (RTT) Incomplete Pathway
- 30-60 minutes
- 60 minutes +
- All Incidents
- Annual Appraisal Compliance
- Better Payment Practice Code (Number)
- Better Payment Practice Code (Value)
- Births
- Born in Co-located MCH
- Cancer Treatments: 14 Day Standard
- Cancer Treatments: 28 Day FOC
- Cancer Treatments: 31 Day Standard
- Cancer Treatments: 62 Day Standard
- Cancer Reg 28 made directly to Trust
- Diagnosis Test Crossing 6 Weeks Waiting Time (DWT)
- Diverts
- ESamples
- ED 4 Hour Wait Standard
- ED 4 Hour Wait Standard - Type 1

	3	6	8	9	26
Improvement					
		1	4		5
	3	5	4	9	21
Common Cause		16	4	25	45
		16	4	25	45
Concern		2	1	3	6
		2		3	5
			1		1
Neither					
					
					
Empty				11	11
				11	11
Total	3	24	13	48	88

		Assurance			
					
Variation			
	
		
		
				.	
	