



PUBLIC MEETING OF THE BOARD OF DIRECTORS (PUBLISHED ITEMS)
Tuesday 24th September 2024, 8.30am – 11.50am
Boardroom, 1829 Building

A G E N D A

Chair: Mr I Haythornthwaite, Trust Chair

Apologies: Mr J Develing, Director of Strategic Partnerships

Time	Agenda Number	Agenda Item	Lead	Page Number	Decision Required
FORMAL BUSINESS					
8.30	1.	Welcome, apologies and Chair's opening remarks (verbal)	Trust Chair		For noting
8.30	2.	Declarations of Conflicts of Interest with agenda items (verbal)	Trust Chair		For noting
8.30	3.	Freedom to Speak up Champions (to be presented on the day)			
8.45	4.	Lung Cancer Service Showcase (to be presented on the day)			
9.00	5.	Minutes of the previous meeting held on 30 th July 2024 (attached)	Trust Chair		For approval
9.05	6.	To consider any matters arising and action log (attached)	Trust Chair		For noting
		Trust response to the independent infected blood inquiry (verbal)	Medical Director		For noting
9.10	7.	Patient Story (to be presented on the day)	Director of Nursing & Quality / Deputy Chief Executive		For noting
9.15	8.	Chief Executive Officer's Report (attached)	Chief Executive Officer		For noting
9.25	9.	Board Assurance Framework 2024/25 (attached)	Director of Governance Risk & Improvement		For noting
QUALITY OF CARE					
9.30	10.	Midwifery and Maternity Safer Staffing Report – 1st January 2024 to 30 th June 2024 (attached)	Director of Midwifery		For assurance
9.40	11.	Freedom to Speak Up Update Report (attached)	Chief Operating Officer / Freedom to Speak Up Guardian		For assurance
9.50	12.	Clinical Strategy (attached)	Medical Director		For information



9.55	13.	Care Quality Commission (CQC) Improvement Plan including Well Led (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance
Comfort Break – 10.05 – 10.15					
10.15	14.	Integrated Incidents, Complaints and Claims Report – Quarter 1 (2024/25) (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance
10.25	15.	Care Quality Commission National Inpatient Survey 2023 - Results Update (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance
10.35	16.	Quality & Safety Committee Chair's Report – 10 th September 2024 (attached)	Non-Executive Director		For assurance
10.40	17.*	Infection Prevention and Control (Quarter 1 – 2024/25) Surveillance and Performance Report (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance
OPERATIONAL PERFORMANCE					
10.40	18.	System Oversight Framework Report (to follow) Operational Performance Quality Safety Finance People & Organisation Development	Chief Operating Officer Director of Nursing & Quality Medical Director Chief Finance Officer Interim Chief People Officer		For assurance



LEADERSHIP, IMPROVEMENT CAPABILITY, ORGANISATION DEVELOPMENT AND PEOPLE					
10.55	19.	Annual submission to NHS England North West: Medical Appraisal, Revalidation and Medical Governance (attached)	Medical Director		For assurance & for decision
11.00	20.	Research Update (to be presented on the day)	Clinical Director for Research		For noting
11.10	21.	People & Organisation Development Committee Chair's Report – 13 th August 2024 (attached)	Non-Executive Director		For assurance
11.15	22.	People & Organisation Development Committee – Terms of Reference (to follow)	Interim Chief People Officer		For approval
GOVERNANCE					
11.25	23.	Updated Cheshire & Merseyside Acute Specialist Trust (CMAST) Joint Working Agreement and CMAST Leadership Board Committee in Common Terms of Reference (attached)	Director of Governance Risk & Improvement		For approval
ANNUAL REPORTS					
11.30	24.	Safeguarding and Complex Care Annual Report 2023/24 (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance
ITEMS FOR NOTING					
11.40	25.	<p>Items for noting and receipt (attached): <u>Sent under separate cover:</u></p> <p>Minutes of Committee Meetings:</p> <ul style="list-style-type: none"> a) Approved minutes of the Quality & Safety Committee – 4th July 2024 b) Approved minutes of the People & Organisation Development Committee – 11th June 2024 c) Approved minutes of the Audit Committee – 16th April 2024 and 25th June 2024 (attached) d) Research and Innovation Committee Chair's Report - 9th September 2024 and Research Executive Meeting Minutes - 5th July 2024 (attached) <p>Other items:</p> <ul style="list-style-type: none"> e) Board of Directors Workplan 2024/25 	Trust Chair		For noting
OTHER ITEMS					
11.40	26.	Any Other Business (verbal)	Trust Chair		For noting



11.45	27.	Questions from Governors and members of the Public relating to items on the meeting agenda - Questions to be submitted in writing in advance of the meeting to: coch.membershipenquiriescoch@nhs.net by Friday 20th September 2024.	Trust Chair		For noting
11.50	28.	Closing remarks (verbal)	Trust Chair		For noting
11.50	29.	Date & Time of next meeting: The next public meeting of the Board of Directors will be held on the Tuesday 26 th November 2024. Future Dates: Tuesday 28 th January 2025 Tuesday 25 th March 2025			For noting

*** Papers are 'for information' unless any Board member requests a discussion.**



Committee Chair’s Report

Committee:	Quality & Safety Committee
Date of meeting:	10 th September 2024
Chair:	Professor Andrew Hassell, Non-Executive Director

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<p>The Committee wanted to alert the Board to the following areas escalated from the Quality Governance Group (QGG):</p> <ul style="list-style-type: none"> • Stroke Sentinel Audit Report – Limited assurance received. It was noted that there will be Stroke Nurse cover from 8am – 12am (midnight) with stroke cover available across Chester and the Wirral. The flow of stroke patients through the Countess of Chester Hospital site and Ellesmere Port Hospital site was noted as challenging. • Policy recovery Programme – Limited assurance received. It was noted that actions are in place to progress the out of date policies with the possibility of an exceptional QGG to ratify the policies. Challenges were noted with regards to the limited number of people with authority to add and remove policies to/from the intranet.
ASSURE
<p>The Committee received updates against the following actions:</p> <ul style="list-style-type: none"> • NatSSIPs and LocSSIPs position update - It was confirmed that there is good clinical engagement with update reports shared via the Quality Governance Group (QGG). Dr N Scawn, Medical Director has also been identified as the responsible Executive. • Bank Staff Mandatory Training compliance – Improving (markedly) trajectory It was agreed to receive a further compliance update at the Committee to be held in January 2025. • Translation Service position update - It was noted that a framework service with one provider is currently under review, with a contract specification and cost benefit analysis being developed. It was agreed for the Committee to receive an update at the next Committee to be held in November 2024. • Nutrition and Hydration service position update - Partial assurance was noted by the Committee with an agreement for a further update to be received at the Committee to be held in January 2025.

- Clinical Audit Update – It was noted that those audits receiving providing only partial assurance are being repeated post implementation of actions. Results of re-audits will be included in the relevant future report.
- Patient Led Assessments of the Care Environment (PLACE) – Cleaning standards across the Trust update - It was agreed for the Committee to receive a Cleaning Standards Trust position update at the Committee to be held in November 2024. It was noted that good PLACE progress has been made across the Trust with the Ward Accreditation model being followed and the first formal PLACE audit will take place in early October 2024.

The Committee received the Integrated Incidents, Complaints and Claims Report – Quarter 1 (2024/25). An increase in number of severe harms was noted. No themes identified. The number of unwitnessed falls was discussed together with the improvement actions being progressed. It was noted that the Trust has expressed an interest in taking part in a national research programme regarding enhanced provisions and the model workforce.

The Committee noted the following from the Key Risks and Assurance report from the Quality Governance Group (QGG) held in July 2024. Note, where partial assurance has been received the Committee has assurance about progress and the trajectory.

- Performance Dashboard (areas of risk) – Moderate assurance received.
- Radiology Discrepancy Report (6 monthly update) – Partial assurance received.
- Medicine Management Annual Report – Moderate assurance received.
- Mortality Improvement report including Learning from Deaths Quarter 1 2024/25 – Moderate assurance received.
- Equality, Diversity & Inclusion (EDI) (Patients) progress Assurance Report – Partial assurance received.
- Ligature Risk Assessment – Moderate assurance received.
- PLACE – Partial assurance received.
- Palliative Care and End of Life Service – Partial assurance received.
It was noted that a Palliative Care and End of Life Steering Group has been established to drive forward improvements across the Trust.
- Unendorsed Results Progress – Moderate assurance received.
- Transfusion Competency – Moderate assurance received.
- Fridge Temperature Assurance Report – Partial assurance received.
It was noted that a reset is to take place across the Trust with an options appraisal to be shared at a future Executive Directors Group (EDG).
- Integrated Quality Report – Significant assurance received.
- World Health Organisation (WHO) Surgical Safety Checklist and the Association for Perioperative Practice (AfPP) Update – Partial assurance received.
- Infection Prevention and Control report – Moderate assurance received.
- Resuscitation report – Partial assurance received.
- National Early Warning Score (NEWS) Compliance report – Partial assurance received.
- MY Kit Check Compliance Report- Moderate assurance received.
- Clinical Audit Report – Moderate assurance received.
- Consent to Treatment report – Partial assurance received.
- Complaints Annual report – Significant assurance received.
- Concerns Deep Dive – Moderate assurance received.

- Cheshire & Mersey Critical Care Network (CMCCN) Major Trauma report – Moderate assurance received.

The Committee received the Maternity Service Quarterly Update – Quarter 1 2024/25 - Significant assurance was noted. Post Partum Haemorrhage (PPH) figures were discussed, and the Committee received assurance the Trust is correctly monitoring, reporting, and dealing with (including escalating), PPH.

The Committee noted the Cancer Harm Reviews progress. Concerns regarding reviews from last year which are outstanding; trajectory for completion of these to be provided to the Committee.

The Committee noted the National Institute for Health Care Excellence (NICE) Guidance Reporting. It was agreed for the Committee to receive a verbal update on the Diabetes / Endocrinology - Type 1 diabetes in adults: diagnosis and management (2022) and Gastroenterology - Colorectal cancer prevention: colonoscopic surveillance in adults with ulcerative colitis, Crohn's disease, or adenomas (2022) guidance at the Committee to be held in November 2024.

The Committee noted the contents of the Strategic Oversight Framework / Dashboard with corrections to be made on future reports for data accuracy.

The Committee noted an Ionising Radiation Medical Exposure Regulations (IRMER) Update. It was agreed that IRMER updates would be provided by the Chief Operating Officer, Ms C Chadwick, in future and that an update will be received at the Committee to be held in November 2024. It was agreed for the Deputy Radiology Services Manager, Ms A Miller, to also attend this Committee to provide an update on 3 issues raised in the mock CQC visit.

ADVISE

The Committee noted the Quarter 2 2024/25 Board Assurance Framework (BAF) and High Risks Report. The Committee agreed with the risk ratings outlined within the report and the suggestion of a Risk Management Committee was discussed with a view for this to be in place within October/November 2024.

The Committee noted the Quality Impact Assessment (QIA) update provided and commended the well-established processes in place.

The Committee received a very positive patient story, and it was agreed to share the story with the Board of Directors .

The Committee noted the following items:

- Quality & Safety Committee Workplan 2024/25
- Quality Governance Group Minutes – 6th June 2024
- Cancer Services Group Chair's Report – 2nd July 2024
- Governor/Non-Executive Director Walkabout Feedback – Haematology and Urology 3rd July 2024 and CRV 7th August 2024.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

No new risks were identified.



Committee Chair’s Report

Committee:	People & Organisation Development Committee
Date of meeting:	13 th August 2024
Chair:	Ms Wendy Williams, Non-Executive Director

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
There were no items to alert to the Board of Directors.
ASSURE
<ul style="list-style-type: none"> • The Committee received an updated Terms of Reference for the Committee and approved the suggested change of the Committee title to People Committee, update the committee membership and to dissolve some of the feeder groups and focus on a Workforce Governance Group. • The Committee agreed the framework for the Statement of Compliance for the 2023-2024 Annual Submission to NHS England Northwest: Framework for Quality Assurance and Improvement, ahead of the Board of Directors approval. • The Committee received the High Risk Report, noting there are currently 25 risks in total with a residual risk score of 15 on the Datix system. This is a decrease from the 27 reported in June 2024. The paper set out the key themes from the 3 high risks relating to People & Organisation Development. • The Committee received an annual update on the progress with the People Strategy, noting the contents of the report and approving the plan to develop a new 3 year People strategy. • The Committee noted the assurance provided from the Workforce Data Dashboard. • The Committee received an Appraisal Management Update noting the assurance that improvements have been made to the appraisal documentation with the aim of creating a more meaningful conversation, agreeing objectives linked to corporate, divisional and departmental goals and developing and retaining staff. • The Committee received a Leadership and Management Development Report noting the assurance provided within the report and the ongoing work to ensure leaders/managers are appropriately developed and supported to perform in their roles along with the consideration of how a system of collecting training needs may be chosen, funded and implemented. • The Committee received a Policy Development Update and ratified the Attendance Management, Transitioning in the Workplace and Bullying &

Harassment policies which had been reviewed and agreed by Partnership forum. The overall progress to date was noted and planned future actions in relation to the development and review of people policies.

- The Committee noted the contents of the Midwifery and Maternity Safer Staffing Report 1st January – 30th June 2024 and that the Trust is fully compliant with the Maternity incentive scheme year 6 safety action 5.

ADVISE

- The Committee noted the Interim Chief People Officers report and the key updates provided.
- The Committee received a staff story from Neuro Occupational Therapy Support Worker, Mr N Jones.
- The Committee note the Audit Tracker.
- The Committee noted a Restructuring of the People Services Update.
- The Committee received a deep dive presentation relating to Workforce Planning noting the contents of the report.
- The Committee received an Equality, Diversity & Inclusion Update noting the progress to date.
- The Committee noted an Apprenticeship & Levy Spend Report – June 2024. It was agreed that an Apprenticeship & Levy Spend Report will be brought back to next Committee for monitoring.
- The Committee noted the contents of the Violence and Aggression (V&A) Six Monthly Report, 1st January – 30th June 2024
- The Committee noted the following items:
 - Equality, Diversity & Inclusion Steering Group Chair's Report – 21st May 2024
 - Joint Local Negotiating & Consultation Committee (JLNC) Minutes - 8th February 2024.
 - People & Organisation Development Workplan 2024/25

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- There were no new risks discussed or identified by the Committee.

Council of Governors

21st November 2024

Report	Agenda Item 11c.	Strategic Oversight Framework Report – August 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 1 Quality			X	Linked to all areas of the BAF.		
	BAF 2 Safety			X			
	BAF 3 Operational			X			
	BAF 4 People			X			
	BAF 5 Finance			X			
	BAF 6 Capital			X			
	BAF 7 Digital			X			
	BAF 8 Governance			X			
	BAF 9 Partnerships			X			
	BAF 10 Research			X			
Strategic goals	Patient and Family Experience						X
	People and Culture						
	Purposeful Leadership Adding Value						X
	Partnerships						
	Population Health						
CQC Domains	Safe						X
	Effective						X
	Caring						X
	Responsive						X
	Well led						X
Previous considerations	Board of Directors – 24 th September 2024						
Executive summary	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> Summarise the key performance indicators. Assure the Board of the monthly oversight of Trust priorities against agreed targets. <p>Highlight areas of high or low performance</p>						
Recommendations	The Council of Governors is asked to note the assurance provided within this report.						

Corporate Impact Assessment	
Statutory/regulatory requirements	Access Targets (Elective and Urgent Care)
Risk	Risk to achievement of targets included on strategic risk register
Equality & Diversity	Not applicable
Communication	Document to be published on the Trust's website as part of the Council of Governors meeting paper pack.

Meeting	24th September 2024	Board of Directors					
Report	Agenda item 18.	Strategic Oversight Framework Report – August 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		Linked to all areas of the BAF.					
Strategic Aims	Linked to all strategic aims.						
CQC Domains	Safe/Effective/Caring/Responsive & Well Led						
Previous Considerations	Not applicable.						
Summary	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> Summarise the key performance indicators. Assure the Board of the monthly oversight of Trust priorities against agreed targets. Highlight areas of high or low performance 						
Highlights	<p>Areas of positive assurance:</p> <ul style="list-style-type: none"> Hospital Standardised Morality Ratios (HSMR) Sustained reduction in open complaints 0 never Events Sustained low level of Hospital Acquired Pressure Ulcers Sustained low level in the number of open complaints. Reduction in long waiting elective patients. Sustained reduction in Nurse agency spend. Sustained reduction in staff turnover <p>Areas requiring improvement:</p> <ul style="list-style-type: none"> Sepsis Treatment Sepsis Screening Sustained reduction in the number of women giving birth. Emergency Medicine Performance Sickness Absence Compliance Financial Overspend 						
Recommendation(s)	The Board of Directors is asked to note the assurance provided within this report.						
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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






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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	Jun-24	96.9			100	96.9	100	104
M2	SHMI	TOTAL	May-24	94.7			100	94.8	97.7	101
M3	Registered Staffing %	TOTAL	Aug-24	90.3%			95%	86.6%	94.6%	103%
M4	Unregistered Staffing %	TOTAL	Aug-24	107%			95%	99.2%	105%	111%
M5	Incident Reporting	All Incidents	Aug-24	1168			700	992	1,218	1,445
M5	Incident Reporting	Falls Rate Per 1000 Bed Days	Aug-24	4.49			7	3.46	6.28	9.10
M5	Incident Reporting	Falls With Harm Rate Per 1000 Bed Days	Aug-24	0.06			0.3	-0.256	0.198	0.652
M5	Incident Reporting	Hospital Acquired Pressure Ulcers Rate Per 1000 Bed Days	Aug-24	1.21			2.5	0.826	1.81	2.80
M5	Incident Reporting	Medication Incidents	Aug-24	103			110	52.8	104	155
M5	Incident Reporting	Medication Incidents With Harm	Aug-24	2			0	-1.57	1.21	3.98
M5	Incident Reporting	Moderate Harm And Above	Aug-24	51			80	13.9	55.6	97.4
M5	Incident Reporting	MSA Incidents	Aug-24	0			0	-1.39	0.783	2.96
M5	Incident Reporting	Never Events	Aug-24	0			0	-0.601	0.208	1.02
M5	Incident Reporting	Present On Admission Pressure Ulcers Rate Per 1000 Bed Days	Aug-24	3.46				2.27	3.91	5.54
M5	Incident Reporting	STeIS Reported Incidents	Aug-24	0			0	-1.25	3.35	7.94
M8	Infection Control	Infection Control - MRSA Cases	Aug-24	1			0	-0.453	0.125	0.703
M8	Infection Control	Infection Control - Rate of C.Difficile	Aug-24	10			4	-0.0412	6.67	13.4
M9	Sepsis	Sepsis Screening	Jun-24	79.5%			84%	61.9%	81.6%	101%
M9	Sepsis	Sepsis Treatment	Jun-24	59.3%			84%	-3.76%	49.6%	103%
M10	Complaints	Patient Feedback: Open Complaints	Aug-24	17			40	23.1	40.5	57.9
M27	FFT Positive	FFT A&E Positive Rate	Aug-24	78.7%					71.1%	
M27	FFT Positive	FFT IP Positive Rate	Aug-24	91.6%					92.4%	
M27	FFT Positive	FFT OP Positive Rate	Aug-24	93.4%					93.8%	
M28	FFT Response	FFT A&E Response Rate	Aug-24	14%					14.3%	
M28	FFT Response	FFT IP Response Rate	Aug-24	15.8%					25.1%	
M28	FFT Response	FFT OP Response Rate	Aug-24	11.2%					13.1%	

COCH SOF Summary - Maternity Overview

Metric ID	MetricName	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
W1	Number of Women giving birth	Aug-24	147				123	165	207
W2	Number of Live Births (All Babies)	Aug-24	147				125	166	208
W3	Total Number of Women experiencing a Caesarean Section	Aug-24	57				46.1	70.6	95.1
W4	Number of Maternal Deaths	Aug-24	0				0	0	0
W5	Number of Cases of Eclampsia	Aug-24	0				0	0	0
W6	Number of Neonatal Admissions - Term Babies	Aug-24	5				-2.31	4.63	11.6
W7	Number of Early Neonatal Deaths (< 7 Days Old)	Aug-24	0				-0.190	0.0417	0.273
W8	ITU Admissions	Aug-24	2				-0.566	0.378	1.32
W9	Room 15 emergency theatre use	Aug-24	0				-0.922	0.253	1.43
W10	Number of Babies Born in MLU	Aug-24	6				-0.0223	6.87	13.8
W11	Total Number of Stillbirths (≥ 24 weeks) (Babies)	Aug-24	0				-1.01	0.375	1.76
W12	Number of 3rd/4th Degree Tears in Vaginal Births	Aug-24	1				-2.26	1.79	5.84
W13	Number of Haemorrhages ≥ 1500 ml	Aug-24	5				-0.347	7.39	15.1
W14	Obstetric Unit - number of days the service has diverted on in reporting period	Aug-24	0				-0.310	0.174	0.658
W15	HSIB suspected brain injuries in inborn neonates grade 3 HIE	Aug-24	0				-0.198	0.0435	0.285
W16	Coroner Reg 28 made directly to Trust	Aug-24	0				0	0	0
W17	Term Admission Rate	Aug-24	3.4%				-0.925%	2.93%	6.78%
W19	Progress in achievement of CNST (out of 10)	Aug-24	9				7.15	8	8.85
W21	Service User Feedback: number of formal complaints	Aug-24	0				-0.721	0.545	1.81
W22	staff feedback from frontline champions and walkabouts (number of themes)	Aug-24	0				-0.624	0.417	1.46
W24	Minimum Safe Staffing in Maternity Services; NN middle grade workforce rota gaps (SHO)	Aug-24	0%				42.6%	54.2%	65.7%

Safe Effective Caring Responsive Well-led Overall

CQC Maternity Ratings



Maternity Safety Support Programme
















Yes

Simon Maghlan

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 would rate the quality of clinical supervision out of hours (Reported annually)	89.7%

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	Aug-24	59.7%	 		78%	49.0%	56.2%	63.4%
M11	ED Performance	ED 4 Hour Wait Standard - Type 1	Aug-24	45%	 		78%	44.1%	51.2%	58.2%
M12	RTT - 18 Week Compliance	18 Week Referral To Treatment (RTT) Incomplete Pathways	Aug-24	50.8%	 		92%	46.5%	48.2%	49.9%
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 104 Weeks	Aug-24	2	 		0	-1.78	1.46	4.70
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 52 Weeks	Aug-24	2201	 		0	2,125	2,750	3,375
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 65 Weeks	Aug-24	316	 			355	716	1,076
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 78 Weeks	Aug-24	0	 		0	-0.918	50.3	102
M13	RTT Waitlist Sizes	Total 18 Week RTT Incomplete Pathways	Aug-24	33372	 		40000	32,253	34,162	36,071
M14	Diagnostics 6 Week Standard	Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01)	Aug-24	14.7%	 		1%	14.0%	22.5%	30.9%
M15	Cancer Performance	Cancer Treatments: 28 Day FDS	Jul-24	79.9%	 		75%	56.5%	67.3%	78.0%
M15	Cancer Performance	Cancer Treatments: 31 Day Standard	Jul-24	97.3%	 		96%	87.9%	96.0%	104%
M15	Cancer Performance	Cancer Treatments: 62 Day Standard	Jul-24	77.1%	 		85%	56.0%	72.0%	88.1%
M23	12 Hour DTA Breaches	12 Hour DTA Breaches	Aug-24	627	 			459	636	813
M24	Ambulance Handover	30-60 minutes	Aug-24	534	 			255	375	495
M25	Ambulance Handover	60 minutes +	Aug-24	273	 			2.77	279	556
M26	ED 12 Hours Waits	Patients Waiting 12 Hours +	Aug-24	1351	 			889	1,291	1,693

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M16	Sickness Absence	Sickness Absence Rate	Aug-24	5.41%			5%	4.63%	5.53%	6.44%
M17	Mandatory Training	Mandatory Training Compliance	Aug-24	88.5%			90%	83.4%	85.6%	87.8%
M18	Annual Appraisal	Annual Appraisal Compliance	Aug-24	79.5%			80%	70.7%	75.9%	81.1%
M19	Staff Turnover	Staff Turnover Percentage	Aug-24	8.55%			10%	8.77%	9.42%	10.1%
M20	Cap Rates	Medical & Dental Reduction in Agency Shifts over Cap Rates	Aug-24	171			120	118	208	297
M20	Cap Rates	Nursing & Midwifery Reduction in Agency Shifts over Cap Rates	Aug-24	130			1200	180	450	719
M20	Cap Rates	Other Reduction in Agency Shifts over Cap Rates	Aug-24	200				180	507	834
M21	Agency Spend	Medical Agency Spend	Aug-24	262000				122,053	224,826	327,599
M21	Agency Spend	Nursing Agency Spend	Aug-24	41000				156,594	328,227	499,861

Highlights:

- Bi-annual establishment review has been completed in nursing and midwifery, strong assurance that establishments are largely in line with the needs of patients and service users
- Work continues to undertake baseline assessments across all wards and departments using the 'Striving for Excellence' ward accreditation framework
- Introduction of visits from Safeguarding and Complex Care team for all patients on a DOLS, this ensures reasonable adjustments are in place and care is personalised to the patients' needs
- The 'this is me' document for patients with dementia and 'passports' for patients with a learning disability has been relaunched

Areas of Concern:

Increasing number of nursing staff absent from work due to stress and anxiety, this correlates with the number of staff being redeployed on the day to support operational pressures and short notice gaps, remedial actions have been put into place and this will be closely monitored.

System analysis has shown that the Trust has less pathway 0 discharges than peer and national comparators, the inpatient flow improvement group has revised the Trust plan to incorporate this. The focus moving forward will be on early mobilisation and preventing deconditioning. There is a key stakeholder event on 23 September to launch this programme of work.

C Diff cases are higher than trajectory, case reviews have demonstrated learning on antimicrobial use and sampling, actions are in place. Continued focus on improving the 6-hour compliance of Braden, MUST and falls risk assessments.

Forward Look (with actions):

Launch of the vulnerable patient strategy

Continued monitoring of staff redeployments and staffing incidents

Strengthened flow programme focusing on ward leadership and processes

Implementation of violence and aggression group

Jun-24

96.9

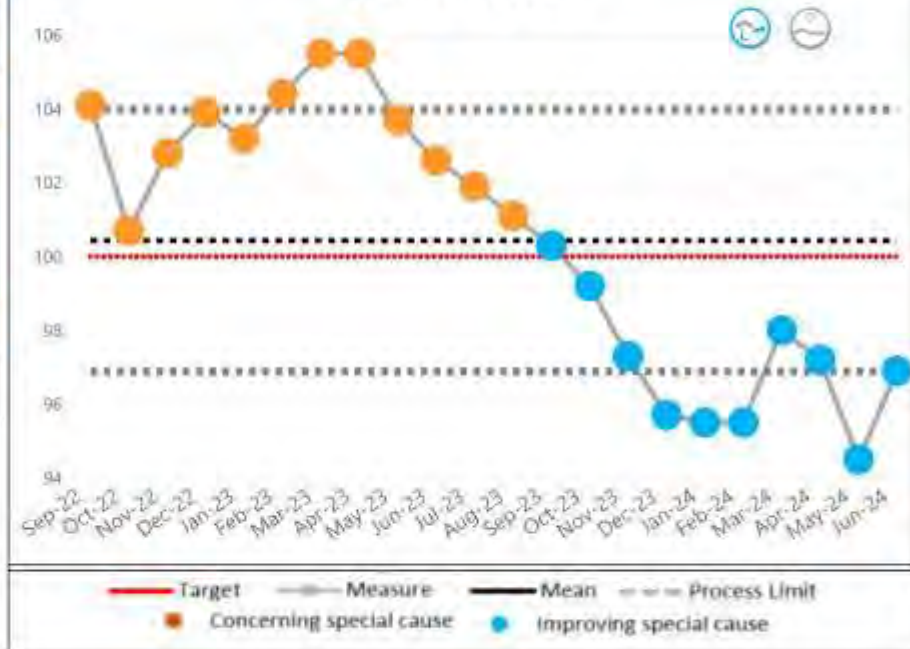
Variance

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

Target

100

HSMR: TOTAL



May-24

94.7

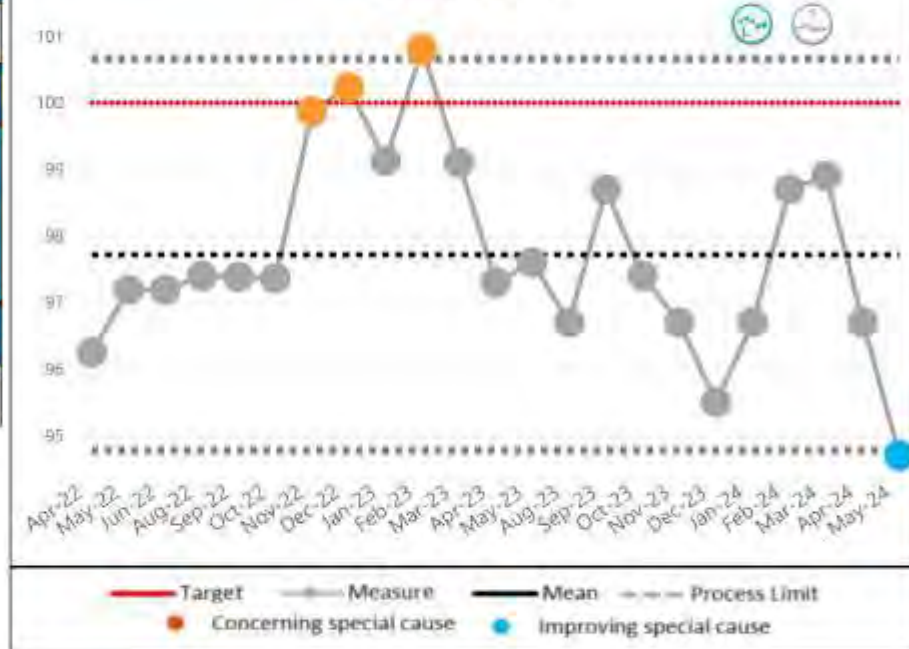
Variance

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

Target

100

SHMI: TOTAL



HSMR Narrative

The current HSMR (to June 2024) is now 96.9 which is an increase from the previous month. 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.

SHMI Narrative

The current SHM remains sub 100 which is on par with previous periods and remains within the expected range.

Aug-24

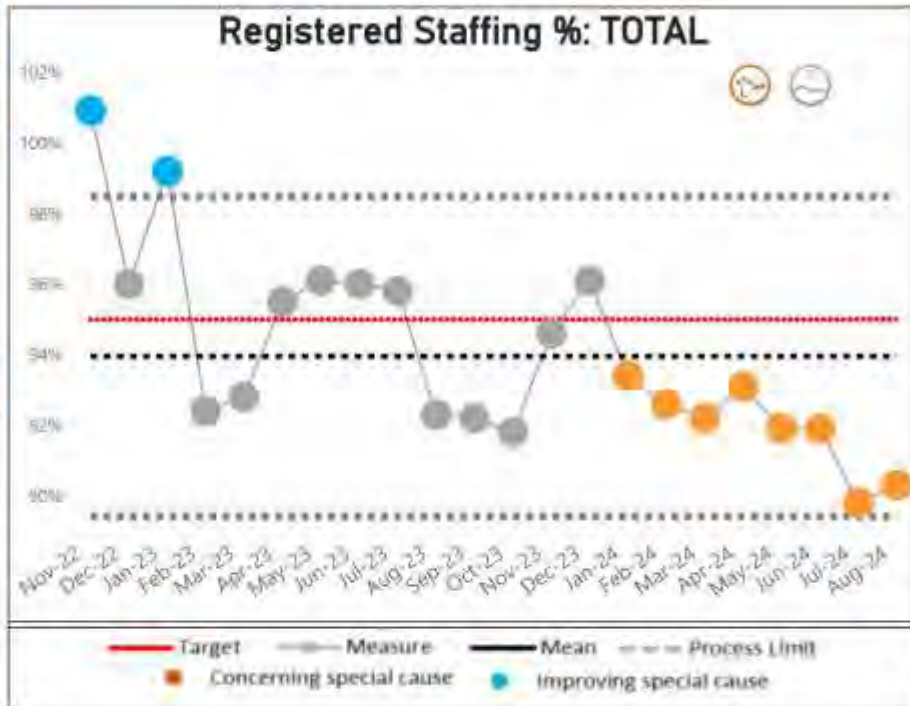
90.3%

Variance

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

Target

95%



Aug-24

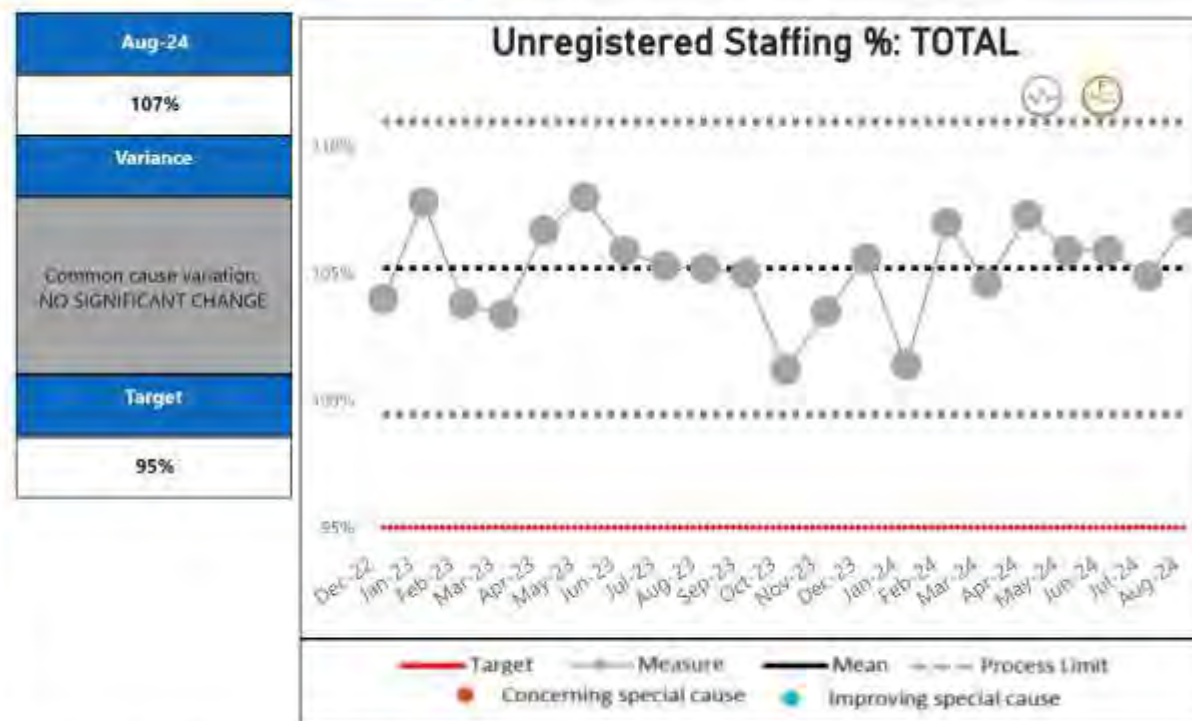
107%

Variance

Common cause variation: NO SIGNIFICANT CHANGE

Target

95%



Registered Nursing Narrative

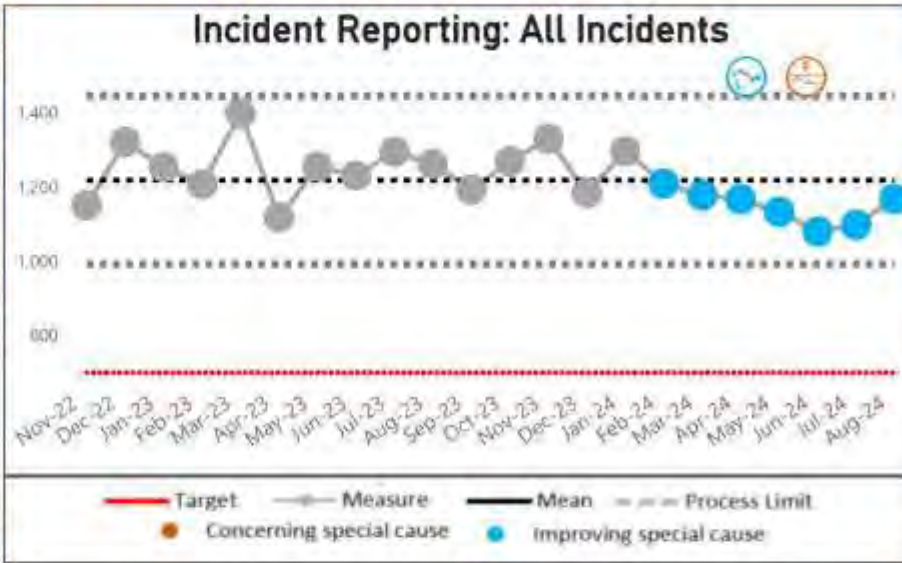
Now that this metric is below the target of 95%, we are changing the direction of improvement, from January to August 2024 we had seen a statistically significant drop in fill rates, which is moving away from what we want to see, thus the need to change the direction of improvement.

The significant reduction in registered nurse fill rates correlated with the establishment work completed earlier in the year, when registered nursing numbers were increased within wards and departments in response to the acuity and dependency commonly seen in the area. This has resulted in a vacancy, which is actively being recruited to and there is a strong pipeline in place. However, the Trust is experiencing a higher-than-expected number of registered nurses unavailable for work and although a % of this is planned for in the establishment headroom (23%), current sickness and absence has exceeded this. A detailed analysis has been undertaken and this is largely being driven by stress and anxiety which triangulates with staff redeployment day to day to maintain staffing levels. Immediate actions have been put into place in the emergency department and SDEC (where staff are currently being redeployed to) to reduce the need for staff moves. These actions include redeploying interested staff for a period of time (rather than day to day) and increasing temporary staffing requests, in advance, on blocks contracts, where possible for continuity. This metric will continue to be closely monitored by the senior nursing team.

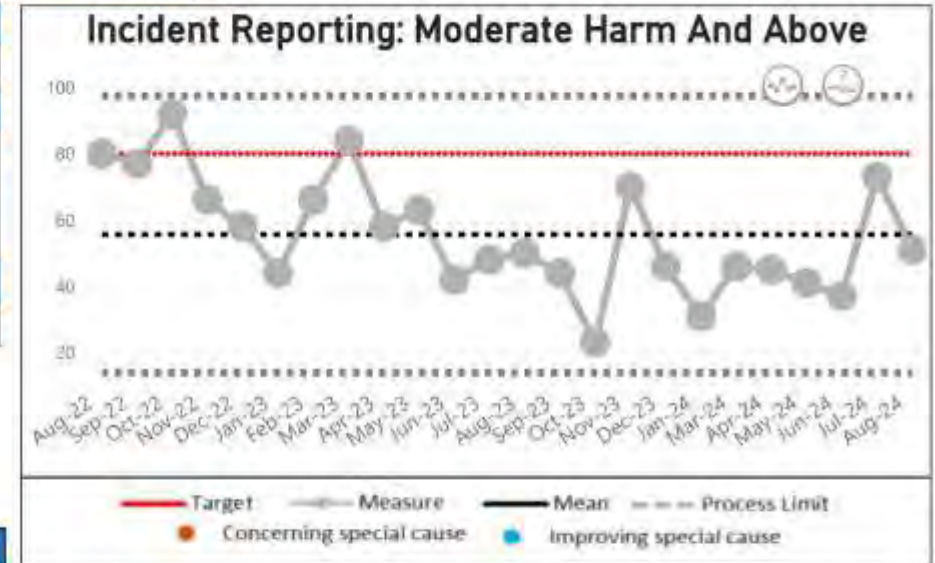
Unregistered Nursing Narrative

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.

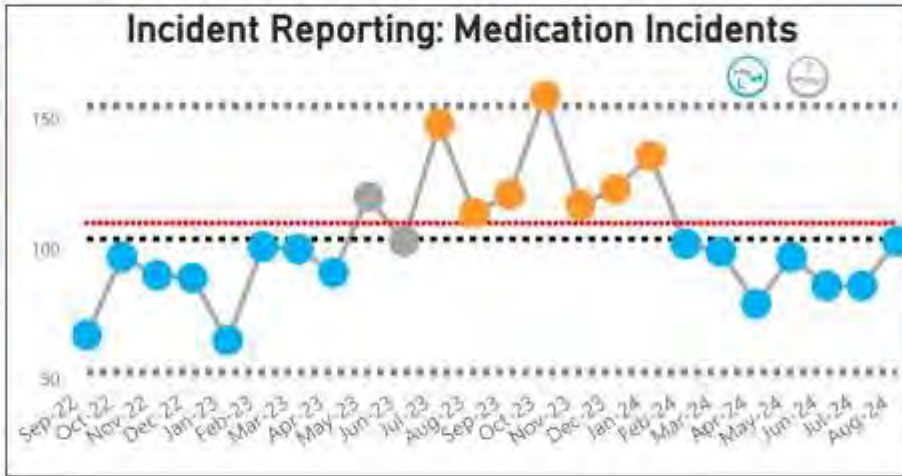
Aug-24
1168
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
700



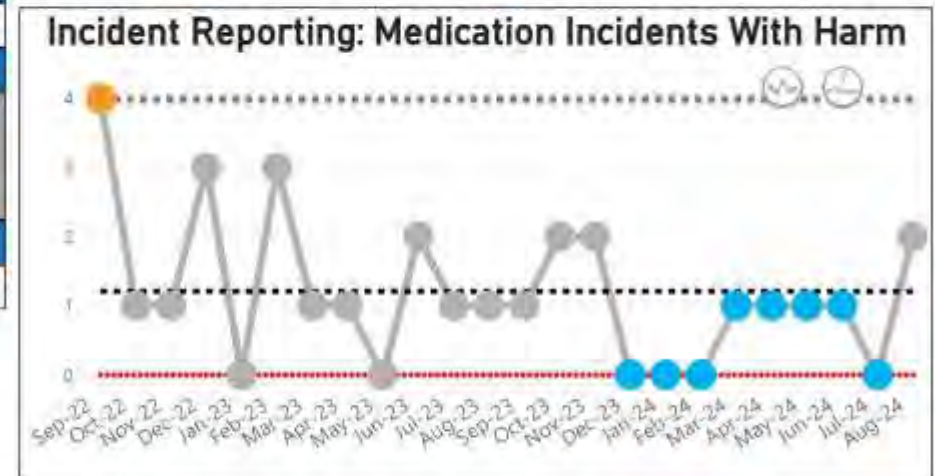
Aug-24
51
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
80



Aug-24
103
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
110



Aug-24
2
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 increase in the overall number of incidents reported (clinical and non-clinical); a total of 1168 – an increase of 70 in comparison to July 2024.

The top 4 reported incident categories were: Skin Integrity 145 (12.4%), Security Response 142 (12.2%), Medication 102 (8.7%) and Staffing 87 (7.4%).

Medication Incidents Narrative

Medication incidents was showing a statistically significant increase from July-23 to Jan-24 but since then we have seen a statistically significant decrease as all points are below the mean. The top four sub categories for medication incidents during August 24 are currently: Prescription Errors (24), Administration Error (20), Controlled drugs errors (16) and Drugs not given (16). This is consistent with prior months. Two incidents where harm was caused have been reported in August.

Aug-24

0

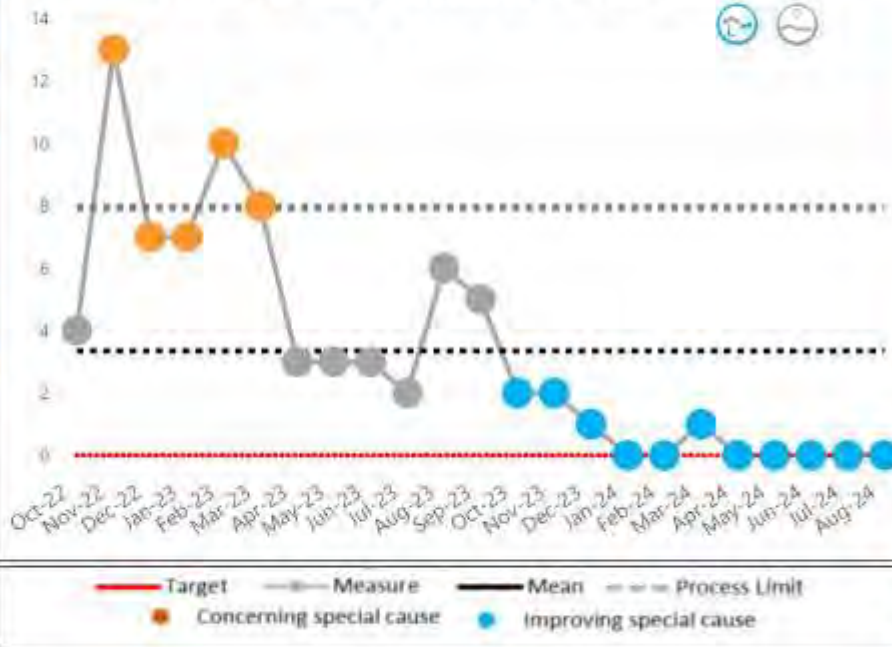
Variance

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

Target

0

Incident Reporting: STEiS Reported Incidents



Aug-24

0

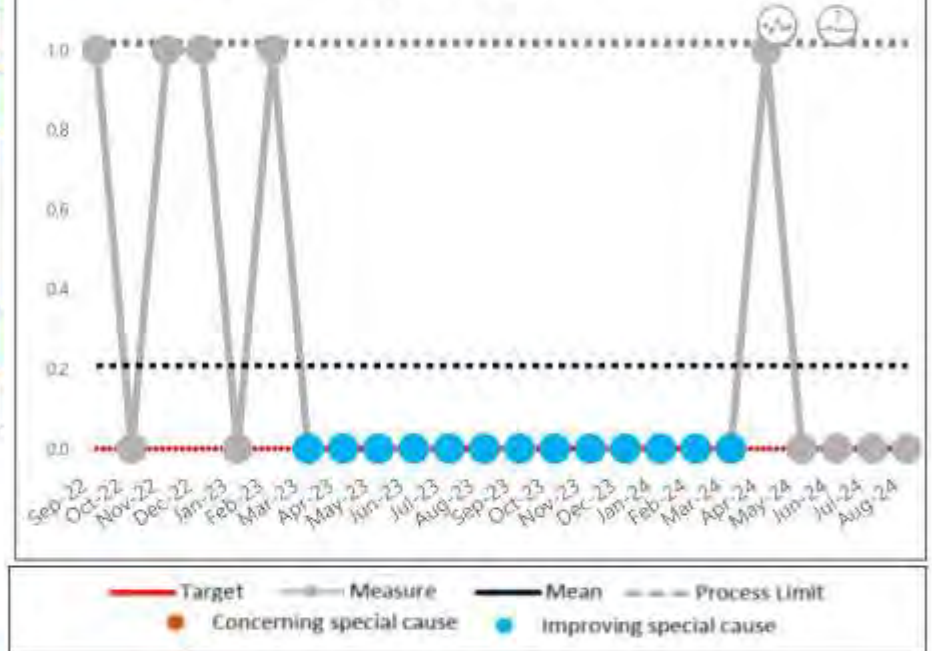
Variance

Common cause variation, NO SIGNIFICANT CHANGE.

Target

0

Incident Reporting: Never Events



Aug-24

0

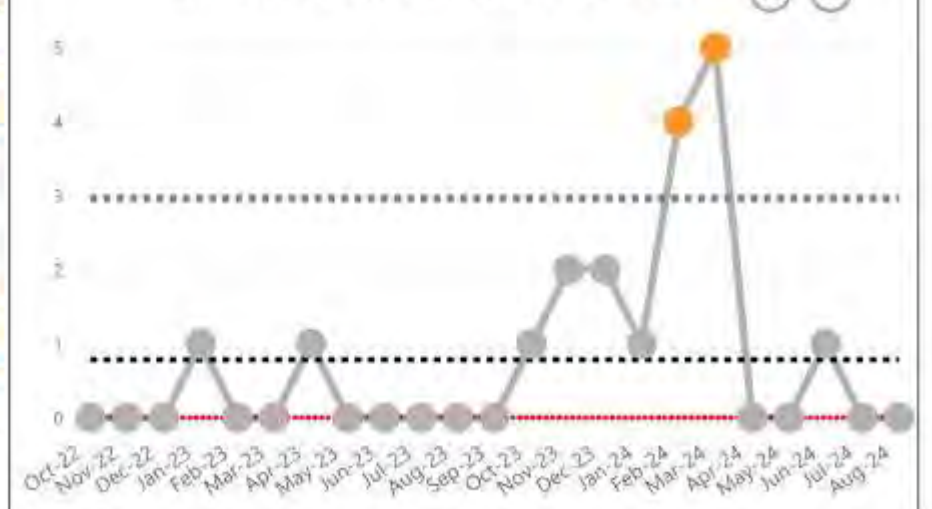
Variance

Common cause variation, NO SIGNIFICANT CHANGE.

Target

0

Incident Reporting: MSA Incidents



Serious Incidents Narrative

There were no STEiS reported incidents last month, the Trust reported a Never Event in April which related to a retained foreign object post-procedure following a delivery. The Trust - in line with protocol - did a thorough investigation to identify lessons and ensure shared learning.

We have added the number of MSA incidents to the SOF as of June, at time of writing we are identifying the number of MSA incidents rather than total breaches, in June we reported 1 incident which related to 5 breaches and there were no subsequent breaches in July or August.

Aug-24

4.49

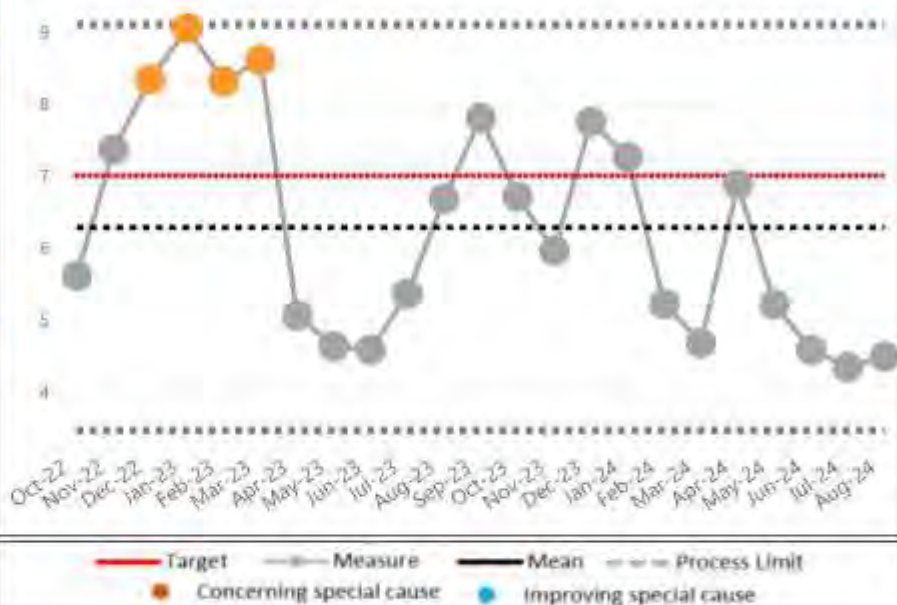
Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

7

Incident Reporting: Falls Rate Per 1000 Bed Days



Aug-24

0.06

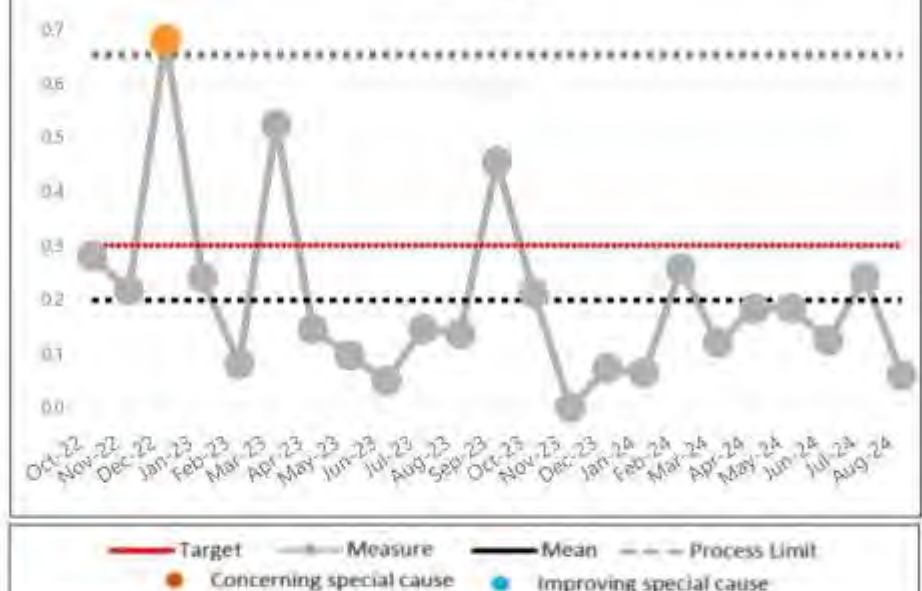
Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

0.3

Incident Reporting: Falls With Harm Rate Per 1000 Bed Days



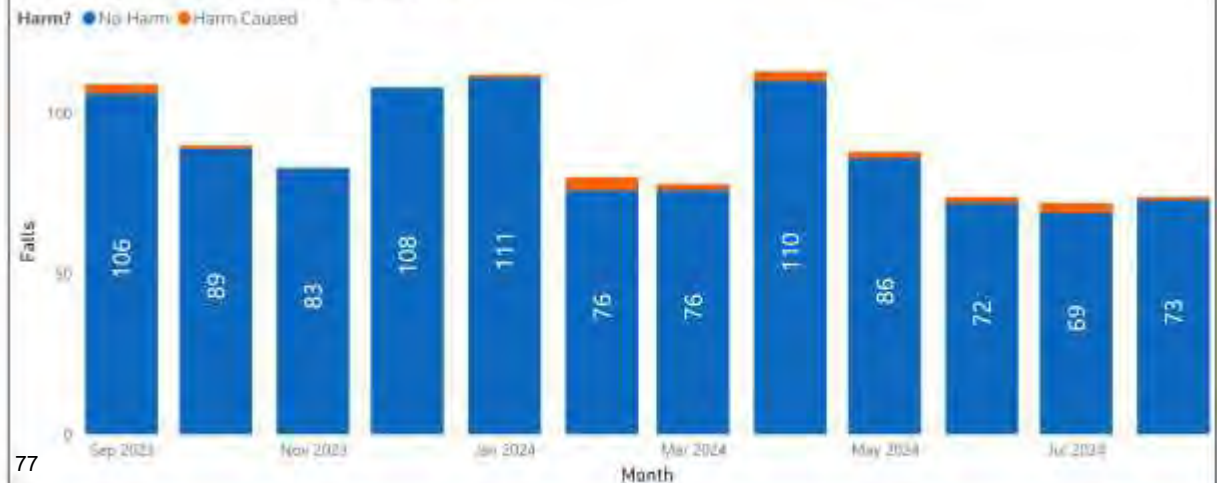
Falls Narrative

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.

In August 24, we only saw 1 Fall With Harm which was a moderate trip/slip on our EPH Site. At the end of Month 5s position, we are demonstrating a 15.5% reduction in all Falls and a 9.74% reduction in Unwitnessed Falls.

Overall Figures For Falls Split By Harm Caused



Aug-24

1.21

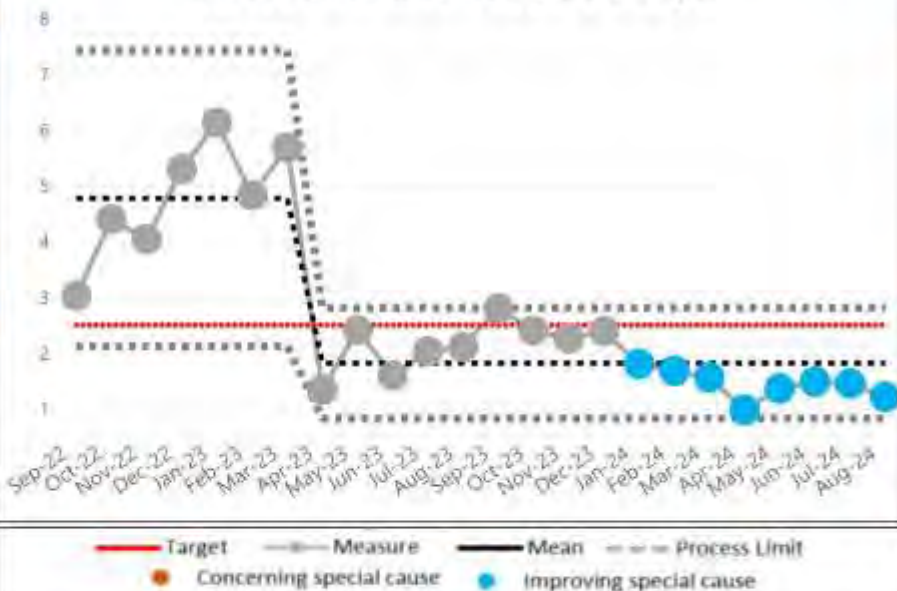
Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

2.5

Incident Reporting: Hospital Acquired Pressure Ulcers Rate Per 1000 Bed Days



Aug-24

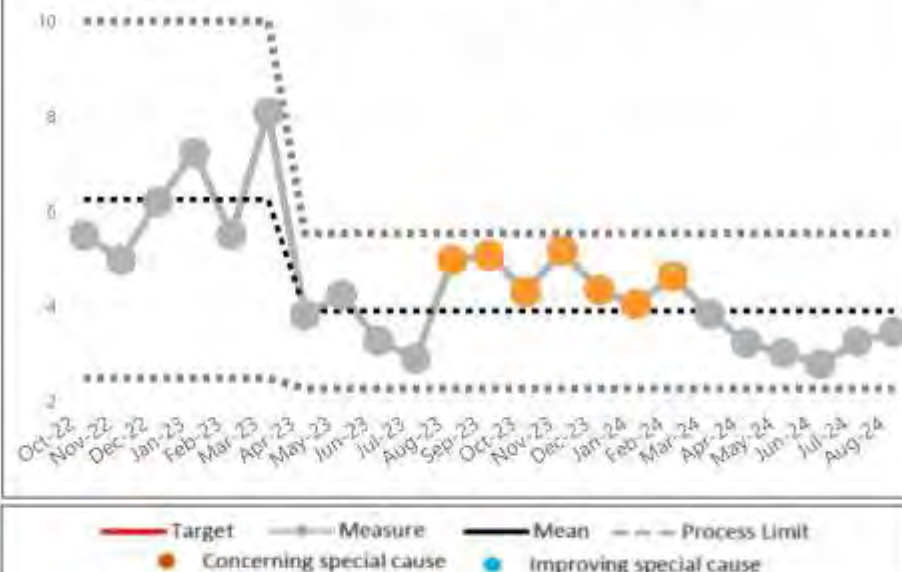
3.46

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

Incident Reporting: Present On Admission Pressure Ulcers Rate Per 1000 Bed Days



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.

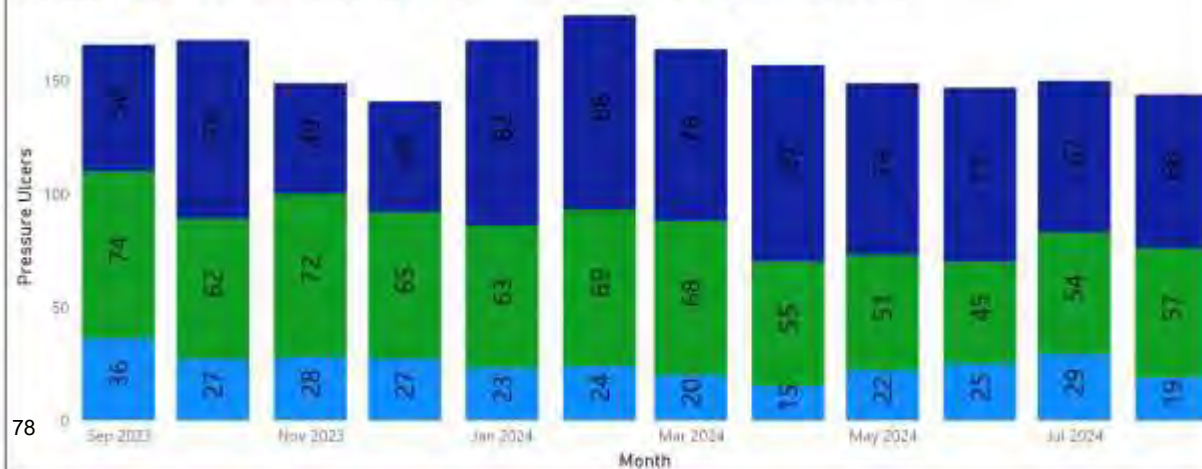
The target from the harms improvement programme is to reduce Hospital Acquired Pressure Ulcers by 40% by the 31st March 2025 with the new methodology of Pressure Ulcer reporting.

In August 2024 we saw 145 skin integrity incidents, of which 77 counted as Pressure Ulcers. The Pressure Ulcer figure comprised of 19 Hospital Acquired and 58 Present On admission, which means that 35% of our pressure Ulcers were hospital acquired.

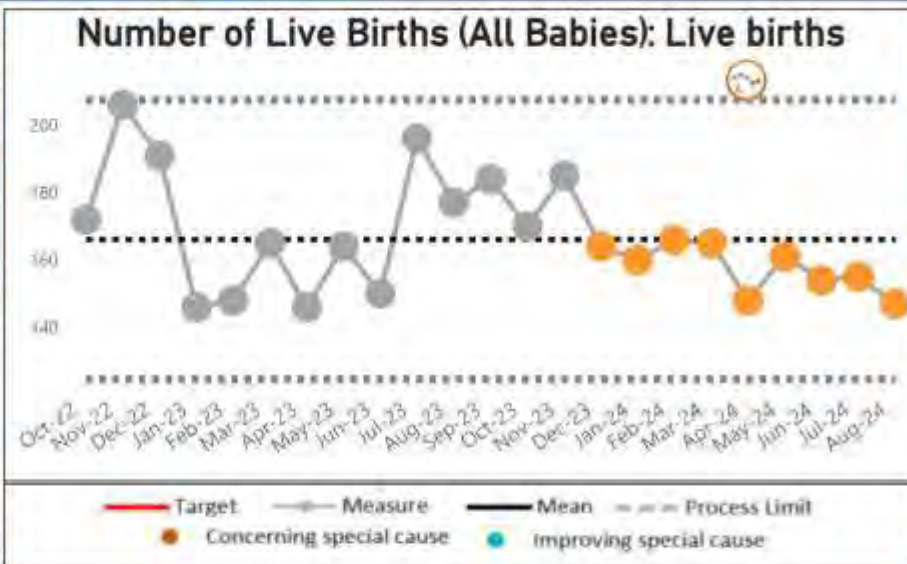
There were 4 moderate or above Hospital Acquired Pressure Ulcers in month, 3 of which were Level 3, with the other being a deterioration of a NEW Pressure Ulcer.

Overall Figures For Skin Integrity Incidents Split By Type

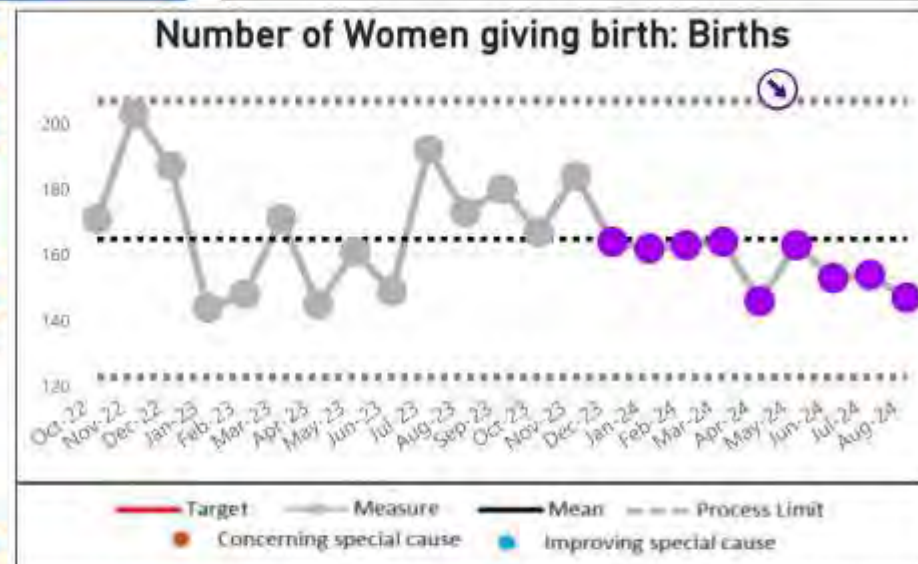
PU Category ● Hospital Acquired Pressure Ulcer ● Present On Admission Pressure Ulcer ● Skin Integrity Incident



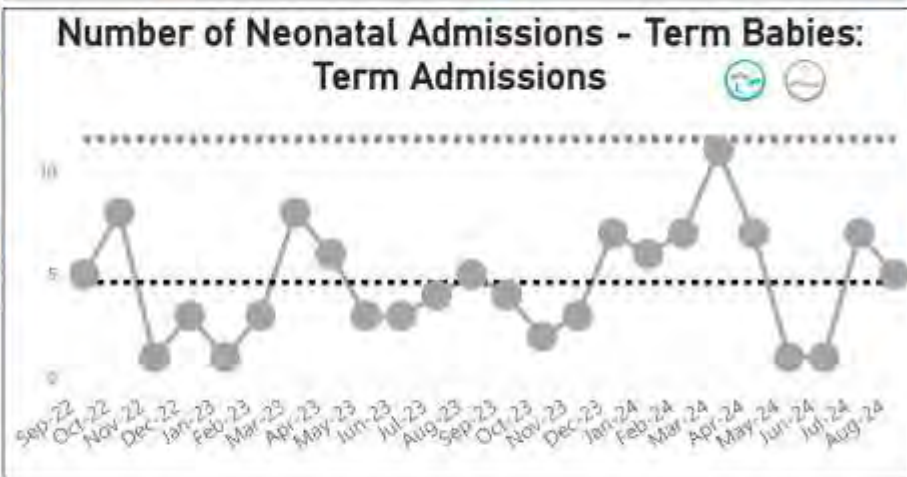
Aug-24
147
Variance
Special cause variation of an CONCERNING nature where the measure is significantly L...
Target



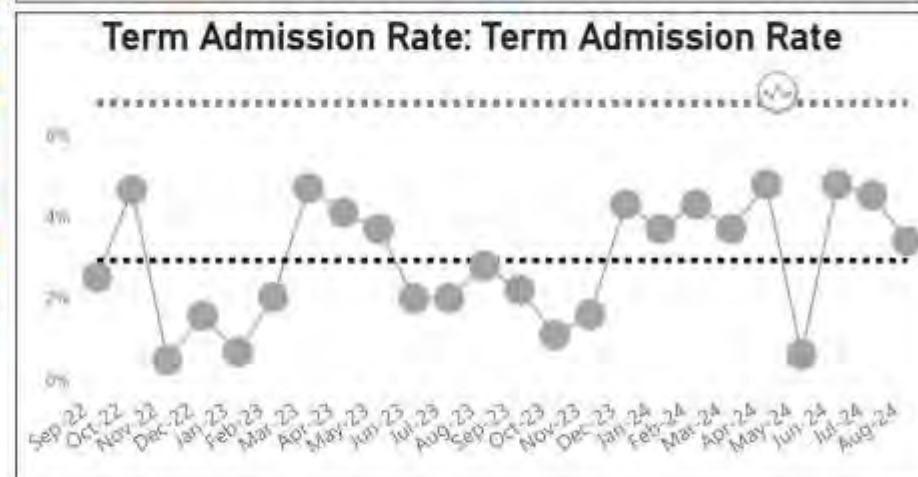
Aug-24
147
Variance
Special cause variation of an Increasing nature where DOWN is not necessarily imp...
Target



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



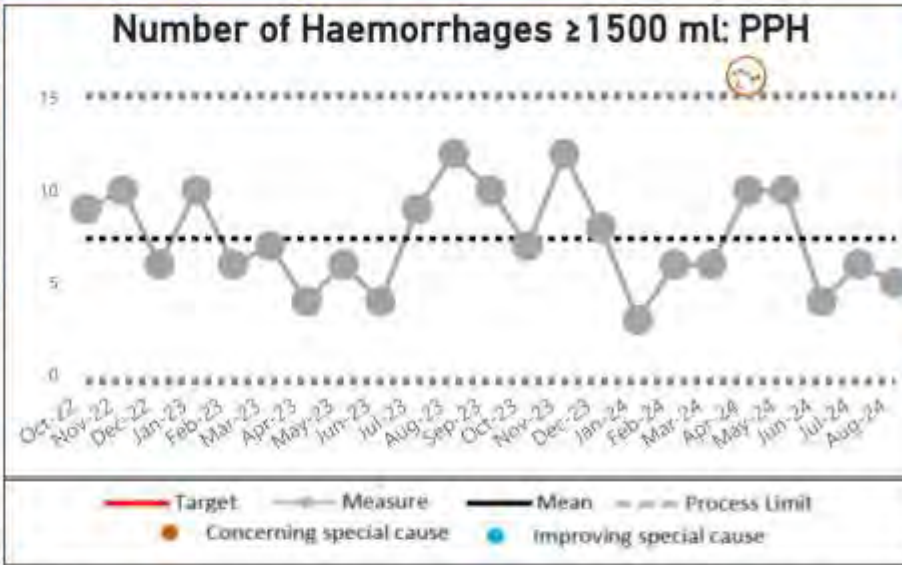
Aug-24
3.4%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



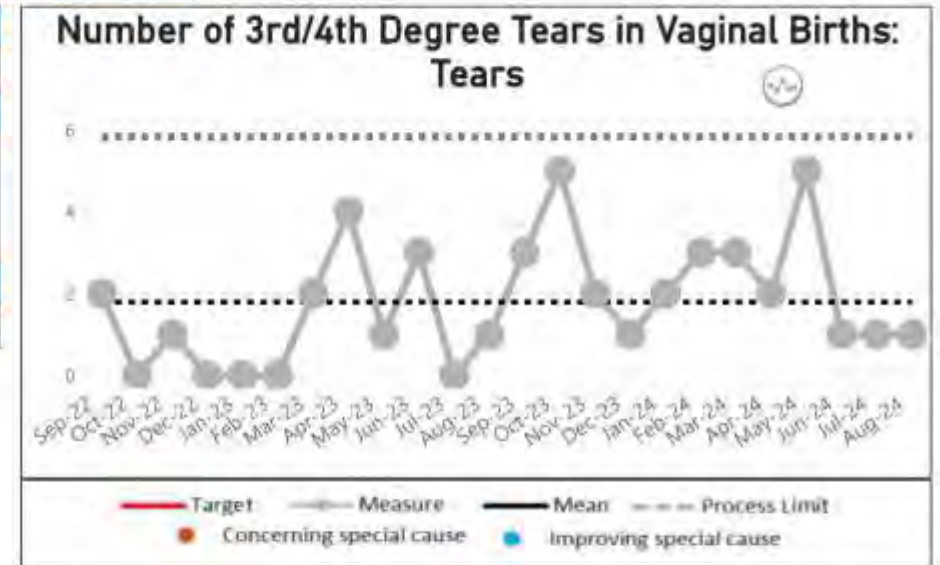
Narrative
 Since July, the number of live births in the Trust has been consistent.

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.

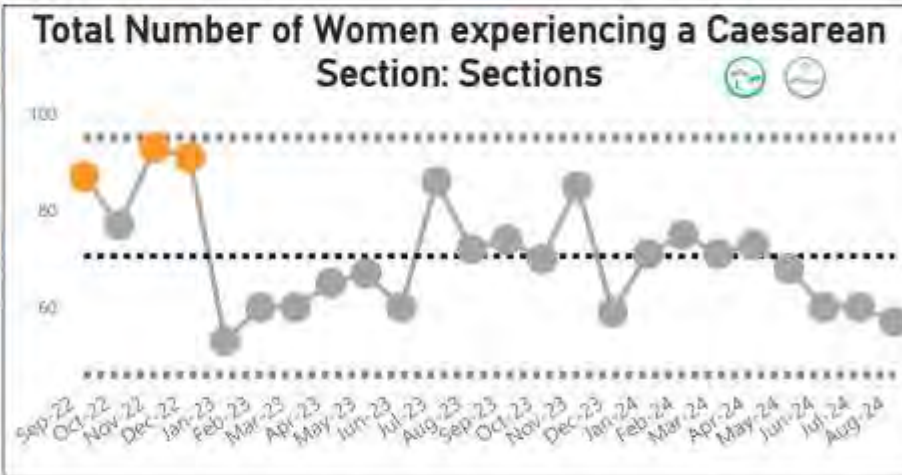
Aug-24
5
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



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



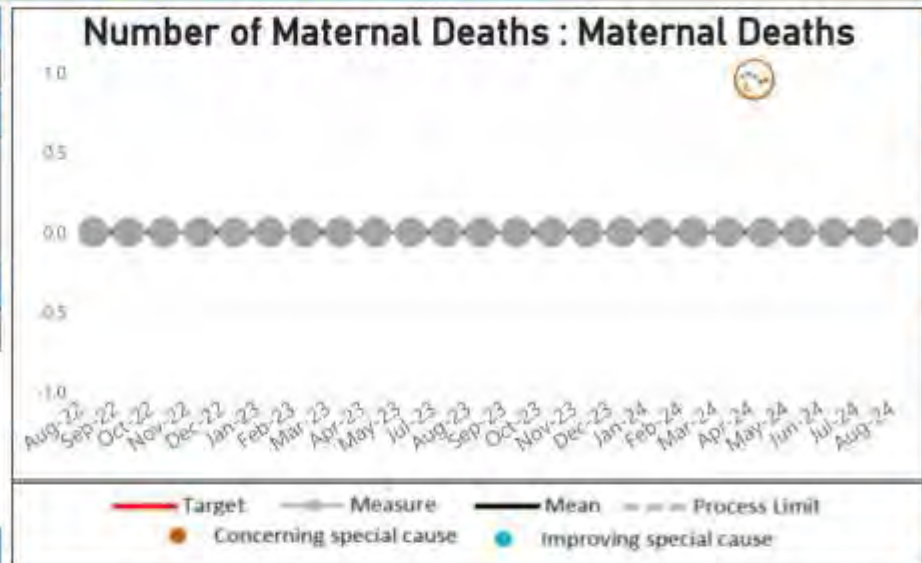
Aug-24
57
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



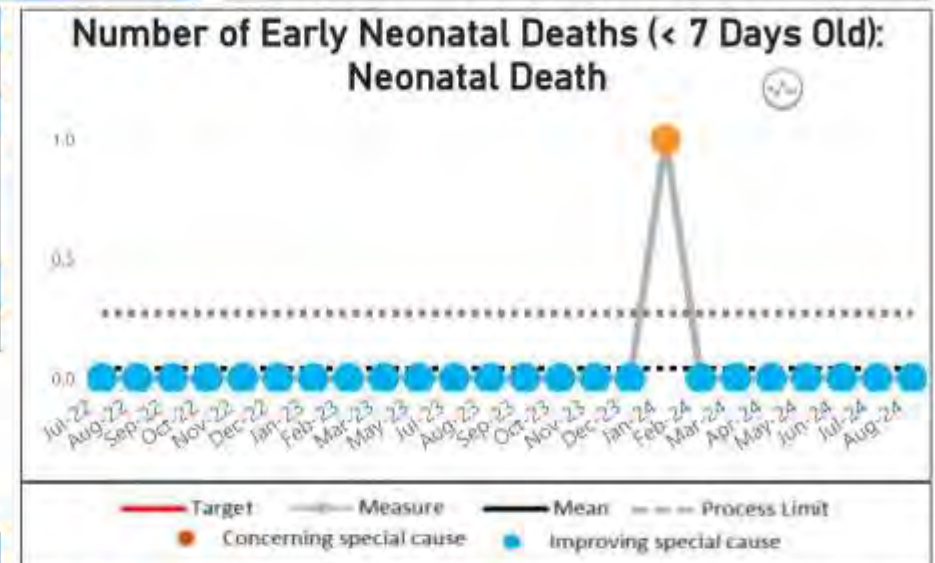
Narrative

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.

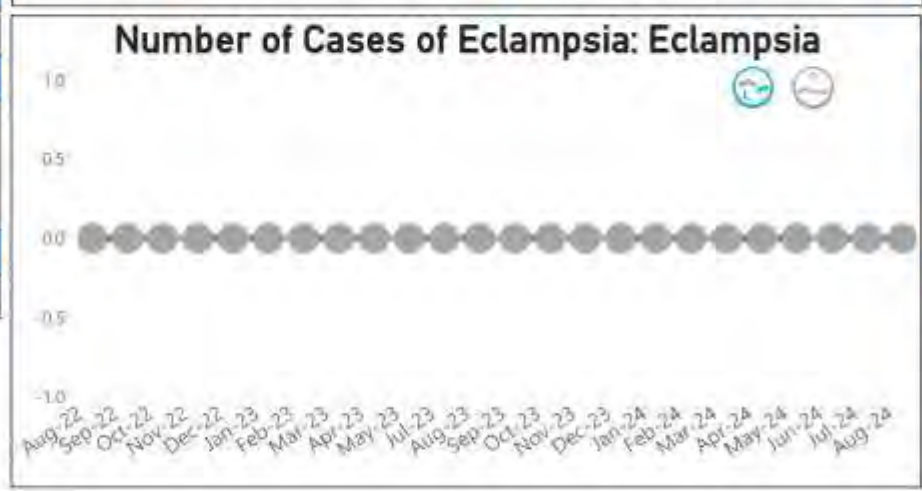
Aug-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



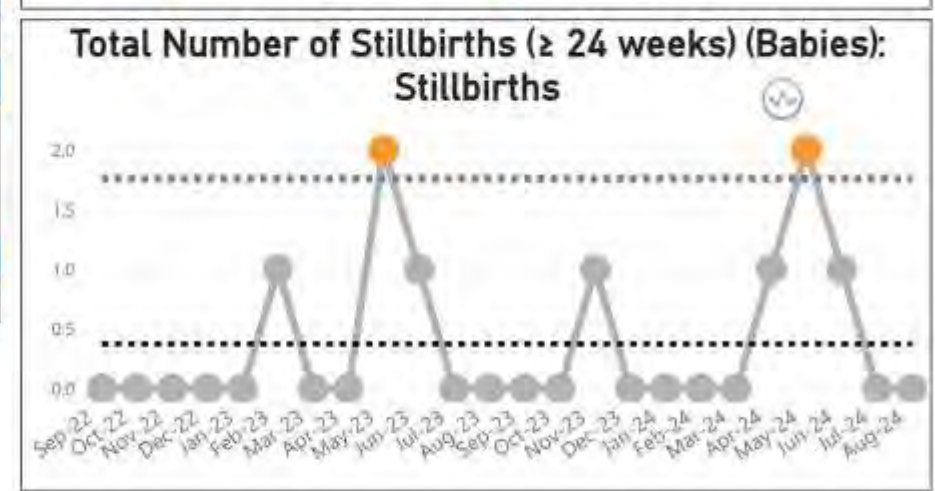
Aug-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



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

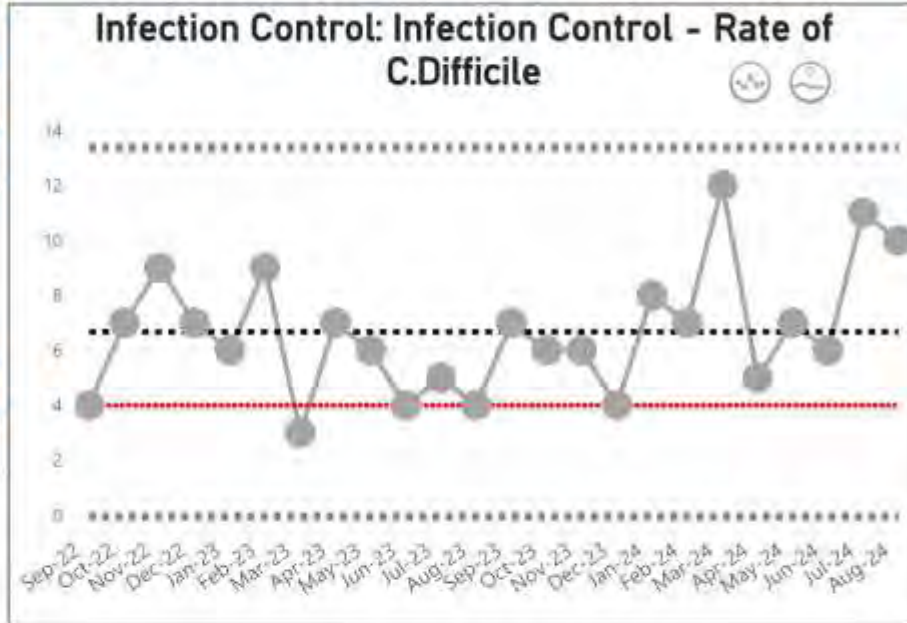


Aug-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target

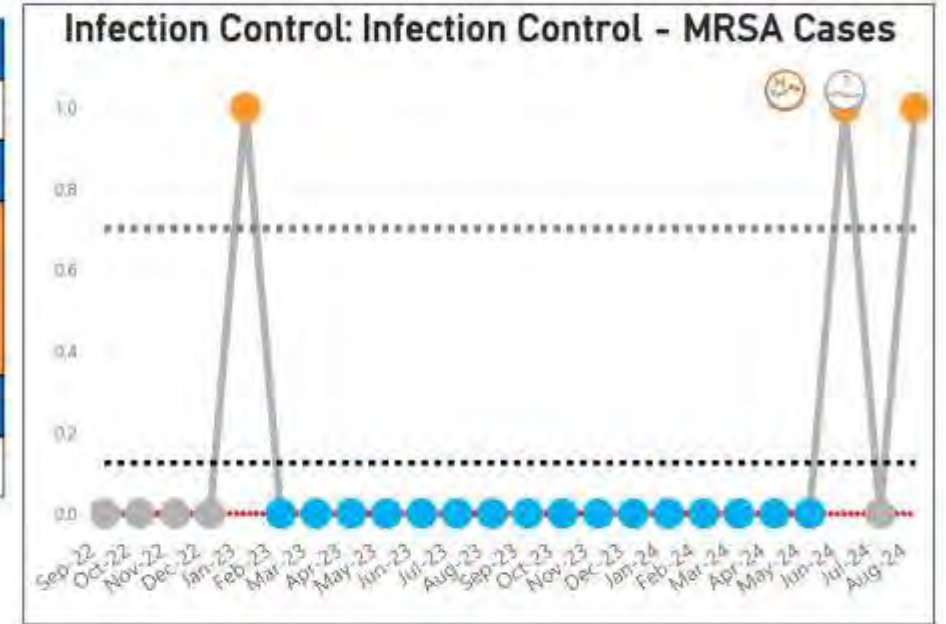


Narrative
 The Trust continues a strong position across all maternal death metrics.

Aug-24
10
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
4



Aug-24
1
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
0



MRSA bacteraemia 2024/25

June 2024

Community assigned case

- Specimen was collected on June 18th, 2024 (patient admitted on June 17th 2024) – so this was not a trust assigned case.
- Patient was repatriated from Whipps Cross Hospital in London to our ICU, Repatriation to COCH on June 17th, 2024, for further neuroprognostication and Patient sadly deceased 20th June 2024

August 2024

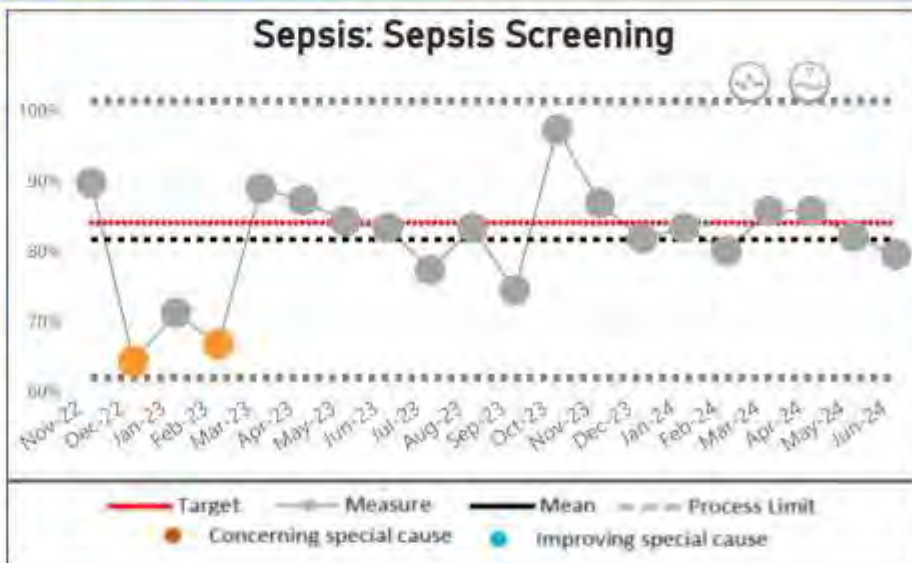
Trust assigned case

- Specimen was collected on August 1st, 2024 (patient admitted same day), case is trust assigned to patient being discharged 21 days earlier from SDEC (following overnight stay in ED).
- MRSA screen also collected on admission (positive nose)
- Patient had been appropriately treated in the community by GP for osteomyelitis
- Patient appropriately managed in relation to MRSA (prompt screening, blood culture collection and decolonisation)
- Patient discharged 25.08.24 into the care of hospital at home.

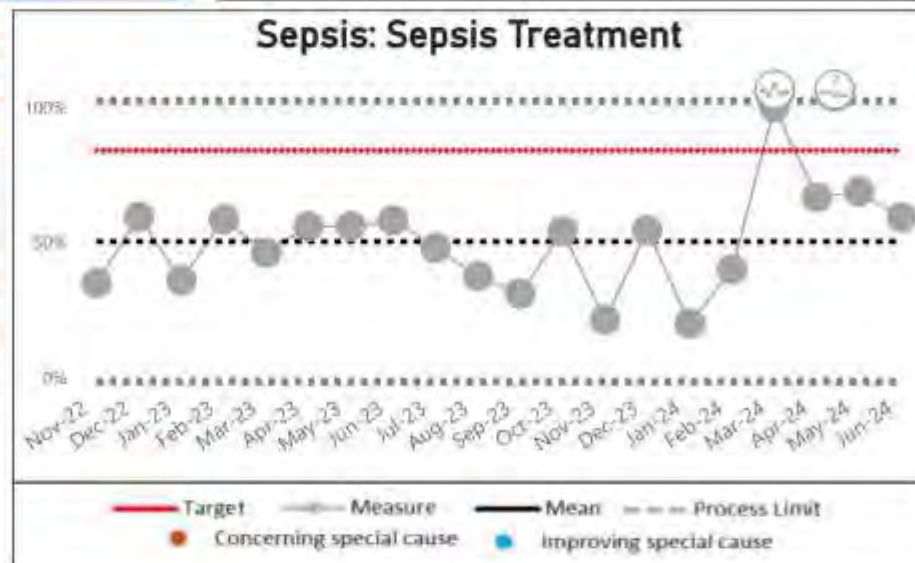
C.difficile update 2024/25 (as of September 16th)

- 41 Trust assigned cases
- Annual NHSE threshold 73 cases (trajectory by end of September would aim to not exceed 36 cases)
- 16 of the 41 cases had been receiving laxative therapy at time of specimen collection (likely incidental findings)
- 8 of the 41 cases had a previous know history of C.difficile infection (2 from GP collecting specimens)
- Focused work to enable appropriate stool specimen collection
 - Amendments to Cerner specimen ordering and nursing assessment and Reinforcement of Acute diarrhoea guidance
 - Microbiology to review re-testing of previous cases who were 'gene' positive, toxin negative
 - Working with ICB C&M C.difficile task and finish group to develop C&M wide strategy
- Community cases (April 2024 to date) - 82% increase compared with same period

Jun-24
79.5%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
84%



Jun-24
59.3%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
84%



	CPS rank	Data completeness	Exclusions	NEWS2	Blood cultures	Antibiotics within 1 hour	Serum lactate	IV fluids	Senior review	Care pathway	Appropriate Care Score (perfect care)	Composite Process Score
%Q overall	-	75.6%	28.6%	83.8%	57.6%	63.7%	64.1%	76.1%	66.4%	60.2%	37.3%	71.1%
Blackpool	8	94.2%	41.7%	98.3%	39.0%	60.0%	64.0%	74.2%	82.4%	90.3%	34.1%	73.1%
Bolton	4	95.1%	27.3%	98.8%	44.4%	84.3%	35.5%	94.4%	81.1%	55.6%	26.6%	74.6%
Clatterbridge		0.0%										
Countess of Chester	13	99.8%	34.0%	84.7%	43.6%	56.0%	55.7%	47.2%	56.2%	36.0%	36.4%	63.7%
East Cheshire	7	65.5%	8.3%	91.0%	73.4%	58.3%	67.0%	67.2%	70.4%	57.7%	49.2%	73.9%
Leics Teaching	15	99.0%	17.0%	86.0%	30.0%	27.6%	79.5%	42.9%	41.1%	15.9%	33.5%	58.5%
Liverpool University Hospitals	12	100.0%	40.1%	91.5%	57.5%	54.8%	54.9%	84.5%	58.5%	69.4%	18.9%	65.5%
Manchester FT	2	97.2%	13.5%	83.6%	75.9%	87.6%	92.0%	79.1%	77.1%	100.0%	62.1%	83.0%
Mersey & W Lancs	9	90.8%	27.0%	98.9%	58.0%	55.6%	59.1%	70.1%	68.8%	66.7%	35.3%	69.9%
Hid Cheshire	10	93.1%	14.8%	96.1%	56.4%	59.1%	67.5%	72.8%	53.7%	24.3%	40.0%	69.0%
Morecambe Bay	11	54.6%	27.0%	92.1%	61.1%	65.9%	43.4%	74.6%	71.0%	59.5%	30.5%	68.5%
Northern Care Alliance	6	37.9%	11.5%	96.5%	62.7%	65.5%	62.6%	83.0%	70.0%	84.3%	47.0%	73.9%
Stockport	14	95.7%	4.5%	99.3%	38.0%	56.7%	49.2%	63.1%	67.9%	46.6%	27.7%	63.3%
Warrington & Halton	5	99.7%	35.1%	98.5%	66.2%	64.6%	64.2%	87.2%	66.2%	73.7%	35.3%	74.5%
Wirral	1	74.0%	39.4%	98.0%	73.0%	80.7%	86.9%	81.8%	74.5%	46.8%	46.7%	83.3%
WWL	3	100.0%	16.6%	98.0%	34.1%	75.6%	70.3%	81.0%	84.6%	85.0%	44.9%	75.2%

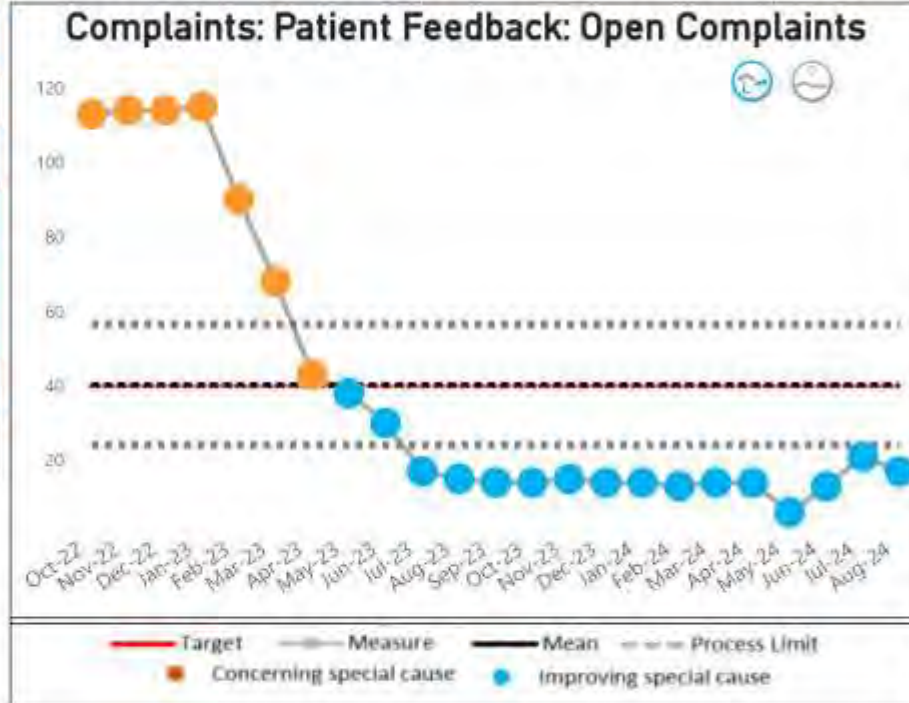
Sepsis Narrative

NEWS2 screening had remained consistent in recent months, in June we did not meet 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 3 eligible patients and 2 of which passed. The composite process score (CPS) for Sepsis is currently 66.7%.

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.

Aug-24
17
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
40



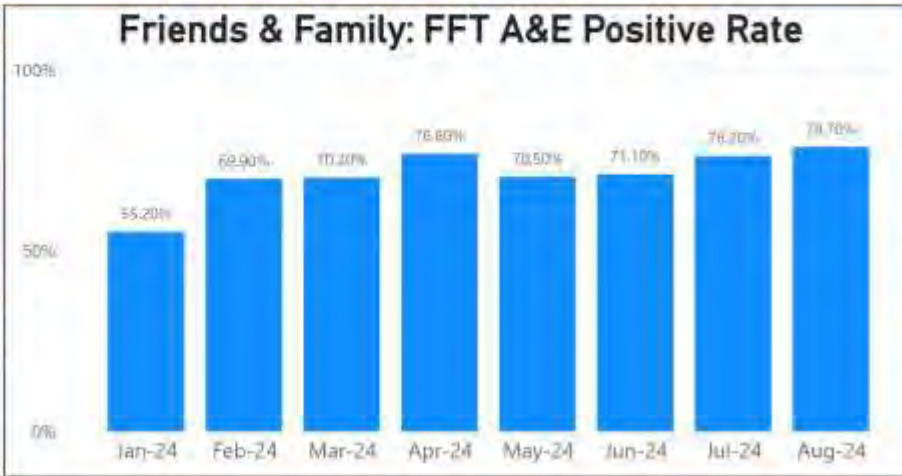
Complaints Narrative

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 95% since the beginning of last year (115 to 6) 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.

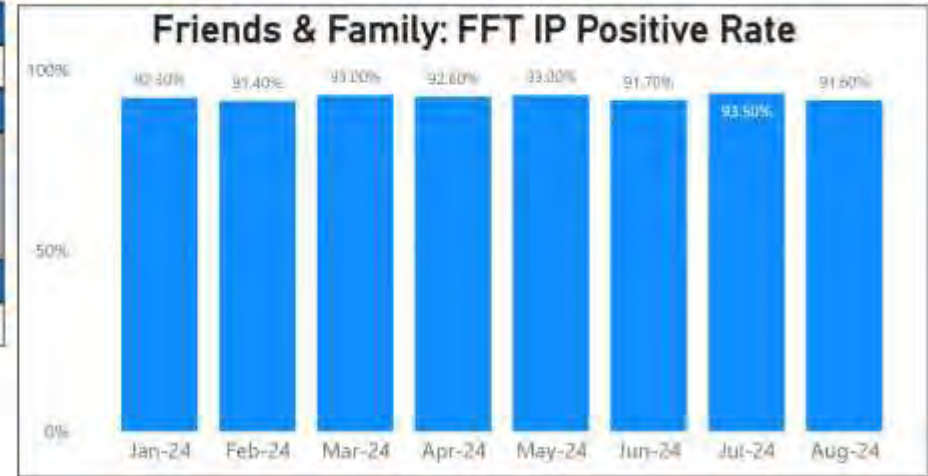
Of the total open complaints, the top categories are Attitude (5), Communication (2), Medical Care (2), Nursing Care (2) and Treatment (2). This month we saw 17 complaints opened, which is the highest amount we have seen in 2023/24 our current positions are:

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

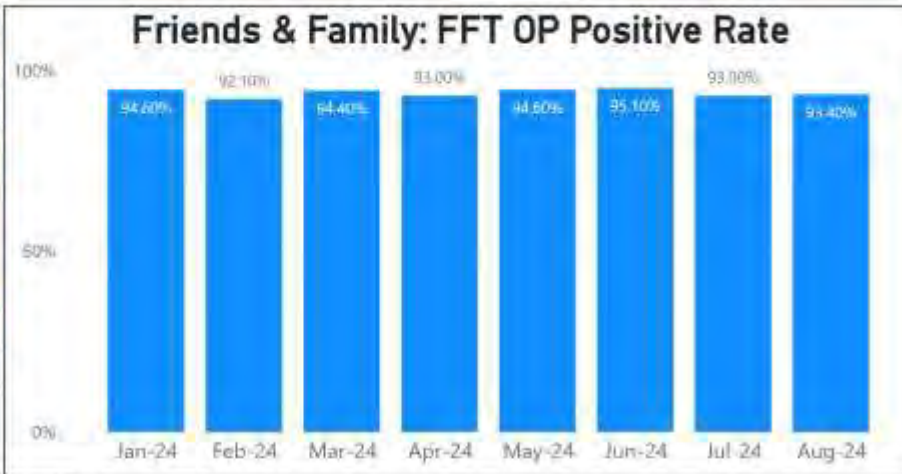
Aug-24
78.7%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target



Aug-24
91.6%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Aug-24
93.4%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target

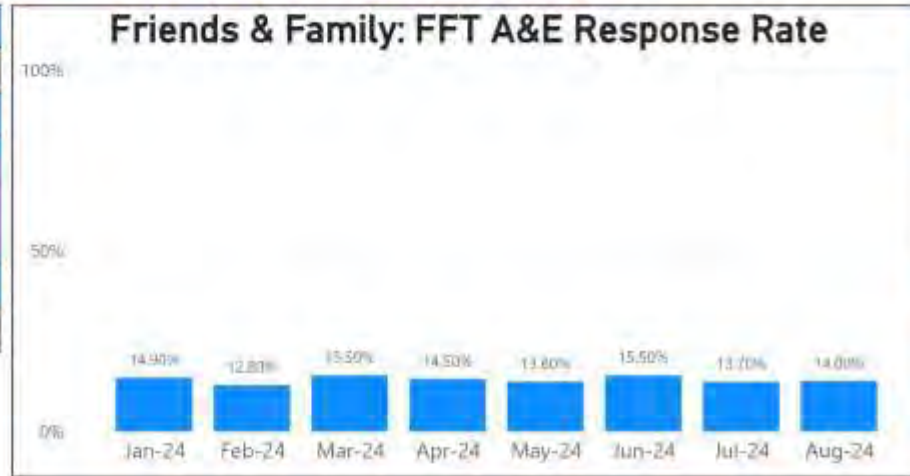


FFT Positive Rate Narrative

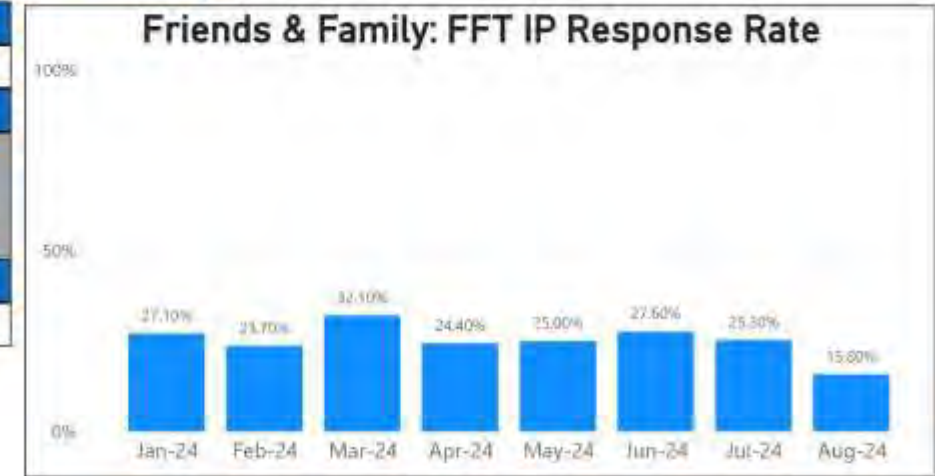
Friends and Family (FFT) data has been added back into the SOF after reporting recommenced in mid December and we are now compliant with all national returns. The data will remain in bar chart form until enough points are available for SPC. Our latest data for April shows us in line with the national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

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

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



Aug-24
15.8%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Aug-24
11.2%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
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 August, our 4-hour performance improved marginally to 59.7% up from 58.6% in July, maintaining the overall stepped improvement in performance seen since April 24. This has been driven by our ED improvement programme and continued high usage of the Urgent Treatment Centre and Same Day Emergency Centre. However a reduction in attendances also supported the improvement.

Sustained level of performance across all 3 of the cancer waiting time standards, with improvements across 28 day FDS and 31 day DTT standards.

The Trust maintained the volume of 65-week open RTT pathways, however there was a positive reduction in the 'clearance' position with the Trust 190 patients ahead of our trajectory to deliver zero 65-week RTT breaches by end of September.

For end of August there were 0 >78 week capacity breaches with 7 x choice, 1 x complex and 4 x corneal graft patients

DM01 Performance – performance in August (85.3%) up 0.6% compared to previous month, driven by continued improved performance in the echocardiograph modality. An action plan to increase capacity and performance is in place and monitored through OPELG.

Areas of Concern:

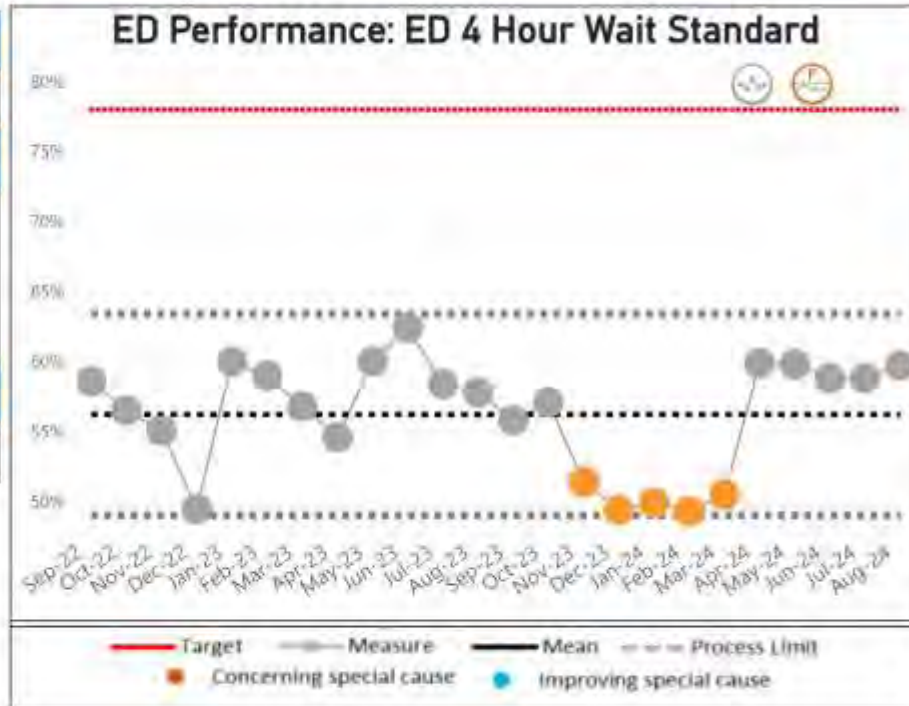
Despite improvement in our ED performance, UEC KPIs continues to be a concern. The Patient Flow steering group continues to meet on an alternate weekly basis, with all workstreams provided updates with agreed action plans.

Forward Look (with action)

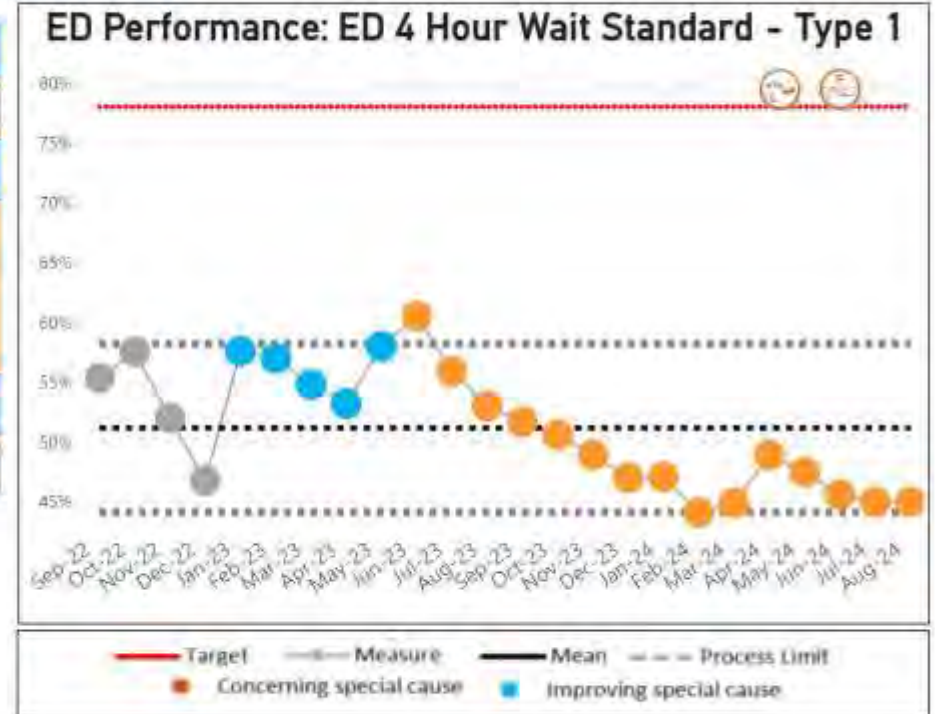
Rigorous monitoring meetings in place to support delivery of zero open RTT >65-week capacity breach pathways by end of September.

Revenue funding provided by CMCA for insourcing for skin and gynaecology FDS pathways continue to be used to support FDS position in September and October

Aug-24
59.7%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
78%



Aug-24
45%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly LOWER
Target
78%



ED Narrative

ED attendances slightly decreased by 5% (6974) in August 2024 compared to 7342 in July 2024. Our average daily attends in August were 225 compared to July 236. There remains variation within the number of daily attendances, the lowest day in month was 195 and the highest 255. There were 5 days in August we had over 240 attends.

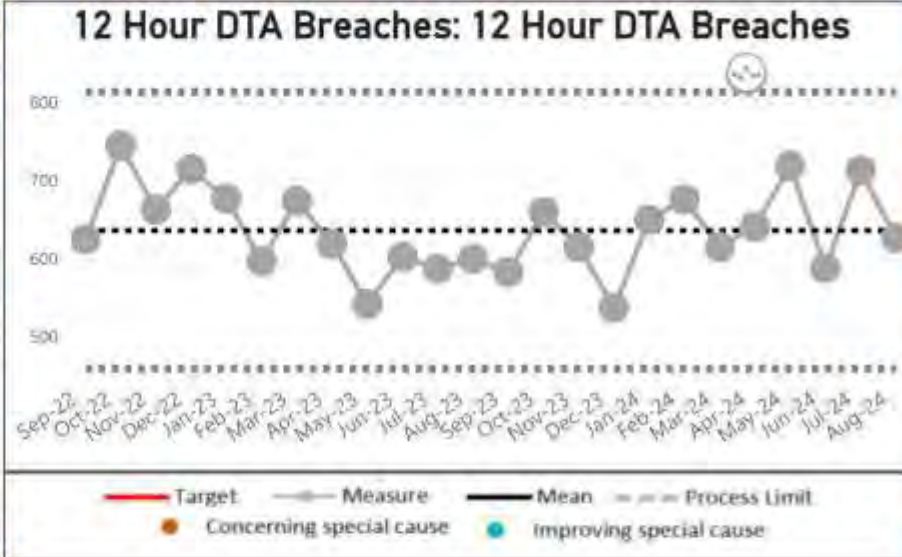
Average daily ambulance arrivals for August remained at 50 which is the same as July. There is significant variation in daily ambulance arrivals, our lowest day in July was 39 and highest day 63. There was a slight increase in >25-minute breaches in August (638) compared to July (601). There continues to be pressure points throughout the month where there have been delays in ambulance offloads and subsequent 60-minute breaches. Ambulance handover is a workstream within the ED improvement plan.

Overall, 4-hour performance for August was 60%, July was 59%. Admitted 4-hour performance was 22% which demonstrates the difficulties the organization is facing around flow out of the ED and into the inpatient bed base. July was also 22%. Non admitted performance was 70%, this is an improvement from the previous month which was 69%. There continues to be a sustained focus on protecting 'see and treat' capacity within the Emergency Department to support flow throughout the department.

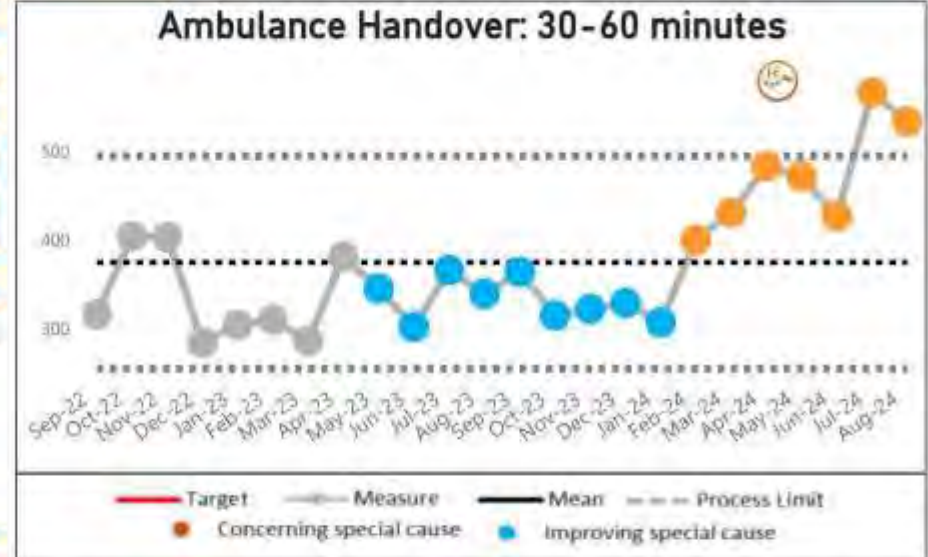
During August, there has been a continued focus on 4-hour quality standard and optimizing the utilization of SDEC and UTC for appropriate patients, which supports the daily decongestion of the Emergency Department. In August, 2184 patients were streamed to the UTC which is 31.3% of the Emergency Department take and this is also the highest activity month for UTC year to date. 362 patients were streamed to SDEC. A streaming criteria from ED to UTC has been developed to support Nurses in triage with decision making around streaming appropriate type 3 patients to the UTC. This work has supported the improvement in non-admitted performance which we have experienced since relocating the UTC. The ED improvement plan includes work with ECIST and AtED to ensure the department is utilizing all services and pathways available to it within the local footprint and area.

The latest National Comparator for this metric is 76.3% (Aug 24), type 1 was 62.5% nationally.

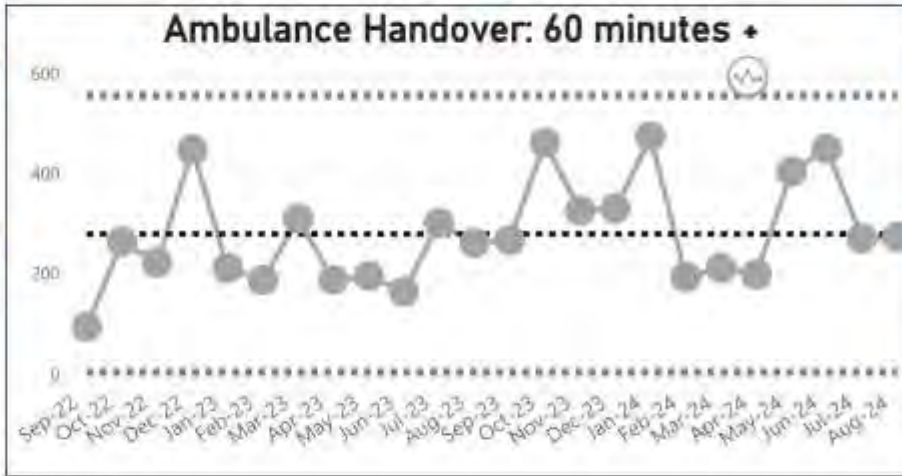
Aug-24
627
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



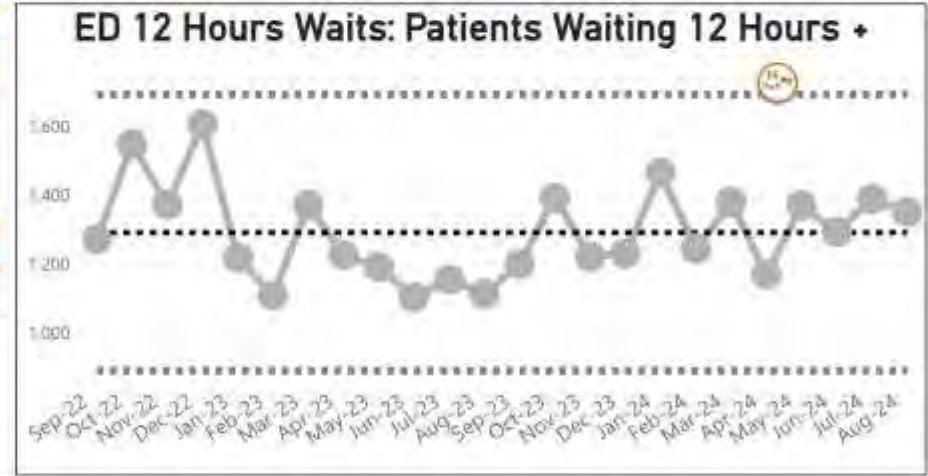
Aug-24
627
Variance
Special cause variation of an CONCERNING nature where the measure is significantly ...
Target



Aug-24
273
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Aug-24
1351
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target

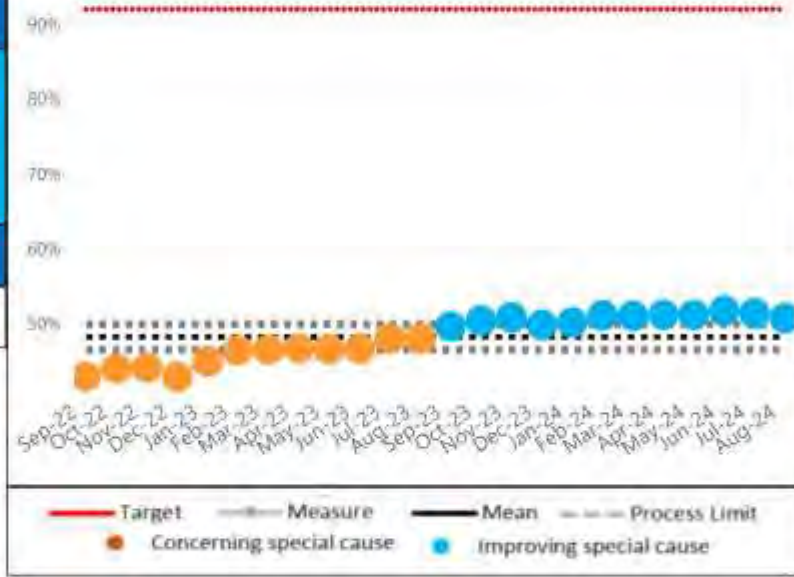


Supplementary ED Narrative

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 other than 30-60 minute ambulance handovers, which has seen a statistically significant increase from Feb-24 onwards.

Metric ID	Metric	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 104 Weeks	Aug-24	2	🟡🟡	🟡	0	-1.78	1.46	4.70
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 52 Weeks	Aug-24	2201	🟡🟡	🟡	0	2,125	2,750	3,375
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 65 Weeks	Aug-24	316	🟡🟡	🟡	0	355	716	1,076
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 78 Weeks	Aug-24	0	🟡🟡	🟡	0	-0.918	50.3	102
M13	RTT Waitlist Sizes	Total 18 Week RTT Incomplete Pathways	Aug-24	33372	🟡🟡	🟡	40000	32,253	34,162	36,071

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



Top 5 Specialities - Open Pathways



Aug-24

50.8%

Variance

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

Target

92%

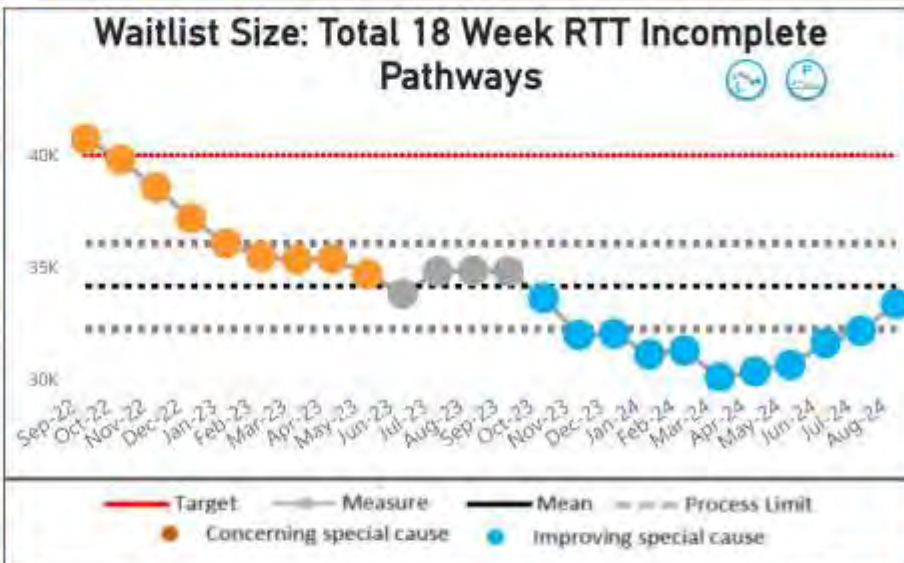
RTT Narrative

Overall performance at end of August delivered at 50.75% against 92% target, which is consistent with the previous month's position. Waiting list size has increased significantly for the third month in a row from 32172 in July to 33372 in August. There were two patients waiting 104 weeks.

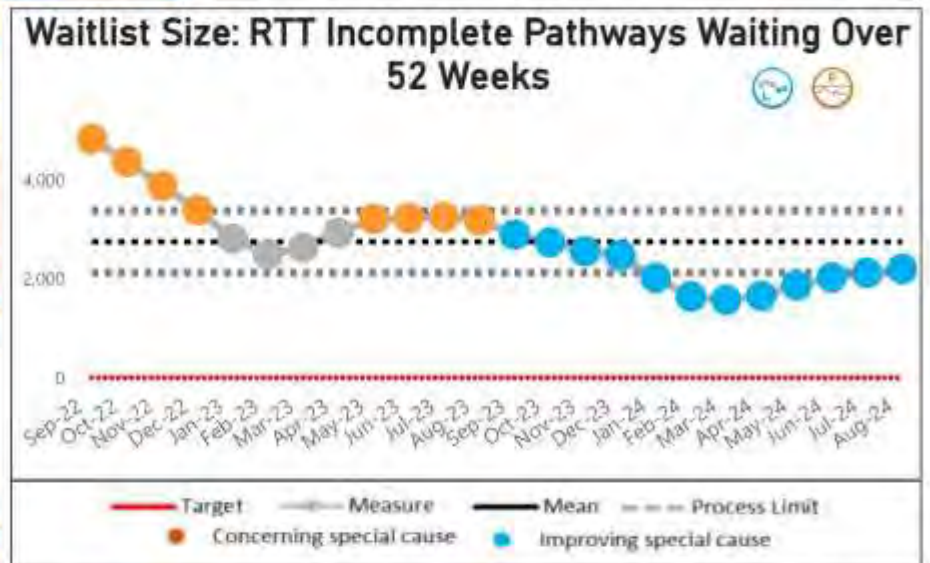
The Trust continued to ensure that there are minimal RTT pathways waiting longer than 78 weeks. In addition, Divisions are managing their waiting times with the aim of reducing long waits to no pathways greater than 65 weeks by the end of September 2024.

The latest National Comparator for this metric is 58.8% (Jul 24)

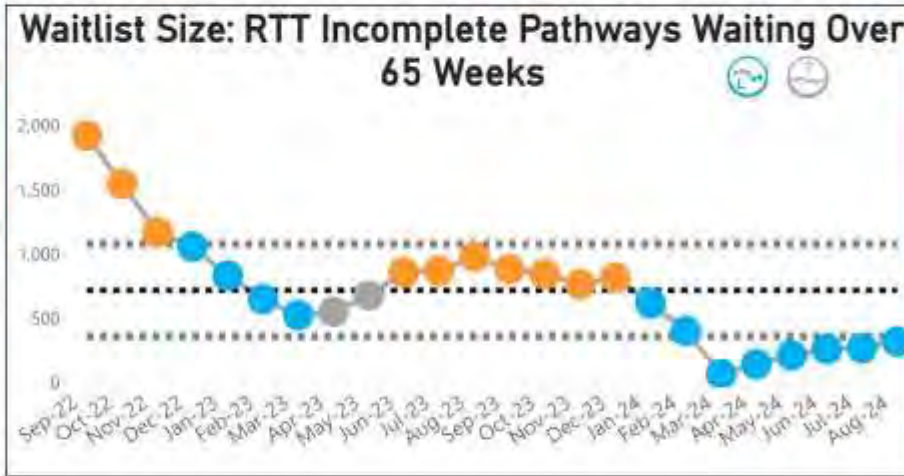
Aug-24
33372
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
40000



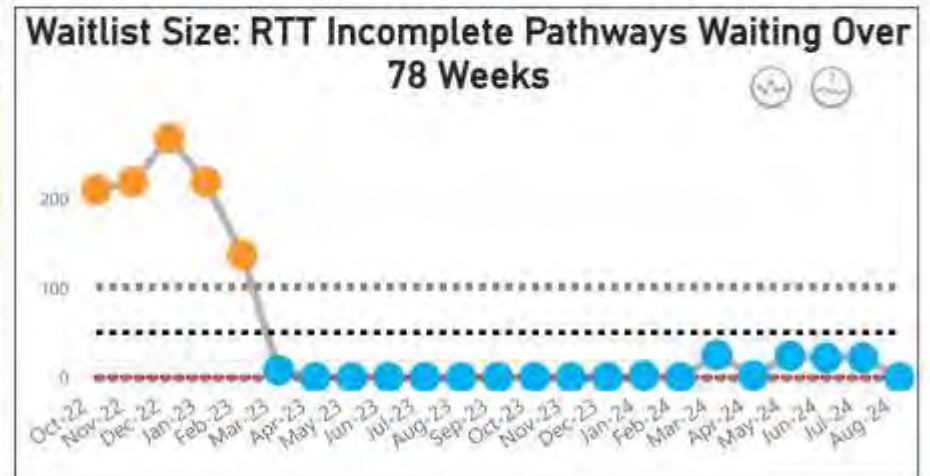
Aug-24
2201
Variance
Special cause variation of an IMPROVING nature where the measure is significantly L
Target
0



Aug-24
316
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0

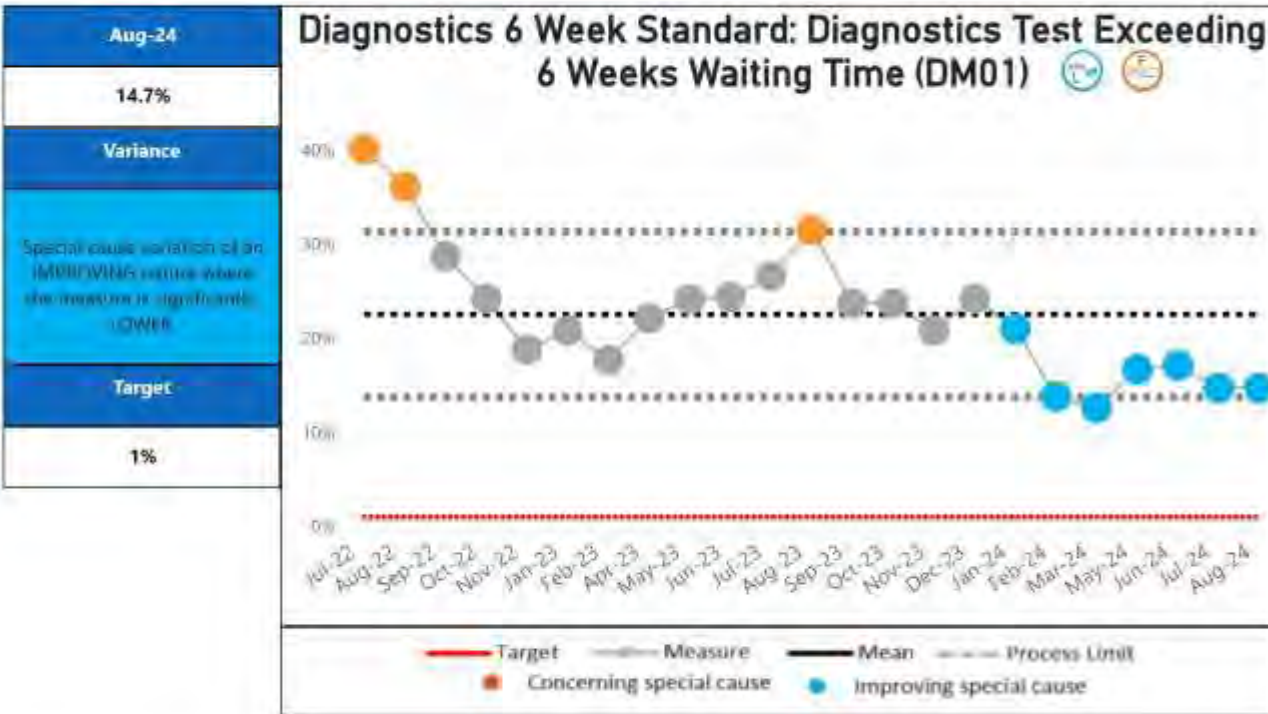


Aug-24
0
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0



Waitlist Size Narrative

The waitlist size, again, showed a significant increase this month and investigations are ongoing to understand the reasons.



English - Number of exams >6 weeks

Month End Snapshot	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Magnetic Resonance Imaging	0	9	6	9	13	24	7	8	10	11	8	2	4
Computed Tomography	3	4	0	0	3	6	1	2	3	4	0	0	4
Non-obstetric ultrasound	9	7	3	8	15	13	9	7	5	4	1	0	7
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0
Audiology - Audiology Assessments	53	41	27	45	91	95	91	150	184	215	169	103	70
Cardiology - echocardiography	41	15	21	44	134	142	108	272	416	333	340	203	215
Respiratory physiology - sleep studies	62	55	70	78	85	59	5	3	3	1	3	0	3
Colonoscopy	619	519	546	515	486	381	248	148	157	162	198	213	165
Flexi sigmoidoscopy	143	91	68	41	43	18	7	6	6	3	6	7	11
Cystoscopy	237	206	184	126	97	43	32	20	12	5	10	17	19
Gastroscopy	426	396	489	414	420	374	259	84	148	193	232	272	267
Total patients waiting	5052	5428	5978	6159	5738	5508	5566	5576	5588	5564	5645	5543	5198
Total breaches	1593	1343	1414	1280	1387	1155	767	700	945	931	967	817	765
% > Threshold	31.5%	24.7%	23.7%	20.6%	24.2%	21.0%	13.8%	12.6%	16.9%	16.7%	17.1%	14.7%	14.7%

DM01 Narrative

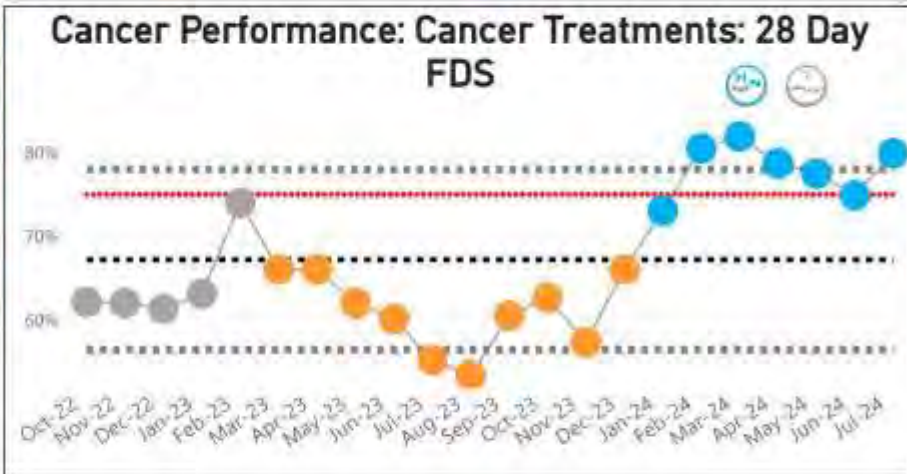
Audiology – DM01 position has been impacted by unfilled vacancies within the team and divisional prioritisation of clinical work to support ENT recovery and in particular, reduction of ENT RTT Long waiters.

Overall position is **84.8%**, up from 84.7% in July.

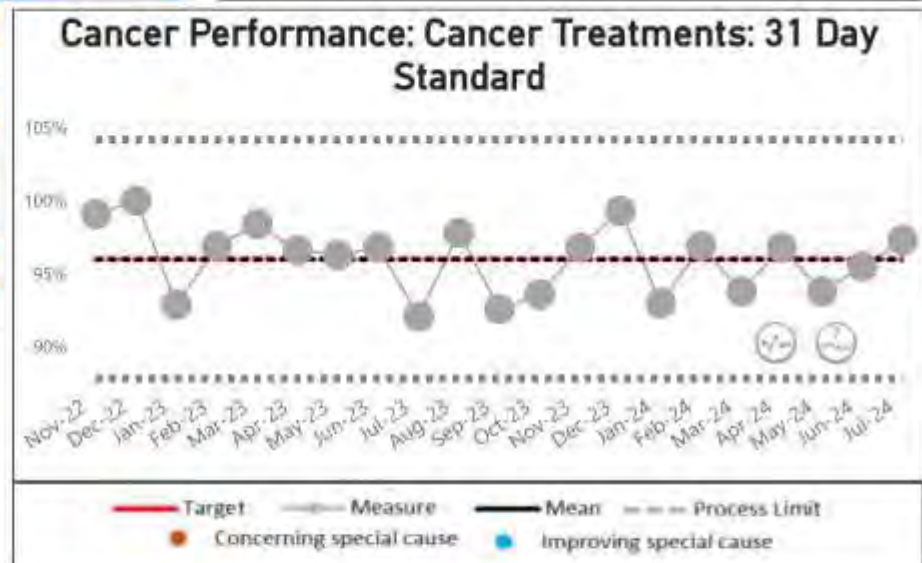
The latest National Comparator for this metric is 22.4% (Jul 24)

Jul-24
77.1%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly H
Target
85%

Jul-24
79.9%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly H
Target
75%



Jul-24
97.3%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
96%



Cancer Narrative

The Cancer 31 Day standard has reduced slightly and now sits just below the mean and target respectively. The Cancer 62 day standard has also slightly decreased since last month and remains below the target, we were now showing a statistically significant increase of 7 points in a row for Cancer 62 from May to November. 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 67.4% (Jun 24)

The latest National Comparator for the Cancer 31 Day Standard is 90.9% (Jun 24)

The latest National Comparator for the Cancer 28 Day Standard is 76.3% (Jun 24)

Highlights:

Turnover continues to perform below 10% target at 8.55%

Sickness absence has improved decreasing to 5.41% - Stress and Anxiety continues to remain the highest sickness reason

Mandatory Training continues to show improvement at 88.5% - improving closer to the 90% target.

Appraisal compliance has decreased to 79.5% - Improving closer to the 80% target.

Agency shifts for Nursing continues to reduce with 130 in August which is 113 less shifts than previous 12 months – spend at 0.7% of total nursing pay bill.

Agency shifts for M&D increased with 171 in month which is 13 more shifts on the previous 12 months – spend at 4.5% of total M&D pay bill

Agency spend for YTD is £2219k which is £980k less than the same period last year

Areas of Concern:

Sickness absence has increased. LTA is 3.81%.

M&D Agency shifts – 41 were approved 'Off Framework'

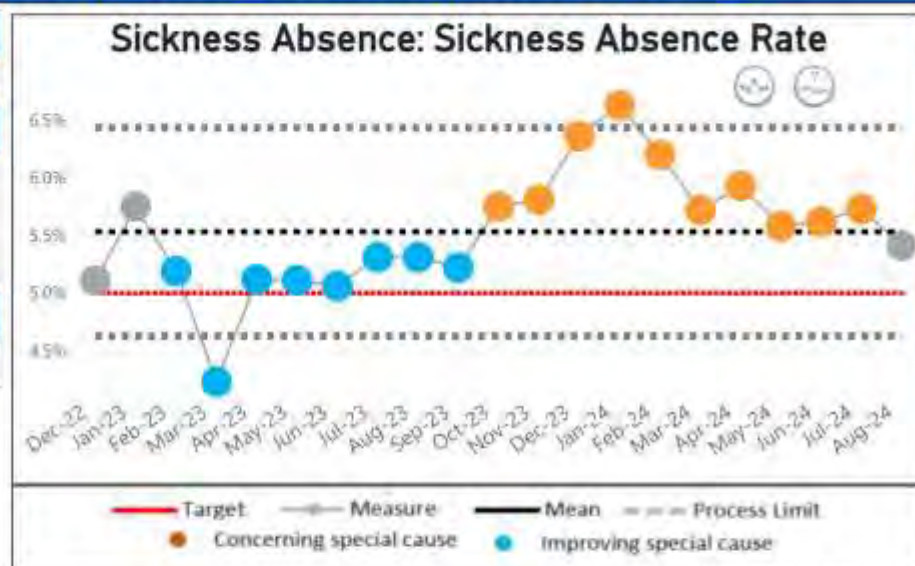
Forward Look (with actions):

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

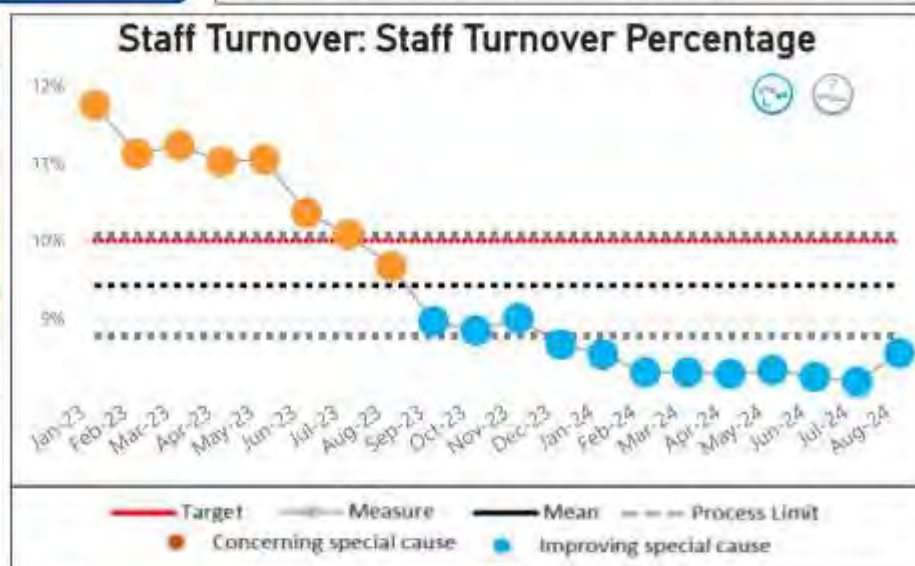
Processes in place to monitor sickness and gain improvement

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

Aug-24
5.41%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
5%



Aug-24
8.55%
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	18.77%
Additional Clinical Services	10.58%
Administrative and Clerical	10.70%
Allied Health Professionals	7.21%
Estates and Ancillary	7.66%
Healthcare Scientists	11.28%
Medical and Dental	5.85%
Nursing and Midwifery Registered	5.37%
Trust Rate	8.55%

Sickness Narrative

Sickness absence shown a decrease for August to 5.41%, the lowest point for 12 months and improving towards target.

The top 3 reasons for absence were: Stress & Anxiety; Other musculoskeletal problems and Cold, Cough, Flu - Influenza. This equates to 4072 FTE days lost which is 56% of all Trust sickness absence. Stress and Anxiety absence account for 36% of all sickness absence.

Short Term Absence

- Short term accounts for 1.59% in August reducing on the previous month.

Long Term Absence

- At 3.81% Long Term has increased and continues to remain high
- Stress and Anxiety continues to be the highest reason

Staff

At 8.55% for August the Trust Turnover rate has increased but continues to trend below target since July 2023. The rate based on FTE is below target at 8.21%. Showing as a Trust the workforce is remaining more stable, retaining employees, skills, and knowledge.

There are 4 staff groups remaining above target: Add Prof Scientific (18.77%) and Additional Clinical Services (10.58%), Healthcare Scientists (11.28%) and Admin & Clerical (10.70%). Add Prof Scientific increase relates to Medicines Management Team TUPE to ICB.

Planned Remedial Actions:

Turnover performance is being monitored by the People Committee and sub-groups providing assurance around the challenge to reduce turnover and initiatives in place to improve staff retention.

Sickness Narrative

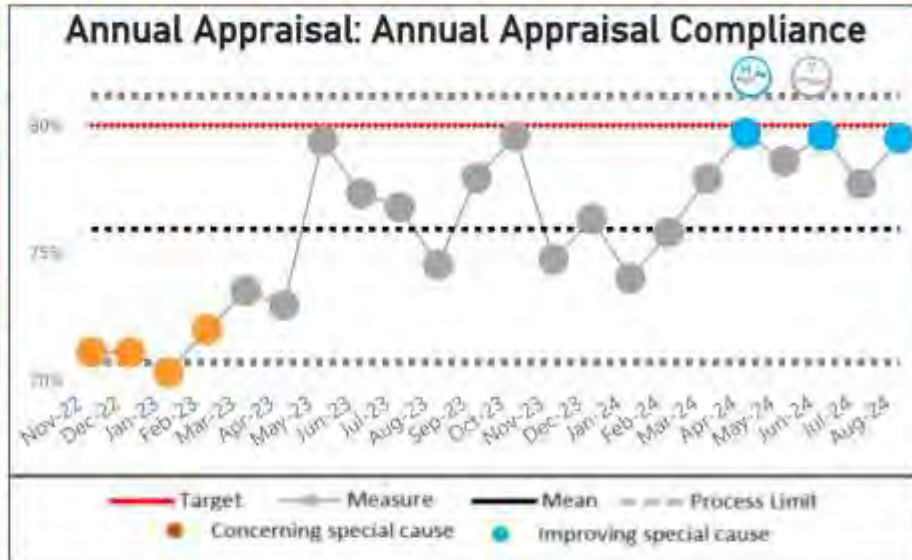
Whilst over sickness has reduced, long term absence (28 days+) remains a persistent issue. There are also several initiatives in place to support staff absent due to stress and anxiety, with HR, Wellbeing, EAP and OH providing staff with different avenues to support their return to work effectively and efficiently.

Proposed Actions

The overall monthly position for sickness has improved with a reduction in short term absence helping to improve the position but remains above the 5% target.

Work continues in HR with Managers to reduce absence and bring back within target particular focus on ITA

Aug-24
79.5%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
80%



Aug-24
88.5%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
90%



Appraisal Narrative

Appraisal compliance in August has increased to 79.5%, the highest level of compliance since April 2022. Showing significant improvement and only marginally below the 80% Trust target.

Further improvement will focus now on increasing compliance above 90%.

A new Appraisal form has been designed and launched, aimed at being more user friendly and appropriate, to increase compliance.

The impact of this new approach is being monitored by People Committee.

Position	Division	Compliance
1	JMT	89.91%
2	Finance & Performance	89.66%
3	Therapies & Integrated Community Care	88.07%
4	Womens & Childrens	87.01%
5	Payroll & Pensions	86.67%
6	Urgent Care	81.94%
7	Planned Care	77.49%
8	Diagnostics & Clinical Support	76.80%
9	Estates & Facilities	73.90%
10	Human Resources	68.49%
11	Nurse Management	48.21%
12	Corporate Non-Clinical	33.90%
Trust Total		79.5%

Mandatory Training Narrative

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

Trust compliance has increased in August, up from 87.7% to 88.5%, whilst still just under our target of 90%.

The mandatory training group recognise that courses can be fully booked some months in advance, with significant numbers of staff then failing to attend without cancelling. To compensate we have increased capacity by an additional 25%, effective from the 1st September, offering 400 extra places per annum.

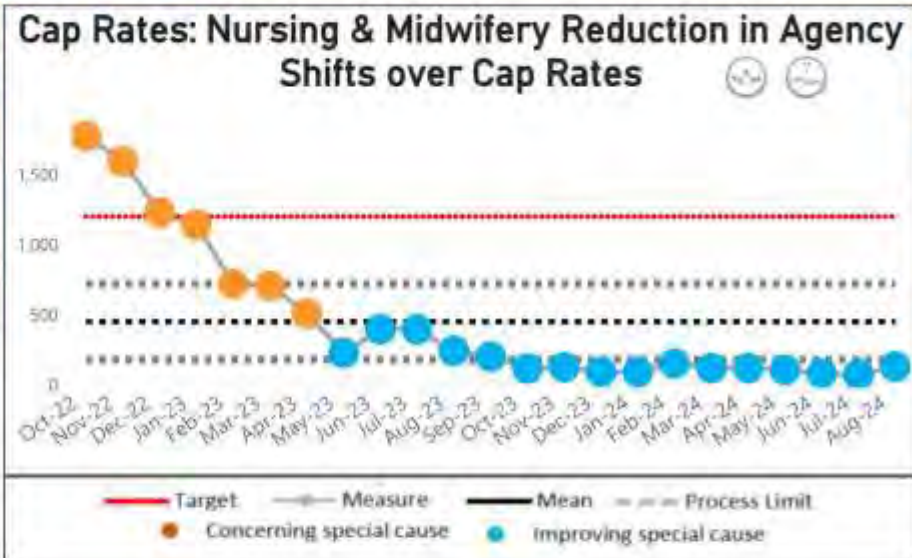
Numerous Initiatives have driven significant improvements in both compliance and quality of training, helping ensure our workforce have the knowledge and skills necessary to improve both their patient and own personal safety. F2F training continues to be supported by E-learning where appropriate.

Local Induction compliance remains below target and HR are working with the Divisions to improve with an electronic version of the form in creation. We continue to monitor the capacity of our training programmes and ensure surplus places exists.

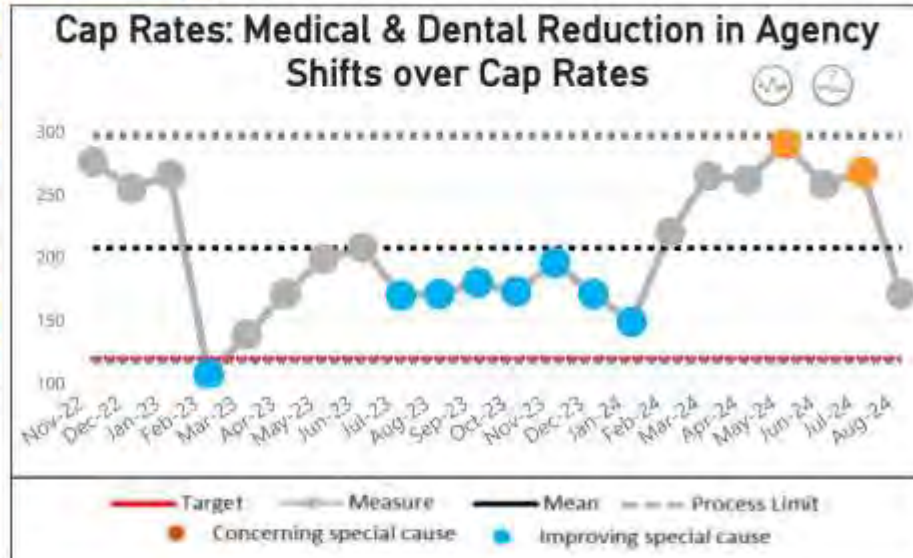
Position	Division	Compliance
1	Finance & Performance	98.26%
2	Payroll & Pensions	97.33%
3	JMT	96.08%
4	Womens & Childrens	91.59%
5	Corporate Non-Clinical	90.64%
6	Diagnostics & Clinical Support	90.57%
7	Human Resources	90.18%
8	Therapies & Integrated Community Care	90.03%
9	Nurse Management	85.10%
10	Urgent Care	87.67%
11	Planned Care	87.37%
12	Estates & Facilities	79.16%
Trust Total		88.5%

Position	Division	Compliance
1	Payroll & Pensions	N/A
2	Human Resources	100.00%
3	JMT	100.00%
4	Therapies & Integrated Community Care	96.43%
5	Diagnostics & Clinical Support	91.67%
6	Estates & Facilities	87.88%
7	Womens & Childrens	84.08%
8	Finance & Performance	75.00%
9	Urgent Care	72.45%
10	Planned Care	69.14%
11	Corporate Non-Clinical	47.06%
12	Nurse Management	40.00%
Trust Total		80.7%

Aug-24
130
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
1200



Aug-24
171
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
120



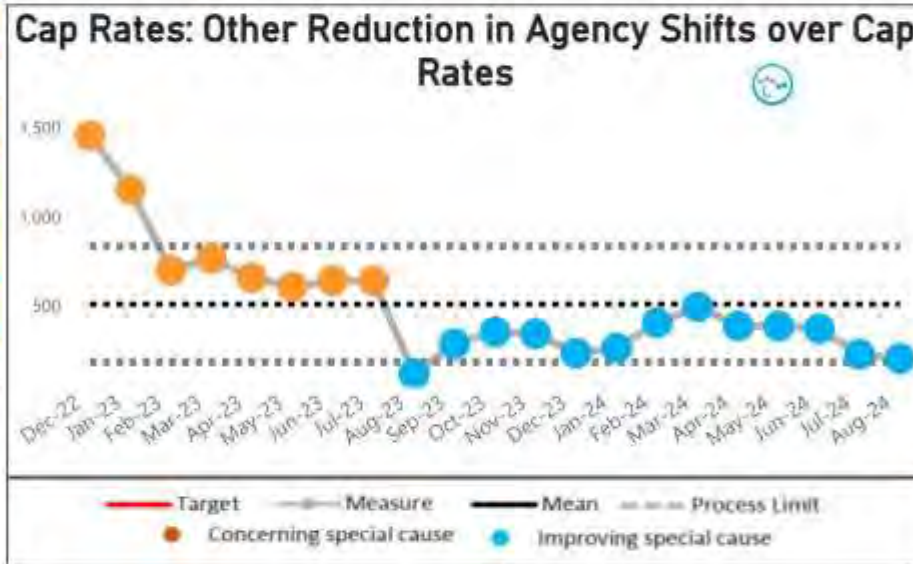
Cap Rates Narrative

Medical & Dental - Month 5 shows 193 Medical shifts. A difference of +13 from the previous year. 152 were above cap rates and 41 were Off Framework

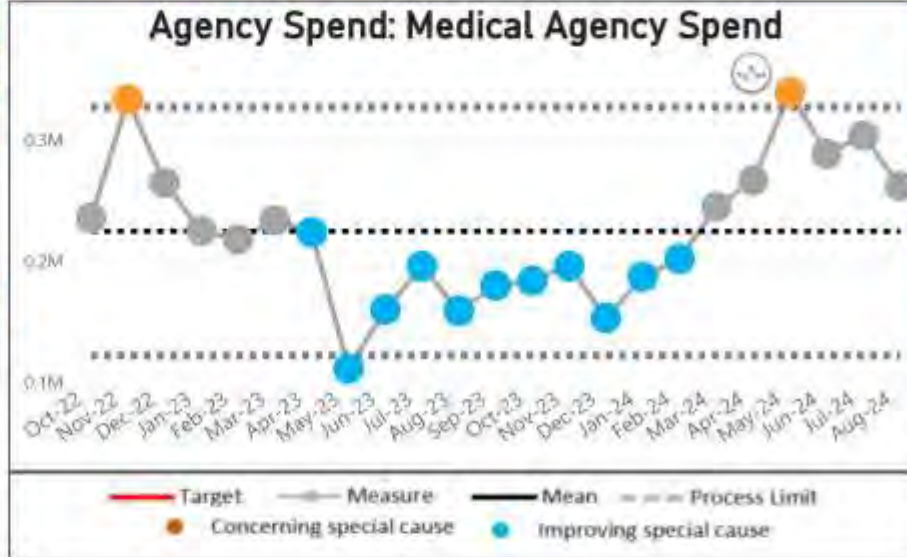
Nursing & Midwifery - In relation to Nursing shifts, 130 shifts were approved in Month 5 and 38 were above cap. A difference of -113 from the previous year.

Other reduction in Agency - For M05 200 'Other' agency shifts were approved an increase of 87 on previous year. 111 were above cap. Of these 57 were HCA shifts and 20 Admin shifts via Agency.

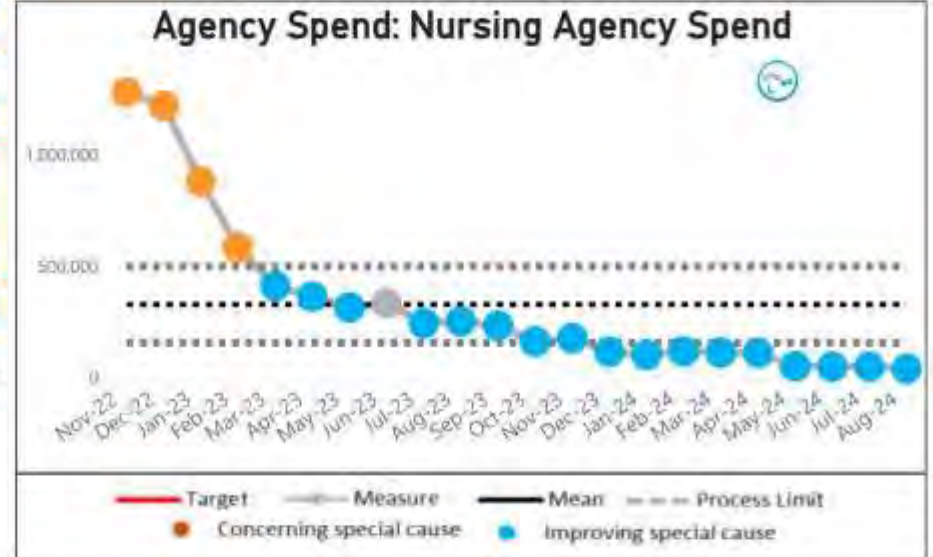
Aug-24
200
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120



Aug-24
262000
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
1200



Aug-24
41000
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 for M5 is £262k and £1426k spent YTD, which is 4.5% of the total medical spend.

Nursing Agency Spend - Agency nursing expenditure for M5 is £41k and £290k spent YTD, which is 0.7% of total nursing spend.



Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	66.31
Of which Registered Midwife Vacancy WTE	76.57
Total Qualified AMP Vacancy WTE	20.67
Of which Qualified Physiotherapist Vacancy WTE	7.78
Of which Qualified Occupational Therapist Vacancy WTE	8.86
Qualified Podiatry Vacancy WTE	9.95
Qualified Dietetics Vacancy WTE	0.02
Qualified Operational Department Practitioner Vacancy WTE	12.01
Qualified Orthopaedic/Optics Vacancy WTE	0.02
Qualified Prosthetics and Orthotics Vacancy WTE	0.02
Qualified Radiography (Diagnostic) Vacancy WTE	0.02
Qualified Radiography (Therapeutic) Vacancy WTE	0.02
Qualified Speech & Language Therapy Vacancy WTE	0.02
Of which Qualified Paramedic Vacancy WTE	0.02
Total Medical/Dental Vacancy WTE	71.43
Of which Medical/Dental Consultant Vacancy WTE	24.21
Support to Clinical Staff Vacancy WTE	127.86
Of which Healthcare Assistant Band 2	89.16
Of which Healthcare Assistant Band 3	16.15
NHS Infrastructure Vacancy WTE	86.33
Other Registered Scientific, Therapeutic and Technical Staff	8.99
Total Vacancies	375.81
Budgeted FTE Total	4737.48
Trust Vacancy Rate	7.88%

Staff Group	Agency Spend YTD to M5	Total Pay Deep Spends YTD to M5	% Agency
	0000s	0000s	
Medical	1,481	12,382	4.3%
Nursing	296	13,377	2.2%
Scientific, Therapeutic & Technical	412	19,291	2.1%
Admin & Clerical	24	13,811	0.2%
Other	8,849	8,849	9.0%
TOTAL PAY	2,216	108,184	2.1%

Agency Spend by Staff Group	18/08	28/01	31/01	31/01	31/04	31/01	Straight Line projection for year
Medical	£ 2,188,334	£ 2,092,567	£ 2,194,943	£ 2,549,217	£ 2,172,843	£ 1,862,139	£ 2,569,134
Nursing	£ 420,676	£ 7,348,195	£ 9,756,945	£ 12,984,219	£ 2,637,720	£ 299,294	£ 496,791
Scientific, Therapeutic & Technical	£ 309,438	£ 403,429	£ 186,286	£ 820,498	£ 797,726	£ 412,297	£ 569,513
Admin & Clerical	£ 18,832	£ 19,118	£ 642,782	£ 1,660,183	£ 138,839	£ 54,280	£ 136,272
TOTAL	£ 3,015,694	£ 9,755,433	£ 11,774,994	£ 17,942,713	£ 6,827,239	£ 2,319,894	£ 9,275,919
Total Pay Bill	£ 126,271,990	£ 218,172,808	£ 225,824,488	£ 262,148,968	£ 374,265,337	£ 193,183,552	
Agency spend as a % of total Pay Bill	2.4%	4.5%	5.2%	6.8%	1.8%	1.2%	

Performance Issue:

To not exceed £4.576m agency expenditure ceiling.

Total agency spend at month 5 is £2,219k, which is 2.1% of total pay spend. £3,199k was spent in same period last year.

Staff Group	Vacancy FTE	Vacancy Rate
Add Prof Scientific and Technic	8.99	6.83%
Additional Clinical Services	127.86	10.76%
Administrative and Clerical	16.34	4.30%
Allied Health Professionals	20.67	6.54%
Estates and Ancillary	64.00	9.25%
Healthcare Scientists	0.18	0.19%
Medical and Dental	71.43	12.10%
Nursing and Midwifery Registered	66.35	4.80%
Grand Total	375.81	7.88%

KPI	RAG Rating	Comments
I&E distance from target (cumulative)	●	At month 5, the Trust reported a deficit of £16.9m compared to a planned £12.4 deficit - an adverse variance from plan of £4.5m.
CIP	●	At month 5, against the £19.6m annual target, £6.5m has been transacted, a further £3.9m identified (and going through appropriate QIA process), £8.8m opportunities identified and £0.4m remains unidentified. The year-to-date level of saving planned to be delivered is £5.6m, against which £2.6m has been delivered, with £3m undelivered CIP at month 5. Only recurrent savings are being transacted in 2024/25.
Capital Expenditure	●	Capital expenditure is in line with plan
Cash in bank - £'000	●	The month 5 cash position is £9.9m, including £9.1m central cash support. Provider deficit revenue support is required for the rest of the financial year
Liquidity (days)	●	The Trust has the equivalent of 8 days cash in the bank
Better Payment Practice Code (number)	●	95.6% of invoices (Year to Date) were paid within 30 days (compared to 95% national target). Prior month 95.8%.
Better Payment Practice Code (value)	●	95.5% of invoices (Year to Date) were paid within 30 days (compared to 95% national target). Prior month 96.9%.

Highlights:

The financial performance for August 2024 (financial year 2024/25) is a year-to-date deficit of £16.9m against a planned £12.4m deficit, an adverse variance to plan of £4.5m. This position includes £2.8m costs associated with the public inquiry and £1m of costs incurred during the junior doctor strikes in June & July.

Forecast:

At month 5, it is assumed that the Trust will deliver its planned annual deficit of £23.6m, excluding the costs of the public inquiry. It is assumed that the costs of the public inquiry will be centrally funded. It is also assumed that there is no adverse financial impact as a result of junior doctor industrial action.

The risks around delivery of the financial plan include the financial impact of industrial action being greater than any central funding plus the costs of delivering Urgent and Emergency Care being greater than planned, including any requirement to open further escalation beds over the winter period (due to increased demand, patient acuity and levels of 'no criteria to reside' patients). The Trust has reviewed available mitigations it can put in place to support delivery of the agreed financial position, including acceleration of CIP delivery (using targeted support and prioritisation), increasing productivity and identification of additional CIP schemes to support in-year delivery.

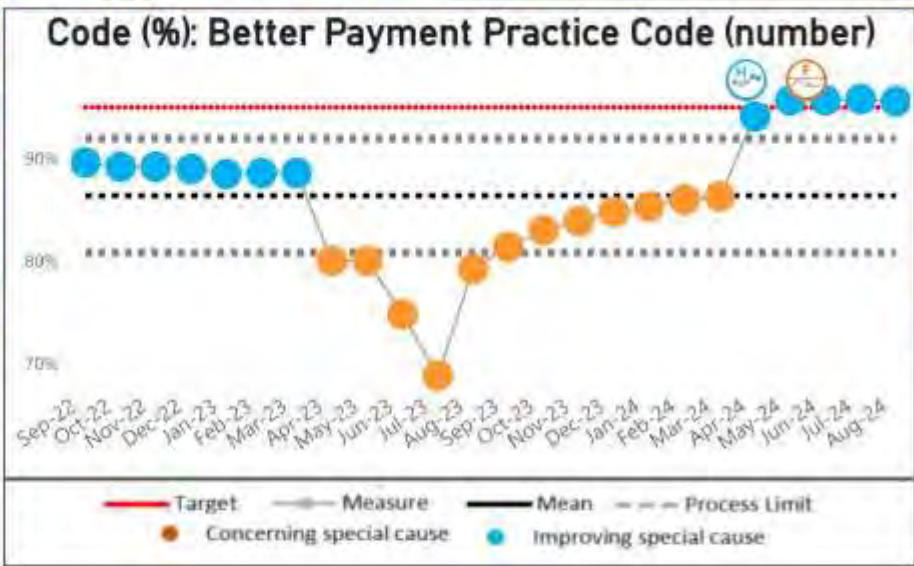
Areas of concern:

Although pay expenditure is underspent at month 5, due to vacancies in nursing, admin and ancillary staffing, medical expenditure continues to be a pressure, which has further increased in month as a result of junior doctor industrial action. Non-pay expenditure is £4.3m overspent against plan, with pressures around medical & surgical equipment, building and engineering and utility costs (gas and electricity) and consultancy (inquiry costs). Non delivery of CIP equates to £3m at month 5, which is a key driver of the Trusts underlying adverse financial performance.

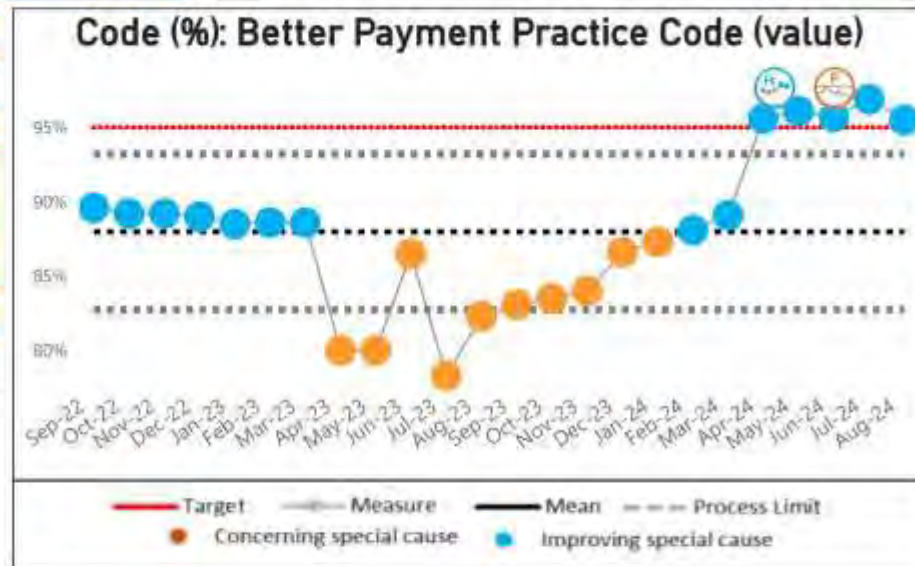
Forward look

Enhanced grip and control measures have been implemented in 24/25, which includes the signing off of budgets by budget holders and an enhanced escalation process for areas reporting an overspend against plan. A weekly CIP delivery group has been established, which is chaired by the CEO with Executive Directors being leads for cross-cutting CIP schemes who provide updates on progress at the delivery group. Work is also continuing on the 5-year financial plan with the aim to return to financial balance over this time.

Aug-24
95.6%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
95%



Aug-24
95.5%
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.

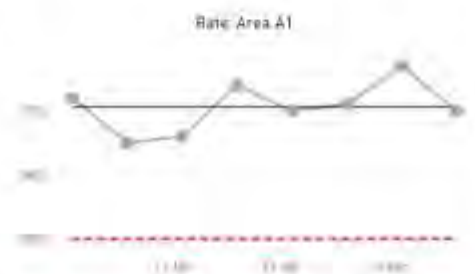
Annotations

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.



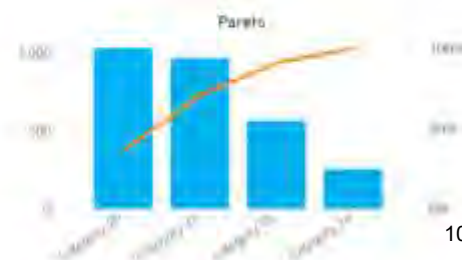
T chart & G chart

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.



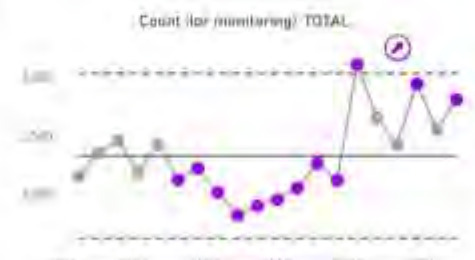
Not enough data points?

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.

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Process limits

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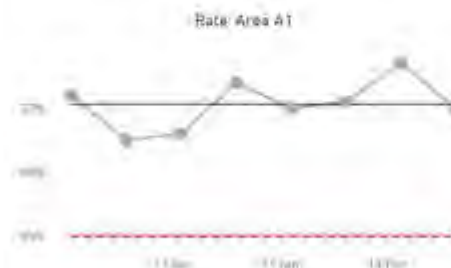
Annotations

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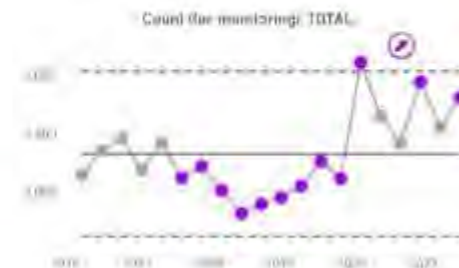
Not enough data points?

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
 - HSMR
 - Number of Women going home
 - Number of Live Births (All Babies) (LHM)
 - Registered Staffing %
 - Total Number of Women experiencing a Caesarean Section
 - Number of Maternal Deaths
 - Unregistered Staffing %
 - Incident Reporting

- Group**
- Search
 - Select all
 - 12 hour DTA Breaches
 - 18 Week Referral To Treatment (RTT) (Complete Referral)
 - 30-60 minutes
 - 60 minutes +
 - All Incidents
 - Annual Appraisal Compliance
 - Better Payment Practice Code number
 - Better Payment Practice Code (wave)
 - Burns
 - Burn in Co-located MU
 - Cancer Treatment: 14 Day Standard
 - Cancer Treatment: 26 Day FDC
 - Cancer Treatment: 31 Day Standard
 - Cancer Treatment: 62 Day Standard
 - Cancer Reg 28 made directly to Trust
 - Chiropractic First Encountering & Works Working Time (SMIT)
 - Direct
 - Eclampsia
 - ED 4 Hour Wait Standard
 - ED 4 Hour Wait Standard - 7 days

	3	9	9	10	31
Improvement					
		3	5		8
	5	6	4	10	23
Common Cause		15	2	24	41
		15	2	24	41
Concern		2	1	5	8
		1		4	5
		1	1	1	3
Neither				1	1
				1	1
Empty				8	8
				8	8
Total	3	26	12	48	89

		Assurance			
Variation					

Council of Governors Workplan

November 2024 – July 2025

Item	Frequency	Lead	Operational Lead	Nov 2024	Feb 2025	April 2025	July 2025
1	Welcome and apologies for absence	Each meeting	Trust Chair	Trust Chair	✓	✓	✓
2	Declarations of interest	Each meeting	Trust Chair	Trust Chair	✓	✓	✓
3	Minutes of last meeting	Each meeting	Trust Chair	Director of Governance, Risk and Improvement	✓	✓	✓
4	Matters arising and action log	Each meeting	Trust Chair	Director of Governance, Risk and Improvement	✓	✓	✓
5	Patient Story	Each Meeting (to be presented on the day)	Director of Nursing & Quality /Deputy Chief Executive	Director of Nursing & Quality /Deputy Chief Executive	✓	✓	✓
6	Trust Chair's Briefing	Each meeting (verbal update)	Trust Chair	Trust Chair	✓	✓	✓
7	Chief Executive Officer's Report	Each meeting	Chief Executive Officer	Chief Executive Officer	✓	✓	✓
8	Lead Governor Update	Each meeting	Lead Governor	Lead Governor	✓	✓	✓

Item	Frequency	Lead	Operational Lead	Nov 2024	Feb 2025	April 2025	July 2025
9	Staff Survey - Outcomes	Annually	Chief People Officer	Chief People Officer		✓	
10	Inpatient Survey - Outcomes	Annually	Director of Nursing & Quality /Deputy Chief Executive	Director of Nursing & Quality /Deputy Chief Executive	✓		
11	Patient / Family Experience	Annually	Director of Nursing & Quality /Deputy Chief Executive	Director of Nursing & Quality /Deputy Chief Executive			✓
12	Anchor Institution	Twice annually	Director of Strategic Partnerships	Director of Strategic Partnerships		✓	✓
13	Feedback - Membership Engagement Group	Each meeting (from February 2025)	Director of Governance, Risk and Improvement	Director of Governance, Risk and Improvement		✓	✓
14	To receive questions on:						
	a) Board of Directors meeting date (minutes) and Board of Directors meeting date (agenda)	Each Meeting	Director of Governance, Risk and Improvement	All Executive Directors	✓	✓	✓
	b) The recent reports from the Chairs of the Board of Directors Sub-Committees	Each Meeting	Director of Governance, Risk and Improvement	Non-Executive Directors	✓	✓	✓
	c) Strategic Oversight Framework Report <ul style="list-style-type: none"> • Operational Performance • Quality • Safety • Finance 	Each meeting	Chief Operating Officer	Chief Operating Officer / Director of Nursing & Quality/Deputy Chief Executive /	✓	✓	✓

Item	Frequency	Lead	Operational Lead	Nov 2024	Feb 2025	April 2025	July 2025
• Human Resources & People			Medical Director / Chief Finance Officer / Interim Chief People Officer				
15 Feedback from Governors	Each meeting	Lead Governor	All Governors	✓	✓	✓	✓
16 Feedback from Governor Development Sessions	Each meeting	Trust Chair / Director of Governance, Risk & Improvement	Trust Chair / Director of Governance, Risk & Improvement	✓ (detailed in sperate agenda item)	✓	✓	✓
17 Feedback from NED / Governor Walkabouts	Each meeting	Non-Executive Directors / Governors	Non-Executive Directors / Governors	✓	✓	✓	✓
18 For noting:							
a) Council of Governors Workplan	Each meeting	Director of Governance, Risk & Improvement	Committee Secretary	✓	✓	✓	✓
b) Council of Governors Photosheet	Each meeting	Director of Governance, Risk & Improvement	Committee Secretary	✓	✓	✓	✓
19 Any other business	Each meeting	Trust Chair	Trust Chair	✓	✓	✓	✓

→ indicates original position of item on workplan and intention to defer and reschedule

Foundation Trust Council of Governors

PUBLIC

CHESTER AND RURAL CHESHIRE



Robert Howe
Until October 2026



Tim Wheeler
Until October 2026



Sheila Dunbar
Until October 2027



John Jones
Until October 2026



Lucy Liang
Until October 2026



Jan Chillery
Until October 2027



Terry Peach
Until October 2027



Louise Jha
Until October 2027

ELLESMERE PORT AND NESTON



Brian Jones
Until September 2025



Vacant



Vacant



Vacant

FLINTSHIRE



Myrddin Roberts
Until October 2027



Ruth Overington
Until September 2025



Vacant

STAFF

NURSES/MIDWIVES QUALIFIED

(2 positions with 4 Governors on a job sharing basis)



Paula Edwards
Until October 2026



Dadirai Kambasha
Until October 2026

ALLIED HEALTH PROFESSIONALS



Claire Hankinson
Until October 2026



Ashley Jayne Caple
Until October 2026

DOCTORS



Dr Salah Tueger
Until October 2026

ALL OTHER STAFF (1 position with 2 Governors on a job sharing basis)



Angel Lewis-Aaron
Until October 2026



Maria Woodward
Until October 2026



Chris Price
Until October 2026



Stephen Higgitt
Until October 2026

PARTNERSHIP ORGANISATIONS



Carol Gahan
Cheshire West and
Chester Council



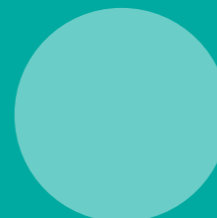
Dr Kate Knight
University of Chester



David Foulds
Council for
Voluntary Services

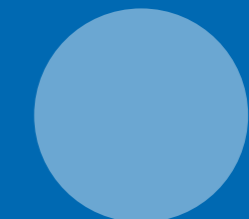


Dr Chris Stockport
Betsi Cadwaladr Health
Board



Janet Bellis
Flintshire CHC

REMAINING ENGLAND & WALES



Daryl Cassidy
Until October 2027

TRUST CHAIR



Ian Haythornthwaite