

Meeting	26th March 2024		Board of Directors											
Report	Agenda item 19.		Strategic Oversight Framework Report – February 2024											
Purpose of the Report	Decision		Ratification	Assurance	Information	X								
Accountable Executive	Cathy Chadwick			Chief Operating Officer										
Author(s)	Cathy Chadwick			Chief Operating Officer										
Board Assurance Framework	BAF 6 BAF 12 BAF 10 BAF 14 BAF 16 BAF 17 BAF 1 BAF 2 BAF 3 BAF 5	Underlying Long Term Trust Financial Sustainability Access, Waiting Times, Care Pathways and Constitutional Standards Data Quality Quality & Safety Safety - Infection Prevention & Control (IPC) Safety - Nursing & Midwifery Workforce Recruitment Retention Staff Engagement Workforce Capacity												
Strategic Aims	ALL													
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 cases of MRSA 0 Never Events 0 78-week breaches Reduction in long waiting elective patients. Reduction in the total size of waiting list. Sustained reduction in Nurse agency spend . Sustained reduction in staff turnover <p>Areas requiring improvement:</p> <ul style="list-style-type: none"> Sepsis Treatment Medical Agency Spend Emergency Medicine Performance Annual Appraisal Compliance Financial Overspend 													

Recommendation(s)	The Board is asked to consider and note the contents of the 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

Meeting	26th March 2024		Board of Directors										
Report	Agenda item 19.		Strategic Oversight Framework Report – February 2024										
Purpose of the Report	Decision		Ratification	Assurance	<input checked="" type="checkbox"/>	Information							
Accountable Executive	Cathy Chadwick			Chief Operating Officer									
Author(s)	Cathy Chadwick			Chief Operating Officer									
Board Assurance Framework	BAF 6 BAF 12 BAF 10 BAF 14 BAF 16 BAF 17 BAF 1 BAF 2 BAF 3 BAF 5	Underlying Long Term Trust Financial Sustainability Access, Waiting Times, Care Pathways and Constitutional Standards Data Quality Quality & Safety Safety - Infection Prevention & Control (IPC) Safety - Nursing & Midwifery Workforce Recruitment Retention Staff Engagement Workforce Capacity											
Strategic Aims	ALL												
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 cases of MRSA 0 Never Events 0 78-week breaches Reduction in long waiting elective patients. Reduction in the total size of waiting list. Sustained reduction in Nurse agency spend . Sustained reduction in staff turnover <p>Areas requiring improvement:</p> <ul style="list-style-type: none"> Sepsis Treatment Medical Agency Spend Emergency Medicine Performance Annual Appraisal Compliance Financial Overspend 												

Recommendation(s)	The Board is asked to consider and note the contents of the 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

[View in Power BI](#) 

Last data refresh:
3/15/2024 11:53:26 AM UTC

Downloaded at:
3/15/2024 11:57:06 AM UTC

Metric ID	Metric Name	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M1	HSMR	TOTAL	Nov-23	97.3	🟡	🟡	100	99.5	103	106
M2	SHMI	TOTAL	Sep-23	98.7	🟡	🟡	100	95.4	98.4	101
M3	Registered Staffing %	TOTAL	Feb-24	92.6%	🟡	🟡	95%	90.8%	95.6%	100%
M4	Unregistered Staffing %	TOTAL	Feb-24	107%	🟡	🟡	95%	99.8%	108%	115%
M5	Incident Reporting	All Incidents	Jan-24	454	🟡	🟡	700	310	556	803
M5	Incident Reporting	Falls Rate Per 1000 Bed Days	Feb-24	5.22	🟡	🟡	7	3.67	6.65	9.63
M5	Incident Reporting	Falls With Harm Rate Per 1000 Bed Days	Feb-24	0.258	🟡	🟡	0.3	-0.210	0.281	0.772
M5	Incident Reporting	Hospital Acquired Pressure Ulcers Rate Per 1000 Bed Days	Feb-24	1.68	🟡	🟡	2.5	0.882	2.07	3.27
M5	Incident Reporting	Medication Incidents	Feb-24	102	🟡	🟡	110	49.9	106	163
M5	Incident Reporting	Medication Incidents With Harm	Feb-24	0	🟡	🟡	0	-2.02	1.79	5.61
M5	Incident Reporting	Moderate Harm And Above	Jan-24	31	🟡	🟡	80	6.68	66.6	126
M5	Incident Reporting	Never Events	Feb-24	0	🟡	🟡	0	-0.675	0.25	1.18
M5	Incident Reporting	Present On Admission Pressure Ulcers Rate Per 1000 Bed Days	Feb-24	4.64	🟡		2.32	4.26	6.19	
M5	Incident Reporting	STeIS Reported Incidents	Feb-24	0	🟡	🟡	0	-2.83	4.46	11.7
M8	Infection Control	Infection Control - MRSA Cases	Feb-24	0	🟡	🟡	0	-0.190	0.0417	0.273
M8	Infection Control	Infection Control - Rate of C.Difficile	Feb-24	7	🟡	🟡	4	-1.28	6.13	13.5
M9	Sepsis	Sepsis Screening	Dec-23	81.8%	🟡	🟡	84%	56.5%	81.0%	106%
M9	Sepsis	Sepsis Treatment	Dec-23	54.5%	🟡	🟡	84%	7.90%	48.4%	89.0%
M10	Complaints	Patient Feedback: Open Complaints	Feb-24	13	🟡	🟡	40	48.2	64.1	79.9

Metric ID	Metric Name	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
W1	Number of Women giving birth	Feb-24	163	🟡			129	174	219
W2	Number of Live Births (All Babies)	Feb-24	166	🟡			131	175	220
W3	Total Number of Women experiencing a Caesarean Section	Feb-24	75	🟡			45.0	73.8	103
W4	Number of Maternal Deaths	Feb-24	0	🟡			0	0	0
W5	Number of Cases of Eclampsia	Feb-24	0	🟡			0	0	0
W6	Number of Neonatal Admissions - Term Babies	Feb-24	7	🟡			-3.11	4.88	12.9
W7	Number of Early Neonatal Deaths (< 7 Days Old)	Feb-24	0	🟡			-0.190	0.0417	0.273
W8	ITU Admissions	Feb-24	0	🟢			-0.509	0.354	1.22
W9	Room 15 emergency theatre use	Feb-24	0	🟢			-0.922	0.253	1.43
W10	Number of Babies Born in MLU	Feb-24	7	🟡			-1.06	7.04	15.1
W11	Total Number of Stillbirths (≥ 24 weeks) (Babies)	Feb-24	0	🟡			-1.05	0.333	1.72
W12	Number of 3rd/4th Degree Tears in Vaginal Births	Feb-24	3	🟡			-2.35	2.04	6.44
W13	Number of Haemorrhages ≥1500 ml	Feb-24	6	🟡			-1.30	7.65	16.6
W14	Obstetric Unit - number of days the service has diverted on in reporting period	Feb-24	1	🟡			-0.653	0.435	1.52
W15	HSIB suspected brain injuries in inborn neonates grade 3 HIE	Feb-24	0	🟢			-0.198	0.0435	0.285
W16	Coroner Reg 28 made directly to Trust	Feb-24	0	🟡			0	0	0
W17	Term Admission Rate	Feb-24	4.3%	🟡			-1.54%	2.85%	7.24%
W19	Progress in achievement of CNST (out of 10)	Feb-24	10	🟡			4.67	7.09	9.51
W21	Service User Feedback: number of formal complaints	Feb-24	2	🟡			-0.663	0.304	1.27
W22	staff feedback from frontline champions and walkabouts (number of themes)	Feb-24	0	🟢			-0.721	0.476	1.67
W24	Minimum Safe Staffing in Maternity Services: NN middle grade workforce rota gaps (SHO)	Feb-24	0%	🟢			55.1%	66.7%	78.2%

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

Maternity Safety Support Programme	Yes	Simon Meighan
------------------------------------	-----	---------------

Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)	46.4%
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they rate the quality of clinical supervision out of hours (Reported annually)	89.7%

Metric ID	Metric Name	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M11	ED Performance	ED 4 Hour Wait Standard	Feb-24	49.3%			95%	49.0%	56.3%	63.7%
M11	ED Performance	ED 4 Hour Wait Standard - Type 1	Feb-24	44.1%			95%	45.8%	53.8%	61.9%
M12	RTT - 18 Week Compliance	18 Week Referral To Treatment (RTT) Incomplete Pathways	Feb-24	51.1%			92%	43.7%	46.4%	49.1%
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 104 Weeks	Feb-24	0			0	-26.0	65.2	156
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 52 Weeks	Feb-24	1637			0	2,759	3,483	4,206
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 65 Weeks	Feb-24	400			740	1,166	1,592	
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 78 Weeks	Feb-24	0			0	78.2	285	491
M13	RTT Waitlist Sizes	Total 18 Week RTT Incomplete Pathways	Feb-24	31301			40000	34,356	36,157	37,959
M14	Diagnostics 6 Week Standard	Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01)	Feb-24	13.8%			1%	17.3%	27.8%	38.3%
M15	Cancer Performance	Cancer Treatments: 28 Day FDS	Jan-24	73.1%			75%	49.3%	62.0%	74.8%
M15	Cancer Performance	Cancer Treatments: 31 Day Standard	Jan-24	93%			96%	88.5%	95.7%	103%
M15	Cancer Performance	Cancer Treatments: 62 Day Standard	Jan-24	76.5%			85%	52.4%	70.5%	88.6%
M23	12 Hour DTA Breaches	12 Hour DTA Breaches	Feb-24	676				390	599	807
M24	Ambulance Handover	30-60 minutes	Feb-24	400				181	341	502
M25	Ambulance Handover	60 minutes +	Feb-24	193				-31.3	232	496
M26	ED 12 Hours Waits	Patients Waiting 12 Hours +	Feb-24	1245				817	1,269	1,720

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M16	Sickness Absence	Sickness Absence Rate	Feb-24	6.2%	🟡	🟡	5%	4.77%	5.66%	6.55%
M17	Mandatory Training	Mandatory Training Compliance	Feb-24	87.2%	🟢	🟡	90%	80.9%	83.2%	85.5%
M18	Annual Appraisal	Annual Appraisal Compliance	Feb-24	75.8%	🟡	🟡	80%	65.7%	73.7%	81.6%
M19	Staff Turnover	Staff Turnover Percentage	Feb-24	8.3%	🟡	🟡	10%	9.63%	10.5%	11.4%
M20	Cap Rates	Medical & Dental Reduction in Agency Shifts over Cap Rates	Feb-24	220	🟡	🟡	120	95.3	193	291
M20	Cap Rates	Nursing & Midwifery Reduction in Agency Shifts over Cap Rates	Feb-24	152	🟡	🟡	1200	550	893	1,236
M20	Cap Rates	Other Reduction in Agency Shifts over Cap Rates	Feb-24	401	🟡			488	820	1,152
M21	Agency Spend	Medical Agency Spend	Feb-24	202000	🟡			89,354	200,958	312,563
M21	Agency Spend	Nursing Agency Spend	Feb-24	119000	🟡			286,690	710,208	1,133,727



Highlights:

- There has been a continued focus on the harm reduction programmes during this period.
- There has been a reduction in number of Moderate Incidents and above being reported and the timely investigation and closure of incidents is improving.
- Continued reduction in medication incidents with harm (moderate and above)
- Safer Nursing Establishment Review completed.

The PSIRF implementation plan is progressing well, The DATIX system is now live with the National LFPSE reporting system. (Learning from Patient Safety Events)

Areas of Concern:

Increase in Falls with harm in February, but still overall reduction compared to previous year.

Increase in hospital acquired pressure ulcer in February 2024

There remains a focus on standard Infection Prevention and Control (IPC) precautions, FIT testing particularly considering the increase in community prevalence of flu and more recently measles.

Forward Look (with actions):

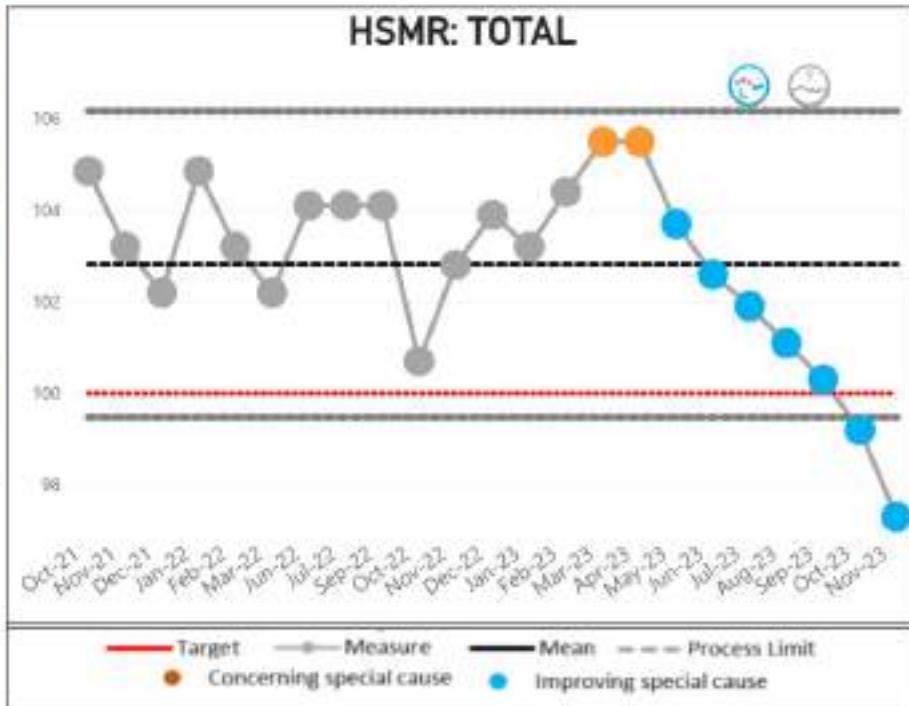
Plan for launch of the Patient and Family Experience Strategy in April 2024

Engagement Event planned April for Quality Priorities forming part of Quality Account 2024/25

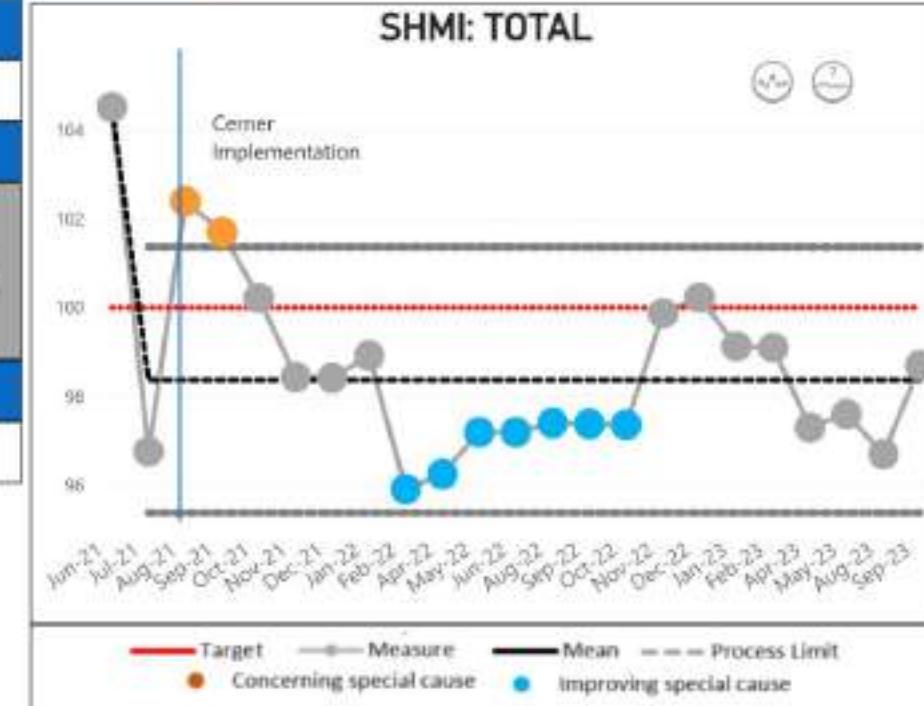
PSIRF roll out will continue with a plan to be fully transitioned by the end of March 2024.



Nov-23
97.3
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
100



Sep-23
98.7
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
100



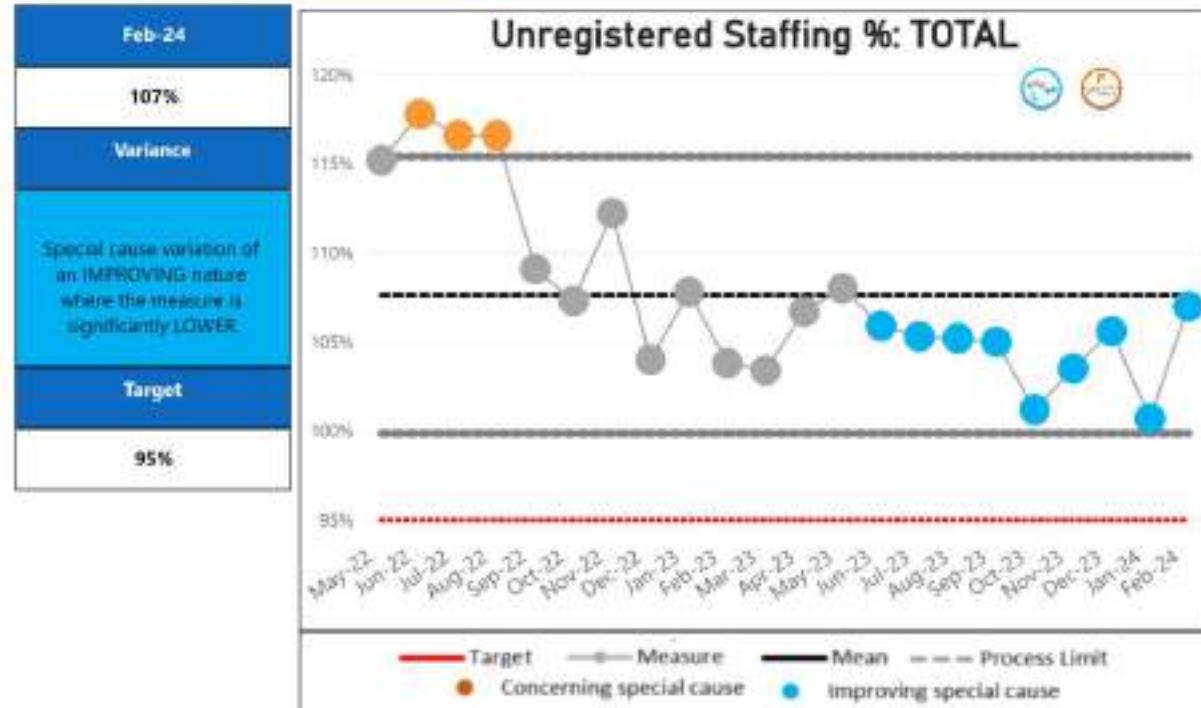
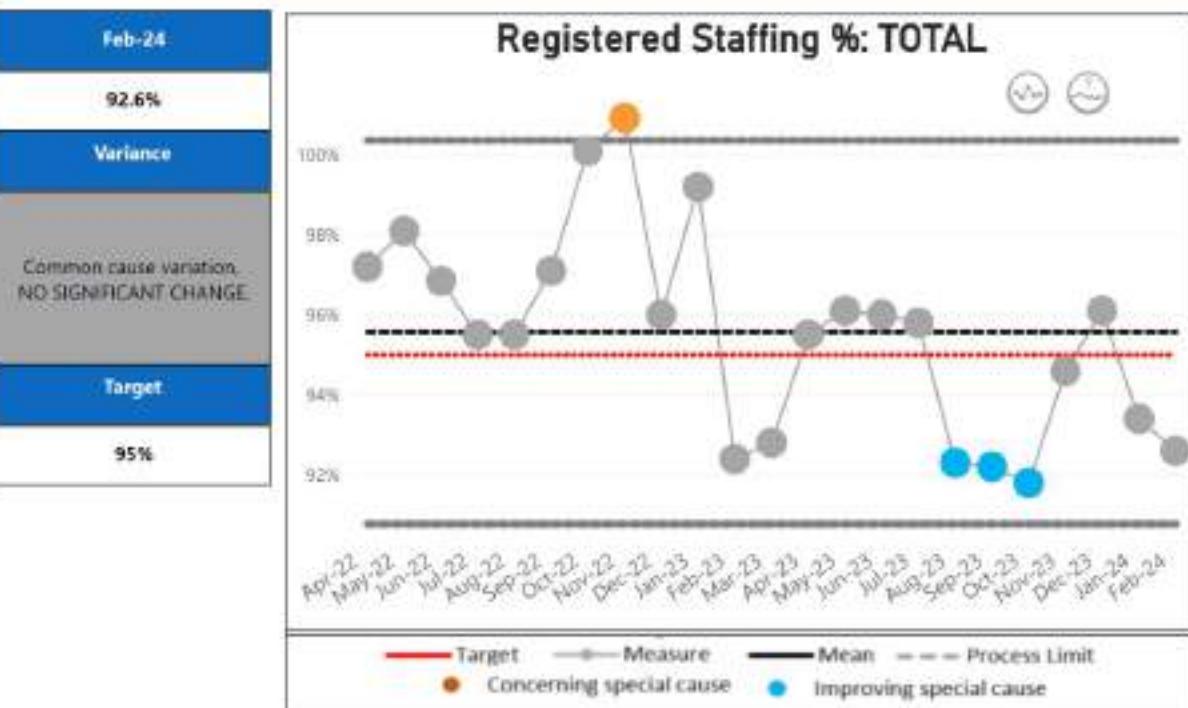
HSMR Narrative

The current HSMR (to November 2023) is now 97.3 which is an decrease on the previous period. From April - 23 onward, we are showing a statistically significant decrease in our HSMR score. As the reporting period now excludes most of the aftermath of the Cerner implementation the mean has dropped, and we now see that the current reporting figure is below the Lower Control Limit; showing an improved performance in this metric.

SHMI Narrative

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

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



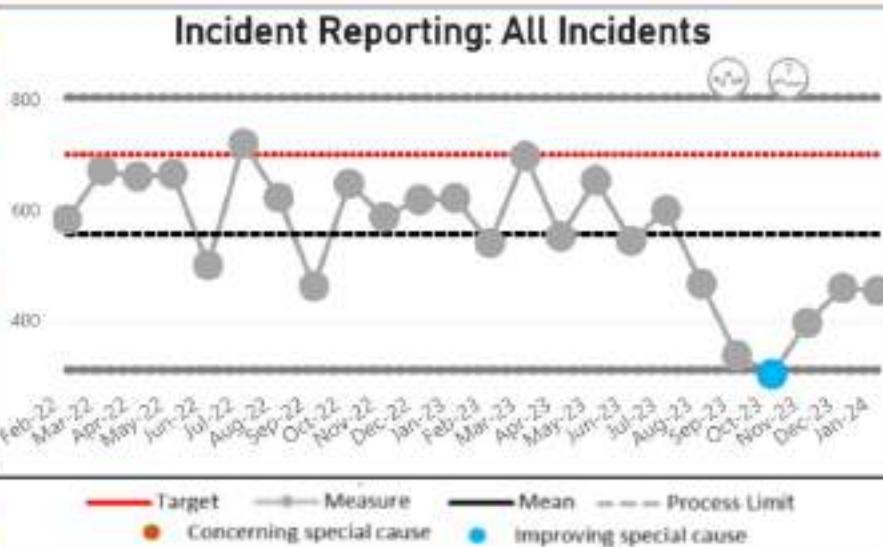
Registered Nursing Narrative

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

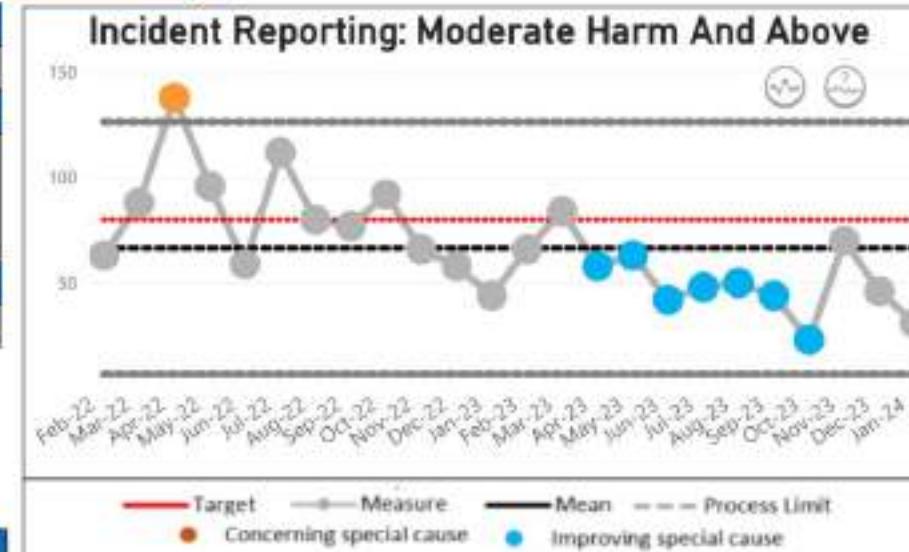
Unregistered Nursing Narrative

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

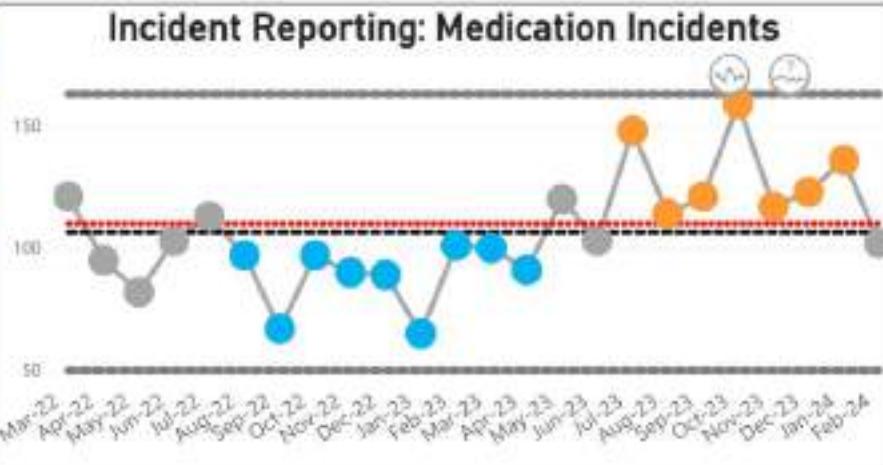
Feb-24	454
Variance	Common cause variation, NO SIGNIFICANT CHANGE
Target	700



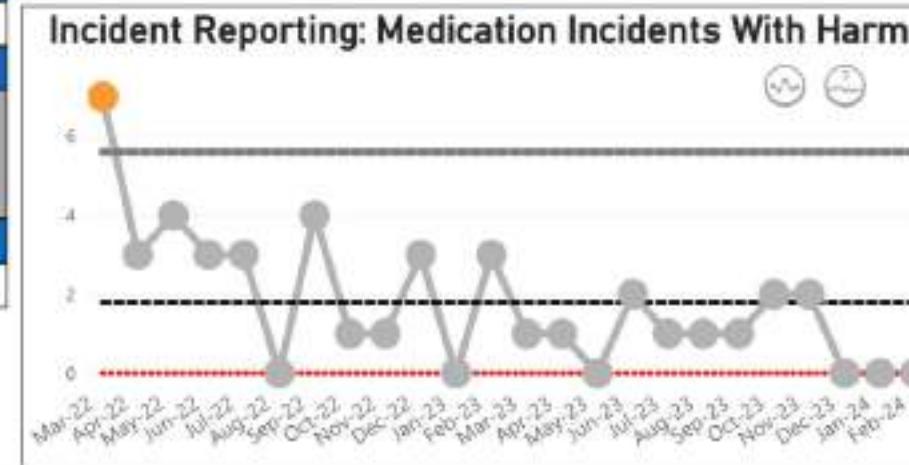
Feb-24	31
Variance	Common cause variation, NO SIGNIFICANT CHANGE
Target	80



Feb-24	102
Variance	Common cause variation, NO SIGNIFICANT CHANGE
Target	110



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



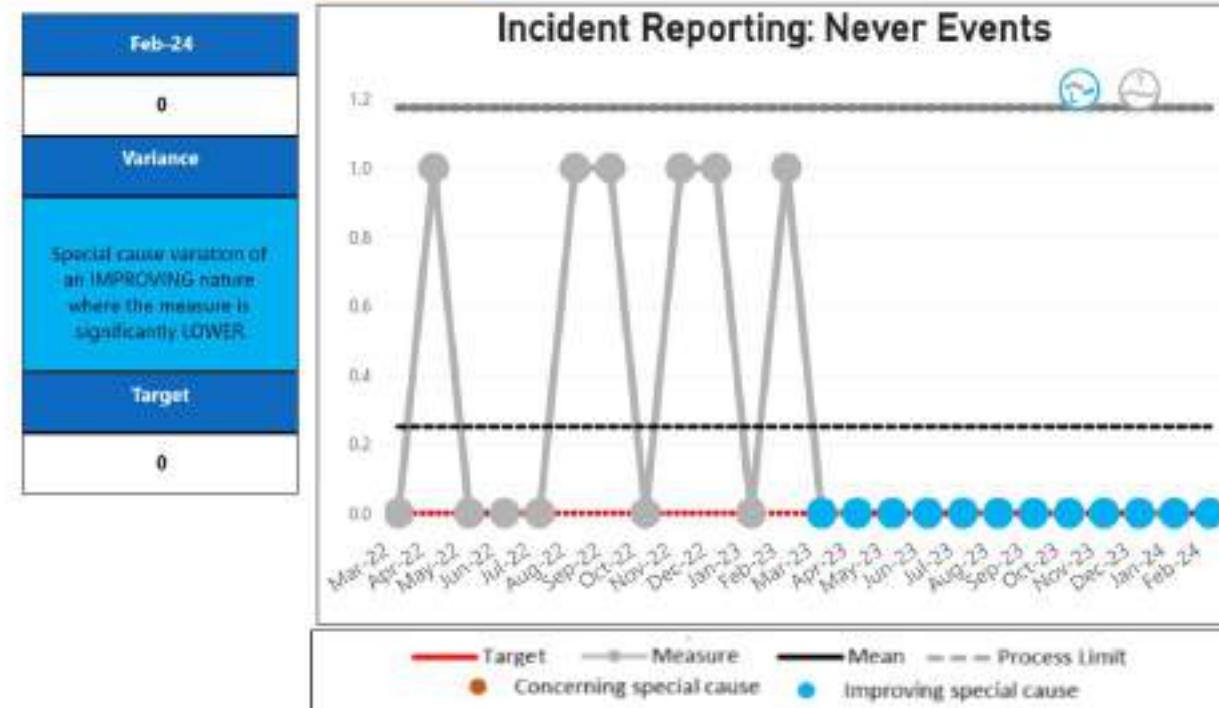
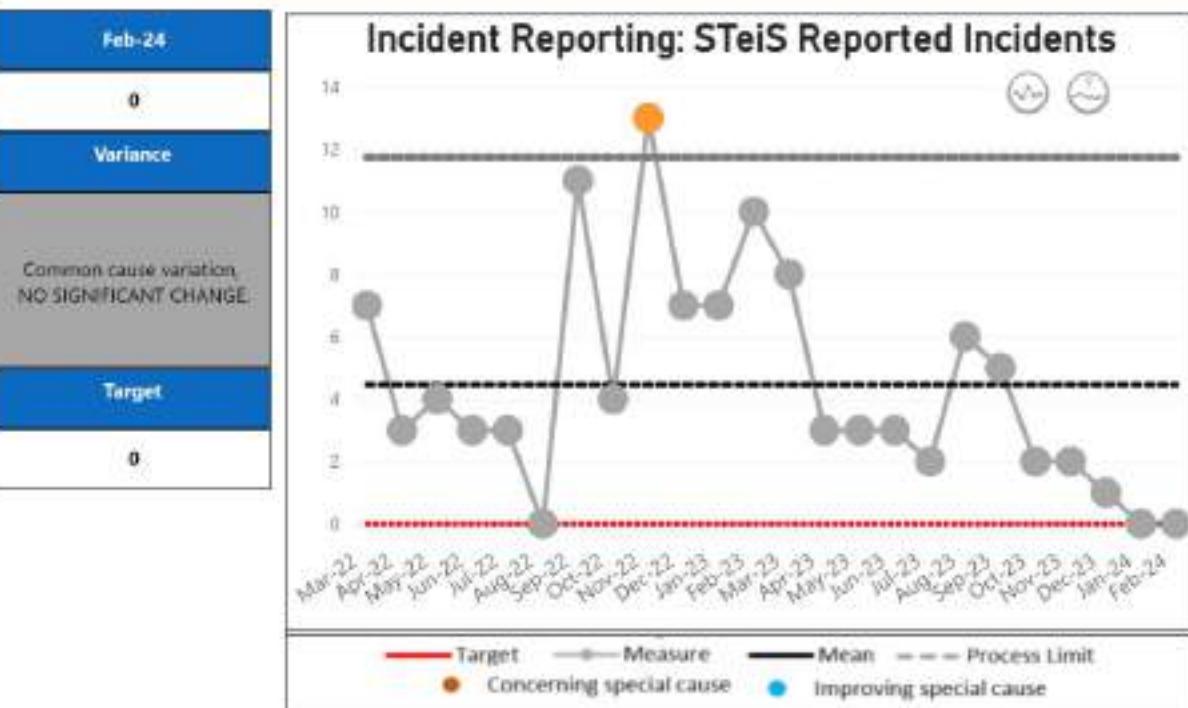
Incident Reporting Narrative

The metrics for overall incidents is currently frozen while the new metrics are finalised following the move to PSIRF, there has been an decrease in the overall number of incidents reported (clinical and non-clinical); a total of 1210 – an increase of 90 in comparison to January 2024.

The top 4 reported incident categories (including not sent to NRLS) were: Security Response 114 (9.4%), Falls 81 (6.7%), Skin Integrity 178 (14.7%) and Medication Incidents 102 (8.4%).

Medication Incidents Narrative

Medication incidents were showing a run of 7 points above the mean, but this month we have returned below the mean. The top three sub categories for medication incidents during Feb 24 are currently: Administration Errors (15), Controlled Drugs Errors (15) and Prescription Errors (14). This is consistent with prior months. Last month we again reported 0 medication incidents where harm was caused.



Serious Incidents Narrative

The Trust has reported 0 Incidents to StEIS in February, which is only the third time this has happened in the reporting period.

The Trust continues to report 0 Never Events in the current financial year.

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

Feb-24

5.22

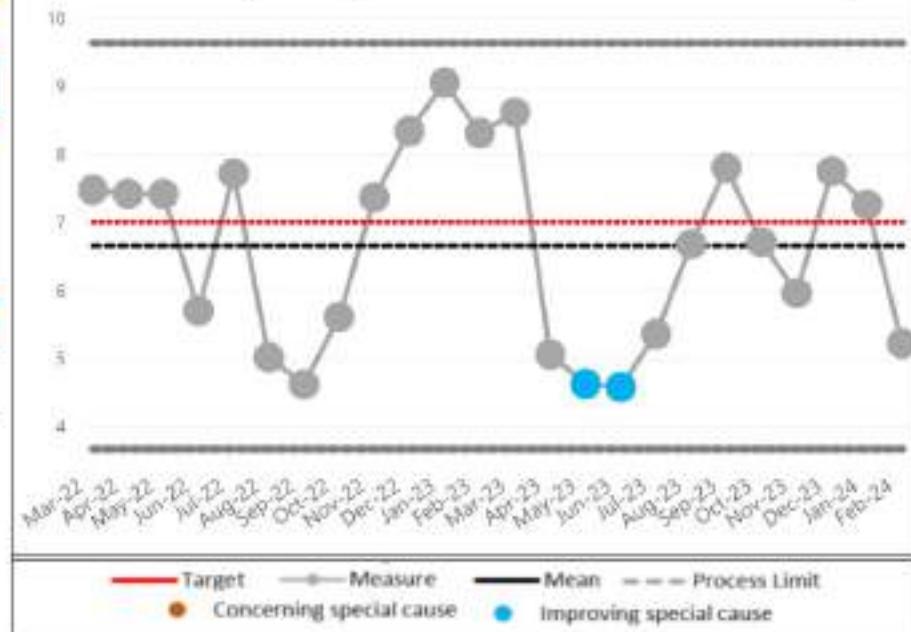
Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

7

Incident Reporting: Falls Rate Per 1000 Bed Days



Feb-24

0.258

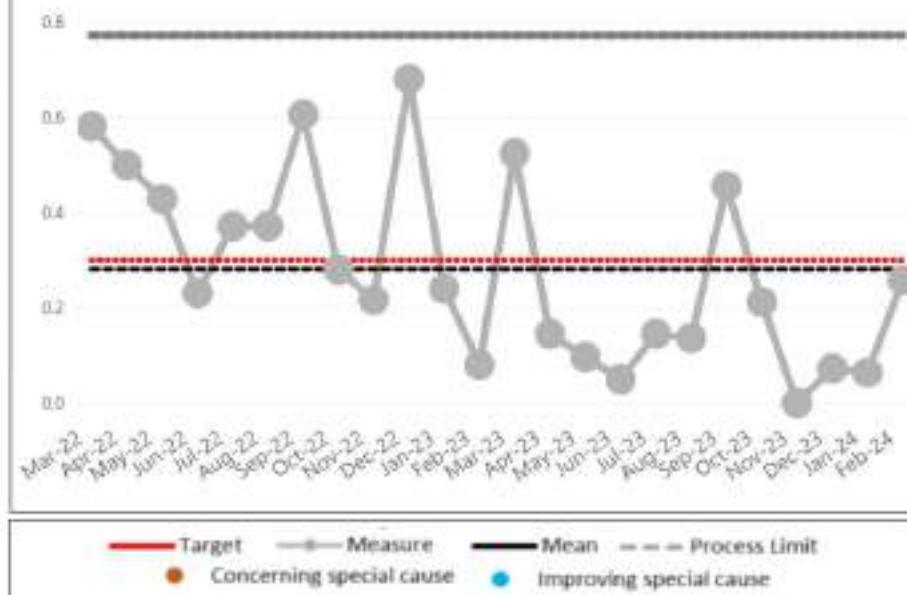
Variance

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 its target of reducing falls with harm by 10% in 2022/23 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 are now reporting 18 falls with harm this Financial Year which is a monthly reduction of 44% compared to our position in 2022/23.

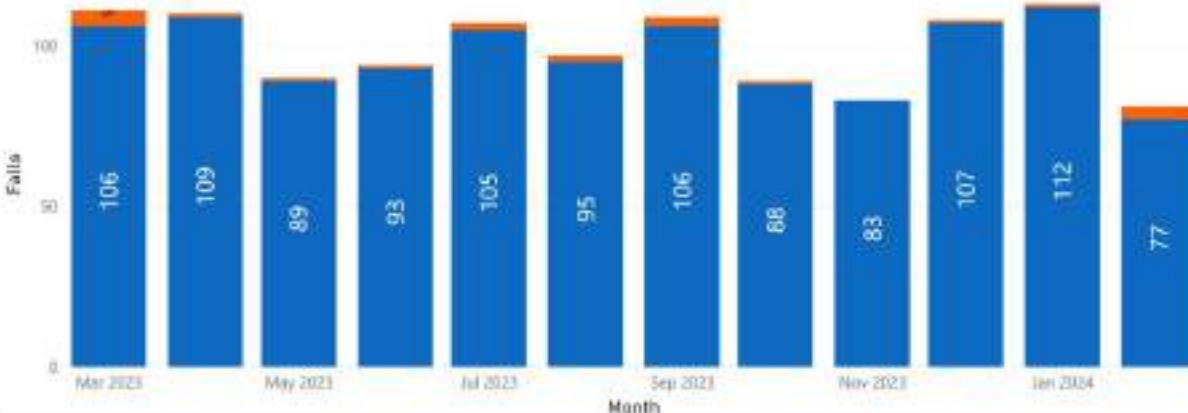
A thematic review of falls is in progress and was completed in 2023. Unwitnessed falls remains the highest reported category and the thematic review will identify any staff training requirements with regards to enhanced supervision etc. that may contribute to this specific category.

The Trust reporting 4 Falls With Harm in February, with 3 of them being unwitnessed but none having an associated lapse in care.

This financial year we have seen Unwitnessed Falls (9) and Falls from Standing/Walking (7) as the largest sub categories of falls with harm.

Overall Figures For Falls Split By Harm Caused

Harm? ● No Harm ● Harm Caused



Feb-24

1.68

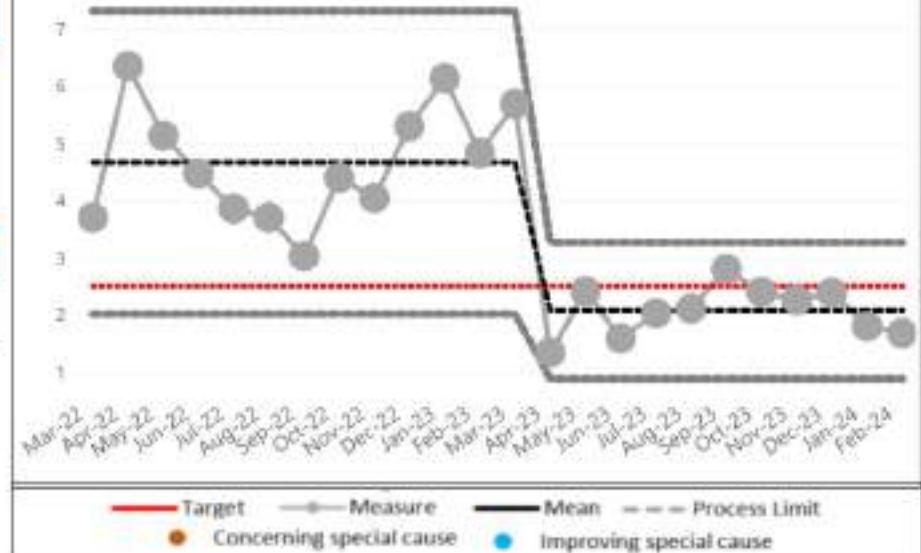
Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

2.5

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



Feb-24

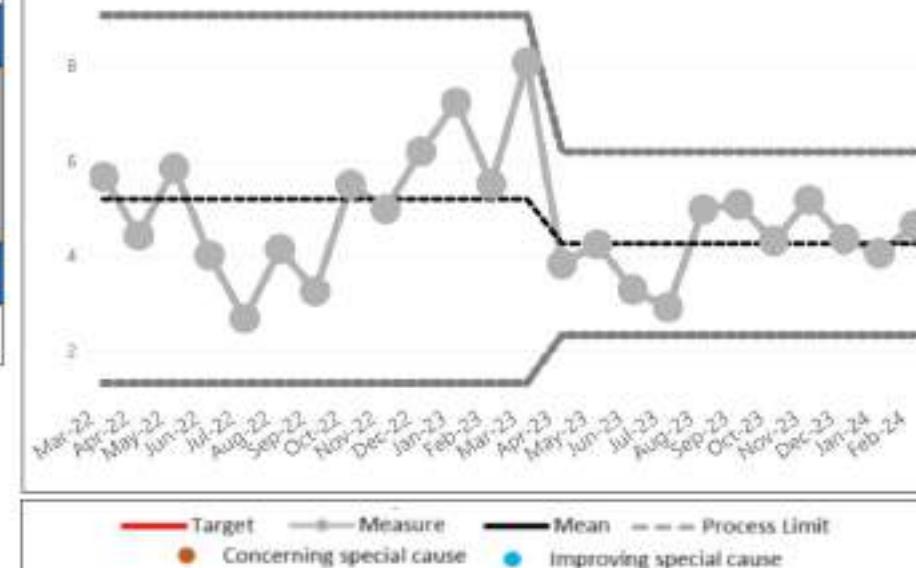
4.64

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.

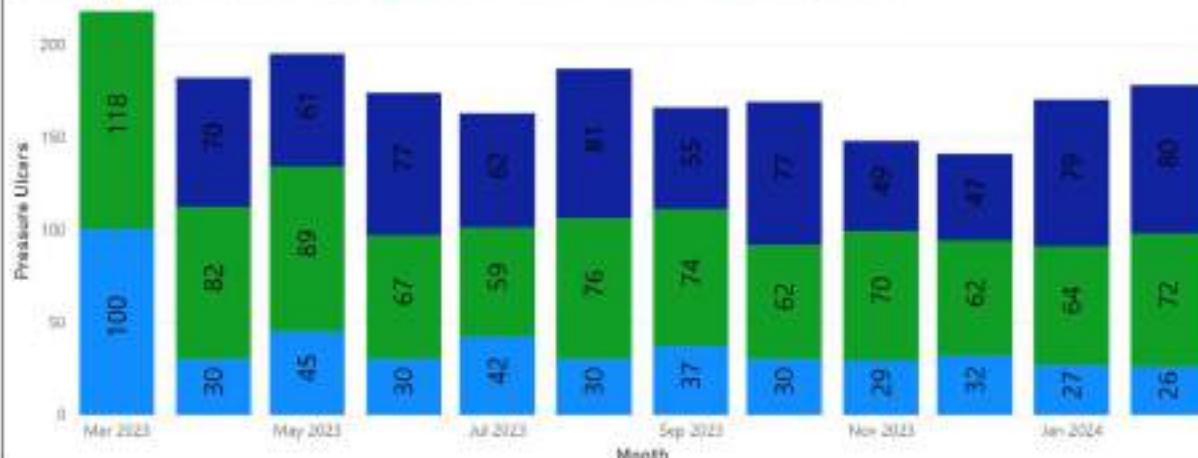
Work is ongoing to find a viable Trust target for the reduction of Pressure Ulcers, as the change in reporting alone creates a 45% reduction from 22/23.

In February we saw 178 Skin Integrity Incidents, of which 98 counted as Pressure Ulcers. This Pressure Ulcer figure comprised of 26 Hospital Acquired and 72 Present on Admission, which means 73.5% of our pressure ulcers were hospital acquired, compared to the 2022/23 financial year average of 44%.

There were 11 moderate or above incidents reported in month, 8 of which were Pressure Ulcers and the other 4 were Skin Integrity Incidents. There were 3 lapses in care identified, 2 of which resulted in a HAPU.

Overall Figures For Skin Integrity Incidents Split By Type

PU Category: Hospital Acquired Pressure Ulcer (blue), Present On Admission Pressure Ulcer (green), Skin Integrity Incident (dark blue).



Feb-24

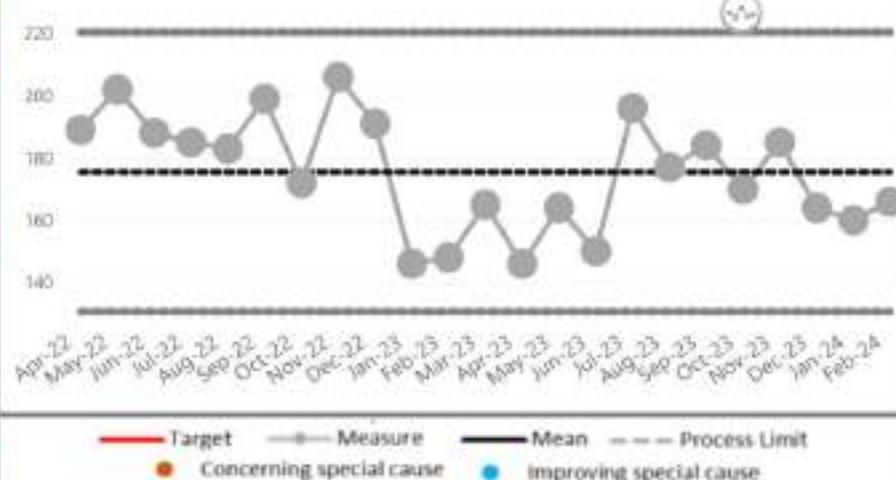
166

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

Number of Live Births (All Babies): Live births



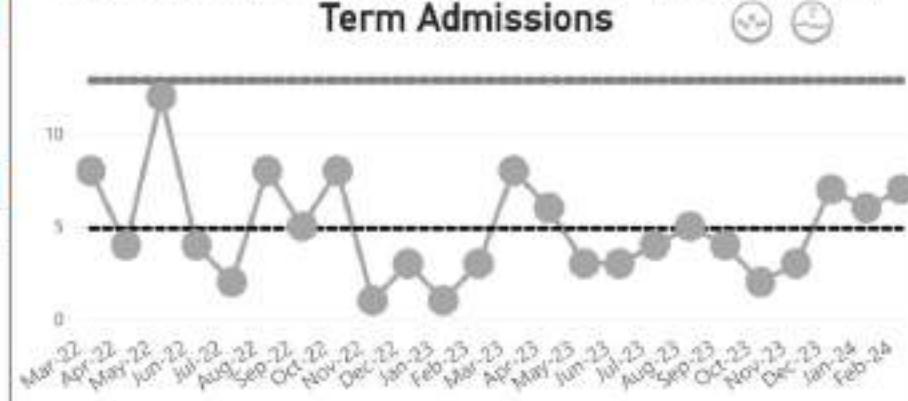
Feb-24

7

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

Number of Neonatal Admissions - Term Babies:
Term Admissions

Narrative

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

Feb-24

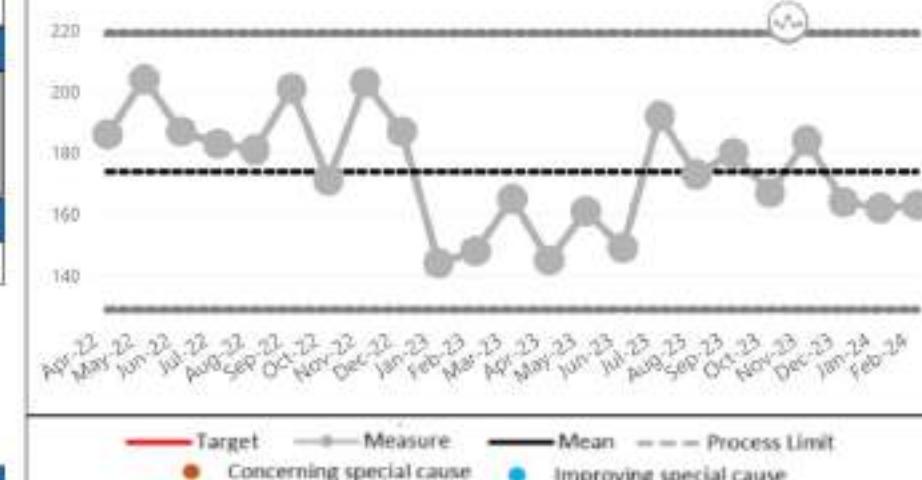
163

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

Number of Women giving birth: Births



Feb-24

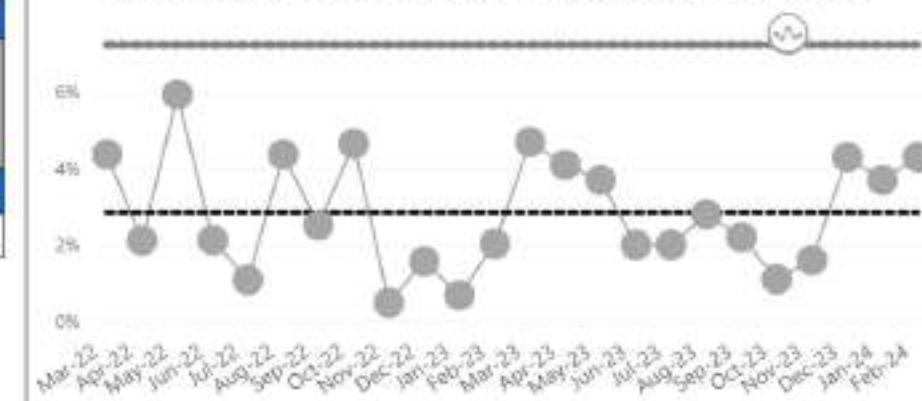
4.3%

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

Term Admission Rate: Term Admission Rate



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.

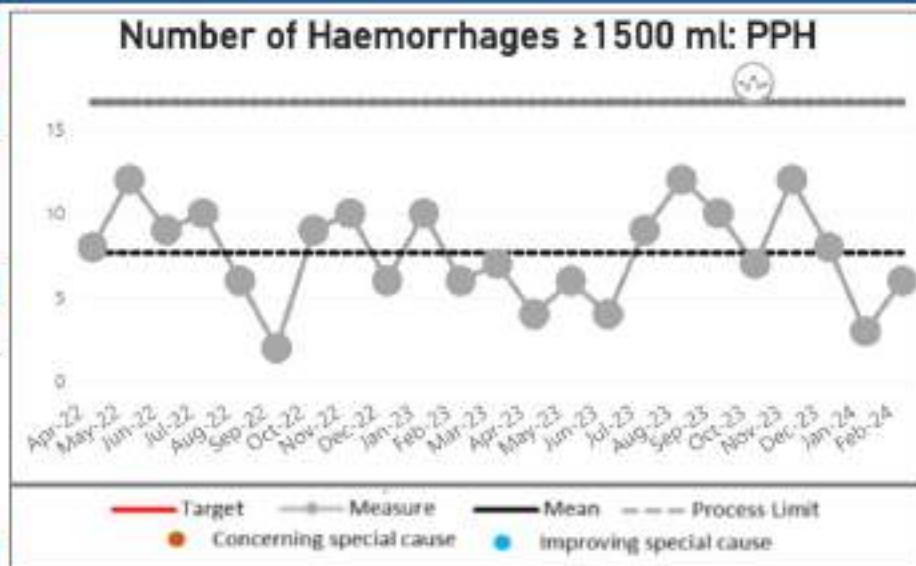
Feb-24

6

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target



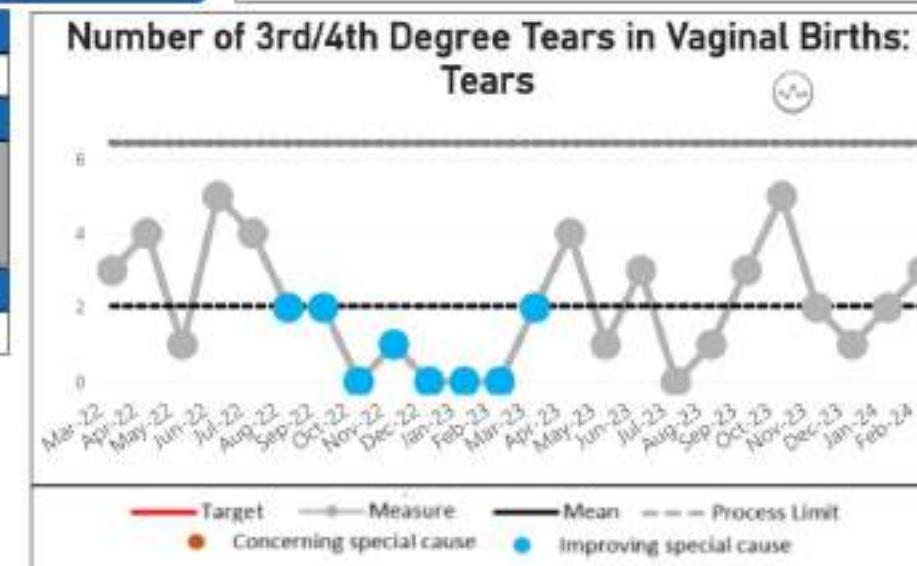
Feb-24

3

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target



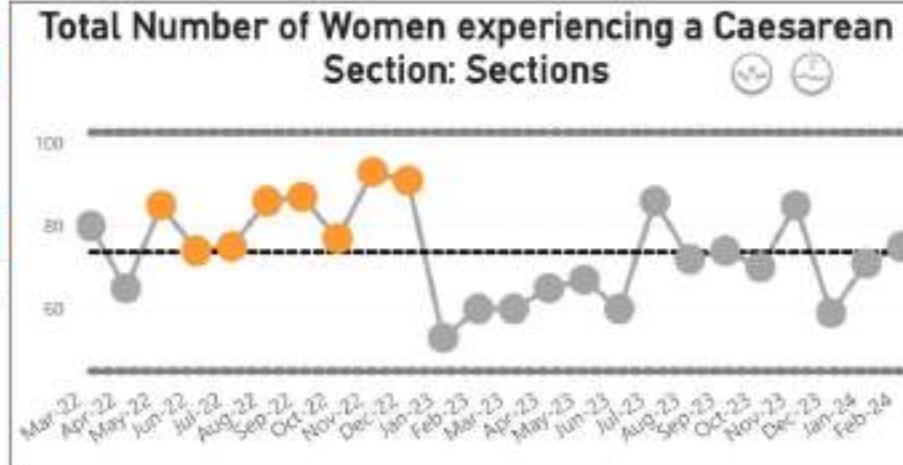
Feb-24

75

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.

Feb-24

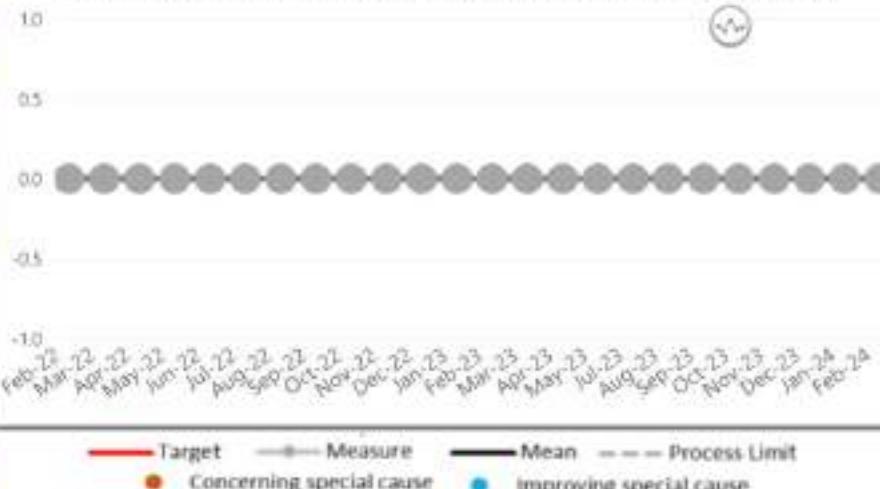
0

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

Number of Maternal Deaths : Maternal Deaths



Feb-24

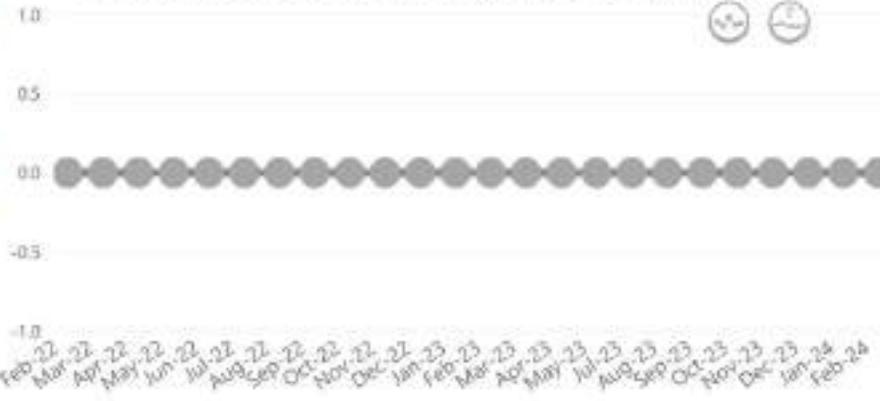
0

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

Number of Cases of Eclampsia: Eclampsia



Narrative

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

Feb-24

0

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

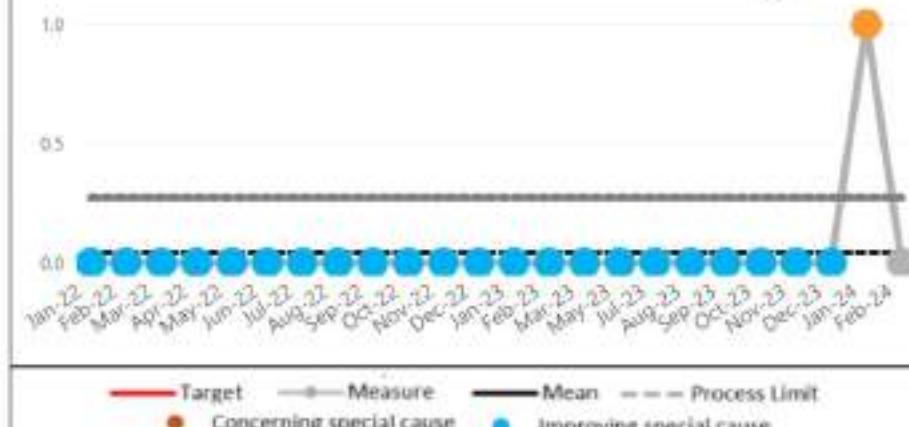
Feb-24

0

Variance

Common cause variation,
NO SIGNIFICANT CHANGE

Target

Number of Early Neonatal Deaths (< 7 Days Old):
Neonatal Death

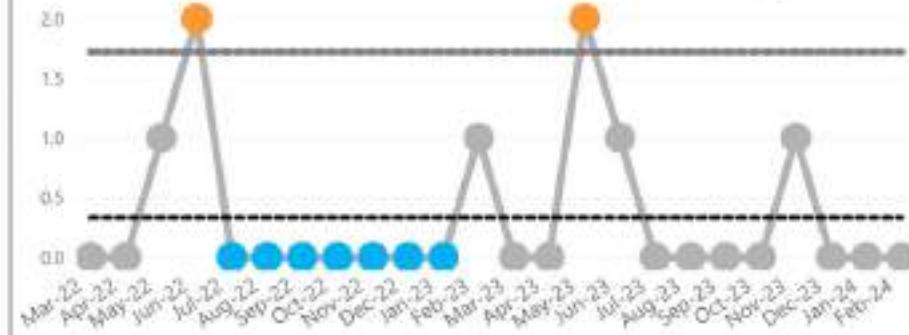
Feb-24

0

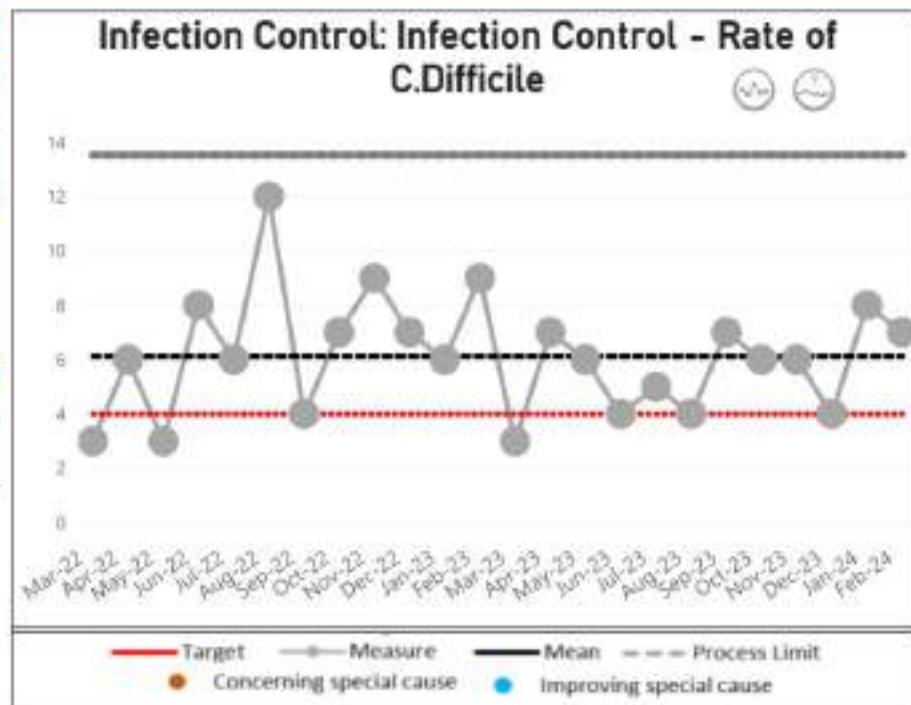
Variance

Common cause variation, NO
SIGNIFICANT CHANGE

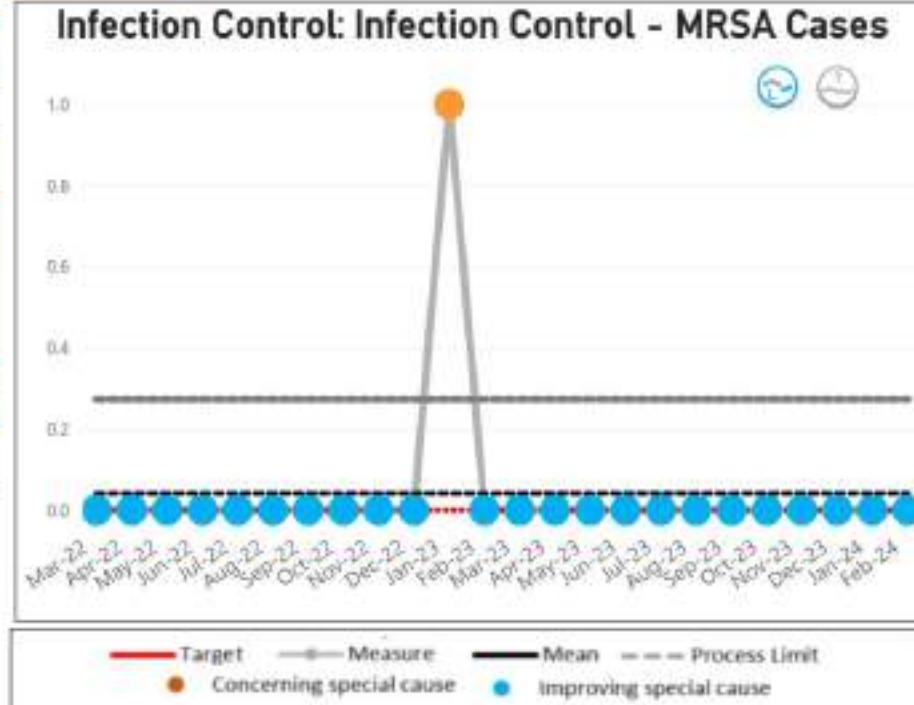
Target

Total Number of Stillbirths (\geq 24 weeks) (Babies):
Stillbirths

Feb-24
7
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
4



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

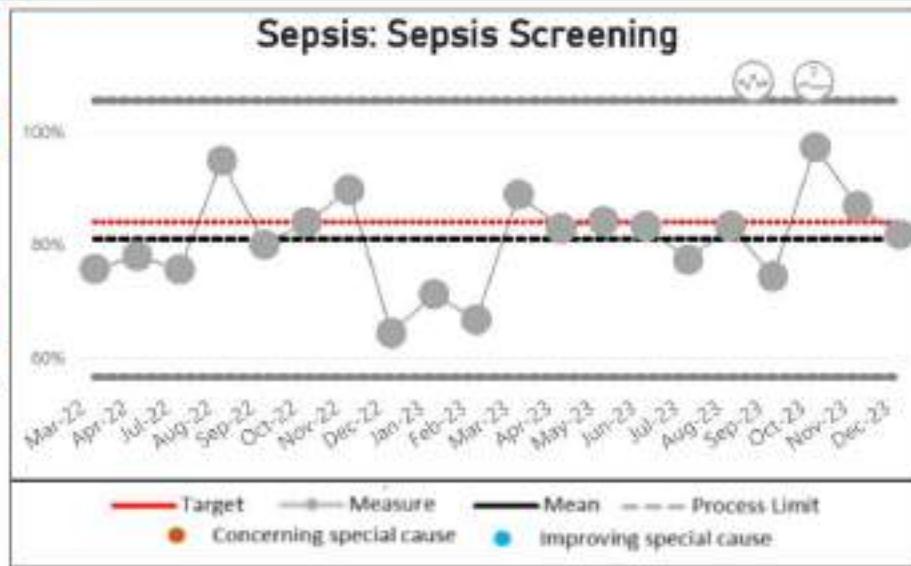


Infection Control Narrative

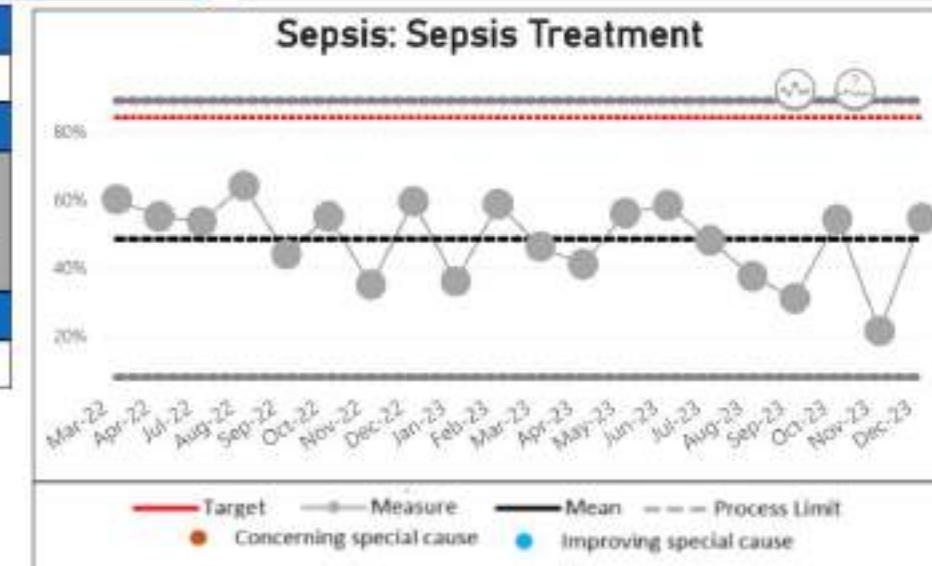
The NHS Standard Contract 2021/22 has been released and includes quality requirements for the Countess of Chester Hospital NHS Foundation Trust to minimise rates of both Clostridioides difficile (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS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

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

Dec-23
81.8%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
84%



Dec-23
54.5%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
84%



Focus area:

SepsiNEWS

	CPS rate	Data incomplete	SepsiNEWS										
			1H22-23	2H22-23	3H22-23	4H22-23	5H22-23	6H22-23	7H22-23	8H22-23	9H22-23	10H22-23	
AQ overall	-	83.1%	39.0%	92.7%	59.4%	62.8%	63.8%	63.7%	75.3%	68.6%	61.4%	37.8%	71.3%
Blackpool Victoria	7	92.5%	38.3%	97.8%	55.4%	54.8%	63.3%	71.6%	78.1%	88.8%	28.0%	70.2%	
Bolton	6	85.6%	26.8%	16.4%	43.7%	80.4%	39.0%	91.7%	76.3%	65.9%	25.7%	73.3%	
Chatterbridge	0.0%												
Countess of Chester	18	98.5%	20.9%	88.4%	59.8%	88.8%	94.2%	48.9%	61.8%	47.4%	34.9%	41.2%	
East Cheshire	5	91.4%	9.4%	89.0%	72.6%	53.2%	73.4%	65.6%	79.0%	63.0%	31.2%	74.9%	
Lancs Teaching	16	98.4%	15.6%	85.4%	44.3%	26.2%	75.7%	52.0%	36.5%	16.5%	30.7%	56.4%	
Liverpool University Hospitals	8	100.0%	47.4%	93.4%	41.2%	56.7%	59.6%	93.0%	45.5%	72.9%	33.0%	69.8%	
Manchester FT	3	91.5%	14.9%	79.8%	75.9%	85.0%	87.3%	82.7%	74.8%	100.0%	58.3%	80.8%	
Mersey & W Lanes	9	91.6%	24.2%	97.5%	58.3%	55.0%	58.6%	73.0%	72.2%	73.4%	36.7%	69.3%	
Mid Cheshire	11	89.1%	17.6%	94.2%	55.6%	63.5%	63.6%	71.6%	52.2%	23.0%	41.4%	60.7%	
Morecambe Bay	12	93.3%	27.3%	87.8%	57.7%	63.9%	38.7%	74.7%	62.8%	62.3%	26.8%	64.0%	
Northern Care Alliance	2	52.2%	17.4%	94.2%	80.7%	69.7%	78.3%	86.8%	74.5%	64.9%	54.3%	61.4%	
Stockport	14	88.7%	2.1%	100.0%	37.8%	41.1%	40.5%	55.6%	47.4%	25.1%	28.2%	42.3%	
Warrington & Halton	8	100.0%	53.0%	100.0%	75.8%	66.4%	74.5%	83.2%	69.1%	79.9%	38.3%	77.8%	
Wirral	1	100.0%	38.4%	95.8%	73.7%	76.4%	86.5%	81.3%	76.9%	44.2%	30.4%	62.7%	
WWL	12	90.5%	15.3%	37.0%	22.3%	63.4%	61.4%	84.4%	78.1%	76.0%	32.1%	66.2%	

Sepsis Narrative

NEWS2 screening had remained consistent in recent months, in December we fell slightly short of the 84% target. This month, Sepsis reporting is again back to being 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 dropped in the reporting month, with 11 eligible patients and 6 of which passed. The composite process score (CPS) for Sepsis is currently 66.1%.

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.

Feb-24

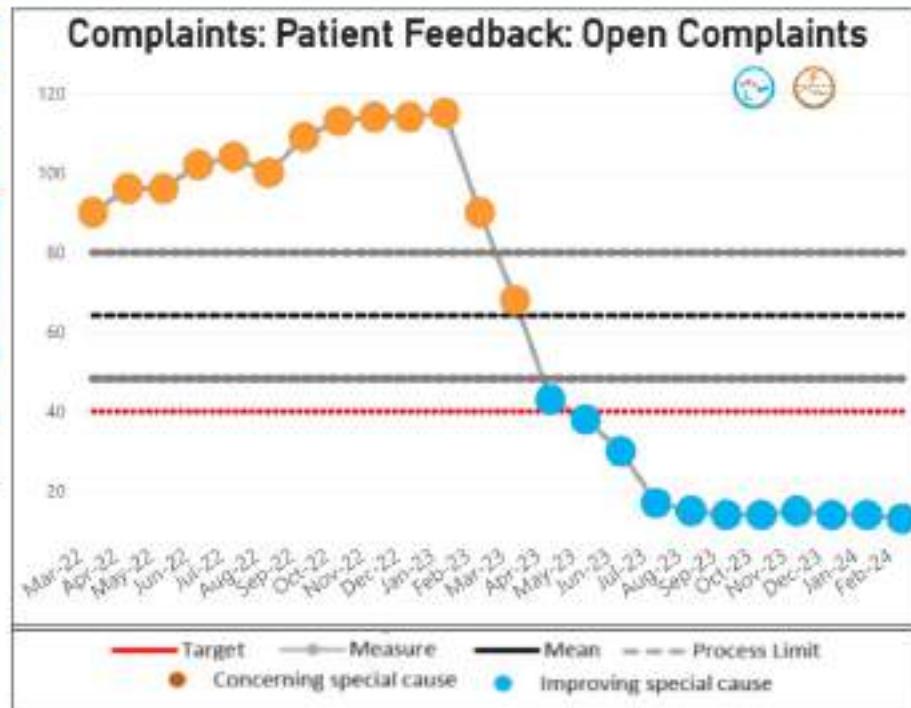
13

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 89% since the beginning of the year (115 to 13) 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 last 11 months, and we are going to continue at pace to ensure complaints have a timely closure and patients are left satisfied with the process.

Of the total open complaints, the top categories are Attitude (4), Communication (5) and Medical Care (2). In the last 30 days we have closed 3 complaints, which is lower than average we have seen for this metric subset, but is in line with the reduction in complaint volume, as well as complaints received by the Trust. The Trust has also seen a reduction in the total number of complaints, comparable to the Q4 of 2022/23 Financial year where we saw 56, our current positions are:

Q1 2023/24 - 14 Q2 2023/24 - 12 Q3 2023/24 - 19 Q4 2023/24 - 7

Highlights:

ED attendances decreased by 4% to 6640 compared to 6914 for the previous month. The trusts 4 hour wait performance remained static but continues to be very challenged, driven by admitted performance of 18%, however non-admitted performance did improve 2% to 60%

28 FDS standard continues to improve with validated performance for January at 73.1% which is an improvement of 7% from January and 15.7% improved from December. 31 day performance has dropped but remains above 90%. 62 day performance did deteriorate slightly due to festive period but remains in a strong position above the mean at 76.5%

Trusts DM01 position improved significantly in month up 7.3% driven by performance improvements across endoscopy and CRV modalities. Through the WLMDS submissions we are seeing a week on week improvement in performance and expect this trend to continue.

The trust continues to deliver against the 78 week RTT target, with a continued focus on delivering a 0 position for >65 week RTT patient by March 2024, with trust continuing to drive down long waiting volumes >52 weeks

Areas of Concern:

ED performance continues to be a concern across the KPI's. The Medical Inpatient Area opened 5th February with a planned closure on 13th March, during February this resulted in significant improvement in ambulance handover times >60 minutes, however it didn't result in improvements in the 4 hour and 12 hour standards.

Forward Look (with action)

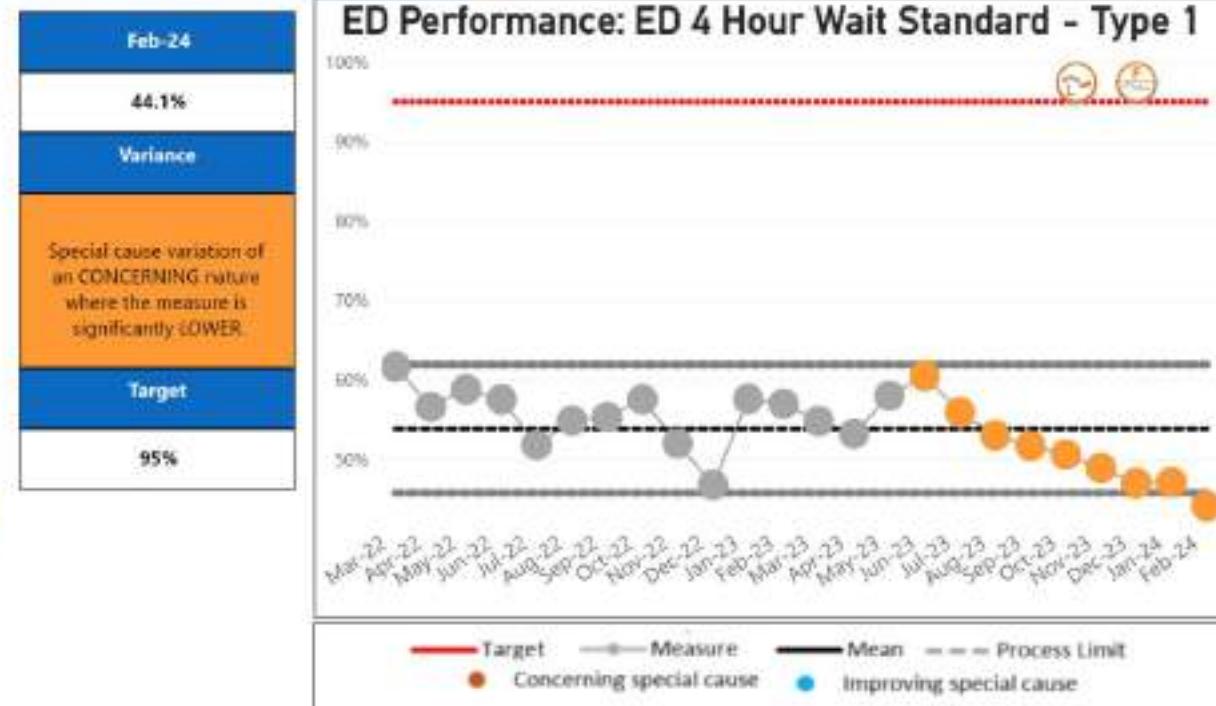
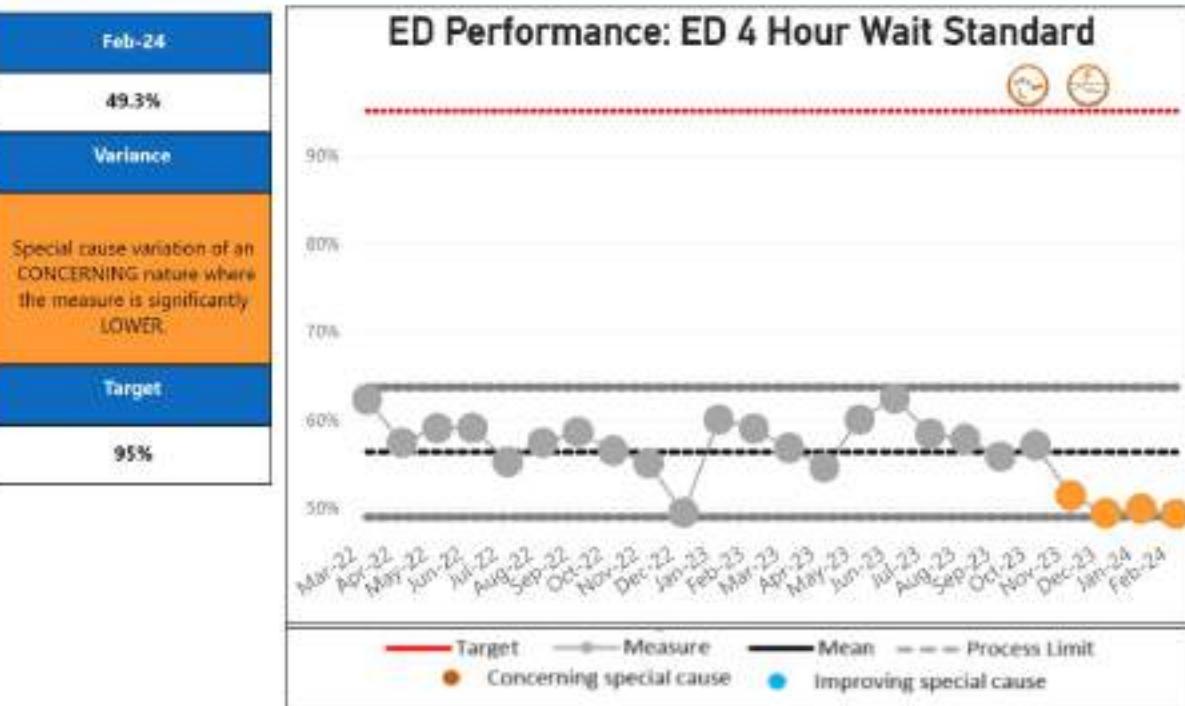
ENT and Ophthalmology insourcing to continue in March to support delivery of 0 >65 Weeks.

ED Improvement Programmes set-up with schemes of work expected to deliver tangible performance improvements across ED KPI's.

Introduction of 111 bookable slots to support UTC provision in alleviating ED congestion

Annual Planning discussions for 24/25 continue, activity plans have been developed with 1st draft submission completed in February. National guidance continues to be pushed back from expected release in December, with finance building budgets for budget setting from divisional activity plans.





In February, our ED attendances decreased by 4% to 6640 compared to 6914 for the previous month. Our average daily attendances in February was 228 compared to 223 for January. There remains variation within the number of daily attendances, the lowest day of attendances for the month was 196 and the highest day was 268 – there were 6 days within February where attendances were above 240. Our mean daily ambulance arrivals during February was 50, compared to 46 for the previous month. Our minimum daily ambulances was 36 and our highest daily ambulances was 65. Despite a more challenging month in terms of volume, we performed exceptionally well on ambulance handover and on occasions was number 2 in rankings. The Median time for Ambulance Handover for February was 12 minutes, compared to January which was 18 minutes. Previously we have experienced delays in Ambulance offloads due to poor flow out of the department which results in a congested ED and subsequent 60-minute breaches.

Overall 4 hour performance for February was 49% this has remained the same as the previous month. Admitted 4 hour performance was 18% which demonstrates the difficulties the organization is facing around flow out of the ED and into the inpatient bed base, previous month this was also 18%. Non admitted performance 60%, previous month this was 58%.

During February, there has been an increased focus on ambulance handover and strong engagement with North West Ambulance service. This is an ongoing piece of work and includes Fit2Sit implementation, monitoring of dual pin compliance and overall process and efficiencies relating to ambulance handover. We have also introduced an Ambulance Triage Nurse (ATN) to provide presence at the ambulance handover area, this will ensure smooth transfer of patients and drive the above workstreams. The department remained congested with Medical patients which directly impacts on our ability to operate as an ED. This was highlighted in our recent GIRFT visit and in response to this, we trialed a Medical Inpatient Admissions to support UEC Reset which, will allow Acute and Emergency Medicine to work differently during this period. The trial has eradicated corridor care entirely and as mentioned earlier, supported a much improved ambulance handover position.

There is a focus to improve our UTC service and there is a requirement to ensure all suitable Type 3 attendances are identified on presentation and sent to UTC. This has proven to be successful and on some occasions we have streamed up to 50 patients per day to UTC. From March we will introduce NHS 111 direct bookable slots which will also support the UTC provision.

As part of the continued optimisation of SDEC and in line with GIRFT recommendations, we now open SDEC at a slightly earlier time of 08:30AM. January was the busiest month since SDEC opened in December 2022. February seen a reduced in SDEC activity however this was expected due to patient cohort accepted in the Medical Inpatient Admissions area located within SDEC.

The latest National Comparator for this metric is 71.3% (Feb 23), type 1 was 55.4% nationally.

Feb-24

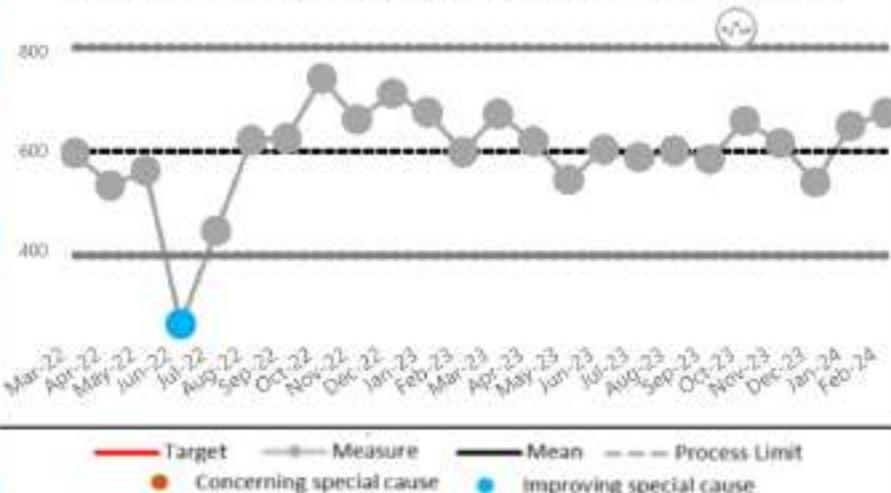
676

Variance

Common cause variation, NO SIGNIFICANT CHANGE

Target

12 Hour DTA Breaches: 12 Hour DTA Breaches



Feb-24

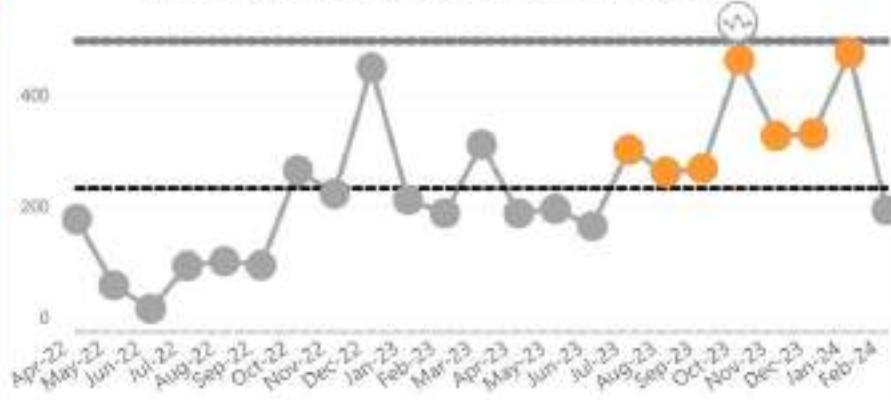
193

Variance

Common cause variation, NO SIGNIFICANT CHANGE

Target

Ambulance Handover: 60 minutes +



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.

Feb-24

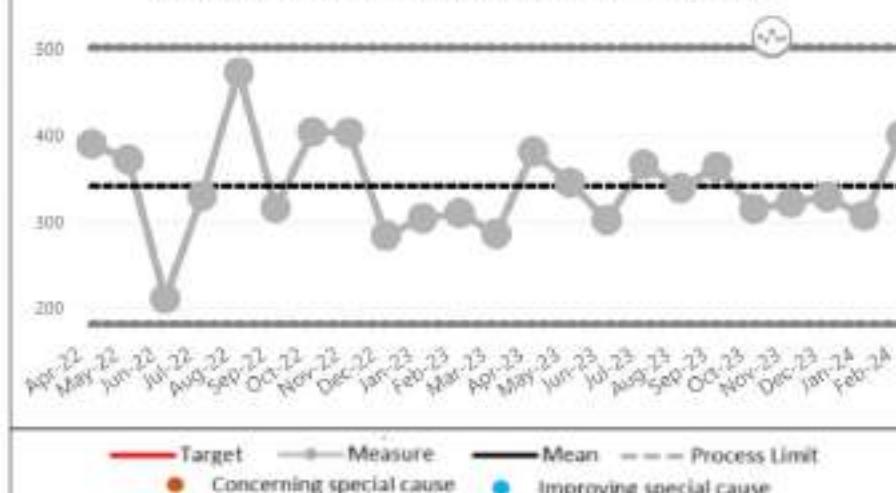
676

Variance

Common cause variation, NO SIGNIFICANT CHANGE

Target

Ambulance Handover: 30-60 minutes



Feb-24

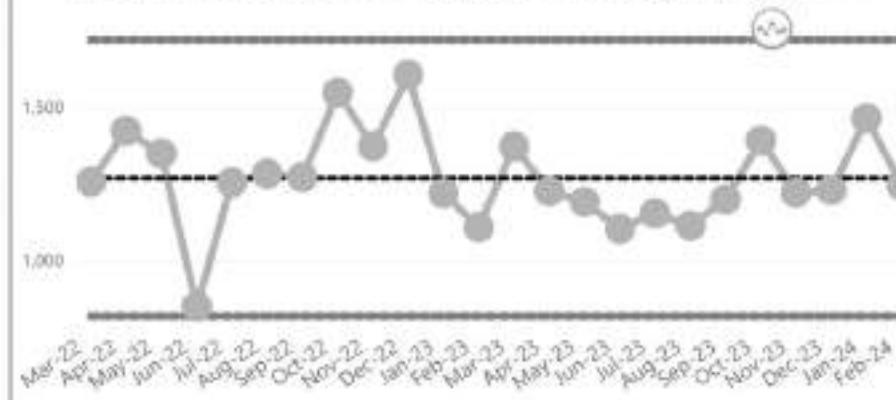
1245

Variance

Common cause variation, NO SIGNIFICANT CHANGE

Target

ED 12 Hours Waits: Patients Waiting 12 Hours +



Some trusts have a performance that naturally falls outside the Acceptance Criteria.

This is most likely the case for trusts providing specialist services (Type 2). In such situations these trusts might be included as exceptions.

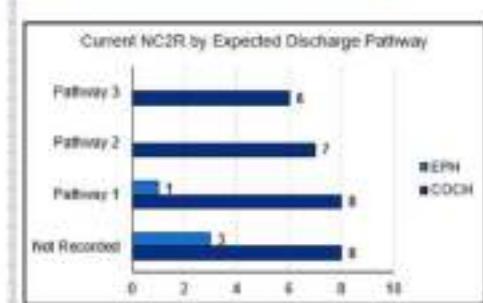
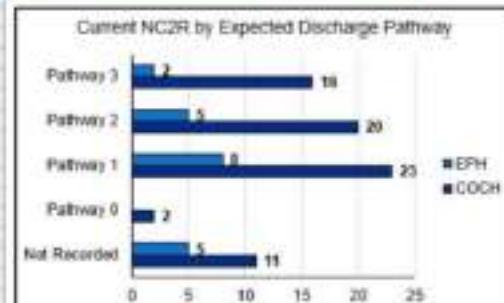
Code	System	Organisation Name	Number of providers submitting acceptable data	% of providers submitting acceptable data
National	England	ENGLAND	72	53.3%
RJR	NHS CHESHIRE COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	Acceptable	-	
RJN	NHS CHESHIRE EAST CHESHIRE NHS TRUST	Unacceptable	-	
REM	NHS CHESHIRE LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Acceptable	-	
RBN	NHS CHESHIRE MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	Acceptable	-	
RBT	NHS CHESHIRE MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	Unacceptable	-	
RWW	NHS CHESHIRE WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	Acceptable	-	
RBL	NHS CHESHIRE WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	Acceptable	-	
RMC	NHS GREATER BOLTON NHS FOUNDATION TRUST	Unacceptable	-	
RDA	NHS GREATER MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	Acceptable	-	
RMJ	NHS GREATER NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	Acceptable	-	
RWJ	NHS GREATER STOCKPORT NHS FOUNDATION TRUST	Acceptable	-	
RMF	NHS GREATER TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	Acceptable	-	
RRF	NHS GREATER WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	Unacceptable	-	
RXL	NHS LANCASHIRE BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	Acceptable	-	
RXJ	NHS LANCASHIRE EAST LANCASHIRE HOSPITALS NHS TRUST	Unacceptable	-	
RXN	NHS LANCASHIRE LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	Unacceptable	-	
RTX	NHS LANCASHIRE UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	Acceptable	-	

Date of discharge is same or Discharge Ready Date	Date of discharge is 1+ days after Discharge Ready Date	% of patients discharged after their Discharge Ready Date but discharged within -						Total bed days after Discharge Ready Date for patients discharged within -					
		1 day	2-5 days	6-10 days	11-15 days	16-20 days	21 days or more	1 day	2-5 days	6-10 days	11-15 days	16-20 days	21 days or more
86.4%	13.6%	33.3%	23.9%	16.3%	15.3%	5.5%	6.2%	-	-	-	-	-	-
90.2%	9.7%	14.4%	12.2%	12.2%	33.8%	9.4%	18.0%	20	40	82	427	210	964
-	-	-	-	-	-	-	-	-	-	-	-	-	-
83.3%	16.7%	30.1%	22.9%	15.1%	18.0%	4.4%	9.4%	227	415	541	1,258	547	2,845
91.8%	8.2%	19.3%	24.2%	14.8%	24.2%	9.4%	8.4%	57	178	212	556	467	1,171
-	-	-	-	-	-	-	-	-	-	-	-	-	-
85.4%	16.6%	18.5%	15.8%	17.4%	23.8%	34.3%	10.2%	49	103	223	575	623	943
88.3%	11.1%	21.6%	23.1%	17.9%	18.2%	7.6%	9.6%	63	173	239	476	367	786
-	-	-	-	-	-	-	-	-	-	-	-	-	-
88.8%	11.4%	23.7%	18.9%	15.1%	18.9%	7.9%	11.9%	175	332	692	1,247	976	3,985
94.2%	5.8%	24.4%	17.2%	16.8%	20.1%	5.0%	16.5%	68	137	238	516	236	1,538
-	-	-	-	-	-	-	-	-	-	-	-	-	-
79.9%	20.1%	31.6%	29.9%	17.6%	12.5%	3.6%	4.8%	131	296	343	471	240	910
95.2%	4.8%	24.6%	16.9%	20.0%	24.6%	7.7%	6.2%	16	27	65	145	84	126
-	-	-	-	-	-	-	-	-	-	-	-	-	-
88.3%	11.7%	32.1%	23.8%	16.9%	13.2%	5.9%	6.2%	93	170	242	404	200	663
78.2%	21.8%	21.7%	23.1%	18.9%	16.7%	9.6%	12.1%	95	240	333	648	204	2,002

Flintshire

Local Authority	Pathway	Count
Count of Local Patient Identifier	Column Labels	
New Labels	COCH	EPH Grand Total
Not Recorded	31	5
Pathway 0	2	3
Pathway 1	23	8
Pathway 2	20	5
Pathway 3	16	2
Grand Total	73	26

Local Authority	Pathway	Count
Count of Local Patient Identifier	Column Labels	
New Labels	COCH	EPH Grand Total
Not Recorded	3	3
Pathway 0	0	1
Pathway 1	1	1
Pathway 2	1	1
Pathway 3	0	0
Grand Total	29	4

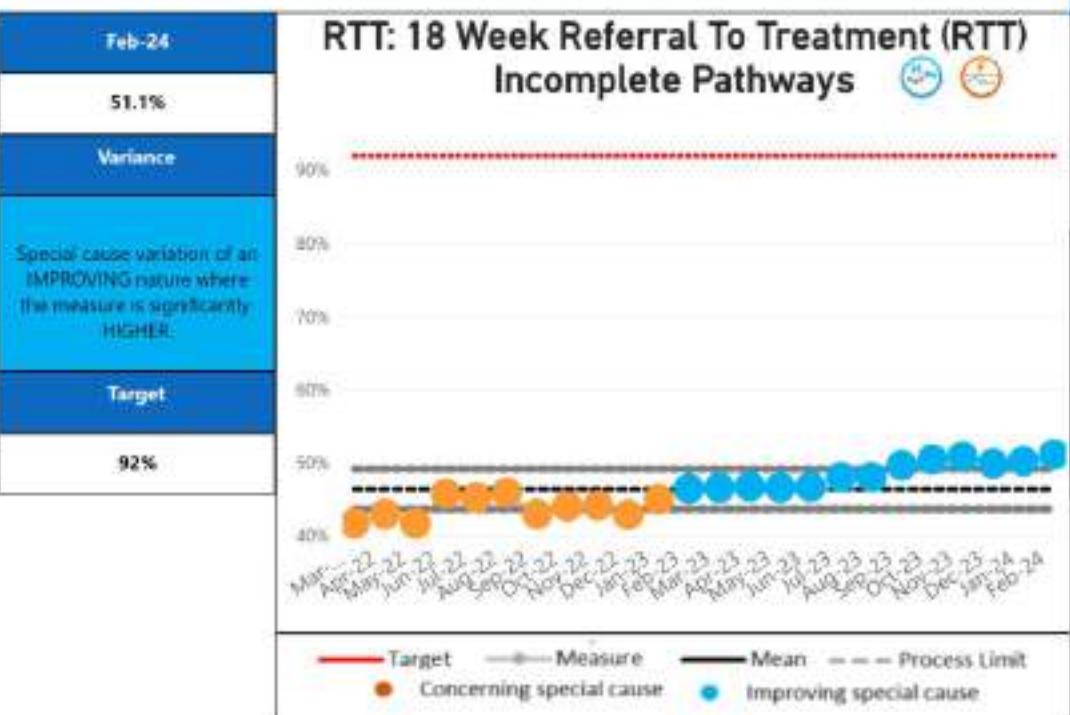


Discharge Ready Date Narrative

The table above shows our position measured against other Trusts in the North West, please note this is a return based on our SUS submission that is inclusive of patients not just inside our adult G&A cohort.

The table shows we have 9.7% of patients being discharged after their Discharge Ready Date, with the majority of these patients sitting in the 21 day or more bracket, showing there are significant delays which impacts on occupancy and performance.

The tables on the left show the current non-Criteria To Reside patients as of the 16th November 2023, further work will be implemented in the SOF to show Trust position against C2R metrics.



RTT Narrative

Overall performance at end of February delivered at 51.1% against 92% target, which is an improvement on the previous month's position. Waiting list size has marginally decreased by 180 to 31121 from 31121 in January. The number of patients waiting over 52 weeks has decreased significantly by a further 837 to 1637 in the same period.

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 March 2024**.

The latest National Comparator for this metric is 57.0% (Jan 24)

Feb-24

31301

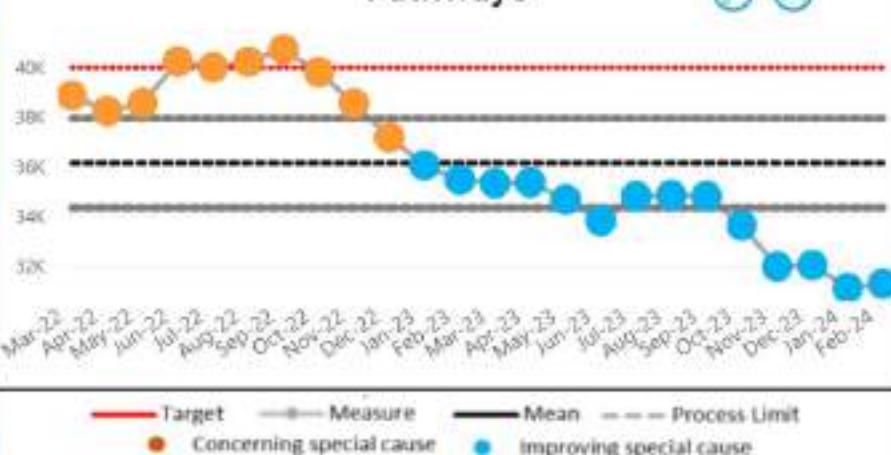
Variance

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

Target

40000

Waitlist Size: Total 18 Week RTT Incomplete Pathways



Feb-24

400

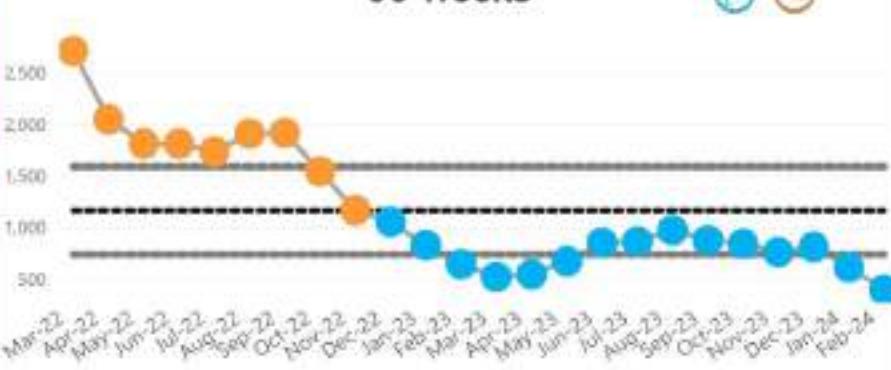
Variance

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

Target

0

Waitlist Size: RTT Incomplete Pathways Waiting Over 65 Weeks



Feb-24

1637

Variance

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

Target

0

Waitlist Size: RTT Incomplete Pathways Waiting Over 52 Weeks



Feb-24

0

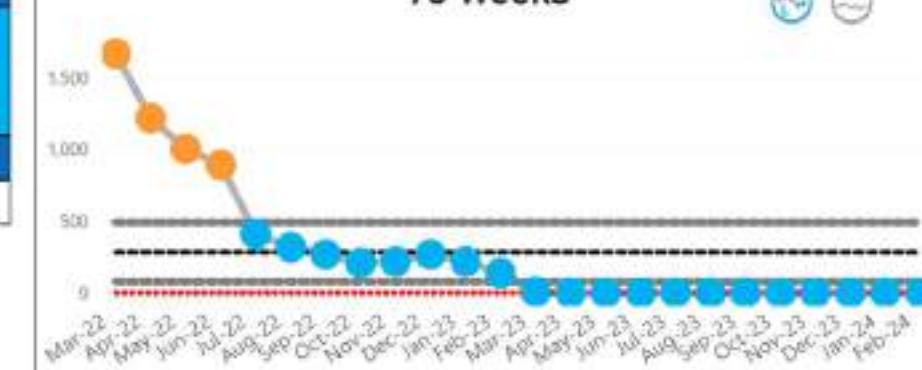
Variance

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

Target

0

Waitlist Size: RTT Incomplete Pathways Waiting Over 78 Weeks



Waitlist Size Narrative

The waitlist size continues to fall across almost all metrics. For Total RTT Incomplete Pathways, overall size remains consistent and is on an improving trajectory. For 52 week waiters, We observe consecutive points in a decreasing fashion or below the mean, showing we have made significant progress and the Trust continues to ensure that the overall pathway position remains in a decreasing fashion. For 78 week waiters, we remain below the Lower Control Limit and the Trust position is still reporting minimal pathways for this metric, as such there remains a special cause variation which shows improvement. Across all the metrics for waiting 52 weeks or more, we are now showing statistically significant improvement due to having 7 decreasing points or 7 points below the mean.

On the back of reporting 0 104 week waiters for most of the fiscal year, the 104 week graph has been removed and replaced with the 65 week breakdown. We will continue to monitor this metric closely with the intention of having 0 65 week waiters by March 2024.

Feb-24

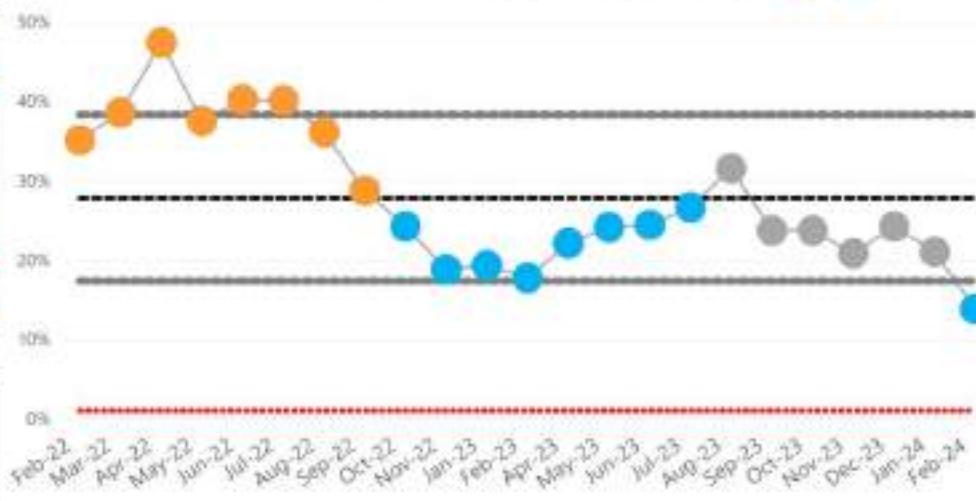
13.8%

Variance

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

Target

1%

Diagnostics 6 Week Standard: Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01) 

— Target — Measure — Mean — Process Limit
 ● Concerning special cause ● Improving special cause

English - Number of exams >6 weeks

Month End Snapshot	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Magnetic Resonance imaging	4	1	0	4	2	5	0	9	6	9	13	24	7
Computed Tomography	0	0	2	5	0	0	3	4	0	0	3	6	1
Non-obstetric ultrasound	14	15	5	18	2	4	9	7	3	8	15	13	9
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0
Audiology - Audiology Assessments	54	61	80	165	131	98	53	41	27	45	91	95	91
Cardiology - echocardiography	17	22	30	9	15	27	41	15	21	44	134	142	108
Respiratory physiology - sleep studies	14	12	13	7	10	31	62	55	70	78	85	59	5
Colonoscopy	347	357	381	441	456	530	619	519	546	515	486	381	248
Flexi sigmoidoscopy	134	157	177	186	191	173	143	91	68	41	43	18	7
Cystoscopy	169	184	181	189	185	197	237	206	184	126	97	43	32
Gastroscopy	78	150	185	203	237	310	426	396	489	414	420	374	259
Total patients waiting	4682	4763	4767	5097	5027	5174	5052	5428	5978	6159	5738	5508	5566
Total breaches	831	959	1054	1227	1229	1375	1593	1343	1414	1280	1387	1155	767
% > Threshold	17.7%	20.1%	22.1%	24.1%	24.4%	26.6%	31.5%	24.7%	23.7%	20.8%	24.2%	21.0%	13.8%

DM01 Narrative - Endoscopy

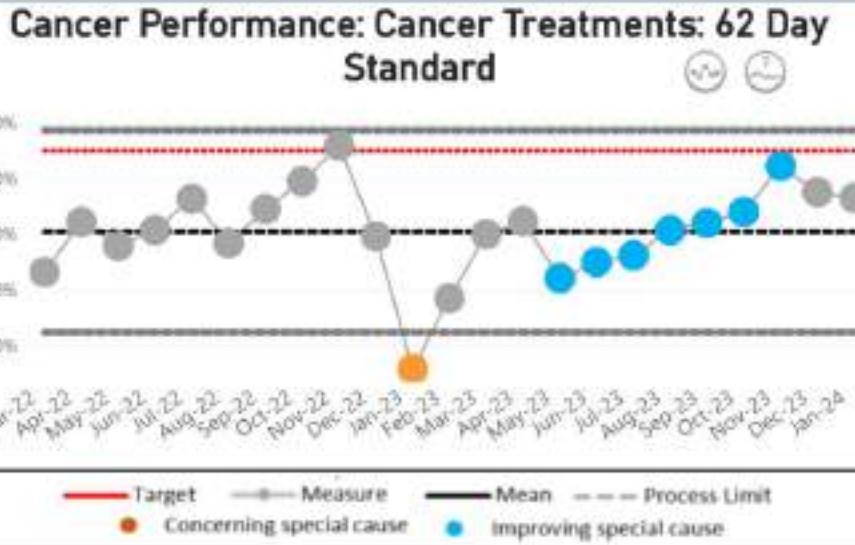
Endoscopy have completed a large validation exercise and now have a fully working PTL. As a result of this, our longer waiting and fast track patients had been prioritised for dates in recent months, which has impacted our ability to date all other patients within the 6 week target.

DM01 Narrative - Radiology

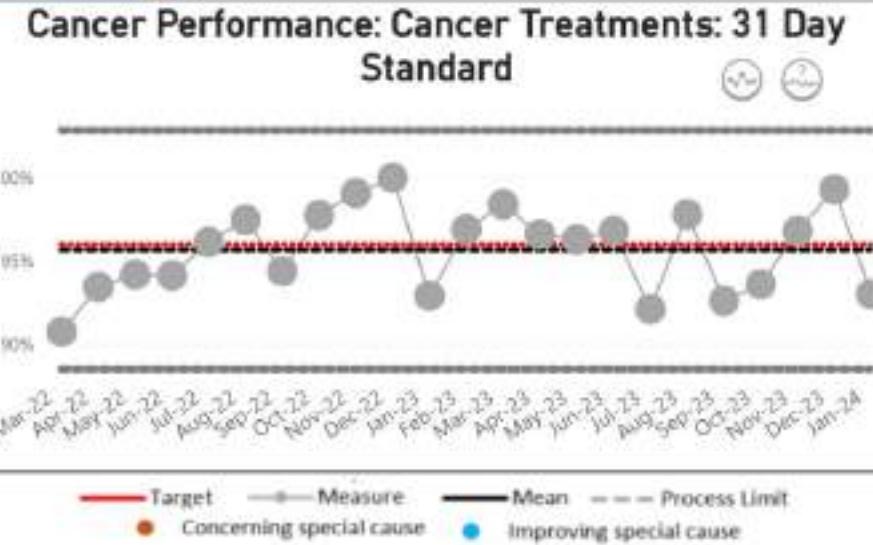
We're achieving DM01 due to careful rota management and a focus on bookings. We are expecting our work to continue as usual and our DM01 position will remain strong moving forward.

The latest National Comparator for this metric is 26.2% (Jan 24)

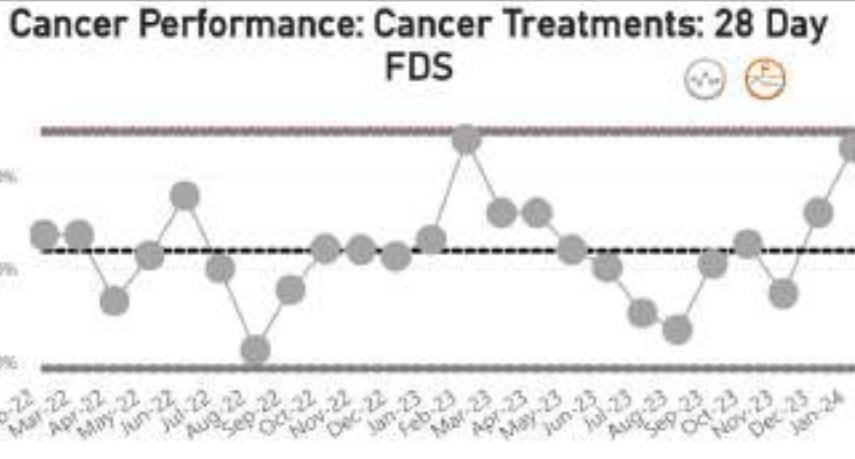
Jan-24
76.5%
Variance
Common cause variation, NO SIGNIFICANT CHANGE



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



Jan-24
73.1%
Variance
Common cause variation, NO SIGNIFICANT CHANGE



Cancer Narrative

The Cancer 31 Day standard has dropped below the mean and target respectively. The Cancer 62 day standard has slightly decreased since last month but remains above the mean, we were now showing a statistically significant increase of 7 points in a row for this metric. The Cancer 14 standard has been removed after being scrapped nationally Cancer FDS has been added and shows statistical significance in the 9 months from Oct-22 to Jun-23 and had dropped below the mean in recent months, we have returned above the mean in the current position currently and this months shows our 2nd best performance in the reporting period.

The latest National Comparator for the Cancer 62 Day Standard is 62.3% (Jan 24)

The latest National Comparator for the Cancer 31 Day Standard is 87.5% (Jan 24)

The latest National Comparator for the Cancer 28 Day Standard is 70.9% (Jan 24)

Highlights:

Turnover continues to perform below 10% target at 8.3%

Sickness absence continues on the same trajectory over the winter period, at 6.2% but we expect this to come down in future months.

Stress and Anxiety remains the highest sickness reason

Mandatory Training continues to improve 87.2%

Appraisal compliance also improved to 75.8%

Agency shifts for Nursing continues to reduce with 1107 less shift than previous 12 months – spend at 2.8% of pay bill

Agency spend is significantly reduced with £10825k less spent than same period last year

Areas of Concern:

Sickness has continued to increase, with LTA increasing with season illness and stress the main factors

Forward Look (with actions):

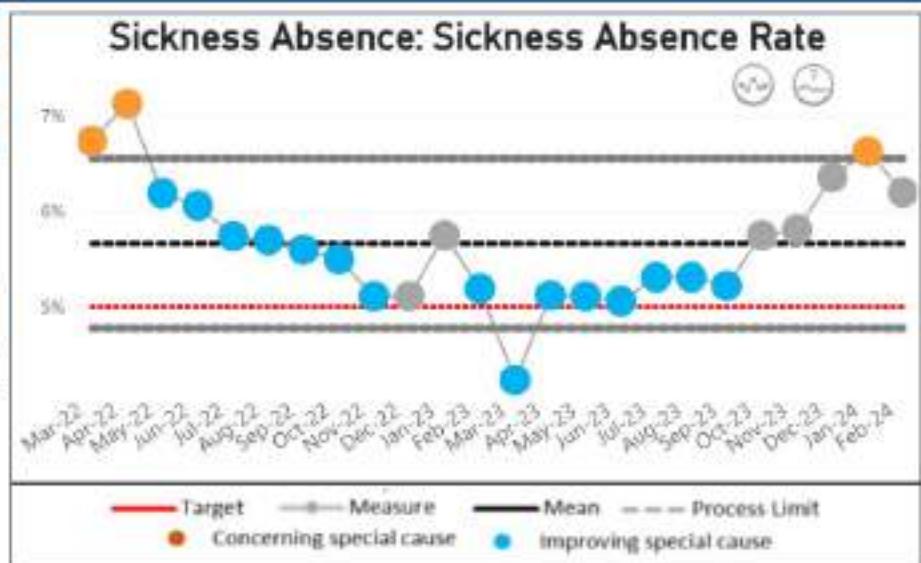
Appraisal process is currently under review – aim to increase compliance

Processes in place to monitor sickness and gain improvement

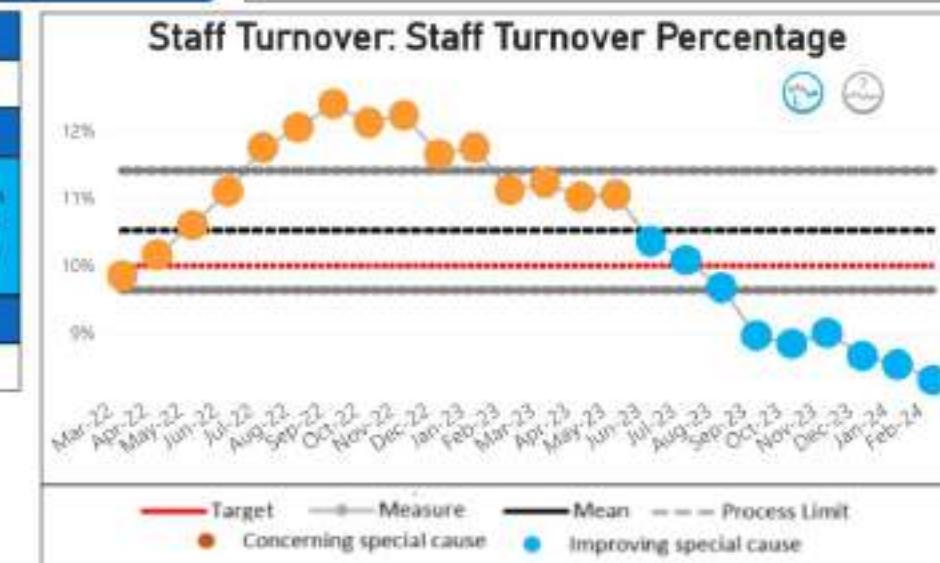
Wellbeing Information and hub due to open



Feb-24	6.2%
Variance	
Common cause variation, NO SIGNIFICANT CHANGE	
Target	5%



Feb-24	8.3%
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	7.59%
Additional Clinical Services	9.42%
Administrative and Clerical	11.11%
Allied Health Professionals	7.31%
Estates and Ancillary	7.87%
Healthcare Scientists	11.28%
Medical and Dental	6.33%
Nursing and Midwifery Registered	6.05%
Trust Rate	8.30%

Sickness Narrative

Sickness absence decreased in February to 6.2% reducing after a run of four increasing months in succession. The top 3 reasons for absence remain: Stress & Anxiety, Cold, cough, flu; Other musculoskeletal problems. This equates to 4028.57 FTE days lost which is 51.2% of all Trust sickness absence. Stress and Anxiety has increased to 28.5% of all sickness absence but this is countered by an decrease in Cold, Cough, Flu at 14.0% of all sickness.

Short Term Absence

- Short term accounts for 2.16% in February
- For week ending 25/02 the trust recorded 5.38% weekly absence

Long Term Absence

- At 4.05% Long Term has significantly increased and remains high
- Stress and Anxiety remains highest reason, this is an NHS Wide issue.

Staff

At 8.30% for February the Trust Turnover rate continues to trend below target since July-23. The rate based on FTE is below target at 8.08% showing - as a Trust - the workforce remains more stable, retaining employees, skill and knowledge.

There are 2 staff groups remains above target: Admin and Clerical (11.11%) and Healthcare Scientists (11.28%).

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

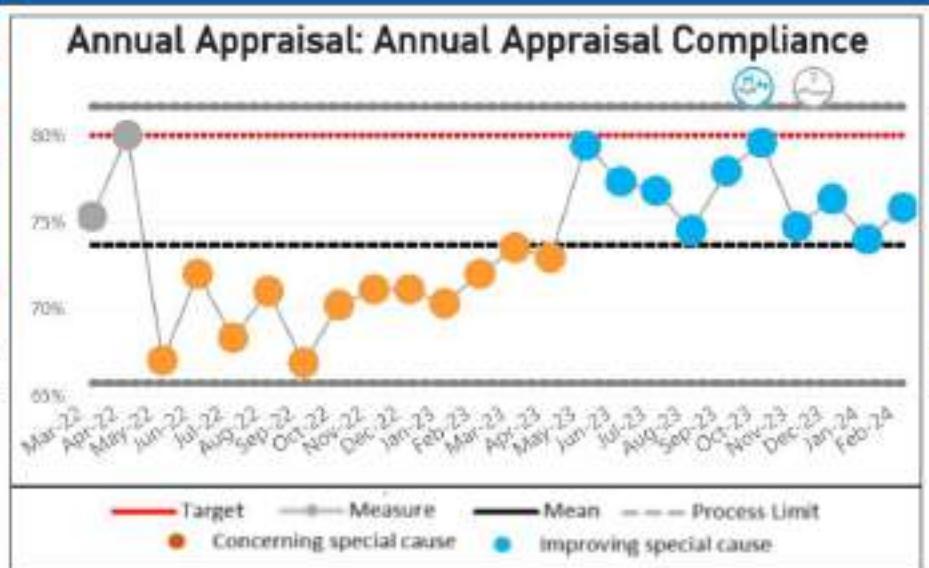
Sickness Narrative

There are also several initiatives are 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 absence is improving, however areas of concern remain and ultimately the Trust remains significantly above target. EDG is presented with weekly absence figures for monitoring, and this will continue. Work continues in HR with Managers to reduce absence and bring back within target, particular focus on LTA. A weekly absence report is provided to Exec Team for more calculated decision making.

Feb-24	75.8%
Variance	
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	
Target	80%
80%	



Feb-24	87.2%
Variance	
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	
Target	90%
80%	



Appraisal Narrative

Appraisal compliance increased in February to 75.8%, failing against the target of 80%, which remains aspiring to be above 90%. This new target assumes various factors to provide a more realistic aspiration for the Trust.

As a Trust there plans are being created to increase compliance for Appraisals, in conjunction with the HRBP team and the Divisions.

The introduction of the new Appraisal target alongside the new shorter appraisal form has improved compliance but more focused worked is needed. Compliance continues to be strictly monitored and teams are encouraged to complete appraisals timely.

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

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

Appraisal Table February 2024

Position	Division	Compliance
1	Finance & Performance	80.00%
2	Women's & Children's	85.81%
3	Planned Care	81.50%
4	Diagnosis & Pharmacy	81.50%
5	Therapies & Integrated Community Care	79.00%
6	Logistics	81.50%
7	Human Resources	73.21%
8	MT	68.00%
9	Waste Management	50.00%
10	Facilities & Estates	50.00%
11	Corporate Non Clinical	45.00%
12	COCH & WUTH Collaboration	50.00%
Total		75.8%

Mandatory Training Narrative

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

Trust compliance has improved slightly in January up from 87.10% to 87.20%. This starts the year with our highest compliance to date, edging closer to target which was revised in line with the People Strategy and is now set at above 90%.

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

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

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

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

Mandatory Training Table February 2024

Position	Division	Compliance
1	Therapies & Integrated Community Care	85.79%
2	Diagnosis & Pharmacy	85.76%
3	MT	92.88%
4	Finance & Performance	85.71%
5	Women's & Children's	85.13%
6	Estates & Facilities	80.00%
7	Urgent Care	78.29%
8	Planned Care	68.83%
9	COCH & WUTH Collaboration	50.00%
10	Waste Management	50.00%
11	Human Resources	45.45%
12	Corporate Non Clinical	51.51%
Total		87.10%

Local Induction Table February 2024

Position	Division	Compliance
1	Therapies & Integrated Community Care	85.79%
2	Diagnosis & Pharmacy	85.76%
3	MT	92.88%
4	Finance & Performance	85.71%
5	Women's & Children's	85.13%
6	Estates & Facilities	80.00%
7	Urgent Care	78.29%
8	Planned Care	68.83%
9	COCH & WUTH Collaboration	50.00%
10	Waste Management	50.00%
11	Human Resources	45.45%
12	Corporate Non Clinical	51.51%
Total		84.43%

Feb-24

152

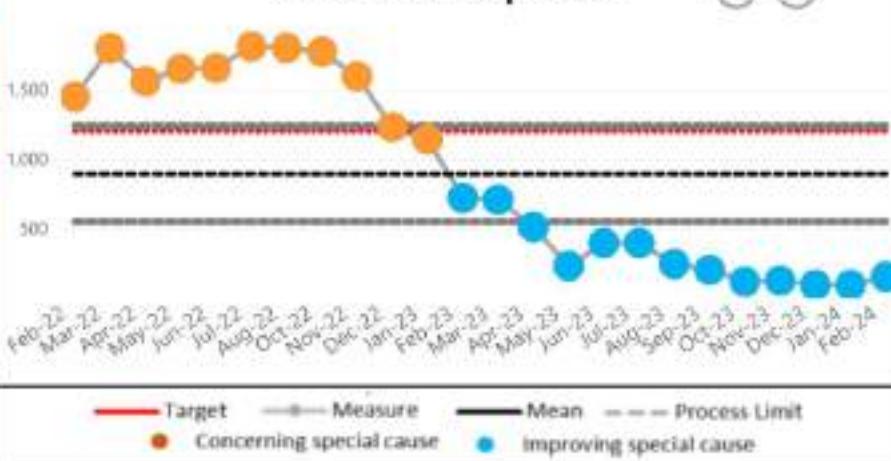
Variance

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

Target

1200

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



Feb-24

220

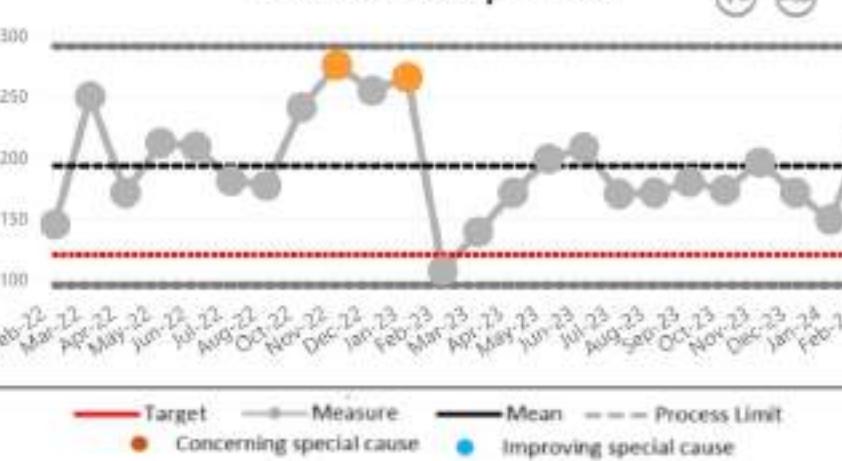
Variance

Common cause variation, NO SIGNIFICANT CHANGE.

Target

120

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



Cap Rates Narrative

Medical & Dental - Month 11 shows 220 Medical shifts above cap rates. A difference of +113 from the previous year.

Nursing & Midwifery - In relation to Nursing shifts, 220 shifts were approved in Month 11 and 152 were above the cap. A difference of -567 from the previous year.

Other reduction in Agency - For M11 'Other' agency shifts 401 were approved reducing by 296 on previous year. 104 were above cap or off framework. There were 239 HCA shifts and 42 Admin shifts via Agency.

Feb-24

401

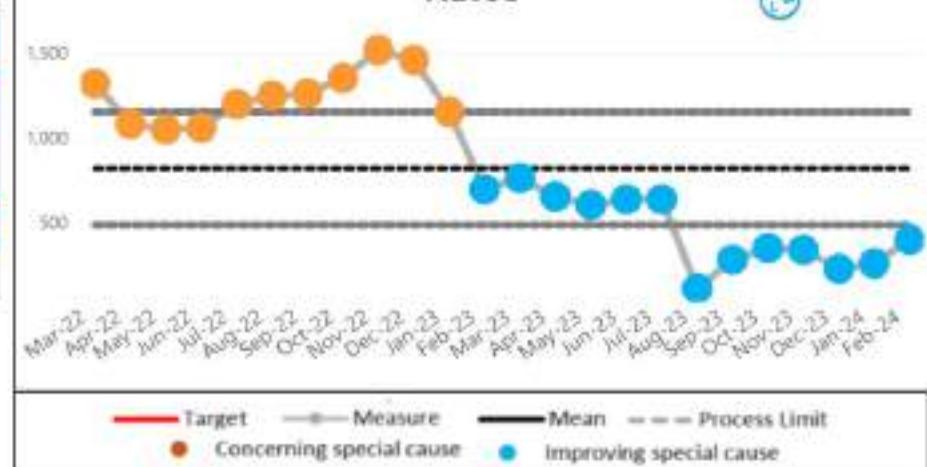
Variance

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

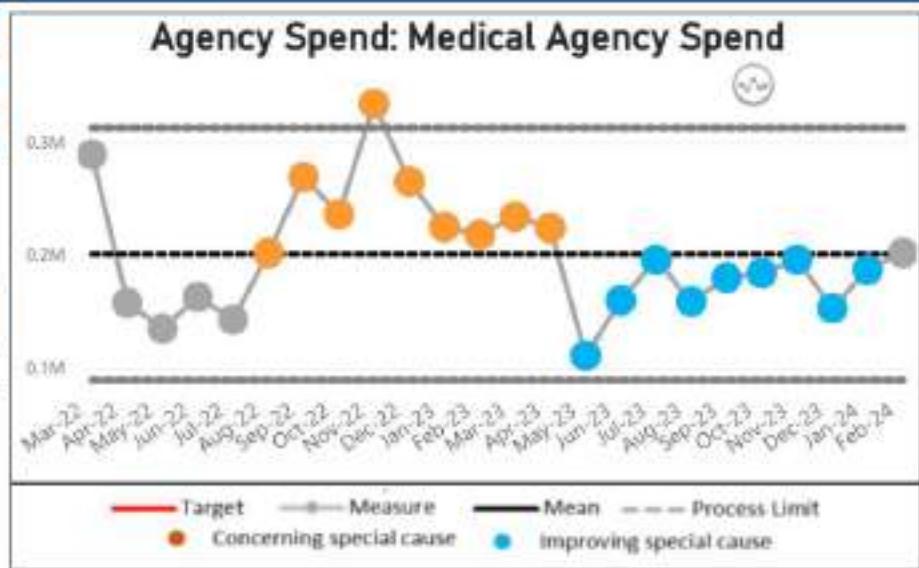
Target

120

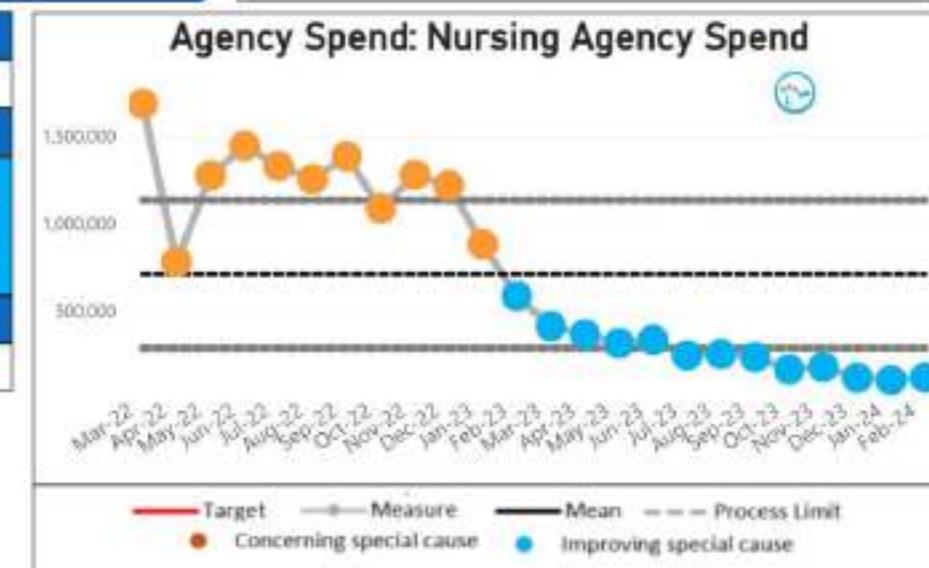
Cap Rates: Other Reduction in Agency Shifts over Cap Rates



Feb-24	202000
Variance	
Common cause variation, NO SIGNIFICANT CHANGE	
Target	1200
1200	



Feb-24	119000
Variance	
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	
Target	120
120	



Agency Spend Narrative

Medical Agency Spend - Agency medical expenditure is £1928k, which is 2.7% of the total medical spend.

Nursing Agency Spend - Agency nursing expenditure is £2425k which is 2.7% of total nursing spend.

Staff Group	Agency Spend YTD to M23	Total Pay Group Spend YTD to M23	% Agency
Medical	2000k	75,452	2.7%
Nursing	2,425k	86,448	2.7%
PA's / P10	700	31,732	2.1%
Admin & Clerical	325	26,944	1.2%
Other	-	12,367	0.8%
TOTAL PAY	£5,512	£206,275	2.4%



Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	81.95
Of which Registered Midwife Vacancy WTE	17.71
Of which Registered Health Visitor Vacancy WTE	0.88
Of which Advanced Care Practitioner Vacancy WTE	0.90
Total Qualified AHP Vacancy WTE	16.78
Of which Qualified Physiotherapist Vacancy WTE	0.00
Of which Qualified Occupational Therapist Vacancy WTE	0.00
Qualified Art / Music / Drama Therapy Vacancy WTE	0.00
Qualified Dietitian Vacancy WTE	0.87
Qualified Radiographer Vacancy WTE	0.95
Qualified Operational Department Practitioners Vacancy WTE	7.17
Qualified Orthoptics/Optics Vacancy WTE	0.82
Qualified Prosthetics and Orthotics Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	9.11
Qualified Radiography (Therapeutic) Vacancy WTE	0.66
Qualified Speech & Language Therapy Vacancy WTE	0.00
Of which Qualified Paramedic Vacancy WTE	0.00
Total Medical/Therapeutic Vacancy WTE	63.35
Of which Medical/Dental Consultant Vacancy WTE	21.52
Support to Clinical Staff Vacancy WTE	112.27
Of which Support to Nursing & Midwifery Vacancy WTE	107.86
NHS Infrastructure Vacancy WTE	94.83
Total Vacancies	381.86
Budgeted FTE Total	6750.54
Trust Vacancy Rate	8.94%

Agency Spend by Staff Group	18/29	38/25	21/22	32/29	28/24	Weighted time proportion for year
Admin & Clerical	£ 36,632	£ 351,518	£ 342,785	£ 1,001,311	£ 313,037	£ 563,868
Medical	£ 2,186,910	£ 2,099,681	£ 2,184,540	£ 2,549,017	£ 1,817,834	£ 2,189,003
Nursing	£ 423,650	£ 334,098	£ 334,980	£ 12,984,010	£ 2,426,899	£ 2,645,832
Allied Health Professional	£ 173,607	£ 96,615	£ 20,588	£ 302,031	£ 110,389	£ 187,467
Health Care Sciences	£ 121,831	£ 69,039	£ 301,314	£ 307,751	£ 150,208	£ 160,224
TOTAL	£ 2,975,994	£ 1,793,412	£ 31,271,094	£ 3,276,722	£ 3,271,538	£ 6,976,063
Total Pay Wk	£ 179,577,000	£ 208,377,000	£ 231,694,000	£ 262,146,000	£ 236,390,000	
Agency spend as a % of total Pay Wk	1.7%	2.8%	4.9%	4.9%	4.9%	

Performance Issue:

To not exceed £4.576m agency expenditure ceiling.

Total agency spend from April to January is £5572k. (£17,025k was spent in the same period last year).

Staff Group	Vacancies WTE	Vacancy Rate
Adv/Pf Scientific & Technic	7.41	0.06%
Additional Clinical Services	112.21	15.03%
Administrative and Clerical	49.71	1.48%
Allied Health Professionals	35.70	1.62%
Estate and Facility	44.33	15.17%
Healthcare Sciences	5.41	0.72%
Medical and Dental	83.70	15.64%
Nursing and Midwifery Registered	211.86	16.27%
Total	381.86	8.94%

KPI	RAG Rating	Comments
I&E distance from target (cumulative)	●	The Trust has an adverse variance to plan of £0.1m (£23.1m deficit against £23.0m planned deficit). This includes cost of December to February industrial action (with some income received in relation to it)
CIP	●	CIP is £1.6m behind plan at month 11 (£17.4m delivered against planned delivery of £19m). Against the £20.8m annual target, £18.7m has been achieved, and £2.1m identified but not yet delivered. Of the savings delivered, £10.6m (51%) are recurrent
Capital Expenditure	●	Capital expenditure is in line with plan
Cash in bank - £'000	●	The month 11 cash position is £12.6m, compared to £22m in January (cash support approved for the remainder of the year)
Liquidity (days)	●	The Trust has the equivalent of 13 days cash in the bank
Better Payment Practice Code (number)	●	86% of invoices (Year to Date) were paid within 30 days (compared to 95% national target). Prior month 85.3%. In month performance 93.7%
Better Payment Practice Code (value)	●	88.1% of invoices (Year to Date) were paid within 30 days (compared to 95% national target). Prior month 87.3%. In month performance 94.5%

Areas of concern:

Pay expenditure is £1.6m overspent against plan. The overspend is driven by pressures in nursing and medical budgets which is in part due to escalation beds being open and costs associated with delivery of urgent care activity. Additional costs have been seen in month 11 relating to the trial 'firebreak' in Urgent Care.

Non-pay expenditure is £1.7m overspent against plan, with pressures around drugs, building and engineering and utility costs (gas and electricity). Non delivery of CIP equates to £1.6m at month 11, which is a key driver of the Trust's adverse financial performance (£17.4m delivered against planned delivery of £19m). Against the annual £20.8m target, £18.7m has been achieved of which £10.6m is recurrent (51%).

Forward look

Overspending budget holders have been asked to produce formal plans on recovering their 23/24 financial position by mid-January. These are being collated and will be shared once this is completed.

Work has started on 24/25 business planning, including activity and workforce planning. This will include identification of efficiency schemes for 24/25. It is also planned to start producing specialty level contribution reports which will look at income and costs by specialty and as such the contribution made to Trust overheads (from April 2024).

Highlights:

The financial performance for January 2023 (Financial year 2023/24) is a year-to-date deficit of £23.1m against a planned £23.0m deficit, an adverse variance against plan of £0.1m. This position includes costs associated with anticipated the December to February junior doctor industrial action. The month 11 position is an improvement of £3.5m from month 10 due to the additional anticipated income in relation to the Welsh contract and central funding to partially offset costs associated with industrial action. There has also been a further review of balance sheet provisions to non-recurrently support delivery of the financial plan.

Forecast:

At month 11 the Trust is forecasting to deliver a deficit of £25.2m, which is in line with the planned financial deficit. The forecast reflects central income received in relation December – February industrial action costs (although income only partially covers the costs incurred). The forecast also assumes Maternity Incentive Scheme clawback, although discussions are ongoing around this. There are a number of risks around delivery of the financial plan including the trial 'firebreak' for Urgent Care, higher than anticipated levels of flu and covid (with associated costs), higher costs for insourcing and managing patient activity.

Feb-24

86%

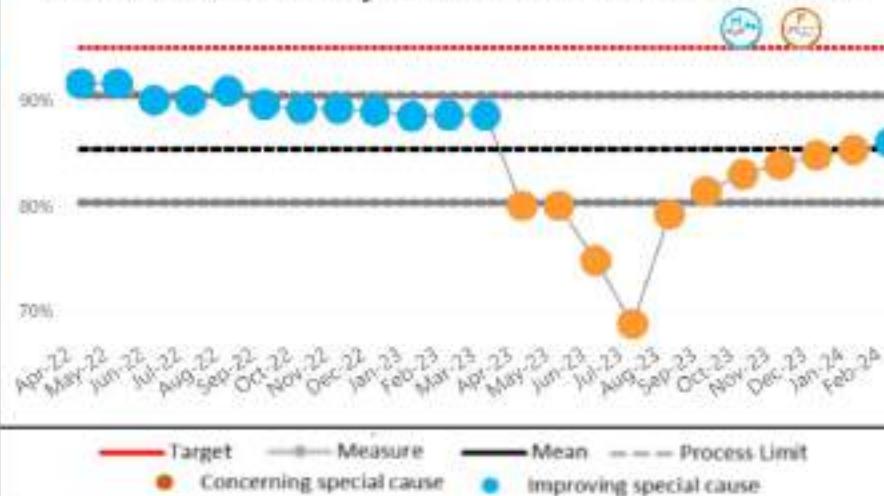
Variance

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

Target

95%

Code (%): Better Payment Practice Code (number)



Feb-24

88.1%

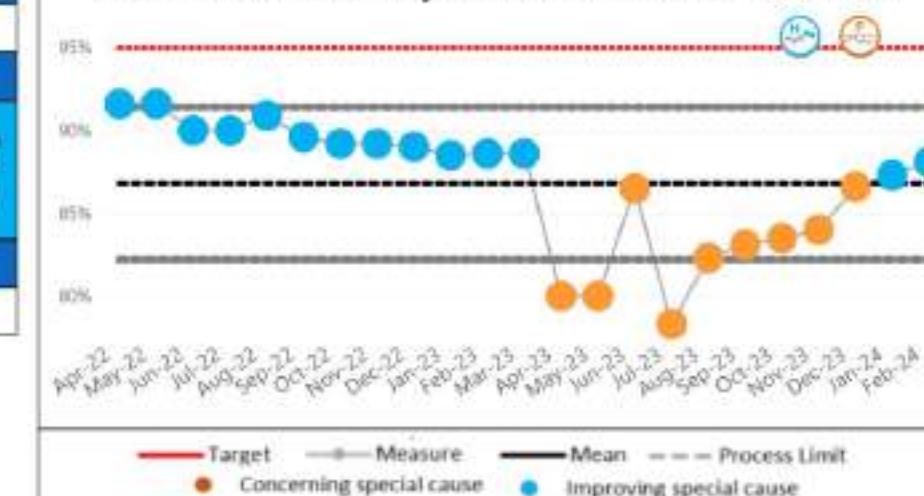
Variance

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

Target

95%

Code (%): Better Payment Practice Code (value)



COCH SOF - What is an SPC Chart?

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

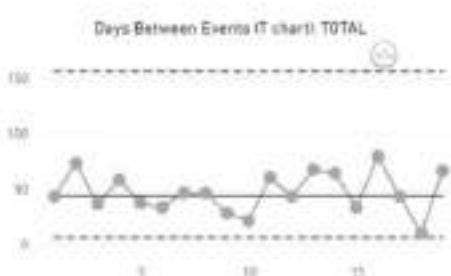
After a sustained change, a recalculation may be added. This splits the chart with the mean and process limits calculated separately using the data before and after the recalculation. This gives a more accurate reflection on the system as it currently stands to allow for further variation to possibly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

Baselines

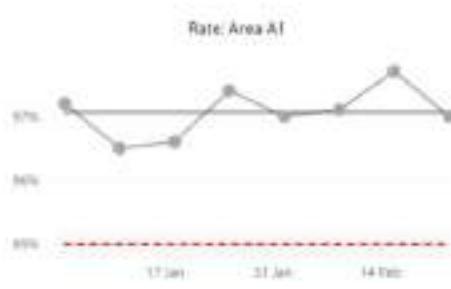
Baselines are commonly set as part of an improvement project, which are shown with solid line process limits. The mean and process limits are calculated from the data in this period and fixed in place for the data points afterwards. This will more easily show if a change has occurred. If a recalculation 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](#).



T chart & G chart
If you have rate 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.



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.



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.

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.

Purple dots

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

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

XmR chart

The most common SPC chart type is the XmR chart. 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

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. This gives a more accurate reflection on the system as it currently stands.

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.

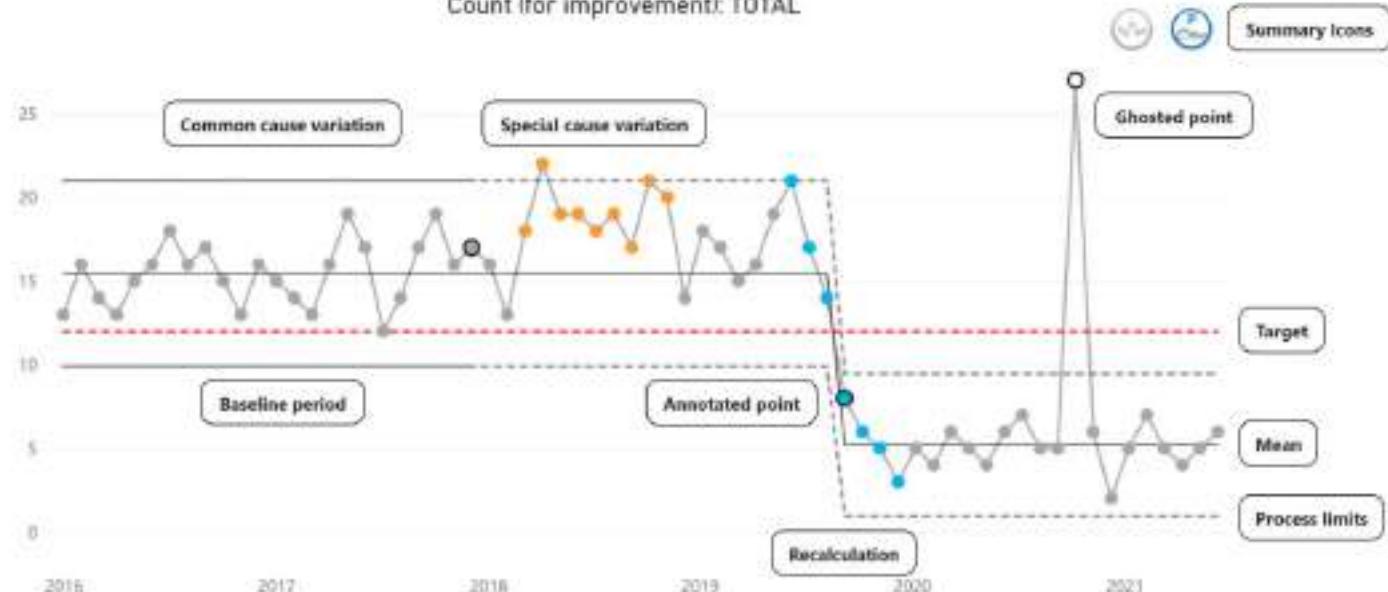
Ghosting

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.

Count (for improvement): TOTAL



Not enough data points?

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

Purple dots

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

Rate: Area A1



Count (for monitoring): TOTAL



Assurance

Variation



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



Common cause variation, **NO SIGNIFICANT CHANGE**.
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 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 is capable and will consistently **PASS** the target if nothing changes.



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.

COCH SOF - SPC Variation Icon Explanation

Metric	Search	Select all	4MMR	Number of Women giving birth	Number of Live Births (All Babies)	Self	Registered Staffing %	Total Number of Women experiencing a Caesarean Section	Number of Maternal Deaths	Unregistered Staffing %	Incident Reporting
Group:											
<input checked="" type="radio"/> Search											
<input type="checkbox"/> Select all											
<input type="checkbox"/> 12-Hour DIA (breaches)											
<input type="checkbox"/> 10 Week Referral To Treatment (RTT) (incomplete pathway)											
<input type="checkbox"/> 20-60 Minutes											
<input type="checkbox"/> 60 Minutes +											
<input type="checkbox"/> All locations											
<input type="checkbox"/> Annual Appraisal Compliance											
<input type="checkbox"/> Better Payment Practice Code (number)											
<input type="checkbox"/> Better Payment Practice Code (value)											
<input type="checkbox"/> Birth											
<input type="checkbox"/> Birth in Co-located MU											
<input type="checkbox"/> Cancer Treatments: 14-Day Standard											
<input type="checkbox"/> Cancer Treatments: 28 Day POS											
<input type="checkbox"/> Cancer Treatments: 31 Day Standard											
<input type="checkbox"/> Cancer Treatments: 62 Day Standard											
<input type="checkbox"/> Cancer Reg 26 made directly to trust											
<input type="checkbox"/> Diagnostic Test Exceeding 8 Weeks Waiting Time (dMOT)											
<input type="checkbox"/> Divergent											
<input type="checkbox"/> Escalation											
<input type="checkbox"/> ED-4 Hour Wait Standard											
<input type="checkbox"/> ED-8 Hour Wait Standard - Type 1											
<input type="checkbox"/> Total											
Improvement	2	7	9	7	25						
			1	4							5
		3	6	5	7						20
Common Cause		18	2	22	42						
		18	2	22							42
Concern			2	4							6
				4							4
				2							2
Neither											
Empty				8							8
					8						8
Total	2	25	13	41	81						

