Trust Improvement Programme 2022/23

April Update – March Highlight Reports

NHS
Countess of Chester Hospital
NHS Foundation Trust

Highlight Report – Achievements in Previous Month

NHS Countess of Chester Hospital

Improvement Theme / Executive Leadership	Workstreams	Key Progress
Regulatory Requirements SRO: Dir of Nursing	• CQC Well Led Action Plan • CQC Report Action Plan	• Refresh of both action plans and associated governance processes completed during March 2023. • Roll-out and communications and engagement activities to follow during April.
Clinical Quality & Safety (Group 1) SRO: Director of Nursing	• Complaints • Safe Staffing	• Currently 70 open complaints. • 40 working day timeframe resumes from 1st April 2023. • Training needs analysis completed for Complaints Team – training programme has commenced and due to complete by September 2023. • Monthly Q&S meeting and weekly Complaints and SI meetings in place. • Annual audit programme in place and findings to be included in the Annual complaints assurance report. • Agency spend in month reduced to £540k (average spend to maintain escalation £0.5m). Further reductions in RN and HCSW agency usage. Agency only utilised in agreed escalation areas.
Clinical Quality & Safety (Group 3) SRO: Medical Director	• Clinical Vision	• ECIST has agreed to support Trust for another three months. After discussion with COO - areas of focus agreed as Site management and Clinical Vision. • Review of Type 3 data/activity to ensure accurate capture/reporting of all UTC/STAR patients within this category has identified variation in process for staff managing patients within Cerner, correct process has been confirmed and is being followed within the department. • New ED LIVE Dashboard in PowerBI - OCMs, Execs On call, Coordination Centre staff to use. • Coordination Centre using Synpase Patient Flow dashboard. • IPC project - new 'Isolation Reason' has been added to all Base Wards and SDEC TeleTracking ward screens.

Agency usage (in hour by month)	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of Registered shifts	20,027	19,205	19,090	17,055	13,227	11,883	7,469
Number of Unregistered shifts	12,024	10,157	10,798	10,519	10,104	8,146	3,427
Total Agency Hours	**32,051**	**29,362**	**29,888**	**27,574**	**23,331**	**20,029**	**10,895**

Highlight Report – Achievements in Previous Month

NHS Countess of Chester Hospital NHS Foundation Trust

Improvement Theme / Executive Leadership	Workstreams	Key Progress
People and OD SRO: Director of HR & OD	• Staff Experience • ED&I • Workforce Planning and Recruitment • HR Target Operating Model	• Following lifting of staff survey data embargo , three corporately led objectives have been agreed. Divisions have reviewed their data and identified local action plans, which will be reviewed at OMB 23rd April 23. Wellbeing strategy and steering group established. New Wellbeing Hub to be created, and Wellbeing Manager to commence post in June. • EDI vacancy interviews have been held and an offer made to the successful candidate - awaiting confirmation of appointment. Establishing the ED&I metrics forms a key part of the overall ED&I strategy. A data quality review to establish a true picture of current reporting capability is in draft and will be completed by the end of Apr-23. • Workforce Operational Planning processes (5 Year) completed as final submission following final triangulation with finance and signed off budget, awaiting ICB confirmation of acceptance. Workforce data dashboard continuing to progress - working as part of C&M project for which CoCH will be acute lead, awaiting confirmation of 2 year funding from C&M People Board. • HR TOM – recruitments progressing as described above.
Operations & Performance SRO: Chief Operating Officer	• Data Quality • Elective Recovery • EPR Admin SOPs	• RTT Validation - extended from Mar-23 to Jun-23 as further work is required to fully data cleanse and validate RTT and non-RTT historical DQ issues caused from migration of data between Meditech PAS and Cerner ePR+. Validation resources (which includes Patient Pathway team, Data Quality team, External Validators and Operational teams such Medical Secretaries and Booking Clerks) working through agreed priorities which is agreed and tracked at fortnightly Data Quality Group. • Text reminders - on track for Radiology go-live Apr-23. The DNA rate is being monitored since the text reminders for Outpatients went live Feb-23 to assess the impact. There has been a downtrend since the go-live date with an average reduction of 0.97% in the DNA rate which equates to 73 appointments. Work to continue for Inpatients - aiming for go-live by May-23. • SOPs - have been identified in line with the revised Access policy. Outpatients SOP completed, SOPs for Inpatients and Endoscopy to be created. Due date extended to Jun-23. Once the SOPs have been uploaded to Sharepoint the intranet page for the Access Policy & SOPs will be published. EPR training schedule has been produced with comms being circulated encouraging Managers to rebook their admin teams onto training.

Highlight Report – Achievements in Previous Month

Countess of Chester Hospital NHS Foundation Trust

Improvement Theme / Executive Leadership	Workstreams	Key Progress
Governance SRO: Director of Corporate Affairs	• Corporate Governance Phase 2 • Board Assurance Framework • Board Development	• Corporate Governance Phase 2 - Face to face sessions continuing, and the Trust is now looking to run online version to roll out awareness of Trust corporate governance. The aim of the sessions is to ensure staff across the organisation understand decision making processes. • BAF - The Trust is currently undertaking a review of its Strategy led by the Director of Strategic Partnerships from Liverpool Heart and Chest NHS Found, and it is anticipated this will take 6 months. It is intended that the BAF is then re-aligned to the revised strategy, and will incorporate a focus on risk appetite. • Board Development sessions booked throughout 23/24 - topics to be confirmed with the Trust Chair and Mike Farrar.
Information Management (Group 1) SRO: Chief Digital Information Officer	• EPR Stabilisation • IM&T Target Operating Model • Maternity EPR	• PTL Errors, Micro Results Endorsement Messages, Maternity Services Data Standard Reporting completed Q3 22/23. Theatre Rebuild completed in Q4 22/23. • Analysis of Endoscopy processes completed and on track for initial solution Apr-23 • TOM Recruitment - completed - all posts agreed as part of the TOM have been recruited to. • Maternity target is for 60% of staff and 100% of Shift Leaders to be trained on Cerner ePR+ before the new workflows can go-live. Currently 50% of staff have been trained so only 10% off target and all Shift Leaders have been trained except 2. Milestone is potential to be delayed due to availability of staff, but likely to be completed next month as additional training has been planned to capture the outstanding 10% staff.
Financial Control SRO: Director of Finance	• Financial Sustainability Strategy • Grip and Control Processes • Value Improvement Programme	• Planning returns including financial plan have been produced as per national and ICB timetable and submitted to NHSE. • Budget paper was presented to F&P Committee, Trust Board, ICB & then plan submitted to NHSE. Series of check and challenge meetings undertaken between Director of Finance and Finance team with all divisional triumvirates. Vacancy Freeze in operation and all vacancies are reviewed by the Executive team on an as and when basis. • CIP PMO has continued to meet with Divisional Accountants and Directors to develop future CIP plans for 23/24. The review has identified 46 schemes to date, 24 of which have costs attached to them with a potential total of £2.8m and they have been RAG rated for likelihood of delivery. 21 of the schemes have been rated Green (£1.3m), 10 rated Amber (£0.4m) and 15 rated Red (£1.1m).

Programme Delivery Against Milestones

NHS
Countess of Chester Hospital
NHS Foundation Trust

Improvement Theme	Current Milestone Progress (YTD)				
	Total	Behind Schedule	Potential to be delayed	On track to deliver	Completed
Regulation Requirements (Must Do's)	36	0	0	27	9
Clinical Quality and Safety	49	0	0	13	36
People and OD	17	0	0	17	0
Operations and Performance	27	0	0	8	13
Governance	9	0	0	9	0
Information Management	29	0	2	2	25
Financial Control	21	0	3	5	13
Totals	**182**	**0**	**5**	**81**	**96**

Programme Delivery – Exception Report 3

Information Management

Countess of Chester Hospital NHS Foundation Trust

	Milestone	Due date	RAG	Activities completed this month	Activities planned next month/quarter
EPR Stabilisation	Address issues in deep-dive areas agreed as part of stabilisation criteria in July 2022	Mar-23		• Deep-dive areas agreed as part of stabilisation criteria in July 2022: PTL Errors, Micro Results Endorsement Messages, Maternity Services Data Standard Reporting, Theatres Rebuild, Endoscopy Rebuild, Patient Context Launch, Printing and Maternity Developments. • PTL Errors, Micro Results Endorsement Messages, Maternity Services Data Standard Reporting completed Q3 22-23. • Theatre Rebuild completed in Q4 22-23. • Analysis of Endoscopy processes completed and work is on track for initial solution to be in place by 1st April 2023. • Patient context launch in progress, but issue has been identified with PACs access which is causing a risk of delay.	• On track for Initial Endoscopy solution to be in place by 7th April 2023. • Work ongoing to identify solution for PACs access issue, and agree timescales for Patient Context Launch. • 3 out of 4 fixes have been resolved in relation to printing, remaining fix is in progress with Cerner.
Maternity Dataset	Provide training to 60% of staff to operationalise new Cerner build and workflows in Maternity	Mar-23		The target is for 60% of staff and 100% of Shift Leaders to be trained on Cerner ePR+ before the new workflows can go-live. Currently 50% of staff have been trained so only 10% off the target and all Shift Leaders have been trained except 2. Milestone is potential to be delayed due to availability of staff, but likely to be completed next month as additional training has been planned to capture outstanding 10% of staff.	• Continue to work towards the training plan so 60% of Labour Suite staff and 100% of Shift Leaders are trained on new Cerner ePR+ workflows. • Revised delivery date Apr-23 • Ongoing training will be provided as BAU training & development for staff.

Programme Delivery – Exception Report 4

Financial Control

Countess of Chester Hospital NHS Foundation Trust

	Milestone	Due date	RAG	Activities completed this month	Activities planned next month/quarter
Grip & Control	Formal Sign Off of Delegated Budgets (by Budget Holders)	Apr-23		Paper was presented to F&P Committee, Trust Board, ICB & then plan submitted to NHSE in line with National timetable. Series of check and challenge meetings undertaken between Director of Finance and Finance team with all divisional triumvirates.	All budgets for 2023-24 will be reviewed and formally sign off by the relevant budget manager.
CIP	Continue work on the Cost Improvement Programme	May-23		CIP PMO has continued to meet with Divisional Accountants and Directors to develop future CIP plans for 2023-24. The review has identified 46 schemes to date, 24 of which have costs attached to them with a potential total of £2.8m and they have been RAG rated for likelihood of delivery. 21 of the schemes have been rated Green (£1.3m), 10 rated Amber (£0.4m) and 15 rated Red (£1.1m).	The budget books will be sent out to budget holders including delegated CIP and this will then form the basis of follow-up discussions with Divisions during April to develop additional CIP plans to meet the current CIP challenge.
	Identify Waste - General waste areas - Outpatient follow up's etc. - Length of Stay - Theatre Utilisation - Pathway Zero patients	May-23		CIP PMO has met with Divisional Accountants and Directors to develop future plans for 2023-24. Meetings held to-date with Planned Care, Urgent Care, ICS, Estates, Pathology & Pharmacy.	Deep dive meetings to be completed with each divisional lead. Executive leads have been identified to review regional productivity data and schemes have been added to the CIP plan

Meeting	**23rd May 2023**		**Board of Directors**					
Report	**Agenda item 11a)**		**System Improvement Board (SIB) - Exit Criteria Assurance Update - April 2023**					
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	**X**
Accountable Executive	Jane Tomkinson				Acting Chief Executive Officer			
Author(s)	Jackie Davies				Associate Director of Improvement			
Board Assurance Framework	P1, P2, Q1, E1, E2, E3		People, Quality & Education					
Strategic Aims	To deliver safe care and treatment							
CQC Domains	Safe, Effective, Caring, Responsive and Well Led							
Previous Considerations	The Board and its sub board committees previously received oversight of the System Improvement Board (SIB) exit criteria. The exit criteria was agreed and shared with SIB, Sub-Board Committees and Board.							
Executive Summary	The purpose of this report is to provide assurance and information to the Board. This paper provides the Board with clarification regarding the process to provide assurance of the delivery against the exit criteria. The assurance process is in direct partnership with the Integrated Care Board (ICB) and provides oversight to SIB regarding on-going processes when SIB disbands. The Trust is focused on the potential disbanding of SIB at the end of quarter 2, which will result in the Trust moving from segment 3 to segment 2. The information was well received at SIB, with CoCH and ICB now finalising the monthly data pack for submission.							
Highlights	The Board's attention is drawn to the following areas: • Identified assurance points and source reports per exit criteria • Governance and reporting matrix – key CoCH and ICB meetings identified • Reporting timelines • Agreed ICB assurance ratings • Sample: Assurance against exit criteria April update							
Recommendation(s)	The Board is asked to**:** • Note the presentation, presented to the System Improvement Board on the 21st April 2023. • Note the assurance provided within the report • Note the ongoing work to progress the delivery of the exit criteria							
Corporate Impact Assessment								
Statutory	CQC Standards							

Requirements	
Quality & Safety	Improved Quality and Patient Safety
NHS Constitution	Aid improvement in performance standards
Patient Involvement	Patient feedback has been considered at Patient Experience Operational Group
Risk	Exception reporting
Financial impact	Improve efficiency and reduce waste
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be distributed to relevant sub board committees

System Improvement Board (SIB) - Exit Criteria Assurance Update - April 2023

BACKGROUND

1. The Board and its sub board committees previously received oversight of the System Improvement Board (SIB) exit criteria. The exit criteria was agreed and shared with SIB, Sub-Board Committees and Board.

PURPOSE

2. The purpose of this report is to provide assurance and information to the Board. This paper provides the Board with clarification regarding the processes and on-going assurance against delivery of the agreed exit criteria.

CURRENT POSITION

3. The Board's attention is drawn to the following areas:

- Identified assurance points and source reports per exit criteria
- Governance and reporting matrix – key CoCH and ICB meetings identified
- Reporting timelines
- Agreed ICB assurance ratings
- Sample: Assurance against exit criteria April update

RECOMMENDATIONS

4. The Board is asked to:

- Note the presentation, presented to the System Improvement Board on the 21st April 2023
- Note the assurance provided within the report
- Note the ongoing work to progress the delivery of the exit criteria

NHS
Cheshire and Merseyside

SIB Exit Criteria
CoCH / ICB Assurance Update
Apr-23

Countess of Chester Hospital NHS FT
Cheshire & Merseyside (ICB)

NHS
Countess of Chester Hospital
NHS Foundation Trust

CoCH Exit Criteria Source Reports (2023/24)

	Criteria	Specific Evidence	Assurance Point	Source Report
1	No outstanding actions arising from regulatory notices (HEE, GMC, CQC, Health and Safety Executive)	• Trust to have satisfied the time sensitive requirements of all notices. And for the regulators to be assured that there is robust evidence that the trust has taken sustained actions to be compliant with other regulatory breaches	**August 2023:** • All time limited actions completed • Evidence through Board reports of ongoing delivery of action plan • Clear timeline to submit evidence/ invite CQC for reinspection	• CQC Report inc. Trajectory & Metrics

2	Demonstrable robust systems and process relating to safety & quality	• Evidence of sustained improvement in key quality metrics i.e. mortality, maternity dashboard
		• Progress against CQC action plan at pace
		• Reset staffing establishments (SNCT) and safe staffing operational governance and metrics
			September 2023:
			• Ongoing assurance of improvement in key quality metrics demonstrated through:
			  • Mortality: HSMR and SHMI within expected range for a period of 7 months – **completed**
			  • Maternity Dashboard: metrics within expected range for a period of 7 months and exit from Maternity Safety Support Programme (MSSP)
			• SIB receive confirmation from CQC that progress and delivery of CQC action plans are progressing at pace in line with planned trajectories.
			  • CQC self assessment to commence early Quarter 1
			  • Trust to demonstrate how its Board is assured improvements are embedded as BAU
			• Safe staffing close-out report to be received by SIB (August)
			  • Follow-up position to be reported to SIB demonstrating sustained performance and practice embedded as BAU (September)
				• Learning from Deaths Report
				• IPR (HSMR & SHMI only)
				• Maternity Dashboard
				• CQC Self Assessment Report
				• Safe Staffing Close Out Report

CoCH Exit Criteria Source Reports (2023/24)

	Criteria	Specific Evidence	Assurance Point	Source Report
3	Evidence of effective systems and processes to support delivery of NHS Constitutional standards	• Delivery of elective recovery programme • Delivery of system pathways to support patient flow. • Trust performs favourably in comparison with peers and is not an outlier in Cheshire and Merseyside or Northwest Region (specifically with regard to Ambulance turnaround, 12-hour breaches, Cancer 62-days, diagnostics)	**August 2023:** • Delivery of elective recovery programme resulting in the lifting of Tier 2 enhanced monitoring – **completed** • SIB receive assurance that system pathways to support patient flow are documented, agreed joint KPIs and reduction trajectory in place – **completed** • Trust IPR demonstrates that Trust performance compares favourably with peers and it is not an outlier within the Cheshire & Merseyside system in relation to: • Ambulance turnaround, 12 hour breaches, Cancer 31 / 62 days and Diagnostics DMO1 – **completed**	• Lifting of Tier 2 (correspondence) • Patient Flow Report inc. Trajectory & KPIs • IPR (Full)
4	Demonstrable commitment to developing a culture of safety, compassion and inclusivity with high engagement	• Development and delivery of an OD plan • Using 'Pulse'-style checks to evidence cultural improvement • Review of FTSU approach and embedded the resulting action plan	**June 2023:** • Publication of a Trust Staff Engagement Plan with associated metrics and evidence that delivery of plan is achieving objectives in line with planned trajectories • Staff pulse survey: results to demonstrate improving metrics related to cultural improvement • FTSU: Trust to commission independent review of policy and processes by early Quarter 1	• Staff Engagement Plan inc. Highlight Report • Pulse Survey Outcome Summary Slides • FTSU Independent Review Report

CoCH Exit Criteria Source Reports (2023/24)

	Criteria	Specific Evidence	Assurance Point	Source Report
5	Demonstrable robust organisation wide governance structure in place	• Identification of risks and effective controls as evidenced in BAF, Risk Management, SI, complaints process and triangulation via reporting at Division, Hospital and Exec/Board levels. Evidence of learning/improvement • The Trust will be able to demonstrate compliance with the recommendations of the External Complaints Review • Third party/MIAA audit for assurance	**June 2023:** • Well led self assessment and peer review • NB: third party peer review to be to be conducted by the end of Quarter 1 of 23/24 by LHCH & NHSE • Publish outcome and Trust response to provide assurance to SIB	• Well- Led Independent Review Report

6	Evidence of a long term clinical and financial sustainability plan for COCH that contributes to the system financial plan and plan for sustainable services	• Financial Strategy with evidence of involvement of partners, and clinicians (design and decision making)
		• Digital enablement at service and site level, supporting high quality services and financial sustainability
			August 2023:
			• Trust Financial & Activity Annual Plan approved by C&M system
			  • Confirm alignment of financial and activity plans with wider ICS plan
			  • 5 year financial strategy to be developed early Quarter 1
			• Digital enablement: third party peer review by IN2ACHIEVE for EPR stabilisation – Trust to commission end of Quarter 1
				• 23/24 Financial and Activity Plan
				• 5 Year Financial Strategy
				• Digital Enablement Independent Review Report
				• Digital Maturity Assessment & Accreditations

CoCH / ICB Assurance, Governance & Reporting Matrix

Criteria	Owner	Source Report	Exec / Dir	Quality & Safety		Finance & Perform		People & OD		Trust	ICB
			OMB *Required	Q&S Grp	Q&S Sub-BoD	F&P Grp	F&P Sub-BoD	P&OD Grp	P&OD Sub-BoD	BoD	**CQPG *Required**
1	• Sue Pemberton • Hilda Gwilliams • Paula Wedd	• CQC Report inc. Trajectory & Metrics	✓	✓	✓					✓	✓
2	• Nigel Scawn • Hilda Gwilliams • Paula Wedd	• Learning from Deaths Report	✓	✓	✓					✓	✓
		• Maternity Dashboard	✓	✓	✓					✓	✓
		• CQC Self Assessment Report	✓								✓
		• Safe Staffing Close Out Report	✓	✓	✓					✓	✓
3	• Cathy Chadwick • Laura Marsh	• Lifting of Tier 2 (correspondence)	✓			✓	✓			✓	✓
		• Patient Flow Report inc. Trajectory & KPIs	✓								✓
		• IPR (inc. Mortality: HSMR & SHMI)	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	• Nicola Price • Paula Wedd	• Staff Engagement Plan inc. Highlight Report	✓					✓	✓	✓	✓
		• Pulse Survey Outcome Summary Slides	✓					✓	✓	✓	✓
		• FTSU Independent Review Report	✓					✓	✓	✓	✓
5	• Hilda Gwilliams • Sue Pemberton • Paul Edwards • Paula Wedd	• Well- Led Independent Review Report	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	• Simon Holden • Cara Williams • Alex Mitchell	• 23/24 Financial and Activity Plan	✓			✓	✓			✓	✓
		• 5 Year Financial Strategy	✓			✓	✓			✓	✓
		• Digital Enablement Independent Review Report	✓			✓	✓			✓	✓
		• Digital Maturity Assessment & Accreditations	✓			✓	✓			✓	✓

CoCH / ICB Reporting Timeline

1: CQC Report inc. Trajectory & Metrics

2: Learning from Deaths Report
Maternity Dashboard

2: CQC Self Assessment Report

3: Patient Flow Report inc. Trajectories & KPIs

3: Safe Staffing Report

3: Lifting of Tier 2

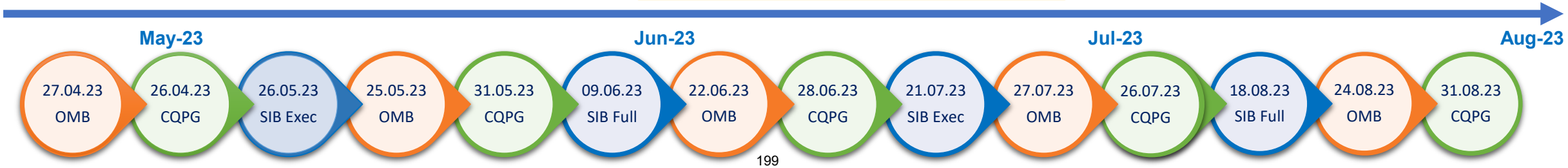
3: IPR (inc. Mortality: HSMR & SHMI)

4: Staff Engagement Plan inc. Highlight Report
Pulse Survey Outcome Summary Slides
FTSU Independent Review Report

5: Well- Led Independent Review Report

6: 23/24 Financial and Activity Plan
5 Year Financial Strategy
Digital Maturity Assessment & Accreditations

6: Digital Enablement Independent Review Report



ICB Assurance Ratings

Score	Assessment Category
0	Insufficient evidence to support action progress / action incomplete / not yet commenced
1	Action commenced
2	Action significantly progressed
3	Action completed but not yet tested
4	Action complete, tested and embedded
5	Can demonstrate a sustained improvement

CoCH / ICB Assurance Against Exit Criteria

Criteria	Owner	Source Report	Month					
			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
1	• Sue Pemberton • Hilda Gwilliams • Paula Wedd	• CQC Report inc. Trajectory & Metrics	In-Progress	Publish	Report	Report	Report Actions Complete	Report Reinspection
2	• Nigel Scawn • Hilda Gwilliams • Paula Wedd	• Learning from Deaths Report	Report	Report	Report	Report	Report	Report
		• Maternity Dashboard	Report	Report	Report	Report	Report	Report
		• CQC Self Assessment Report		Review	Report	Action Plan		
		• Safe Staffing Close Out Report				Review	Report	BAU
3	• Cathy Chadwick • Laura Marsh	• Lifting of Tier 2 (evidence provided)	Complete					
		• Patient Flow Report inc. Trajectory & KPIs	In-Progress	Publish	Report	Report	Report	Report
		• IPR (inc. Mortality: HSMR & SHMI)	Report	Report	Report	Report	Report	Report
4	• Nicola Price • Paula Wedd	• Staff Engagement Plan inc. Highlight Report	In-Progress	Publish	Report	Report	Report	Report
		• Pulse Survey Outcome Summary Slides	Survey		Report	Survey		Report
		• FTSU Independent Review Report	Commissioned	Review	Report			
5	• Hilda Gwilliams • Sue Pemberton • Paul Edwards • Paula Wedd	• Well- Led Independent Review Report	Commissioned (LHCH / NHSE)	Review TBC	Report TBC			
6	• Simon Holden • Cara Williams • Alex Mitchell	• 23/24 Financial and Activity Plan	In-Progress	Publish				
		• 5 Year Financial Strategy	In-Progress	Publish				
		• Digital Enablement Independent Review Report	Commissioned (IN2ACHIEVE)	Review	Report	Action Plan		
		• Digital Maturity Assessment & Accreditations	Report	Publish				

Meeting	**23rd May 2023**		**Board of Directors**					
Report	**Agenda item 12.**		**Sepsis Action Plan Update**					
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Dr Nigel Scawn				Executive Medical Director			
Author(s)	Dr Nigel Scawn				Executive Medical Director			
Board Assurance Framework	Q1	Failure to deliver Quality & Safety agenda						
Strategic Aims	To deliver safe care and treatment							
CQC Domains	Safe, Well Led, Effective, Caring, Responsive.							
Previous Considerations	Integrated Performance Report (IPR) – January 2023							
Executive Summary	The purpose of this report is outline that an action plan has been developed by the Sepsis Group led by Dr G Shepperd to improve the Trust's compliance with the metrics of sepsis management measured by the Advancing Quality Alliance.							
Highlights	• Current Trust sepsis mortality is within acceptable range • Consultant led Sepsis Group meets monthly • Action plan created to improve compliance with sepsis management metrics							
Recommendation(s)	The Board is requested to be assured that the Sepsis Group has an action plan to address the deterioration in compliance with the AQA sepsis metrics.							
Corporate Impact Assessment								
Statutory Requirements	Meet the requirements of the Surviving sepsis campaign							
Quality & Safety	To highlight areas of concern and actions taken to improve safety within the service.							
NHS Constitution	Commitment to quality care.							
Patient Involvement	Patient involvement throughout investigations.							
Risk	As outlined within the Board Assurance Framework and Risk Register.							
Financial impact	Sepsis causes patient harm and increased length of stay in hospital which can be reduced by early intervention and management							
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics							

Communication	Via Trust governance processes, including committees and groups.

Countess of Chester Hospital NHS Foundation Trust

Sepsis Action Plan Update

BACKGROUND

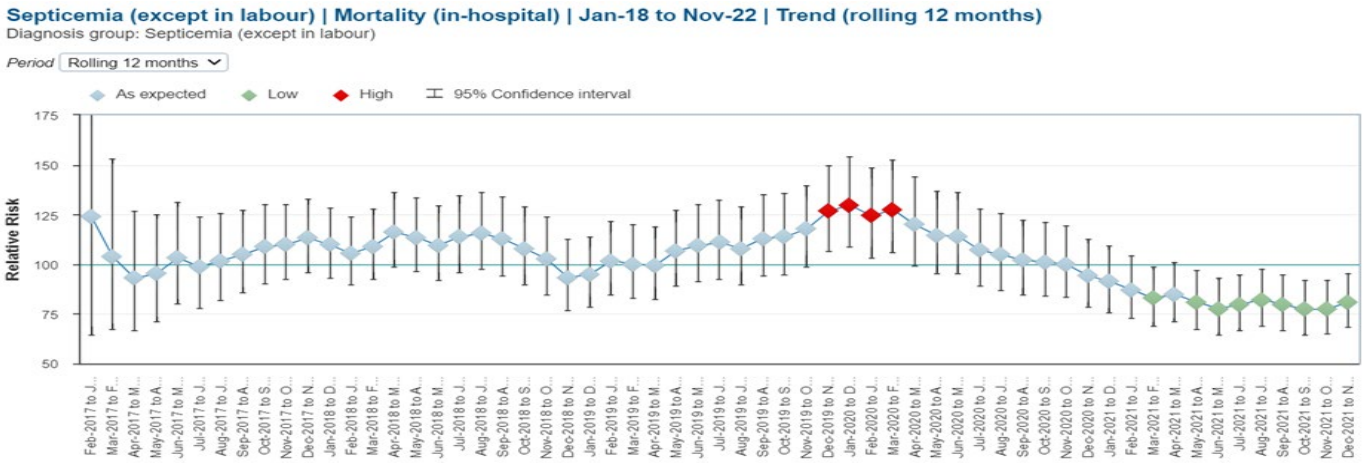
1. Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death especially if not recognized early and treated promptly. It is highly likely that, across the UK, sepsis claims at least 46,000 lives every year, and as many as 67,000. Risk factors for sepsis should always prompt a high suspicion of sepsis. To aid in the diagnostic process it is important to have a set of criteria which indicate the potential for acute illness, and which in the context of infection, should prompt a health care professional to actively look for organ dysfunction. Early intervention has been shown to save lives and reduce length of stay in hospital and the need for Critical Care admission.

PURPOSE

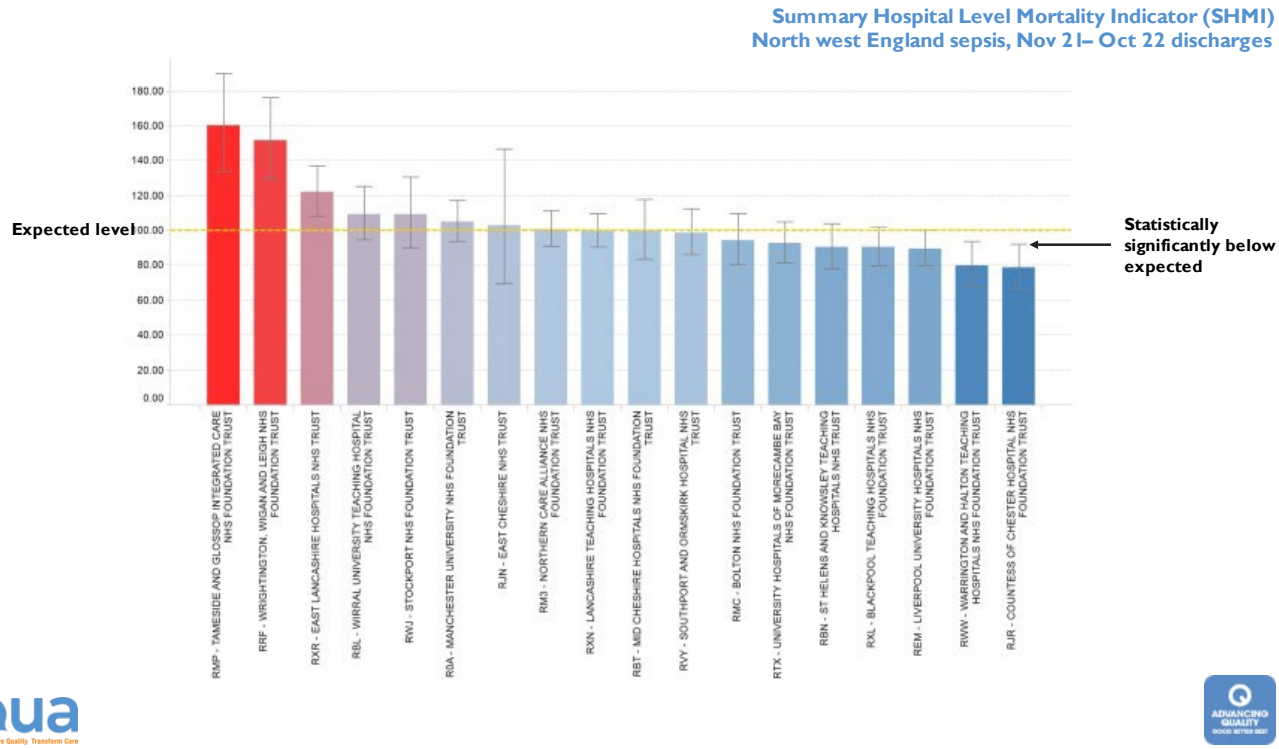
2. The purpose of the paper is to highlight the work of the 'multidisciplinary sepsis improvement group'. This group, meets monthly, to review the data results and initiate changes to practice. This group is led by Dr Gareth Sheppard (Consultant in Acute Medicine).

CURRENT POSITION

3. Three-year trend analysis provided by Telstra for septicaemia. The graph below illustrates the relative risk of death from septicaemia. At face value, the overall outcomes from sepsis at the Countess of Chester are currently relatively good.



Summary Hospital Level Mortality Indicator (SHMI): Nov 2021-Oct 2022 Discharges:

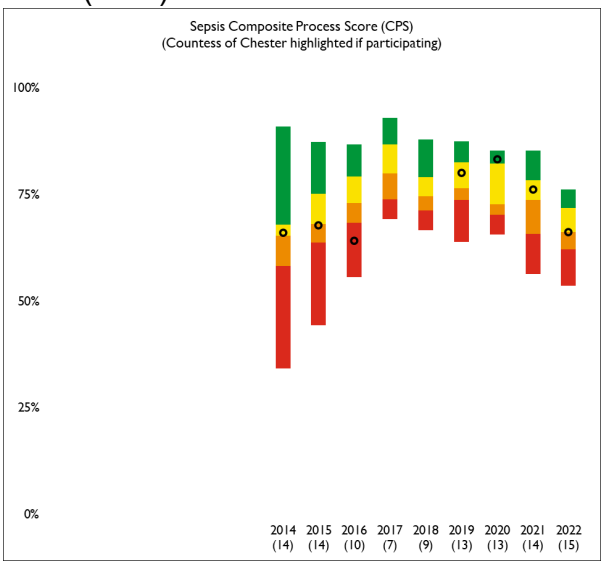


4. As can be seen above, towards the end of 2019 our mortality figures from sepsis were outside of the acceptable range. At this time the Trust joined the Regional sepsis programme delivered by the Advancing Quality Alliance in association with the Cheshire & Mersey Healthcare Partnership.

5. Advancing Quality Alliance: Sepsis Measures

- National Early Warning Score (NEWS/NEWS2) recorded within 1 hour of hospital arrival
- Blood cultures taken within 1 hour of sepsis diagnosis
- Antibiotics administered within 1 hour of sepsis diagnosis.
- Serum lactate taken within 1 hour of sepsis diagnosis
- IV fluids commenced within 1 hour of sepsis diagnosis
- Senior Review or assessment by Critical Care within 2 hours of sepsis diagnosis
- Data collection measure - Care pathway commenced following sepsis diagnosis

6. Compliance with the AQA sepsis measures is illustrated by a sepsis composite process score (CPS).



The bars represent the scores for the year, broken down into quartiles. The black circle shows the performance for the Countess of Chester Hospital. Overall system improvement is indicated by the bars moving up and getting closer together, showing increased performance and reduced variation.

7. The Trust uses the population identified by AQ to monitor the inpatient care delivery for patients identified as septic. The most recent performance reported for inpatient sepsis is, for example, 77% for the administration of antibiotics within 1 hour of diagnosis.

8. The Trust has a sepsis multidisciplinary improvement group that meets monthly to review the data results and initiate changes to practise. This group is led by Dr Gareth Sheppard (Consultant in Acute Medicine).

9. Sepsis Group action plan:

Areas for Review	SMART Recommendation/ Action	Lead Person	Actions	Progress of Actions	Monitoring / Assurance	Date of Completion
Sepsis Screen	All patients with suspected sepsis have to have a screen completed within 60 mins of hospital arrival.	Sepsis Lead	AQ Sepsis programme to monitor compliance against patients identified as sample population Examine sample patients monthly who do not meet the screen within 60 mins to identify improvement opportunities. Education of staff to ensure the totaled NEWS2 score on arrival Revise triage process in ED to improve timing of screening	Monthly participation NEWS2 training via ESR Triage process revised May 2022	Monthly reports Monitor compliance Process revised and implemented	On going May 2022

Areas for Review	SMART Recommendation/ Action	Lead Person	Actions	Progress of Actions	Monitoring / Assurance	Date of Completion
Diagnosis	Blood cultures & serum lactate monitoring within 60 mins if sepsis diagnosis	Sepsis Lead Urgent care Business partner	All patients with sepsis diagnosis to have samples taken within 60 mins Review monthly data for compliance Business case for renewed lactate machines in ED prior to current machine expiry Documentation required what Serum Lactate or Blood Cultures cannot be taken	Monthly sample data for patients with confirmed sepsis Karen Townsend aware of need for business case	Monthly reports	On going.
Treatment	Antibiotic administration within 60 mins of sepsis diagnosis	Sepsis Lead	All patients to have diagnosis confirmed asap Antibiotic administration within 60 mins - stat dose Review patients that fail to meet 60 mins treatment time to identify themes	Early screening result to confirm diagnosis Monthly monitoring for sample population	Monthly reporting	On going.

Areas for Review	SMART Recommendation/ Action	Lead Person	Actions	Progress of Actions	Monitoring / Assurance	Date of Completion
Fluid management	All patients with systolic BP <90mmHG or lactate >2 mmol to receive IV fluids unless otherwise contraindicated	Sepsis Lead	Early observations and diagnosis to identify patients who are eligible for IV fluids Documentation to support non administration where eligible Education of staff in accurate documentation of commencement of fluids	Monthly monitoring	Monthly reporting	On going
Senior review	All patients with sepsis diagnosis to have senior review within 2 hours of diagnosis	Sepsis Lead	Decision to treat as sepsis to be recorded in the medical record at earliest time All patients with confirmed diagnosis to have senior review to ensure on correct management pathway Clinical leads to decide on level of staff suitable to undertake senior review – recommended ST3 and above	Discuss at sepsis meeting – August 2022	Monthly monitoring/ reporting	On going.

Areas for Review	SMART Recommendation/ Action	Lead Person	Actions	Progress of Actions	Monitoring / Assurance	Date of Completion
Care Pathway	All patients to be commenced on sepsis pathway as per EPR+	Sepsis Lead	All patients to follow the EPR+ guidelines on sepsis management Documentation to support the delivery of key interventions	Education on EPR+ and sepsis pathway		On going.
Education	All patient facing staff to undertake sepsis training	Sepsis Lead	Review current mode of education in relation to sepsis diagnosis and management. Develop ESR based learning and associated competencies for all staff Monitor compliance via AQ DPG	Gareth Shepherd reviewing		On going.
Mortality	Sepsis Group to routinely review the sepsis mortality figure as available	Deputy Medical Director	Sepsis deep dive Full mortality review of 10 cases of death with diagnosis of sepsis to be completed annually	Completed Feb 22 2022 – completed Feb		Feb 2022

10. Harms Review Summit

The Trust hosted the inaugural Harms Summit where Sepsis was a focus. The team focused on three areas that would improve the early diagnosis and treatment of sepsis. The areas taken forward by the Sepsis Improvement Group:

a. Feasibility of pre-made antibiotics in the Emergency Department -currently being explored with relevant stakeholders.
b. Promotion of venepuncture and cannulation competency across the organisation
c. A Patient Group Directive (PGD) for the first dose of antibiotics following diagnosis of sepsis.

11. Recommendations:

The Board is requested to :

- Note the assurance that the Sepsis Group has an action plan to address the deterioration in compliance with the AQ sepsis metrics and that following the Harms summit, noting there are now further areas to be explored with the aim of improving compliance further.

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Meeting	**23rd May 2023**		**Board of Directors**					
Report	**Agenda item 13.**		**Integrated Performance Report – March 2023**					
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	E4 E11 Q1 Q3 Q4 P1 P2 P3 P5	Access, Waiting Times, Care Pathways and Constitutional Standards Data Quality Failure to deliver Quality & Safety agenda Safety - Infection Failure to deliver effective Infection Prevention & ControL Failure to comply with safer staffing levels Recruitment Retention Staff Engagement Workforce Capacity						
Strategic Aims	Not applicable.							
CQC Domains	Safe/Effective/Caring/Responsive & Well Led							
Previous Considerations	People and Organisation Development Committee – 11th April 2023 Quality & Safety Committee – 4th May 2023 Finance and Performance Committee – 17th May 2023							
Summary	The purpose of this report is to: • 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 • Use ICS operational data as a comparator for the Trust's performance.							
Highlights	Areas of positive assurance: - Standard Hospital-level Mortality Indicator (SHMI) - Compliance with 32-day cancer target - Reduction of suspected cancer patients waiting 63-103/104 days - Reduction of patients waiting over 78 weeks - Sickness Areas requiring improvement: - Sepsis indicators - HAPU/Falls - Emergency Medicine Performance - Number of patients without the criteria to reside - Mandatory Training Compliance							
Recommendation(s)	The Board is asked to be assured by the contents of the Integrated Performance 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.

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safe kind effective

Integrated Performance Report Summary

Trust Board May 2023

Performance for March 2023

Cancer Performance for February 2023

Activity Data for March 2023

Key Performance Indicators

Safe

Standard	Target	Performance	Mean	Trend	Assurance
Hospital Standard Mortality Rate (HSMR) *(December 2022 is the latest data)*	Inside Expected Range	104	105		
Summary Hospital –level Mortality Indicator (SHMI) *(November 2022 is the latest data)*	Inside Expected Range	99.9	98.4		
Registered Nurse and Midwifery Fill Rates	95%	92.8%	94.5%		
Incident Reporting: All Incidents	Inside Expected Range	697	601		
Total Medication Incidents Reported	Inside Expected Range	100	101		
StEIS Reported Incidents	0	8	4.81		
Never Events	0	0	TBC		
Falls (*per 1000 bed days*)	0.3	8.61	7.07		

Key Performance Indicators

Safe

Standard	Target	Performance	Mean	Trend	Assurance
Hospital Acquired Pressure Ulcers (HAPUs) (*per 1000 bed days*)	2.5	5.69	4.45		
Reducing NNU Term Admissions	5%	4.4%	2.5%		
IPC – Rate of C. Difficile	3	3	5.48		
IPC - MRSA	0	0	0.09		
Sepsis Screening (November 2022 Data)	84%	64.3%	78.6%		
Sepsis Treatment (November 2022 Data)	84%	59.4%	61.6%		
Open Complaints	40	68	86.5		

People and Organisation Development Standards

Key Performance Indicators

Well Led

Performance Standard	Target	Performance	Mean	Trend	Assurance
Sickness Absence	5%	4.23%	6.05%		
Mandatory Training	90%	84.2%	81%		
Annual Appraisal	80%	73.5%	71.9%		
Staff Turnover (%)	10%	11.2%	10.3%		
Over Capped Rates – Medical & Dental	Reduction	139	201		
Over Capped Rates - Nursing	Reduction	707	1284		
Over Capped Rates – Other	Reduction	763	940		

National Performance Standards

Key Performance Indicators

Access to care

Operational Performance Standards	Standard	Target	Performance	Mean	Trend	Assurance
Emergency Access: %of patients seen within the 4hr A&E Standard	4 hours	95%	56.8%	59.1%	L	F
Diagnostic Access: % of patients waited more than 6 weeks for diagnostic tests	<6 weeks	1%	17.7%	37.8%	L	F
Elective Access: % of patients seen within 18 weeks (Referral to Treatment)	18 weeks	92%	46.6%	46.3%	L	F
Cancer Access: 2 Week Wait. % of patients were seen within 2 weeks of referral with a suspicion of cancer	< 2 weeks	93%	63%	66.4%		F
Cancer Access: Decision to Treat to Treatment. % of patients who had 1st treatment within 31 days of a cancer diagnosis	<31 Days	96%	96.9%	93.4%	H	P
Cancer Access: Referral to Treatment. % of patients began 1st treatment within 62 days of referral	< 62 Days	85%	58.5%	69.2%		F

Trends, Drivers and Actions

HSMR and SHMI

Both HSMR and SHMI have shown steady improvements and are both now stable and have both been within expected range for nearly a year.

Registered Nursing and Midwifery Fill Rates

Fill rates for registrants has moved back under the target of no more than 95%, for the past two months

There is on-going focus to reduce nursing pay spend which a particular drive in reduction of agency pay

Incidents

The number of incidents reported each month has been around the mean for the last four months. The three top incident categories continue to be skin integratory, falls and medication errors.

Key areas of focus

Programmes of improvement work are underway to address the three top incident categories.

The 6 Steps of patient safety is being promoted across the Trust

Ensuring all incidents are investigated and closed within given timescales.

Daily senior safety meetings, chaired by the Executive Director of Nursing, are now in place

Falls

For the past three months the number of falls reported continues to rise and is above the target and the mean

Key areas of focus

Falls was reviewed as part of the 6 Steps to Patient Safety Programme, with am aim to reduce falls by 10%.

A decision tree is also in development to support staff correctly in determining the level of support each patient needs.

HAPU's

For the past three months the number of HAPU's reported continues to rise and is above the target and the mean

Key areas of focus

Work in on-going to support staff with the categorisation of pressure ulcers.

An SOP is in development to support accurate reporting of both pressure ulcers that are present on admission and those that are acquired within the hospital

Reducing NNU Term Admissions

This metric continues to show a positive trend and this months figure is below both target and the mean.

Any admissions must be for appropriate clinical reasons

Key areas of focus

Numbers of admissions remain low and this month there was just one necessary admission.

The team is committed to reduce the separation of mothers and babies.

Trends, Drivers and Actions

IPC

MRSA

There are no cases of MRSA to report within the month of March 2023

C.Difficile

There were 3 cases reported in March, the number of cases reported is yet to show a trend of improvement or decline

Focused worked with IPC teams is ongoing.

Sepsis

Reporting of sepsis performance is reliant on patient discharges therefore there is a delay in reporting for approximately 6 weeks.

Neither Sepsis target was met in the latest reporting period and both measures continue to decline in compliance.

Complaints

The number of complaints being received continues on a similar trend however the number of outstanding responses is significantly lower

The number of complaints shown as open include those which have been completed and are awaiting final QA and signature, which currently make up a third of these complaints.

The themes remain consistent relating to Communication, Clinical Treatment and Delayed Treatment.

Key areas of focus

A full review of the complaints processes is underway

Review of the functionality of the Patient Experience team and their capacity to be able to process all complaints in a timely way

External experts are supporting the overhaul of our process and this is being measured in both the trust Improvement Plan and the CQC Action Plan.

Trends, Drivers and Actions

Sickness Absence

- The absence rate for March is above 5.75% and we are the best performer in Cheshire and Merseyside
- Short term absence had the main reason of Cold/Flu
- Long term sickness for March is 2.99% with the main condition being Stress and Anxiety

Key areas of focus:

- A recovery plan for resuming absence management was agreed with unions at partnership forum.
- As part of the recovery the HRBP Team will work closely with managers to address sickness absence.
- Actions are having a positive impact and sickness levels continue to fall

Mandatory Training

- Trust compliance remains below target, however there is a slow but steady increase in compliance.
- Low compliance can be attributed to persistent operational pressures and giving staff time to complete their training

Key areas of focus

- Capacity of 130% of base line for face to face training
- The revised target of 90% will be closely monitored and performance to be scrutinised at divisional level. With the easing of Covid restrictions more availability for face to face sessions should reduce the back log.

Staff Turnover

- Turnover is at 11.23 %, and the target of no more than 10% has now been missed since April 2022
- Even though the rate of turnover is low compared to peers it should be noted that there was a steady increase in the rate of turnover, however for the past three months there has been a reduction
- All staffing groups, with the exception of Nursing and Midwifery, Medical and Healthcare Scientists have exceeded the 10% threshold.

Key areas of focus

- Significant focus is being placed on the retention of staff particularly within the Nursing, Midwifery and Medical staff groups, working on identifying areas and ways in which we can encourage staff to remain with the trust. Staff Survey action/improvement plans will include specific actions to support retention of our staff.

Annual Appraisals

- Since October 2022 compliance did start to increase however for the past three months this now remains static.

- Target has been revised in line with the People Strategy and is now set at above 80%, aspiring to be above 90%.

Key areas of focus

- The introduction of the new Appraisal target alongside a revised shorter appraisal form has taken place
- 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.

Trends, Drivers and Actions

4 hour /Discharge Performance

- During March the number of AED attendances remain high but static and 4 hour performance for all types remained static
- National performance against the 4 hour standard was 70.9 % National T1 performance was 56.8% and the Trust continues to match this average
- The number of NC2R patient's requiring a non-acute bed remained high with on average 100 patients waiting for discharge.

Key areas of focus:

- The AED department is being remodelled to allow more space to safely assess patients
- An action plan has been produced to support a renewed focus on 12 hour breaches, 60 minute ambulance breaches etc with an aim of supporting a reduction in patient safety incidents within the department.
- The Trust is working closely with both Local Authorities to enable a reduction of P1-P3 discharges, the Trust has over 130 of the G&A bed base occupied with patients that do not need to be in an acute bed (further detail on the next slide)

Diagnostic Performance

- In March the total number of patients waiting over 6 weeks remained static and the number of breaches reduced and the Trust was one of the top acute performers across C&M when looking at the DM01
- Cerner process and recording issues are still preventing the required improvements in Endoscopy
- Activity levels in Echocardiography are now above 19/20 levels and they are compliant with the DM01

Key Areas of Focus:

- Endoscopy needed to be set up in Cerner as a theatre rather than a clinic, this work with reduce the time it takes to book a patient by 75% and will support work flows for patients which will increase utilisation. This work is due to be completed and new work flows in the next few months
- Endoscopy are still using mutual aid for Gastroscopy patients and are outsourcing other patients to an Independent Sector
- Radiology modalities continue to perform on an upward trend with a focus on increasing Ultrasound activity

Referral to Treatment

- Overall performance delivered at 47% against 92% target, which is a static position and the total size of the waiting list also remains static
- The number of patients waiting over 52 weeks has been reducing however there was a slight increase in March compared to February
- The total size of RTT waiting list has reduced for the last three months

Key Areas of Focus:

- Management of long wait patients and restoration of elective programme
- Continued focus on clinical prioritisation and access to additional capacity through insourcing, independent sector and waiting list initiatives.
- Working with partners to identify any opportunities for mutual aid for long waiting patients
- An on-going programme of validation work continues and the next focus will be for non-RTT follow up patients
- Theatre templates and new work flows are now in place and our theatre utilisation data is correct and clearly showing areas/specialities for improvement.

Cancer Performance

- 2 week wait performance continues to decrease driven by the sustained increase in demand in both Skin and Lower GI
- 31 day target: Apart from January 2023 the trust has met target since July 2022
- 62 Day target: Due to the increase in 2ww referrals compliance has been below standard for over 12 months.
- 2 week wait referrals have increased across all tumour sites by 30% compared to 19/20
- The number of patients over 62 days and 104 days has decreased due to enhanced management/governance

Key Areas of Focus:

- 2 week wait capacity to stop delays in the pathway.
- Delays in time to Decision to Treat; diagnostic pressures, patient complexity and patient choice.
- Process to be reviewed for patients 'awaiting clinical decision'
- Structure of the leadership of cancer has been reviewed and recruitment into the clinical and operational leadership posts has commenced.

Trends, Drivers and Actions

Patients that do not meet the criteria to reside (NCTR)

'All patients who no longer need care to be given in an inpatient bed, in an acute hospital, should be discharged home or to a non-acute setting as soon as it is possible and safe to do so.'

- The number of NCTR patients is still averaging round 100 per day
- Regular system meetings are held (3 times per week) and a system summit meeting is being planned
- A reduction in these numbers are critical to patient care, flow through the hospital and meeting the 2023/24 planning target of reducing Adult G&A bed occupancy to 96% as per our activity plans

Key areas of focus:

- With partners we have now agreed a revised target of no more 60 NCTR patients at anyone time. This is 45 CWaC patients and 15 Flintshire patients
- The ICB are lead meetings in April to agree plans for a reduction in current occupancy , which national colleagues joined. Each scheme will have a measurable target so we can, as a system track progress.
- The Trust will raise the increased number of NCTR patients at the next System Improvement Board.
- Internally the focus is on expansion of the Rapid Response Team and evaluation of what further out of hospital services we can offer.

NCTR – As of 3rd May 2023

	CWaC	Flintshire
P1	28	7
P2	30	7
P3	20	8

Pathway 1 - Support to recover at home; able to return home with support from health and/or social care.
Pathway 2 - Rehabilitation or short-term care in a 24-hour bed-based setting.
Pathway 3 - Require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

Elective Restoration Year End Position

2022/2023 Elective Restoration

Standardshttps://www.england.nhs.uk/wp-content/uploads/2021/12/B1269-elective-recovery-planning-supporting-guidance.pdf

78/104 weeks

Measure

- No patients waiting over 78 weeks, due to capacity issues, by 31st March 2023

Year End Position

- At the end of March 2023 the Trust had 0 patients waiting over 78 weeks due to capacity
- It should be noted that at the beginning of the process to focus on 78 weeks the Trust had to address over 8000 pathways and were subject to enhanced scrutiny from both the regional and National teams.
- The Trust maintain a zero position of patients waiting longer than 104 weeks due to capacity.

52/65 Weeks

Measure

- Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer.

Year End Position

- For the last 6 months there has been a sustained improvement in the number of pathways over 52 weeks
- The measure for 23/24 is not patients waiting over 65 weeks by the end of March 2024, as at the time of writing this report the Trust has 23,234 that would go over this target, by year end, if not treated.

Cancer

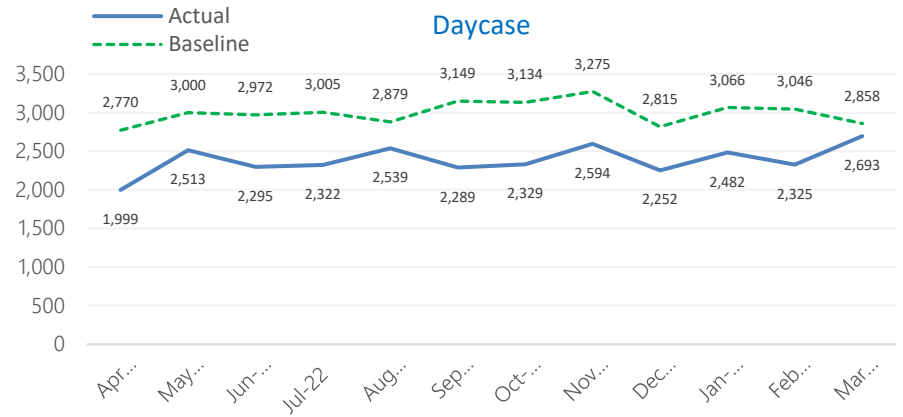
Measure

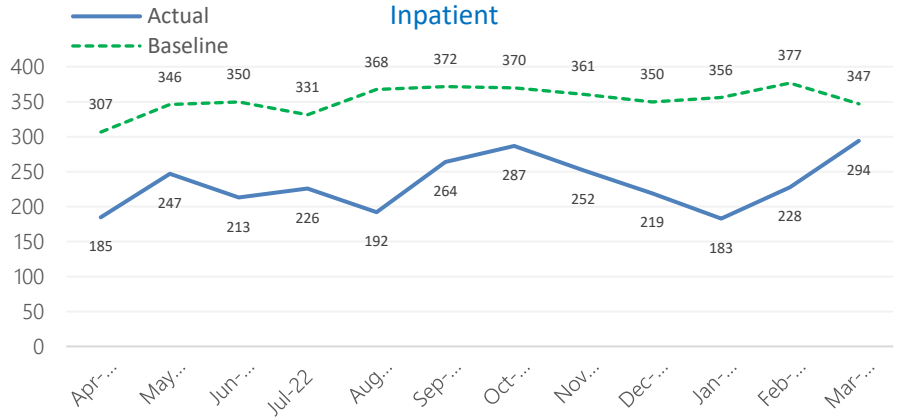
- Return to the number of patients waiting 63 -103 days – **50** (based on the national average in February 2020)
- Return to the number of patients waiting over 104 days – **20** (based on the national average in February 2020)

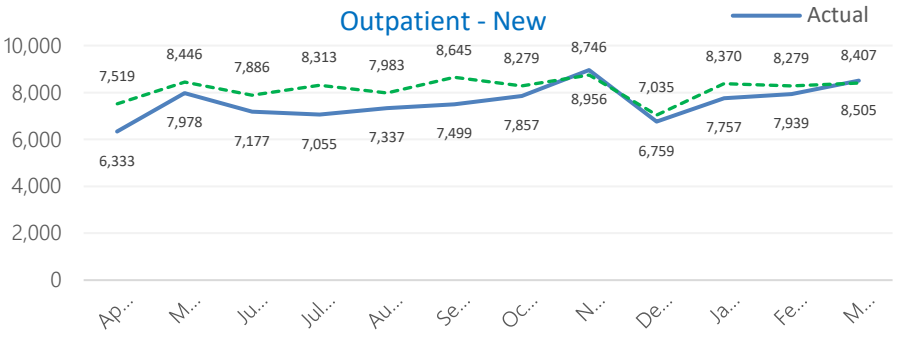
Year End Position

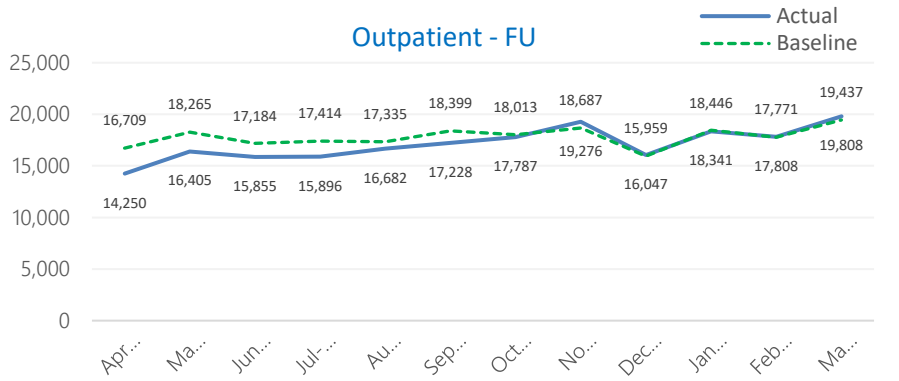
- The Trust is currently tracking **46** patients over 63 - 103 days
- Over 104 days there are **6** The target is to have no more than 50 patients over 62 days and no more than 20 patients over 104 days
- Delays in time to Decision to Treat; diagnostic pressures, patient complexity and patient choice.
- The measure for 23/24 will continue to focus on long wating suspected cancer patients and in addition all provider must meet the Faster Diagnosis Standard (FDS) by the end of March 2024.

CoCH - Activity 22/23 Against Activity Plan, by POD









	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Day Case	72%	84%	77%	77%	88%	73%	74%	79%	79%	81%	82%	94%
In Patient	60%	71%	61%	68%	52%	71%	78%	70%	64%	66%	67%	85%
OP New	84%	95%	92%	85%	92%	87%	95%	102%	92%	92%	98%	101%
Op F/U	86%	90%	93%	92%	97%	94%	99%	103%	96%	99%	103%	102%

BAF Related High Risks

Q1 – Quality and Safety – 5 x 4 = 20

Failure to ensure the Trust has sufficient systems and processes and clinical policies in place
Failure of staff to comply with agreed systems and processes and clinical policies.
Failure to escalate non-compliance with systems and processes

Q3 - Safety - Infection Prevention & Control - 5 x 4 = 20

Risks of failure to ensure the Trust has sufficient systems and processes and policies in place to Infection Prevention & Control
Risk of failure of staff to comply with agreed systems and processes above
Risk of failure to escalate non-compliance with systems and processes

Q4 – Safety, Nurse & Midwifery Workforce - 5 x 4 = 20

The Trust is unable to consistently deliver safe care due to the lack of available workforce (exacerbated by Covid pandemic)
Lack of training and education around the fundamentals of care
Failure to listen/engage with patients and their families/careers
The Trust is unable to achieve mandatory national staffing standards (NHSE/I and Royal College of Nursing & Midwives)

E4 – Access, Waiting times, Care Pathways and Constitutional Standards – 4 x 4 = 16*

**(as per July 2022 review)*

Unable to meet the demand for services within available resources
Impact of continuing Covid-19 pressures and IPC requirements
Increasing ED attendances
Known loss of productivity due to Cerner migration impact

E11 – Data Quality – 3 x 4 = 12

Through the EPR implementation and the application of RTT (referral to treatment) rules on patient data, data quality issues have been identified.
Long-term concerns: poor data quality has an impact on patient care.

P1 Recruitment – 4 x 4 = 16

The Trust is unable to recruit sufficient numbers of staff (Medical, Nursing, Specialist and Support roles) due to reduced availability and increased competition this will impact the quality of patient care and safety.
Recruitment of Consultants and Registered Nurses is a national issue.

BAF Related High Risks

P2 – Retention – 4 x 4 = 16

Inability to retain sufficient numbers of clinical staff due to:
-Retention of Consultants is a national issue.
-High attrition rate amongst Healthcare staff choosing to leave the NHS is a national issue.
-Proximity of the Trust to other NHS providers may enable staff to move from one employer to another within a relatively small geographical area.

P3 – Staff Engagement - 5 x 4 = 20

The Trust loses the engagement of a substantial proportion of its workforce due to ineffective leadership or inadequate management practice
Lack of availability/equity of access to appropriate training and development
Inability to attract / retain good quality staff

P5 Workforce Capacity - 5 x 4 = 20

Insufficient or ineffective planning for current and future workforce requirements (including number of staff, skill mix and training) leading to impaired ability to deliver the volume and quality of healthcare services to patients; an inability to deliver strategic objectives and operational business plans

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Meeting	**23rd May 2023**		**Board of Directors**				
Report	**Agenda item 14.**		**Cancer Improvement Update**				
Purpose of the Report	Decision		Ratification		Assurance	Information	**X**
Accountable Executive	Cathy Chadwick				Chief Operating Officer		
Author(s)	Dan Nash				Director of Performance and Operational Improvement		
Board Assurance Framework	E4	Access, Waiting Times, Care Pathways and Constitutional Standards					
Strategic Aims	Not applicable.						
CQC Domains	Safe/Effective/Caring/Responsive & Well Led						
Previous Considerations	Not applicable.						
Summary	The purpose of this report is to: • Summarise the current performance. • Provide the Board with oversight of Trust priority actions for improvement. • Highlight areas of high or low performance.						
Highlights	Areas of positive assurance: - Compliance with 32-day cancer target - Reduction in long waiting suspected cancer patients. Areas requiring improvement: - Compliance with Faster Diagnosis Standard - 2 Week Waiters (WW) - 62 Day Rule						
Recommendation(s)	The Board is requested to note the contents of the report and the recommendation is that a further update is provided to the November 2023 Board of Directors.						
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.						

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Cancer Action Plan

Trust Position

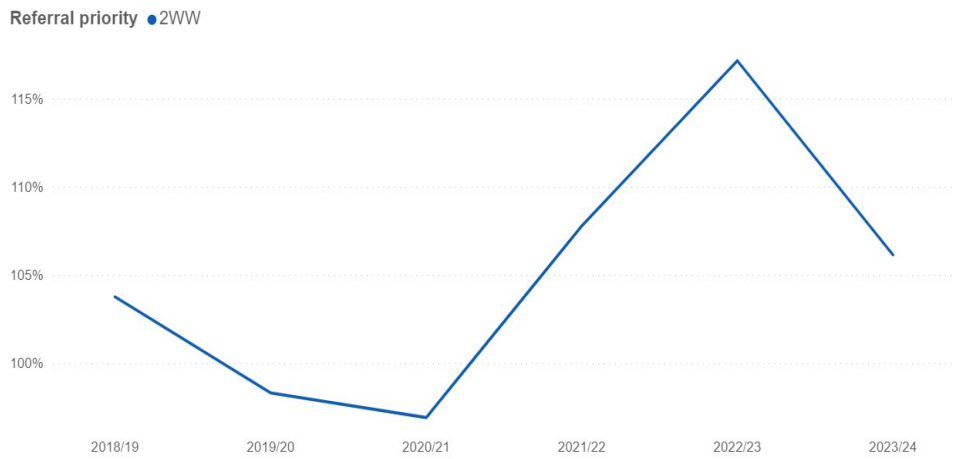
	Apr-22	May-22	Jun-22	Q1	Jul-22	Aug-22	Sep-22	Q2	Oct-22	Nov-22	Dec-22	Q3	Jan-23	Feb-23	Q4
14 Day Referral (Target - 93%)	65.5%	75.9%	70.7%	71.2%	75.1%	65.4%	55.3%	64.7%	70.1%	66.4%	66.0%	67.6%	64.3%	63.0%	63.6%
Total Patients (14 Day)	1092	1438	1239	3769	1228	1424	1459	4111	1408	1421	1052	3881	1201	1375	2576
Total Treated (14 Day)	715	1091	876	2682	922	931	807	2660	987	943	694	2624	772	866	1638
Total Breaches (14 Day)	377	347	363	1087	306	493	652	1451	421	478	358	1257	429	509	938
31 Day from Decision to Treatment (Target 96%)	93.6%	94.2%	94.6%	94.1%	95.5%	97.5%	94.4%	95.9%	97.8%	98.2%	100.0%	98.7%	92.9%	96.9%	94.9%
Total Patients (31 Day)	125	104	111	340	111	120	107	338	89	111	104	304	99	98	197
Total Treated (31 Day)	117	98	105	320	106	117	101	324	87	109	104	300	92	95	187
Total Breaches (31 Day)	8	6	6	20	5	3	6	14	2	2	0	4	7	3	10
62 Day GP Referral to Treatment (Target - 85%)	72.2%	67.7%	70.7%	70.2%	76.4%	69.6%	74.5%	73.4%	79.8%	85.7%	69.6%	78.6%	45.8%	58.5%	51.5%
Total Patients (62 Day)	84.5	83.5	87	255	80.5	85.5	80.5	246.5	59.5	73.5	67.5	200.5	71	59	130
Total Treated (62 Day)	61	56.5	61.5	179	61.5	59.5	60	181	47.5	63	47	157.5	32.5	34.5	67
Total Breaches (62 Day)	23.5	27	25.5	76	19	26	20.5	65.5	12	10.5	20.5	43	38.5	24.5	63
FDS % Meeting Standard (Target - 75%)	56.6%	61.5%	67.9%	62.2%	60.1%	51.3%	57.8%	56.3%	62.2%	62.1%	61.4%	61.8%	63.2%	73.7%	68.40%
Total Patients	1113	1432	1285	3830	1196	1357	1475	4028	1469	1592	1258	4319	1240	1208	2448
Total Compliant	630	881	872	2383	719	696	853	2268	914	989	768	2671	784	890	1674
Total Breached	483	551	413	1477	477	661	622	1760	555	603	490	1648	456	318	774

2WW KPI

Countess of Chester Hospital NHS Foundation Trust

Overall Performance

As visible from the table on the first slide 2WW performance has been challenging, however for context we have seen a significant increase in 2WW referrals as the chart here shows.



Areas of Concern

- Breast – February Performance - 4.9%
- Skin – February Performance – 39.8%

Actions Undertaken to Resolve

- Breast – Bi-weekly Meeting with Radiology input commenced to review capacity
- Breast – WLI Clinics created in March to reduce backlog
- Skin - Business case in submission to expand substantive workforce, Trust Locum consultant approved.
- Skin - PIFU being used to good effect, A&G has been switched off and use of teledermatology for referrals for lesions only.

31 DTT KPI

The trust is in a strong position regarding our performance against the 31DTT KPI both in month (February and from an historical context) as the below table demonstrates : -

31 Day from Decision to Treatment (Target 96%)	93.6%	94.2%	94.6%	94.1%	95.5%	97.5%	94.4%	95.9%	97.8%	98.2%	100.0%	98.7%	92.9%	96.9%	94.9%
Total Patients (31 Day)	125	104	111	340	111	120	107	338	89	111	104	304	99	98	197
Total Treated (31 Day)	117	98	105	320	106	117	101	324	87	109	104	300	92	95	187
Total Breaches (31 Day)	8	6	6	20	5	3	6	14	2	2	0	4	7	3	10

The performance against this metric is consistently high across all tumour groups both in month and historically.

62 Day Treatment from GP Referral KPI

NHS
Countess of Chester Hospital
NHS Foundation Trust

Areas of Concern

- Head & Neck – February Performance – 33.3%
- Lower GI – February Performance – 40.0%
- Upper GI– February Performance – 20.0%
- Urology– February Performance – 28.6%

Actions Undertaken to Resolve

- H&N – Business case submitted and approved by CMCA for Cancer Support Worker 0.4WTE, Radiology Admin 0.2WTE, and Biomedical Scientist 0.5WTE, recruitment underway
- H&N – Escalation in place for patients exceeding 7 days without an appointment with appointment hotline
- Lower & Upper GI – Implementation of optimal timed pathway (Target Date 01.06.23)
- Lower GI – Implementation of new FIT pathway, bi-weekly implementation meetings from 09.02.23 with implementation 15.05.23
- Lower/ Upper GI & Urology – Increase clinic capacity for post MDT Follow-up (Target date 01.06.23)
- Upper GI – Ensure timely review of ACD's – time to be included within job plans
- Urology – CMCA undertaking review of MDT for optimisation
- Urology - Agree controls to mitigate UTIs on the day of surgery and diagnostics (TPLA) to avoid cancellations for bladder cancers

28 Day FDS KPI

Countess of Chester Hospital NHS Foundation Trust

Overall Performance

As visible from the table we have a mixed picture in delivery of the 28 day FDS.

Areas of Concern

- Lower GI – February Performance – 59.0%
- Gynaecology – February Performance – 54.2%
- Urology- February Performance – 32.2%

February Performance

	<28	>28	Total	% <28
Breast	188	11	199	94.5%
Colorectal	118	82	200	59.0%
CUP	0	1	1	0.0%
Gynaecology	84	71	155	54.2%
Haematology	1	4	5	20.0%
Head and Neck	133	24	157	84.7%
Lung	10	3	13	76.9%
Other	3	1	4	75.0%
Paediatric	0	1	1	0.0%
Sarcoma	0	1	1	0.0%
Skin	251	46	297	84.5%
Upper GI	83	14	97	85.6%
Urology	28	59	87	32.2%

Actions Undertaken to Resolve

- Lower GI – Ring fenced CT slots required to prevent delays in pathway. Dedicated CT slots allocated twice weekly
- Lower GI - Endoscopy results documented and issued on the day of scope
- Gynaecology – On-going recruitment into CNS role to support increased capacity for oncology patients
- Gynaecology - Ensure adequate secretarial support to type F/T letters within 24hrs, A Pool has now been set up in power chart. Consultants use the pool instead of individual secretaries and this is monitored daily.
- Urology - Monitor the utilisation of protected slots for CTU.-Introduce a spreadsheet to monitor utilisation (Implemented)
- Urology - Standardise number of TPLA on lists to 5 (Implemented)
- Urology - Informing patients following a negative cystoscopy and documenting this on the system (post-operative notes) followed up with a template letter for audit purposes. (Target date 30.05.23)
- Urology - TPLA capacity (Target date 30.05.23)
  o Change in practice regarding prophylaxis
  o Training an additional nurse to support lists

Meeting	**23rd May 2023**		**Board of Directors**				
Report	**Agenda item 15a)**		**Finance Report - Month 12 (2022/23)**				
Purpose of the Report	Decision		Ratification		Assurance	Information	**X**
Accountable Executive	Simon Holden				Director of Finance		
Author(s)	Helen Wells				Interim Deputy Director of Finance		
Board Assurance Framework	E1	Underlying Long Term Trust Financial Sustainability					
Strategic Aims	Not applicable.						
CQC Domains	Safe, Caring, Responsive, Effective & Well Led.						
Previous Considerations	Finance & Performance Committee – 17th May 2023						

Summary

The purpose of this report is:

To provide an update on the financial performance for March 2023 (Month 12).

The Board is asked to note:

a) The Trust's plan for 2022/23 is a £3.1m deficit following the receipt of further system funding but requires delivery of a £16.3m Efficiency Programme.

b) The expected year to date deficit to March (Month 12) is £3.1m, and the Trust is currently reporting a year end deficit of £25.7m, so an adverse movement to plan of £22.6m.

c) In conjunction with the Integrated Care Board (ICB) and national year end position, the Trust has been able to take a more prudent approach in relation to the financial impact of the junior doctor industrial action and non-consolidated pay award. The combination of these reviews has resulted in a deterioration of the previously anticipated forecast position of £5m.

d) The achievement of the full year deficit plan of £3.1m assumed delivery of £16.3m Value Improvement Program. This target was profiled from Quarter 2 (i.e. from July 2022 onwards), to allow the Trust time to develop plans for delivery of efficiencies (i.e. £1.8m target per month from July 2022 onwards). The Value Improvement Program is reporting an adverse variance for the year of £0.9m.

e) There are some significant pressures in month and for the year to date, as at month 12, namely;

Description	In Month variance £'m (Month 11)	In Month variance £'m (Month 12)	Year end variance £'m
Nursing Pay	0.5	0.6	9.4
Medical Pay	0.3	0.3	5.0
Drugs	0.5	0.5	4.3
Outsourcing	0	0	3.1
Services Rec'd	0.1	0.2	1.3
VIP	(1.6)	(0.1)	0.9
Reserves etc	(1.2)	5.0	-1.4
Total	(1.4)	6.5	22.6

The Board is also asked to note the following key risks/issues:

1) The Plan assumes the receipt of £8.4m Elective Recovery Funding (ERF), the Trust's current submitted activity trajectories do not align with this income assumption, but the Trust has been instructed to assume receipt by the Integrated Care Board.
2) The Value Improvement Plan target was profiled to start from July 2022. In this financial year a significant amount of the savings identified are non-recurrent meaning that they will be carried forward into 2023/24 financial plans. It is imperative than plans are in place to deliver recurrent savings in 2023/24, or the Trust will start to see a significant adverse swing in financial performance moving forwards.
3) The Trust's Plan also assumes the Executive Director Group investments approved in 2021/22 wouldn't materialise in full in 2022/23, and therefore only 75% of their value was assumed in the Plan for 2022/23. However, there have been a significant number of investments being drawn down from April 2022, currently generating a £1.5m in year pressure.

Recommendation(s)

The Board is asked to note:

1. The main costs drivers underpinning this report, namely:
    a. Nursing Expenditure (£9.4m overspent), both costs (given the current high utilisation of Agency Staff of £12.9m) and also

	volume (the increase in whole time equivalents of 199 over & above budget); b. Medical Expenditure (£5.0m overspend), both costs (given the current utilisation of Agency Staff £2.5m) and also volume (the increase in whole time equivalents of 42 over & above budget); c. The insourcing of healthcare activity (£3.1m overspend) not planned in the Trust's original budget; d. The shortfall on the funding of the recent pay award (£0.5m); e. The impact of the Bank Holiday for the Queen's funeral, being both a loss of activity (£0.17m) and premium payments (£0.8m); f. The increasing Energy costs (£0.5m); g. High Cost Drugs (£2.6m). h. The revised calculation of the financial impact of the junior doctor industrial action and non-consolidated pay award (in conjunction with the ICB) which has resulted in a deterioration of the previously reported forecast of £5m. 2. The reduced levels of elective activity when compared to the 2019/20 baseline; 3. This current year end position is currently being reported through to NHS England (NHSE) via the Cheshire and Mersey Integrated Care System; 4. The recently published 2023/24 "NHS priorities and operational planning guidance", which includes the re-introduction of Payment by Results for Elective, Day case & First Outpatient Attendances (with Outpatient Follow Ups and non-Elective Care being funded through a block approach, similarly to the current year).
Corporate Impact Assessment	
Statutory Requirements	Meets the Trust compliance with Foundation Trust Status
Quality & Safety	Seeks to address Quality & Safety issues across the Trust.
NHS Constitution	The NHS is committed to providing best value for taxpayers' money
Patient Involvement	Not applicable.
Risk	As per Board Assurance Framework and Risk Register.
Financial impact	As outlined within the report.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics.
Communication	Document to be published on the Trust's website as part of the Board of Directors agenda.

1.0 Financial Performance Overview

1.1 The final version of the 2022/23 plan was a requirement to deliver a £3.1m deficit position requiring a £16.3m Efficiency Programme.

1.2 The plan for 2022/23 is a £3.1m deficit plan (see plan profile in Appendix 2), however the Trust is reporting a final £25.7m "monitored" deficit (i.e. excluding donated assets) which is a £22.6m adverse performance against plan (subject to external audit). This is £5m worse than previously communicated forecasts following a revised assessment of the financial impact of the junior doctor industrial action (with a more prudent approach being adopted in conjunction with the ICB) and the non-consolidated pay award. This assumes receipt System Top Up monies; COVID monies and £8.4m Elective Recovery Funding (ERF) as per the plan. C&M ICB have confirmed this will not be retracted in 2022/23.

1.3 The Trust's Deficit Plan Profile (appendix 2), shows that from Month 4 (July 2022) when the Value Improvement Plan target of £16.3m was profiled to start, the Trust would have had to deliver a surplus position in each month going forwards to bring the position back to the planned £3.1m deficit. This posed a significant risk to the Trust as plans were not in place to deliver recurrent efficiency savings and achieve the activity performance required to achieve the Elective Recovery Fund income.

1.4 The overall 2022/23 Trust Position is shown below:

KEY VARIANCES	Annual Budget £000s	Mar YTD Budget £000s	Mar YTD Actual £000s	Mar YTD Variance £000s		Covid YTD Spend £000s	Covid %	Forecast Outturn £000s
INCOME								
Income - England	(279,182)	(279,182)	(279,699)	(517)				
Income - Wales	(27,129)	(27,129)	(27,129)	(0)				
Other Clinical Income	(10,168)	(10,168)	(10,635)	(467)				
Non Patient Income	(31,365)	(31,365)	(31,302)	63				
INCOME	**(347,843)**	**(347,843)**	**(348,764)**	**(921)**		**0**		
PAY								
Nursing	93,891	93,891	103,317	9,426			0%	
Medical	62,490	62,490	67,511	5,021			0%	
Admin & Clerical	32,437	32,437	32,177	(260)			0%	
AHP, Therapies, Diagnostics & Pharmacy	34,679	34,679	34,262	(416)			0%	
Other	27,298	27,298	27,397	98			0%	
TOTAL PAY	**250,795**	**250,795**	**264,664**	**13,869**		**0**	**0%**	
NON PAY								
Drugs	21,085	21,085	25,360	4,275			0%	
Medical & Surgical Equipment	14,075	14,075	14,745	670			0%	
Depreciation	6,989	6,989	13,381	6,392			0%	
CNST	8,304	8,304	8,219	(85)			0%	
Purchase Of Healthcare Non Nhs	1,314	1,314	4,398	3,084				
Furniture & Office Equipment, Equip Hire & Computers	6,383	6,383	6,990	607			0%	
Building & Engineering	1,427	1,427	2,056	629				
Other (inc Reserves & CRS)	38,137	38,137	38,906	768			0%	
TOTAL NON PAY	**97,714**	**97,714**	**114,054**	**16,340**		**0**	**0%**	
TOTAL	**666**	**666**	**29,955**	**29,289**		**0**		
REMOVE DONATED ASSET TRANSACTIONS	**(59)**	**(59)**	**52**	**111**				
REMOVE IMPAIRMENT	**(2,341)**	**(2,341)**	**4,220**	**6,561**				
REVISED TOTAL	**3,066**	**3,066**	**25,683**	**22,617**				

Income

1.5.1 As in 2021/22, Payment by Results (PbR) remains suspended for 2022/23 with the majority of income remaining under block contracts.

1.5.2 Overall income is £921k ahead of plan at the end of Month 12. This is predominately due to additional income relating to the bowel screening SLA. Non patient income performance (in the table above) largely relates to higher commercial Procurement income than planned of £388k, offset by reduced levels of car parking income compared to 2019/20 levels which is reporting a year end adverse variance of £704k.

1.5.3 The Month 12 position includes the following income in line with the £3.1m deficit final plan:

- System Top Up Funding – £21.474m;
- System COVID Funding – £9.851m;
- CCG Funding - £3.300m; and
- Elective Recovery Funding (104%) – £8.497m.

Elective Activity

1.5.4 To achieve the £8.44m Elective Recovery Funding (ERF) relating to only English activity (currently assumed within the plan and Month 12 financial position), the Trust was required to deliver 104% of actual elective activity delivered in 19/20 (which was significantly below the 19/20 plan and hence a more favourable starting position for 22/23).

1.5.5 Therefore, the Trust has been developing its activity reporting to be consistent with this requirement. The table below shows the 19/20 activity adjusted for working days, 104% of 19/20 activity target, the 22/23 activity delivered and the variances against both targets to demonstrate the current performance against this planning assumption:

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Daycase	19/20 Adjusted for working days	2,770	3,000	2,972	3,005	2,879	3,149	3,134	3,275	2,815	3,066	3,046	2,858	35,969
	104% of 19/20 Activity	2,881	3,120	3,091	3,125	2,994	3,275	3,259	3,406	2,928	3,189	3,168	2,973	37,407
	22/23 Actual	1,997	2,513	2,295	2,322	2,538	2,289	2,329	2,594	2,252	2,481	2,325	2,591	28,526
Actual %		72%	84%	77%	77%	88%	73%	74%	79%	80%	81%	76%	91%	79%
Variance (+/-)	to 19/20	(773)	(487)	(677)	(683)	(341)	(860)	(805)	(681)	(563)	(585)	(721)	(267)	(7,443)
Variance (+/-)	to 104% of 19/20	(884)	(607)	(796)	(803)	(456)	(986)	(930)	(812)	(676)	(708)	(843)	(382)	(8,881)
Inpatient	19/20 Adjusted for working days	307	346	350	331	368	372	370	461	350	356	377	347	4,335
	104% of 19/20 Activity	319	360	364	345	382	387	385	479	364	370	392	361	4,508
	22/23 Actual	185	247	213	226	192	264	287	252	219	183	228	284	2,780
Actual %		60%	71%	61%	68%	52%	71%	78%	55%	63%	51%	60%	82%	64%
Variance (+/-)	to 19/20	(122)	(99)	(137)	(105)	(176)	(108)	(83)	(209)	(131)	(173)	(149)	(63)	(1,555)
Variance (+/-)	to 104% of 19/20	(134)	(113)	(151)	(119)	(190)	(123)	(98)	(227)	(145)	(187)	(164)	(77)	(1,728)
OP - NEW	19/20 Adjusted for working days	7,519	8,446	7,886	8,313	7,983	8,645	8,279	8,746	7,035	8,370	8,279	8,407	97,908
	104% of 19/20 Activity	7,820	8,784	8,201	8,646	8,302	8,991	8,611	9,095	7,316	8,705	8,610	8,743	101,825
	22/23 Actual	6,331	7,976	7,174	7,052	7,337	7,499	7,856	8,953	6,759	7,755	7,934	8,057	90,683
Actual %		84%	94%	91%	85%	92%	87%	95%	102%	96%	93%	96%	96%	93%
Variance (+/-)	to 19/20	(1,188)	(470)	(712)	(1,261)	(646)	(1,146)	(423)	207	(276)	(615)	(345)	(349)	(7,225)
Variance (+/-)	to 104% of 19/20	(1,489)	(808)	(1,027)	(1,594)	(965)	(1,492)	(755)	(142)	(557)	(950)	(676)	(686)	(11,142)
OP - FU	19/20 Adjusted for working days	16,709	18,265	17,184	17,414	17,335	18,399	18,013	18,687	15,959	18,446	17,771	19,437	213,618
	104% of 19/20 Activity	17,377	18,996	17,871	18,110	18,028	19,135	18,733	19,435	16,597	19,183	18,482	20,215	222,163
	22/23 Actual	14,234	16,380	15,836	15,877	16,666	17,206	17,758	19,255	16,035	18,321	17,775	19,582	204,925
Actual %		85%	90%	92%	91%	96%	94%	99%	103%	100%	99%	100%	101%	96%
Variance (+/-)	to 19/20 Outturn	(2,475)	(1,885)	(1,348)	(1,537)	(669)	(1,193)	(255)	568	76	(125)	4	145	(8,693)
Variance (+/-)	to 104% of 19/20 Outturn	(3,143)	(2,616)	(2,035)	(2,233)	(1,362)	(1,929)	(975)	(180)	(562)	(862)	(707)	(633)	(17,238)
Planned, Urgent & Other	NBI's	21	19	26	13	24	32	43	33	55	85	211	440	1,002
	NBO's	9	6	5	6	15	18	17	33	16	17	42	283	467

1.5.6 Despite a low base year being the foundation of the 22/23 target, expenditure of £3.272m on outsourcing activity and £2.612m on Additional Clinical Activity (ACA), the cumulative performance at Month 12 is as follows:

- Daycase activity performance is 79% of 19/20 activity levels. This equates to 8,881 daycases below the required 104% target;
- Elective inpatient activity performance is 64% of 19/20 activity levels. This equates to 1,728 admissions below the required 104% target;
- New outpatient activity performance is 93% of 19/20 activity levels. This equates to 11,142 appointments below the 104% target; and
- Outpatient Follow Up activity performance is at 96% of 19/20 activity levels. This equates to 17,238 appointments below the 104% target.

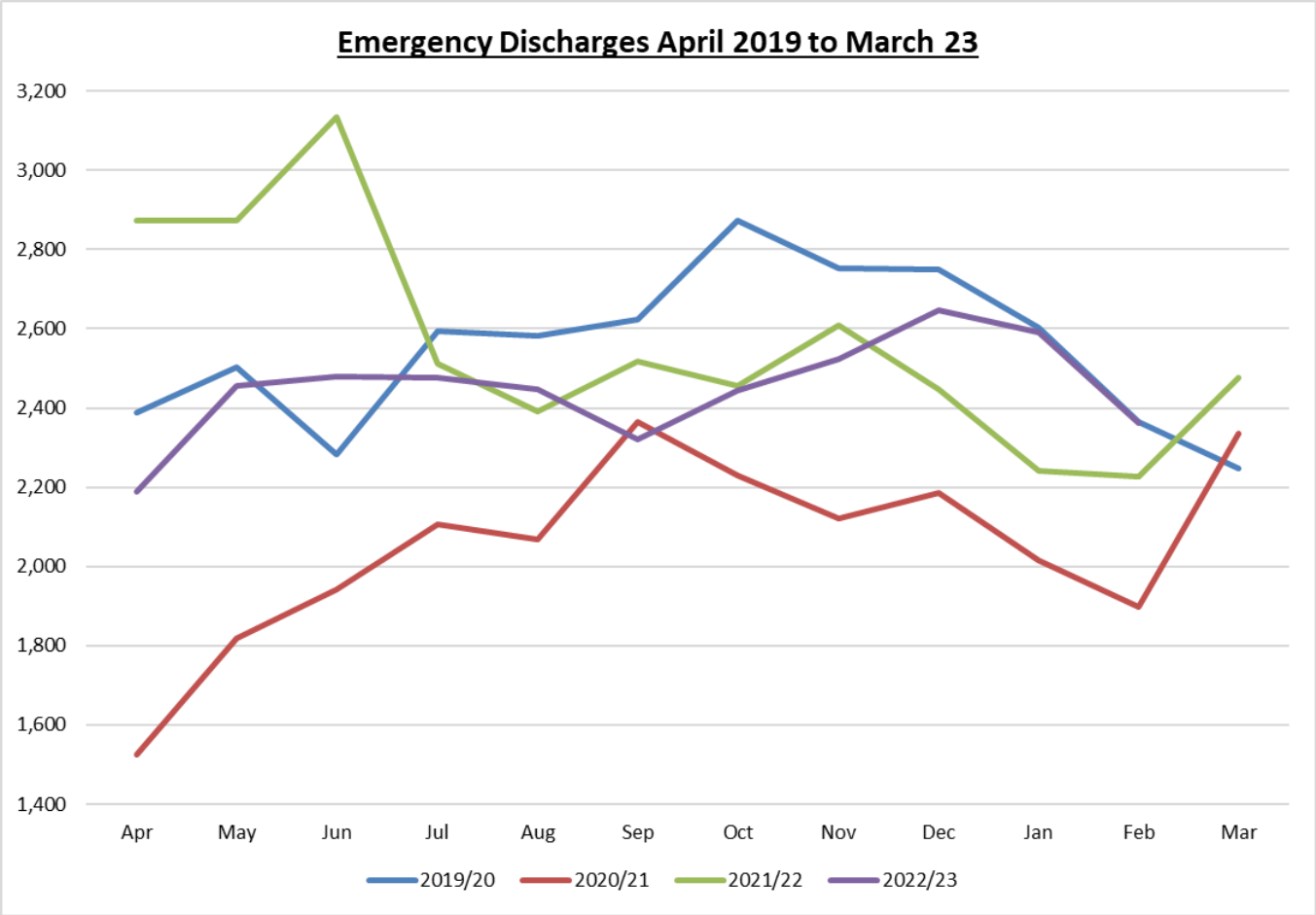
1.5.7 There are still 1,469 appointments across April 2022 to March 2023, that have not been booked in or out on the Electronic Patient Record (EPR) system and therefore not included in the Trust's activity. A proportion of this activity may not convert to actual attendances due to patients not attending for example. This activity will only be included once this process has been completed and has only become a significant issue post Cerner implementation, a new Electronic Patient Record (EPR), which took place after the 19/20 base year.

1.5.8 Work is ongoing, led by the Executive Chief Operating Officer, to understand the reasons for not delivering the activity delivered in the 2019/20 financial year (pre-COVID) and to develop plans to recover productivity. It is thought this is a consequence of mainly (but not exclusively) covid restrictions still in place, coupled with loss of productivity following Cerner implementation and associated reduction in clinical templates.

1.5.9 The detailed variance by specialty and elective point of delivery is shown in Appendix 1 demonstrating underperformance across almost all specialties.

Non-Elective Activity

1.5.10 The Month 12 reported position shows a 3% (equivalent to 939 patients) reduction on the 19/20 baseline on emergency discharges.



From internal discussions, this doesn't reflect the operational pressures currently being experienced in the hospital, and hence work is ongoing to understand the data post Cerner implementation. The following are known issues currently being worked through though, namely:

- Clinical Decision Unit (CDU) activity was previously counted as an inpatient admission, however since the Electronic Patient Record (EPR) implementation, this activity remains on an Accident & Emergency (A&E) attendance account and hence does not generate a non elective episode;

- Pre – Cerner implementation, attendances to GP clinic were recorded as admissions. This is no longer the case and thought to be in the region of circa 2,600 per annum; and

- Patients who are being cared for in A&E either due to lack of beds elsewhere in the hospital, or because we no longer have an Emergency Assessment Unit, will also remain on an A&E attendance account.

Further work remains ongoing to investigate, validate and where possible rectify this position with Operational and Business Intelligence colleagues. However, this is taking longer than anticipated due to the Trust's limited resources being directed to resolving clinical Cerner issues as a priority.

Pay

1.6.1 The Pay position is £13,869k overspent at the end of March 2023. The most significant pressures for pay expenditure continue to be nursing (£9,426k overspent year to date (YTD)) and medical costs (£5,021k overspent YTD) driven by the reliance on bank and agency staff, with agency staff incurring premium rates. The tables below provide an analysis of agency spend year on year and as a proportion of each staff group;

Agency Spend by Staff Group	19/20	20/21	21/22	22/23	Yearly Movement 21/22 to 22/23	Yearly Movement in %
Admin & Clerical	£ 58,632	£ 151,116	£ 642,783	**£ 1,600,359**	£ 957,576	149%
Medical	£ 2,186,354	£ 2,092,661	£ 2,184,548	**£ 2,549,357**	£ 364,809	17%
Nursing	£ 420,670	£ 3,346,196	£ 8,356,865	**£ 12,984,419**	£ 4,627,554	55%
Allied Health Professional	£ 175,607	£ 76,411	£ 85,584	**£ 620,835**	£ 535,251	625%
Health Care Scientists	£ 133,831	£ 89,028	£ 101,314	**£ 207,751**	£ 106,437	105%
TOTAL	**£ 2,975,094**	**£ 5,755,413**	**£ 11,371,094**	**£ 17,962,721**	**£ 6,591,627**	**58%**
Total Pay Bill	**£ 179,577,000**	**£ 218,177,000**	**£ 231,024,000**	**£ 264,664,331**		
Agency spend as a % of total Pay Bill	**2%**	**3%**	**5%**	**7%**		

Staff Group	Agency Spend YTD to M12	Total Pay Group Spend YTD to M12	% Agency
	£000s	£000s	
Medical	2,549	67,511	4%
Nursing	12,984	103,317	13%
PTA / PTB	829	34,262	2%
Admin & Clerical	1,600	32,177	5%
Other	-	27,397	0%
TOTAL PAY	**17,963**	**264,664**	**7%**

Agency spend for the year indicates a £6.6m increase compared to 2021/22 with:

- Administration and Clerical has increased by £958k. This is due to the additional roles associated with data validation following Cerner implementation;
- The nursing agency spend being 13% of the total nursing pay bill with a significant year on year increase despite additional investment and hence recruiting to substantive posts needs to continue to progress at pace to facilitate a permanent reduction in agency costs;
- To support this financial position the Director of Nursing & Quality provided a Nursing and Midwifery Workforce plan to reduce agency spend by a projected £6.4m by the end of the year;

- This included work around the recruitment of nurses and reduction in average supernumerary period for international nurses from 5 to 3 months. This has resulted in a reduction in nurse agency costs in months 11 and 12 compared to months 1 – 10 (although not at the rates initially planned), which is partly offset by nurse incentive payments.

1.6.2 Update on Nursing Business Case Investment of £7.2m and overall Nursing Pay Position

The £7.2m Nursing Business Case investment has now fully been allocated into the Nursing pay position and hence fully accounted for when reviewing the financial position of Nursing pay. The increase to the Nurse cover budget from 19.65% to 23% (equating to £1,752k) has now been allocated to Divisions as per the Business Case. The additional funds approved for cover for nurses on maternity leave has also been allocated into divisional budgets to cover costs incurred for 2022/23.

Nursing pay is £9.4m overspent at the end of March 2023 and 199.37 WTE above funded establishment. The table below shows the Trust is significantly underspend against substantive posts but is over establishing with bank and agency usage at premium rates to levels in excess of the Business Case funding and whole-time equivalents. Key drivers for this are identified in section 1.6.4 below.

Nursing Pay	YTD M12 Var £000s	M12 Actual WTE Var
Subtantive	(12,132)	**(116.36)**
Bank	8,548	245.06
Agency	13,010	64.86
Total	**9,426**	**193.56**

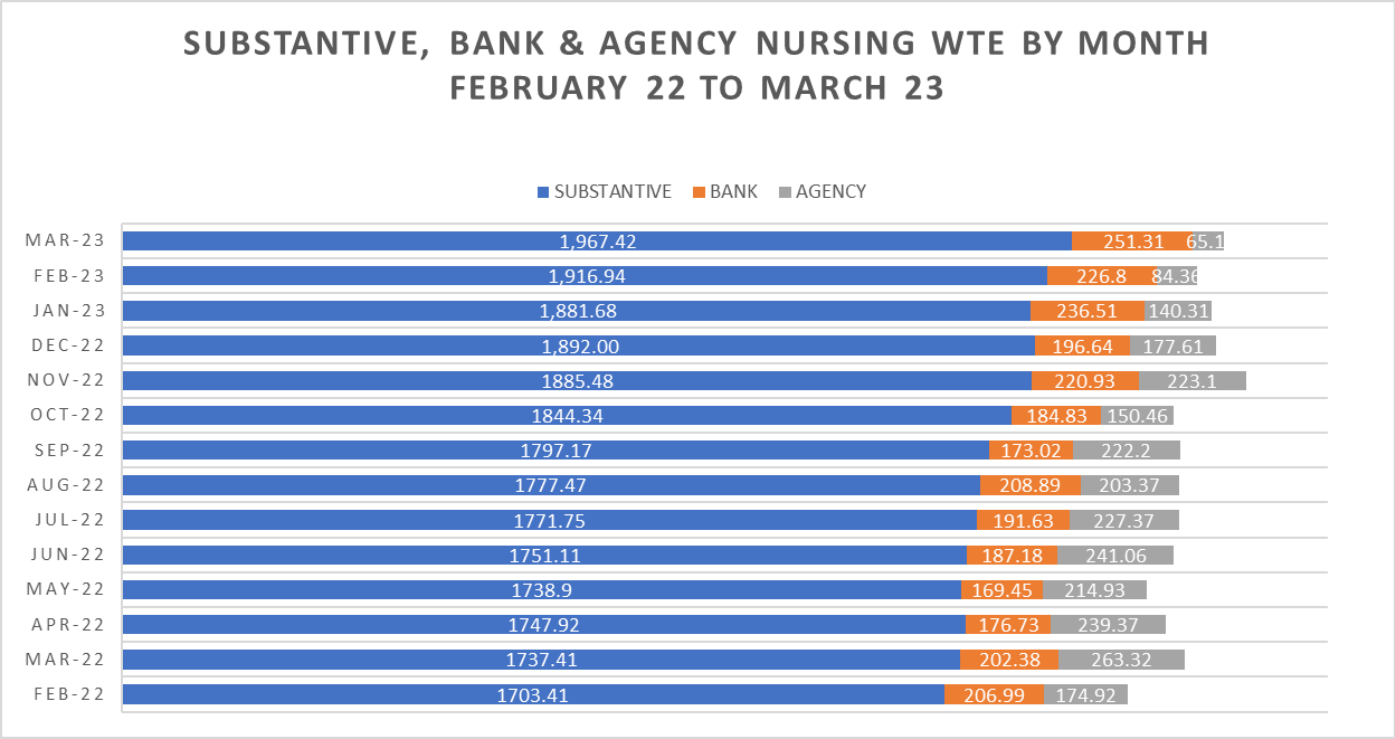
1.6.3 The £7.2m investment is predicated on reducing the significant levels of expenditure on both nurse bank and agency. This will continue to be monitored over the coming months to ensure as substantive recruitment is achieved, the premium costs associated with the use of bank and agency staff reduce. However, this is yet to be seen with overall (substantive, agency and bank) whole time equivalents (WTE) employed during Month 12 still remaining at high levels and 193.56 wte over budgeted establishment.

	ANNUAL BUDGET	YTD M12 BUDGET	YTD M12 ACTUAL	YTD M12 VAR	M12 BUDGET	M12 ACTUAL	M12 VAR
NURSING PAY	**£000's**	**£000s**	**£000s**	**£000s**	**WTE**	**WTE**	**WTE**
Trained	65,849	65,849	57,391	(8,458)	1,249.14	1,196.14	(53.00)
Untrained (incl HCA's)	27,781	27,781	24,107	(3,674)	828.83	771.28	(57.55)
Bank - Trained	167	167	3,362	**3,195**	2.50	87.87	**85.37**
Bank - Untrained	120	120	5,473	**5,352**	3.75	163.44	**159.69**
Agency - Trained	(26)	(26)	10,011	**10,037**	0.31	45.05	**44.74**
Agency - Untrained			2,973	**2,973**		20.12	**20.12**
TOTAL NURSING PAY	**93,891**	**93,891**	**103,316**	**9,426**	**2,084.53**	**2,283.90**	**199.37**

1.6.4 The key areas of over-spend by division and the drivers for spend are shown below;

Division	YTD M12 Var £000s	WTE M12 Var	Key Reasons
Planned Care	1,071	21.47	ICU £570k, 5.86 wte - agency nurse usage £756k
			Ward 41 £566k, 12 wte - agency usage £428k
			Maternity Theatres - additional staffing 24/7 following CQC visit £314k 10 wte. (NB Overall Theatres underspent)
			Ward 56 - Arthroplasty Unit (£98k)
Womens & Childrens	(896)	(24.94)	Maternity Pay (£675k), (22.52 wte) - Vacancies & Ockenden funding in position
			NNU (£139k), (1 wte)
Urgent Care	5,861	76.99	ED Nursing £2,714k, 34 wte - due to workload pressures with additional band 5 nurses rostered on each shift. SIE policy in operation for 107 days YTD (15 days in March)
			AMU (ward 47) £624k, 1 wte - additional 10 escalation beds open
			RSU £373k
			Ward 33 £477k, 16 wte - additional 22 escalation beds open. Winter funding has been allocated here for Oct to Mar 23
			Wards 50 & 51 (Frailty wards) £518k
			Ward 44 £487k
ICP	(249)	9.40	Bluebell ward reconfiguration now funded as agreed at EDG
Nurse Management - Supernumerary Student Nurses	354	12.73	Pressure, while training, until able to fill substantive trained nurse post
Nurse Management - Supernumerary International Nurses	2,556	107.65	Pressure, while training, until able to fill substantive trained nurse post
Nurse Management - Covid Nursing Spend	1,842		Roster usage reason for Covid cover, now removed
Nurse Management - Nursing BC Funding	(553)		Balance of £7.2m BC funding held centrally
Total Analysed	9,986	203.30	
Overall Nursing Pay Position	9,426	193.56	
Month 10 In Month Variance	799	168.86	
Month 11 In Month Variance	542	147.04	
Month 12 In Month Variance	598	195.36	

1.6.6 The following chart shows by month the breakdown of nursing staff by substantive, bank, and agency for both trained and untrained nurse staffing from February 2022 to March 2023;



Substantive numbers have increased by 264.01 WTE since February 2022 (with a reduction in agency WTE of 109.82). It is important that progress against the substantive recruitment of the required nurses approved in the Nursing Business Case investment continues to progress allowing premium costs of agency to reduce. This will continue to be monitored monthly moving forward including attrition rates, recruitment, sickness, and other influencing factors.

1.6.7. A financial virement of £963k (FYE) has been separately actioned from this previously approved Business Case. The aim being to appoint an additional 12 WTE Senior Nurses, which was not in the original Business Case, on the basis this will be cost neutral (i.e. the overall Business Case quantum will remain unchanged). The intention is that these posts, which are currently out to advert, will support all divisions to deliver workforce recruitment, retention, oversight, rota utilisation and control agency spend. There remains a risk that these posts will result in an additional overspend, over and above the current level experienced in nursing.

1.6.9. Medical Pay

Medical pay is £5,021k overspent at the end of March 2023 and 41.86 WTE above establishment with £2,549k spent on medical agency.

	ANNUAL BUDGET	YTD M12 BUDGET	YTD M12 ACTUAL	YTD M12 VAR	M12 BUDGET	M12 ACTUAL	M12 VAR
MEDICAL PAY	**£000's**	**£000s**	**£000s**	**£000s**	**WTE**	**WTE**	**WTE**
Consultants	37,010	37,010	36,865	**(144)**	247.44	241.85	**(5.59)**
Junior Medical	25,457	25,457	28,096	**2,639**	333.21	369.26	**36.05**
Agency	23	23	2,549	**2,526**	0.00	11.40	**11.40**
TOTAL MEDICAL PAY	**62,490**	**62,490**	**67,511**	**5,021**	**580.65**	**622.51**	**41.86**

The main pressures driving the medical pay overspend are detailed in the table below;

Speciality	YTD M12 Var £000s	Key Reasons
ED Medical	1,738	**Locum usage to cover additional work pressures. SIE policy in operation for 107 days YTD (15 days in March)**
Escalation Ward (w33)- Medical Cover (General Medicine)	308	**1 wte Consultant & 2 wte ST1-3 Agency medical cover for the Escalation Ward. Winter funding has been allocated here for Oct to Mar 23**
Escalation Beds - Medical Cover (Acute Medicine)	232	**Escalation Beds - Medical Cover**
Urgent Care ACAs	538	**ACAs worked to cover both ward 33 escalation ward being open and workload pressures**
Covid Medical Spend	220	**Recorded as Covid spend as this is the reason given when booking shifts**
Planned Care ACAs	1,729	**ACAs incurred across various specialties facilitating predominantly the delivery of the recovery workload.**
Total Analysed	**4,765**	
Overall Medical Pay Position	**5,021**	

Month 10 In Month Variance	**426**
Month 11 In Month Variance	**247**
Month 12 In Month Variance	**333**

1.6.8 Additional spend on Additional Clinical Activity (ACAs) also needs further review, in light of the elective performance, and is being explored by operational colleagues with support from the Finance team.

1.6.9 Costs associated with covering the junior doctor industrial action in March is assumed within the month 12 position.

Non-Pay

1.6.10 Total Non-Pay is £16,340k overspent including reserves and Interest Receivable. Key variances are shown in the table below:

Description	YTD M12 Var £000	Key Reasons
Purchase of Healthcare Non NHS	**3,084**	Outsourcing of activity to external providers of healthcare to help facilitate delivery of 2022/23 activity targets
		1010 - £1,985k YTD - £1,121k Urology, £862k ENT, £2k Plastics
		Nuffield - £37k YTD - £35k Paeds Urol, £2k T&O
		Pioneer £590k YTD - £484k OMFU,£78k Ophthalmology, £48k Plastics
		Pioneer £208k YTD Gynaecology
		Endoscopy £204k, CRV £46k
Drugs	**4,275**	Expenditure on high cost drugs £2,630k ytd, balance relates to divisional drug pressures (including ITU & Anaesthetics £352k,Respiratory £86k, ED £169k, Diabetes £87k)
Medical & Surgical Equipment Purchases	**670**	Predominantly Planned Care Theatres and Diagnostics & Pharmacy in relation to activity
Energy (Gas & Electricity)	**390**	Forecast pressure for year reduced from £1m due to receipt of actual invoices
Building & Engineering	**629**	Estates spend on building & engineering materials and contractors including backlog maintenance
Interest Receivable	**(646)**	
Furniture & IT	**607**	
Services Received	**1,286**	£967k relates to International Nurses recruitment costs
Other (inc Reserves)	**(515)**	Trust Reserves - e.g. Covid, Contingency
Impairment	**6,561**	
Total	**16,341**	
Overall Non Pay Position (inc Interest Receivable)	**16,340**	

Additional costs of £3,084k have been incurred to insource / outsource elective activity to support the reduction in long waiters which whilst improving the operational performance, has had a detrimental impact on the financial position.

High-Cost Drugs are contributing £2,630k towards the Trust's overspend at the end of Month 12. It should be noted that this type of expenditure can be variable. Previously High Costs Drugs have been funded on a pass-through payment system, but this year are included within the block contract at a level lower than the costs incurred. This is being closely monitored and reported externally.

2.0 Divisional Positions

2.1 The breakdown of the Trust reported year end variance by Division is shown below.

Divisional Variances	Apr YTD Var	May YTD Var	June YTD Var	July YTD Var	Aug YTD Var	Sep YTD Var	Oct YTD Var	Nov YTD Var	Dec YTD Var	Jan YTD Var	Feb YTD Var	Mar YTD Var	Movement
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Planned Care	55	766	1,194	1,999	2,211	2,664	3,137	3,743	4,205	4,557	4,405	**4,558**	**153**
Urgent Care	466	1,005	1,688	2,142	3,051	3,979	4,702	5,869	7,095	8,202	9,039	**10,132**	**1,093**
ICP	(32)	(49)	(85)	(203)	(246)	(622)	(656)	(770)	(812)	(906)	(1,007)	**(1,081)**	**(74)**
D&P	(49)	(98)	(172)	(283)	(278)	(350)	(354)	(462)	(394)	(186)	(466)	**(234)**	**232**
Facilities	46	144	234	301	512	544	640	722	753	806	875	**885**	**10**
Estates	(23)	9	73	(25)	(57)	98	203	413	577	504	325	**364**	**39**
Nurse Management	(220)	914	1,757	2,189	2,628	3,087	3,983	4,467	5,181	5,606	5,881	**6,035**	**154**
Corporate Services	18	37	65	156	135	108	15	(154)	(150)	(255)	(369)	**(369)**	**0**
IM&T	38	(16)	(30)	(42)	(37)	(85)	(81)	(112)	(91)	(89)	(93)	**(194)**	**(101)**
Central Services	(298)	(1,293)	(3,000)	(2,817)	(2,407)	(1,262)	(1,278)	(845)	(706)	(209)	(2,489)	**9,193**	**11,682**
Total	**1**	**1,419**	**1,724**	**3,417**	**5,512**	**8,161**	**10,311**	**12,871**	**15,657**	**18,030**	**16,101**	**29,289**	**13,188**
Exclude Donated Asset Transactions	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**91**	**0**
Variance against plan	**1**	**1,419**	**1,724**	**3,417**	**5,512**	**8,161**	**10,311**	**12,871**	**15,657**	**18,030**	**16,101**	**29,198**	**13,188**
Impairment of Fixed Assets												**(6,561)**	

The key reasons for these variances are explained above.

3.0 Recently Approved Investments

3.1 Recently approved investments are shown in the table below. Whilst the Trust Board approved the recurrent investment, the Executive Directors Group have further reviewed the "in year" ask reducing from £2.6m to £1.8m as shown in the table below.

3.2 Recruitment is now underway to fill the posts with the table below updated from prior month to reflect additional anticipated slippage.

3.3 Whilst this expenditure has been targeted to address a number of immediate pressures, this level of investment remains unfunded, creating a substantial pressure for 2023/24 and beyond. This is being reviewed as part of the 2023/24 business planning process.

Approved Part Year Effect Minimum Commitments (EDG 1 August 2022)	**WTE**	**£**	**£**
1. Business Case: Informatics	18.00	800,000	**1,440,000**
2. Business Case: Human Resources	11.00	230,000	**640,000**
3. Business Case: Operational Support	6.00	85,000	**170,000**
4. Business Case: Communications	3.00	54,167	130,000
5. Business Case: Legal	2.50	45,833	110,000
6. Business Case: Quality Governance	33.71	170,000	1,668,168
7. Business Case: Same Day Emergency Care Staffing	11.74	400,000	1,370,000
8. Maternity Patient Administration System		TBC	TBC
Sub Total	85.95	1,785,000	5,528,168

4.0 Value Improvement Program (VIP)

4.1 The updated plan submitted on 20th June 2022 required the delivery of a £16.3m Efficiency Programme. This is derived from £7.3m brought forward undelivered Cost Reduction Schemes (CRS) from 2021/22, and the initial 2% efficiency requirement for 2022/23 of £6.1m. A further £2.9m is required as part of the updated plan submitted on 20th June 2022, bringing the total efficiency requirement for 2022/23 to 5.5% which is £16.3m.

4.2 In 2022/23 £15.4m (98%) of schemes have been identified in year, but only £5.3m (32%) on a recurrent basis.

4.3 The VIP target is profiled from Quarter 2, i.e. from July 2022 onwards, to allow the Trust time to develop plans for delivery of efficiencies. (i.e. £1.8m target per month from July 2022). VIP is contributing £2.6m to the current overspend, and if no further VIP schemes are identified this will result in year-end overspend (undelivered VIP) of £3.6m.

4.5 Appendix 3 shows the VIP Monitoring spreadsheet for 2022/23.

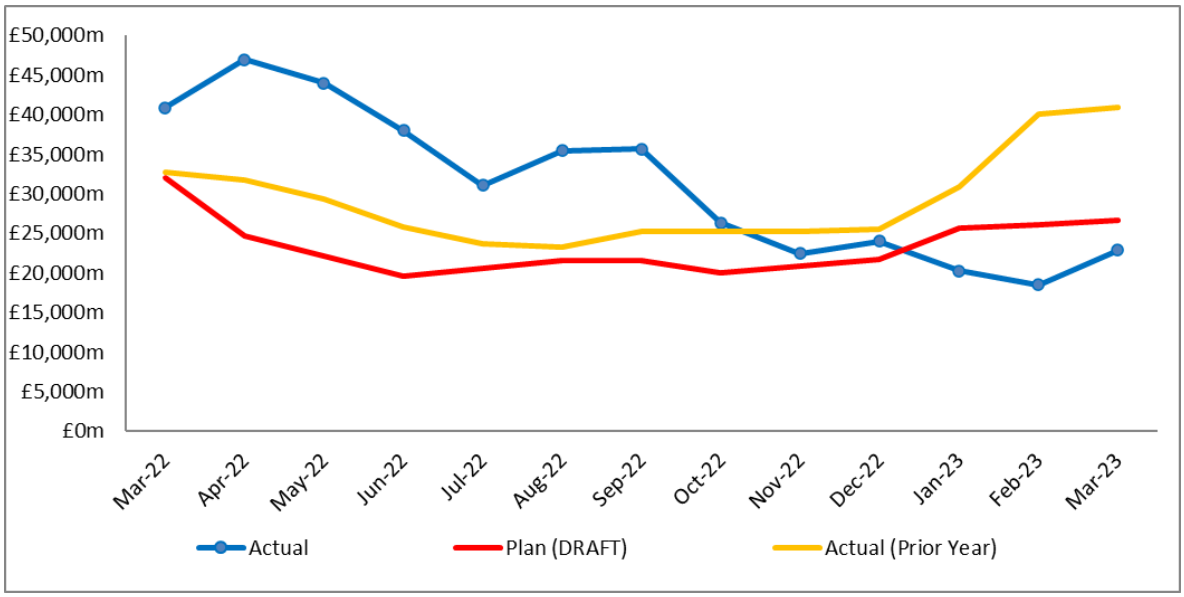
5.0 Cash and Better Payment Practice Code Performance

5.1 Cash balances at the end of March 2023 stood at £22.9m (compared to the February 2023 position of £18.5m).

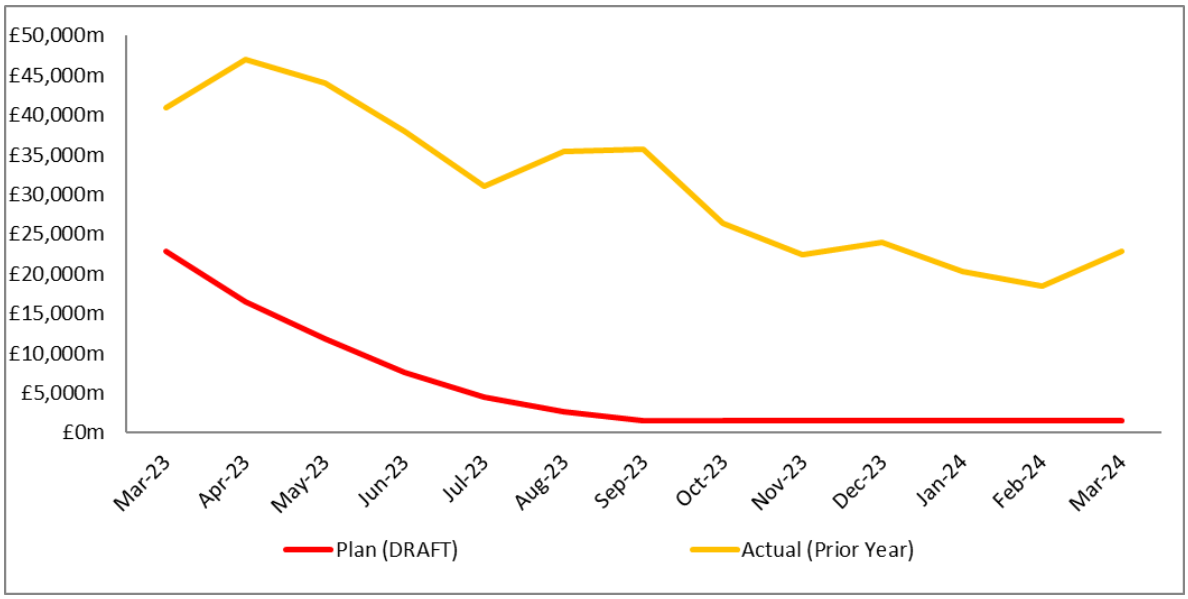
5.2 Cash balances are monitored daily through a rolling cash flow.

5.3 Cash balances remain relatively high, buoyed slightly by the final drawdown of capital funding in March, the unspent portion of which will be utilized in the new financial year. To note that the recurrent deficit will continue to erode cash balances as the year progresses.

5.4 The year end outturn is shown below:



5.5 The draft plan for 2023/24 is still under discussion, but the current cash position is shown below:



5.6 If the impact of our current deficit position (on cash flow) is sufficiently large and not managed across the ICB, then the Trust would need to apply for interim revenue Public Dividend Capital (PDC) support with the DHSCC Financing Team during 2023/24.

5.7 We understand that the ICB has managing two Trust's revenue cash deficits by in-year contract advances, although this approach can only postpone the requirement for central cash support whilst there is sufficient contract monies available to advance. We have discussed our likely requirements with the ICB and are awaiting further details of how to apply for the financing.

5.8 The Trust performance against the Better Payment Practice Code for March is shown below:

Better payment practice code	Current YTD Actual 31/03/2023 YTD Number	Current YTD Actual 31/03/2023 YTD £'000	Previous Month YTD Actual 28/02/2023 YTD Number	Previous Month YTD Actual 28/02/2023 YTD £'000
Non NHS				
Total bills paid in the year	72,597	95,359	67,270	87,634
Total bills paid within target	64,452	84,619	59,747	77,788
Percentage of bills paid within target	**88.8%**	**88.7%**	**88.8%**	**88.8%**
NHS				
Total bills paid in the year	2,011	18,770	1,867	16,617
Total bills paid within target	1,658	16,608	1,535	14,527
Percentage of bills paid within target	**82.4%**	**88.5%**	**82.2%**	**87.4%**
Total				
Total bills paid in the year	**74,608**	**114,129**	**69,137**	**104,251**
Total bills paid within target	**66,110**	**101,227**	**61,282**	**92,315**
Percentage of bills paid within target	**88.6%**	**88.7%**	**88.6%**	**88.6%**

The target for Trusts is 95%. The performance is below this at present, due largely to the significant increase in the number of invoices arising from additional agency workers (we now process around 26,000 invoices compared to around 2,000 at the start of the pandemic) with no additional resources thus resulting in significant operational pressure both on Account Payable staff and the Staffing Solutions team that handle the invoice approvals. The position will hopefully be recovered as agency usage falls going forward.

NHS
Countess of Chester Hospital
NHS Foundation Trust

Appendix 1

The variances below are against the 104% of 2019/20 activity target:-

		Mar-23					YTD Total					YTD Total - %			
Specialty Code	Specialty Description	DC	EL IP	OPFA	OPFUP	Total	DC	EL IP	OPFA	OPFUP	Total	DC	EL IP	OPFA	OPFUP
100	General Surgery	(137)	(13)	(301)	(136)	(587)	(270)	(93)	(2,039)	(1,077)	(3,478)	95%	83%	63%	75%
101	Urology	(97)	(16)	(32)	85	(60)	(1,866)	(259)	107	1,480	(538)	64%	64%	108%	130%
103	Breast Surgery	7	(6)	79	128	209	(22)	(43)	144	1,394	1,474	97%	57%	107%	148%
104	Colorectal Surgery	63	6	287	408	764	(901)	(50)	2,621	2,867	4,537	71%	79%	202%	298%
106	Upper GI Surgery	45	(0)	145	37	228	747	(7)	1,297	(137)	1,900	294%	78%	299%	89%
107	Vascular Surgery	(22)	2	(204)	(311)	(536)	(95)	(134)	(195)	233	(192)	94%	77%	104%	108%
110	Trauma & Orthopaedics	(58)	(29)	(293)	(213)	(593)	(501)	(401)	(2,691)	(1,683)	(5,275)	62%	58%	76%	92%
120	ENT	(18)	(5)	(660)	(272)	(955)	(320)	(60)	(7,654)	(8,083)	(16,117)	71%	79%	51%	81%
130	Ophthalmology	(50)	21	240	269	481	(685)	140	778	2,607	2,841	86%	550%	112%	113%
140	Oral Surgery	(62)	(1)	0	(29)	(92)	(701)	(28)	38	(142)	(834)	16%	7%	3723%	62%
143	Orthodontics	0	0	35	(257)	(222)	0	0	(32)	(3,910)	(3,942)	0%	0%	89%	51%
144	Maxillo-Facial Surgery	(10)	1	(14)	249	225	(109)	(7)	(824)	1,687	746	90%	78%	76%	148%
160	Plastic Surgery	(125)	(9)	(12)	(59)	(205)	(937)	(111)	(991)	737	(1,303)	73%	49%	71%	114%
171	Paediatric Surgery	0	0	(11)	(7)	(17)	0	0	(129)	(70)	(200)	0%	0%	0%	0%
190	Anaesthetic Service	13	0	33	2	48	30	0	405	26	461	0%	0%	0%	0%
191	Pain Management	(58)	1	0	(55)	(113)	(887)	7	(406)	(904)	(2,190)	40%	0%	63%	69%
215	Paediatric ENT	0	0	0	(4)	(4)	0	0	0	(52)	(52)	0%	0%	0%	0%
216	Paediatric Ophthalmology	0	0	(16)	(36)	(52)	0	0	(185)	(389)	(574)	0%	0%	0%	0%
361	Nephrology	1	(2)	(12)	(41)	(54)	13	(16)	(116)	(450)	(569)	0%	28%	77%	88%
420	Paediatrics	(16)	(12)	46	(360)	(342)	(200)	(152)	100	(3,619)	(3,871)	2%	1%	105%	58%
450	Dental Medicine Service	0	0	0	0	0	0	0	0	0	0	0%	0%	0%	0%
501	Obstetrics	0	0	0	0	0	0	0	0	0	0	0%	0%	0%	0%
502	Gynaecology	(75)	(5)	(88)	(27)	(196)	(1,225)	(252)	15	(2,462)	(3,924)	38%	55%	106%	80%
503	Gynaecological Oncology	0	0	(10)	(68)	(78)	0	0	(110)	(751)	(861)	0%	0%	0%	0%
	Planned Care Total:	**(601)**	**(69)**	**(785)**	**(698)**	**(2,153)**	**(7,928)**	**(1,465)**	**(9,867)**	**(12,699)**	**(31,960)**				
170	Cardiothoracic Surgery	0	0	(3)	(14)	(17)	0	0	(35)	(156)	(191)	0%	0%	0%	0%
180	Accident & Emergency	0	0	0	0	0	3	0	0	0	3	0%	0%	0%	0%
300	General Medicine	8	(1)	(172)	(40)	(206)	74	(13)	(1,504)	(90)	(1,533)	231%	29%	28%	84%
301	Gastroenterology	26	7	25	12	70	(1,669)	(54)	440	(494)	(1,778)	66%	43%	139%	96%
302	Endocrinology	4	0	16	162	183	83	1	16	964	1,064	158%	140%	104%	143%
303	Clinical Haematology	112	(11)	11	864	976	372	(139)	167	9,099	9,499	115%	16%	125%	248%
306	Hepatology	2	0	43	(55)	(10)	18	0	271	(500)	(212)	0%	0%	166%	82%
307	Diabetic Medicine	3	0	(23)	(320)	(340)	60	(2)	(411)	(4,303)	(4,655)	325%	34%	73%	55%
309	Haemophilia Service	0	0	0	0	0	1	0	0	0	1	0%	0%	0%	0%
315	Pallative Care	0	0	(4)	(47)	(51)	0	0	(34)	(507)	(542)	0%	0%	33%	36%
320	Cardiology	64	(1)	(102)	(97)	(137)	303	(18)	291	(1,526)	(950)	136%	39%	110%	83%
324	AntiCoag	0	0	(15)	(384)	(399)	0	0	(179)	(4,193)	(4,372)	31%	0%	20%	15%
330	Dermatology	(11)	0	158	(92)	55	(122)	(2)	415	(2,512)	(2,221)	97%	0%	110%	83%
340	Respiratory Medicine	(5)	(2)	98	81	172	(21)	(27)	(366)	(71)	(485)	0%	24%	92%	103%
410	Rheumatology	18	0	19	(181)	(144)	(57)	0	(91)	(1,348)	(1,495)	91%	0%	96%	94%
430	Geriatric Medicine	(1)	(0)	54	163	216	(2)	(10)	(69)	938	858	97%	53%	98%	168%
822	Chemical Pathology	0	0	12	14	26	0	0	13	161	174	0%	0%	105%	137%
	Urgent Care Total:	**219**	**(8)**	**117**	**65**	**392**	**(957)**	**(263)**	**(1,075)**	**(4,538)**	**(6,834)**				
322	Clinical Microbiology	0	0	(17)	0	(17)	0	0	(199)	0	(199)	0%	0%	0%	0%
811	Interventional Radiology Service	1	0	0	0	1	4	0	0	0	4	0%	0%	0%	0%
812	Diagnostic Imaging	0	0	0	0	0	0	0	0	0	0	0%	0%	0%	0%
	Diagnostics Total:	**1**	**0**	**(17)**	**0**	**(16)**	**4**	**0**	**(199)**	**0**	**(195)**				
	Trust Total:	**(382)**	**(77)**	**(686)**	**(633)**	**(1,777)**	**(8,881)**	**(1,728)**	**(11,142)**	**(17,238)**	**(38,989)**	**79%**	**64%**	**92%**	**96%**

Appendix 2

	M1 NHSI Plan	M2 NHSI Plan	M3 NHSI Plan	M4 NHSI Plan	M5 NHSI Plan	M6 NHSI Plan	M7 NHSI Plan	M8 NHSI Plan	M9 NHSI Plan	M10 NHSI Plan	M11 NHSI Plan	M12 NHSI Plan	Total M1-M12
IN MONTH LEDGER (SURPLUS) / DEFICIT	1,605,000	1,602,000	1,605,000	(206,000)	(206,000)	(205,000)	(206,000)	(208,000)	(205,000)	(210,000)	(204,000)	(155,000)	3,007,000
Donated Asset Income	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	240,000
Donated Asset Depreciation	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(16,000)	(181,000)
MONITORED (SURPLUS) / DEFICIT	**1,610,000**	**1,607,000**	**1,610,000**	**(201,000)**	**(201,000)**	**(200,000)**	**(201,000)**	**(203,000)**	**(200,000)**	**(205,000)**	**(199,000)**	**(151,000)**	**3,066,000**
CUMULATIVE PLAN DEFICIT			**4,827,000**	**4,626,000**	**4,425,000**	**4,225,000**	**4,024,000**	**3,821,000**	**3,621,000**	**3,416,000**	**3,217,000**	**3,066,000**	

Appendix 3

Type of S	Rec / Non Rec	Category	Existing / New	Division	Scheme Title	In Year	Recurrent	July	August	September	October	November	December	January	February	March	Total
Target						**-£16,290,794**	**-£16,290,794**	**-£ 1,810,088**	**-£ 1,810,088**	**-£ 1,810,088**	**-£ 1,810,088**	**-£ 1,810,088**	**-£ 1,810,088**	**-£ 1,810,088**	**-£ 1,810,088**	**-£ 1,810,088**	**-£ 16,290,794**
Income G	Rec	Income	new	ICP	Tarporley income generation	£ -											
Income G	Rec	Income	prev in p	Finance	Commercial Procurement	**£ 73,733**	**£ 42,804**	£ 24,578	£ 6,144	£ 6,144	£ 6,144	£ 6,144	£ 6,144	£ 6,144	£ 6,144	£ 6,144	**£ 73,733**
Income G	Rec	Income	prev in p	D&I	Retail review - Costa	**£ 181,000**	**£ 181,000**	£ 60,333	£ 15,083	£ 15,083	£ 15,083	£ 15,083	£ 15,083	£ 15,083	£ 15,083	£ 15,083	**£ 181,000**
Income G	Rec	Income	prev in p	D&I	EBME sales	**£ 50,000**	**£ 50,000**	£ 5,556	£ 5,556	£ 5,556	£ 5,556	£ 5,556	£ 5,556	£ 5,556	£ 5,556	£ 5,556	**£ 50,000**
Service R	Rec	Income	new	Planned	Vascular SLA	**£ 384,000**	**£ -**			£ 103,000	£ 41,167	£ 54,167	£ 17,167	£ 49,167	£ 46,167	£ 73,167	**£ 384,000**
Budgetar	Rec	Pay	prev in p	Central	Maternity leave pay reserve	**£ 350,000**	**£ 350,000**	£ 116,667	£ 29,167	£ 29,167	£ 29,167	£ 29,167	£ 29,167	£ 29,167	£ 29,167	£ 29,167	**£ 350,000**
Budgetar	Rec	Pay	new	D&I	CDH	**£ -**	**£ -**	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	**£ -**
Technica	Non Rec	Pay	new m4	Central	Technical opportunity (Band 2-3)	**£ 2,287,469**	**£ -**	£ 254,163	£ 254,163	£ 254,163	£ 254,163	£ 254,163	£ 254,163	£ 254,163	£ 254,163	£ 254,163	**£ 2,287,469**
Technica	Non Rec	Pay	new m4	Central	Advances code	**£ 140,000**	**£ -**	£ 15,556	£ 15,556	£ 15,556	£ 15,556	£ 15,556	£ 15,556	£ 15,556	£ 15,556	£ 15,556	**£ 140,000**
Technica	Non Rec	Income	new m4	Central	RPST	**£ 130,000**	**£ -**	£ 14,444	£ 14,444	£ 14,444	£ 14,444	£ 14,444	£ 14,444	£ 14,444	£ 14,444	£ 14,444	**£ 130,000**
Technica	Non Rec	Non Pay	new m4	Central	Capital creditors	**£ 750,000**	**£ -**	£ 83,333	£ 83,333	£ 83,333	£ 83,333	£ 83,333	£ 83,333	£ 83,333	£ 83,333	£ 83,333	**£ 750,000**
Technica	Non Rec	Non Pay	new m4	Central	Bad debt provision	**£ 100,000**	**£ -**	£ 11,111	£ 11,111	£ 11,111	£ 11,111	£ 11,111	£ 11,111	£ 11,111	£ 11,111	£ 11,111	**£ 100,000**
Technica	Non Rec	Non Pay	new m4	Central	Legal provision	**£ 300,000**	**£ -**	£ 33,333	£ 33,333	£ 33,333	£ 33,333	£ 33,333	£ 33,333	£ 33,333	£ 33,333	£ 33,333	**£ 300,000**
Technica	Non Rec	Pay	new m4	Central	Anaesthetics provision	**£ 987,291**	**£ -**	£ 109,699	£ 109,699	£ 109,699	£ 109,699	£ 109,699	£ 109,699	£ 109,699	£ 109,699	£ 109,699	**£ 987,291**
Technica	Non Rec	Pay	new	Central	Hospital at Home creditor	**£ -**	**£ -**	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	**£ -**
Technica	Non Rec	Income	new m4	Central	Cerner Deferred Income	**£ 1,327,561**	**£ -**	£ 147,507	£ 147,507	£ 147,507	£ 147,507	£ 147,507	£ 147,507	£ 147,507	£ 147,507	£ 147,507	**£ 1,327,561**
New	Rec	Non Pay	prev in p	Central	High Cost Drugs	**£ 1,756,986**	**£ 1,756,986**	£ 585,662	£ 146,416	£ 146,416	£ 146,416	£ 146,416	£ 146,416	£ 146,416	£ 146,416	£ 146,416	**£ 1,756,986**
New	Rec	Non Pay	prev in p	Central	Non Pay Inflation	**£ 458,952**	**£ 458,952**	£ 152,984	£ 38,246	£ 38,246	£ 38,246	£ 38,246	£ 38,246	£ 38,246	£ 38,246	£ 38,246	**£ 458,952**
New	Rec	Income	new m4	Central	Wales Contract Negotiation	**£ 634,812**	**£ 634,812**	£ 211,604	£ 52,901	£ 52,901	£ 52,901	£ 52,901	£ 52,901	£ 52,901	£ 52,901	£ 52,901	**£ 634,812**
New	Rec	Income	new m4	Central	Additional CCG Monies	**£ 83,000**	**£ 83,000**	£ 27,667	£ 6,917	£ 6,917	£ 6,917	£ 6,917	£ 6,917	£ 6,917	£ 6,917	£ 6,917	**£ 83,000**
New	Rec	Pay		D&I	Removal of Domestics second clean	**£ 400,000**	**£ 400,000**		£ 166,667	£ 33,333	£ 33,333	£ 33,333	£ 33,333	£ 33,333	£ 33,333	£ 33,333	**£ 400,000**
New	Rec	Income	new m4	Central	2022 23 Contract increases - Velindre, AHCH, Dental & Shropshire	**£ 61,325**	**£ 61,325**			£ 2,381	£ 794	£ 794	£ 794	£ 45,946	£ 5,309	£ 5,309	**£ 61,325**
New	Non Rec	Non Pay		Planned	Release of 2021/22 year end provisions	**£ 355,260**				£ 76,694	£ 25,565	£ 48,725	£ 30,196	£ 30,196	£ 89,909	£ 53,975	**£ 355,260**
New	Rec	Non Pay		ICP	Place Contribution	**£ 134,527**	**£ 134,527**			£ 44,842	£ 14,947	£ 14,947	£ 14,947	£ 14,947	£ 14,947	£ 14,947	**£ 134,527**
New	Rec	Pay		ICP	On Call	**£ 39,150**	**£ 39,150**			£ 13,050	£ 4,350	£ 4,350	£ 4,350	£ 4,350	£ 4,350	£ 4,350	**£ 39,150**
New	Non Rec	Non Pay		Finance	Review of Property Services Invoices	**£ 385,429**				£ 128,476	£ 42,825	£ 42,825	£ 42,825	£ 42,825	£ 42,825	£ 42,825	**£ 385,429**
New	Non Rec	Non Pay		HR	Release of 2021/22 year end provisions	**£ 175,585**				£ 14,667	£ 4,889	£ 4,889	£ 25,304	£ 9,061	£ 97,150	£ 19,626	**£ 175,585**
New	Non Rec	Non Pay		ICP	NMABs Service Delivery	**£ 53,809**					£ 53,809						**£ 53,809**
New	Rec	Pay		Central	Investment Slippage	**£ 786,000**	**£ 848,000**					£ 157,200	£ 157,200	£ 157,200	£ 157,200	£ 157,200	**£ 786,000**
New	Non Rec	Pay		W&C	Release of 2021/22 year end provisions	**£ 377,785**						£ 71,880	£ 14,376	£ 14,376	£ 262,776	£ 14,376	**£ 377,785**
New	Non Rec	Income		W&C	Release of 2021/22 year end provisions	**£ 14,750**						£ 8,194	£ 1,639	£ 1,639	£ 1,639	£ 1,639	**£ 14,750**
New	Non Rec	Pay		Planned	Release of 2021/22 year end provisions	**£ 188,511**						£ 63,320	£ 12,664	£ 87,200	£ 12,664	£ 12,664	**£ 188,511**
New	Non Rec	Non Pay		IM&T	Release of 2021/22 year end provisions	**£ 27,572**						£ 13,272		£ 14,300			**£ 27,572**
New	Rec	Income	new m4	Central	Wales Contract Negotiation	**£ 245,429**	**£ 245,429**						£ 184,072	£ 20,452	£ 20,452	£ 20,452	**£ 245,429**
New	Non Rec	Non Pay		D&I	Release of 2021/22 year end provisions	**£ 161,092**							£ 9,900			£ 151,192	**£ 161,092**
New	Non Rec	Income		ICP	Release of 2021/22 year end provisions - Social Care Funding	**£ 400,000**									£ 400,000		**£ 400,000**
New	Non Rec	Pay		IM&T	Release of 2021/22 year end provisions	**£ 202,225**									£ 202,225		**£ 202,225**
New	Non Rec	Income		Central	Release of 2021/22 year end provisions	**£ 976,288**									£ 976,288		**£ 976,288**
New	Non Rec	Income		D&I	Release of 2021/22 year end provisions	**£ 180,322**									£ 82,000	£ 98,322	**£ 180,322**
New	Non Rec	Income		IM&T	Release of 2021/22 year end provisions	**£ 260,236**										£ 260,236	**£ 260,236**
																	£ -
Total Delivered						**£15,420,099**	**£ 5,285,985**	**£ 1,854,197**	**£ 1,136,243**	**£ 1,386,019**	**£ 1,191,255**	**£ 1,487,472**	**£ 1,518,344**	**£ 1,494,569**	**£ 3,418,811**	**£ 1,933,190**	**£ 15,420,099**
Total Outstanding						**-£ 870,695**	**-£11,004,809**	**£ 44,108**	**-£ 673,846**	**-£ 424,069**	**-£ 618,833**	**-£ 322,616**	**-£ 291,745**	**-£ 315,519**	**£ 1,608,723**	**£ 123,102**	**-£ 870,695**
YTD Monthly Variance Position								**£ 44,108**	**-£ 629,737**	**-£ 1,053,807**	**-£ 1,672,640**	**-£ 1,995,256**	**-£ 2,287,001**	**-£ 2,602,520**	**-£ 993,797**	**-£ 870,695**	

Meeting	**23rd May 2023**		**Board of Directors**				
Report	**Agenda item 15b)**		**Month 1 2023/24 – Finance Report**				
Purpose of the Report	Decision		Ratification		Assurance	Information	**X**
Accountable Executive	Simon Holden				Director of Finance		
Author(s)	Helen Wells				Interim Deputy Director of Finance		
Board Assurance Framework	E1	Underlying Long Term Trust Financial Sustainability					
Strategic Aims	Not applicable.						
CQC Domains	Safe, Caring, Responsive, Effective & Well Led.						
Previous Considerations	Not applicable.						

Summary

The purpose of this report is:

To provide an update on the financial performance for April 2023 (Month 1).

The Board is asked to note:

a) The Trust's plan for 2023/24 is a £25.2m deficit, this includes the requirement to deliver a £20.8m Efficiency Programme.

b) The year-to-date plan deficit to April (Month 1) is £2.1m, and the Trust is currently reporting a deficit of £3.6m, resulting in an adverse variance to plan of £1.5m.

c) There are a number of key drivers (and as such pressures) behind the month 1 position which are highlighted in the table below.

Description	**In Month variance £'m**
Nursing Pay	0.5
Medical Pay	0.5
Undelivered CIP	1.5
Admin Agency	0.1
Reserves etc	(1.1)
Total Variance	**1.5**

	The Board is also asked to note the following key risks/issues: 1) The Plan assumes the receipt of £9.6m Elective Recovery Funding (ERF), the Trust's current submitted activity trajectories do not align with this income assumption, but the Trust has been instructed to assume receipt by the Integrated Care Board. This is a significant risk for the Trust as ERF income may be clawed back for activity under performance during the financial year. 2) There is still a significant level of unidentified efficiency savings for 2023/24 which presents a real risk around delivery of the financial plan. Delays to identification and delivery of efficiencies increases the requirement later in the financial year. There is also increased focus from the Integrated Care Board on delivery of recurrent savings which again presents a challenge for the organisation who have relied on non-recurrent savings in the past to deliver its financial plan.
Recommendation(s)	**The Board is asked to note:** 1. The main costs drivers underpinning this report, namely: a. Nursing Expenditure (£0.5m overspent), both costs (given the current utilisation of Agency Staff of £0.4m) and also volume (the increase in whole time equivalents of 190 over & above budget); b. Medical Expenditure (£0.5m overspend), both costs (given the current utilisation of Agency Staff £0.2m) and also volume (the increase in whole time equivalents of 23 over & above budget). In month has also since spend of £323k to provide cover for the Junior Doctors strike; c. Costs incurred on admin agency when the financial plan assumed all agency would cease from 1st April 2. Non-delivery of CIP is also a key driver of the adverse financial position in month 1.
Corporate Impact Assessment	
Statutory Requirements	Meets the Trust compliance with Foundation Trust Status
Quality & Safety	Seeks to address Quality & Safety issues across the Trust.
NHS Constitution	Not applicable
Patient Involvement	Not applicable
Risk	As detailed within the report
Financial impact	As detailed within the report
Equality & Diversity	Not applicable
Communication	This report can be communicated publicly.

1.0 Financial Performance Overview

1.1 The Trust's annual plan for 2023/24 is a deficit of £25.2m which includes the requirement to deliver a £20.8m Efficiency Programme.

1.2 The year-to-date planned deficit as at April 2023 is £2.1m, however the Trust is reporting an in month £3.6m deficit, so an adverse variance to plan of £1.5m.

1.3 The overall Trust Position as at the end of April 2023 is shown below:

KEY VARIANCES	Annual Budget £000s	Apr YTD Budget £000s	Apr YTD Actual £000s	Apr YTD Variance £000s	Apr WTE Budget	Apr WTE Actual	Apr WTE Variance
INCOME							
Income - England	(261,811)	(21,932)	(21,958)	(26)			
Income - Wales	(27,536)	(2,295)	(2,295)	(0)			
Other Clinical Income	(9,589)	(823)	(806)	17			
Non Patient Income	(17,452)	(1,822)	(1,781)	40			
INCOME	**(316,388)**	**(26,871)**	**(26,840)**	**31**			
PAY							
Nursing	91,938	7,741	8,212	471	2,097.93	2,288.46	190.53
Medical	65,475	5,463	6,030	567	581.35	604.39	23.04
Admin & Clerical	31,298	2,662	2,621	(40)	885.65	844.46	(41.19)
AHP, Therapies, Diagnostics & Pharmacy	32,976	2,815	2,824	9	747.61	732.53	(15.08)
Other	23,940	1,977	1,858	(119)	469.47	423.13	(46.34)
TOTAL PAY	**245,628**	**20,657**	**21,545**	**888**	**4,782.01**	**4,892.97**	**110.96**
NON PAY							
Drugs	24,144	2,027	1,984	(43)			
Medical & Surgical Equipment	13,208	1,584	1,524	(60)			
Purchase Of Healthcare Non Nhs	118	10	15	5			
Furniture & Office Equipment, Equip Hire & Computers	6,913	579	594	15			
Building & Engineering	1,685	182	222	40			
Other (inc Reserves)	63,827	5,269	4,531	(738)			
TOTAL NON PAY	**109,895**	**9,651**	**8,870**	**(781)**			
CRS	**(17,273)**	**(1,369)**	**0**	**1,369**			
TOTAL	**21,862**	**2,067**	**3,575**	**1,508**			
REMOVE DONATED ASSET TRANSACTIONS	**(62)**	**(5)**	**(5)**	**0**			
REMOVE IMPAIRMENT	**(3,270)**	**0**	**0**	**0**			
REVISED TOTAL	**25,194**	**2,072**	**3,580**	**1,508**			

Income

1.5.1 For 2023/24, Payment by Results (PbR) has been reinstated for elective activity only. All other points of delivery remain on a block basis. This position assumes 1/12th of the contract values and has not been adjusted for activity performance for Month 1 reporting. This represents a risk if activity is below planned levels at month 1.

1.5.2 Overall income is £31k behind plan at the end of Month 1. This is predominately due to reduced levels of car parking income of £50k (the financial plan assumed staff car parking charges would be in place from April 2023, which is now being implemented from June 2023).

1.5.3 The Month 1 position includes the following income in line with the £25.2m deficit final plan:

- System Top Up Funding – 1/12th of £20.479m (£1.707m);
- Elective Recovery Funding – 1/12th of £9.612m (£0.801m);
- System Urgent & Emergency Care Funding – 1/12th of £3.416m (£0.285m);
- System COVID Funding – 1/12th of £1.735m (£0.145m);
- System Capacity Funding – 1/12th of £1.063m (£0.089m); and
- System Capital Charges Funding – 1/12th of £0.483m (£0.040m).

1.5.4 At the time of writing month 1 activity information was not available so it is not possible to calculate any potential financial risk within the month 1 position.

Pay

1.6.1 The Pay position is £888k overspent and 110.96wte over established at the end of April 2023. The most significant pressures for pay expenditure continue to be nursing (£471k overspent year to date (YTD)) and medical costs (£567k overspent YTD) driven by the reliance on bank and agency staff, incurring premium rates. £323k medical pay spend in April relates to the cover of the Junior Doctor's strike.

	ANNUAL BUDGET £000's	YEAR TO DATE POSITION BUDGET £000s	ACTUAL £000s	VAR £000s	WTE BUDGET	WTE ACTUAL	WTE VAR
MEDICAL							
Consultants	39,606	3,293	3,414	121	248.99	236.87	(12.12)
Junior Medical	25,869	2,169	2,391	222	332.36	354.97	22.61
Agency	0	0	224	224	-	12.55	12.55
TOTAL MEDICAL	**65,475**	**5,463**	**6,030**	**567**	**581.35**	**604.39**	**23.04**
NURSING & MIDWIFERY							
Trained	62,352	5,297	4,803	(494)	1,271.35	1,202.50	(68.85)
Untrained (incl HCA's)	25,767	2,126	2,022	(104)	820.02	799.09	(20.93)
Bank - Trained	100	8	389	381	2.50	75.04	72.54
Bank - Untrained	61	5	635	629	3.75	162.28	158.53
Agency	3,658	305	364	59	0.31	49.55	49.24
TOTAL NURSING	**91,938**	**7,741**	**8,212**	**471**	**2,097.93**	**2,288.46**	**190.53**
PTA / PTB's							
P&T PAM	15,787	1,376	1,331	(46)	354.19	336.33	(17.86)
P&T Technical/Scientific	17,098	1,431	1,453	22	392.18	392.89	0.71
P&T Agency	91	8	40	33	1.24	3.31	2.07
TOTAL PTA / PTB	**32,976**	**2,815**	**2,824**	**9**	**747.61**	**732.53**	**(15.08)**
OTHER PAY							
Snr Mgmt	1,470	132	143	12	8.64	9.64	1.00
Administration & Clerical Agency	9	9	139	130	-	10.58	10.58
Administration & Clerical	31,289	2,653	2,482	(170)	885.65	833.88	(51.77)
Ancillary	12,221	1,018	924	(94)	411.31	367.72	(43.59)
Maintenance & Works Staff	945	79	73	(6)	23.34	21.85	(1.49)
Other	9,304	748	717	(30)	26.18	23.92	(2.26)
TOTAL OTHER	**55,238**	**4,638**	**4,479**	**(159)**	**1,355.12**	**1,267.59**	**(87.53)**
							-
TOTAL PAY	**245,628**	**20,657**	**21,545**	**888**	**4,782.01**	**4,892.97**	**110.96**

1.6.2 The tables below provide an analysis of agency spend year on year and as a proportion of each staff group. The Trust and ICB target for agency spend in 2023/24 is to be no more than 3.7% of the total pay bill. For the Trust this stands at 3.6% in April, with Admin & Clerical however being 5.3% and Nursing 4.4%;

Agency Spend by Staff Group	19/20	20/21	21/22	22/23	23/24	Straight Line projection for year
Admin & Clerical	£ 58,632	£ 151,116	£ 642,783	£ 1,600,359	**£ 139,130**	**£ 1,669,560**
Medical	£ 2,186,354	£ 2,092,661	£ 2,184,548	£ 2,549,357	**£ 224,409**	**£ 2,692,913**
Nursing	£ 420,670	£ 3,346,196	£ 8,356,865	£ 12,984,419	**£ 363,673**	**£ 4,364,076**
Allied Health Professional	£ 175,607	£ 76,411	£ 85,584	£ 620,835	**£ 22,410**	**£ 268,920**
Health Care Scientists	£ 133,831	£ 89,028	£ 101,314	£ 207,751	**£ 17,998**	**£ 215,976**
TOTAL	**£ 2,975,094**	**£ 5,755,413**	**£ 11,371,094**	**£ 17,962,721**	**£ 767,620**	**£ 9,211,445**
Total Pay Bill	**£ 179,577,000**	**£ 218,177,000**	**£ 231,024,000**	**£ 262,148,000**	**£ 21,545,000**	
Agency spend as a % of total Pay Bill	**1.7%**	**2.6%**	**4.9%**	**6.9%**	**3.6%**	

Staff Group	Agency Spend YTD to M1	Total Pay Group Spend YTD to M1	% Agency
	£000s	£000s	
Medical	224	6,030	3.7%
Nursing	364	8,212	4.4%
PTA / PTB	40	2,824	1.4%
Admin & Clerical	139	2,621	5.3%
Other	-	1,858	0.0%
TOTAL PAY	**767**	**21,545**	**3.6%**

- Administration and Clerical - this is due to the continuation of additional roles associated with data validation following Cerner implementation, roles within PALs & Complaints, Emergency Planning and Divisional Management teams. The 2023/24 financial plan assumes that no admin agency costs will be incurred from April 2023;

- Nursing - work is continuing around the recruitment of nurses and reduction in average supernumerary period for international nurses from 5 to 3 months. This has resulted in a reduction in nurse agency costs which is partly offset by nurse incentive payments and nurse bank costs.

1.6.3 Nursing Pay

Nursing Pay is £471k overspent at the end of April 2023 and 190.53wte above the funded establishment;

	ANNUAL BUDGET	YTD M1 BUDGET	YTD M1 ACTUAL	YTD M1 VAR	M1 BUDGET	M1 ACTUAL	M1 VAR	AVG COST PER	COST VAR TO SUBSTANTIVE	% COST VAR TO SUBSTANTIVE
NURSING PAY	**£000's**	**£000s**	**£000s**	**£000s**	**WTE**	**WTE**	**WTE**	**WTE**	**£**	**%**
Trained	62,352	5,297	4,803	(494)	1,271.35	1,202.50	(68.85)	£ 3,994		
Untrained (incl HCA's)	25,767	2,126	2,022	(104)	820.02	799.09	(20.93)	£ 2,530		
Bank - Trained	100	8	389	**381**	2.50	75.04	**72.54**	£ 5,188	**£ 1,195**	**30%**
Bank - Untrained	61	5	635	**629**	3.75	162.28	**158.53**	£ 3,910	**£ 1,380**	**55%**
Agency - Trained	3,658	305	312	**7**	0.31	37.07	**36.76**	£ 8,417	**£ 4,423**	**111%**
Agency - Untrained			52	**52**		12.48	**12.48**	£ 4,167	**£ 1,636**	**65%**
TOTAL NURSING PAY	**91,938**	**7,741**	**8,213**	**471**	**2,097.93**	**2,288.46**	**190.53**			

The top seven areas driving this overspend currently are shown in the table below;

Lv9 CC	Lv9 CC Name	YTD Budget	YTD Actual	YTD Variance	Budget WTE	Actual WTE	Variance WTE	Key Drivers
7836	Intl Nurse Recruitment	£ 3,414	£ 285,566	**£ 282,152**	1.00	107.45	**106.45**	Supernumerary International Nurses
2107	Ward 33- Escalation Ward	£ -	£ 162,890	**£ 162,890**	-	40.21	**40.21**	Escalation Ward Beds, plan was to close this ward
1120	Emergency Department	£ 510,075	£ 610,056	**£ 99,981**	135.27	131.75	**- 3.52**	Bank & Agency spend at premium rates driving overspend
1108	Ward 41	£ 131,469	£ 171,833	**£ 40,364**	42.63	56.41	**13.78**	Bank usage above funded establishment
1017	Stroke Rehab Unit	£ 90,672	£ 121,612	**£ 30,939**	28.66	39.90	**11.24**	Bank usage above funded establishment
1115	Ward 56	£ 114,752	£ 145,345	**£ 30,592**	33.75	39.97	**6.22**	Bank usage above funded establishment
0304	Bluebell Ward - Eph	£ 116,231	£ 145,898	**£ 29,668**	38.91	53.61	**14.70**	Bank usage above funded establishment
	All Others	£ 6,774,491	£ 6,569,048	**-£ 205,443**	1,817.71	1,819.16	**1.45**	
TOTAL		**£ 7,741,104**	**£ 8,212,247**	**£ 471,143**	**2,097.93**	**2,288.46**	**190.53**	

1.6.9. Medical Pay

Medical pay is £567k overspent at the end of April 2023 and 23.04WTE above establishment with £224k spent on medical agency. Included within these spend figures is £323k for costs that have been incurred to cover the Junior Doctor's strike.

	ANNUAL BUDGET	YTD M1 BUDGET	YTD M1 ACTUAL	YTD M1 VAR	M1 BUDGET	M1 ACTUAL	M1 VAR
MEDICAL PAY	**£000's**	**£000s**	**£000s**	**£000s**	**WTE**	**WTE**	**WTE**
Consultants	39,606	3,293	3,414	**121**	248.99	236.87	**(12.12)**
Junior Medical	25,869	2,169	2,391	**222**	332.36	354.97	**22.61**
Agency	0	0	224	**224**	0.00	12.55	**12.55**
TOTAL MEDICAL PAY	**65,475**	**5,463**	**6,030**	**567**	**581.35**	**604.39**	**23.04**

The top five areas driving this overspend currently are shown in the table below;

Lv9 CC	Lv9 CC Name	YTD Budget	YTD Actual	YTD Variance	Budget WTE	Actual WTE	Variance WTE	Key Drivers
0200	Central Services	£ 86,917	£ 368,435	**£ 281,519**	-	8.06	**8.06**	Junior Doctor Strike Cover £323k
1020	Emergency Department -M	£ 404,143	£ 510,740	**£ 106,597**	46.52	51.61	**5.09**	Additional Locum doctor costs associated with workload pressures
2020	General Medicine	£ 99,180	£ 174,850	**£ 75,670**	22.97	28.44	**5.47**	Costs associated with medical cover for Ward 33 Escalation Ward
1016	Plastic Surgery	£ 120,006	£ 184,348	**£ 64,342**	14.58	20.14	**5.56**	Predominantly Specialist Registrar agency costs in relation to fast track activity
3002	Obstetrics And Gynaecology Med	£ 292,047	£ 332,365	**£ 40,318**	30.52	36.22	**5.70**	Predominantly in relation to ACAs
	All Others	£ 4,460,515	£ 4,459,548	**-£ 967**	466.76	459.92	**- 6.84**	
TOTAL		**£ 5,462,808**	**£ 6,030,287**	**£ 567,479**	**581.35**	**604.39**	**23.04**	

2.0 Divisional Positions

2.1 The breakdown of the Trust reported April 2023 variance by Division is shown below.

Divisional Variances	Apr YTD Var	CIP Var	Var exc CIP
	£000s	**£000s**	**£000s**
Planned Care	129	**89**	**40**
W&C	(19)	**3**	**(22)**
Urgent Care	696	**121**	**575**
TICC	(16)	**31**	**(47)**
Diagnostic & Clinical Support	153	**58**	**95**
Estates & Facilities	85	**35**	**50**
Nurse Management	363	**7**	**356**
Corporate Services	76	**18**	**58**
IM&T	(35)	**20**	**(55)**
Central Services	76	**986**	**(910)**
Total	**1,508**	**1,368**	**140**

The key reasons for these variances are explained above. However it should also be noted that £202k of the Urgent Care overspend relates to Ward 33 Escalation Ward.

3.0 Cost Improvement Program (CIP)

3.1 The Trust has an overall 6.4% Cost Improvement Program for 2023/24, totaling £20,802k. Of this target 2% £5,540k has been allocated to divisional budgets as shown in the table below, the remaining £15,262k being held centrally;

Divisional CIP Target @ 2%	Amount
Corporate Non Clinical	£ 240,881
Diagnostics And Pharmacy	£ 700,798
Estates	£ 194,163
Facilities	£ 243,506
Im&T	£ 238,975
Therapy & Integrated Community Care	£ 367,503
Nurse Management	£ 87,704
Planned Care Division	£1,510,917
Urgent Care Division	£1,453,940
Women And Children Directorate	£ 501,303
Total 2% CIP	**£5,539,691**
Corporate Areas	
Human Resources	£ 91,684
Emergency Planning	£ 2,728
Legal Services (Inc Clin Neg)	£ 4,802
General Management	£ 50,986
Ppd	£ 11,336
Patient Pathway Team	£ 9,893
Trust Secretary/Members	£ 4,895
Finance	£ 41,481
Procurement Services	£ 18,953
Communications And Engagement	£ 4,123
Total Corporate 2% CIP	**£ 240,881**

3.2 The full target is profiled evenly throughout the year, to avoid an overly 'optimistic' financial position being reported at the beginning of the year. For April 2023, the planned level of savings was £1,733k against which the Trust has delivered £364k, giving an adverse variance after one month of £1,369k which is a key driver of the Trust's adverse performance as at month 1.

3.3 To date, £12.5m efficiencies have been identified, of which £8.6m is recurrent. However, within the identified schemes, £7.1m are classified as high risk and require further work to ensure that they do deliver the savings identified.

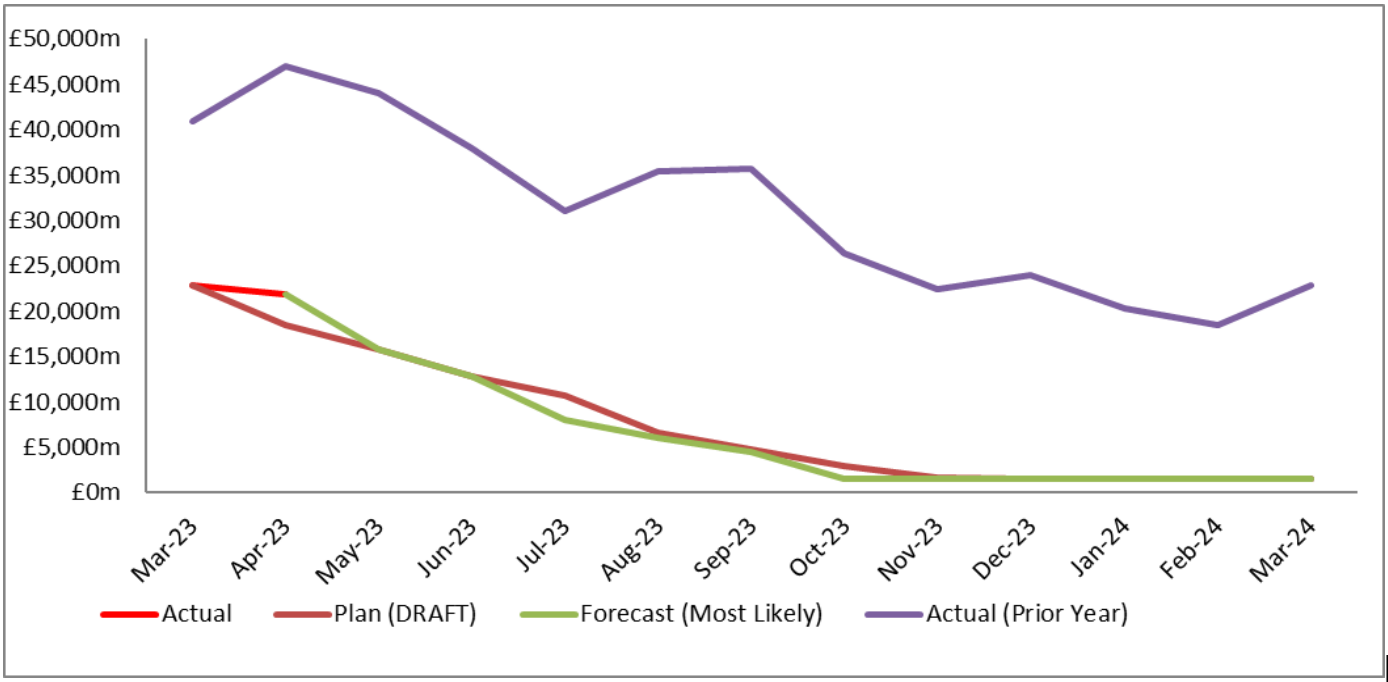
4.0 Cash and Better Payment Practice Code Performance

4.1 Cash balances at the end of April 2023 stood at £22.9m (compared to the March 2023 position of £22.9m).

4.2 Cash balances are monitored daily through a rolling cash flow.

4.3 Cash balances remain relatively high, buoyed slightly by the final drawdown of capital funding in March, the unspent portion of which will be utilized in the new financial year. To note that the recurrent deficit will continue to erode cash balances as the year progresses.

4.4 The plan for 2023/24 has been agreed, and the current cash position is shown below:



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4.5 We are currently in discussion with the Integrated Care Board to receive in year cash support through advances on our contract, which will defer the requirement to seek revenue PDC support from the DHSCC Financing Team.

4.6 In addition, the Agenda for Change pay award is planned to be actioned in June and will result in a £10m cash outflow. This cash outflow is expected to be covered by an £8m one-off payment from NHS England in respect of the 2022/23 non-consolidated element, and £2m from the ICB representing 3 months of the 2023/24 consolidated pay award. The remaining 9 months will be funded through the monthly contract payments.

4.7 The Trust performance against the Better Payment Practice Code for March is shown below (both by value and number of invoices paid):

Better payment practice code	30/04/2023 YTD Number	30/04/2023 YTD £'000	31/03/2023 YTD Number	31/03/2023 YTD £'000
Non NHS				
Total bills paid in the year	4,826	7,427	72,597	95,359
Total bills paid within target	3,912	5,964	64,452	84,619
Percentage of bills paid within target	**81.1%**	**80.3%**	**88.8%**	**88.7%**
NHS				
Total bills paid in the year	195	1,076	2,011	18,770
Total bills paid within target	148	794	1,658	16,608
Percentage of bills paid within target	**75.9%**	**73.8%**	**82.4%**	**88.5%**
Total				
Total bills paid in the year	**5,021**	**8,503**	**74,608**	**114,129**
Total bills paid within target	**4,060**	**6,758**	**66,110**	**101,227**
Percentage of bills paid within target	**80.9%**	**79.5%**	**88.6%**	**88.7%**

4.8 The target for Trusts is that 95% of invoices are paid within 30 days of receipt of invoice. The performance is below this at present, due largely to the significant increase in the number of invoices arising from additional agency workers (with approximately 26,000 invoices now being processed compared to around 2,000 at the start of the pandemic). There have been no additional resources within the Accounts Payable and staffing solutions team who handle the invoice approvals, meaning the increased number of invoices has created significant operational pressures on the teams.

4.9 There has been a worsening in April's performance as a result of a number of staffing issues within the Accounts Payable team, which is being managed and it is hoped that there will be an improvement to this position in the coming months.

Meeting	**23rd May 2023**		**Board of Directors**					
Report	**Agenda item 15c)**		**Financial Plan 2023/24 (final submission)**					
Purpose of the Report	Decision		Ratification		Assurance		Information	**X**
Accountable Executive	Simon Holden				Director of Finance			
Author(s)	Helen Wells				Interim Deputy Director of Finance			
Board Assurance Framework	E1	Underlying Long Term Trust Financial Sustainability						
Strategic Aims	Not applicable.							
CQC Domains	Safe, Caring, Responsive, Effective & Well Led							
Previous Considerations	Executive Directors Group, Finance & Performance Committee, Operational Management Group, Trust Board							
Executive Summary	The purpose of this report is to provide an update on the final financial plan that was submitted for the 2023/24 financial year. Given the timings of regional and national planning submissions, it was not possible to provide an update to the committee although the final submission was discussed with both the Chief Executive and Chair of Finance and Performance Committee prior to the final submission. Financial plans that were submitted by organisations and the Integrated Care Board (ICB) in March were not accepted by the NHS England (NHSE), as it was felt the system deficit was too large. The 3 North West systems held the 3 largest deficits of the 42 systems nationally despite planning guidance setting an expectation that systems should breakeven for 2023/24 with each system having a collective statutory duty to meet this. The Trust had submitted a planned financial deficit of £35m. Due to the North West position, NHSE held escalation meetings with North West systems, which resulted in a number of providers whose plans presented the greatest challenge to delivery of system financial balance. The Trust Executive Director Team were asked to attend a meeting in April with NHSE regional and national colleagues as well as members from the ICB. The aim of these meetings was to discuss and understand the financial plans with a desire to improve the plans that had been submitted. The outcome of this meeting was that the Trust has been put in national Tier 2 oversight (i.e. managed at a Regional level). It was not placed in Tier 1 (the worst) due to actions being taken by the Trust. A number of further actions were agreed in this meeting (e.g.							

work to reduce outpatient follow up activity, review of balance sheet flexibility, remove excess energy costs assumed within plan).

These actions resulted in a number of agreed improvements to the 2023/24 plan of £1m, leaving a deficit of £34m.

Subsequent to this meeting a number of other improvements were made to the financial plan, following further discussions with the ICB. The adjustments related to a target to release balance sheet provisions, allocation of additional urgent and emergency care income by the ICB and an additional adjustment made by the ICB.

These changes resulted in a **2023/24 financial plan of £25.194m** being submitted in early May (following discussion with the CEO and Chair of Finance and Performance committee).

The £25.194m planned deficit comprises:

	£'m	£'m
Plan submitted March - deficit		35.0
Adjustments to plan		
Remove excess energy inflation	0.5	
Reduce nurse agency costs to 3.75%	0.2	
Band 2 to 3 upgrade (non-recurrent benefit)	0.3	
Unidentified balance sheet target	4.8	
Additional urgent & emergency care income	3.4	
Additional ICB adjustment	0.6	
TOTAL ADJUSTMENTS		**9.8**
Revised 2023/24 deficit		**25.2**

The risk associated with the additional income allocation is considered low as it will be received as block (and as such not linked to delivery of activity) and is income that was received in 2022/23 which had not been allocated to the Trust for 2023/24 until an ICB income reconciliation had been undertaken.

Delivery of the 2023/24 planned deficit is predicated on successful delivery of £20.8m efficiency savings, against which there remains a gap in identification of this level of savings.

There are a number of risks associated with successful delivery of the financial plan, namely:

- No reduction in current levels of expenditure
- Increases in cost above inflationary levels assumed in national planning
- Delivery of planned levels of activity
- Identification and delivery of efficiency savings (with the aim being to deliver recurrent savings)

	• Levels of agency/ premium spend
Recommendation(s)	The Board is asked to note the contents of the report.
Corporate Impact Assessment	
Statutory Requirements	Meets the Trust compliance with Foundation Trust Status
Quality & Safety	Seeks to address Quality & Safety issues across the Trust
NHS Constitution	Not applicable
Patient Involvement	Not applicable
Risk	As detailed within the update report.
Financial impact	As detailed within the update report.
Equality & Diversity	Not applicable
Communication	This report can be communicated publicly

NHS
Countess of Chester Hospital
NHS Foundation Trust

Meeting	**23rd May 2023**		**Board of Directors**					
Report	**Agenda item 16.**		**Finance & Performance Committee Chair's Report 26th April 2023 & 17th May 2023 (verbal)**					
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	**X**
Author(s)	Mick Guymer				Non-Executive Director			
Board Assurance Framework	*See detail within report*							
Strategic Aims	-							
CQC Domains	Well Led							
Previous Considerations	Not applicable.							
Summary	The purpose of this report is to inform Board members of the main priority matters considered and supported by the Finance & Performance Committee at its meeting on 26th April 2023; to link these to the Trust's risks/BAF; and to provide assurance on these matters, including any areas of escalation where the committee is not assured, and next steps.							
Recommendation(s)	The Board is asked to note the contents of the report and be assured of the work being undertaken of the Committee. The Board is also asked to consider the areas of escalation.							
Corporate Impact Assessment								
Statutory requirements	The Finance & Performance Committee is established as a sub-committee of the Board of Directors							
Quality & Safety	Not applicable.							
NHS Constitution	Not applicable.							
Patient Involvement	Not applicable.							
Risk	Financial and performance risks are overseen by the Finance & Performance Committee							
Financial impact	As detailed within the report and in line with the Board Assurance Framework and Corporate Risk Register.							
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics.							
Communication	Document to be published on the Trust's website as part of the Board of Directors agenda.							

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

The Finance & Performance Committee met on 26th April 2023 and, whilst this was limited to a one-hour update and review; the following are the main items to inform/brief the Board:

	BAF Ref	Priority items of business and assurance provided	Decision(s) and any next steps agreed
1	E1	**Finances Update –** the month 12 report to 31st March showed a £20.6m deficit. This was an adverse £17.5m to plan and consistent with recent projections. Significant concern still exists around this worsening position & the current levels of spend in Nursing and Medical pay. The in-year deficit to-date is a major concern, and especially the limited VIP/savings, both in-year and especially recurrent, contributing to the forecast deficit outturn. Very little further progress has been made in recent months towards meeting the recurrent VIP target. The revised year-end target of £20.6m deficit is potentially achievable but is heavily dependent upon achieving reductions in nursing and agency spend. **However, this position is subject to ICB direction around the Junior Doctors Strike costs etc., which may result in an adverse impact.**	**Previously referred concerns still exist regarding financial outturn and basic grip & control measures, although some recent improvement has been evidenced.** **Further potential movement in the final outturn position will be monitored via future F&P contacts and meetings.**
2	E1, E4 & P5	**Business planning 2023/24 –** an update was provided regarding the development of the new year plan encompassing activity, staffing and finances. Whilst many significant challenges are still to be determined, good progress was being made in line with the ICS & national submission program. A "fortnightly drum-beat" approach has been instigated nationally and F&P will act in behalf of the Board in this regard.	**Significant challenges to both the financial and operational outlook exist and will require strong leadership, controls, and longer-term planning.**
3	E4	**Elective Restoration Update and Integrated Performance Report –** Good performance was noted in respect of 104/78 week waiters along with improvements in Cancer targets. Additionally, the volumes of patients being treated as both in-patients and day-cases were also welcomed.	**Increased assurance from the good levels of improvement and progress were noted across many of the performance metrics.**

		The new format of the Integrated Performance Report was received along with positive recognition from NHSE as an exemplar report.	
4	E10	**EPR Update –** reports of progress and improved stabilisation were received, especially around maternity and theatre elements of the system.	
5	E9	**Women & Childrens FBC Update –** the meeting received reports regarding the three main risks with the scheme (capital cost inflation, HV Mains upgrade and ward transfers/displaced services). Work has started on the temporary car park in front of the 1829 building. All processes and matters were reported as on-track. **£7.3m of capital risk currently remains unresolved.**	**Good levels of assurance were received around the management and delivery of the scheme.**
6	E9	**Site Travel Plan –** A site Travel Plan was a condition of the local authority when approving the W&C scheme. This Full Travel Plan has been prepared to bolster and accelerate the Trust's existing ambitions and commitment to limiting the number of single occupancy car trips and maximising the use of sustainable modes of travel amongst staff, such as walking, cycling, public transport, and car sharing. The meeting supported the document and is recommending it to Board for approval.	**The full site Travel Plan was supported and is recommended to the Board for approval.**

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

7. to note the potential changes to the financial outturn for 2022/23,

8. to recognise the challenges to the delivery of an agreed comprehensive Business Plan for 2023/24,

9. the full Travel Plan is recommended to the Board for support and approval.

(c) Recommendation

- The Board is asked to note the contents of this report and receive the areas of escalation.