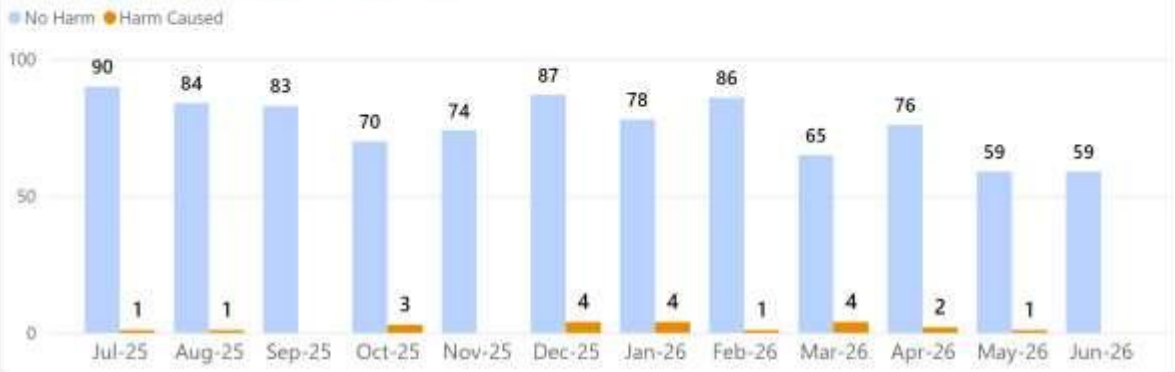
COCH IPR: Falls

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

Falls: All - Inpatient Rate Per 1000 Bed Days

Falls Split By Harm Caused



Falls: With Harm - Inpatient Rate Per 1000 Bed Days

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Falls: All - Inpatient Rate Per 1000 Bed Days	Jun-26	4.88			4.87	
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Jun-26	0			0.1	

Falls Narrative

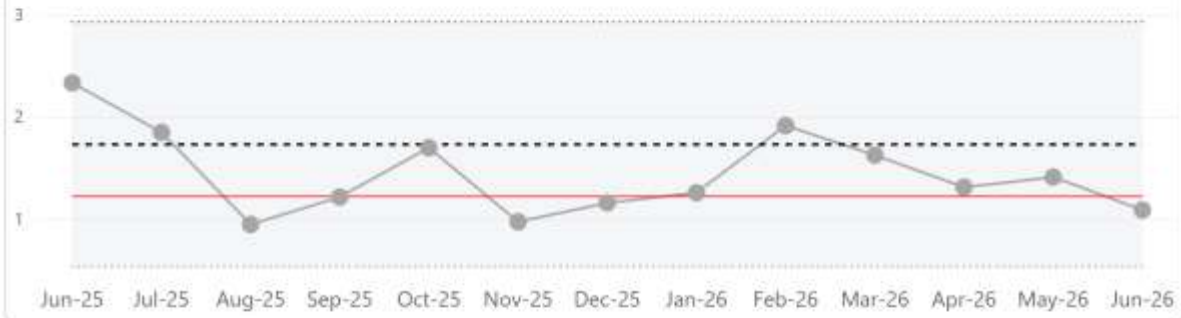
Overall reduction in falls year to date, with slight increase in June, but zero falls with harm noted.

COCH IPR: Pressure Ulcers

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

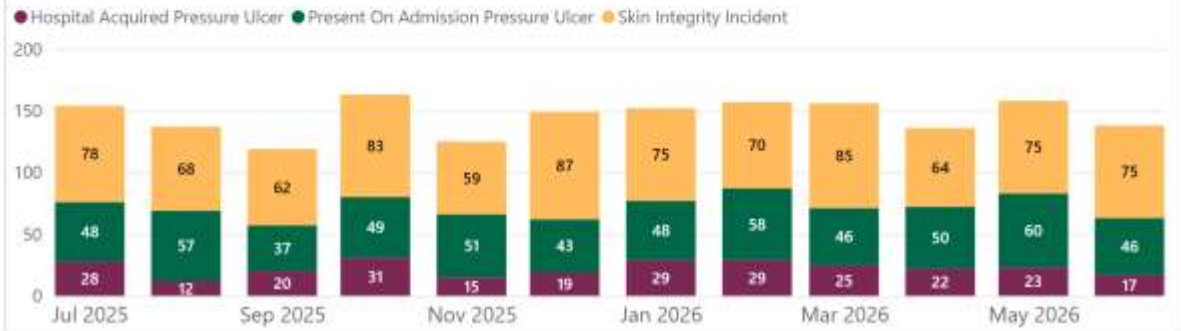
Countess of Chester Hospital NHS Foundation Trust

Pressure ulcers: Hospital acquired - Rate per 1000 bed days



Pressure ulcers: Present on admission - Rate per 1000 bed days

Pressure Ulcers split by Type



Incident Reporting: Lapses Leading to a Pressure Ulcer

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Jun-26	1.09			1.22	
Pressure ulcers: Present on admission - Rate per 1000 bed days	Jun-26	2.72				

Pressure Ulcers Narrative

Considerable work has been done to move our Pressure Ulcer reporting in line with national standards, the Trust has finalised what we consider a Pressure Ulcer and what is considered a Skin Integrity Incident. This new methodology dates back to April 2024 explaining the step changes in place. The chart on the right is inclusive of all Skin Integrity Incidents. We have now amended our reporting again in line with national guidance, Deep Tissue Injuries will now sit under Skin Integrity but will not be part of our Pressure Ulcer numbers.

There is now a weekly review of Pressure Ulcers with a focus in the Emergency Department to ensure patients are receiving appropriate mattress types on admission to reduce the risk of pressure ulcer occurence or deterioration of existing pressure ulcers. There is also a focus on undertaking skin inspection on admission to the Emergency Department with body map and photographs to provide evidence of pressure ulcers on admission.

The SPC chart to the left identifies lapses in care that have led to a Pressure Ulcer developing, as this gives an indication of the total numbers that were avoidable. Lapses are identified when the Pressure Ulcer review has been completed at the Trust's weekly Pressure Ulcer review meeting, and thus can be reported after the incident has been opened.

COCH IPR: Infection Control

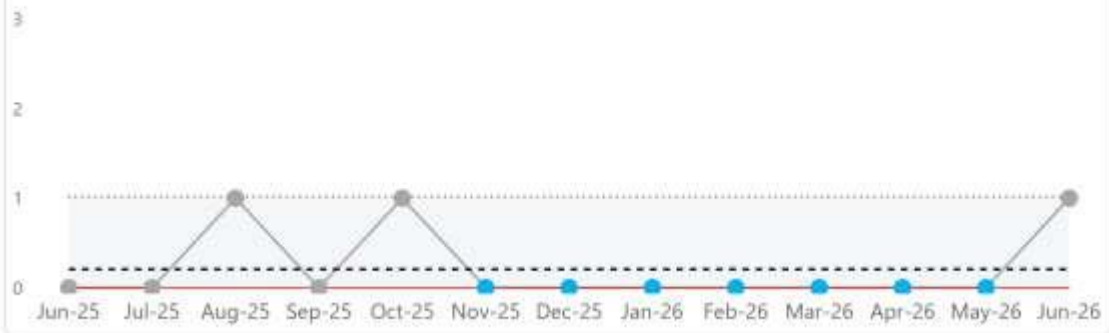
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

Infection Control: C.Difficile Cases

Infection Control: E-Coli Cases

Infection Control: MRSA Cases

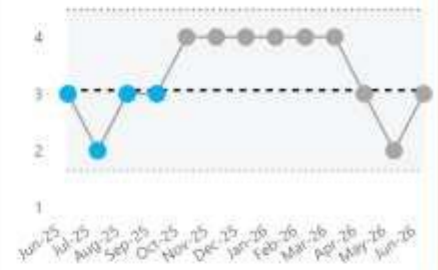


NOF Infection control metrics: MRSA rolling 12 month number of cases, C.Difficile & E-Coli rolling 12 month case numbers v rolling 12 month threshold (NOF)

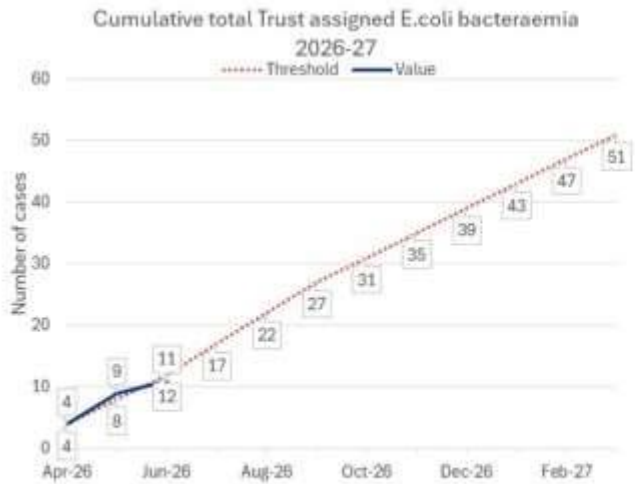
C.Difficile

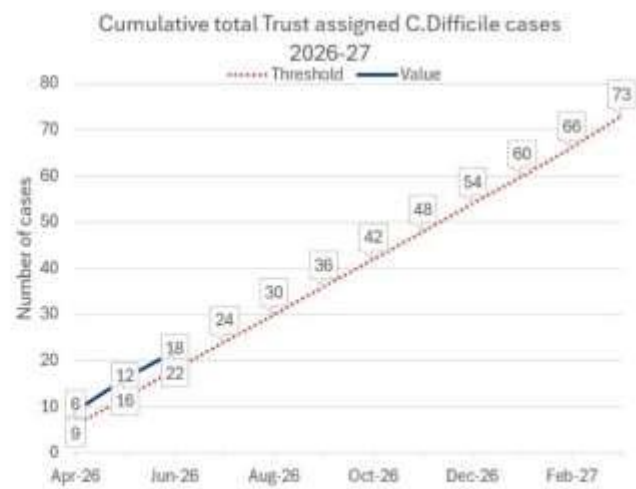
E-Coli

MRSA



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Infection Control: C.Difficile Cases	Jun-26	6			4	
Infection Control: E-Coli Cases	Jun-26	2				
Infection Control: MRSA Cases	Jun-26	1			0	





COCH IPR: Sepsis

Owner: Nigel Scawn - Executive Medical Director

Countess of Chester Hospital NHS Foundation Trust

Sepsis Clinical Assessment Compliance

Sepsis Antibiotics Compliance (%)

Sepsis 60 mins Observations Compliance (%)

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Sepsis Clinical Assessment Compliance	Jun-26	75.0%			95%	Jul 25 | 60.50%
Sepsis Antibiotics Compliance (%)	Jun-26	68.8%			95%	Jul 25 | 68.10%
Sepsis 60 mins Observations Compliance (%)	Jun-26	100.0%			95%	Jul 25 | 91.80%

Sepsis Narrative

The Trust has implemented new Sepsis reporting and the data shows internal metrics relating to patients who were diagnosed with Sepsis in their first Finished Consultant Episode (FCE), we then look back to the ED spell of those patients and see whether - upon a elevated NEWS score - that the correct sepsis protocols were followed:

1) Observations within an hour of arrival
2) Clinical assessment within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)
3) Antibiotics administered within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)

With Clinical Assessment being timed on antibiotics being prescribed, as only the appropriate staff can authorise the prescription.

We expect the IPR metrics to develop as we review the roll out of the EPR solution.

COCH IPR: Complaints & Concerns

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

Patient Feedback: Complaints Open At Month End

Complaints: Patient Feedback: Complaints Opened

Patient Feedback: Concerns Open At Month End

Patient Feedback: Concerns Opened In Month

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Feedback: Complaints Open At Month End	Jun-26	13			7	
Patient Feedback: Complaints Opened In Month	Jun-26	8			40	
Patient Feedback: Concerns Open At Month End	Jun-26	139				
Patient Feedback: Concerns Opened In Month	Jun-26	300			229	

COCH IPR: Friends & Family Test (FFT) - Positive Rates

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

FFT: A&E Positive Rate

FFT: IP Positive Rate

FFT: OP Positive Rate

Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Positive Rate	Jun-26	75.7%			95%	
FFT: IP Positive Rate	Jun-26	92.3%			95%	
FFT: OP Positive Rate	Jun-26	93.4%			95%	

FFT Narrative

Friends and Family Test Improvements – successful transition to MEG – a new and improved platform for collecting Friends and family Test. QR codes for real-time completion with instant feedback. Text messages also in place.

COCH IPR: Friends & Family Test (FFT) - Response Rates

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

FFT: A&E Response Rate

FFT: IP Response Rate

FFT: OP Response Rate

Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Response Rate	Jun-26	11.3%			13%	
FFT: IP Response Rate	Jun-26	18.4%			23%	
FFT: OP Response Rate	Jun-26	9.3%			12%	

COCH IPR: Maternity Overview

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

Maternity Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Jun-26	178				
Live Births	Jun-26	180				
Births in Co-located MLU	Jun-26	7				
Neonatal Admissions of Term Babies	Jun-26	7			7	
Term Admission Rate	Jun-26	3.9%			4.8%	
Deliveries by Caesarean Section	Jun-26	85				
Deliveries by Caesarean Sections Rate	Jun-26	47.8%				
Number of Haemorrhages ≥1500 ml	Jun-26	8				
PPH rate per 1000 Deliveries	Jun-26	44.9			30	
Number of 3rd/4th Degree Tears in Vaginal Births	Jun-26	1				
Tears rate per 1000 Deliveries	Jun-26	5.62			28	
ITU Admissions	Jun-26	1			0	
Obstetric Unit - number of days the service has diverted on in reporting period	Jun-26	1			0	
Eclampsia	Jun-26	0			0	
Maternal Deaths	Jun-26	0			0	
Stillbirths	Jun-26	0			0	
Stillbirths rate per 1000 births	Jun-26	0			4	
Rolling 12 Month Stillbirths per 1000 births	Jun-26	1				
Neonatal Deaths	Jun-26	3			0	
Neonatal Deaths born after 24 weeks	Jun-26	0			0	
Neonatal Deaths born before 24 weeks	Jun-26	3			0	
Coroner Reg 28 made directly to Trust	Jun-26	0			0	
All Neonatal Deaths (%)	Jun-26	1.7%			0%	
Service User Feedback: Number of Formal Complaints	Jun-26	0			1	
Progress in achievement of CNST (out of 10)	Jun-26	10			10	
Frontline Staff Feedback from champions and walkabouts (Number of Themes)	Jun-26	0			0	

Maternity Narrative

Overall Position

• Maternity activity remained stable throughout June, with births and women delivered within expected levels.

Safety and Outcomes

• No maternal deaths or stillbirths were reported during the month.
• Mortality indicators continue to remain stable and within expected thresholds.
• Term neonatal admissions remained within expected variation.

Quality and Governance

• Caesarean section rates remained within expected variation and comparable to recent performance.
• Third and fourth degree tear rates remained below benchmark levels.
• Postpartum haemorrhage rates remained within expected variation, with continued monitoring through established governance processes.
• No cases of eclampsia were reported during the month.
• Ongoing multidisciplinary review of maternity outcomes and adverse events has supported timely learning and quality improvement across the service.

Board Assurance

• Governance, mortality and incident review processes remain compliant with national standards.
• Robust surveillance, audit and assurance arrangements continue to provide effective oversight of maternity safety and quality.
• No risks required escalation through formal governance structures during the reporting period.
• Overall assurance position remains strong with key quality and safety indicators demonstrating sustained stability.

COCH IPR: Births overview

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

Live Births

Women Delivered

Neonatal Admissions of Term Babies

Term Admission Rate

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Jun-26	178				
Term Admission Rate	Jun-26	3.9%			4.8%	
Neonatal Admissions of Term Babies	Jun-26	7			7	
Live Births	Jun-26	180				

COCH IPR: Maternity - Complications

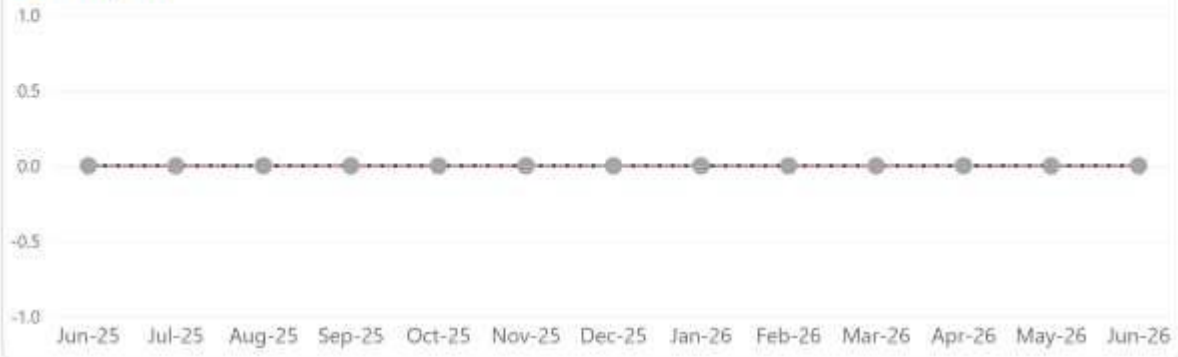
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

NHS Countess of Chester Hospital NHS Foundation Trust

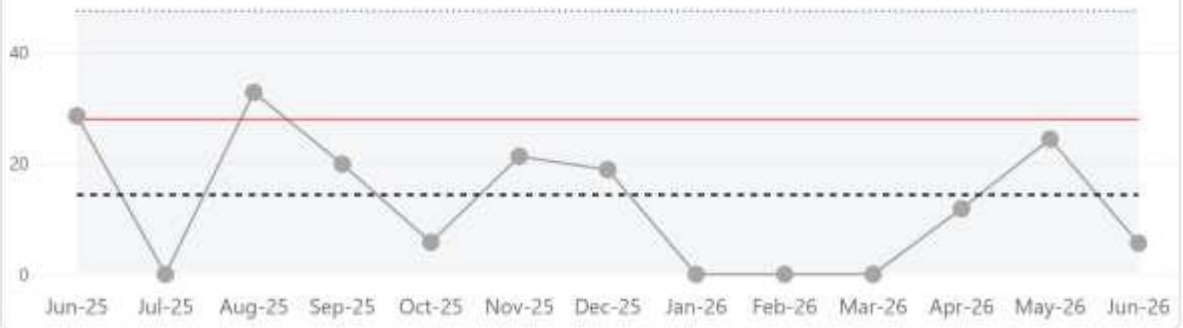
Deliveries by Caesarean Sections Rate

PPH rate per 1000 Deliveries

Eclampsia



Tears rate per 1000 Deliveries



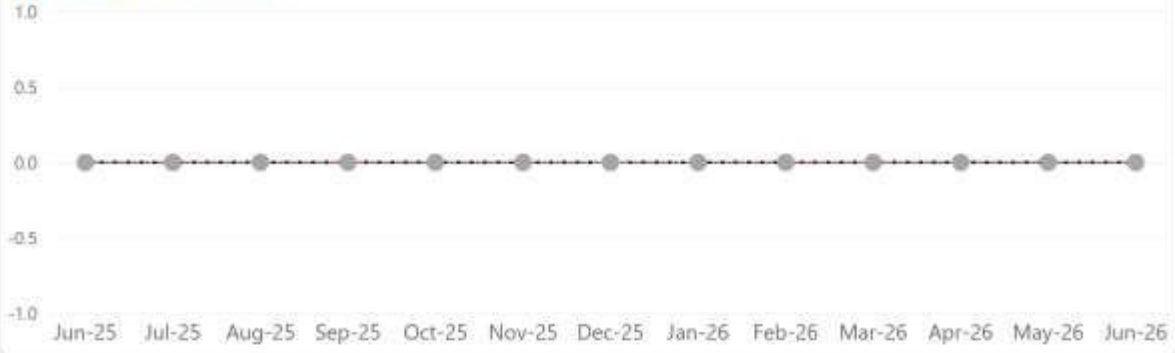
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Deliveries by Caesarean Sections Rate	Jun-26	47.8%				
Eclampsia	Jun-26	0			0	
PPH rate per 1000 Deliveries	Jun-26	44.9			30	
Tears rate per 1000 Deliveries	Jun-26	5.62			28	

COCH IPR: Maternity - Mortality

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

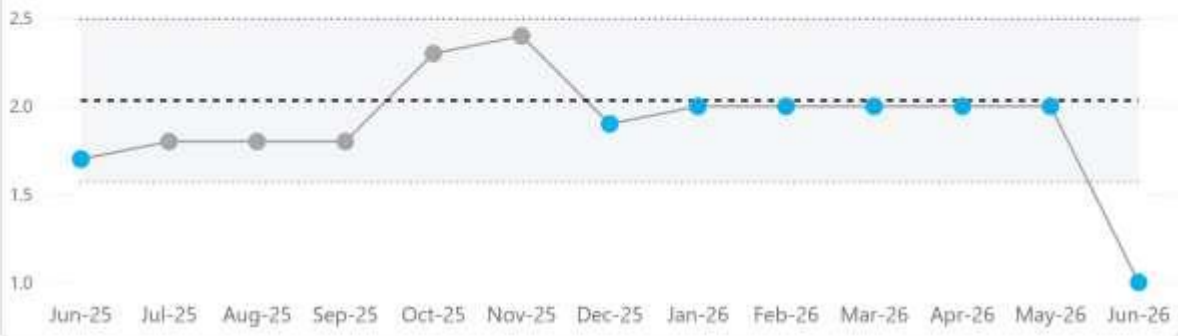
Maternal Deaths



Neonatal Deaths

Stillbirths

Rolling 12 Month Stillbirths per 1000 births



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Maternal Deaths	Jun-26	0			0	
Neonatal Deaths	Jun-26	3			0	
Rolling 12 Month Stillbirths per 1000 births	Jun-26	1				
Stillbirths	Jun-26	0			0	
Stillbirths rate per 1000 births	Jun-26	0			4	

COCH IPR: People

Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

Highlights:

Turnover continues to be below the 10% target at 6.98%.

Sickness absence in June rose to 5.48% - Stress and Anxiety continues to remain the highest reason.

Mandatory training compliance decreased to 88.43%.

Appraisal compliance maintained target compliance at 82.50% in June

Agency shifts for Nursing increased from last month with 19 shifts in June, with a large decrease of 135 compared with June 2025 – YTD Agency spend at 0.7% of the total nursing pay bill.

Agency shifts for Medical & Dental increased from last month with 193 shifts and it was 77 more than the previous year – YTD Agency spend at 1.8% of the total medical pay bill.

Agency spend for YTD is £570K which is £19k less than the same period last year.

Areas Of Concern:

Sickness has increased and long-term absence remains high at 3.42% of all sickness.

Forward Look (With Actions):

Increased monitoring of sickness and establishment of clear plans to improve attendance.

CIP and variable pay controls in progress to reduce pay costs.

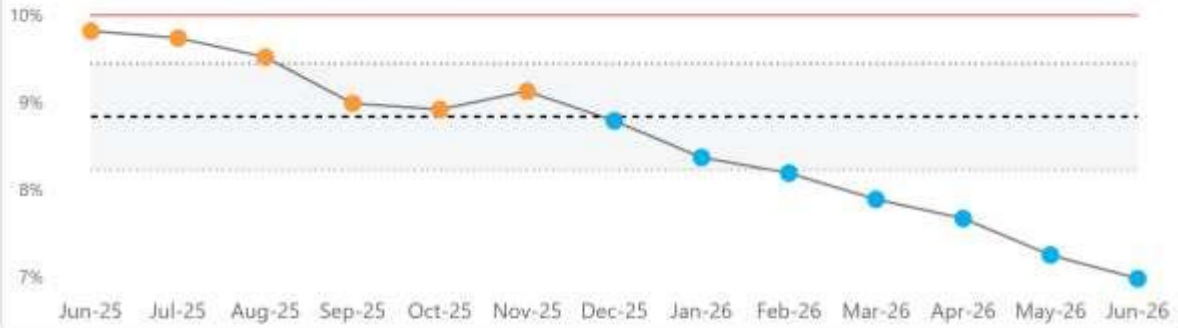
COCH IPR: Sickness & Turnover

Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

Sickness Absence Rate

Staff Turnover Percentage



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Sickness Absence Rate	Jun-26	5.5%			5%	Dec 25 | 5.9%
Staff Turnover Percentage	Jun-26	7.0%			10%	

Sickness Narrative

Sickness absence in May rose to 5.48%, from 5.06% in April.

The top 3 reasons for absence were: Stress & Anxiety, Gastrointestinal problems and Other musculoskeletal problems. This equates to 3,958 FTE days lost which is 54.9% of all Trust sickness absence. Stress and Anxiety absence accounts for 35.4% of all sickness absence.

Short Term Absence

- Short term accounts for 2.06% in June, up from 1.79% in April

Long Term Absence

- At 3.42% Long Term remains high
- Stress and Anxiety continues to be the highest reason

Long term absence (28 days+) remains a persistent issue, with People Services involved supported by the new Absence Management policy with the aim to reduce and conclude cases timely.

Staff Group (excludes Fixed Term Temporary Staff)	Turnover Headcount %
Add Prof Scientific and Technic	8.48%
Additional Clinical Services	8.37%
Administrative and Clerical	10.82%
Allied Health Professionals	6.86%
Estates and Ancillary	7.67%
Healthcare Scientists	8.74%
Medical and Dental	4.10%
Nursing and Midwifery Registered	3.66%
Trust Rate	**6.98%**

Staff Turnover Narrative

At 6.98% for June the Trust Turnover rate has decreased and continues to trend below target since July 2023. The rate based on FTE is below target at 6.62%. Showing as a Trust the workforce is remaining more stable, retaining employees, skills, and knowledge.

There is only 1 staff group remaining above target: Admin & Clerical (10.82%)

Planned Remedial Actions:

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

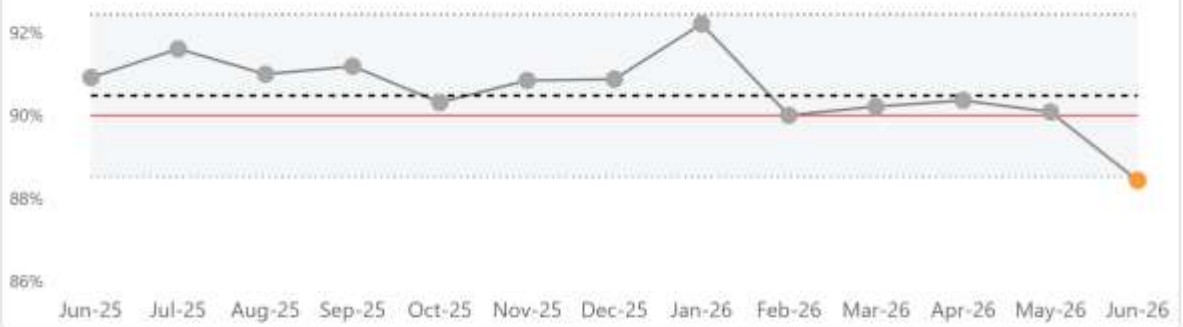
COCH IPR: Training & Development

Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

Annual Appraisal Compliance

Mandatory Training Compliance



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Annual Appraisal Compliance	Jun-26	82.5%			80%	
Mandatory Training Compliance	Jun-26	88.4%			90%	

Appraisals Narrative

Performance Issue: Appraisals on target (82.50%)

Appraisal compliance in June fell to 82.50%, but has maintained compliance against target.

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

Planned Remedial Actions:

A new Appraisal form has been designed and launched, aimed at being more user friendly and appropriate, to increase compliance. The impact of this new approach is being monitored by People Committee.

Analysis on appraisal compliance is underway to establish areas of improvement; this will be provided to People Committee.

Division	Appraisals	Local Induction	Mandatory Training
Corporate Non-Clinical	57.4%	91.5%	55.6%
Diagnostics & Clinical Support	83.3%	89.1%	83.7%
Estates & Facilities	82.6%	82.3%	82.4%
Finance & Performance	91.2%	96.5%	100.0%
IMT	91.2%	95.3%	100.0%
Nurse Management	74.8%	89.7%	71.4%
People Services	86.8%	95.2%	80.0%
Planned Care	83.5%	88.9%	60.0%
Therapies & Integrated Community Care	81.2%	88.5%	95.2%
Urgent Care	85.0%	87.3%	72.7%
Women & Children's	74.7%	90.0%	93.1%
Trust Total	**82.50%**	**88.43%**	**75.87%**

Competence Name	Compliance (%)
Conflict Resolution - Level 1	75.90%
Conflict Resolution - Level 2	21.74%
Equality, Diversity and Human Rights	94.36%
Fire Safety	93.94%
Health, Safety and Welfare	93.45%
Infection Prevention and Control - Level 1	94.90%
Infection Prevention and Control - Level 2	88.49%
Information Governance and Data Security	86.01%
Moving and Handling - Level 1	92.97%
Moving and Handling - Level 2	90.97%
Preventing Radicalisation - Basic Prevent Awareness	92.04%
Preventing Radicalisation - Prevent Awareness	93.03%
Resuscitation - Level 1	77.25%
Resuscitation - Level 2 - Adult Basic Life Support	84.28%
Resuscitation - Level 2 - Newborn Basic Life Support	94.42%
Resuscitation - Level 2 - Paediatric Basic Life Support	84.16%
Safeguarding Adults - Level 1	91.94%
Safeguarding Adults - Level 2	91.96%
Safeguarding Adults - Level 3	87.54%
Safeguarding Children - Level 1	93.21%
Safeguarding Children - Level 2	89.44%
Safeguarding Children - Level 3	89.34%

Mandatory Training Narrative

Performance Issue: Mandatory Training Compliance below target (88.43%)

Mandatory training compliance reduced to 88.43% in June, below the Trust target of 90%. Following sustained performance of over 90%, this reduction was forecast following the introduction of improved Conflict Resolution Training. Increased capacity has been made available over the coming months as part of a planned recovery of Trust wide mandatory Training. Despite the reduction in overall compliance, 12 CSTF competencies have shown an overall improvement over the last three months, including Resuscitation Level 2.

Planned Remedial Actions:

Improvement work continues to focus on competencies below the 90% target, particularly Resuscitation, Information Governance, Infection Prevention and Control Level 2, and Safeguarding. Compliance is monitored monthly, with divisions required to develop and implement improvement trajectories where compliance falls below target. Monthly team and individual compliance emails are issued to staff with compliance below 90%, and the escalation process remains in place where compliance continues to fall below the required standard.

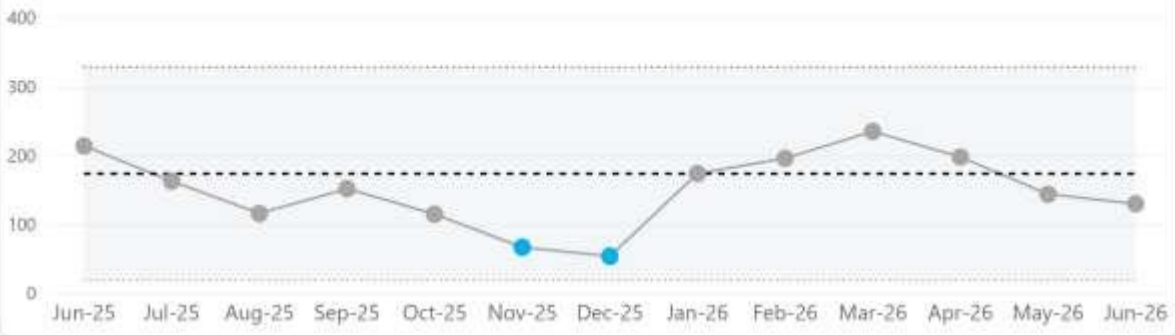
COCH IPR: Cap Rates

Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery

Reduction in Agency Shifts over Cap Rates: Other



Cap Rates Narrative

Medical & Dental - Month 3 shows 193 Medical shifts. A difference of +77 from the previous year. 104 were above cap rates and 135 were Off Framework

Nursing & Midwifery - In relation to Nursing shifts, 19 shifts were approved in month 3 and 0 were above cap. A difference of -135 from the previous year.

Other reduction in Agency - In month 3, 130 'Other' agency shifts were approved , a decrease of 85 on the previous year. 18 were above cap. Of these, 106 were HCAs, 0 were admin , 6 were Healthcare science and 18 were ST&T shifts.

Reduction in Agency Shifts over Cap Rates: Medical & Dental

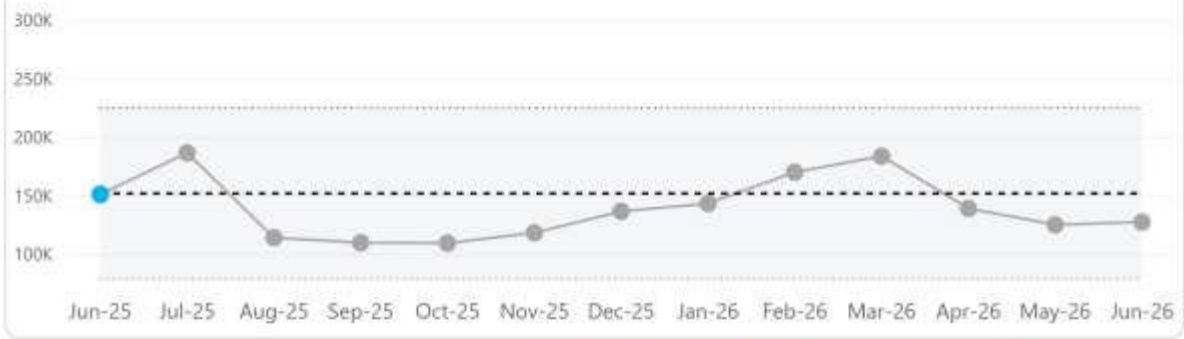
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Reduction in Agency Shifts over Cap Rates: Medical & Dental	Jun-26	193			120	
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Jun-26	19			1200	
Reduction in Agency Shifts over Cap Rates: Other	Jun-26	130				

COCH IPR: Agency Spend

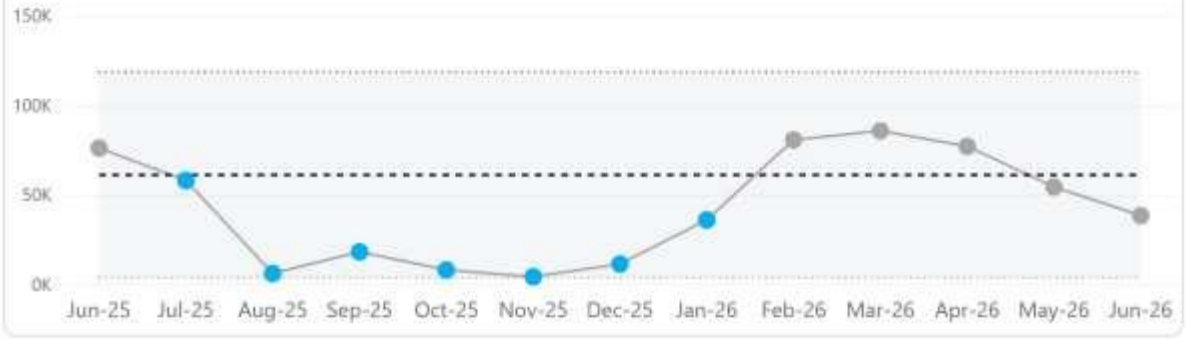
Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

Medical Agency Spend



Nursing Agency Spend



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Medical Agency Spend	Jun-26	127326				
Nursing Agency Spend	Jun-26	38319				

Agency Spend Narrative

Medical Agency Spend - M3 is 127k, which is 1.6% of the total monthly medical spend.

Agency nursing expenditure for M3 is £38k, which is 0.4% of total monthly nursing spend

Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	20.45
Of which Registered Midwife Vacancy WTE	1.14
Total Qualified AHP Vacancy WTE	12.60
Of which Qualified Physiotherapist Vacancy WTE	0.00
Of which Qualified Occupational Therapist Vacancy WTE	0.00
Qualified Podiatry Vacancy WTE	0.00
Qualified Dietetics Vacancy WTE	0.00
Qualified Operational Department Practitioners Vacancy WTE	8.68
Qualified Orthoptics/Optics Vacancy WTE	0.01
Qualified Prosthetics and Orthotics Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	5.91
Qualified Radiography (Therapeutic) Vacancy WTE	0.00
Qualified Speech & Language Therapy Vacancy WTE	0.00
Of which Qualified Paramedic Vacancy WTE	0.00
Total Medical/Dental Vacancy WTE	76.89
Of which Medical/Dental Consultant Vacancy WTE	24.89
Support to Clinical Staff Vacancy WTE	136.11
Of which Healthcare Assistant Band 2	0.00
Of which Healthcare Assistant Band 3	83.95
NHS Infrastructure Vacancy WTE	41.76
Registered Healthcare Scientists	1.98
Other Registered Scientific, Therapeutic and Technical Staff	6.22
Total Vacancies	296.00
Budgeted FTE Total	4722.47
Trust Vacancy Rate	6.27%

Staff Group	Agency Spend YTD to M2 £000s	Total Pay Group Spend YTD to M2 £000s	% Agency
Medical	264	14,573	1.8%
Nursing	132	19,916	0.7%
Scientific, Therapeutic & Technical	8	7,103	0.1%
Admin & Clerical	-	5,814	0.0%
Other	-	3,919	0.0%
TOTAL PAY	**405**	**51,325**	**0.8%**

Performance Issue

To not exceed £4.576m agency expenditure ceiling.

Total YTD Agency spend at M02 is £570k, which is 0.7% of total pay spend. £687k was spent in same period last year.

Staff Group	Vacancy FTE	Vacancy Rate
Add Prof Scientific and Technic	6.22	4.86%
Additional Clinical Services	88.50	8.11%
Administrative and Clerical	41.76	5.96%
Allied Health Professionals	12.60	3.89%
Estates and Ancillary	47.61	13.92%
Healthcare Scientists	1.98	2.04%
Medical and Dental	76.89	13.61%
Nursing and Midwifery Registered	20.45	1.50%
Grand Total	**296.00**	**6.27%**

COCH IPR: Finance - Income and Expenditure

Owner: Karen Edge - Chief Finance Officer

Countess of Chester Hospital NHS Foundation Trust

Highlights

In month deficit of £1.9m which is in line with plan. Year to date deficit of £5.6m which is also in line with plan.

There have been areas of overspend that have had to be mitigated including industrial action (£541k), under delivery of CIP (£147k). The overspends have been mitigated from non-recurrent benefits such as interest receivable and release of provisions. Deficit support funding (DSF) has been confirmed and received for Q1 with notification around Q2 DSF expected imminently

Actions to improve position

Continued focus on CIP identification and delivery with the target significantly increasing from Q2.

Forecast

The Trust are currently forecasting delivery of the financial plan with detailed work being undertaken on the risks and mitigations required to ensure delivery of the financial plan.

In month over performance of £0.2m (£34.7m compared to £34.3m). YTD overperformance of £1m (£104m compared to £103m plan). The over performance relates to increased interest receivable (£0.2m) and non-recurrent prior-year adjustment (£0.8m). The income impact of activity lost as a result of industrial action has been mitigated. There is currently income over performance in relation to Welsh activity (£0.1m) and RTA income (£0.1m) which is mitigating underperformance from commercial/ retail income (procurement/ staff meals)

Weekly activity and performance reviews are undertaken with divisions with Exec oversight with risks and recovery actions tracked

There are potential future income risks associated with receipt of deficit support funding and any consultant industrial action that may take place

In month underspend of £0.1m (£30.6m vs £30.7m plan), with a YTD overspend of £0.3m (£91.1m vs £90.8m plan).

The YTD adverse variance to plan is mainly driven by costs associated with covering April strike action (£0.5m costs YTD)

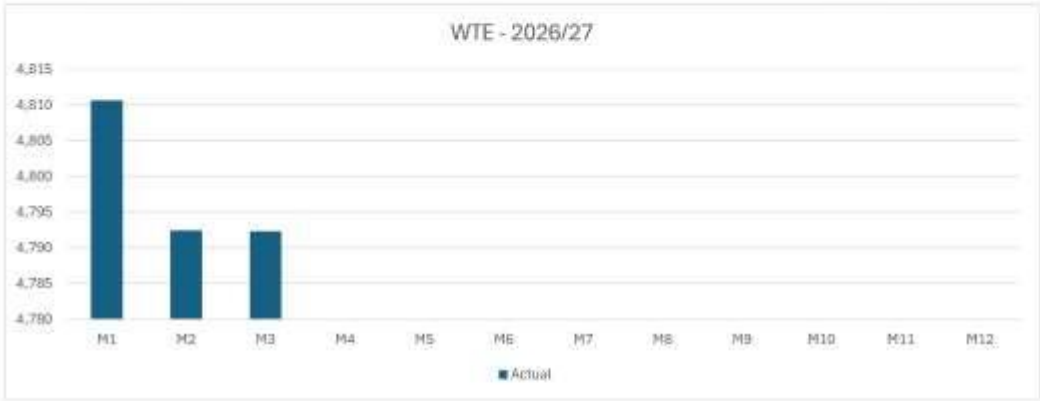
Monthly meetings are held with divisions (led by Deputy DOF) to discuss and review run rates, YTD and forecast financial positions. Corrective actions are agreed and monitored, including discussion of cost pressures

Pay spend is in line with budget in month 3, with a YTD overspend of £0.5m (£77m vs £76.5m plan). The YTD overspend is driven by costs associated with industrial action cover (£0.5m). Pay spend has remained consistent with M2 spend (£25.7m each month). This matches WTE numbers which have remained static between M2 and M3). Bank spend has reduced by £0.3m in month 3, but this is offset by £0.4m increase in substantive pay spend (due to recruitment). Monthly meetings are held with divisions to review financial performance and agree actions to be taken to improve run rates.

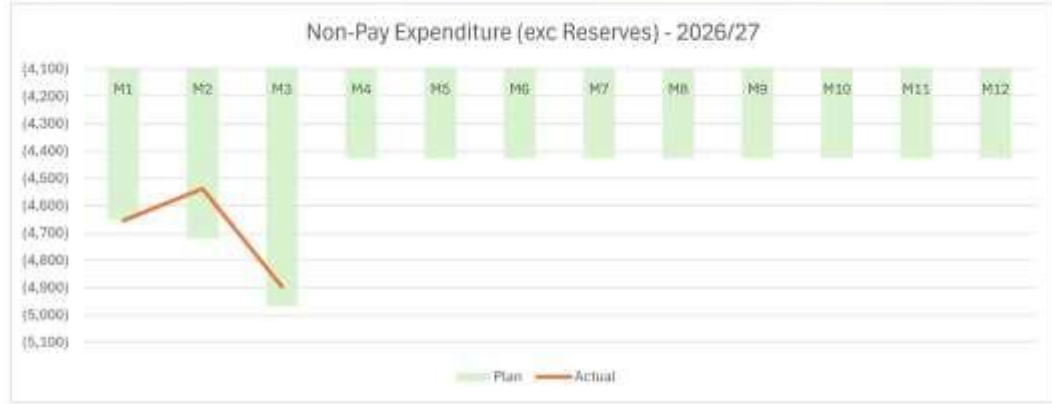
COCH IPR: Finance - WTE / Cash / Capital

Owner: Karen Edge - Chief Finance Officer

Countess of Chester Hospital NHS Foundation Trust

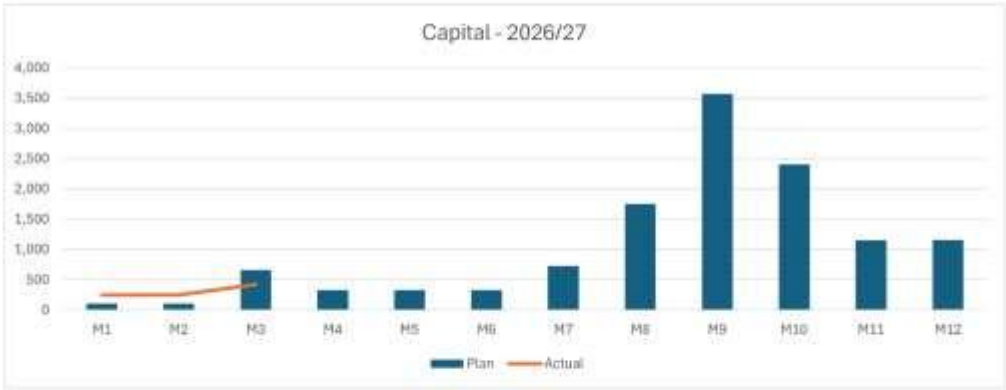


M3 WTE of 4,792.29, compared to 4,792.44 in M2, very little movement in month (matching pay spend)
M1 WTE was 4,810.62 meaning there has been a reduction between M1 and M3.
There has been an increase in substantive numbers in month 3, which is matched by a reduction in bank costs

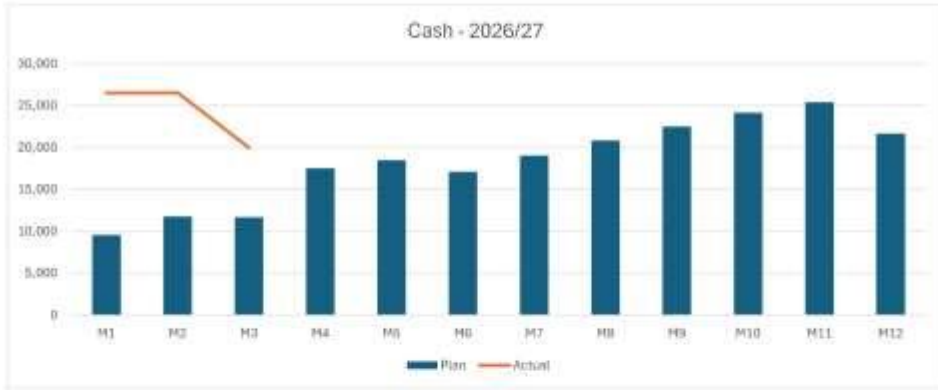


There is an in month non-pay underspend of £0.1m (£4.9m vs £5m plan), with a YTD underspend of £0.2m (£14.1m vs £14.3m plan)
This position excludes central reserves. Although there is an overall non-pay underspend, pressures are being seen in some areas. These include costs associated with insourcing, which are partly offset by vacancies (and as such pay underspends) and/ or activity overperformance. There are also some pressures being experienced around diagnostic managed service contracts, cleaning consumable costs and theatre loan kits associated with LLP activity to support delivery of performance targets.

Actions to improve position - Monthly meetings are held with divisions (led by Deputy DOF) in which the financial position is discussed alongside monitoring and review of action plans to improve expenditure run rates. In addition to this a full review of managed service contracts is being undertaken by the DCSS division, procurement and finance to understand the drivers of the pressures and what actions can be taken to mitigate them. Weekly activity performance meetings are held in which activity and any required recovery plans are monitored. This meeting has Executive oversight.



Month 3 expenditure is £237k less than plan (£422k vs £659k plan). YTD there is a marginal overspend of £44k (917k vs £873k plan)
Capital projects progressed faster than planned in months 1 and 2, but have slowed in month 3. It is forecast that the full capital plan will be delivered in line with plan by the end of the year. Monthly capital management meetings are held, chaired by DOF with clinical and operational representation. In this meeting the capital plan is reviewed including monitoring progress against plan. Business cases for provisionally approved schemes are also presented and discussed to agree progression of the schemes



£19.9m cash balance at month 3, compared to a planned cash balance of £11.6m. £8.3m higher cash than planned (which is resulting in additional interest recevied).
The higher level of cash relates to re-earned 25/26 deficit support funding received that had not been assumed within the plan.
The Trust is a member of the NHSE Regional Cash Working Group, actively liasing with NHSE and other providers to manage cash.
Currently no emergency cash support has been required and is not anticipated for 26/27, however this is subject to receipt of the full deficit support funding for 26/27 (NHSE decide on funding of DSF quarterly based on CIP progression and confidence around delivery of the financial plan

COCH IPR: Finance - Cost Improvement Programme (CIP)

Owner: Karen Edge - Chief Finance Officer

Summary

In month delivery of £241k against a planned delivery of £208k, a favourable variance of £33k YTD delivery of £477k against a planned delivery of £624k, an under performance of £147k.

The Director of Transformation & Productivity was appointed in March. The purpose of the role is to solely focus on supporting delivery and acceleration of CIP. They head the quality improvement team who are being refocused into a PMO/PDO function.

Weekly meetings are held with divisions to undertake detailed reviews of CIP progress and ensure progress around delivery is maintained . These meetings are in addition to the weekly CIP delivery group that is chaired by the CEO. The structure of the CIP delivery group has been amended so that areas with high levels of unidentified CIP attend the meeting weekly with a focus on actions being taken to identify and deliver CIP.

It should be noted that planned CIP delivery increases to £2.2m in month 4. A detailed review of the CIP and financial forecast is being undertaken to understand the risks around delivery of the financial plan and mitigations required to ensure full delivery of the plan