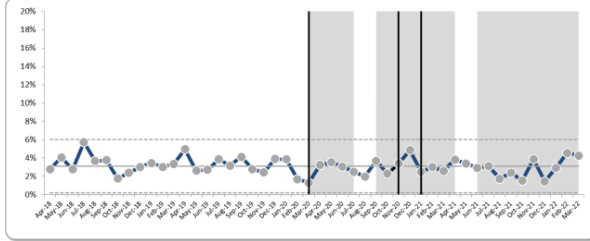


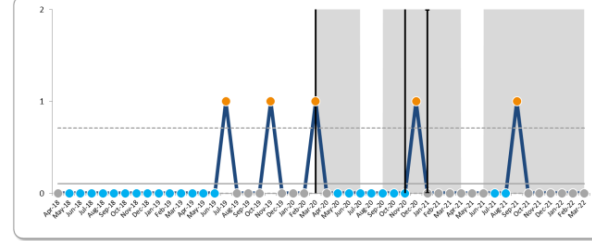
%  
admission  
of full-term  
babies to  
neonatal  
care

4.3%



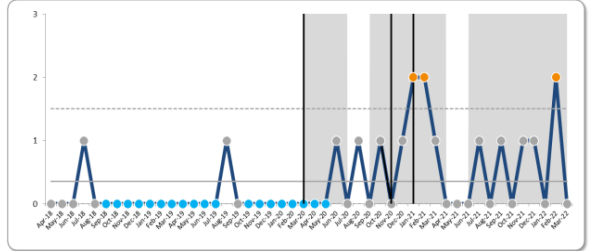
Maternal  
Deaths

0



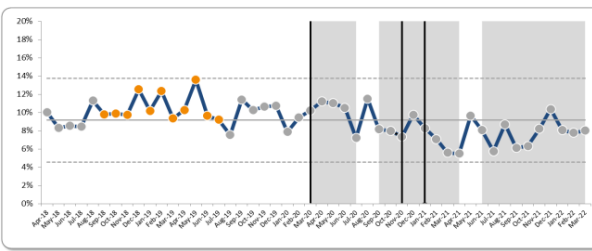
Neonatal  
Deaths  
(>24+0  
weeks  
gestation)

0



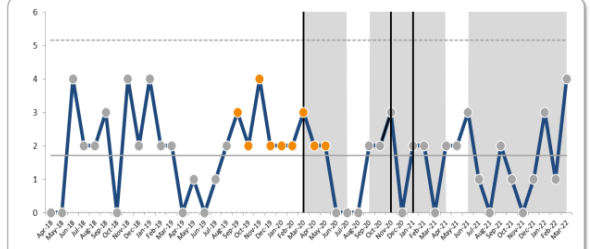
% Pre term  
births

8.0%



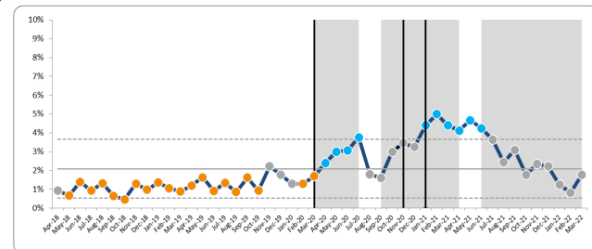
Stillbirths

4



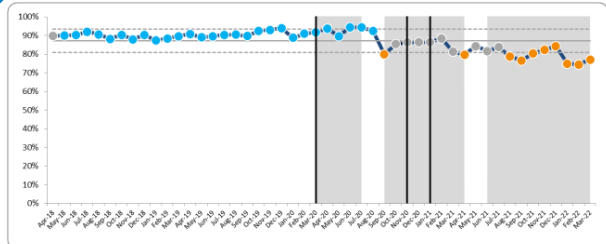
% Home  
births

1.8%



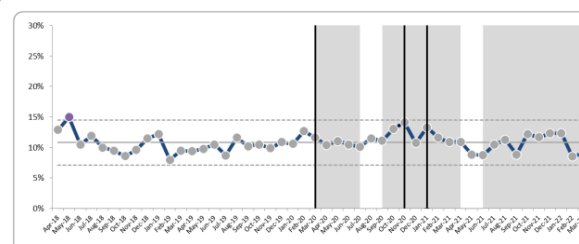
Booked before 12<sup>+6</sup> weeks

77.1%



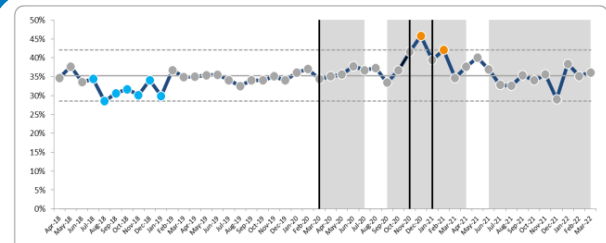
Instrumental Delivery

9.1%



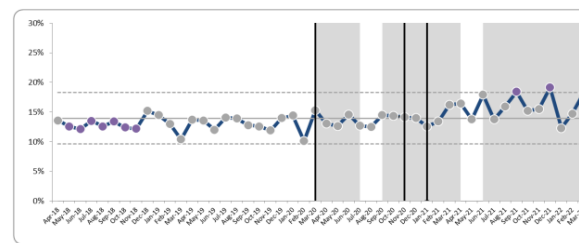
Inductions of labour

36.1%



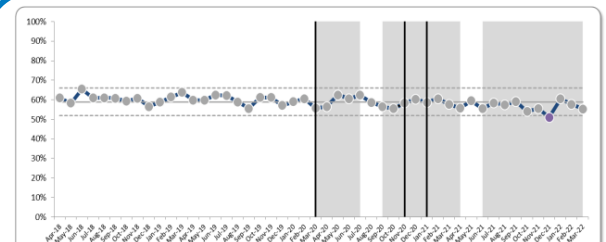
Elective Caesarean

18.0%



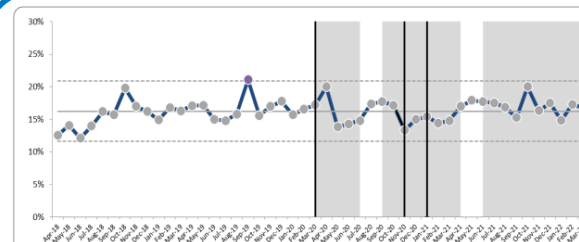
Vaginal Deliveries (non-instrumental)

55.3%



Emergency Caesarean

16.7%



Lockdown Period  
COVID Wave

● Purple SPC dots represent special cause variation that is neither improvement or concern

# Workforce

Appraisal	Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Starters	Leavers
76%	93%	90% and 88%	79%	94	119

### What does the data tell us?

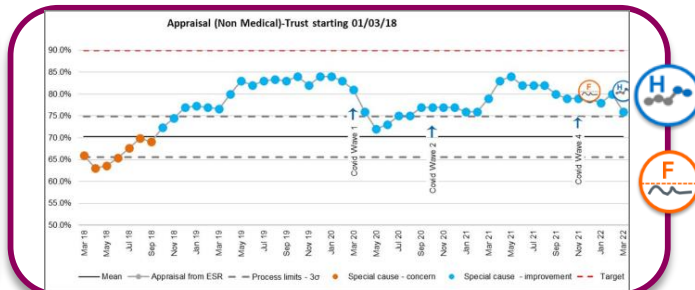
- **Appraisal** – Non-medical appraisal rate has dropped to 76% which is 3% lower than the same period last year. National average has dropped to 78% on Model Hospital so we are comparing well with other Trusts. All divisions and all staff groups are below target of 90% with much work to do.
- **Medical Appraisal** – Medical appraisal has improved by 3% to 93% this month which is 10% higher than the same period last year. Urgent care is an outlier at 82% with all other divisions above 90% target.
- **Mandatory Training** – Mandatory Training compliance has improved by 1% to 90% this month which is the same as last year. National average has dropped to 88% so we are performing better than other Trusts. Women and Childrens division are outlier at 84%. Medical and Dental staff group are below target across all divisions except SCSD.
- **Essential to Role Training** – Essential to Role training has remained at 88%. A new competency of Insulin has been launched with 62% compliance in the first month.
- **Consultant Job Plans** – Consultant job planning compliance has remained at 79% this month. This is 22% higher than the same period last year. Surgery remains an outlier with only 51% compliance. Urgent Care and Women and Children have both achieved 100% across the board for all Medical Staff Groups.
- **Recruitment/starters** – Both starters and leavers are a worsened position from last month. We had 94 new starters compared to 100 last month. We had 119 leavers compared to 94 last month.

### National Benchmarking (February 2022)

The national average for appraisals on Model Hospital has reduced to 78% (2020/21 rates) with our Trust recorded on Model Hospital at 79%. There is no longer a national benchmark for job planning. Model Hospital National Benchmark for Mandatory Training compliance has dropped to 88% with our Trust recording 90% on Model Hospital (2020/21 rates) so we are better than average.

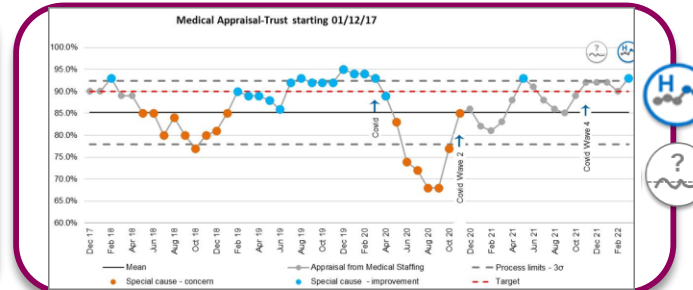
Appraisal  
(Non-Medical)

76%



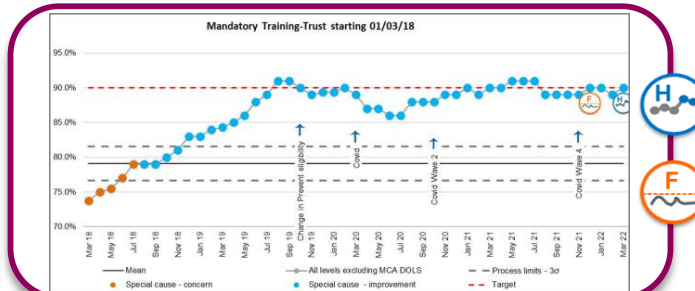
Medical  
Appraisal

93%



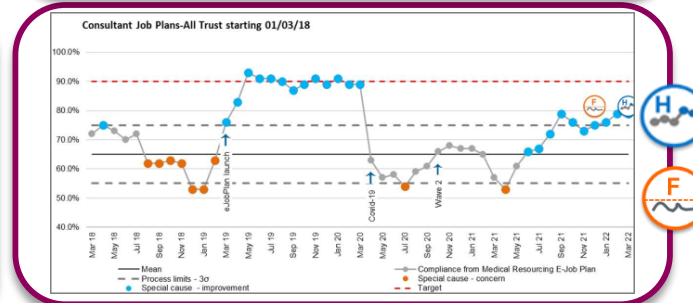
Mandatory  
Training

90%



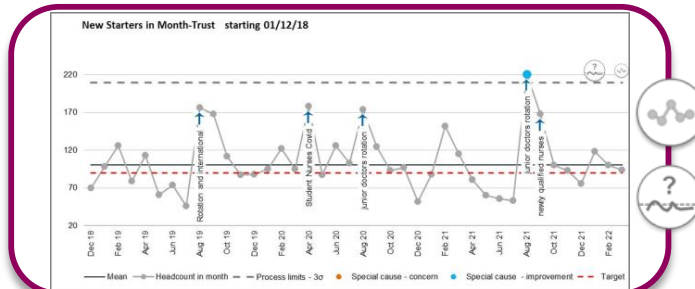
Consultant  
Job Plans

79%



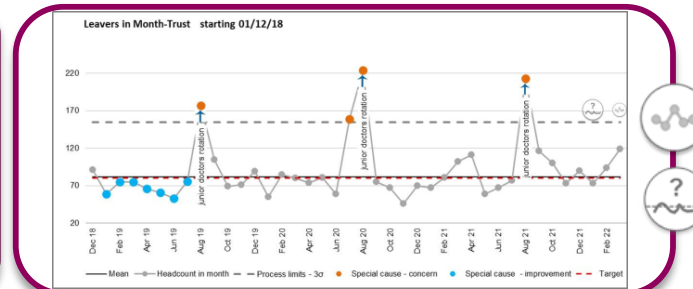
New Starters  
in Month

94



Leavers in  
Month

119



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Substantive Establishment (ADI)	Contracted Staff in Post (ADI)	Vacancy Rate (ADI)	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend	Agency Spend as a % of Gross Spend
6463 wte	5933 wte	8.20%	6535 wte	9.51%	5.99%

### What does the data tell us?

- **Vacancy Rate** – Vacancy rates have remained broadly unchanged at 8.20%.
- **Vacancies** – We have 530 vacancies this month (ADI)
- **Agency Spend as a % of Gross Cost** – this month has seen a reduction of 2.43% in Agency spend as a % to overall cost. However, this is primarily due to credit payments in Digital and Estates and Facilities. Urgent Care remains an outlier for Agency spend with 26.79% (an increase of 1.7% from last month). Agency spend as a % of gross cost is showing a consistent downward trend from a peak of 12.1% in March 2019 due to recruitment and embedding of Rostering systems.
- **Bank spend as a % of gross cost** - has increased by 1.35% to 9.51% due to swap out from Agency

### National Benchmarking (February 2022)

We are at Quartile 3 (Poor) on Model Hospital for the size of our workforce (Staff in Post) with 5707 against a peer median of 5482 (Q3 2021/22). We are also Quartile 3 for our use of Temporary Medics staffing with 11.8% of spend compared to National Average of 6.9% (January 2022). We are in the 4<sup>th</sup> quartile (Worst) for Nursing spend with 10% compared to national average of 5.2% (Feb 2022 rates).



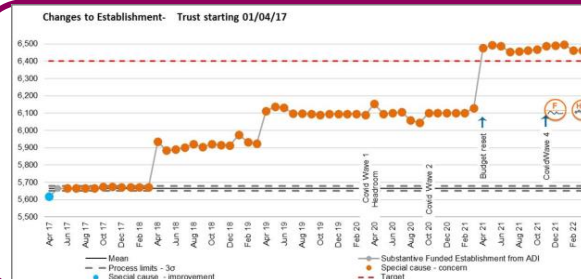
# Month 12[March] 2021-22 Workforce "Performance Against Plan" Summary

Responsible Director: Director of People and Culture | Validated for March -22 as 12<sup>th</sup> April 2022



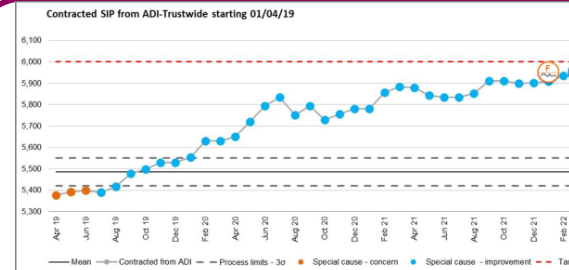
Establishment (ADI)

6463 wte



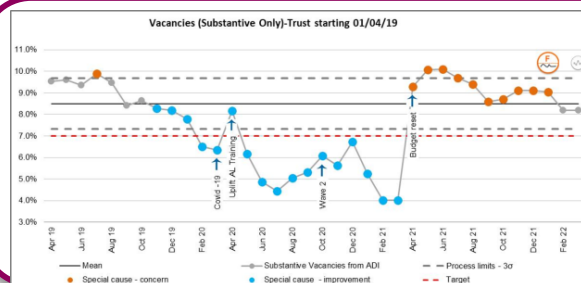
Contracted Staff in Post (ADI)

5933 wte



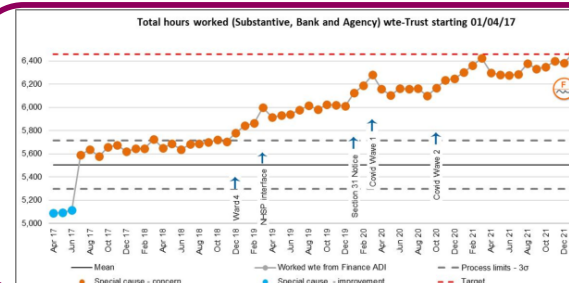
Substantive Vacancy Rate on ADI

8.20%



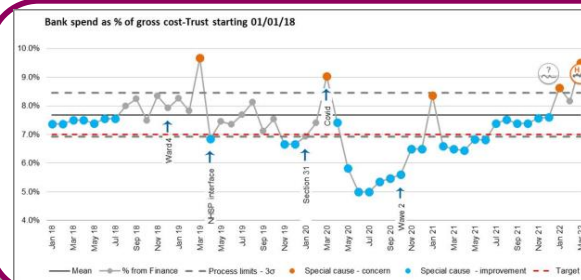
Total Hours Worked

6535 wte



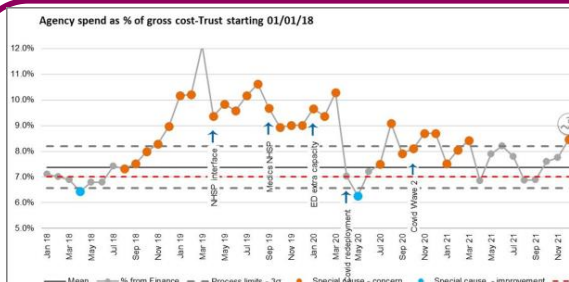
Bank Spend as a % of Gross Cost

9.51%



Agency Spend as a % of Gross Cost

5.99%



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave	Booking Reasons
12.43%	5.8%	162	10.89%	3.65%	Vacancies, Sickness and Covid

### What does the data tell us?

- **Staff Turnover** – Staff annual turnover has deteriorated by 0.59% this month to 12.43% which is 2.93% worse than the same period last year. This is now well above our 11.5% target which was already adjusted for Covid.
- **Monthly Sickness Absence Rate** – Sickness has increased by 0.08 % to 5.8% which is 1.29% worse than the same period last year. Cumulative sickness for the 12 month period has increased to 5.43% from 5.28% which is 0.47% higher than the same period last year. Sickness rates are driven by high levels of Long Term Sickness in all divisions except for Digital with Estates and Facilities and Women and Childrens as hotspot areas. Sickness due to Covid Symptomatic has increased by 0.2% to 1.36% which is the highest for several months. Women and Childrens Division is a significant outlier with 3.07% Covid sickness. Sickness due to stress and anxiety has reduced by 0.19% to 1.32% which is 0.03% better than the same period last year. HCA's are outliers with very high sickness across the board with 10.77% in Surgery, 9.85% in Women and Childrens and 9.12% in SCSD.
- **Maternity/Adoption Leave** – The number of staff on maternity and adoption leave has dropped by 5 this month to 162. This is now only 4 more than the same period last year. Specialty Medicine and SCSD have the highest numbers of nursing staff on maternity leave. The biggest increase this month is 5 wte in Women and Children's Division which increases their total to 26 including 13 registered, 8 medics and 3 HCA's.
- **Annual Leave** – Annual leave has increased by 1.54% to 10.89% in March which will be a direct result of staff using up their annual leave at the end of the leave year. Outliers are Women and Children's Division with 12%, SCSD with 11.35%, Specialty Medicine with 11.32% and Urgent Care with 10.93%.
- **Other leave** – 3.65% of our available FTE has been absent due to Other Leave which will include special leave, study leave, self isolation for Covid etc. This has increased by 0.35% from last month.
- **Booking Reasons** - The biggest increase has been vacancy across all staff groups, with 8,178 hours being requested which totals 50 WTEs. Bar Health Care Scientists, sickness also went up across all staff groups by 4,198 hours – 25 WTEs. This has been noted a lot on the daily escalation call, particularly short notice sickness. The top 10 biggest increases month on month can be seen in the chart on Slide 7 and only 2 entries are outside of the nursing and midwifery staff group

### National Benchmarking (February 2022)

Our Annual Turnover on Model Hospital remains good at Quartile 2 for all staff groups apart from Medics and Healthcare Scientists who are of concern at Quartile 3 (Dec 2021 latest data). We have improved to the 2nd Quartile in terms of Sickness on Model Hospital as at January 2022 (latest data) when our sickness was 6.2% against a National median of 6.7%.

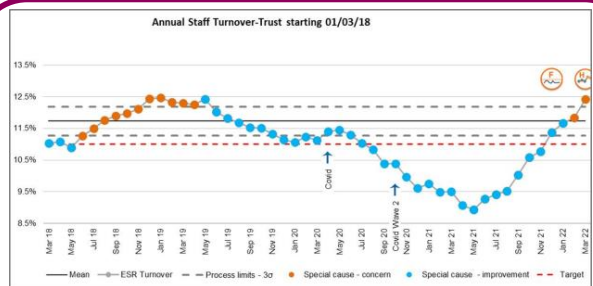


# Month 12[March] 2021-22 Workforce “Drivers of Bank & Agency Spend” Summary

Responsible Director: Director of People and Culture | Validated for March -22 as 12<sup>th</sup> April 2022

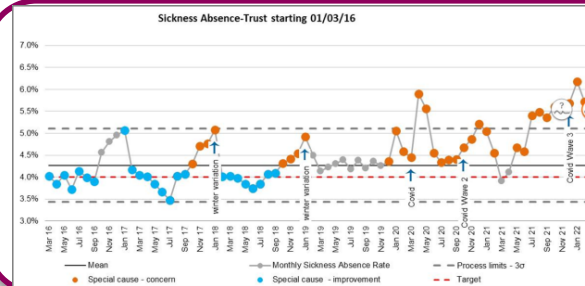
Annual Staff  
Turnover

12.43%



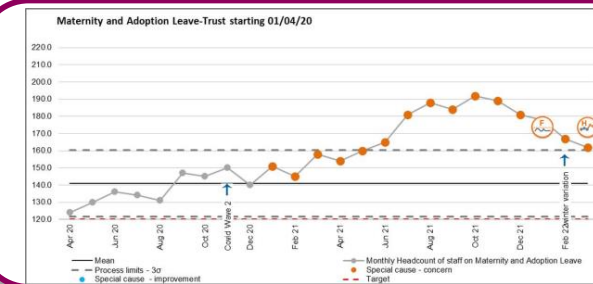
Monthly Staff  
Sickness  
Absence

5.8%



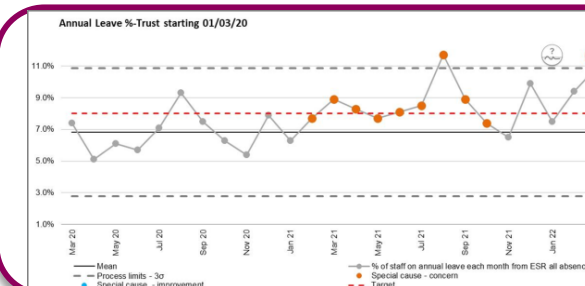
Maternity/  
Adoption  
Leave  
(Headcount)

162



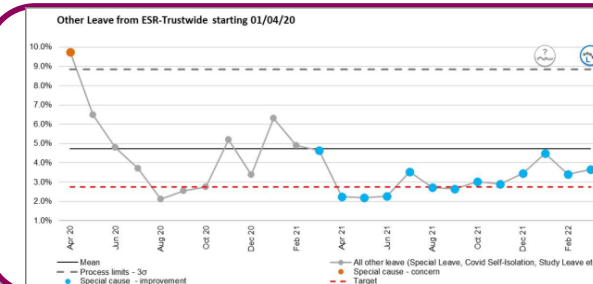
Annual Leave  
(% of FTE  
available)

10.89%



Any Other  
Leave  
(% of FTE  
available)

3.65%



Booking  
reasons via  
NHSP

Staff Group	Grade	Reason	Feb 22	Mar 22	Difference	Additional WTE
Nursing & Midwifery	Qualified	Vacancy	29,705	34,172	4,467	27.5
Nursing & Midwifery	Qualified	Sickness	9,663	12,523	2,860	17.6
Nursing & Midwifery	Unqualified	Vacancy	22,485	24,387	1,901	11.7
Nursing & Midwifery	Unqualified	Sickness	6,672	7,889	1,217	7.5
Allied Health Prof	Qualified	Vacancy	5,369	6,139	770	4.7
Nursing & Midwifery	Unqualified	Covid-19 Additional Staff	2,576	3,272	696	4.3
Admin & Clerical	Unqualified	Vacancy	2,258	2,795	537	3.3
Nursing & Midwifery	Qualified	COVID19	263	746	484	3.0
Nursing & Midwifery	Qualified	Maternity	1,792	2,217	425	2.6
Nursing & Midwifery	Unqualified	Covid-19 Staff Absence	2,038	2,439	401	2.5



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Covid Risk Assessments	Absence due to S10 Stress and Anxiety	Absence due to S27 Covid Symptoms	Absence due to Covid Self Isolation
95%	1.32%	52 staff	60 staff

### What does the data tell us?

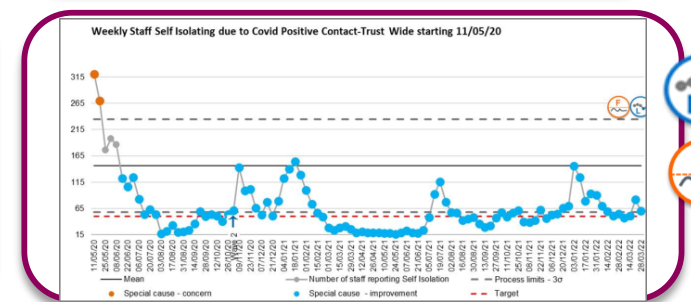
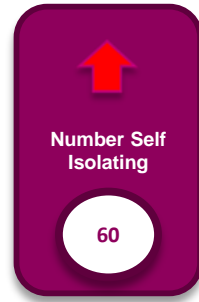
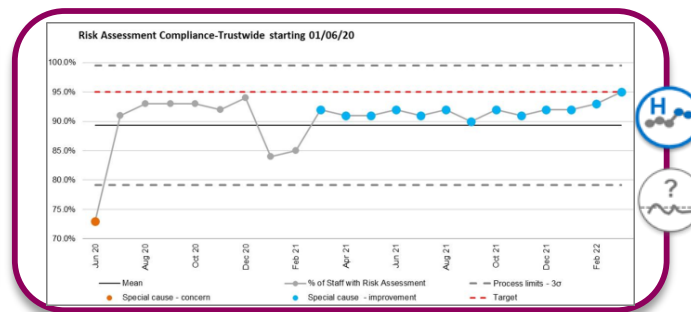
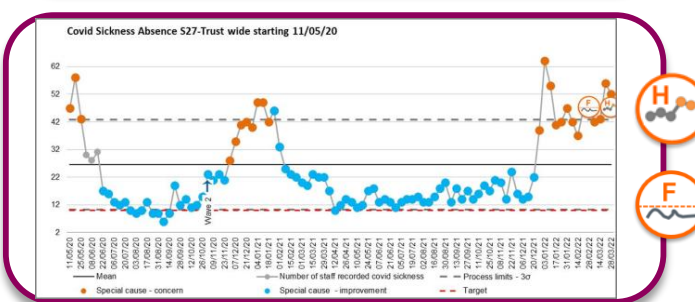
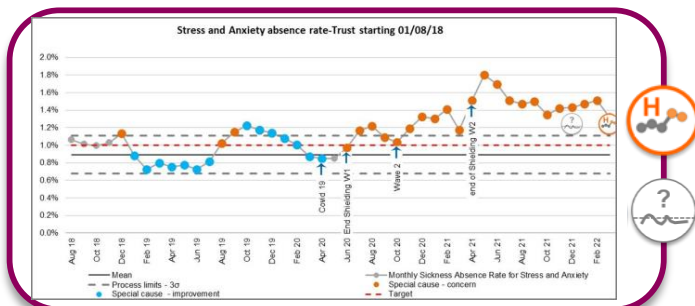
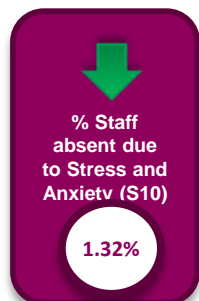
- **Covid Risk Assessment Compliance** – Compliance has improved by 2% to 95% this month against 95% target.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.19% to 1.32% this month which is 0.03% better than last year
- **Absence due to Covid Sickness (S27)** – 52 staff were absent due to Covid symptoms at the end of March compared to 48 at the end of February. This figure includes those staff who have reported sick due to effects of the Covid vaccine.
- **Absence due to Covid Self Isolation** - Absence due to self isolation (including family symptoms) increased from 55 to 60 compared to our peak in mid July 2020 of 116.

### National Benchmarking (March 2022)

We have improved to the 2nd Quartile in terms of Sickness on Model Hospital as at January 2022 (latest data) when our sickness was 6.2% against a National median of 6.7%. Our sickness rates for Medical and Dental and Nursing and Midwifery on Model Hospital are also better than national average at Quartile 2.

# Month 12[March] 2021-22 Workforce "Health and Wellbeing" Summary

Responsible Director: Director of People and Culture | Validated for March -22 as 12<sup>th</sup> April 2022



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Strategic Business Priorities			
BP1: Leadership <i>An empowered, well led workforce that delivers better outcomes and Performance</i>	BP2: Workforce Planning and Transformation <i>The right-sized, cost effective workforce that is organised for success</i>	BP3: OD and Staff Experience <i>A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work</i>	BP4: Future of HR and OD <i>A people function that is organised around the optimum employee journey</i>
<b>Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride</b>			
<b>How have we been doing?</b> The following areas are where we perform below peer group average: <ul style="list-style-type: none"> <li>Vacancy rates for Medics (3% higher than national average)</li> <li>The hours worked have exceeded our funded establishment this month by 73 wte. Reasons for this include higher levels of staff taking annual leave at the end of the leave year, higher rates of sickness and other leave and increased turnover.</li> </ul> Also of note is the increase in bank and agency usage which is a result of: <ul style="list-style-type: none"> <li>Continued higher levels of long term sickness absence across 7 of 8 divisions</li> <li>Covid related self isolation</li> <li>Increased patient acuity and use of surge areas</li> <li>Reduction of bank bookings</li> <li>Increase in annual leave being taken before the end of the leave year</li> <li>Thank you days</li> <li>162 staff on maternity leave although this is now only 4 higher than the same period last year.</li> </ul>		<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>We are working with Corporate Nursing and NHSP colleagues to strengthen padlocks on HealthRoster to reduce spend. This includes removing the ability to book additional shifts, Not allowing any bookings outside of HealthRoster, and requiring matrons to scrutinise all non-essential other leave.</li> <li>We are working with Finance colleagues to improve visibility of establishment and vacancy information by uploading ADI data into ESR and HealthRoster.</li> <li>We are working with Finance and Strategy and Planning colleagues on Workforce Plans with greater scrutiny on business cases.</li> <li>We will continue with the implementation of the Best People Programme to reduce our reliance on the temporary workforce.</li> <li>We will continue our work to enhance the flexible working offer to staff including Location by Vocation.</li> <li>Divisions are completing corrective action plans to improve occupational health risk assessment compliance.</li> </ul>	
<b>Overarching Workforce Performance Level – 5 – March 2022</b> <b>Previous Assurance Level - 5 – February 2022</b>		<b>To work towards improvement to next assurance level</b>	

# Finance

Finance	Comments
<b>2021/22 Financial Plan H1 + H2</b>	<ul style="list-style-type: none"> <li>Against our final submitted position of a £(1.9)m deficit out-turn for 21/22 we have achieved a position of £(1.356)m a £0.562m favourable out-turn.</li> <li>Key changes to the previous adjusted forecast of £(3.4)m deficit with a favourable in month impact of £2m includes some significant year end stock movements c.£1.2m increase alongside some additional income and a number of movements in respect of balance sheet provisions and liabilities as detailed below.</li> </ul>
<b>Month 12 – March Position</b>	<ul style="list-style-type: none"> <li>Overall our pre Audited adjusted financial performance position is a deficit of £1.4m.</li> <li>For Accounts reporting purposes we will have to report against the combined H1 and H2 plan submissions as per national reporting. This notwithstanding our reporting has been against H1 Actual out-turn plus H2 Plan submission as the revised Trust Plan and H&amp;W ICS system position. Thus against a full year breakeven plan we will report the actual position of a deficit of £(1.356)m.</li> <li>The Month 12 surplus/ deficit position includes a number of material reporting items required for final accounts. These items either inflate income and expenditure lines (notional I&amp;E for additional employers' pension paid centrally (£12.9m) and centrally procured PPE stock items (£1.7m), or are removed from the surplus/deficit position to generate the adjusted financial performance against which we are measured externally including Impairment losses (£6.9m) and the impact of donated assets.</li> </ul>
<b>Productivity and Efficiency</b>	<ul style="list-style-type: none"> <li>The P&amp;E Programme has delivered £5.36m of actuals at Month 12 in line with plan.</li> </ul>
<b>Capital</b>	<ul style="list-style-type: none"> <li>Capital expenditure for the financial year 2021/22 is £51.5m. The original plan was £50.9m. A number of Capital Resource Limit "CRL" adjustments are expected to be made by the regional / national teams to align PDC issued and adjusted to Capital Resource limit changes. This would adjust the "plan" to £51.495 thus out-turn would be £32k lower than our expected capital plan. This would be within the statutory CRL requirement.</li> <li>The spend includes £1.4m of spend on PFI/IFRIC12.</li> </ul>
<b>Cash</b>	<ul style="list-style-type: none"> <li>At the end of March 2022 the cash balance was £59.2m</li> <li>The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of receipt of supplier invoices and impact on payments. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement.</li> <li>The cash flow forecast main assumptions are: <ul style="list-style-type: none"> <li>£36.6m PDC capital funding has been received in this financial year.</li> <li>PDC receipts cover part of the Trust's creditor payments, the balance covered by internally generated working capital cash.</li> <li>Ongoing discussions are held with Regional NHSI colleagues as part of regular finance reviews including the Trusts cash and cash-flow position.</li> </ul> </li> </ul>



## H2 Plan

Our 2021/22 operational financial plan for H2 has been developed from a roll forward of the recurrent cost and non patient income actuals from H1 adjusting for workforce and activity trajectories, an assessment of additional PEP delivery in H2 and an assessment of any business cases which will start to impact in H2. The Trust's submitted H2 (October 2021 to March 2022) plan is a deficit of **£(11.4)m** before any additional ICS redistributions which lead to a full year (H1 actual + H2 plan) deficit of **£(1.9)m**.

**Note that for External National Reporting and audit purposes the Full Year Plan (based on revised H1 submitted plan £1.1m surplus plus the H2 plan £(1.1)m deficit) is breakeven £0m.**

### Month 12 – March position

**Overall our pre Audited adjusted financial performance position is a deficit of £1.4m.**

The Month 12 surplus/ deficit position includes a number of material reporting items required for final accounts. These items either inflate income and expenditure lines (notional I&E for additional employers' pension paid centrally (£12.9m) and centrally procured PPE stock items (£1.7m), or are removed from the surplus/deficit position to generate the adjusted financial performance against which we are measured externally including Impairment losses (£6.9m) and the impact of donated assets.

Against the M12 plan of **£0.3m deficit** we report a **deficit of £0.3m**. Against the full year revised plan of £(1.9)m we report a **deficit of c.£(1.4)m**, a positive variance of c.£0.6m.

Statement of comprehensive income	H&W ICS System Regional Submission					
	H2 Plan	H2 Actual	Variance	H1A+H2 Plan	Actual	Variance
	In Month	In Month	In Month	Full Year	Full Year	Full Year
	£'000	£'000	£'000	£'000	£'000	£'000
<b>INCOME &amp; EXPENDITURE</b>						
Operating income from patient care activities	44,450	62,593	18,143	539,157	565,160	26,003
Other operating income	4,185	3,559	(626)	37,251	31,231	(6,020)
Employee expenses	(28,625)	(45,043)	(16,418)	(338,910)	(357,518)	(18,608)
Operating expenses excluding employee expenses	(18,683)	(12,040)	6,643	(219,796)	(212,518)	7,278
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>1,327</b>	<b>9,069</b>	<b>7,742</b>	<b>17,702</b>	<b>26,355</b>	<b>8,653</b>
<b>FINANCE COSTS</b>						
Finance income	0	15	15	0	24	24
Finance expense	(1,009)	(1,579)	(570)	(12,215)	(13,027)	(812)
PDC dividends payable/refundable	(607)	(1,052)	(445)	(7,284)	(7,455)	(171)
<b>NET FINANCE COSTS</b>	<b>(1,616)</b>	<b>(2,616)</b>	<b>(1,000)</b>	<b>(19,499)</b>	<b>(20,458)</b>	<b>(959)</b>
Other gains/(losses) including disposal of assets	0	236	236	19	(439)	(458)
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(289)</b>	<b>6,689</b>	<b>6,978</b>	<b>(1,778)</b>	<b>5,458</b>	<b>7,236</b>
Add back all I&E impairments/(reversals)	0	(6,936)	(6,936)	0	(6,936)	(6,936)
<b>Surplus/(deficit) before impairments and transfers</b>	<b>(289)</b>	<b>(247)</b>	<b>42</b>	<b>(1,778)</b>	<b>(1,478)</b>	<b>300</b>
Remove capital donations/grants I&E impact	1	(89)	(90)	(140)	(151)	(11)
Remove net impact of consumables donated from other DHSC bodies	0	273	273	0	273	273
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(288)</b>	<b>(63)</b>	<b>225</b>	<b>(1,918)</b>	<b>(1,356)</b>	<b>562</b>

**Combined Income in month variance £17.5m favourable** – There are two key month 12 adjustments impacting this large variance £12.9m notional pension contribution offsetting costs below and £1.4m donated PPE offsetting costs below. The key variances is due to Cancer Monies £0.7m, Bid monies £0.9m (Including CHD and Ockenden), Drugs & Devices £0.7m, SLAs £0.6m, Other £0.3m less additional income adjustment in H2 plan (£0.2m), Car Parking postponement of the charging (£0.1m), PCR Testing £0.1m, £0.1m Breast Charity Contribution and £0.1m Digital Innovation Hub funding.

**Employee expenses in month variance (£16.4)m adverse** – This includes adverse variance £12.9m notional pension contribution offset by income above. The remaining £3.5m variance includes £1.5m provision for EWTD payments, £0.4m provision for the impact of the Flowers ruling on including overtime for the purposes of calculating statutory and contractual holiday pay. Registered Nursing has an adverse variance of £1.1m an increase of £0.2m on February variance. Urgent Care has exceeded plan due to sickness and COVID as well as opening the Clinical Admissions Unit. SCSD continues to incur additional costs to staff increased capacity/beds in Critical Care as well as increased cover for COVID and Sickness and additional theatre sessions. Specialty Medicine has had more new starters than forecast as well as increased COVID and redeployment cover. Surgery has incurred additional costs due to Surgical Reconfiguration. In addition £0.1m Bank incentives were paid in M12.

**Operating expenses in month variance £6.6m favourable** – favourable variance of £6.9m due to impact of impairments and further favourable variances due to year end provision reviews and adjustments, including £1m Xerox historic contract charges. Partially offset by adverse variances of £1.7m donated PPE offset by income above.

**I&E Delivery Assurance Level:** **Level 3**

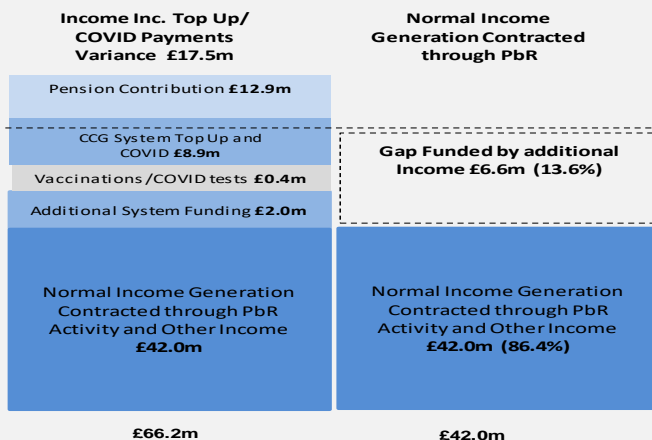
**Reason:** Full year deficit position reported for 21/22, £(42.5)m deficit plan submitted for 22/23 with PEP & Temp Staffing remaining challenged.

## Income & Expenditure Overview

## Performance Against Operational Trust plan

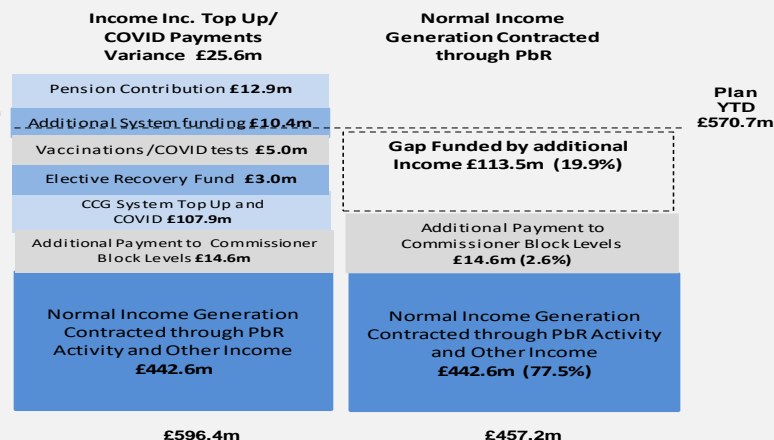
## Trust Operational Plan

### In-month



Plan  
In-month  
£48.6m

### YTD



Plan  
YTD  
£570.7m

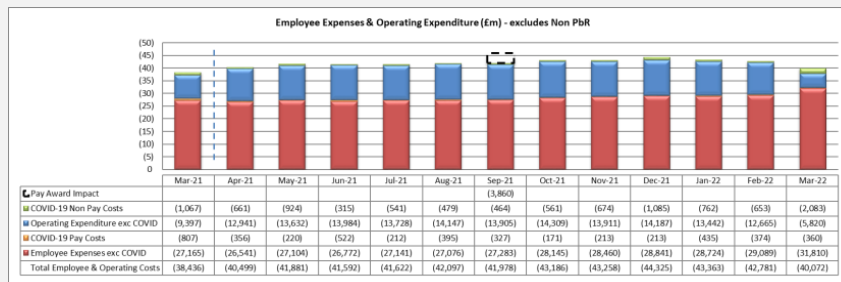
### Income

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £17.5m above the Trust's Operational Plan in March.

£9.8m additional System COVID/top up payment was received from Commissioners to cover additional costs of COVID and to fulfil the STP breakeven requirement (will continue until March 2022). Trust also can qualify for further funding should the STP achieve activity thresholds set by NHSE & I under the Elective Recovery Fund framework (ERF). In H1 the Trust has achieved is £3.0m EFR confirmed by the local System(STP) but no further monies are expected in H2. In addition to this the System has agreed to £10.3m funding to improve the financial performance of the Trust in H2 (£1.8m Elective Stretch and £8.5m Other System Support). This has been built into the H2 plan.

In month variance £17.5m: Pension Contribution adjustment £12.9m, PPE income adjustment for COVID costs £1.4m, Donation (Breast Charity) £0.1m, Cancer Monies £0.7m, Bid monies £0.9m (Including CHD and Ockenden), Drugs & Devices £0.7m, SLAs £0.6m, Other £0.3m less additional income adjustment in H2 plan (£0.2m) and Car Parking postponement of charging (£0.1m).

## Expenditure



Above chart excludes Non PbR items. Month 12 adjusted to remove key one off items.

Total pay costs of £45.0m is £15.5m higher than month 11, however, £12.9m of this relates to a notional pension contribution adjustment which is offset by income. Of the remaining £2.6m increase £1.5m is a provision for EWTD payments and £0.4m provision for the impact of the Flowers ruling on including overtime for the purposes of calculating statutory and contractual holiday pay, £0.2m adverse variance for temporary Medics booked retrospectively and £0.1m Bank incentive payments.

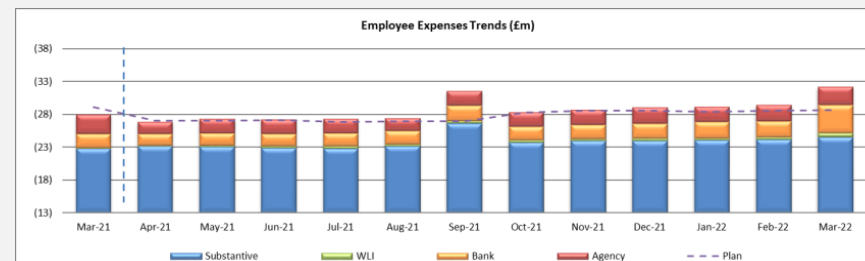
Overall operating expenses excluding employee expenses (including Non PbR) of £12.0m in Month 12 is a reduction of £5.3m compared to last month, mainly due to:

- £6.9m adjustment for impairments;
- favourable movements due to year end provision releases including £1m Xerox historic charges.

These have been partially offset by:

- £1.7m donated PPE adjustment offset by income;
- receipt of the CNST premium in month 11 (£0.6m).

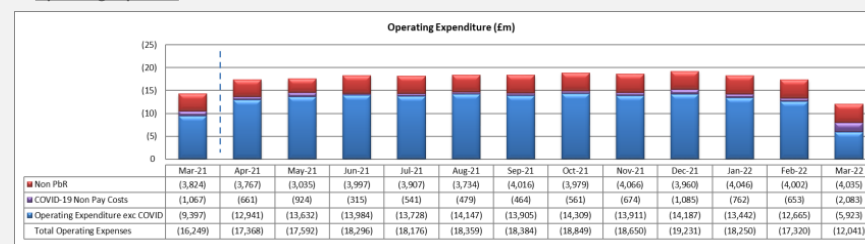
## Employee Expenses



Pay Expenditure	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Mvmt	YTD
Agency	(2,861)	(1,843)	(2,159)	(2,238)	(2,131)	(1,888)	(2,172)	(2,149)	(2,226)	(2,462)	(2,279)	(2,480)	(2,700)	(220)	(26,726)
Bank	(2,203)	(1,735)	(1,867)	(1,863)	(2,019)	(2,067)	(2,327)	(2,085)	(2,175)	(2,210)	(2,516)	(2,404)	(4,281)	(1,878)	(27,549)
<b>Bank &amp; Agency Total</b>	<b>(5,064)</b>	<b>(3,578)</b>	<b>(4,026)</b>	<b>(4,101)</b>	<b>(4,150)</b>	<b>(3,955)</b>	<b>(4,498)</b>	<b>(4,235)</b>	<b>(4,400)</b>	<b>(4,671)</b>	<b>(4,795)</b>	<b>(4,883)</b>	<b>(6,981)</b>	<b>(2,098)</b>	<b>(54,275)</b>
WLI	(28)	(135)	(212)	(293)	(400)	(295)	(316)	(332)	(271)	(328)	(285)	(420)	(611)	(191)	(3,897)
Substantive	(22,880)	(23,185)	(23,086)	(22,900)	(22,804)	(23,221)	(26,655)	(23,750)	(24,002)	(24,055)	(24,078)	(24,160)	(24,578)	(418)	(286,473)
<b>TOTAL PAY</b>	<b>(27,972)</b>	<b>(26,898)</b>	<b>(27,324)</b>	<b>(27,294)</b>	<b>(27,353)</b>	<b>(27,471)</b>	<b>(31,469)</b>	<b>(28,316)</b>	<b>(28,674)</b>	<b>(29,054)</b>	<b>(29,159)</b>	<b>(29,463)</b>	<b>(32,170)</b>	<b>(2,707)</b>	<b>(344,645)</b>
Agency %	10.2%	6.9%	7.9%	8.2%	7.8%	6.9%	6.9%	7.6%	7.8%	8.5%	7.8%	8.4%	8.4%	0.0%	7.8%
Bank %	7.9%	6.5%	6.8%	6.8%	7.4%	7.5%	7.4%	7.4%	7.6%	7.6%	8.6%	8.2%	13.3%	5.2%	8.0%
Bank & Agency %	18.1%	13.3%	14.7%	15.0%	15.2%	14.4%	14.3%	15.0%	15.3%	16.1%	16.4%	16.6%	21.7%	5.1%	15.7%

As a result of Covid in H1 we saw our underlying temporary costs increase, this was reflected in our H2 submitted plan. However, the impact of Covid in H2 has exceeded plan. Weekly figures for April indicate we remain at a consistently high level of spend on temporary staffing and given the current high level of absenteeism and Covid patient numbers we expect this to continue into the new financial year.

## Operating Expenses



## Capital

Capital expenditure for the financial year 2021/22 is £51.5m. This is £32k lower than our expected capital resource limit and includes £1.4m of spend on PFI/IFRIC12.

The high level Capital Plan for 2022/23 was approved at the March CPDG, with discussions now taking place with workstream leads to confirm priorities for internally and externally funded schemes.

**Capital Assurance Level:** Level 4

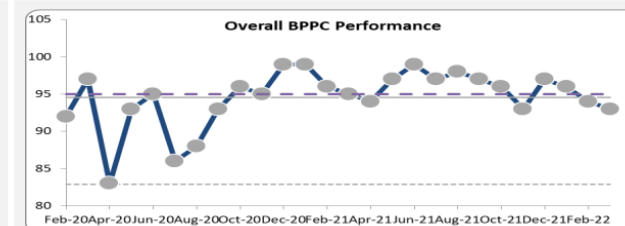
**Reason:** Major capital schemes continue into 2022/23 requiring significant programme management. Commitment monitoring and prioritisation of schemes completed. Risk remains in medium term. Level 4 pending ongoing review of delivery to plan combined with compliance to expenditure plan by scheme with oversight at CPDG meetings and assessment of CRL to be postponed to next Financial Year (22/23)

## Cash Balance

At the end of Mar 2022 the cash balance was £59.2m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of supplier invoices.

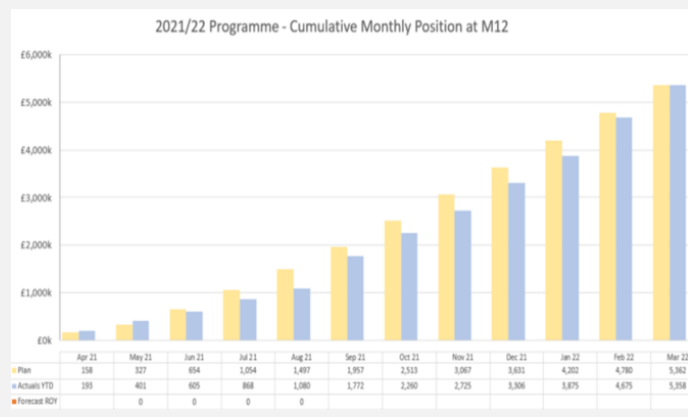
**Cash Assurance Level:** Level 6

**Reason:** Good cash balances, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.



## Productivity & Efficiency

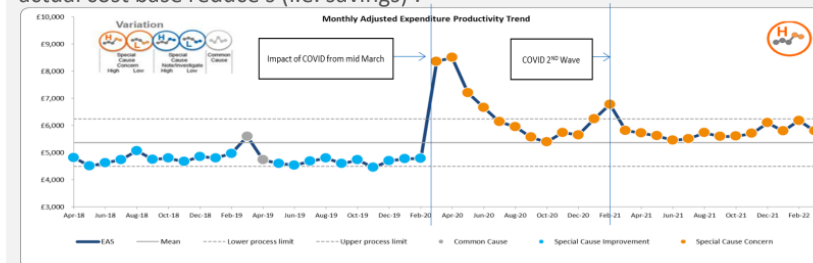
The P&E Programme has delivered £5.36m of actuals at Month 12 in line with plan.



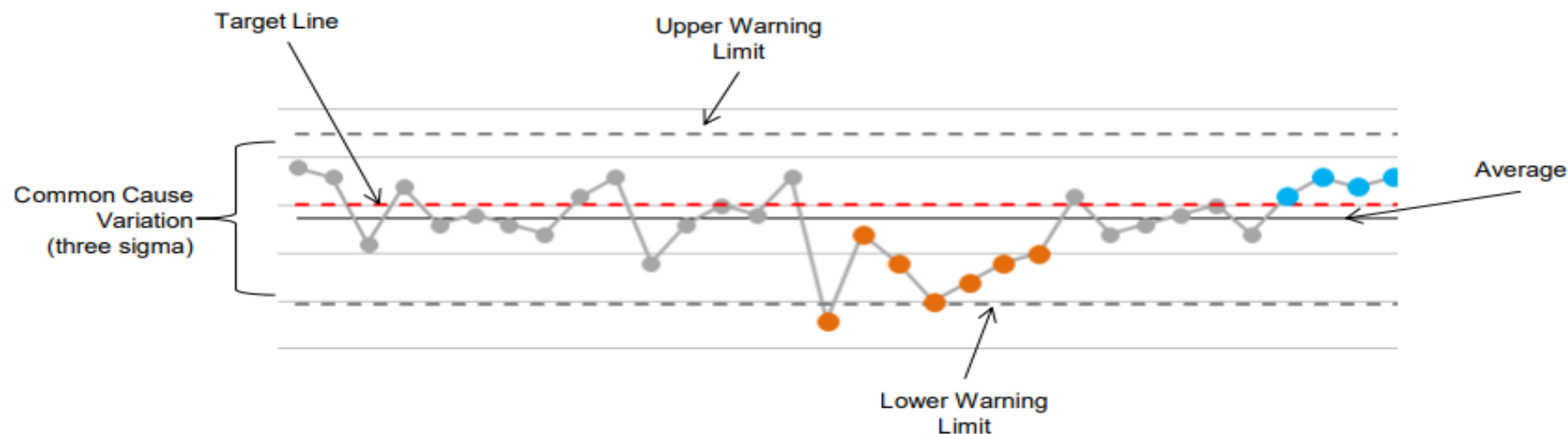
### Adjusted Expenditure Productivity Trend:

COVID significantly impacts our spend against weighted activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward.

March Cost per WAU has reduced from February due to extra workings days available for activity delivery. With costs predominantly fixed from month to month, the WAU is only affected by activity volumes changes each month. The cost base has been normalised to remove any non-recurrent (one off costs) to make it comparable from one month to another. WAU will only improve if additional activity is delivered for the same cost base or if the actual cost base reduces (i.e. savings).



# Appendices



**Orange dots signify a statistical cause for concern.** A data point will highlight orange if it:

- A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
- C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

**Blue dots signify a statistical improvement.** A data point will highlight blue if it:

- A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
- C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

**Special cause variation** is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.



## Levels of Assurance

RAG Rating	ACTIONS	OUTCOMES
<b>Level 7</b>	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of desired outcomes over defined period of time i.e. 3 months.
<b>Level 6</b>	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of the desired outcomes.
<b>Level 5</b>	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of the desired outcomes.
<b>Level 4</b>	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of the desired outcomes.
<b>Level 3</b>	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, agreed measures to evidence improvement.
<b>Level 2</b>	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
<b>Level 1</b>	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
<b>Level 0</b>	Emerging actions not yet agreed with all relevant parties.	No improvements evident.



# MARCH 2022 IN NUMBERS



**8,510**

Walk-in patients (A&E)



**4,050**

Patients arriving  
by ambulance



**12,120**

Inpatients



**34,175**

Face to Face outpatients



**11,922**

Telephone consultations



**398**

Babies



**1,494**

Elective operations



**206**

Trauma Operations



**253**

Emergency Operations



**5.7**

Average length of stay



**17,992**

Diagnostics

# QUALITY AND SAFETY IN NUMBERS

March 2022



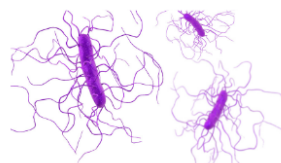
**MRSA**

**0**



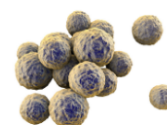
**ECOLI**

**3**



**CDIFF**

**8**



**MSSA**

**2**



**Hand Hygiene**

Participation **93.75**  
Compliance **99.70**

**SEPSIS**

**Sepsis**

Screening Compliance **82.02**  
Sepsis 6 bundle compliance **48.75**



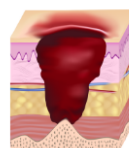
**ICE reports viewed**

Radiology **92.51**  
Pathology **90.20**



**Falls per 1,000 bed days causing harm**

**0.10**



**Pressure Ulcers**

All hospital acquired pressure ulcers **32**  
Serious incident pressure ulcers **1**



**Response Rate**

A&E **16.76**  
Inpatients **29.70**  
Maternity **3.26**  
Outpatients **9.44**



**Recommended Rate**

A&E **77.80**  
Inpatients **97.08**  
Maternity **100**  
Outpatients **94.03**



**HSMR 12 months rolling (June 21)**

**95.61**

**Mortality Reviews completed <=30 days (Nov-20)**

**35.50**



**Risks overdue review 215**  
**Risks with overdue actions 273**



**Discharged before midday**

**14.81**



**Complaints Responses <=25 days**

**80.6**



**Total Medicine incidents reported**

**126**

**Medicine incidents causing harm (%)**

**6.35**

# WORKFORCE COMPOSITION IN NUMBERS

March 2022



Employees  
**6,806**



BAME employees  
**19%**



Part-time workers  
**45%**



Female  
**82%**



Registered nurses  
**1,982 (29%)**



Registered midwives  
**259 (4%)**



HCAs, helpers and assistants  
**1,291 (19%)**



Doctors  
**728(11%)**



Other clinical and scientific staff  
**859 (13%)**



Over age 55  
**18%**



30 years and under  
**20%**



Staff with less than 2 years service  
**27%**



Staff with 20 years service or over  
**10%**



# Women & Children's Division Maternity & Neonatal Dashboard



Reporting Period: March 2022 v1

## ANTENATAL

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to Date
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	389	365	374	381	356	318	324	386	338	369	368	344	4312
	National	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	79.7%	84.3%	81.7%	83.7%	78.8%	76.6%	80.4%	82.3%	84.3%	74.9%	74.4%	77.1%	79.7%
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	99	68	84	74	96	97	79	83	63	124	125	104	1096
	LMS	ABO2.2			% of Women booked after 12 + 6 weeks	%	20.3%	15.7%	18.3%	16.3%	21.2%	23.4%	19.6%	17.7%	15.7%	25.2%	25.4%	23.2%	20.3%
	Contractual	ABO3.0	MSB1.2		Total bookings	Integer	488	433	458	455	452	415	403	469	401	493	493	448	5408
	LMS	ABO4.1			Midwife led care at booking	Integer	251	185	222	231	217	182	209	248	190	247	242	238	2662
Risk Management	Contractual	ABO4.2	MOI7.0		% Midwife led care at booking	%	51.4%	42.7%	48.5%	50.8%	48.0%	43.9%	51.9%	52.9%	47.4%	50.1%	49.1%	53.1%	49.2%
	LMNS	ARM1.1			Women with BMI of 30 and over at booking	Integer	140	133	119	127	120	122	101	120	92	128	119	127	1448
	LMNS	ARM1.2			% Women with BMI of 30 and over at booking	%	29%	31%	26%	28%	27%	29%	25%	26%	23%	26%	24%	28%	26.8%
Smoking	LMS	ASM1.1			Smoking at booking	Integer	55	61	70	58	56	63	49	48	63	55	65	49	692
	LMS	ASM1.2			% Smoking at booking	%	11.3%	14.1%	15.3%	12.7%	12.4%	15.2%	12.2%	10.2%	15.7%	11.2%	13.2%	10.9%	12.8%
	LMS	ASM2.1			Smokers accepting smoking cessation service referral at booking	Integer	36	36	36	34	36	48	33	31	46	34	31	29	430
	LMS	ASM2.2	MSB1.4		% Smokers accepting smoking cessation service referral at booking	%	65.0%	59.0%	51.0%	58.0%	64.0%	76.2%	67.3%	64.6%	73.0%	61.8%	47.7%	59.2%	8.0%
	LMS	ASM3.1			Smokers accepting CO screening at booking	Integer	47	56	62	53	50	58	49	47	60	49	56	40	627
	Local	ASM3.2	MSB1.6		% Smokers accepting CO screening at booking	%	85.5%	91.8%	88.6%	91.4%	89.3%	92.1%	100.0%	97.9%	95.2%	89.1%	86.2%	81.6%	11.6%
Carbon Monoxide	LMS	ACM1.1			Women screened for CO at booking	Integer	356	361	402	406	417	358	342	409	370	443	405	379	4648
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%	73.0%	83.4%	87.8%	89.2%	92.3%	86.3%	84.9%	87.2%	92.3%	89.9%	82.2%	84.6%	85.9%
	LMS	ACM2.1			Women with CO reading of 4 ppm or more at booking	Integer	24	37	39	41	31	33	30	29	39	28	34	25	390
	Local	ACM2.2			% Women with CO reading of 4 ppm or more at booking (of total bookings)	%	4.9%	8.5%	8.5%	9.0%	6.9%	8.0%	7.4%	6.2%	9.7%	5.7%	6.9%	5.6%	7.2%

## INTRAPARTUM

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to Date
Deliveries	Contractual	IDE1.0	MDEL1.0		Total Deliveries	Integer	412	407	401	411	451	452	450	385	406	404	364	396	4939
Delivery Method	Contractual	IDM1.0			Vaginal deliveries	Integer	230	242	222	240	259	268	243	214	207	243	210	219	2797
	LMS	IDM1.1	MNVD1.0		% Vaginal deliveries	%	55.8%	59.5%	55.4%	58.4%	57.4%	59.3%	54.0%	55.6%	51.0%	60.1%	57.7%	55.3%	56.6%
	LMS	IDM2.1			Ventouse & forceps deliveries	Integer	45	36	35	43	51	40	55	45	50	50	31	36	517
	Contractual	IDM2.2	MIVD1.0		% Ventouse & forceps deliveries	%	10.9%	8.8%	8.7%	10.5%	11.3%	8.8%	12.2%	11.7%	12.3%	12.4%	8.5%	9.1%	10.5%
C-Section Deliveries	Contractual	ICS4.1			Elective (category 4) caesarean deliveries	Integer	67	56	73	56	65	75	62	63	78	50	60	75	780
	LMS	ICS4.2	MCS1.1		% Elective (category 4) caesarean deliveries	%	16.3%	13.8%	18.2%	13.6%	14.4%	16.6%	13.8%	16.4%	19.2%	12.4%	16.5%	18.9%	15.8%
	Trust	ICS3.1			Emergency (category 3) caesarean deliveries	Integer	14	17	17	13	25	18	15	17	23	22	14	23	218
	Trust	ICS3.2			% Emergency (category 3) caesarean deliveries	%	3.4%	4.2%	4.2%	3.2%	5.5%	4.0%	3.3%	4.4%	5.7%	5.4%	3.8%	5.8%	4.4%
	Trust	ICS2.1			Emergency (category 2) caesarean deliveries	Integer	37	38	38	40	26	35	55	31	30	22	32	32	416
	Trust	ICS2.2			% Emergency (category 2) caesarean deliveries	%	9.0%	9.3%	9.5%	9.7%	5.8%	7.7%	12.2%	8.1%	7.4%	5.4%	8.8%	8.1%	8.4%
	Trust	ICS1.1			Emergency (category 1) caesarean deliveries	Integer	19	18	15	17	24	16	20	14	16	16	17	11	203
	Trust	ICS1.2			% Emergency (category 1) caesarean deliveries	%	4.6%	4.4%	3.7%	4.1%	5.3%	3.5%	4.4%	3.6%	3.9%	4.0%	4.7%	2.8%	4.1%
	Contractual	ICS5.1			Emergency (category 1-3 inclusive) caesarean deliveries	Integer	70	73	71	72	76	69	90	63	71	60	63	66	844
	LMS	ICS5.2	MCS1.2		% Emergency (category 1-3 inclusive) caesarean deliveries	%	17.0%	17.9%	17.7%	17.5%	16.9%	15.3%	20.0%	16.4%	17.5%	14.9%	17.3%	16.7%	17.1%
	LMS	ICS6.1			Total deliveries as caesarean	Integer	137	129	144	128	141	144	152	126	149	110	123	141	1624
	Contractual	ICS6.2	MCS1.0		% Total deliveries as caesarean	%	33.3%	31.7%	35.9%	31.1%	31.3%	31.9%	33.8%	32.7%	36.7%	27.2%	33.8%	35.6%	32.9%
Midwife Led Care	Contractual	IML1.1	W-IML1.1	H-IML1.1	Midwife led care deliveries	Integer													
	LMS	IML1.2	MOI3.0		% Midwife led care deliveries	%													
	LMS	IML2.1			Home deliveries	Integer	17	19	17	15	11	14	8	9	9	5	3	7	134
	LMS	IML2.2			% Home deliveries	%	4.1%	4.7%	4.2%	3.6%	2.4%	3.1%	1.8%	2.3%	2.2%	1.2%	0.8%	1.8%	2.7%
Births	Contractual	IBI1.0	MBIR1.0		Total Births	Integer	417	413	409	416	459	457	457	389	414	409	372	398	5010
	LMS	IBI2.1			Full term births (babies born at 37wks gestation or over)	Integer	394	373	375	392	419	427	428	357	371	363	343	366	4608
	LMS	IBI2.2			% Full term births (babies born at 37wks gestation or over)	%	94.5%	90.3%	91.7%	94.2%	91.3%	93.4%	93.7%	91.8%	89.6%	88.8%	92.2%	92.0%	92.0%
	LMS	IBI3.1	W-IBI3.1	H-IBI3.1	Pre-term births (babies born under 37wks gestation)	Integer	23	40	34	24	40	30	29	32	43	46	29	32	402
	LMS	IBI3.2	W-IBI3.2	H-IBI3.2	% Pre term births (babies born under 37wks gestation)	%	5.5%	9.7%	8.3%	5.8%	8.7%	6.6%	6.3%	8.2%	10.4%	11.2%	7.8%	8.0%	24.8%
	LMS	IBI4.1	W-IBI4.1	H-IBI4.1	Stillbirths	Integer	2	2	4	1	0	2	1	0	1	3	1	4	21
Risk Management	LMS	IBI4.2	W-IBI4.2	H-IBI4.2	% Total births stillbirth	%	0.5%	0.5%	1.0%	0.2%	0.0%	0.4%	0.2%	0.0%	0.2%	0.7%	0.3%	1.0%	1.3%
	Contractual	IRM1.1			Low birth weight where IUGR detected antenatally	Integer													
	Contractual	IRM1.2	MOI4.0		% Low birth weight where IUGR detected antenatally	%													
	National	IBR1.1			Breast feeding initiation rate	Integer	216	299	290	290	321	308	306	255	283	275	241	284	3368
Breastfeeding	National	IBR1.2	MOI1.0		% Breast feeding initiation rate	%	52.4%	73.5%	72.3%	70.6%	71.2%	68.1%	68.0%	66.2%	69.7%	68.1%	66.2%	71.7%	68.2%
Smoking	National	ISM1.1	W-ISM1.1	H-ISM1.1	Women smoking at delivery	Integer	43	41	42	40	48	51	37	50	47	46	31	32	508
	National	ISM1.2	MOI2.0	H-ISM1.2	% Women smoking at delivery	%	10.4%	10.1%	10.5%	9.7%	10.6%	11.3%	8.2%	13.0%	11.6%	11.4%	8.5%	8.1%	10.3%

NEONATAL																			
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to Date
Admissions	Local	NAD1.0	MOI6.0		Total admissions to neonatal care	Integer	45	51	60	60	76	47	54	66	57	60	70	63	709
	National	NAD2.1	MOI6.1		Unexpected admissions of full-term babies to neonatal care	Integer	16	14	12	13	8	11	7	15	6	11	17	17	147
	LMS	NAD2.2	MOI6.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	3.8%	3.4%	2.9%	3.1%	1.7%	2.4%	1.5%	3.9%	1.4%	2.7%	4.6%	4.3%	3.2%
Risk Management	LMS	NRM1.1	W-NRM1.1	H-NRM1.1	Neonatal deaths	Integer	0	0	0	1	0	1	0	1	1	0	2	0	6
	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	0.0%	0.0%	1.7%	0.0%	2.1%	0.0%	1.5%	1.8%	0.0%	2.9%	0.0%	0.8%
	LMS	NRM2.1			Neonatal brain injuries	Integer													
	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%													
	LMS	NRM3.1			Referrals to NHS Resolution	Integer													
	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%													
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	1	0	0	0	1	1	0	0	0	1	0	0	4
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	2.2%	0.0%	0.0%	0.0%	1.3%	2.1%	0.0%	0.0%	0.0%	1.7%	0.0%	0.0%	0.6%
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	8	11	3	6	13	8	7	10	10	4	2	7	89
	LMS	NRM5.2			Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	Integer	8	14	6	8	17	12	11	10	13	4	3	10	116
	LMS	NRM5.3			% Administration of antenatal steroids (of babies born between 23 and 33wks gestation)	%	100.0%	78.6%	50.0%	75.0%	76.5%	66.7%	63.6%	100.0%	76.9%	100.0%	66.7%	70.0%	76.7%
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	1	0	1	3	0	2	3	0	2	0	0	3	15
	LMS	NRM6.2			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	1	0	1	3	0	2	3	0	2	0	0	3	15
	LMS	NRM6.3			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	100.0%	-	100.0%	100.0%	-	100.0%	100.0%	-	100.0%	-	-	100.0%	100.0%
POSTNATAL																			
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to Date
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	1	2	0	2	2	2	1	1	0	0	0	0	11
	Local	PRM1.2			% ITU admissions in obstetrics (of all deliveries)	%	0.2%	0.5%	0.0%	0.5%	0.4%	0.4%	0.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.2%
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0	0	1	0	0	0	0	0	0	1
	National	PRM2.2			% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



## Committee Assurance Reports

Trust Board  
12<sup>th</sup> May 2022

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<b>Operational &amp; Financial Performance</b>	
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# Finance & Performance Committee Assurance Report - 27 April 2022

Accountable Non-Executive Director

Presented By

Author

Richard Oosterom – Associate Non-Executive Director

Richard Oosterom – Associate Non-Executive Director

Rebecca O'Connor, Company Secretary

**Assurance:** Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y

**BAF  
number(s)**

2, 3, 4, 7, 8, 9, 10, 11, 13,  
14, 15, 16, 17, 18, 19, 20

## Executive Summary

**The Committee met virtually on 27 April and the following key points were raised : Escalations to Board:**

Item	Rationale for escalation	Action required by Trust Board
22/23 Plan	For onwards consideration as requested by Trust Board	Review and approve
Amicus Contract	Over committee delegated limits	Review and approve
Robotics business case	The updated payment has been reviewed and the approved capital was unchanged. There was a net present value gain of £50k and an improved I&E impact to zero in 22/23.	To note

**The following levels of assurance were approved:**

Item	Level of Assurance	Change	BAF Risk
22/23 Plan	Level 4	Increased from level 2.	7, 8, 9, 11, 14, 18, 19
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Finance Report: Income and Expenditure	Level 3	Maintained	7 and 8
Finance Report: Capital	Level 4	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
Value for Money	Level 5	Improved	7
Section 106 funding	Level 6	N/A	7
Powerlink contract	Level 7	N/A	7
Amicus contract	Level 4	N/A	7, 13 and 16
Terms of Reference	Level 6	N/A	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

2

# Finance & Performance Committee Assurance Report - 27 April 2022

## Executive Summary

The Committee met virtually on 27 April and the following key points were raised

Item	Discussion
<b>22/23 Plan</b>	Committee had a comprehensive discussion as to the current position following up the actions from the last meeting and progress made in further developing the plan. Committee requested scenario risk analysis. Risks in relation to changes to 19/20 baseline, its impact on ERF, delivery of activity and development of sensitivity analysis around the risks were discussed. £2.1m of non pay costs have been identified to support the plan but the paper notes this could be up to £7m. The risks, assumptions and mitigations around the additional activity to deliver the plan and the associated costs were discussed in detail. Regional discussions regarding inflation were noted. PDU (formerly known as CAU) costs which have been updated to the full year effect of £3m which the Trust expects to be funded by the system. Assurance regarding recruitment to business cases was discussed and these are being reviewed. Workforce, activity and finance have been reviewed regionally and the Trust are rated green. PEP target of £15.7, with £3.6m to identify alongside £2.1 cross cutting theme. Further work to review the maturity of PEP schemes is ongoing, these have been discussed with system partners and the relative positions noted. Additional schemes are also being worked up to address the gap. Productivity and scoping is underway regarding the cross cutting themes. The I&E position of the plan compared to other Trusts was outlined. The capital position has been updated as has the cash flow and this was accepted. Performance management and developments in future monitoring arrangements were discussed. The target of the plan was noted as being very ambitious and the need for transparency of the level of risk was stressed.
<b>Robotics Business Case follow up</b>	The updated payment has been reviewed and the approved capital was unchanged. There was a net gain of £50k and an improved I&E impact of reducing to zero the previous impact in 22/23. Congratulations from committee on the progress.
<b>Integrated Performance Report</b>	Executive summary headlines were noted. The key issues were Emergency and Urgent Care and associated Patient Flow and Capacity; recovery and restoration of the elective programme including diagnostics and outpatients, cancer and stroke. The peak in Covid patients in March was noted, along with an 11% increase in ED activity. Good progress on H2 elective activity was noted. Particular issues around thresholds for colorectal referrals were noted. It as confirmed maternity stillbirths had no common cause. An evaluation of the impact of operational Covid changes and of vanguard theatres would take place. An incident cell had been established this week for flow and discharge for a 6 week pilot. <b>Assurance level 4 overall was agreed</b>
<b>Finance Report – Month 12</b>	Year end deficit of £(1.356)m at month 12. Changes regarding pension contributions and other one offs impact on the month 12 changes. Future reports will focus on run rate reporting. Productivity and Efficiency delivery was in line with plan and capital was within the resource limit. The position on cash is good. Good performance was noted by Committee. Future discussions regarding risk appetite were noted. <b>Assurance levels were approved at levels 3 I&amp;E, 4 capital and 6 cash</b>
<b>VFM</b>	Paper addressed the recommendations and has been via TME. List of audit documents has been received and senior leads have been identified to collate the evidence pack. This aligns with the 4ward Improvement System and how we will address next year. Helpful supporting documents within the reading room including the benchmarking information were noted. <b>Assurance level 5 was agreed</b>
<b>S106</b>	Paper was noted and welcomed by Committee. <b>Assurance level 6 was agreed</b>
<b>Powerlink contract</b>	The contract was cost neutral and was approved. <b>Assurance level 7 was agreed</b>
<b>Amicua contract</b>	Renewal of SQL – the additional DCR element is to be covered within the overall DCR business case budget and was recommended for approval. <b>Assurance level 4 was agreed</b>
<b>TOR</b>	Approved as drafted to reflect national guidance. <b>Assurance level 6 was agreed</b>

## Quality Governance Committee Assurance Report – 28 April 2022

Accountable Non-Executive Director	Presented By	Author
Dr Sue Sinclair – Associate Non-Executive Director	Dr Sue Sinclair – Associate Non-Executive Director	Rebecca O'Connor, Company Secretary
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s) 2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

### Executive Summary

The Committee met virtually on 28 April 2022 and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
IPC guidance	For Board to note the local risk assessment and approach to Covid outbreak management as recommended by Committee	To note the risk assessment
Health and Safety	Committee received its first report and noted its TOR have been updated to reflect this responsibility. Concerns regarding some compliance were raised and an action plan is in place	Awareness only at this point as Committee seeks further assurances and oversees the action plan
Review of Licence Conditions and Terms of Reference	Recommended for Trust Board approval	To review and approve

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
ICS Quality Forum	N/A	-	4, 21
Infection Prevention & Control	Level 4	Maintained.	3
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Maternity Services Safety Report (inc Ockeden)	Level 5	Maintained.	2, 4, 9, 10
Clinical Governance Group	Level 5	Maintained	4
Health & Safety Committee	Level 3	N/A	4 and 8
Review of Licence Conditions	Level 5	N/A	4 and 7
Terms of Reference	Level 6	N/A	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

# Quality Governance Committee Assurance Report – 28 April 2022

## Executive Summary

The Committee met virtually on 28 April 2022 and the following key points were raised:

Item	Discussion
ICS Quality Forum	Update was noted, with no matters of escalations to committee.
Infection Prevention & Control Escalation	Committee discussed the move away from the detect and isolate model to the more usual IPC operating model for flu. The risk assessment has been reviewed and approved through the command structure. Swabbing has been reduced (this was over and above guidance) and contact follow up also reduced. The impact of the now issued guidance was discussed. The Trust are outside of guidance regarding outbreak declaration (not management of outbreaks), in respect of movement to two probable or definite cases before declaring an outbreak (guidance is one indeterminable and one probable). This is in line with Wye Valley (WVT) and we have agreed this as a system to balance risk of closed beds impacting on operational pressures. Impacts of this are being monitored closely and we have seen a continued decrease in probable and definite cases, a decrease in the number of outbreaks and no increase in covid related deaths, critical care or covid patents. Both emergency and elective admissions are still being screened for covid, but patients will be placed in the ward of their primary condition, with screening at day 3 and day 5 ongoing. It is still early to understand the impact fully, but this is under continual review. The guidance is clear Trusts can locally risk assess their own position and the Trust has assessed its approach, which was supported as described by committee with the written version to be circulated. Committee approved the position.
CMO escalations	High staff absence rates continue to impact operational delivery with 382 staff absent today. There was a Never Event this month in relation to retained object during elective surgery with no other harm that removal surgery required. WYT haematology service discussions are underway and region are convening a summit.
Integrated Performance Report	Executive summary headlines were noted. UEC, flow. Restoration and recovery were highlighted. Good news re H2 elective delivery. Q&S indicators were noted with IPC having been discussed above. Fractured NOF has failed target for two years, however average time to theatre is 31 hours and this is being raised with the team to understand the issues which were discussed in detail. Cancer referrals for colorectal are currently seeing 2WW been seen at 4 weeks. There has been a large increase in referrals due to national cancer awareness campaign and GP thresholds. Despite large number of referrals there is not an increase in the number of cancers being diagnosed. VTE assessments in surgery were discussed and surgery division are taking forward issues around recording which will be part of the EPR. A grade 4 pressure ulcer has been reviewed with no gaps in care identified. <b>Level 4 assurance was approved.</b>
Safe Staffing	Nurse staffing was discussed and Committee noted the HCA vacancy factor has reduced from 15 – 9% which is very positive. HCA rotation and career development was noted. The work of matrons in supporting staffing was very robust during a challenging period. <b>Level 5 assurance was approved.</b> Midwifery staffing, lower level of activity meant the Trust met acuity, but sickness remains high including covid. Turnover rate has increased to 16.1% and movement in COC teams but these are now fully established. Vacancy rate now 9% including new posts from Ockenden funds. Red flags continues re supernumerary shift leader and 121 care not met in a 4 hour period. Minimum safe staffing levels were not met on all shifts but mitigations were in place. Maternity Support Workers will be in place to support the team. Weekly drop in sessions remain in place. <b>Level 4 assurance was approved.</b>

## Quality Governance Committee Assurance Report – 28 April 2022

### Executive Summary

The Committee met virtually on 28 April and the following key points were raised:

Item	Discussion
<b>Maternity Service Safety Report</b>	Committee discussed the confidential (due to small numbers and patient confidentiality) update, noting the position and assurances. Issues with 12 week booking are isolated to one team. Admissions to neonate are higher than expected but well below the national target. Perinatal mortality rate has a variation in month due to five still births. Mandatory training is below trust target and role specific training is also behind for face to face but no sessions were cancelled in March. Medical staffing has been challenged. Consultant vacancy and middle grades have been flexing. Ockenden final report with a review and gap analysis coming to Board in June. Options appraisal in relation to the Ruth May letter will come to Trust Board in May. The CQC must and should dos were discussed. <b>Level 5 assurance was approved.</b>
<b>PDU/AMU</b>	Issues with water pipework are ongoing; there is not a confirmed date for resolutions but this is being pursued.
<b>CGG Escalations</b>	The CGG meeting was stood down due to level 4 pressure. The material submitted were noted and policies approved by chairs action and submitted to TME
<b>H&amp;S Committee Report</b>	Some areas of weakness have been identified and plans are being in place to address these. Policies which have expired are being updated. Security, violence and aggression reports are low and plans under reporting of incidents is being addressed. Staff reported verbal abuse was accepted as part of the job, but this is not acceptable and work is underway to address this with reports being considered by the H&S Committee. Three improvement plans are in place for 6 months as foundation plans and these will be built on. Linkage with Freedom to Speak Up and VMI to be developed. The Trust's legal compliance was understood and there are actions in place to address any gaps. <b>Level 3 assurance was approved.</b>
<b>License Conditions</b>	The review discussed and approved.
<b>TOR</b>	The TOR were discussed and approved.
<b>Escalations</b>	Trust Board regarding compliance with H&S legal regulations and its development going forward and the IPC deviation from guidance to be reported to the Board
<b>Other</b>	Thanks were expressed to all staff who had responded to the major incident and all were commended. Thanks to Tracey Cooper for the work as DIPC and best wished for her retirement.



Meeting	Trust Board
Date of meeting	12 <sup>th</sup> May 2022
Paper number	Enc F

### Ockenden Final Report April 2022

For approval:		For discussion:	x	For assurance:		To note:	x
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<b>Accountable Director</b>	Paula Gardner, Chief Nursing Officer		
<b>Presented by</b>	Justine Jeffery, Director of Midwifery	<b>Author /s</b>	Justine Jeffery, Director of Midwifery

### Alignment to the Trust's strategic objectives (x)

Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x
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### Report previously reviewed by

Committee/Group	Date	Outcome
Maternity Governance	May 2022	

### Recommendations

The Board is asked to note the publication of the final Ockenden report published on March 30<sup>th</sup> 2022 and consider the essential actions as outlined in the report.

### Executive summary

The final Ockenden report was published on 30<sup>th</sup> March 2022 following an independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust. The report contains 92 essential actions for all Trusts to review and implement.

On initial review the Divisional management team noted that there were 3 essential actions that had the potential to impact on the Trust Midwifery Continuity of Carer model. At the request of the Trust Board an options appraisal has been completed for submission to the Trust Board outlining the risks and benefits of implementation of the three essential actions.

The Divisional management team are working with the Women's Directorate to review the actions, complete a gap analysis and compile an action plan with clear timescales to achieve compliance with all of the essential actions.

An engagement event with the wider maternity team was undertaken on 4<sup>th</sup> April 2022.

The report and essential actions are also being reviewed by the corporate patient safety team to identify any wider learning for the Trust.

### Risk

<b>Which key red risks does this report address?</b>		<b>What BAF risk does this</b>	BAF 4, 3, 17, 11, 9, 2, 10, 15
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Meeting	Trust Board
Date of meeting	12 <sup>th</sup> May 2022
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		report address?								
<b>Assurance Level (x)</b>	0	1	2	3	4	5	6	7	N/A	x
<b>Financial Risk</b>	State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.									
<b>Action</b>										
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N			N/A				
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N							
If no has the action plan been revised/ enhanced	Y		N							
<b>Timescales to achieve next level of assurance</b>	An update of compliance with essential actions will be provided to Board quarterly									

Meeting	Trust Board
Date of meeting	12 <sup>th</sup> May 2022
Paper number	Enc F

Introduction/Background
<p>In December 2020 the first inquiry into maternity services at Shrewsbury and Telford NHS Trust was published and a number of immediate and essential actions (IEA) were outlined within the report. Over the last 12 months the maternity team have provided evidence to the NHS England &amp; Improvement regional team on two occasions to demonstrate current compliance against the IEAs.</p> <p>In April the maternity directorate shared a report with the Trust Board outlining the current compliance at 92% against the IEAs prior to submission to the regional team. Further work is planned to meet all of the outstanding actions. Some of this evidence was reviewed by the Local Maternity &amp; Neonatal System on 3<sup>rd</sup> May 2022; there were no suggested amendments to our current compliance. A further regional visit is planned for 31<sup>st</sup> May 2022.</p> <p>On 30<sup>th</sup> March the second and final Ockenden report was published. Within the report there are a further 92 essential actions for each Trust to review and make improvements if actions are not already in place.</p>
Issues and options
<p>The maternity team have reviewed the report and have started to draft a gap analysis and action plan which will inform the Board of any areas of concern or any future improvements that are required to demonstrate compliance. This will be available for review in June 2020</p> <p>Following an initial review, the DMT noted that there were 3 essential actions that had the potential to impact on the Trust Midwifery Continuity of Carer model. At the request of the Board an options appraisal has been completed for submission to Board outlining the risks and benefits of implementation of the three essential actions. The outcome of this review is expected on 12<sup>th</sup> May, 2022.</p> <p>An initial meeting was held with the midwives on the day of the publication of the final report to offer support, this was led by the Director of Midwifery. A wider maternity team event, led by the Divisional Director, took place on the 4<sup>th</sup> April 2022 to explore the team's immediate response to the report and to offer support.</p> <p>The Trusts Patient Safety Team have discussed the report at the Serious Incident Review Group and are planning to share any wider Trust learning across all Divisions.</p>
Conclusion
<p>The final Ockenden report was published on March 30<sup>th</sup> 2022 following an independent review into maternity services at Shrewsbury and Telford Hospital NHS Trust.</p> <p>An initial review has been undertaken and an options appraisal has been completed for submission to the Trust Board outlining the risks and benefits of implementation of the three essential actions about maternity Continuity of Carer.</p>

Meeting	Trust Board
Date of meeting	12 <sup>th</sup> May 2022
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A review of the additional actions has commenced and a gap analysis will be completed to inform an action plan with clear timescales to achieve compliance with all of the essential actions.

An engagement event with the wider maternity team was undertaken on 4<sup>th</sup> April 2022.

The report and essential actions are also being reviewed by the corporate patient safety team to identify any wider learning for the Trust.

#### Recommendations

The Board is asked to note the publication of the final Ockenden report published on March 30<sup>th</sup> 2022 and consider the essential actions as outlined in the report.

#### Appendices

1. Ockenden Final report

<https://www.gov.uk/government/publications/final-report-of-the-ockenden-review>

Meeting	Trust Board
Date of meeting	12 May 2022
Paper number	Enc G

## Financial Performance Report – Month 12 – YEAR END - March 2021/22

For approval:(TME)	✓	For discussion:		For assurance: FPC	✓	To note:	
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<b>Accountable Director</b>	R D Toole – Chief Finance Officer		
<b>Presented by</b>	R D Toole – Chief Finance Officer	<b>Author /s</b>	Jo Kirwan - Deputy Director of Finance (Operational Finance) Stuart Bird - Deputy Director of Finance (Strategy & Financial services)

Alignment to the Trust's strategic objectives (x)					
Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	X
				Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome
Trust Management Executive – Verbal update	20 <sup>th</sup> April 2022	Assured
Finance & Performance Committee	27 <sup>th</sup> April 2022	Assured

<b>Recommendations</b>	<p>The <b>Trust Board</b> are asked to <b>Receive this report for assurance with particular focus on:</b></p> <ul style="list-style-type: none"> <li>- Month 12 (March 2022)</li> <li>- Ongoing Covid &amp; Urgent and Emergency Care Impact</li> <li>- Cash &amp; Capital Year End Position</li> </ul>
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<b>Executive summary</b>	<b>2021/22 Financial Plan H1 Actual + H2 Plan</b> <table> <tr> <td>WAHT 21/22 Plan</td><td>£m</td></tr> <tr> <td>H2 Deficit - Oct-Mar</td><td>(11.4)</td></tr> <tr> <td>System Support</td><td></td></tr> <tr> <td>CCG Redistribution</td><td>8.5</td></tr> <tr> <td>NHS Region Stretched Elective Support</td><td>1.8</td></tr> <tr> <td>WAHT H2 6 Month Plan</td><td>(1.1)</td></tr> <tr> <td>H1 Deficit B/F</td><td>(0.9)</td></tr> <tr> <td>H1+H2 21/22 Plan out-turn.</td><td>(1.9)</td></tr> </table>	WAHT 21/22 Plan	£m	H2 Deficit - Oct-Mar	(11.4)	System Support		CCG Redistribution	8.5	NHS Region Stretched Elective Support	1.8	WAHT H2 6 Month Plan	(1.1)	H1 Deficit B/F	(0.9)	H1+H2 21/22 Plan out-turn.	(1.9)
WAHT 21/22 Plan	£m																
H2 Deficit - Oct-Mar	(11.4)																
System Support																	
CCG Redistribution	8.5																
NHS Region Stretched Elective Support	1.8																
WAHT H2 6 Month Plan	(1.1)																
H1 Deficit B/F	(0.9)																
H1+H2 21/22 Plan out-turn.	(1.9)																

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### N.B Rounding 0.1

	H&W ICS & Regional Reporting			NB National & Accounts Reporting		
2021/22	H1 Actual +H2 Plan	Actual	Variance	H1+H2 Plan	Actual	Variance
H1 (April-September)	(0.9)	(0.9)	(0.0)	1.1	(0.9)	(1.9)
H2 (October-March)	(1.1)	(0.5)	0.6	(1.1)	(0.5)	0.6
M12 Year To Date	(1.9)	(1.3)	0.6	(0.0)	(1.3)	(1.3)

Against our final submitted position of a £(1.9)m deficit out-turn for 21/22 we have achieved a position of £(1.356)m a £0.562m favourable out-turn. Key changes to the previous adjusted forecast of £(3.4)m deficit with a favourable in month impact of £2m includes some significant year end stock movements c.£1.2m increase alongside some additional income and a number of movements in respect of balance sheet provisions and liabilities as detailed below.

### Full Year Position – H&W ICS System and Regional Reporting.

Statement of comprehensive income	H&W ICS System Regional Submission		
	H2 Plan In Month £'000	H2 Actual In Month £'000	Variance In Month £'000
<b>INCOME &amp; EXPENDITURE</b>			
Operating income from patient care activities	44,450	62,593	18,143
Other operating income	4,185	3,559	(626)
Employee expenses	(28,625)	(45,043)	(16,418)
Operating expenses excluding employee expenses	(18,683)	(12,040)	6,643
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>1,327</b>	<b>9,069</b>	<b>7,742</b>
<b>FINANCE COSTS</b>			
Finance income	0	15	15
Finance expense	(1,009)	(1,579)	(570)
PDC dividends payable/refundable	(607)	(1,052)	(445)
<b>NET FINANCE COSTS</b>	<b>(1,616)</b>	<b>(2,616)</b>	<b>(1,000)</b>
Other gains/(losses) including disposal of assets	0	236	236
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(289)</b>	<b>6,689</b>	<b>6,978</b>
Add back all I&E impairments/(reversals)	0	(6,936)	(6,936)
<b>Surplus/(deficit) before impairments and transfers</b>	<b>(289)</b>	<b>(247)</b>	<b>42</b>
Remove capital donations/grants I&E impact	1	(89)	(90)
Remove net impact of consumables donated from other DHSC bodies	0	273	273
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(288)</b>	<b>(63)</b>	<b>225</b>

**Combined Income in month variance £17.5m favourable** – There are two key month 12 adjustments impacting this large variance £12.9m notional pension contribution offsetting costs below and £1.4m donated PPE also offsetting costs below. Key other variances include Cancer Monies £0.7m, Bid monies £0.9m (Including CHD and Ockenden), Drugs & Devices £0.7m, SLAs £0.6m, Other £0.3m less additional income adjustment in H2 plan (£0.2m), Car Parking postponement of the charging (£0.1m), PCR Testing £0.1m, £0.1m Breast Charity Contribution and £0.1m Digital Innovation Hub funding.

**Employee expenses in month variance (£16.4)m adverse** – This includes adverse variance £12.9m notional pension contribution offset by income above. The remaining £3.5m variance includes £1.5m provision

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for EWTD payments, £0.4m provision for the impact of the Flowers ruling on including overtime for the purposes of calculating statutory and contractual holiday pay. Registered Nursing has an adverse variance of £1.1m an increase of £0.2m on February variance. Urgent Care has exceeded plan due to sickness and COVID as well as opening the Clinical Admissions Unit. SCSD continues to incur additional costs to staff increased capacity / beds in Critical Care as well as increased cover for COVID and Sickness and additional theatre sessions. Specialty Medicine has had more new starters than forecast as well as increased COVID and redeployment cover. Surgery has incurred additional costs due to Surgical Reconfiguration. In addition £0.1m Bank incentives were paid in M12.

**Operating expenses in month variance £6.6m favourable –** favourable variance of £6.9m due to impact of impairments and further favourable variances due to year end provision reviews and adjustments, including £1m Xerox historic contract charges carried forward. Partially offset by adverse variances of £1.7m donated PPE offset by income above.

For Information / Completeness

### **Full Year position – National Reporting & Accounts**

Statement of comprehensive income	National Reporting and Annual Accounts					
	H2 Plan In Month £'000	H2 Actual In Month £'000	Variance In Month £'000	H1+H2 Plan Full Year £'000	Forecast Full Year £'000	Variance Full Year £'000
<b>INCOME &amp; EXPENDITURE</b>						
Operating income from patient care activities	44,450	62,593	18,143	535,327	565,160	29,833
Other operating income	4,185	3,559	(626)	35,422	31,231	(4,191)
Employee expenses	(28,625)	(45,043)	(16,418)	(333,107)	(357,518)	(24,411)
Operating expenses excluding employee expenses	(18,683)	(12,040)	6,643	(218,465)	(212,518)	5,947
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>1,327</b>	<b>9,069</b>	<b>7,742</b>	<b>19,177</b>	<b>26,355</b>	<b>7,178</b>
<b>FINANCE COSTS</b>						
Finance income	0	15	15	6	24	18
Finance expense	(1,009)	(1,579)	(570)	(12,216)	(13,027)	(811)
PDC dividends payable/refundable	(607)	(1,052)	(445)	(7,022)	(7,455)	(433)
<b>NET FINANCE COSTS</b>	<b>(1,616)</b>	<b>(2,616)</b>	<b>(1,000)</b>	<b>(19,232)</b>	<b>(20,458)</b>	<b>(1,226)</b>
Other gains/(losses) including disposal of assets	0	236	236	1	(439)	(440)
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(289)</b>	<b>6,689</b>	<b>6,978</b>	<b>(54)</b>	<b>5,458</b>	<b>5,512</b>
Add back all I&E impairments/(reversals)	0	(6,936)	(6,936)	0	(6,936)	(6,936)
<b>Surplus/(deficit) before impairments and transfers</b>	<b>(289)</b>	<b>(247)</b>	<b>42</b>	<b>(54)</b>	<b>(1,478)</b>	<b>(1,424)</b>
Remove capital donations/grants I&E impact	1	(89)	(90)	54	(151)	(205)
Remove net impact of consumables donated from other DHSC bodies	0	273	273	0	273	273
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(288)</b>	<b>(63)</b>	<b>225</b>	<b>0</b>	<b>(1,356)</b>	<b>(1,356)</b>

For Accounts reporting purposes we will have to report against the combined H1 and H2 plan submissions as per national reporting. This notwithstanding our reporting has been against H1 Actual out-turn plus H2 Plan submission as the revised Trust Plan and H&W ICS system position. Thus against a full year breakeven plan we will report the actual position of a deficit of £(1.356)m.

### **Future Reporting**

This report naturally focuses on the 21/22 year end position – future reporting as previously discussed will focus on run rate variance and key drivers and mitigations including Productivity and efficiency delivery.

### **Productivity and Efficiency**



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The P&E Programme has delivered £5.36m of actuals at Month 12 in line with plan. This is a reduction of c.£0.3m against the forecast position at M11.

### **Capital (see Slide Extracts Following)**

Capital Position	21/22 Plan £'000	21/22 Capital Entitlement £'000	Variance to Plan £'000	Total YTD Valuation £'000	Variance to Capital Entitlement £'000
STP Envelope	19,956	13,843	6,113	13,984	(141)
Trust Internal funds - Emergency Capital	-	-	-	3,112	(3,112)
<b>Total Internally Funded Capital Expenditure</b>	<b>19,956</b>	<b>13,843</b>	<b>6,113</b>	<b>17,095</b>	<b>(3,252)</b>
Externally Funded Schemes	29,496	36,166	(6,670)	33,809	2,357
Asset Verification disposal	-	-	-	(884)	884
IFRIC 12 PFI Lifecycle replacement	1,486	1,486	-	1,443	43
<b>Total Expenditure after IFRS</b>	<b>50,938</b>	<b>51,495</b>	<b>(557)</b>	<b>51,463</b>	<b>32</b>

Capital expenditure for the financial year 2021/22 is £51.5m. The original plan was £50.9m. A number of Capital Resource Limit "CRL" adjustments are expected to be made by the regional / national teams to align PDC issued and adjusted to Capital Resource limit changes. This would adjust the "plan" to £51.495 thus out-turn would be £32k lower than our expected capital plan. This would be within the statutory CRL requirement.

The spend includes £1.4m of spend on PFI/IFRIC12.

### **Cash**

At the end of March 2022 the cash balance was £59.2m

The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of receipt of supplier invoices and impact on payments. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement.

The cash flow forecast main assumptions are:

- £36.6m PDC capital funding has been received in this financial year.
- PDC receipts cover part of the Trust's creditor payments, the balance covered by internally generated working capital cash.
- Ongoing discussions are held with Regional NHSI colleagues as part of regular finance reviews including the Trusts cash and cash-flow position.

In the associated Slide pack is an update on the Robot payment profile mitigating alongside contribution from charitable funds any I&E impact in 22/23.

### **Risk**

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Which key red risks does this report address?	Currently no red rated Finance risks on the Risk Register. Risks under review.	What BAF risk does this report address?	<p>BAF Risk 7 - <i>If we fail to address the drivers of the underlying deficit then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.</i></p> <p>BAF Risk 8 - <i>If we are not able to secure capital financing then we will not be able to maintain and modernise our estate, infrastructure, and facilities; equipment and digital technology resulting in a risk of business continuity and delivery of safe, effective and efficient care.</i></p> <p>Underpinning risks are reviewed through Risk Management Group.</p> <p>As the Trust has not developed a plan that demonstrates achievement of the previously notified Financial Improvement Trajectory, the current interim architecture and the uncertainty due to COVID-19, our assurance level around mitigating the BAF risks above remains limited.</p>										
<table><tr><td>Assurance Level (x)</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>N/A</td></tr></table>				Assurance Level (x)	0	1	2	3	4	5	6	7	N/A
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A				
	<p>This report considers and provides assurance in relation to three main areas:</p> <table><tr><td>I&amp;E Position</td><td>3</td></tr><tr><td>Capital</td><td>4</td></tr><tr><td>Cash</td><td>6</td></tr></table> <p><i>No change in assurance levels from M9.</i></p>			I&E Position	3	Capital	4	Cash	6				
I&E Position	3												
Capital	4												
Cash	6												
Financial Risk	<p>The maintenance of financial control and stewardship of public funds remains critical. We formalised the governance structures for the approval of additional COVID-19 related expenditure and these remain in force alongside the Standing Financial Instructions (SFI's) and Scheme of Delegation (SoD), including procurement routes, commitment and authorisation of temporary staffing and authorisation of any additional sessional activity. Budget managers and holders are expected to continue to adhere to them</p>												

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Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N		N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N			
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance	<p><b>I&amp;E Position:</b> Against the M12 latest full year plan submission plan of £(1.9)m deficit we report a deficit of £(1.3)m and improvement of c£0.6m. Note against national reporting (H1 and H2 Plan) and thus accounts with a breakeven position we will be reporting a deficit of £(1.3)m.</p> <p>Level 3. Full year deficit position reported for 21/22, £42.5m deficit plan submitted for 22/23 with PEP &amp; Temp Staffing remaining challenged.</p> <p>March Cost per WAU has reduced from February due to extra working days available for activity delivery.</p> <p><b>Capital:</b> Significant capital schemes will continue into 2022/23 and require robust programme management to ensure delivery. Commitment monitoring remains in place and prioritisation of schemes completed. The high level Capital Plan for 2022/23 was approved (subject to Trust Board approval) at the March CPDG, with discussions now taking place with workstream leads to confirm priorities for internally and externally funded schemes</p> <p><b>Cash:</b> Good cash balances, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given evolving regime for 22/23 and beyond.</p>					

# Finance Report

(inc Robot/Urology Update)

March 2022

Month 12 21/22

R D Toole  
 Chief Finance Officer

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