

Integrated Performance Report

January 2023

Please note – this report will be a public report (*published bi-monthly*)



System Resources Committee

Accountable Non-Executive Director	Jo Coast
Meeting Date	12/01/2023

Improving Services & Delivering Outcomes
(System Resources Committee)

People
(People Committee)

Quality and Safety
(Quality Committee)

Finance and Use of Resources
(System Resources Committee)

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
System Performance – Planned Care and Productivity	Limited	Reviewed position of waiting list for elective treatment, acknowledging that specialties with largest waiting lists and longest waits tend to be areas with workforce challenges.		March 2023
System Performance – Urgent & Emergency Care	Limited	There has been significant increase in pressure across the majority of UEC services over Christmas impacting on performance. This has also been impacted by COVID, flu and STREP A as well as nursing/residential home closures.	Newton Diagnostic completed and key workstreams identified and being moved forward. Programme of work to be further defined. Funding has been awarded to support hospital discharge and system flow to Gloucestershire.	March 2023
System Financial Position 22/23	Limited	The system is currently forecasting a break even position for the end of year. There is currently a system financial deficit at Month 8 of £2.0m.	Discussions were held about mitigations that are underway and plans to bring the system back into financial balance by the end of the financial year.	March 2023
Operational Planning & 5 Year Planning – including prioritisation framework	Significant	Planning guidance was published in December covering Operational Planning and Financial Planning as well as the Joint Forward Plan. Work is underway to triangulate performance, workforce and finance ahead of submissions February and March.	Discussions were held about work underway to ensure planning timelines are delivered. Operational plan submissions will be due at the end of March. The Joint Forward Plan will be produced in draft by end of March / end of June for final.	March 2023 – June 2023
System Resources Committee Risks	Limited	The Committee reviewed the Strategic Risks confirmed at ICB relevant to System Resources Committee. Discussion was held on the risk appetite and arrangements for reporting against the Strategic Risks. The Committee also asked that there was close alignment with partner Board Assurance Frameworks.	Actions to be put in place to report the relevant Strategic Risks to System Resources Committee.	March 2023

Issues referred to another committee

Topic	Committee
	None

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

People Committee

Accountable Non-Executive Director	Tracey Cox
Meeting Date	12 th January 2023



Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
On-going threat of industrial action	Limited	Risk of further industrial action by nursing and ambulance staff and risk of action from other staff groups who have held or are holding statutory ballots).	Continue to work with EPRR and Operational teams to ensure local Business continuity management plans are in place.	The timescale for on-going strike action is from December 2022 to May 2023 (or June 2023 for BMA)
Recruitment of health and social care staff across a variety of roles and settings	Limited	All organisations continue to focus on a range of recruitment initiatives to support current position inc development of system wide campaign highlighting the benefits of working and living in Gloucestershire		On-going
Retention of staff across a range of roles and settings	Limited	Retention lead appointed. This is an NHSE funded one year role and the postholder will start March 2023.	Retention lead when in post to complete self assessment checklist against the 7 People Promise areas	Self assessment checklist – end of May 2023
Real living wage	Limited	The People Committee asked for the issue of some staff not earning the equivalent of the real living wage to be added to the risk register. The national living wage represents the hourly rate set by government for those aged 23 and over (£9.50 per hour). The Real Living wage is the recommended rate set by the Living Wage Foundation (£10.90) per hour.	Scoping work underway to understand financial implications if system was to adopt a revised approach.	March 2023

Issues referred to another committee

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Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Topic	Committee
None	

Quality Committee

Accountable Non-Executive Director	Jane Cummings
Meeting Date	14 th December 2022

Improving Services & Delivering Outcomes <small>(System Resources Committee)</small>	People <small>(People Committee)</small>
Quality and Safety <small>(Quality Committee)</small>	Finance and Use of Resources <small>(System Resources Committee)</small>

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Primary Care Quality Data	Limited	While respecting the PCDC, the Quality Committee wanted to have a greater understanding of Quality of Primary Care, GPs and PCNs. There was particular concern about data and information about directly commissioned services that will soon form part of the responsibility of the ICB.	A draft Primary Care Quality dashboard will be brought to the next meeting.	February 2023
Gloucestershire Out of Hours Service	Not Assured	The Committee was made aware of CQC concerns in relation to the Out of Hours service. The Committee were not assured of the Quality of the service based on the limited information available at the time.	The ICB has met with the provider to seek interim assurance. A full update will be brought to the next meeting.	February 2023
Industrial Action	Significant	The system was concerned on the impact to the Quality of care that would result from industrial action. While derogations has been negotiated to maintain a level of patient safety, there was still general concern.	System and EPRR meetings and South West briefings to manage risk.	Ongoing

Issues referred to another committee

Assurance Level	Colour to use in risks/actions below
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Topic	Committee
Experience and Engagement in Primary Care	Becky Parish to be invited to PCDC

Our Performance

Key Achievements

- Cancer wait time performance remains stable, with particular focus on challenged specialties to reduce backlogs (either for first appointments or treatments) and to optimise pathways, particularly where patients are referred in from out of area.
- Primary care appointment availability and patient satisfaction continues to benchmark highly against other systems, and COVID vaccination booster uptake remains the highest in England (to the end of 2022).
- System working and coordination via the UEC team and close liaison with the relevant trade unions has helped to mitigate the impact of industrial action in December.
- The Newton Europe Urgent Care diagnostic process has now been completed, with key workstreams identified and sponsors and SROs in process of being finalised as focus now moves to implementation phase. Further support from external organisations has been approved through non-recurrent winter funding to support performance at this challenging time.

Areas of Focus

- There has been significant increases in pressure across the majority of UEC services over the Christmas period with deterioration in waiting times and other performance measures associated with capacity. Infection by both COVID and flu has been increasing in the system with challenges arising in hospital infection control, closure of nursing/residential homes and staff sickness which is impacting the resilience of services.
- Ambulance handover and response times are under pressure again – with increasing time lost to handover and longer Category 2 response times. Remedial action plans are focussing on reducing delays across the pathway and triaging ambulance calls to ensure that the most serious incidents receive a quick response.
- An elective recovery task and finish group has been set up to support ongoing review of elective activity (including identifying areas requiring further attention), pathway transformation and maintenance of the reduction in long waits for elective treatment.
- Maternity services continue to implement improvement plans with ICB stakeholders and NHSE following the Section 29A notice. A Serious Incident around antenatal screening has also been declared and an action plan developed to address concerns raised.

Please note the full set of measures and progress against the agreed trajectories is available [here](#).

Our People

Key Achievements

- Preparation and management of industrial action response in December 2022
- Stakeholder briefing & scoping sessions held on 2 of 3 priority areas: Health and Wellbeing and International Recruitment.
- Secured funding for The Wellbeing Line for a further year from Section 256 monies following announcement national funding is being withdrawn for staff Wellbeing hubs
- Recruitment of key roles to People function structure:- Widening Participation & Apprenticeship Lead, Retention Lead & Workforce Analyst

Areas of Focus

- Future preparedness for industrial action following confirmation of further strike action by nurses, ambulance workers and potential for other staff groups
- Continued focus on mapping baseline provision and activities for 3 priority areas: Health and Wellbeing, International Recruitment and Agency Spend.
- Developing response to workforce planning guidance as part of Operational Plan
- Developing a One Gloucestershire People Strategy in Q4 of 2022/23

Quality

Key Achievements

- We have secured £50,000 to review our Dialysis Milage Reimbursement Scheme which is seen as an exemplar scheme in terms of offer and quality. NHS England want us to develop a resource pack that can be shared nationally.
- GHC NHS FT has been categorised as performing "better" or "somewhat better" than most of the other mental health trusts in 8 of the 12 domains in the Community Mental Health Trusts National Survey.
- The System Effectiveness Group met on 9th January. There was good representation from all parts of the system and the group recognised the opportunities joint working could bring for patients.
- Gloucestershire Hospitals Maternity Services have been rated very positively among the 121 acute NHS trusts that took part in the CQC 2022 National Maternity Survey

Areas of Focus

- A key area of focus will be seeking assurance on the Gloucestershire GP Out of Hours service, following a letter from CQC.
- We wish to develop the ICB's understanding of mortality data and how the whole system can support partners to improve outcomes for patients.
- Moving from 'discovery' to 'governance' phase of the Patient Safety Incident Response Framework (PSIRF).
- The Quality team are currently working with Commissioning and Contracting colleagues on new CQUIN guidance and the Quality Schedules for 2023/24 contracts.
- Planning for Industrial Action is adding pressure to an already stretched workforce. The key focus is mitigating risk and working with system partners to safeguard patient safety.

Headline Summary

- All organisations are forecasting delivery of a break-even financial position at year-end in line with the plan, and, as reported in previous months, there are significant risks to the delivery of the system breakeven financial position. A number of pressures have arisen in the ICS, with the most significant being in GHFT. The recurrent impact of each organisation's position is being included in planning positions for 2023/24.
- Within the ICS year-to-date (YTD) deficit position of £4m, GHFT has an adverse variance to plan of £6.6m which is due to a number of factors including a high number of staffing vacancies leading to a greater requirement of agency and locum staff, urgent care escalations, loss of out-of-county income and slippage in its sustainability programme.
- Within GHFT, a Financial Recovery Programme has been put into place, led by the Director of Finance, and will form part of the Recovery Programme built into the 2023/24 planning process across the ICS.
- The ICS Financial Improvement Plan has been updated for additional in-year mitigating actions by the System including the further actions agreed by Board in September to help mitigate the financial pressures within the system.
- Key risks in the ICS's financial position are:
 - Under-delivery of savings and efficiency plans
 - Workforce pressures leading to increased expenditure on agency and locum staff
 - Elective activity and recovery performance including loss of income
 - Inflation – pay and price; one significant element of this is No Cheaper Stock Obtainable (NCSO) within the ICB's Prescribing budget, which is showing a forecast pressure of £2.4m, with a further £0.4m identified as a risk
 - Demand and growth pressures; specifically for CHC and children's placements
- Within the ICS's capital envelope, capital expenditure is due to break-even against the budget for the year, which was set based on the original capital plan. Additional allocations have now been received for a number of schemes for both GHC and GHFT, and which now show as forecast variances.
- Aside from this main allocation, a number of leases, treated as capital under IFRS16, may not be taken out by GHC and GHFT within this financial year, leading to an overall lower capital spend, although current guidance suggests that this will not lead to a variance as the CDEL will only be allocated nationally as leases are committed.

Improving Services
& Delivering
Outcomes
(Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality and Safety

(Quality Committee)

Finance and Use of
Resources

(System Resources Committee)

Our Themes



Urgent & Emergency Care

- ED type 1 performance in December 2022 was 54.6% against the 4 hour target. Whole system performance including Type 3 (MIIU) attendances was 69.5% in December. This decline in performance has been seen across the country (national data for December due 12th January 2023).
- Ambulance handover delays have particularly increased in the period between Christmas and New Year with a weekly average of 268 hours/ day (w/c 26th December), and 5406 hours lost over December (equivalent to 174 hours lost/day and above the target of 1977 hours lost in total for December). Returning to the trajectory level will be challenging for the system
- Category 2 ambulance response times have increased substantially throughout December, with the latest week seeing an average response time of 179 minutes. To mitigate these increasing delays, the system has:
 - Opened all cohort areas at GHFT emergency department.
 - Commenced daily review of the ambulance clinical stack by GHC flow team and system partners.
 - Redeployed GHC staff to GHFT to assist with clinical support at the Emergency department front door.
 - Increased MIIU shift resilience to support increased demand for these services.
 - Commenced regular updates to SWAST on community service capacity and is supporting and encouraging the use of these services where appropriate.
 - Continued to review patients on arrival at ED to prioritise care and identify alternative pathways where appropriate.
 - Continued to focus on simple discharges from ED and AMU to increase flow for ambulance handovers.
 - Used Single Point of Clinical Access (SPCA), Home First and Rapid Response teams to bolster the support they are able to offer to both keep people out of hospital and help them to be discharged.
 - Increased and widened communications to the public to encourage use of appropriate services.
 - Continued to carry out triage of Category 2 calls, ensuring that urgent incidents receive prompt responses, and ambulance crews are released from hospital handovers when there are urgent cases waiting.

Urgent & Emergency Care (cont.)

- The Newton Europe Urgent Care diagnostic process has now been completed, with key workstreams identified and sponsors and SROs in process of being finalised as focus now moves to implementation phase. Further support from external organisations has been approved through non-recurrent winter funding to support performance at this challenging time.
- £6.7m (£2.1m through the Local Authority and £4.6m through the ICB) has been awarded to Gloucestershire from the national £500m discharge fund. The associated plan has prioritised spending on more domiciliary care where new capacity has been created, increasing discharge to assess beds and supporting some smaller housing schemes. This should impact on reduced numbers of people remaining in hospital without criteria to reside, and increase support in people's homes. (see winter monitoring metrics for NCTR numbers bed occupancy).
- Several additional initiatives are supporting the system to respond to winter demand: New ED footprint to support ambulance drop off, The Community Assessment and Treatment Unit (CATU) is now operational to aid admission avoidance, Virtual ward expansion is underway to offer a home alternative to hospital admission, Discharge to Assess ward at Kingham Unit will aid rehabilitation, and the GHFT winter ward (estate works underway) will expand the bed base. The new discharge waiting area opened at GHFT on the 3rd January 2023 with increased capacity to support more efficient discharge, and Cohort areas remain open within the emergency department.
- The System Control Centre remains in action continuing to support system flow and escalation 7 days a week.
- System partners continue to work closely together to prepare for and mitigate the impact of the current round of industrial action. This is being carefully co-ordinated by the Emergency Preparedness Resilience and Response (EPRR) process. This includes close liaison between provider Trusts and the relevant Trade Unions.

Planned Care

- The waiting list for elective care in Gloucestershire is currently running at 65,537 with the majority waiting at GHFT. 73.3% of the RTT waiting list had been waiting less than 18 weeks in November (against a target of 92%), with 1472 patients waiting over 52 weeks, 81 waiting over 78 weeks and 4 (all out of county) waiting over 104 weeks.
- Recovery of weighted cost activity for the Elective Recovery Fund target is predicted to be just under the 104% threshold – with current performance around 103% (October Flex data). YTD performance has seen good recovery in outpatient activity (particularly at GHFT) but below target activity in elective inpatient procedures, particularly day cases which have been impacted by capacity reductions while essential building work takes place. OOC NHS providers currently are showing the lowest activity recovery across the board. Independent sector provider contribution to system elective recovery plan and ESRF achievement is well above plan. Currently financial penalties for failing to meet the target have been suspended by NHSE; arrangements for M7-M12 have not yet been confirmed.
- Demand for Advice and Guidance has continued to rise with 3,017 requests received in November 2022 (up from 2,891 the month previous), with 417 additional Cinapsis requests. Response times for a number of specialties have deteriorated (particularly Dermatology, Haematology and Paediatrics), however the number of outstanding requests is beginning to reduce. The outcome of the Advice and Guidance procurement has now been confirmed, with Cinapsis remaining as the provider for Gloucestershire.
- The Outpatient programme has rolled out a number of tools to support primary care with referral optimisation. An ENT podcast series has commenced - published to G-care; Four new dermatology virtual training courses for GPs have been arranged; A minor skin surgery training course has been carried out to support recovery of minor surgery in primary care.

Cancer

- 2 week wait performance remains stable at 87.8% in November 2022. There were 321 breaches mostly in Lower GI, Sarcoma and Haematological malignancies. 62 day treatment performance has declined, dropping to 63.6% in November – with 80 breaches of the target this month including 32 patients who were treated after 104 days (19 in Urology). 62 day breaches were predominantly in Lower GI and Urology – as in previous recent months, with Breast, Haematology, Skin and Lung seeing a small number of 62 day breaches.
- There are very few patients across any specialty waiting over 62 days with a decision to treat – reflecting the complex diagnostic pathways that often contribute to longer waits for cancer treatment. Less than 1% of the cancer PTL consists of patients who have a treatment confirmed and have waited more than 62 days. The trajectory for the 62 day PTL (patients waiting more than 62 days for cancer treatment from referral) aims to have no more than 154 patients waiting by March 2023 – currently there are 371 (at 25th December 2022).
- A weekly cancer recovery group focussing on the most challenged specialties has been set up and is chaired by the COO at GHFT (currently focussing on Lower GI and Urology). Currently additional face to face appointments have been set up to address demand from patients not suitable for the straight to test pathway in Lower GI to reduce the number who would otherwise breach the 2ww target.
- Work exploring early diagnosis and opportunities to narrow gaps associated with deprivation (in particular the Core20 population) is underway with work initially focussing on access to cancer services. Initial findings focussing on the make up of the cancer patient list have been presented to the ICB board and will be refined for further analysis and updates in the coming months.

Primary Care

- Patient need for GP surgery services in the county continues to be extremely high, with practices seeing a significant increase in contacts since 2019. Appointment volume was the highest on record in October 2022 with 406,275 appointments recorded in Gloucestershire GP practices (this includes GP and other clinical staff, face to face, virtual and telephone appointments) and remained high at 399,492 appointments delivered in November 2022.
- Primary care metrics assessed in the System Oversight Framework are all performing well with rates of appointments, rates of GPs workforce, rates of direct patient care staff, and experience of making a GP appointment all benchmarking in the top quartile compared to other ICBs across England. Gloucestershire ICB is ranked 1/42 systems for both rate of GP appointments carried out (in July 2022) and for experience of making a GP appointment.
- There has been significant interest in the publication of the General Practice Access Data (GPAD) nationally, with focus on the appointment availability and time waiting for appointments covered in national and local press. Data released in October highlighted Gloucestershire has having a large number of people waiting over 4 weeks for a GP appointment compared to other systems. However, the GPAD data does not take into account the reason for the wait: some patients may need, or choose, to wait longer. Some of these waits may be clinically appropriate, a follow up appointment (for example medicines 6 week review or a check up for a condition such as depression), or a patient may choose to wait to see or speak to a particular member of the practice team. The larger number of appointments seen booked after 4 weeks may also be symptomatic of greater appointment availability in the system – the data has not been benchmarked and remains an experimental statistic so should be interpreted with caution.
- The Autumn Booster for COVID vaccination has been formally extended to mid-February 2023 to allow time for those still eligible for an Autumn Booster to receive one if they have not already. At the end of 2022 – 73.6% of all those eligible for an Autumn Booster in Gloucestershire had received their booster dose. This was the highest uptake level achieved by any system (ICS) in England for this phase of the programme. The next phase from January to March will use a reduced selection of sites (PCN and Community Pharmacy) to deliver ongoing vaccinations ensuring everyone can take up the vaccination offer (1st, 2nd or Booster dose).

Diagnostics

- Funding for Community Diagnostic Hubs has now been confirmed – with the new hub in Gloucester city due to be fully operational by October 2023. Additional capacity across Non-obstetric ultrasound, CT, plain film x-ray and MRI is already operational, with additional Echocardiography due to come on line throughout 2023.
- Diagnostic test activity has increased by 11.2% in November compared to October 2022 – with 19,430 tests carried out across the 15 key modalities. The waiting list has reduced to its lowest level this financial year – with 10,554 patients waiting at the end of November.
- Waiting times for tests continue to improve, 17.4% of the waiting list was waiting more than 6 weeks at the end of November 2022 (compared to 20.2% in October). At GHFT all test waiting lists except for endoscopy, echocardiography, urodynamics and sleep studies tests had less than 1% waiting over 6 weeks, with MRI, CT, Barium Enema, Dexa scans, Electrophysiology,, and Peripheral Neurophys tests having no patients breaching the waiting time target in November 2022. Reporting times for imaging tests at GHFT are currently 4-6 weeks, which is not routinely monitored as a performance target, but may be into 2023/24. GHFT are in discussions to outsource some imaging reporting to support reductions in these waiting times.
- Additional echo insourcing capacity has been established with an independent provider (Agile) which has focussed predominantly on reducing internal delays at GHFT (and thus may not have initially removed long waiters from the DM01 waiting list). This focus has now moved to the DM01 waiting list and so should start to impact performance in the coming months. Further discussions with additional providers of echocardiography capacity are underway to support the continued improvement of waiting times for this modality.
- A first meeting of the ICB Diagnostics board bringing together key stakeholders for diagnostics in the Gloucestershire system was held on the 18th November 2022. The board will help define the aims of the programme, the drivers and activities to deliver it, and agree what success looks like.

Adult and Children's Mental Health

- Out of Area Placements remain above planned levels with 720 days declared in 22/23 YTD (April-November) – although only 10 new days were declared in November. The total for the full 2022/23 year plan is 800 over the course of the year, meaning the target at the end of M8 (November) is 528. While the national ambition for this target is 0, this is extremely challenging to balance the needs of a patient for urgent treatment, with system flow and bed availability. Performance is likely to be extremely challenging over the winter months, with GHC considering block booking of out of area beds due to high demand and increasing numbers of people remaining in the community against their best interests.
- Improving Access to Psychological Therapies (IAPT) access has been below the planned levels throughout 2022/23 – referral volume has been below the level needed to meet this target for the last three months. NHSE has recently briefed service leads stating that there has been a reduction in referrals across the Southwest Region and this is having significant impact on services' ability to meet access targets – locally referrals are more than 10% lower in the 22/23 financial year than last year.
- Perinatal mental health service access increased slightly with 41 referrals seen across all pathways in November, and 37.5% of routine referrals seen within a 2 week time frame. All referrals were seen within 5 weeks, however to meet the target the service is looking at new ways of working to increase available appointments to ~15/week. The team is currently awaiting new starters (expected November and December) which will help to improve access times in the coming months.
- Eating disorders - All waiting times targets for routine and urgent CYP and Adult referral to treatment were missed in November. Additional investment to the eating disorders service has been made as well as a review of the team skill mix to increase success in filling posts. Recruitment to a number of posts has been successful with further recruitment planned. The service is working with BEAT with people able to self-refer to the BEAT 'Developing Dolphins' programme whilst they are waiting for individual treatment. BEAT can work with up to 60 families by December 2022 and are commissioned to work with up to 120 families in total. BEAT have received 34 referrals thus far and are in the process of providing course start dates to carers and families. The overall numbers on the caseload have begun to reduce – and are currently 992 (as of October 2022) – down from over 1300 in the summer months.

Maternity & Neonatal

- NHSE Fetal Anomaly screening programme (FASP) are supporting GHFT to investigate women who may have missed antenatal first trimester screening due to delay in referral and lack of scan capacity at GHT. A serious incident relating to this screening was declared by GHFT on Monday 5th December and a draft action plan has been developed and shared with NHSE. Weekly meetings between GHFT and NHSE to review progress against the action plan have been put in place.
- National audit MMBRACE has highlighted a deterioration in performance against peer trusts at GHFT in terms of neonatal outcomes in 2020 – this coincided with the beginning of the covid-19 pandemic so data is hard to interpret although a rise in stillbirths appears to have been seen at GHFT in 2020, in common with several other trusts. The study uses birth data from ONS and PDS (Personal Demographics Service) which is geographically based rather than specific to GHFT (i.e. not all GHFT births relate to Gloucestershire women and not all Gloucestershire women deliver within GHFT). Further review of this data is underway, however stillbirth and neonatal death rates in 2021 and 2022 have fallen again, and stillbirths are under the current target rate for the 2022/23 year.
- Progress against the action plan developed following the section 29A notice served to GHFT maternity services continues, with focus on updating standard operating procedures and ensuring staff training is up to date.
- Currently Cheltenham Aveta birth unit and postnatal beds at Stroud Maternity Hospital remain closed due to staffing pressures, with this position to be reviewed monthly from January 2023. Additional recruitment of maternity staff has taken place to help alleviate the pressure on the service with 14 new starters beginning at GHFT in October and an additional seven offers made for November 2022.
- Nationally, the full implementation of the Continuity of Carer (CoC) target has been paused due to recognition that staffing levels across the majority of trusts do not support safe provision of this model. Gloucestershire performance has risen to 10.4% of pregnancies supported on the CoC model in October 2022 (up from 8.6% at the start of the year) with delivery of the model targeted to areas of highest deprivation in the county.

Improving Services
& Delivering
Outcomes
(Our Priorities)

(System Resources Committee)

Our People

(People Committee)

Quality and Safety

(Quality Committee)

Finance and Use of
Resources

(System Resources Committee)

Our Themes



Our People

Our local work plan continues to be based around the key pillars within the national People Plan.

Growing for the Future

- International recruitment – Continued scoping potential to deliver at least one international recruitment initiative which is shared across multiple system partners.
- Proposal for System wide Communication Recruitment Campaign agreed at WSG 09/11/22 – funding request to be submitted against Sec 256 monies

Looking After Our People

- Health & Wellbeing – Review of existing arrangements and offers of health & wellbeing support across the ICS. Mapping of existing service arrangements due for completion in early Jan.
- Evaluation of One Gloucestershire Leadership programme presented to OD Steering Group meeting on 7th December, showing positive outcomes and high satisfaction rates amongst participants.

Belonging in the NHS

- System wide Reciprocal mentoring programme - recruitment of mentors and mentees completed in December.

New Ways of Working

- Development of draft costed plan for Oliver McGowan training for staff in response for the statutory requirement for all health and care staff to receive training on learning disability and autism appropriate to their role. This applies to all staff, not just those in Learning Disability and Autism services.
- Legacy mentoring proposals and projects now developed for nursing, AHP and midwifery staff.

Growing for the Future – Metrics

NB: National data means taken from national data sources

Growing for the Future Metrics		Update Frequency	Level	Latest Data Date	Previous Position	Latest Position		Change	Direction of travel	Target if set
S074a: National data	FTE doctors in General Practice per 10,000 weighted patients	Monthly	ICS-Primary care	Oct-22	7.0	6.8		-0.2	worse	
S075a: National data	FTE Direct Patient Care (including PCNs) staff in GP practices per 10,000 weighted patients	Monthly	ICS-Primary care	Oct-22	7.1	7.2		0.1	better	
NHS Local metric - national data	Primary Care Nurses - fte	Monthly	ICS-Primary care	Oct-22	223	225		2.0	better	
	Agency wte	Monthly	ICS-NHS	Oct-22	289.7	325.8		36.1	worse	
	Bank wte	Monthly	ICS-NHS	Oct-22	895.7	696.4		-199.3	Worse*	* Assume increased bank staff support reduction in agency costs
NHS Local metric	Nursing Vacancy rate:	Monthly	ICS-NHS	Oct-22	13.61%	14.08%		0.47%	worse	
	Nursing workforce - delivery of planned growth - WTE employed	Monthly	ICS-NHS	Oct-22	3,317	3,307		-10.0	worse	3,373
	Nursing workforce - delivery of planned growth - WTE employed including PCNs	Monthly	ICS	Oct-22	3,540	3,532		-8.0	worse	3,373
	SIP vs Establishment - all staff	Monthly	ICS-NHS	Oct-22	89.71%	89.47%		-0.24%	worse	
SC Local metric	Adult Social Workers	Quarterly	GCC - Adult	Sep-22	106.30	100.60		-5.70	worse	
	Children's Social Workers	Qtrly	GCC-Children's	Sep-22	280.50	288.60		8.10	better	

Looking After Our People - Metrics

Looking After Our People Metrics		Update Frequency	Level	Latest Data Date	Previous Position	Latest Position		Change	Direction of travel	Target if set
S060a: National data	NHS Staff Survey compassionate leadership	Annual	ICS-NHS	2021	n/a	6.84/10				
S069a: National data	NHS Staff Survey Engagement theme score	Annual	ICS-NHS	2021	7.0	6.8		-0.2	worse	
S063a: National data	Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from; a) managers	Annual	ICS-NHS	2021	11.50%	11.50%		0.00%	same	
	b) other colleagues		ICS-NHS		18.90%	19.70%		0.80%	worse	
	c) patients / service users, their relatives or other members of the public in the last 12 months		ICS-NHS		26.80%	29.90%		3.10%	worse	
S067a: National data	NHS Leaver Rate (12 month rolling leaver as % of all staff)	Monthly	ICS-NHS	Oct-22	14.70%	14.80%		0.10%	worse	
S068a: National data	Sickness absence rate (working days lost to sickness)	Monthly	ICS-NHS	Oct-22	4.80%	5.10%		0.30%	worse	
SC Local metric	Adults Directorate - Staff Turnover (12 month rolling year, staff leaving as a % of all staff)	Quarterly	GCC - Adult	Sep-22	13.50%	14.90%		1.40%	worse	
	Adults - Sickness absence rate (Average working days lost per FTE)	Quarterly	GCC - Adult	Sep-22	5.00%	5.90%		0.90%	worse	2.25%
	Adults - total number of leavers in 12 months employed 12months or less	Quarterly	GCC - Adult	Sep-22	16.20%	18.00%		1.80%	worse	
SC Local metric	Children's Directorate - Staff Turnover (12 month rolling year, staff leaving as a % of all staff)	Qtrly	GCC - Children's	Sep-22	14.30%	14.70%		0.40%	worse	
	Children's - Sickness absence rate (Average working days lost per FTE)	Qtrly	GCC - Children's	Sep-22	2.70%	2.80%		0.10%	worse	
	Children's - total number of leavers in 12 months employed 12months or less	Qtrly	GCC - Children's	Sep-22	13.00%	9.90%		-3.10%	better	
NHS Local metric	Proportion of all staff net change (leaving/joining) the NHS each year (12 month rolling)	Monthly	ICS-NHS	Oct-22	0.03%	0.42%		0.39%	better	
	Proportion of all staff leaving the NHS that leave within one year (12 month rolling)	Monthly	ICS-NHS	Oct-22	17.93%	18.37%		0.44%	worse	

Belonging in the NHS– Metrics

Belonging in the NHS Metrics		Update Frequency	Level	Latest Data Date	Previous Position	Latest Position		Change	Direction of travel	Target if set
S071a: National data	Proportion of staff in senior leadership roles (AfC bands 8c and above, including executive board members) who are a) from a BME background (headcount)	Annual	ICS-NHS	2021						22/23 12% 23/24 16% 24/25 20%
	b) Women (headcount)								22/23 62% 23/24 64% 24/25 66%	
	c) Disabled (headcount)								22/23 3.2% 23/24 3.6% 24/25 4.0%	
S072a: National data	Proportion of staff who agree that their organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	Annual	ICS-NHS	2021	54.70%	55.00%		0.30%	better	
SC Local metric	Adults - Proportion of staff in senior leadership (RB4+) roles who are from a BME background	Annual	GCC - Adult	Jul-22	5.00%	5.30%		0.30%	better	
	Adults - Proportion of staff in senior leadership (RB4+) roles who are women	Annual	GCC - Adult	Jul-22	80.00%	75.00%		-5.00%	worse	
NHS Local metric	Relative Likelihood of staff being appointed from shortlisting across all posts - WRES/WDES	Quarterly	GHFT							
			GHC - BME	Q2 Sep-22	0.66%	0.63%			worse	
			GHC-White		0.68%	0.61%				
	Band 8a+b diversity: %BME	Quarterly	ICS-NHS	Q2 Sep-22	5.50%	5.40%		-0.10%	worse	
	band 1-4 diversity: %BME		ICS-NHS	Q2 Sep-22	10.70%	10.60%		-0.10%	worse	
band 5-6 diversity: %BME	ICS-NHS		Q2 Sep-22	16.10%	16.80%		0.70%	better		

Improving Services
& Delivering
Outcomes
(Our Priorities)

(System Resources Committee)

Our People

(People Committee)

Quality
(Safety, Experience
and Effectiveness)

(Quality Committee)

Finance and Use of
Resources

(System Resources Committee)

Our Themes



Assurance

Community and Mental Health

Access challenges continue to exist in a number of service areas including the Eating Disorders Service and CAMHS. Recruitment and retention continue to impact service recovery work and workforce pressures have been highlighted as a concern in mental health inpatient units, district nursing and across all therapies (including Podiatry).

Community Mental Health Trusts – National Survey 2022:

The Trust has been categorised as performing "better" or "somewhat better" than most of the other mental health trusts in 8 of the 12 domains with the Trust remaining in the top 20% performing Trusts in most domains (9 out of 12). Three areas from the survey have been identified for improvement; NHS Talking Therapies, Crisis Care and Organising Care. An action plan will be co-developed with members of the Survey Reference Group.

Following promotion of the Level 1 Patient Safety Training module in November, 17% of GHC have completed the training to date.

Urgent and Emergency Care

UEC has remained in the spotlight over the Christmas and New Year period. Both EDs remain extremely busy and with rising COVID and flu cases the departments remain under significant pressure. With further industrial action on the horizon, the situation is likely to remain extremely challenging. Due to the unprecedented demand through ED the decision was made by the Executive Tri to board patients on the wards with a 'Pre-empting and Boarding of Patients Action Plan' which is now in place. This decision was made to share the risk that sat with patients waiting for care and treatment in ambulances, with the intention to release ambulances to respond to emergencies in the community. Daily safety huddles and weekly action plan review meetings are in place to monitor the data, safety, quality and patient experience.

Assurance

Primary Care

The ICB has recently supported public events such as the open evening promoting the new primary healthcare facility proposal in Lydney and liaison with patient representative from Drybrook and Mitcheldean Surgeries regarding the primary care changes in that part of the Forest of Dean. The new General Practice Nurse Strategic Lead role commenced at the beginning of December, work is underway to review the current Primary Care Nursing position, recruitment and retention planning and nursing strategy. The first meeting for the legacy mentoring initiative has taken place with the view to sharing the mentoring resource across the county and the first 'Nurse on Tour' went out in early December. This was reported to be a successful day with great feedback from the students and the surgeries and in total 48 patients were seen and had blood pressure checks.

Maternity

The ICB continues to meet with GHT and CQC to monitor actions relating to the section 29A notice; good progress is being made. Three NHSE national team Maternity Improvement Advisors visited to commence the diagnostic part of the Maternity Safety Support programme in Sept 22 and we are still awaiting the report.

Due to staffing issues the Aveta Birth Unit remains closed to intrapartum care; clinics and DAU work continues to operate from the freestanding birth unit during the day. This action is currently being reviewed. Stroud Maternity Unit postnatal beds have been closed since 30th September and will be reviewed weekly.

Gloucestershire Hospitals Maternity Services have been rated very positively among the 121 acute NHS trusts that took part in the CQC 2022 National Maternity Survey. The survey results reveal the responses from women who had given birth during February 2022. A total of 228 service users in Gloucestershire completed the survey, which asked questions about all aspects of their maternity care from the first time they saw a clinician or midwife, during labour and birth, through to the care provided at home following the arrival of their baby.

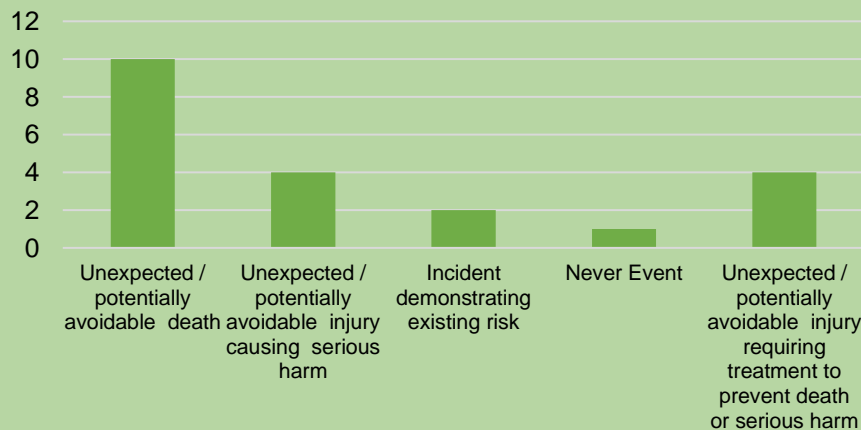
Safety

Serious Incidents in November and December 2022



Serious Incidents include acts or omissions in care that result in: unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm, including those where the injury required treatment.

Core Reason for Reporting

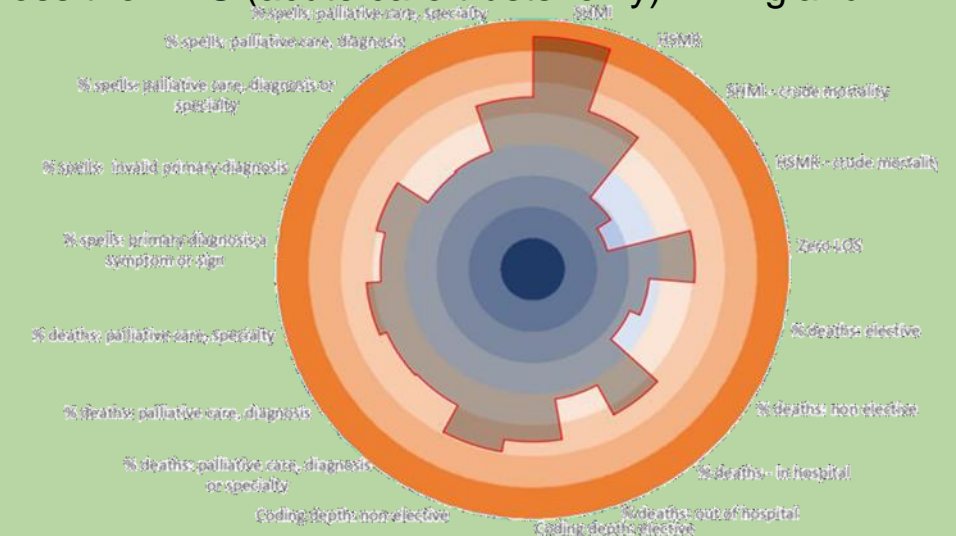


Incidents declared under the current framework

- One incident declared by GHNHSFT was classed as a ‘Never Event’. This involved a misplaced NG tube.
- Although not translating into Serious Incidents, GHNHSFT has seen an increase in incidents being reported connected to the number of patients boarded and the opening of escalation areas.
- Two incidents involving Gloucestershire patients occurred in North Bristol Trust; an unexpected Maternal death and a medication incident. BNSSG ICB takes the lead on these incidents, but liaises with One Gloucestershire ICB.

Mortality

- For the last two reporting months (June and July 22) GHNHSFT have triggered negative national outlier indicators for Summary Hospital-level Mortality Indicator (SHMI). SHMI is a hospital-level indicator which reports mortality at trust level across the NHS (acute care trusts only) in England.
- Following discussion with NHS England it is suggested that this is likely to be an issue connected to coding, rather than the quality of care.
- The diagram opposite shows the SHMI outlier in relation to other metrics.



Experience

Friends and Family Test Results: April – October 2022

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
		Provider	Provider	Provider	Provider	Provider	Provider	Provider	
GHT Inpatients	% Positive	88%	87%	87%	89%	No data	89%	88%	
	% Negative	7%	8%	7%	6%	No data	6%	7%	
GHT A&E	% Positive	63%	67%	70%	68%	71%	69%	69%	
	% Negative	27%	23%	20%	23%	18%	23%	22%	
GHC Mental Health	% Positive	81%	81%	83%	84%	79%	89%	78%	
	% Negative	8%	10%	10%	8%	11%	7%	12%	
GHC Community	% Positive	95%	95%	95%	96%	96%	95%	95%	
	% Negative	3%	2%	3%	2%	2%	2%	2%	

[The Friends and Family Test \(FFT\)](#) is a feedback tool that supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The FFT asks a simple question: how likely, on a scale ranging from extremely unlikely to extremely likely, are you to recommend the service to friends and family if they needed similar care or treatment. The last five month's published results can be found [opposite](#).

General Practice FFT

Following a suspension during the pandemic FFT results for Primary Care (GP practices) have been published since July 2022. In September 2022 41/70 practices submitted no data, in October 2022 23/70 practices submitted no data - this is a positive move in the right direction. % satisfaction was 91% in September 2022 and 92% in October 2022 (in line with England averages).

Effectiveness

The System Effectiveness Group (SEG) was held on 9th January 2023. There was good representation from all system partners and an enthusiasm to work together across pathways to adopt best practice and reduce variation. GHC and GHT gave updates regarding their audit programmes and are in the process of planning for 2023/24.

It was agreed at the SEG that the group will review policy changes and make recommendations to the Quality Committee for final sign off, it is suggested that we trial this process for six months and review.

The policies discussed were being skin lesions and continuous glucose monitoring – the papers will be forwarded to the committee. There was a discussion regarding clear quality monitoring statements in the policies and to confirm that one of the functions of the SEG is to challenge the robustness of the quality monitoring within them.

The new CQUIN guidance for 2023/24 was recently published setting out the national schemes [for all settings. \(NHS England » 2023/24 CQUIN\)](#).

Effectiveness

The chart opposite shows the overview of this year's CQUINS, which the SEG took particular interest in.

The group showed ambition to move beyond the numbers and KPIs and look at the real different the schemes can make to patients, especially around reducing variation.

Acute		Specialised Acute		Mental Health	Specialised Mental Health	Community	Ambulance
Flu vaccinations for frontline healthcare workers	Assessment and documentation of pressure ulcer risk	Flu vaccinations for frontline healthcare workers	Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres	Flu vaccinations for frontline healthcare workers	Flu vaccinations for frontline healthcare workers	Flu vaccinations for frontline healthcare workers	Flu vaccinations for frontline healthcare workers
Compliance with timed diagnostic pathways for cancer services	Identification and response to frailty in emergency departments	Supporting patients to drink, eat and mobile (DrEaMing) after surgery	Improving the quality of shared decision-making conversations	Outcome measurement across specified mental health services	Outcome measurement across specified mental health services	Malnutrition screening in the community	
Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service	Supporting patients to drink, eat and mobile (DrEaMing) after surgery	Achieving the national standard of patients with chronic limb threatening ischaemia undergoing revascularisation within 5 days of admission	Treatment of non-small-cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	Reducing the need for the use of restrictive practices in adult inpatient/older adult MH setting	Reducing the need for the use of restrictive practices in CYPMH inpatient settings	Assessment, diagnosis and treatment of lower leg wounds	
Recording of and response to NEWS2 score for unplanned critical care admissions	Prompt switching of intravenous to oral antimicrobial treatment					Assessment and documentation of pressure ulcer risk	

Improving Services
& Delivering
Outcomes
(Our Priorities)

(System Resources Committee)

Our People

(People Committee)

Quality and Safety

(Quality Committee)

Finance and Use of
Resources

(System Resources Committee)

Our Themes



Financial Review and Key Risks: Overview

- All organisations are forecasting delivery of a break-even financial position at year-end in line with the plan, and, as reported in previous months, there are significant risks to the delivery of a system breakeven financial position. A number of pressures have arisen in the ICS, primarily in GHFT.
- Financial Planning for 2023/24 and future years is currently underway, which includes a detailed analysis of each organisation's underlying financial position, the categorisation of delivery of efficiency programmes as recurrent and non-recurrent and work to look at pressures both inflationary and demand led for 2023/24.
- Within the ICS year-to-date (YTD) deficit position of £4m, GHFT has an adverse variance to plan of £6.6m which is due to a number of factors including a high number of staffing vacancies leading to a greater requirement of agency and locum staff, urgent care escalations, loss of out-of-county income and slippage in its sustainability programme. Within GHFT, a Financial Recovery Programme has been put into place, led by the Director of Finance, and will form part of the Recovery Programme built into the 2023/24 planning process across the ICS.
- GHC is showing a YTD favourable variance to plan of £2.6m, due to number of factors including additional development income from the ICB that has seen delays in related expenditure, and a surplus from the South West Provider Collaborative.
- Elective Services Recovery Funding is shown as breakeven, with reporting to month 8 (flex position) now showing a small under-delivery for the system as a whole with NHS providers under-delivering and Independent Sector providers over-delivering against the planned position.
- Within the ICS's capital envelope, capital expenditure is due to break-even against the budget for the year, which was set based on the original capital plan. Additional allocations have now been received for a number of schemes for both GHC and GHFT, for which additional capital allocations have been received, and which now show as forecast variances. Aside from this main allocation, a number of leases, treated as capital under IFRS16, may not be taken out by GHC and GHFT within this financial year, leading to an overall lower capital spend, although current guidance suggests that this will not lead to a variance as the CDEL will only be allocated nationally as leases are committed.

**International Financial Reporting Standard 16 sets out the principles for the recognition, measurement, presentation and disclosure of leases, in order to report information that faithfully represents lease transactions, and provides a basis for users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases.*

Financial Review and Key Risks

- Under-delivery of savings and efficiency plans are currently projected for GHFT of £3.7m and £0.4m for the ICB, with an additional risk for the ICB of £0.1m of its savings programmes still to be identified and delivered at this stage of the financial year
 - Plans are in place to monitor / mitigate under-delivery with over-delivery of other schemes and / or identification of new schemes
 - Financial recovery of existing schemes not forecast to deliver in full is being managed via a programme approach
 - Within the ICB's Medicines Optimisation programme, the project relating specifically to Direct Oral Anticoagulation (DOACs) medications is under-delivering. The project team are currently forecasting a £0.839m shortfall against a £2.365m target. Whilst a number of practices have implemented DOAC prescribing switches, pressures currently within Primary Care mean that further switches above that which we have previously predicted for the period January 2023 to March 2023 are unlikely as GPs prioritise clinical care ahead of cost saving initiatives.
 - The ICB's savings programme on CHC Electronic Call Monitoring is being reviewed to determine the level of risk of full delivery in this financial year.
- Workforce remains a key driver of overspends in the financial position across the system with vacancies within GHFT, GHC and the wider care sector. Vacancies are leading to increased use of bank and agency staffing, particularly within GHFT, and increased associated costs for agency premiums as well as costs associated with ongoing recruitment and resultant pressures on existing staff when temporary staff cover shifts. Increased use in GHFT is also due to demand pressures in urgent and emergency care especially for registered mental healthcare nurses. The system is putting in place additional mental health nursing posts to help manage the position, as the first step in the development of an approach by Directors of Nursing to ensure the delivery of improved care.
- NHS England has written to all ICSs to inform them of the implementation of agency expenditure limits from September 1st onwards for 2022/23, reporting of which has been incorporated into this report. Gloucestershire ICS's agency expenditure limit was calculated as 70% of 2021/22 expenditure, resulting in a cap of £20.2m. Currently the ICS's providers are forecasting to spend £35.9m in 2022/23, which is a 24.3% increase on last year's agency expenditure. HR and Finance staff are working with Operational and Clinical colleagues across the ICS, as well as at a regional level, to explore how agency expenditure can be reduced during this financial year.

Financial Review and Key Risks

- The annual plan for ESRF is based on the ICS achieving the 104% delivery target, although with a lower trajectory in Q1. After seven months of confirmed activity (the 'freeze' position), actual delivery is around 104.2% against a YTD weighted-target of around 106.2% of 2019/20's activity. Elective Activity with Independent Sector providers is currently being delivered above planned levels, which is contributing to the delivery of Elective Recovery for the ICS, and these additional costs of delivery are currently being funded by underspends in other areas of the ICB. Although not affecting the ICS's ESRF position, the under delivery of elective activity for out of county commissioners has led to a reduction in income for GHFT.
- Work is underway to review the delivery of planned care from all providers to determine the impact on waiting lists, and how any under-delivery on ESRF targets will affect performance in 2023/24.
- Ambulance handover delays – the system has seen significant handover delays and developed a trajectory based on agreed system actions to reduce the number of handover delays across the course of the financial year. Based on the most recent data, implementation of system actions across the ICS has seen a significant reduction in handover delays, although the most recent period has seen a slowing of this improvement compared to the ICS's planned trajectory. There remains a financial risk to the system if handover delays do not maintain at the level of the trajectory, and this financial risk is being monitored at a SW regional level by Directors of Finance across SWASFT's geographic footprint. Discussions are underway between SWAST and the South West ICBs as to the ongoing pressure on resources resulting from handover delays and plans from both Systems and SWAST to mitigate demand for 2023/24 as well as in year.
- Growth and demand pressures in Discharge to Assess bed (D2A) and complex children's placements are exceeding budget levels leading to an overspend, and the ICB has reviewed other budgets to identify any underspending areas to offset these increases, at the same time as undertaking a review of the feasibility of accelerating any efficiency programmes for D2A, CHC and other placements. Additional funding has been received to support discharges, and the system is implementing its plan to improve discharge from and flow in hospitals. This is being led by the Urgent Care leads across the ICS.
- Inflation is exceeding planning assumptions leading to the increased potential for providers (in particular for the cost of care packages both domiciliary and residential) to negotiate increases in contract amounts to cover costs.
- The ICS has had confirmation from NHS England that the capital allocation for Gloucestershire's new Community Diagnostics Centre (CDC) can be reprofiled to reflect the revised trajectory of the planned expenditure, and the scheme is now underway.

Finance & Use of Resources: Dashboard

Month 9 2022/23 - December	Year to Date Plan Surplus/ (Deficit)	Year to Date Actual Position Surplus / (Deficit)	Year to Date Variance to Plan Favourable / (Adverse)	Full-Year Plan Surplus / (Deficit)	Forecast Outturn Actual Position Surplus / (Deficit)	Forecast Outturn Variance to Plan Favourable / (Adverse)
Statement of Comprehensive Income		£'000	£'000	£'000	£'000	£'000
Gloucestershire Hospitals NHS Foundation Trust	(1,161)	(7,751)	↓ (6,590)	(0)	0	→ 0
Gloucestershire Health and Care NHS Foundation Trust	(5)	2,593	↑ 2,598	(0)	(1)	→ (0)
Gloucestershire CCG / Integrated Care Board	0	0	→ 0	0	(0)	→ (0)
System Surplus/(Deficit)	(1,166)	(5,158)	↓ (3,991)	(0)	(0)	→ (1)

Month 9 2022/23 - December	Year to Date Efficiency Plan	Year to Date Efficiency Achieved	Year to Date Variance to Plan Favourable / (Adverse)	Full-Year Efficiency Plan	Forecast Outturn Efficiency	Forecast Outturn Variance to Plan Favourable / (Adverse)	Forecast Outturn as % of Target	High-Level In-Year Risk Rating
Efficiency Programme	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Gloucestershire Hospitals NHS Foundation Trust	13,329	12,041	↓ (1,288)	19,038	15,386	↓ (3,652)	81%	RED - High Risk
Gloucestershire Health and Care NHS Foundation Trust	5,119	6,137	↑ 1,018	6,822	6,822	→ 0	100%	GREEN - Low Risk
Gloucestershire CCG / Integrated Care Board	7,766	7,172	↓ (594)	11,097	10,670	↓ (426)	96%	AMBER - Medium Risk
Total	26,214	25,350	↓ (864)	36,957	32,879	↓ (4,078)	89%	AMBER - Medium Risk ↓ RED - High Risk

Month 9 2022/23 - December	GHFT	GHC	GICB	ICS
Other Metrics				
Better Payment Practice Code (total paid within 30 days or due date by value)	94%	96%	100%	98%
Capital Forecast Variance to Plan (Under) / Over Delivery - £000	12,750	1,935	0	14,685
Cash status	Green	Green	Green	Green

*Green rating for GICB's cash status, as, although organisation was showing as overdrawn at month-end, this was due to cash-in-transit and timing issues

Key:
Green arrow up = favourable variance to plan
Red arrow down = adverse variance to plan
Yellow horizontal arrow = breakeven

Financial Review and Key Risks

ICS-Commissioned Activity	M7 Year to Date - FREEZE			M8 Year to Date - FLEX			Forecast Outturn		
	Baseline Plan	Actual	Variance	Baseline Plan	Actual	Variance	Baseline Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost-Weighted Activity	109,905	107,917	↓ (1,988)	126,679	123,978	↓ (2,701)	190,049	190,049	⇒ 0
Elective Recovery Funding							19,257	19,257	⇒ 0

Cost Weighted Activity % of Baseline by PoD									
Elective Ordinary (EL)	108.8%	89.5%	↓ -19.3%	105.9%	87.5%	↓ -18.4%	104.1%	104.1%	⇒ 0.0%
Day Case (DC)	111.1%	104.2%	↓ -6.9%	113.4%	103.9%	↓ -9.5%	109.2%	109.2%	⇒ 0.0%
Outpatient Procedure (OPPROC)	104.6%	103.3%	↓ -1.3%	89.4%	104.3%	↑ 15.0%	97.9%	97.9%	⇒ 0.0%
First Outpatient Appointment (OPFA)	104.3%	94.3%	↓ -10.0%	104.3%	95.2%	↓ -9.1%	104.0%	104.0%	⇒ 0.0%
Outpatient Follow-Up Appointment (OPFUP)	88.3%	117.2%	↑ 28.9%	88.2%	118.2%	↑ 30.0%	91.7%	91.7%	⇒ 0.0%
Elective Pathway Activity	101.6%	100.5%	↓ -1.1%	101.8%	100.4%	↓ -1.4%	101.6%	101.6%	⇒ 0.0%
Advice and Guidance (A&G)	489.9%	359.6%	↓ -130.3%	479.6%	348.0%	↓ -131.6%	470.5%	470.5%	⇒ 0.0%
Total ICS-Commissioned Activity	106.2%	104.2%	↓ -1.9%	105.4%	103.1%	↓ -2.2%	104.8%	104.8%	⇒ 0.0%

Cost Weighted Activity % of Baseline by PoD									
Gloucestershire Hospitals NHSFT	102.1%	96.9%	↓ -5.2%	102.2%	97.1%	↓ -5.1%	101.9%	101.9%	⇒ 0.0%
NHS Out-of-County Providers	93.6%	87.4%	↓ -6.3%	94.1%	87.1%	↓ -7.1%	94.9%	94.9%	⇒ 0.0%
Independent Sector Providers	107.7%	139.7%	↑ 32.0%	107.9%	136.5%	↑ 28.6%	107.7%	107.7%	⇒ 0.0%
Elective Pathway Activity	101.6%	100.5%	↓ -1.1%	101.8%	100.4%	↓ -1.4%	101.6%	101.6%	⇒ 0.0%
Advice and Guidance (A&G)	489.9%	359.6%	↓ -130.3%	479.6%	348.0%	↓ -131.6%	470.5%	470.5%	⇒ 0.0%
Total ICS-Commissioned Activity	106.2%	104.2%	↓ -1.9%	105.4%	103.1%	↓ -2.2%	104.8%	104.8%	⇒ 0.0%

Flex: initial submission of data before reconciliation undertaken and amendments made
Freeze: final submitted version of data following reconciliation and any necessary amendments

It is important to note that the M8 data is 'flex', so is likely to improve as uncoded activity is accurately reconciled. Additionally, Advice and Guidance data contains some estimation, so has potential to change in either direction.

The annual plan for ESRF is based on the ICS achieving the 104% delivery target, although with a lower trajectory in Q1. After seven months of confirmed activity (the 'freeze' position), actual delivery is around 104.2% against a YTD weighted-target of around 106.2% of 2019/20's activity.

Work is underway to review the delivery of planned care from all providers to determine the impact on waiting lists, and how any under-delivery on ESRF targets will affect performance in 2023/24.

Savings and Efficiencies

Month 9 2022/23 - December	Year to Date Efficiency Plan	Year to Date Efficiency Achieved	Year to Date Variance to Plan Favourable / (Adverse)	Full-Year Efficiency Plan	Forecast Outturn Efficiency	Forecast Outturn Variance to Plan Favourable / (Adverse)	Forecast Outturn as % of Target	High-Level In-Year Risk Rating
Efficiency Programme	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Gloucestershire Hospitals NHS Foundation Trust	13,329	12,041	↓ (1,288)	19,038	15,386	↓ (3,652)	81%	RED - High Risk
Gloucestershire Health and Care NHS Foundation Trust	5,119	6,137	↑ 1,018	6,822	6,822	→ 0	100%	GREEN - Low Risk
Gloucestershire CCG / Integrated Care Board	7,766	7,172	↓ (594)	11,097	10,670	↓ (426)	96%	AMBER - Medium Risk
Total	26,214	25,350	↓ (864)	36,957	32,879	↓ (4,078)	89%	AMBER - Medium Risk ↓ RED - High Risk

- GHFT have undertaken a robust review of scheme delivery which has identified an expected in-year under-delivery of £4.2m. Work continues with operational and clinical colleagues to recover this position and/or seek further opportunities to bridge this gap, which are included in the financial recovery position
- GHC has identified more recurrent savings in efficiency schemes, and delivered all non-recurrent savings required
- Based on Operational Lead updates and latest available data, the ICB's £11.1m savings programme is anticipated to deliver £0.4m less than planned. This position has improved slightly from that reported in Month 8 (November 2022), when a £0.5m shortfall was being reported.

Capital: Organisational Positions, Challenges and Opportunities

Month 9 2022/23 - December	Year to Date Plan	Year to Date Actual Position	Year to Date Variance to Plan (Under) / Over Delivery	Full-Year Plan	Forecast Outturn Actual Position	Forecast Outturn Variance to Plan (Under) / Over Delivery
Capital Expenditure	£'000	£'000	£'000	£'000	£'000	£'000
Gloucestershire Hospitals NHS Foundation Trust	36,637	32,374	↓ (4,262)	51,742	64,491	↑ 12,750
Gloucestershire Health and Care NHS Foundation Trust	8,089	9,556	↑ 1,467	17,665	19,600	↑ 1,935
Gloucestershire CCG / Integrated Care Board	0	0	⇒ 0	1,472	1,472	⇒ 0
Total System CDEL (NHS)	44,726	41,930	↓ (2,795)	70,879	85,563	↑ 14,685
IFRS16 Lease Capital						
Gloucestershire Hospitals NHS Foundation Trust	0	1,004	↑ 1,004	15,355	4,000	↓ (11,355)
Gloucestershire Health and Care NHS Foundation Trust	9,721	0	↓ (9,721)	9,721	3,698	↓ (6,023)
Total System Capital including IFRS16 Leases (NHS)	54,447	42,934	↓ (11,512)	95,954	93,261	↓ (2,693)

Capital Expenditure Category	£'000	£'000	£'000	£'000	£'000	£'000
Equipment	2,239	2,419	↑ 180	18,457	7,849	↓ (10,608)
IT	6,233	4,917	↓ (1,316)	10,509	15,540	↑ 5,031
Plant & Machinery	0	0	⇒ 0	0	1,520	↑ 1,520
New Build	34,850	24,468	↓ (10,382)	42,718	45,395	↑ 2,677
Backlog Maintenance	2,052	1,415	↓ (638)	4,350	5,210	↑ 860
Routine Maintenance	1,113	2,023	↑ 910	2,917	2,416	↓ (501)
Net Zero Carbon	150	0	↓ (150)	500	0	↓ (500)
Fire Safety	365	157	↓ (208)	730	471	↓ (259)
Fleet, Vehicles & Transport	1,144	0	↓ (1,144)	3,167	302	↓ (2,865)
Forest of Dean	6,300	7,535	↑ 1,235	11,500	13,452	↑ 1,952
GP Surgery Developments	0	0	⇒ 0	1,106	1,106	⇒ 0
Brokerage	0	0	⇒ 0	0	0	⇒ 0
Other	0	0	⇒ 0	0	0	⇒ 0
Total	54,447	42,934	↓ (11,512)	95,954	93,261	↓ (2,693)

Funding Sources	£'000	£'000	£'000	£'000	£'000	£'000
System Capital	21,083	17,579	↓ (3,505)	42,630	42,679	↑ 49
National Programme	22,564	22,982	↑ 419	24,678	36,574	↑ 11,895
Donations & Government Grants	466	757	↑ 291	1,281	4,022	↑ 2,741
Lease Liability - IFRS16	9,721	1,004	↓ (8,717)	25,076	7,698	↓ (17,378)
Residual Interest	0	0	⇒ 0	0	0	⇒ 0
IRFIC	613	612	⇒ (1)	817	817	⇒ 0
CCG Capital Allocation	0	0	⇒ 0	1,472	1,472	⇒ 0
Total	54,447	42,934	↓ (11,512)	95,954	93,261	↓ (2,693)

Within the ICS's capital envelope, capital expenditure is due to break-even against the budget for the year, which was set based on the original capital plan.

Additional allocations have now been received for a number of schemes for both GHC and GHFT, for which additional capital allocations have been received, and which now show as forecast variances. These additional schemes are listed overleaf

Aside from this main allocation, a number of leases, treated as capital under IFRS16, may not be taken out by GHC within this financial year, leading to an overall lower capital spend, although current guidance suggests that this will not lead to a variance as the CDEL will only be allocated nationally as leases are committed.

GHC's YTD over-delivery relates to materials purchased early for Forest of Dean scheme.

GHFT's YTD under-delivery has been caused by capital slippage, but the position is expected to recover by year-end

Capital: Organisational Positions, Challenges and Opportunities

GHC	£'000
Front Line Digitisation	1,671
Wotton Lawn – Clinic Rooms Refurbishment	215
Cyber Security	49
GHC Total	1,935
GHFT	£'000
Paediatric MH UEC	362
MRI Acceleration Software Upgrade	165
PSDS 3a Salix (Grant Funded)	3,241
Community Diagnostic Centres	1,940
Diagnostic Digital Capability Programme	755
Cyber 2022/23 – Firewalls	49
Front Line Digitisation – 2 nd Tranche 2022/23	2,200
Demand and Capacity	3,072
TIF 5 th Orthopaedic Theatre	1,465
Gamma Camera – Donated Asset Slippage to 2023/24	(500)
GHFT Total	12,750
Gloucestershire ICS Total	14,685

Within the ICS's capital envelope, capital expenditure is due to break-even against the budget for the year, which was set based on the original capital plan.

Additional allocations have now been received for a number of schemes for both GHC and GHFT, for which additional capital allocations have been received, and which now show as forecast variances.

COVID Expenditure

Month 9 2022/23 – December* COVID Expenditure	Prior Year Expenditure £'000	Year to Date Actual Position £'000	Full-Year Plan £'000
Gloucestershire Hospitals NHS Foundation Trust	15,357	3,357	7,452
Gloucestershire Health and Care NHS Foundation Trust	2,350	868	851
Gloucestershire Integrated Care Board	7,588	0	0
Total System (NHS)	25,295	4,225	8,303

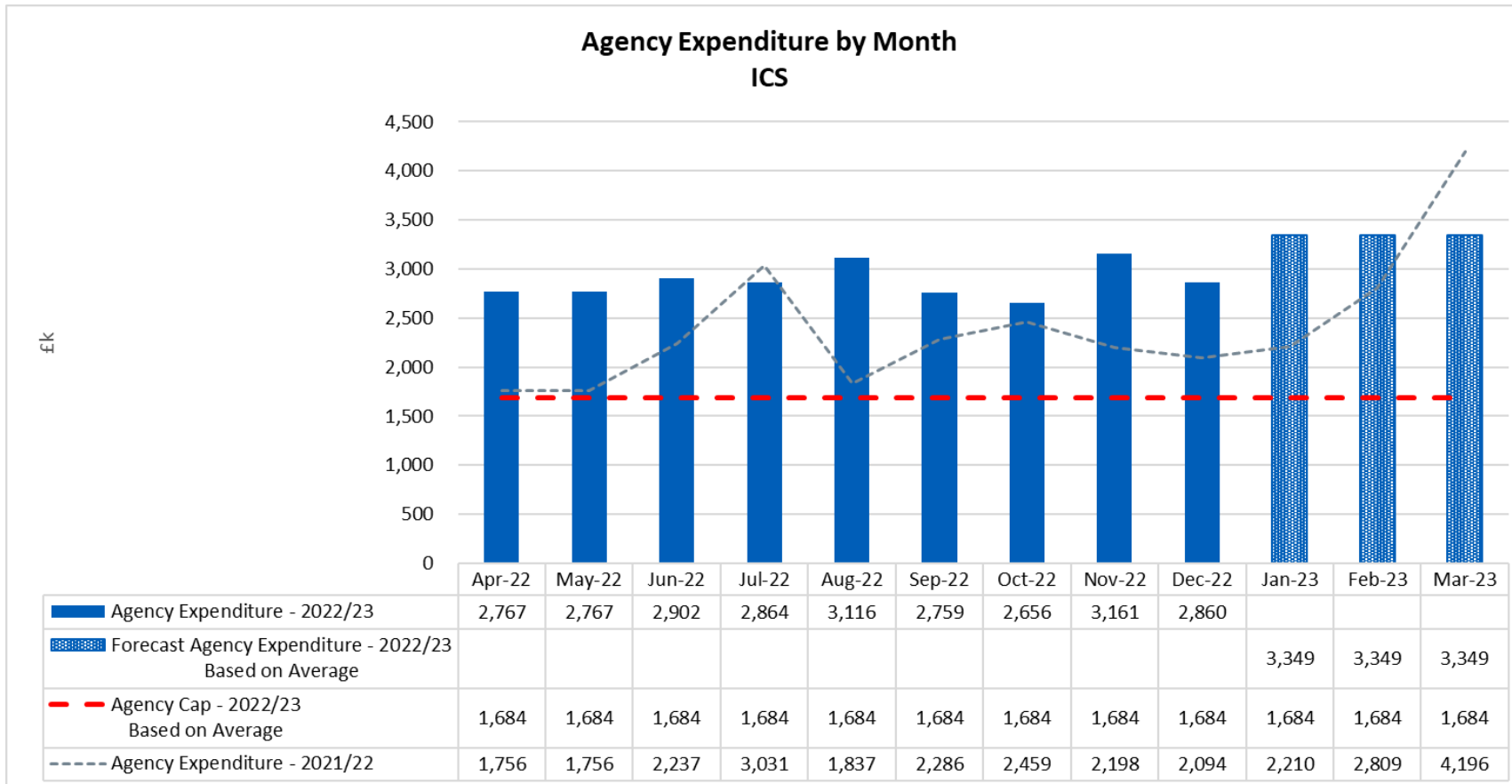
System Surplus / (Deficit) COVID Expenditure	Prior Year Expenditure £'000	Year to Date Actual Position £'000
Expand NHS Workforce	5,859	2,108
Existing Workforce additional shifts to meet increased demand	3,721	523
Backfill for higher sickness absence	237	119
Remote management of patients	177	0
Segregation of patient pathways	2,708	42
Decontamination	78	11
Additional PTS costs	557	141
Long COVID	595	0
Remote working for non-patient activities	177	0
International quarantine costs	7	0
Deployment of final year student nurses	22	0
GP Services – COVID expansion fund	1,303	0
Hospital Discharge Programme	5,521	0
Testing Programme	2,962	728
Vaccination Programme	1,371	554
Total System (NHS)	25,295	4,225

- Planned expenditure on COVID-related costs in 2022/24 was around a third of that spent in 2021/22, with a number of programme areas no longer expected to require expenditure in 2022/23.
- At ICS level, the latest YTD figures available show expenditure being just over half the full-year plan at this point in the financial year.

**YTD figures are as at M8 for GHFT, and as at M9 for GHC*

Agency Expenditure

- Gloucestershire ICS's agency expenditure limit was calculated as 70% of 2021/22 expenditure, resulting in a cap of £20.2m. Currently the ICS's providers are forecasting to spend £35.9m in 2022/23, which is a 24.3% increase on last year's agency expenditure.
- Organisations have been working on plans to improve recruitment and retention of substantive and bank staff in order to reduce agency expenditure, and these plans will form part of the wider ICS planning process.
- ICSs have been notified of a draft agency cap for 2023/24, which stands at £25.609m for Gloucestershire ICS



Forecast Agency Expenditure 2022/23	£35.897m
Agency Expenditure 2021/22	£28.869m
Agency Cap 2022/23	£20.209m
Draft Agency Cap 2023/24	£25.609m

ICB Finance Report

January 2023



Financial Overview and Key Risks

Overview

- NHS Gloucestershire ICB month 9 position is showing a forecast outturn position of breakeven which is as per plan. There remain pressures and risks within the financial position that are currently being managed, but, should they increase, may challenge the delivery of a balanced financial position.
- The ICB has now received a share of the historic surplus, totalling £13.9m, with remainder being held by NHSE.
- Prescribing continues to show significant cost pressures mainly due to No Cheaper Stock Obtainable (NCSO). The forecast position is £2.4m overspend with a further £1.0m identified as a risk. The 22/23 YTD actual costs for NCSO are £2.58m, with a FOT of £3.6m compared to 2021/22 costs of £0.6m.
- CHC cost pressures are leading to a forecast overspend of £2.3m. This overspend is primarily in domiciliary care, and on-going work is being undertaken in conjunction with GCC colleagues to understand the drivers.
- Children's Placements are expected to lead to a forecast overspend. Two new placements were approved last month with a cost of £1m. In addition, there are two placements in Trevone House with an estimated cost of £2.4m. The pressure has been offset by underspends in other budget areas.
- The overall financial position assumes the receipt of outside of envelope funding from NHSE of £3.7m to reimburse the Primary Care Additional Roles and Responsibilities (ARRs) pressures.
- Mental Health Investment Standard (MHIS) achievement is forecast to be 100%, with spending expected to reach the target level of £97.13m for this financial year.
- Financial Planning for 2023/24 and future years is currently underway, which includes a detailed analysis of the ICB's underlying financial position, and the categorisation of delivery of efficiency programmes as recurrent and non-recurrent

Financial Overview and Key Risks

Overview

- Due to the timing of month-end BACS runs and recalls and cash-in-transit, the ICB was showing as overdrawn on its cash position as at 31st December 2022. This is an issue of timing, and is not a reflection of the organisation's overall financial position.

Existing and Emergent Pressures

- Children's external joint funded (s256) individual care packages / placements are forecast to overspend. The costs relate to nursing costs at the wellbeing suite in Trevone House and also two additional placements have been verified. The pressure has been offset by underspends in other budget areas.
- Based on Operational Lead updates and latest available data, the ICB's £11.1m savings programme is anticipated to deliver £0.4m less than planned. This position has improved slightly from that reported in Month 8 (November 2022), when a £0.5m shortfall was being reported.
- Elective Activity with Independent Sector providers is currently being delivered above planned levels, mitigating the under-delivery by NHS Providers, which is contributing to the delivery of Elective Recovery for the ICS, and these additional costs of delivery are currently being funded by underspends in other areas. While not currently a financial pressure, any failure to deliver on ESRF overall in the ICS could make these additional IS costs an unfunded pressure
- Emergent pressures are currently covered by underspends within various areas.
- Recent information highlights a substantial pressure within Prescribing due to No Cheaper Stock Obtainable (NCSO) currently reported as £2.4m within the position, with a further risk of £1m which also includes the risk of Medicines Management savings not being realised.

Key Financial Risks

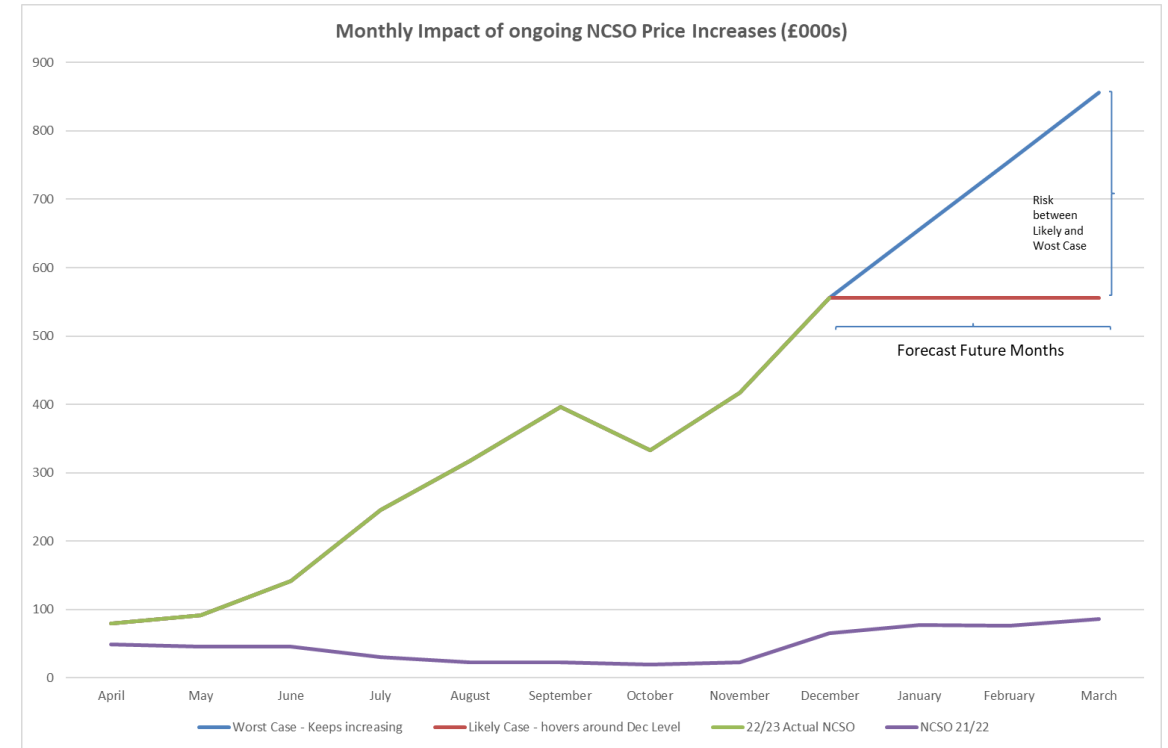
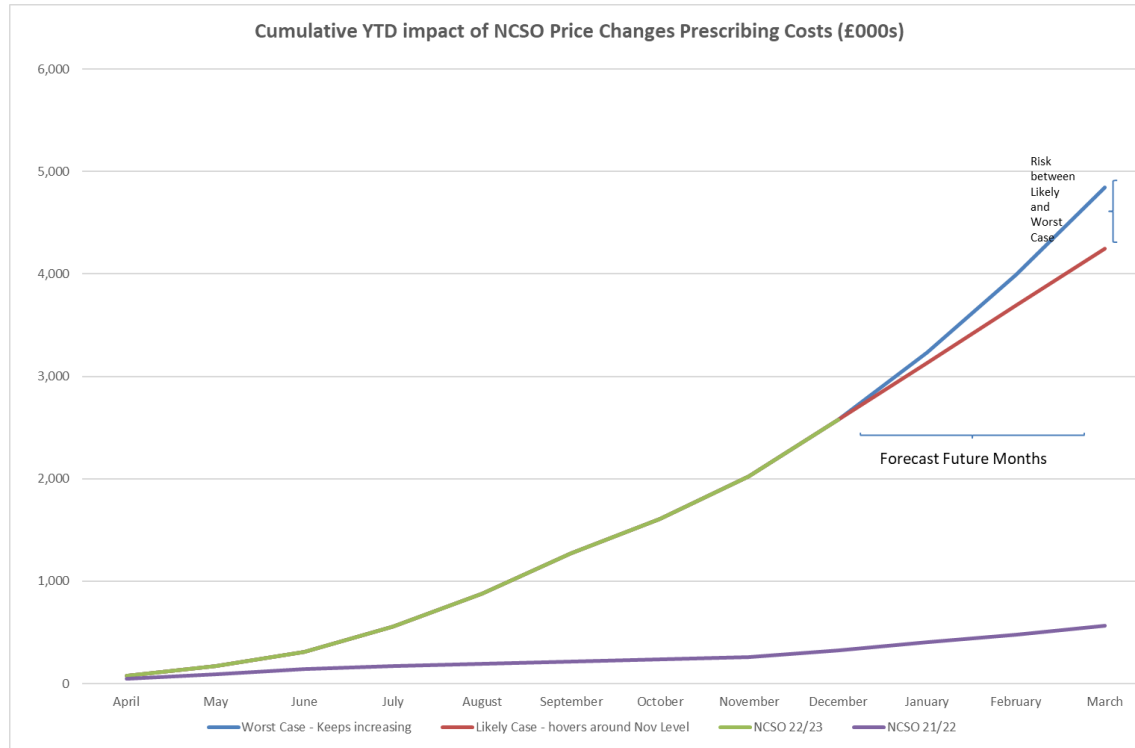
- Inflation exceeds planning assumptions leading to the increased potential for providers (in particular for the cost of care packages both domiciliary and residential) to negotiate increases in contract amounts to cover costs.

ICB Allocation – M9

- The ICB's confirmed allocation as at 31st December 2022 is £930m for M4-12 of the financial year.
- Due to the split between the CCG and ICB in 2022/23, a part of the allocation will show in the CCG and the remainder in the ICB.
- Final allocation for CCG was £277m, when adjusted for a M1-3 underspend that now forms part of the ICB's M4-12 allocation
- The ICB has now received a proportion of the historic surplus £20,474k totalling £13,938k. The remainder is being held by NHSE.

Organisation	As reported M8 £'000	CCG M1-3 Surplus Adjustment £'000	M9 Additional Allocation £'000	2022/23 Allocation £'000
CCG Allocation M1-3	286,977	(10,017)		276,960
ICB Allocation M4-12	892,273	10,017	13,669	915,959
TOTAL IN-YEAR ALLOCATION	1,179,250	0	13,669	1,192,919
CCG Carry Forward Historic Surplus	13,938			13,938
TOTAL ALLOCATION	1,193,188	0	13,669	1,206,857

ICB Prescribing – No Cheaper Stock Obtainable



- The graphs have been completed to illustrate the 22/23 NCSO costs compared to 21/22 costs.
- The forecast position is £2.4m overspend with a further £1.0m identified as a risk. The 22/23 YTD actual costs for NCSO are £2.58m, with a FOT of £3.6m compared to 2021/22 costs of £0.6m.
- The likely case assumes that NCSO costs remains consistent at the current high level.

ICB Statement of Comprehensive Income: In-Year Position

Month 9 2022/23 - December	Year to Date Plan	Year to Date Actual Position	Year to Date Variance to Plan Favourable / (Adverse)	Full-Year Plan	Forecast Outturn Actual Position	Forecast Outturn Variance to Plan Favourable / (Adverse)
Statement of Comprehensive Income	£'000	£'000	£'000	£'000	£'000	£'000
Acute Services	425,133	424,776	↑ 357	564,944	564,979	↓ (35)
Mental Health Services	87,746	86,620	↑ 1,125	116,887	116,060	↑ 827
Community Health Services	83,825	82,060	↑ 1,765	112,685	113,830	↓ (1,145)
Continuing Care Services	55,664	55,186	↑ 478	74,449	76,906	↓ (2,458)
Primary Care Services	99,620	101,123	↓ (1,503)	133,316	135,317	↓ (2,001)
Delegated Primary Care Commissioning	79,604	79,984	↓ (380)	109,817	109,841	↓ (24)
Other Commissioned Services	15,258	16,509	↓ (1,251)	16,926	17,617	↓ (691)
Programme Reserve & Contingency	20,200	24,958	↓ (4,758)	40,430	35,136	↑ 5,294
Other Programme Services	13,903	10,517	↑ 3,387	14,141	13,909	↑ 232
Total Commissioning Services	880,953	881,734	↓ (781)	1,183,595	1,183,595	(0)
Running Costs	10,048	9,267	↑ 781	13,054	13,054	→ 0
TOTAL NET EXPENDITURE	891,001	891,001	→ 0	1,196,649	1,196,649	(0)
ALLOCATION	891,001	891,001	→ 0	1,192,919	1,192,919	→ 0
Outside of Envelope	0	0	→ 0	3,730	3,730	→ 0
Underspend / (Deficit)	0	0	→ 0	0	(0)	(0)

ICB Statement of Financial Position

	Closing Position as at 31/12/2022 £'000	Opening Position as at 01/07/2022 £'000
Property, Plant and Equipment	1,273	1,495
Intangible Assets	0	0
TOTAL NON-CURRENT ASSETS	1,273	1,495
Trade and Other Receivables	11,832	6,142
Cash and Cash Equivalents	(156)	21
TOTAL CURRENT ASSETS	11,676	6,163
TOTAL ASSETS	12,948	7,658
Trade and Other Payables	(84,002)	(52,886)
Provisions	(4,299)	(5,552)
TOTAL CURRENT LIABILITIES	(88,302)	(58,438)
TOTAL ASSETS LESS CURRENT LIABILITIES	(75,353)	(50,781)
Non-Current Liabilities	0	(143)
TOTAL NON- CURRENT LIABILITIES	0	(143)
TOTAL ASSETS LESS TOTAL LIABILITES	(75,353)	(50,924)
General Fund	75,353	50,924
Reserves	0	0
TOTAL EQUITY	75,353	50,924

ICB Savings and Efficiencies

NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) 2022/23 EFFICIENCIES PROGRAMME - AS AT MONTH 9

PROGRAMME	PROJECTS	YEAR TO DATE EFFICIENCY PLAN £'000	YEAR TO DATE EFFICIENCY ACHIEVED £'000	YEAR TO DATE VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FORECAST OUTTURN EFFICIENCY PLAN £'000	FORECAST OUTTURN EFFICIENCY (YTD ACTUALS + FORECAST REMAINING MONTHS) £'000	FORECAST OUTTURN VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FORECAST OUTTURN AS % OF TARGET	HIGH LEVEL IN-YEAR RISK RATING
PRIMARY CARE MEDICATION OPTIMISATION	Direct Oral Anticoagulants (DOACs)	1,568	664	(904)	2,365	1,526	(839)	64.54%	RED - High Risk
	Primary Care Medicines Savings; Medicines Optimisation (MO) Value Savings; and Medicines Optimisation (MO) Variation Projects	622	1,009	387	1,450	1,861	411	128.36%	AMBER - Medium Risk
PRIMARY CARE MEDICATION OPTIMISATION - TOTALS		2,190	1,673	(517)	3,815	3,388	(427)	88.79%	
CONTINUING HEALTHCARE	Electronic Call Monitoring (ECM)	604	604	-	806	806	-	100.00%	AMBER - Medium Risk
	End of Life Care (EoL) - >12 Weeks	518	573	55	518	573	55	110.55%	GREEN - Low Risk
	Placement Review (Top 20 Most Expensive @ 2%)	148	16	(132)	200	145	(55)	72.68%	AMBER - Medium Risk
CONTINUING HEALTHCARE - TOTALS		1,270	1,193	(77)	1,525	1,525	-	100.00%	
OTHER	1.1% Contract Efficiency, Running Cost Savings and Additional Efficiencies	4,306	4,306	-	5,757	5,757	-	100.00%	GREEN - Low Risk
OTHER - TOTALS		4,306	4,306	-	5,757	5,757	-	100.00%	
2022/23 ICB SAVINGS PROGRAMME - TOTALS		7,766	7,172	(594)	11,097	10,670	(427)	96.15%	AMBER - Medium Risk

RAG Key:

We have applied the following criteria in order to determine the 'In-Year Finance' RAG status of each scheme:

	< 75% Delivery
	75% to 95% Delivery
	95% to 100% Delivery

ICB Savings and Efficiencies

Overall Position

- Based on Operational Lead updates and latest available data, the ICB's £11.1m savings programme is anticipated to deliver £0.4m less than planned. This position has improved slightly from that reported in Month 8 (November 2022), when a £0.5m shortfall was being reported.

Medicines Optimisation

- Within the Medicines Optimisation programme, the project relating specifically to Direct Oral Anticoagulation (DOACs) medications is under-delivering. The project team are currently forecasting a £0.839m shortfall against a £2.365m target. Whilst a number of practices have implemented DOAC prescribing switches, pressures currently within Primary Care mean that further switches above that which we have previously predicted for the period January 2023 to March 2023 are unlikely as GPs prioritise clinical care ahead of cost saving initiatives.
- The wider process of review and scheme development has identified £1.861m towards the plan of £1.450m for other Primary Care Medicines savings. This delivery includes £0.382m in respect of prescribing rebates received. A combined shortfall of £0.427m (previously £0.616m in Month 8) is still to be identified to deliver the total savings required from this area.

ICB Savings and Efficiencies

Continuing Healthcare (CHC)

- The overall CHC efficiencies programme is currently forecast to achieve its planned savings of £1.525m. However, within the individual schemes contributing to the savings delivery there are some inherent risks.
- Electronic Call Monitoring (ECM) has up until recently given a positive indication that it will deliver above plan. However, there are now concerns around the stability of the information contained within the last two reports received, and therefore work is currently taking place to provide additional assurance on this as a matter of urgency.
- As reported previously, the CHC Fast Track End of Life (EoL) Care Packages project is now complete. All clients have been successfully reviewed and their funding status updated in accordance to the outcome. The project delivered an additional £0.055m saving above the planned saving of £0.518m.
- Within the last month, there has been a positive development in terms of the top 20 most expensive care packages. One case has successfully completed its transition to a new provider, effective from 9th January 2023, and should result in care package costs reducing significantly. However, it should be noted that the complexity of the case means that there is a risk that the care package may not be able to maintain its revised level of service thus resulting in increased costs, but this position will be monitored and reported on a monthly basis.