The Christie
NHS Foundation Trust

Board of Directors meeting
Thursday 30th January 2025 at 12.45 pm

The Christie at Salford

Agenda

Patient story / clinical presentation: The Christie at Salford – Stereotactic Radiosurgery, Jemma Shardlow, Lead Radiographer/Department Manager, The Christie at Salford & a patient **30 mins**

Public items		Decision		Lead	Page	Timing
01/25	**Standard business**					
a	Apologies			Chair		
b	Declarations of interest			Chair		
c	Minutes of previous meeting – 28th November 2025	Approve	*	Chair	2	5 mins
d	Action plan rolling programme, action log & matters arising	Review	*	CEO	7	
02/25	**Performance & finance**					
a	Trust report	Review	*	Execs	10	15 mins
b	Value improvement programme	Review	*	COO	17	
03/25	**Strategy**					
a	Benchmarking in the NHS	Review	*	DCEO	22	20 mins
04/25	**Governance (regulatory / statutory compliance)**					
a	Board assurance framework	Review	*	CEO	30	
b	Reports from Committees • Workforce Assurance Committee – November 24 • Quality Assurance Committee – November 24	Review	*	Committee chair	38	10 mins
05/25	**Any other business**					
06/25	**Papers for information**					
a	Integrated performance, quality & finance report month 9		*		47	
b	Elective Care Reform Plan		*		80	
c	Benchmarking – productivity pack		*		86	

Date and time of the next meeting
Thursday 27th March 2025 at 12:45pm

D/CEO	Deputy / Chief Executive Officer
EDoF	Executive Director of Finance
COO	Chief Operating Officer

*	paper attached
v	verbal
p	presentation

Public meeting of the Board of Directors
Thursday 28th November 2024 at 12.45 pm
Trust Meeting Room

Present:	Chair:	Tarun Kapur (TK), Non-Executive Director Roger Spencer (RS), Chief Executive Officer Alveena Malik (AM), Non-Executive Director Grenville Page (GP), Non-Executive Director Sarah Corcoron (SC), Non-Executive Director Dr Diana Tait (DT), Non-Executive Director Roy Dudley-Southern (RDS), Non-Executive Director Alveena Malik (AM), Non-executive Director Prof Chris Harrison (CJH), Deputy CEO John Wareing (JW), Director of Strategy Vicky Sharples (VS), Executive Chief Nurse Sally Parkinson (SP), Executive Director of Finance Dr Neil Bayman (NB), Executive Medical Director Eve Lightfoot (EL), Director of Workforce Prof Fiona Blackhall (FB), Director of Research Claire McPeake (CM), Interim Chief Operating Officer Tom Thornber (TT), Future Christie Director
Minutes:		Louise Westcott (LW), Company Secretary
In attendance:		Jo D'Arcy, Assistant Company Secretary Jeanette Livings, Director of Comms Alistair Reid-Pearson, Chief Information Officer David Smithson, Deputy Director of Workforce Rebecca Coles, Head of Engagement and Organisational Development
Observers:		Lisa McDaid, Operational Manager Diagnostic Radiographer

Clinical presentation: Proton Beam Therapy Service – Tom Edwards, Clinical Services Manager for Protons and Penelope Hart Spencer, Health Play Specialist, Leanne Simms, Paediatric Proton Day Unit Manager

The team introduced themselves and described their roles. The focus of the presentation is on the paediatric part of the service. The service was the first in the country and has been running since 2018. Previously patients went abroad for the treatment. The number of uses is increasing. Between 2018-21 we took all UK patients with a small overseas programme. A centre at UCLH opened in 2021. There is no longer an overseas programme.

The centre includes everything needed in the patient pathways including scanning, mould making, a day unit ward and the treatment gantries. The criteria for treatment were outlined including changes that have been made over time through evaluative commissioning. Evaluative trials are also in place and patients are coming into trials.

Proton gives a high dose of radiation to areas near critical structures as well as protecting healthy tissues around the tumour. The later is the priority for paediatrics. Most patients are being treated for brain, central nervous system, head & neck, and sarcomas. About 47% of patients are paediatric. We are staffed to meet the needs of these patients. Children need additional support, and we partner with the children's hospital.

PHS presented about her role as a Health play specialist. These roles support children to undertake their treatment, particularly radiotherapy and proton therapy. Toys such as dolls, lego,

and books are used as tools as well as providing emotional support. Virtual reality is now being used for paediatric patients. Pre-treatment procedures can be very painful. Negative experiences and emotions are very common for children. The team are now trained to use VR.

A patient video was shown of a child describing her pre and post experience of having a cannula inserted with & without VR. With VR she didn't know her cannula had been inserted, before she was very stressed, and it was painful.

PHS described the research project that had been undertaken in the use of the VR, with funding from the Proton Research Committee, kit is constantly updated so doesn't date. There are different modes in the VR – watch and relax. There are also games they can play but not while having a procedure. The team are continuously learning which cohorts of patients this is helpful with.

The VR is being used in cannula insertion, blood tests and dressing changes. Talked about a cranial spinal patient who was 6 years old and had a needle phobia. The change in her reaction with VR use was enormously positive and her anxiety significantly reduced.

A further case study of an 11-year-old who didn't want to have treatment was described. He was refusing treatment and wouldn't go on to the machine for Proton therapy. The VR meant that he went through with the treatment – he was happy and distracted so able to complete his course. His paediatric oncologist was filmed and discussed this case and highlighted how transformative the use of VR was for him. He wouldn't have completed treatment without it. It was like magic and meant he completed treatment without gaps.

Patients now use VR in the gantry whilst receiving the treatment as well as pre-treatment. The data shows reduced anxiety in patients. The complementary therapists are now using this in adults as well.

PHP demonstrated the VR headset so the Board could see what the child will see.

RS thanked the team and noted that they have helped with recent high-profile visits that have been very helpful.

SC noted the feedback when she did her visit to the department before the meeting from a mother and son who said the team have been amazing and was extremely complementary. Also feedback from an ex-colleague from MFT who talked about the excellent team.

TK thanked the team for their presentation and for taking the time to come and speak to Board.

Item		Action
35/24	**Standard business**	
a	**Apologies**	
	Edward Astle (EA), Chairman, Prof Rikki Goddard-Fuller (RGF), Director of Education	
b	**Declarations of Interest**	
	None noted.	
c	**Minutes of the previous meeting – 31st October 2024**	
	The minutes were accepted as a correct record.	
d	**Action plan rolling programme, action log & matters arising**	

	All items from the rolling programme are complete or noted on the agenda. Pg 6 QAC – the risk 'score' has increased not the risk. Add word to original minutes.	LW
36/24	**Performance & Finance**	
a	**Trust Report**	
	• Trust continues to deliver its activity, operational performance, quality standards and finances to target in challenging circumstances. This is shown consistently over 7 months. • Cancer waiting time targets are compliant. • We have been notified of some changes from a regulatory perspective. Oversight arrangements are changing with more regional direct oversight. This is in development and revised arrangements will be consulted on. • Monthly meetings are in place with NHSE, this may reduce in the coming months.	
b	**Planning**	
	• SP presented slides on current planning arrangements. • 2025/26 operational planning – we are sustainable and plan to break even on exchequer funding. We aim to contain predicted growth within budget. • Looking at ensuring assets are fully utilised to deliver activity. • Standard maintenance schedule in place for radiotherapy machines, this is all pre-planned and we move patients around the region to ensure full utilisation. • Assessing level of recurrent & non-recurrent VIP delivered in 2024/25. • Divisions to review 5-year capital plan and highlight amendments. • Plan for Board time outs in December & February outlined. • SP described the use of 'Opportunity packs' for divisions to deliver VIP's and support plans with data. About ¼ of our costs are not influenceable as they are pass through drugs. • Long term planning described – looking at the next 10 years of how the Christie develops. Looking at predictive factors including patient and workforce expectations. • We are accelerating the existing strategy and being tactical in the environment we are in. • Description of real-time communication with patients, how we make services safe and flexible with processes digitally driven. • Use of ePROMs and AI in clinics going forward. • Working with global partners and using best practice from other centres. • Timelines described for the Future Christie project including work & engagement with governors. • GP asked about prevention as a focus and whether we need to consider how we support this. • The role in tertiary prevention will be part of this planning. • AM asked about the role of Christie externally, is this about positioning. TT noted that there are areas where we will be leading. In others we are catching up. There are areas where it's about adopting best practice. • DT noted that we need to have flexibility as things move at pace. The project will	

	be phased to make sure we can try and be as flexible as possible. • NB stressed the pitfalls that we must navigate including maintaining performance in the present and ensuring that the patient is at the centre of everything we do.	
37/24	**Strategy**	
a	**Trust Strategy Update including interim review of annual objectives & Digital Strategy update**	
	• The paper connects the annual objectives with the strategy themes and some focus on the digital strategy. • The assessment of progress against the annual objectives at month 7 doesn't highlight any areas of concern to escalate to Board. • ARP noted that the Digital Strategy was structured as 2 years then 3 years. The first 2 years was about IT delivery, the next 3 years will align to the Future Christie and digital transformation focus.	
b	**Inclusive Culture Strategy**	
	• Colleagues reminded that the Board has a session facilitated by NHS Providers to support the development of the Strategy. • This is the final draft but there has been Board feedback that will be taken on board. • This is a 5-year strategy (2025-30) and replaces the EDI Plan. This aligns to organisational and national strategies. • Based around 4 themes that have been consulted on widely. • The document will be strengthened around the role of the Board and measurement of impact. • More modern and contemporary approach to this, there's a danger we will take a backward step if this becomes too much about metrics. • Do not want to set up new metrics but are subject to existing metrics such as WRES / WDES, staff survey etc. • Look at signals of success rather than KPI's. • Comment that this reflects a cultural shift in the approach. Must be less about simple metrics and more about cultural indicators. • Success indicators must be visible in the organisation to show a shift in culture. • Be good to have a summarised version of this for all staff. • Must align this to the Future Christie Project as well. • Non data specific outcomes will be developed and will come through the Board. • This is the strategy, but it must be operationalised. • WAC are hearing about culture shifts. • How the organisation changes will be one of the indicators of culture. • Story based and ethnographic approaches will be used to communicate with the organisation. • Next stage is to test this out in the organisation. • Strengthen the future proofing element / incorporating more the values & behaviours. • RS drew attention to the expert and different approach that this strategy represents and commended the work to develop this approach to culture.	EL

	• This is a different way of doing things that came from the cultural audit. • Very good to incorporate EDI into everything we do. One of the key roles of the Board is to model good behaviour.	
38/24	**Governance (regulatory / statutory compliance)**	
a	**Board assurance framework 2024/25**	
	• Changes to the BAF have been identified on the cover paper. • Inputs to the BAF from the Assurance Committees have been reflected in this version and MIAA audit outcomes. • Changes in risk scores over time are illustrated in the summary page. • No changes to any risk scores since the October meeting. • Development of a new risk relating to supply chain is being agreed for inclusion in the new year. • Operational risks are detailed with the paper to show these alongside the BAF risks. • Risk 2 – risk score is high and asked about whether this will reduce. VS noted that the implementation of PSIRF is going very well, the increase in score reflects assurances not coming through to the committee yet. On discussion the risk should reduce to 12. QAC in January will look at PSIRF in action and the score will be further assessed at that point.	
b	**Reports from Committees**	
	Audit Committee October 2024	
	• EPRR compliance report reviewed, and external assessment reported. • TPC 6 monthly update presented, controls and metrics gave assurance. • Discussion on supply chain issues and consideration of inclusion on the BAF. • Regulation 15 – premises and estates report – good evidence of controls. • Update on sustainability showed very good work in context of financial and capacity challenges. • No questions.	
39/24	**Any other business**	
	• No further items raised.	
	Date and time of the next meeting	
	Thursday 30th January 2024 at 12:45pm	
	Papers for information only	
	Integrated performance, quality & finance report	
	Annual Sustainability Report - Boards responsibility for Carbon Net Zero – acknowledged approval.	

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Agenda item 01/25d

Meeting of the Board of Directors - January 2025
Action plan rolling programme after November 2024 meeting

C Culture P Performance S Strategy G Governance

Month	From Agenda No	Category	Issue	Responsible Director	Action	To Agenda no
January 2025		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance report	COO	Monthly report	For information
		P	Benchmarking	DCEO	Review	02/25b
		P	Value Improvement Programme	COO	Review	02/25c
February 2025 - no meeting		P	Integrated performance & quality report and finance report	COO	Monthly report	By email
	Annual reporting cycle	G	Letter of representation & independence	Chair	Circulate	By email
	Annual reporting cycle	G	Register of directors interests / FPPT annual declaration	Chair		
	Annual reporting cycle	G	Declaration of independence (non-executive directors only)	Chair		
Planning & Development Day		S	Planning			
		S	Strategy deep dive			
March 2025		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance & quality report and finance report	COO	Monthly report	For information
	Annual reporting cycle	G	Annual reporting cycle	Executive directors	Approve	
		P	Research & Innovation Strategy Update	DoR	Annual review	
		C	Culture Audit review	DCEO/DoW	Approve	
		G	Annual BAF review / risk deep dive	CEO	Review	
		C	Staff survey initial results	DoW	Note	
		P	Health inequalities performance review	DCEO	Review	
	Annual reporting cycle	G	FPPT Compliance report	Chair	Approve annual compliance	
April 2025		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance & quality report and finance report	COO	Monthly report	For information
		G	Register of matters approved by the board	CEO	Note April 2023 to March 2024	
	Provider licence	G	Self certification declarations	CEO	To approve the declarations	
	Annual reporting cycle	S	Annual Corporate Objectives review / BAF 2023/24	CEO	Review 2023/24 progress	
		S	Strategy update	DoS	Full year review	
		G	Modern Slavery Act statement	CEO	Approve	
		G	Standing Financial Instructions (SFI's)	DoF	Approve	
		G	Board effectiveness review	Chairman	Undertake survey	
		C	Freedom to speak up Guardian report	FTSUG	6 monthly update	
	Annual reporting cycle	P	Risk Management strategy 2024-25 annual review	ECN	Annual Review	
May 2025 - no meeting	Annual reporting cycle	P	Integrated performance & quality report and finance report	COO	Monthly report	By email
Planning & Development Day						
		S	Planning			

Month	From Agenda No	Category	Issue	Responsible Director	Action	To Agenda no
June 2025		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance & quality report and finance report	COO	Monthly report	For info section
	Annual reporting cycle	G	Annual reports from audit, quality and workforce assurance committees	Committee chairs	Assurance	Joint Audit/Quality
	Annual reporting cycle	G	Annual compliance with the CQC requirements	ECN	Declaration / approval	
		P/S	Education Strategy Update	DoE	Review	
		G	Board effectiveness review	Chair	Report	
		P	Value Improvement Programme	COO	Review	
	Annual reporting cycle	G	Annual report, financial statements and quality accounts (incl Annual governance statement / Statement on code of governance)	EDoF	Approve	
July 2025 - no meeting		P	Integrated performance & quality report and finance report	COO	Monthly report	By email
Planning & Development Day		S	Service Review day with senior leadership teams			
August 2025 - no meeting		P	Integrated performance & quality report and finance report	COO	Monthly report	By email
September 2025		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance & quality report and finance report	COO	Monthly report	For information
		C/P	Health inequalities self -assessment	DCEO	Review	
		P	Value Improvement Programme	COO	Review	
		P	Quality Strategy update	ECN	Review	
Development session		S	Strategy / planning			
October 2025		C	Patient story	CEO	To hear a patient story	Board presentation
		P	Integrated performance & quality report and finance report	COO	Monthly report	For information
		P	EPRR Compliance statement	COO	Approve	
		C	Freedom to speak up guardian	FTSUG	Annual report	
Planning & Development Day		S	Planning with Divisional leadership teams			
		S	Strategy deep dive			
November 2024		C	Patient story	CEO	To hear a patient story	Board presentation
	Annual reporting cycle	P	Integrated performance & quality report and finance report	COO	Monthly report	For information
		S	Strategy update	DoS	Six month review	
		S	Inclusive Culture strategy	DoW	Approve	
		P	Digital Strategy update	DCEO / CIO	Annual Review	
	Annual reporting cycle	P	Interim review of annual objectives	CEO	Review progress	
		S	Annual Sustainabiltiy Report - Boards responsibility for Carbon Net Zero	DCEO	Note approval by Audit Committee	For information
December 2024 - no meeting		P	Integrated performance & quality report and finance report	COO	Monthly report	By email
Planning & Development / Council of Governors Day		S	Board planning / Risk Training			
		S	Council / Board - strategy update			

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Agenda item: 01/25d

Action log following the Board of Directors meetings held on

Thursday 28th November 2024

No.	Agenda	Action	By who	Progress	Board review
1	35/24d	Update to October public minutes	LW	Complete	N/A
2	37/24b	Summarised version of Inclusive Culture Strategy to be produced for all staff	EL	In development	April 2025

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Meeting of the Board of Directors
January 2025

Subject / Title	Trust report
Author(s)	Executive Directors
Presented by	Roger Spencer, Chief Executive
Summary / purpose of paper	This report brings together the key issues for the Board of Directors in relation to our performance, strategy, workforce, the Greater Manchester system landscape, the regulatory landscape and other pertinent matters within the scope of the board's responsibilities.
Recommendation(s)	The board is asked to note the contents of the paper.
Background Papers	Integrated Performance, Quality and Finance Report Finance Report
Risk Score	See Board Assurance Framework
EDI impact / considerations	
Link to: ➢ Trust's Strategic Direction ➢ Corporate Objectives	Achievement of corporate plan and objectives
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	CEO Chief Executive Officer MCRC Manchester Cancer Research Centre NHSE NHS England CQC Care Quality Commission GM Greater Manchester ICB Integrated Care Board ICS Integrated Care System VIP Value Improvement Programme CDEL Capital Departmental Expenditure Limit

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Trust Report
January 2025 (December data)

Board Scorecard

Corporate objective	Indicators	Tolerances			Current month	Year to date
All	CQC rating	N/A			Good	Good
All	SOF Rating	N/A			2	2
Quality of Care & Performance						
1,6	Proportion of incidents that are low/no harm (%)	90%+			96.7%	N/A
1,6	31 day compliance (%)	96%			98.8%	N/A
1,6	Patients meeting the faster cancer diagnosis standard (%)	75%			88.9%	N/A
1,6	MRSA bacteraemia infection (attributable) (N)	TBC			0	2
1,6	Clostridium difficile infection (attributable) (N)	TBC			3	37
Finance and Use of Resources						
6	Financial sustainability / liquidity (days)	>21	21 to 14	<14	- 8	- 8
6	Overall financial position (% variance to control total)	0% below plan	0 - 10% below plan	>10% below plan	0.0%	0.0%
6	Recurrent VIP performance (% achieved)				75%	75%
6	Current cash balance (£'000)				£118,773	£118,773
6	Exchequer capital spend to date (variance to plan %)	within 10%	10 to 20%	>30%	65.6%	14.8%
6	Average length of time debt is outstanding	<15	>16 - 20	>20	12	12
6	Public Sector Payment Policy - trade creditors paid within 30 days (number and volume)	>95%	95 - 85%	<85%	98%	98%
People and Culture						
7	PDRs completed (%)				87.5%	N/A
7	Mandatory training (%)	>80%		<79%	94.0%	N/A
7	Voluntary turnover in first 2 years (%)	<31%		>32%	10.97%	N/A
Research						
4	New trails open per month (N)	>10	9-10	<8	11	132
4	No. patients consented into studies (N)	>250	200-249	<199	184	2133
4	Christie Sponsored research: new studies opening (N)	>2	1	0	1	15
4	Research patient experience - % strongly agree they would participate in research again	90%	75-89%	<75%	9 (75%)	54 (82%)
Education						
3	Undergraduate placement activity	>165	135-165	<135	154	1231
3	CPD activity (internal & external)	>440	340-440	<340	787	6292
System						
1,6	62 days (%)	>70%		<69.9%	75.1%	N/A
1,6	Priority patients not admitted (deferred)	0		>1	0	0
Digital						
4	Customer Satisfaction score of "Good"	>95%	85-94%	<85%	98.2%	97.3%

Executive Summary

- We remain rated overall as Good by the CQC.
- We continue to be in segment 2 of the System Oversight Framework.
- Key patient quality indicators for December show no significant adverse variances and no issues for escalation. We remain a high reporting, low harm organisation.
- Performance in December for the 62-day consolidated cancer standard was 75.1% which is better than the operating plan standard of 70%.
- Four operational risks are scored at 15 or above on the risk register.
- Cumulative financial performance at the end of December (Month 9) is a (£6.7m) surplus against a planned (£5.3m) surplus. This is a favourable variance of (£1.4m) to plan.
- Key financial performance indicators in month 9 show one adverse variance which is the level of recurrent VIP identified being £10.5m identified so far against a £14m annual target.
- Workforce indicators for December show a slight increase in sickness absence rates.
- PDR performance and mandatory training performance is over the established thresholds.
- Capital schemes are progressing to plan across the Trust.

Quality of Care

Indicators of the Safety and Effectiveness of our services showed no significant adverse variances in December. Details of December quality indicators are given in the Integrated Performance, Quality and Finance Report.

Pressure ulcers and falls were in line with internally set trajectory in December. There were 14 complaints in December. The number of contacts with the Patient Advice and Liaison Service (PALS) service in December was 26 which is low compared to other months.

Nurse staffing numbers met the levels to ensure appropriate levels of safety and care with indicative staffing to maintain a 1:8 nurse to patient ratio which is nationally recommended.

Four operational risks are scored at 15 or above on the risk register. These are monitored by the Risk & Quality Governance Committee to ensure that appropriate controls are in place and reviewed by the board's assurance committees to provide assurance to the board:

1. Not identifying and delivering 2025/26 recurrent VIP programme impacting on financial sustainability and ability to treat patients (16)
2. Risk to treatment delivery due to workforce recruitment & retention in Aseptics (15)
3. Operational & governance risk in relation to recruitment of medical workforce for Christie haematology at Leighton (16)
4. Risk of disruption to operations & patient safety due to out-of-date evacuation plans (15)

Operational Performance

The 62-day standard is a barometer of how well the system is performing with cancer pathways. Compliance at the end of December against the 2 key cancer standards was;

- The 62-day consolidated standard was 75.1% against a threshold of 70%.
- We achieved 88.9% against the 75% threshold for the Faster Diagnosis Standard which measures initial referral to diagnosis.

The majority of Christie referred patients are monitored via the 31-day standard (decision to treat to treatment start).

- We have continued to achieve the 31-day standard for treatment to start within 31 days of the decision to treat at 98.8% against a target of 96%.

During December there were 2 operations cancelled on the day for non-clinical reasons. They were all rebooked within 28 days.

Financial Performance

Revenue: Financial performance is ahead of plan by (£1.4m) as illustrated in the table below. The Trust is reporting a (£6.7m) surplus against a (£5.3m) planned surplus position. The better than plan position is primarily due to :-

- Pay underspends arising from vacancies
- Over-achievement of clinical income to-date.

Month 9 YTD position	Annual Plan	YTD Budget	YTD Actual	Variance
	£'000	£'000	£'000	£'000
Clinical Income	(425,423)	(319,057)	(333,643)	(14,585)
Other Income	(77,916)	(58,323)	(55,969)	2,355
Pay	235,191	176,226	172,886	(3,341)
Non Pay (incl drugs)	242,563	181,927	196,745	14,818
Operating (Surplus) / Deficit	**(25,584)**	**(19,227)**	**(19,981)**	**(754)**
Finance expenses/ income	30,932	23,194	22,466	(728)
(Surplus) / Deficit	**5,349**	**3,967**	**2,485**	**(1,482)**
Exclude impairments/ charitably funded capital donations	(12,355)	(9,261)	(9,219)	42
Adjusted financial performance (Surplus) / Deficit	**(7,006)**	**(5,294)**	**(6,734)**	**(1,439)**

Forecast: The continuing improvement in the run rate has been extrapolated to year end to improve the forecast to £9m surplus.

Capital: The capital plan for 2024-25 has been agreed at £18.4m. The Trust has spent £9.7m to M09, which is 85% year to date against the capital plan, primarily on:

- TIF ward refurbishment
- Ongoing digital projects
- Small replacement assets

Value Improvement Programme. The annual VIP target of £21.4m is split into a £14m recurrent target and a £7.4m non-recurrent target. The level of recurrent VIP identified to date is £10.5m giving a recurrent shortfall of £3.5m. The level of non-recurrent VIP identified to date is £10.2m, over plan by (£2.8m). Year to date, £16.1m has been delivered against a target of £16.1m.

KPIs: Variances from the planned financial performance against key measures include the level of recurrent VIP delivered to date. As shown in the table, there are no other significant variances:

Measure of Financial Performance	Red / Amber / Green rating
Revenue: Trust Control Total compared to plan	£1.4m ahead of plan
Capital: Capital expenditure against plan	£1.7m **under** plan
VIP identified (recurrent) against target of £14m	£10.5m identified
Debtor days compared to 15-day target	12 days
Cash balance	£118.8m
Better Payment Practice Code (95% target)	99%

Workforce

Our workforce performance indicators show mandatory training compliance and personal development plan rates are both above (better than) thresholds at 94% and 87.5% respectively. Sickness absence rates increased slightly in December to 5.03% (threshold of 4.2%). The overall turnover for the Trust has reduced from last month to 10.84%. These issues and the associated plans for improvement have been considered by the Workforce Assurance Committee.

Management Essentials Pilot

The first pilot of two pilot cohorts began on 29 November 2024 and will continue through to April 2025. This Management Essentials programme is being delivered to 48 colleagues by NHS Elect and the feedback will inform how we choose to proceed with our foundation level management training at the Trust.

Coaching training for managers

Full-day training workshops on coaching skills for managers have now been arranged for c.160 colleagues. Coaching skills are fundamental to creating a compassionate, safe and empowered culture in healthcare environments and establish continuous improvement to be normal and encouraged. The first session ran in November 2024 and the remaining monthly dates are fully booked through to April 2025.

Leadership development programmes for medical colleagues

Two new leadership development programmes started in December 2024: (1) new consultant leadership development & peer coaching programme, and (2) Clinical Directors/Leaders leadership development programme. Both programmes combine different types of leadership development interventions to aid the capability, confidence, effectiveness, and progression of key leaders in our organisation. These programmes both run through to spring 2025 and utilise internal and external experts, reflection spaces, skills sessions, coaching and 360 degree feedback.

Connect and Reflect Event
The third, quarterly, Connect & Reflect event with new starters at around month 6 of their employment was held on 22nd January 2025. This helps our newer colleagues stay connected with the wider Trust, creates a space for listening and feedback, and helps address any gaps in knowledge or experience they may have experienced during their first few months. This event is combined with our 10 years' long service award which promotes the stories and successes of longer-standing colleagues to our newer recruits, showing the feasibility of a longer career journey with us.

Research

Recent CRUK funding successes include RadNet - £5.9m awarded to Manchester – top ranked location within the UK network for a second time via renewal; ACED (Alliance for Cancer Early Detection) - £50m across the alliance via joint application with the 7 ACED partners (2 new partners in Dana-Farber and DKFZ); and the Lung Cancer Centre of Excellence – further £4m via renewal to Manchester and UCL. Funding is also being received for the UK-wide collaborative, MANIFEST, funded through £9m from the Medical Research Council and the Office for Life Sciences, and £12.9m in matched funds from industry partners. The programme will involve thousands of patients treated with immunotherapy from across the UK.

Recent Christie International research activities include the ongoing partnership with the Peter MacCullum Cancer Centre in Melbourne, with clinical fellowships and AHP exchanges due to launch Q1 2025, discussions are ongoing between the relevant clinical research teams around the NIHR and Australia's Medical Research Futures Fund (MRFF) funding call for platform studies in areas of unmet clinical need. With partners at HeSMO in Greece, we have recently appointed two new clinical research fellows to join us later in the year, funded via HeSMO. Discussions are ongoing around the formation of 'C7' of leading cancer centres, with initial scoping calls having taken place and a first event with centres planned for AACR in April 2025 followed by a symposium in Toronto in September 2025. Jon Lim and Jamie Weaver have also recently come onboard to lead the medical oncology component of fellowships.

National changes have occurred within the NIHR infrastructure. The Clinical Research Network has now been dissolved, and the Regional Research Delivery Networks have been established in place. Susan Neeson (Operations Director) and Chris Smith (Strategic Development Director) attended Executive R&I Group on the 10th December and presented an overview of the Reseach Delivery Network.

The new Muslim Cancer Support Group, in partnership with Maggie's, launched on 17 October 2024 and saw overwhelming support from across GM. Its first support sessions took place at Maggie's in November. All members who attended welcomed the session and provided positive feedback. The support group will continue to be socialised through community engagement supported by Maggie's staff and the Muslim Cancer Support Group volunteers. R & I have access to group members to gauge initial expression of interest around education around Research. The Muslim Cancer Support Group is also an excellent tool to use to recruit Patient, Public contributors.

Patient & Public Involvement & Engagement events:

Organisers	**Event**	**Audience**
NIHR CRN	Health Research Festival - Wythenshawe	Community Engagement impacted largely by deprivation/socio economics (ethnic diverse background)
Fatima Women's Association	PPIE through cancer awareness session	Ethnic Diverse background
Ansa Cancer	Health and Well Being Fair	Ethnic Diverse background

Education

Christie Education continues to make good progress with Year 2 of its comprehensive education strategy, particularly focusing on patient and community engagement in education, progressing international partnerships and our HEI ambitions. Activity levels are at/above expected levels with particular growth noted in our Digital Clinical Placements (DCPs) and Continuing Professional Development/Continuing Medical Education workstreams. The Christie is a pioneer in a new format of remote access, clinically immersive placements that were launched through colleagues in Radiotherapy Education, spearheaded by Alison Sanneh, expanding to cover a range of other allied health professions' educational content across national and international audiences.

Our resident doctor education underwent a focused 'monitoring the learning environment' review by the NW NHSE Workforce Training and Education Quality Team recently. This 'deep dive' of our education provision was excellently handled by Drs Ganesh Radhakrishna and Saf Adam (Director/Associate Director of PGME). The NHSE team recognised the relatively unique environment within The Christie and positives in terms of education initiatives/good practice and noted the value of executive level discussion and input to resolve issues/connection between incident reporting, risk and resident doctors. The focus of the review – F2 doctors, GPST doctors and medical oncology clinical supervision noted many positives around actions to enhance rotas, learning opportunities and expansion of clinical supervision which will remain under internal and external review.

Our international partnership continues to progress with new work with the Egyptian Health Authority. The objective of this Christie project is to build capacity and develop integrated cancer care services at existing EHA governed hospitals. The Christie has now successfully delivered several educational activities including review and feedback of a gap analysis survey, feedback on a report of the current workings at the Ismailia hospital based outside of Cairo, and development and delivery of a workshop which was held in Cairo during November 2024. Three members of The Christie delivered this workshop in person, with 14 other colleagues joining virtually to give talks and participate in discussions. Discussions are progressing with NHS Global regarding a second phase of support to the EHA.

Strategic and Service Developments

Pathology JV Re-procurement - the procurement process continues. We intend to issue the final statement of requirements in January with a view to BAFO completion in February 2025. We are dovetailing this process with plans to develop new pathology facilities and anticipate making final contract award by end of May 2025. A long-term estate option for new pathology facilities at the Withington site has been identified with a parallel clinical engagement and design approach ongoing. The trust is continuing dialogue with The Christie Charity as to its role in funding and delivering the project.

The long-term estate option for new pathology facilities at the Withington site has been identified. Trust engagement with The Christie Charity is ramping up with a focus on design development activity, stakeholder engagement, clarifying funding and delivering roles for the project.

Work has commenced on the refurbishment of Ward 12 with more minor works to other wards anticipated to be included before project completion at the end of March 2025.

The replacement of the Superficial Treatment unit is complete, and work has commenced on the formation of a temporary pharmacy to support the replacement of the existing inpatient pharmacy robot by the end of March 2025.

Finally, the first components for the multi-year linear replacement program have been delivered to the site and is in the process of being installed.

Future Christie Project
The Future Christie initiative continues to develop with engagement with clinical teams and partners. Four programs are taking shape focused on the patient, the staff member, smart hospital and the introduction of artificial intelligence.

The next steps include high level programme plans and the recruitment of medical and transformation leadership and the aligning the capacity and capability to the current organisational structures and processes.

Regulation and Governance

The Christie NHS Foundation Trust has commenced the recruitment process to appoint a new Chair of its Board of Directors. Edward Astle will step down as Chair as the result of personal family reasons. During his tenure, Edward has been instrumental in helping The Christie achieve all of the requirements needed for a segment 1 System Oversight Framework rating. Reflecting the Trust's commitment to delivering excellence in cancer care in some of the most challenging of circumstances.

The recruitment process will be led by our Senior Independent Director, and a panel of our governors. The successful candidate will lead the Board and Council of Governors continuing our focus on advancing cancer care, research, and innovation to deliver the very best outcomes for our patients.

Reforming Elective Care for Patients in England
NHS England have announced a plan to reform elective care for patients. The plan outlines a multi-faceted strategy to meet the 92% 18-week standard for elective treatment by March 2029, with an initial milestone of reaching 65% of patients waiting less than 18 weeks by March 2026.

The plan emphasizes patient empowerment, improved delivery efficiency, and aligning funding with performance targets. It acknowledges the crucial role of the independent sector and the need to address health inequalities in access to care.

From a Christie perspective key areas to note are:
- Requirement to deliver the 18weeks target by 2028
- The emphasis on use of the NHS App to communicate with patients
- Increasing access to diagnostics capacity 12hrs / 6 days a week
- Evolution of the oversight framework to include additional measures such as impact on population health
- Greater collaboration with the Independent Sector

Further detail is available in the January public Board papers 'for information' section.

In October 2024, The Department of Health & Social Care launched 'Change NHS' to hear a range of views, experiences, and ideas which will shape a new 10 Year Health Plan for England. This will run until spring 2025. As part of our contribution to the consultation we held a workshop with our governors and Board of Directors to discuss future plans and develop a response. This response has now been submitted on behalf of the organisation. The response emphasises the impact of the growing incidence of cancer and increasing proportion of the population living with cancer. In addition, the opportunity to evolve models of care through the effective adoption of technology and increasing the proportion of care out of hospital.

The Christie NHS Foundation Trust

Agenda item 02/25b

Meeting of the Board of Directors
Thursday 30th January 2025

Subject / Title	Value Improvement Programme (VIP) 2024/25
Author(s)	Jo Bolger Leece Assistant Director: Value Improvement Programme Claire McPeake; Chief Operating Officer (Interim)
Presented by	Claire McPeake Chief Operating Officer (Interim)
Summary / purpose of paper	This paper provides: • An overview of the Value Improvement Programme (VIP) with a month 9 position. • A summary of progress • Assurance that a focus on engagement and ownership remains and governance is in place to manage risk. •
Recommendation(s)	The committee is asked to note: • The content of the report and • The associated actions identified to improve delivery.
Background papers	NA
Risk score	Risk 3629
Link to: ➢ Trust strategy ➢ Corporate objectives	Executive objective: 1 -To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer. 6 - To maintain excellent operational, quality and financial performance Board Assurance Framework: Risk 1, Risk 6, Risk 7, Risk 9, Risk 10
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	Value Improvement Programme: VIP Quality Impact Assessment: QIA Equality Impact Assessment: EIA Investment and Capital Planning Committee: ICPC Transformation, Performance and Improvement Group: TPIG

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Agenda item 02/25b

Board of Directors

Thursday 30th January 2025

Value Improvement Programme (VIP)

1.0 Background and Introduction

The Christie strategy 2023 to 2028 sets out how we will continue to deliver our mission - to care, discover and teach - through the 4 themes of our vision: leading cancer care, the Christie experience, local and specialist care and best outcomes.

A key enabler of our strategy is ensuring financial sustainability to support and drive innovation and improvement, while continuing to invest in our capital and services. In line with the rest of Greater Manchester (GM), The Christie must achieve a challenging cost improvement target. To address this, as previously presented to the board, we have developed a high-level framework aligned with our Trust ambitions, focusing on delivering value for money through transformation.

In November, we presented a paper detailing the Trust's financial position, and progress in establishing our Value Improvement Programme (VIP) framework for 25/26. Recognising the need to inject capacity and pace into the VIP plans to meet our financial forecast, several improvement interventions were described and are being supported.

This paper describes the current position of VIP at month 9 and outlines the outcomes and actions being taken based on the recommendations.

2.0 Month 9 Financial Overview: VIP

As at M9, the Trust has made good progress and £16.1m of VIP has been delivered with a number of schemes still to be delivered.

Summary	Performance at M9
Full year forecast outturn £7.0m surplus	M9 YTD Position £4.3m surplus £0.8m favourable to plan
24/25 VIP Plan £21.4m	M9 VIP Identified (YTD) £20.4m
Target VIP M9 £16.1m	Delivered VIP M9 £16.1m

	Annual					Year to Date		
	Target	Identified value	Unidentified Value	Identified RAG Value	Unidentified RAG Value	Target	Delivered	Variance
Total VIP	£21,396k	£20,688k	£708k	£20,353k	£1,043k	£16,073k	£16,073k	£0k
Recurrent VIP	£13,996k	£10,495k	£3,501k	£10,329k	£3,667k	£10,520k	£7,622k	(£2,898k)
Non-Recurrent VIP	£7,400k	£10,193k	(£2,793k)	£10,024k	(£2,624k)	£5,553k	£8,452k	£2,899k

3.0 Progress and Assurance

- The Finance team have developed and presented opportunity packs for clinical divisions; these packs are intended to help divisions identify where VIP opportunities exist. The packs include:
  - Expenditure
  - Income
  - Costing
  - GIRFT/model hospital metrics
  - Any other available benchmarking data
  - Variable pay opportunities.
  - Discretionary spend opportunities.
- The packs have drawn attention to a number of areas where we appear to have higher costs than peers, the next steps are for these areas to be explored directly with the clinical teams to seek areas of opportunity. There is also scope to extend the benchmarking further by directly sharing costing with the Royal Marsden and Clatterbridge who are keen to take benchmarking to a more granular level, sharing learning and ideas.
- A new VIP tracker has been developed and ideas added to the tracker. Work is taking place to translate ideas into fully worked up schemes.
- To date, 37 VIP ideas from across the Trust have already been added to the tracker as a combination of staff ideas, and Divisional reviews which is demonstrating improved engagement and ownership for VIP.
- All VIP schemes require:
  - A Quality Impact Assessment (QIA) or checklist
  - A plan
  - Delivery date
  - Lead
- An admin and clerical session has been held to talk to staff about what VIP is and encourage ideas, 15 ideas where submitted following the session which have been logged. Staff members will be involved in taking forward the idea to fruition.
- A review of NHSE best practice checklists is underway for Outpatient and Theatre improvements to benchmark our performance to drive efficiencies and productivity. The outcome of these will be fed through the improvement boards overseen by the Transformation and Performance Improvement Group (TPIG).
- The Quality Impact Assessment (QIA) process has been strengthened with a revised checklist based on feedback from PWC and external good practice. A Quality Impact Assessment (QIA) is a risk assessment for identifying the anticipated, actual or potential impact of business cases, service changes or VIP schemes. It provides assurance that savings are not being made at the detriment of quality and must be signed off by Clinical and Nursing leads prior to scheme being implemented.

4.0 Engagement and developing capacity and capability.

Our value improvement programme approach at The Christie aims to bring cost and quality together to embed a system and culture where improvement is part of our daily work and we have an approach to empower, engage and support our staff to achieve this. Figure 1 illustrates the approach.

The foundations of our VIP programme are built on engagement, in the form of a clinical driven managerially supported approach to improving quality. Our aim is to continue to promote and build on this collaborative approach with additional workshops for staff and promoting the new 'Do you have an Idea' submissions. The Trust is also part of a Greater Manchester cost improvement network to share ideas and learning between Trusts.

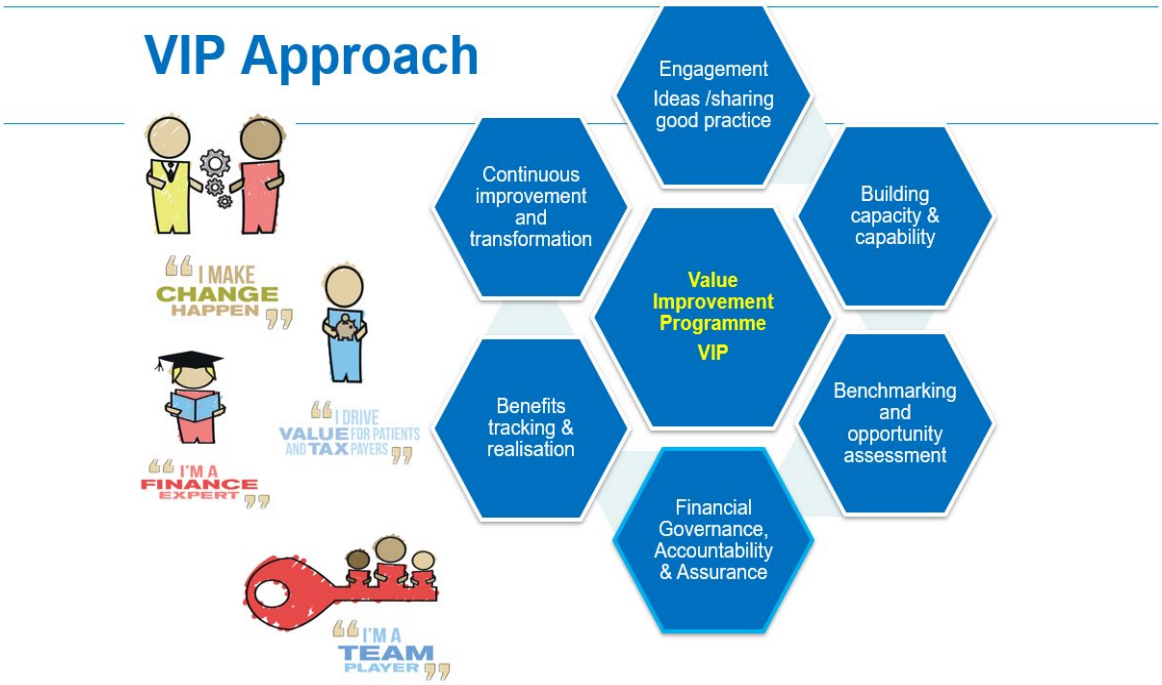

Figure 1 VIP Approach

To develop capacity and capability, a Value Maker Programme has been designed to support developing capacity and capability. A number of training and awareness sessions for clinical teams and budget holders continue to be shared with staff encouraged to attend. These link directly to national support from One Finance and Proud2beOps are being scheduled to promote Finance and Clinical Education (FACE).

As part of the benchmarking and opportunity assessments, The Christie is also accelerated taking part in a number of peer reviews over coming months, including interventional radiology. The Getting It Right First Time (GIRFT) programme is a national NHS England programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

The programme undertakes clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved. GIRFT is part of an aligned set of programmes within NHS England. The programme has the backing of the Royal Colleges and professional associations. The outcomes of any GIRFT review are being fed into the VIP programme to ensure areas for improvement can be driven forward to improve care for patients and experiences for staff.

5.0 Next Steps

- Weekly reporting of progress translating ideas into action will be provides to the Chief Operating Officer as the SRO for VIP.
- **21st February 2025** - Expectation is that VIP will be identified with a Green Risk Rating – plans and Quality Impact Assessments will be completed and are being managed against delivery.
- **Finance and clinical education (FACE) continues**
- **Risk management –** monthly review and update of the VIP risk, with updated mitigating controls and action plans.
- Next phase for the clinical opportunity packs to drill down with clinical leads using costing to understand where we have areas to improve or share good practice.
- Development of the Trust approach to improvement using the outcomes of a self-assessment of the **NHS Impact framework.**
- Outcomes from the GIRFT interventional radiology visit and best practice reviews will be incorporated and presented to TPIG.

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Agenda item 03/25a

Board of Directors meeting

Thursday 30th January 2025

Subject / Title	Benchmarking in the NHS
Author(s)	Prof Chris Harrison, Deputy CEO
Presented by	Prof Chris Harrison, Deputy CEO
Summary / purpose of paper	This paper outlines the use of benchmarking in the NHS and at The Christie
Recommendation(s) (assure / alert / advise)	To note: • Alert – no escalations • Assure – benchmarking is embedded in performance processes and reporting • Advise – in future reports will attempt to make the use of benchmarking data more explicit
Background papers / source of assurance	• Integrated Performance Report • Annual Quality Report and Accounts • Quality Assurance Committee Reports • People Committee Reports
Risk score / BAF reference	Risk score – 2 BAF – Not applicable
EDI impact/considerations	The paper of itself has no direct EDI implications but it is necessary to ensure that any benchmarking data takes differences into account.
Link to: ➢ Trust strategy ➢ Corporate objectives ➢ CQC Quality standard ➢ Regulation	Links to all aspects of corporate strategy in the sense that this is a technique for assessment of comparative performance
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	NHSE – NHS England ICB – Integrated Care Board DHSC – Department of Health and Social Care ONS – Office for National Statistics

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Agenda item 03/25a

Meeting of the Board of Directors
Thursday 30th January 2025

Benchmarking in the NHS

1. Introduction

This paper outlines the use of benchmarking in the NHS and at The Christie.

A great strength of the national NHS system is its ability to produce comparative data for use by regulators, NHSE, ICBs and Trusts. NHSE, DHSC and ONS produce a wealth of publicly available data. Much of this this data is available at a range of geographical levels from neighbourhoods to national as well as NHS organisational levels.

Benchmarking is a technique for comparing and drawing conclusions from data. It is applied widely in the NHS and at The Christie is used in board reports where possible, presented in the Integrated Performance Report and collated annually in the Quality Report and Accounts, the statutory mechanism for publication of comparative data on key issues. Our Quality Assurance Committee receives more detailed reports for scrutiny and assurance purposes.

Whilst benchmarking is an integral part of our current approach future reports will explicitly draw out (i.e. point out) this type of information for discussion by the board.

2. Background

Benchmarking is widely used in the NHS to compare an organisation's performance to others to identify best practices and improve quality and efficiency.

Benchmarking helps identify strengths and weaknesses, and the level of performance that's possible. It also helps to establish new goals and standards to better meet patient needs.

Benchmarking can be used to compare organisational issues, such as the number of non-attenders in clinics or the number of cancelled operations. It can also be used to compare clinical processes and share best practices.

Benchmarking in the National Health Service (NHS) involves comparing healthcare performance metrics and practices against best practices from other organizations or internally agreed standards. This process helps identify areas for improvement, enhance patient care, and optimize operational efficiency.

The NHS faces continuous pressure to improve quality, reduce costs, deliver effective services, and reduce inequalities in these attributes. This makes benchmarking a crucial tool for healthcare management.

3. Key Areas of Benchmarking in the NHS

Benchmarking is widely used in the NHS, although increasingly at a system rather than individual organisation level to recognise that components of a system, such as specialist cancer centres, make a specific and characteristic contribution. The range of benchmarking information and uses is too large to list comprehensively, but some examples are given below. Benchmarking is used routinely to support the following objectives:

1. To achieve best clinical outcomes, through safe and effective care

e.g. The National Institute for Health and Care Excellence (NICE) provides guidelines that set benchmarks for clinical outcomes such as surgery success rates or recovery times for specific conditions. For instance, hip and knee replacement surgeries are frequently monitored to assess the length of hospital stay and patient recovery times post-operation.

Other examples include National Clinical Audits which compare outcomes for a wide range of specific conditions, The National cancer Audits, Hospital Mortality Rates (HSMR and SHMI) which compare outcomes of hospital care, and bespoke studies undertaken regionally and nationally as required.

2. To provide excellent patient experience

e.g. The NHS Patient Experience Framework uses patient surveys (of Inpatients, Outpatients etc.) to benchmark patient satisfaction scores across different organisations. This data helps identify trusts performing well and those needing improvement, enabling targeted interventions.

Other examples include The National Cancer Patient Experience Survey, conducted by Quality Health on behalf of NHS England. The aim of the survey is to provide insight on patient experience of cancer care. It has been designed to monitor national progress as well as to provide information to drive local quality improvements

3. To achieve operational efficiency

e.g. The Model Hospital initiative benchmarks operational performance across NHS trusts. It provides data on metrics such as bed occupancy rates, length of stay, and treatment costs, allowing organizations to compare their performance against peers and identify areas for efficiency gains.

Other examples include the national, regional and organisation level comparative information produced for all the key performance targets and constitutional standards to which the NHS works including measures of efficiency and productivity. This data is published in comparative form enabling benchmarking across organisations and systems. As an example, in the ‘for information’ section of the January Public Board papers (agenda item 06/25c) there are a set of benchmarking slides issued by the Greater Manchester ICB.

4. To achieve good financial performance

e.g. The NHS Improvement publishes data on the financial performance of trusts, which allows for benchmarking against other organisations in terms of budget adherence, cost per

patient, and resource utilization. Effective financial benchmarking can highlight inefficiencies that may lead to overspending.

Other examples include the National Cost Collection process which allows benchmarking of patient-level costs (a cost based on the specific interactions a patient has, and the events related to their healthcare activity). This feeds into benchmarking initiatives such as Patient Level Information Costing System (PLICS) dashboards, the Model Health System, the Getting It Right First Time (GIRFT) programme and NHS Payment Scheme prices.

5. To ensure control of infections

e.g. The NHS tracks and benchmarks infection rates such as MRSA and Clostridium difficile infections across hospitals. By comparing data, trusts can implement best practices from high-performing institutions to reduce infection rates and improve patient safety.

Other examples include the collection of data on other infections, including those that are notifiable under Public Health legislation.

6. To support staff and promote a healthy culture

e.g. The NHS Staff Survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. The survey is owned by NHS England and the Staff Survey Coordination Centre is based at Picker Institute Europe. The NHS Staff Survey supports more local surveys of staff experience.

The survey is aligned to the NHS People Promise and therefore to the culture the NHS is seeking to support. Its strength is in capturing a national picture alongside local detail, enabling a range of organisations to understand what it is like for staff across different parts of the NHS and work to make improvements. In addition, it enables benchmarking of the experience of people with disability and from ethnic minority backgrounds.

7. Other Examples

There are numerous other examples of processes in the NHS that produce valuable comparative data that is used for benchmarking:

- Our regulators (e.g. CQC) make extensive use of comparative data for regulatory comparison of Trust performance and risk assessment.
- Our designation as a Comprehensive Cancer Centre by The Organisation of European Cancer Institutes is based in part on benchmarking of our activity against other European centres.
- International external inspectorates use comparative benchmarking data in their accreditation programmes e.g. The Joint Accreditation Committee ISCT-Europe & EBMT (JACIE) accreditation haematopoietic cell transplantation (HCT) and cellular therapy (CT) services which we hold
- The Getting it Right First Time (GIRFT) programme reviews clinical and operational processes in detail giving comparisons with other organisations.
- The Patient Led Assessments of the Care Environment (PLACE) programme gives benchmark assessments of the hospital environment.

- Assessments by the postgraduate dean give assessments of our post graduate medical training.
- Data from the ONS provides benchmark comparative data on demographics, patterns of mortality and morbidity, expectation of life related to indices of deprivation, housing, environment, lifestyle etc
- Data from the NHS screening services allows comparison of the effectiveness of screening programmes such as bowel, breast, abdominal aortic aneurysm etc.
- Other national agencies e.g. Human Tissue Authority benchmark compliance with statutory requirements.
- Research and trials activity is subject to assessment and benchmarking by the Medicines and Health Care Products Regulatory Agency (MHRA) and Comprehensive Research Network.
- Because data quality is a challenge for benchmarking across the NHS particular attention is paid to assurance on this issue through processes such as the Data Quality Maturity Index (DQMI) which is produced nationally and benchmarks all providers.

5. Benefits of Benchmarking in the NHS

Quality Improvement - By identifying best practices, NHS organisations can enhance the quality of care provided to patients.

Operational Efficiency - Benchmarking helps organisations streamline operations, reduce waste, and better allocate resources, ultimately leading to cost savings.

Enhanced Accountability - Public reporting of performance data fosters accountability and transparency among NHS trusts, as they strive to meet or exceed benchmarks.

Collaboration and Learning - Benchmarking encourages sharing of experiences and knowledge, fostering a culture of collaboration among healthcare providers

6. Challenges of Benchmarking in the NHS

Data Quality and Availability: Inconsistent data collection methods across trusts can hamper effective benchmarking. Ensuring standardised data mechanisms is essential.

Contextual Differences: Variability in patient demographics, regional challenges, and service provision can make direct comparisons difficult. Benchmarking metrics must account for these factors to provide meaningful insights.

Resistance to Change: Organisational resistance can pose challenges in implementing changes based on benchmarking results, particularly if staff feel threatened by performance comparisons.

Resource Allocation: Continuous investment in data collection and analysis is necessary, which can be challenging in an environment of budget constraints.

7. The Christie

The term “benchmarking” in isolation is meaningless unless accompanied by a performance measure to which the benchmarking technique is being applied. As benchmarking and comparative data flows through all our board reports where possible, especially the IPR, with annual collation in the Quality Report and Accounts we do not produce a separate “benchmarking report”.

We have in the past undertaken specific benchmarking projects with England’s two other specialist cancer centres, the Royal Marsden Hospital and Clatterbridge Centre for Oncology. We have also explored participation in a variety of national and international “benchmarking clubs”. These exercises have been useful for specific issues but of limited value for on-going comparisons, mainly because of the very different service and patient profiles.

Benchmarking is an inherent part of The Christie’s performance management framework. It informs policies and clinical, operational, and financial practices. It is assessed through the quality governance structures feeding into the Risk Committee, scrutinised in divisional performance reviews, and presented where appropriate in clinical audit reports, other audit reports, the Integrated Performance Report, Quality Accounts and Trust Annual Report.

8. Conclusion

Benchmarking serves as a vital tool for driving improvements within the NHS. By examining performance against established standards and best practices, NHS trusts can identify opportunities for enhancing patient care, operational efficiency, and financial performance.

While challenges exist, the potential benefits of effective benchmarking can lead to a more responsive, accountable, and patient-centred healthcare system.

As the NHS continues to evolve, embedding a culture of continuous improvement through benchmarking remains a priority for leaders and healthcare professionals alike.

Benchmarking is inherent in The Christie’s approach to quality improvement and assurance and benchmark data can be found in the Integrated Performance reports, annual Quality Accounts and Trust Annual report.

9. Recommendation

The Board of Directors are asked to:

- To note this report
- To note that future reports will explicitly highlight areas of benchmarked information for discussion by the board

Appendix 1

This appendix gives more details on some of the benchmarking processes referred to in the report.

National Cancer Audits

The National Cancer Audits are now coordinated by "NatCan" at the Royal College of Surgeons. They provide comparative treatment outcome data to allow benchmarking for the 10 most important cancers at MDT, and in some case, individual consultant level. The national clinical leads for two of the audits are Christie consultants (Prostate – Noel Clarke, Pancreas – Ganesh Radhakrishna)

- The National Bowel Cancer Audit (NBOCA) measures the quality and outcomes of care for patients diagnosed for the first time with bowel cancer in NHS hospitals in England and Wales.
- The National Lung Cancer Audit supports NHS lung cancer services in England and Wales to improve the quality of care for people diagnosed with lung cancer by providing information on patterns of care and patient.
- The National Non-Hodgkin's Lymphoma Audit aims to feed results back to individual cancer services and hospitals, as well as to the NHS at a national level in England and Wales.
- The National Ovarian Cancer audit aims to produce granular information on diagnosis, treatment and surgery, to allow us to assess how we can improve care in England and Wales and create better results.
- The National Audit of Primary Breast Cancer reports on all patients newly diagnosed with primary breast cancer (stages 0 to 3) in NHS hospitals in England and Wales.
- The National Kidney Cancer Audit looks at diagnosis and treatment, and how patients are managed.
- The National Audit of Metastatic Breast cancer aims to report on all patients diagnosed with metastatic breast cancer (MBC; also known as secondary, advanced or stage 4 breast cancer) in NHS hospitals in England and Wales.
- The National Oesophago-Gastric Cancer Audit aims to measure the quality and outcomes of care for patients diagnosed for the first time with oesophageal or gastric cancer in NHS hospitals in England and Wales and so support OG cancer units in the UK to improve the quality of the care received by patients.
- The National Pancreatic Cancer Audit gathers real world information from databases across England and Wales, allowing better comparisons to be made, and revealing where shortfalls need to be addressed.
- The National Prostate Cancer Audit publishes risk-adjusted performance indicators of the quality of care received by men diagnosed with prostate cancer.

National Patient Surveys

- The GP Patient Survey assesses patients' experience of healthcare services provided by GP surgeries, including experience of access to GP surgeries, making appointments, the quality of care received from GPs and practice nurses, satisfaction

with opening hours and experience of out-of-hours NHS services. The survey also includes questions assessing patients' experience of NHS dental services.

- Hospital Patients Surveys - CQC publishes patient experience surveys in secondary care under their National Patient Survey Programme. This includes surveys for Outpatients, Inpatients, Accident & Emergency, Maternity, Community Mental Health and Children & Young People.
- The Cancer Patient Experience Survey is conducted by Quality Health on behalf of NHS England. The aim of the survey is to provide insight on patient experience of cancer care. It has been designed to monitor national progress as well as to provide information to drive local quality improvements.
- The National Survey of Bereaved People (VOICES) is conducted by the Office of National Statistics on behalf of NHS England. The aims of the survey are to assess the quality of care delivered in the last three months of life for adults who died in England
- Patient Reported Outcome Measures (PROMS) assess the quality of care delivered to NHS patients from the patients' perspective. Currently covering four clinical procedures (hip replacements, knee replacements, groin hernia and varicose veins), PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

Meeting of the Board of Directors

Thursday 30th January 2025

Subject / Title	Board Assurance Framework 2024/25
Author(s)	Louise Westcott, Company Secretary
Presented by	Roger Spencer, CEO
Summary / purpose of paper	This paper provides the Board of Directors with the Board Assurance Framework 2024/25. The risks outlined impact on achievement of the corporate objectives and the relevant objectives are indicated for each risk. The paper includes a snapshot of the risks ordered by current risk score and a report with the detail relating to each risk. The risks are reviewed alongside the risks on the Trust risk register.
Updates to note in month	• 2024/25 MIAA Audit outcomes / assurance level added where relevant. • As discussed in Audit Committee (October 24), a **new risk has been added relating to supply chain** (Risk 16 – score 12). • The **risk relating to Industrial Action has been removed** following the decision of the Workforce Committee. • The **Q3 risk score has been added** to the BAF to show progress of scoring over the year so far. • Risk scores have been checked against the latest risk assessments and the following changes are noted; – Risk 2 **Learning from Patient Safety Incidents, risk score reduced (15 to 12)**. – Risk 5 **Impact of system capital allocation, risk score reduced (16 to 12)**. – Risk 14 **Legal & statutory compliance, risk score reduced (16 to 12)**. • Updates to control and assurance as appropriate • Operational risks scoring 15 & above are detailed in the report
Recommendations (assure / **alert** / advise)	The Board of Directors are asked to; • note the Board Assurance Framework (BAF) 2024/25, • assign a level of assurance to items on the agenda of the committee that relate to the risks, • consider if there are any further risks that need to be added to the BAF, • reflect the review of the risk in the BAF for the next meeting. • Note the operational risks scoring 15 and above
Background papers	Board assurance framework 2023/24. Corporate objectives 2024/25, operational plan and revenue and capital plan 2024/25.
Risk score	N/A
Link to: ➢ Trust strategy ➢ Corporate objectives	• Trust's strategic direction • Divisional implementation plans • Our Strategy • Key stakeholder relationships
Acronyms or abbreviations that appear in the attached paper	BAF Board assurance framework MDT multi-disciplinary team NICE National Institute for Health & Care Excellence PSIRF Patient Safety Incident Response Framework IP(QF)R Integrated Performance Quality & Finance Report GM Greater Manchester

BOARD ASSURANCE FRAMEWORK 2024/25 OVERVIEW OF RISKS

RISK No.	Risk Title	Risk Description	Responsible Committee	Inherant Risk Score	Q1	Q2	Q3	Q4	Target Risk Score	Current Risk Score
RISK 14	**Legal and statutory compliance**	If we do not maintain an awareness of and respond to changing statutory and legal requirements there is a risk that we will fail to comply leading to being sanctioned for being in regulatory or statutory breach.	Audit Committee	20	16	16	12		8	16
RISK 5	**Impact of the system capital allocation framework**	If the capital planning and allocation system does not enable full use of our charitable and commercial reserves there is a risk that we may not be able to fund our capital and asset replacement programmes leading to delays, cancellations or reprioritising of planned projects and equipment not being replaced when needed.	Board of Directors	25	16	16	12		10	12
RISK 2	**Learning from patient safety incidents**	If we are unable to fully implement the new Patient Safety Incident Response Framework (PSIRF) there is a risk that we will miss opportunities to learn lessons and improve patient safety leading to preventable patient harm.	Quality Assurance Committee	15	6	15	12		4	12
RISK 7	**Ineffective Greater Manchester system-wide cancer pathways**	If diagnostic, MDT and referral processes at local hospitals across the GM system are not efficient there is a risk that we receive patients on 62-day pathways late leading to them not being treated within 62 days.	Quality Assurance Committee	25	16	12	12		5	12
RISK 11	**Cyber attack**	If we or our suppliers are subjected to a cyber-attack there is a risk of loss of data and operational disruption leading to patient care being delayed or cancelled	Audit Committee	25	12	12	12		6	12
RISK 4	**Changes in quality regulation**	If the CQC or other regulatory body changes their approach to regulation there is a risk that we will not be able to demonstrate compliance leading to us being assessed as not meeting the fundamental care standards.	Board of Directors	15	12	12	12		4	12
RISK 16	**Supply chain**	If we can't maintain supply of essential products for the treatment and care of our patients there is a risk that their treatment and care will be adversly impacted or delayed	Audit Committee	16	N/A	N/A	12		4	12
RISK 10	**Financial balance**	If we do not achieve the planned activity levels and our target efficiency savings there is a risk that we won't achieve financial balance leading to us having to repay the difference to our agreed plan in the following year	Board of Directors	25	20	12	12		2	10
RISK 3	**Recruitment and retention of skilled staff**	If we are unable to maintain current levels of skilled staff there is a risk that they will not have the time or expertise required for excellent care and communication leading to a reduction in the standards of patient safety and experience.	Workforce Assurance Committee	20	9	9	9		4	9
RISK 1	**New technologies and increased standards of care**	If there are changes to NICE guidance or other advances in practice that we have not anticipated (diagnostic, therapeutic, care) there is a risk that there will be a delay in their introduction leading to a delay in patients obtaining the benefits of new treatments.	Quality Assurance Committee	20	9	9	9		4	9
RISK 6	**Insufficient contractual support for networked cancer care provision**	If the GM system does not continue to support local provision of cancer care with contractual and funding flow changes there is a risk that we are unable to devolve more systemic therapy, clinical trials and radiotherapy treatments to local communities leading to persistence or increases in inequalities in provision to economically deprived and ethnically diverse communities.	Quality Assurance Committee	12	9	9	9		6	9
RISK 15	**Patient confidence in services**	There is a risk that adverse events will attract media coverage resulting in a decrease in public confidence in our services	Board of Directors	12	9	9	9		6	9
RISK 8	**Extreme weather events**	If there is an extreme weather event (heat wave, freeze, floods etc) due to climate change there is a risk of business disruption (increased staff absence, increased patient non-attendance and equipment malfunction) leading to delayed or cancelled care.	Audit Committee	16	8	8	8		4	8
RISK 12	**Ineffective response to cultural audit**	If our response to the cultural audit is insufficient there is a risk that a negative culture will persist in some specific parts of our organisation leading to an increase in the number of staff reporting a poor experience.	Workforce Assurance Committee	16	8	8	8		2	8
RISK 13	**Insufficient data on patient protected characteristics**	If we are unable to capture data on the protected characteristics of our patients there is a risk we will be unable to assess any inequalities in access, experience or outcomes leading to lack of focus in addressing health inequalities	Quality Assurance Committee	10	8	8	8		4	8

RISK 1	New technologies and increased standards of care	Date Risk Opened	Current Risk Score
Description	**If there are changes to NICE guidance or other advances in practice that we have not anticipated (diagnostic, therapeutic, care) there is a risk that there will be a delay in their introduction leading to a delay in patients obtaining the benefits of new treatments.**	Apr-24 Date of Last Review Jan-25	9
Associated Corporate Objectives	To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer	Executive Lead Responsible Committee Assurance Level Risk Appetite	Exec Medical Director **Quality Assurance Committee** Medium Cautious

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
	Annual planning process with divisions. The trust has a risk-based process with divisional support to assess applicability and implement relevant guidance. Guidance that is not resolved or on the risk register is monitored and escalated if there are issues	Uncertainty around what / when. External factors	Level 1 – Data and management reports • Review of NICE guidelines through risk-based process with divisional support • risk register in place.□ Level 2 – Management team and committee scrutiny • Review NICE guidelines compliance through QAC and monthly IPQFR□ Level 3 – External assurances • NICE□	None identified	Forward views of upcoming NICE guidelines assessed	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	4	20	3	3	9	3	3	9	3	3	9			0	2	2	4

RISK 2	Learning from patient safety incidents	Date Risk Opened	Current Risk Score
Description	**If we are unable to fully implement the new Patient Safety Incident Response Framework (PSIRF) there is a risk that we will miss opportunities to learn lessons and improve patient safety leading to preventable patient harm.**	Apr-24 Date of Last Review Jan-25	12
Associated Corporate Objectives	To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer	Executive Lead Responsible Committee Assurance Level Risk Appetite	Exec Chief Nurse **Quality Assurance Committee** Medium Averse

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
	The Trust has invested in external training for the patient safety strategy with 2 cohorts in November and January respectively covering all components of the patient safety strategy. The patient safety team are hosting training for incident handlers to ensure management of incidents across teams is standardised. Improvement workstreams have been established to implement recommendations following the publication of learning responses. Review through Patient Safety & Experience Committee and Risk & Quality Governance. Introduction of new DATIX system	New ways of working require new skills across the organisation and resource at a team level to manage incidents.	Level 1 – Data and management reports • PSIRF reports to Patient Safety Committee / Risk & Quality Governance / Senior Management Committee • ERG□ Level 2 – Management team and committee scrutiny • Review compliance through QAC□ Level 3 – External assurances • MIAA review • Updates presented to ICB	None identified	Full roll out of new Datix - incident module Training programme across the Trust	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	3	5	15	2	3	6	3	5	15	3	4	12			0	2	2	4

RISK 3	Recruitment and retention of skilled staff	Date Risk Opened	Current Risk Score
Description	**If we are unable to maintain current levels of skilled staff there is a risk that they will not have the time or expertise required for excellent care and communication leading to a reduction in the standards of patient safety and experience.**	Apr-24 Date of Last Review Jan-25	9
Associated Corporate Objectives	To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer To be an international leader in research and innovation which leads to direct patient benefits at all stages of the cancer journey. To be an international leader in professional and public cancer education. To maintain excellent operational, quality and financial performance.	Executive Lead Responsible Committee Assurance Level Risk Appetite	Workforce Director **Workforce Assurance Committee** High Averse

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
	Recruitment & retention Trust-wide group reporting to Workforce Committee. Partnership with external provider to deliver our domestic recruitment offer, advertising and brand – social media Staffing levels maintained through coordinated utilisation of bank and agency International Recruitment Programme Christie People and Culture Plan 2023-26 Quarterly oversight of Trust wide vacancies and recruitment activity presented to the workforce committee Divisional oversight of recruitment activity and vacancies discussed at the monthly service review meetings Turnover analysis and exit interview data presented and discussed six monthly at the workforce committee Robust sickness absence management and health and wellbeing offer	National staff shortages impacting recruitment	Level 1 – Data and management reports • Divisional oversight of recruitment through Service & Operatonal Review meetings □ Level 2 – Management team and committee scrutiny • Review compliance through WAC□ • F&PP Compliance report to WAC / Board □ Level 3 – External assurances • National staff survey□ • MIAA audit - Role Specific Training July 24 - limited assurance / Divisional Recruitment Nov 24 - limited assurance	None identified	Recruitment of onboarding coordinator	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	4	5	20	3	3	9	3	3	9	3	3	9			0	2	2	4

RISK 4	Changes in quality regulation	Date Risk Opened	Current Risk Score
Description	**If the CQC or other regulatory body changes their approach to regulation there is a risk that we will not be able to demonstrate compliance leading to us being assessed as not meeting the fundamental care standards.**	Apr-24 Date of Last Review Jan-25	**12**
Associated Corporate Objectives	To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer To be an international leader in research and innovation which leads to direct patient benefits at all stages of the cancer journey. To be an international leader in professional and public cancer education. To maintain excellent operational, quality and financial performance.	Executive Lead Responsible Committee Assurance Level Risk Appetite	Exec Chief Nurse **Board of Directors** Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
Actions	Self assessments underway against 2022 must do actions and well-led quality indicators. Attendance at CQC briefings / NHS Providers briefings	Lack of national understanding of the detail of the new inspection regime	Level 1 – Data and management reports • Self assessment against 2022 Must Do's□ • Self assessment against Well Led quality indicators Level 2 – Management team and committee scrutiny • QAC /WAC review of CQC regulations□ • Board level training on new CQC assessment framework Feb 24 Level 3 – External assurances • GGI review□ • Globis Culture Audit	Full review of well-led quality indicators to indentify gaps	Plan in development for full review of well led	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	3	**15**	4	3	**12**	4	3	**12**	4	3	**12**			**0**	4	1	**4**

RISK 5	Impact of the system capital allocation framework	Date Risk Opened	Current Risk Score
Description	**If the capital planning and allocation system does not enable full use of our charitable and commercial reserves there is a risk that we may not be able to fund our capital and asset replacement programmes leading to delays, cancellations or reprioritising of planned projects and equipment not being replaced when needed.**	Apr-24 Date of Last Review Jan-25	**12**
Associated Corporate Objectives	To promote equality, diversity & sustainability through our system leadership for cancer care	Executive Lead Responsible Committee Assurance Level Risk Appetite	Exec Director of Finance **Board of Directors** Eager

	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
Actions	Alternative proposals put forward by GM ICB indicate allocation options linked to existing or nationally calculated depreciation. Participation at local and national level (NHSE / GM ICB) to influence allocation. Development of mitigating financial strategies. Identification & implementation of new models of working.	National / local funding rules / arrangements. Cap on CDEL	Level 1 – Data and management reports • Monthly finance reports□ Level 2 – Management team and committee scrutiny • summary of progress with capital plan/strategy implementation at Board / Planning Days□ • Regular reporting to Senior Management Committee & Board of Directors□ Level 3 – External assurances • □	None identified	Capital bids collated including level of priority, impact on patient care and activity should the bid not be approved. Manage capital priorities within existing ICB allocation and support the ICB to deliver a compliant capital plan. New models being	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	5	**25**	4	4	**16**	4	4	**16**	4	3	**12**			**0**	5	2	**10**

RISK 6	Insufficient contractual support for networked cancer care provision	Date Risk Opened	Current Risk Score
Description	**If the GM system does not continue to support local provision of cancer care with contractual and funding flow changes there is a risk that we are unable to devolve more systemic therapy, clinical trials and radiotherapy treatments to local communities leading to persistence or increases in inequalities in provision to economically deprived and ethnically diverse communities.**	Apr-24 Date of Last Review Jan-25	**9**
Associated Corporate Objectives	To be an international leader in research and innovation which leads to direct patient benefits at all stages of the cancer journey. To promote equality, diversity & sustainability through our system leadership for cancer care	Executive Lead Responsible Committee Assurance Level Risk Appetite	Chief Operating Officer **Quality Assurance Committee** Medium Cautious

	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
Actions	Participating in GM ICS meetings. Work with GM Cancer Alliance and pathway leads across the system. Exec attendance at system meetings. Working with GM / Cheshire Trusts to develop pathways	GM ICB / Specialised Commissioning decisions on funding	Level 1 – Data and management reports • GM Cancer Board□ Level 2 – Management team and committee scrutiny • Reports to Senior Management Committee & Board of Directors□ Level 3 – External assurances • MIAA□	None identified	Highlighting financial / operational / risks at provider oversight meetings	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	4	3	**12**	3	3	**9**	3	3	**9**	3	3	**9**			**0**	3	2	**6**

RISK 7	Ineffective Greater Manchester system-wide cancer pathways	Date Risk Opened	Current Risk Score
Description	**If diagnostic, MDT and referral processes at local hospitals across the GM system are not efficient there is a risk that we receive patients on 62-day pathways late leading to them not being treated within 62 days.**	Apr-24 Date of Last Review Jan-25	**12**
Associated Corporate Objectives	To promote equality, diversity & sustainability through our system leadership for cancer care To maintain excellent operational, quality and financial performance.	Executive Lead Responsible Committee Assurance Level Risk Appetite	Chief Operating Officer **Quality Assurance Committee** Cautious

	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
Actions	Executive led monthly divisional performance review meetings. Integrated performance & quality report to Management Board and Board of Directors monthly. Weekl;y performance reporting via trust operational group. Escalation internally & across GM of delays impacting waiting time targets. Monitoring cancer waiting time standards through GM Cancer & IPR.	Impact of ongoing Industrial Action leading to delays in referrals	Level 1 – Data and management reports • repors to Senior Management Committee and Board□ Level 2 – Management team and committee scrutiny • 6 monthly review by QAC□ Level 3 – External assurances • MIAA review of 62 days / Cancer Alliance□	None identified	Supporting cancer improvement plans in GM Cancer Pathway improvement workstream in GM Cancer	Year End	Year End

	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
Scoring	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	5	25	4	4	16	4	3	12	3	4	12			0	5	1	5

RISK 8	Extreme weather events	Date Risk Opened	Current Risk Score
Description	**If there is an extreme weather event (heat wave, freeze, floods etc) due to climate change there is a risk of business disruption (increased staff absence, increased patient non-attendance and equipment malfunction) leading to delayed or cancelled care.**	Apr-24 Date of Last Review Jan-25	**8**
Associated Corporate Objectives	To maintain excellent operational, quality and financial performance.	Executive Lead Responsible Committee Assurance Level Risk Appetite	Deputy Chief Executive **Audit Committee** Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
Actions	What we have in place to prevent the risk materialising (reduce likelihood): Sustainable Development Management Plan (SDMP) - with aims to reduce system wide emissions within direct NHS control (NHS Carbon Footprint) by 80% by 2028-2032 What we have in place to reduce the impact of the risk if it materialises (reduce impact): Business Continuity Plan (BCP) - sections on extreme weather conditions	In development - Climate Change Adaptation Plan (CCAP) - adapt normal business processes to changed environment	Level 1 – Data and management reports • SDMP compliance • BCP compliance and effectiveness Level 2 – Management team and committee scrutiny • Quarterly Net Zero and Climate Adaptation Committee (NZACAC) advises Executive Director • Annual SDMP report to MB and BoD (Assurance Scrutiny by Quality Assurance Committee) • Statutory disclosures in Trust Annual Report • Regular briefing of governors through DSC Level 3 – External assurances • Internal audit of compliance with NHS requirements • NHSE review of plans and progress	None identified	•Developing methodology to assess carbon footprint in collaboration with other Trusts •Developing a CC •Annual Report - Check what audit scrutiny this receives	Year End	Year End

	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
Scoring	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	4	4	16	4	2	8	4	2	8	4	2	8			0	4	1	4

RISK 10	Financial balance	Date Risk Opened	Current Risk Score
Description	**If we do not achieve the planned activity levels and our target efficiency savings there is a risk that we won't achieve financial balance leading to us having to repay the difference to our agreed plan in the following year**	Apr-24 Date of Last Review Jan-25	**10**
Associated Corporate Objectives	To maintain excellent operational, quality and financial performance.	Executive Lead	Exec Director of Finance
		Responsible Committee	**Board of Directors**
		Assurance Level	High
		Risk Appetite	Averse

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
	Activity plans agreed with Divisions and progress monitored weekly at TOG and monthly at Senior Management Committee. Variable income performance tracked as part of the month end financial position and reviewed in the clinical Divisions monthly financial meetings. Development of mitigating strategies including efficiency and transformational programmes. Identification and consideration of new models of working to deliver and finance the Trust's strategic plan. Trusts VIP programme reviewed by MIAA and all recommendations implemented including developing a VIP SOP, improved governance of VIP schemes and escalating VIP reporting and responsibility to ICPC. VIP delivery at a divisional level monitored via the Trusts Service Operational Review framework October planning session with senior leaders focused on VIP delivery for 24/25 & 25/26.	Commissioning intentions. Funding growth	Level 1 – Data and management reports • Monthly Divisional scrutiny of financial position□ • Trust Operation Group (TOG) review weekly□ Level 2 – Management team and committee scrutiny • Reports to Senior Management Committee, Audit Committee and Board of Directors□ Level 3 – External assurances • MIAA review of financial systems □ • External audit of Annual Accounts□ • MIAA review of VIP programme	None identified	VIP Programme recommnedations implemented	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	5	25	5	4	20	3	4	12	3	4	12			0	2	1	2

RISK 11	Cyber attack	Date Risk Opened	Current Risk Score
Description	**If we or our suppliers are subjected to a cyber-attack there is a risk of loss of data and operational disruption leading to patient care being delayed or cancelled**	Apr-24 Date of Last Review Jan-25	**12**
Associated Corporate Objectives	To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer To be an international leader in research and innovation which leads to direct patient benefits at all stages of the cancer journey. To be an international leader in professional and public cancer education.	Executive Lead	Deputy Chief Executive
		Responsible Committee	**Audit Committee**
		Assurance Level	Medium
		Risk Appetite	Averse

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
	Data Security and Protection Toolkit submissions with audits undertaken. Digital board reporting. Board level Senior Information Risk Owner in place. Reviews of risk registers, alerts, reports, actions and observations MIAA audit - Data Protection Toolkit (DPST) Q4 23/24	The Trust does not currently have cyber security insurance.	Level 1 – Data and management reports • Regular updates from NHS Digital - Vulnerability Monitoring Service□ Level 2 – Management team and committee scrutiny • Reports to Senior Management Comittee and Audit Committee□ Level 3 – External assurances • Cyber Essentials + accreditation July 2023□ • MIAA Data Protection Toolkit assessment (DPST) - Substantial assurance July 2024	None identified	Review of alerts MFA fully rolled out Explore security insurance options	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	5	25	3	4	12	3	4	12	3	4	12			0	3	2	6

RISK 12	Ineffective response to cultural audit	Date Risk Opened	Current Risk Score
Description	**If our response to the cultural audit is insufficient there is a risk that a negative culture will persist in some specific parts of our organisation leading to an increase in the number of staff reporting a poor experience.**	Apr-24 Date of Last Review Jan-25	**8**
Associated Corporate Objectives	To be an excellent place to work and attract the best staff	Executive Lead	Deputy Chief Executive
		Responsible Committee	**Workforce Assurance Committee**
		Assurance Level	Medium
		Risk Appetite	Averse

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
	Plan developed through extensive engagement with staff following production of Globis Culture Audit and approved by Board. Board responsibilities outlined. Work commenced to implement agreed actions and continue to communicate with staff. Advisory Group in place and meetings arranged. Regular reporting to Board. Inclusive Culture work taking forward actions and approach for the Trust.	None identified	Level 1 – Data and management reports • Culture oversight group□ • Divisional action plans from staff survey□ Level 2 – Management team and committee scrutiny • Reporting to Workforce Committee, Workforce Assurance Committee and Board of Directors • Board development session on Inclusive Culture facilitated by NHS Providers expert Sept 2024 • Board approved Inclusive Culture Plan Nov 2024□ Level 3 – External assurances • Globis culture audit□ • Annual CQC Staff Survey 2023	None identified	Implemenetation of agreed action plan Cost additional resource requirments Advisory Group meetings to take place and review progress / report	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	4	4	16	2	4	8	2	4	8	2	4	8			0	1	2	2

RISK 13	Insufficient data on patient protected characteristics	Date Risk Opened	Current Risk Score
Description	**If we are unable to capture data on the protected characteristics of our patients there is a risk we will be unable to assess any inequalities in access, experience or outcomes leading to lack of focus in addressing health inequalities**	Apr-24 Date of Last Review Jan-25	**8**
Associated Corporate Objectives	To be an excellent place to work and attract the best staff	Executive Lead	Exec Medical Director
		Responsible Committee	**Quality Assurance Committee**
		Assurance Level	
		Risk Appetite	Cautious

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
	Collation of existing data into a report for publication on the website. Areas of poor data quality identified and group established to identify actions to improve.	Lack of data from national spine	Level 1 – Data and management reports • published data□ • review by Exec Team monthly□ Level 2 – Management team and committee scrutiny • Integrated Performance report to Senior Management Committee and Board of Directors□ Level 3 – External assurances • Submissions to NHSE • MIAA - Data Quality audit Oct 24 - moderate assurance	None identified	Reports to be tailored to ensure they accurately reflect our services / patient group	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	2	**10**	4	2	**8**	4	2	**8**	4	2	**8**			**0**	2	2	**4**

RISK 14	Legal and statutory compliance	Date Risk Opened	Current Risk Score
Description	**If we do not maintain an awareness of and respond to changing statutory and legal requirements there is a risk that we will fail to comply leading to being sanctioned for being in regulatory or statutory breach.**	Apr-24 Date of Last Review Jan-25	**16**
Associated Corporate Objectives	To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer To be an international leader in research and innovation which leads to direct patient benefits at all stages of the cancer journey. To be an international leader in professional and public cancer education. To integrate our clinical, research and educational activities as an internationally recognised and leading comprehensive cancer centre To maintain excellent operational, quality and financial performance.	Executive Lead	Chief Executive Officer
		Responsible Committee	**Audit Committee**
		Assurance Level	High
		Risk Appetite	Averse

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
	Engagement in national updates and regulatory briefings. Designated leads for statutory requirements across the Trust reporting into committee structure. Membership of NHS Providers. Exec Team engagement in national briefings. Close working with regulators, GM ICS / ICB and NHSE. Exit criteria clear from NHSE around move back to SOF 1.	None identified	Level 1 – Data and management reports • Regular reports to Executive Team□ • Monthly IPQFR□ Level 2 – Management team and committee scrutiny • Board self-assessments April 2024□ • Board reporting on regulatory changes□ Level 3 – External assurances • CQC Inspection Reports (IR(M)ER)□ • SOF Rating 2 • MIAA role specific training audit (CQC Reg 19) - Limited assurance Oct 24□	None identified	Take MIAA checklists / advisory notes to appropriate assurance committees Agreed exit criteria from SOF 2 to SOF 1 agreed and being monitored for compliance to specified timeframes.	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	5	4	**20**	4	4	**16**	4	4	**16**	3	4	**12**			**0**	4	2	**8**

RISK 15	Patient confidence in services	Date Risk Opened	Current Risk Score
Description	**There is a risk that adverse events will attract media coverage resulting in a decrease in public confidence in our services**	May-24 Date of Last Review Jan-25	**9**
Associated Corporate Objectives	To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer To be an international leader in research and innovation which leads to direct patient benefits at all stages of the cancer journey. To be an international leader in professional and public cancer education. To integrate our clinical, research and educational activities as an internationally recognised and leading comprehensive cancer centre To be an excellent place to work and attract the best staff	Executive Lead	Chief Executive Officer
		Responsible Committee	**Board of Directors**
		Assurance Level	
		Risk Appetite	Averse

Actions	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
	Adherence to Workforce policies monitored through divisional structures Process in place to identify issues and escalate concerns. Comms plan in place to share patient stories and news on services / developments Website updates	None identified	Level 1 – Data and management reports • Regular reports to Executive Team□ • Monitoring & reporting of clinical / HR events□ Level 2 – Management team and committee scrutiny • Quality Asurance Committee review of clinical cases • Workforce Assurance Committee review of HR cases Level 3 – External assurances • MIAA audits commissioned to review specific issues where appropriate	None identified	Proactive review and response by the senior responsible person of activities that could result in negative publicity	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	4	3	**12**	3	3	**9**	3	3	**9**	3	3	**9**			**0**	3	2	**6**

RISK 16	Supply chain	Date Risk Opened	Current Risk Score
Description	**If we can't maintain supply of essential products for the treatment and care of our patients there is a risk that their treatment and care will be adversly impacted or delayed**	Nov-24 Date of Last Review Jan-25	**12**
Associated Corporate Objectives	To demonstrate excellent and equitable clinical outcomes and patient safety, patient experience and clinical effectiveness for those patients living with and beyond cancer To maintain excellent operational, quality and financial performance.	Executive Lead	Chief Operating Officer
		Responsible Committee	Audit Committee
		Assurance Level	
		Risk Appetite	Averse

	Key Control established	Key Gaps in Controls	Assurance	Gaps in assurance	Actions to address gaps	Target date for implementation	Target date for completion
Actions	Pharmacy - TCP procurement team work closely with regional & national drug procurement teams. Mutual aid MOU in place in NW. Management with clinicians to avoid imapct on care Medical Physics - close relationship with national supply chains and management of demand based on availability of radioactive materials. BCP in place for Radiopharmacy to maintain supplies and regular discussions with supplier of FDG for the PETCT scanner. Procurement - policies & processes in place for management of supplies incl escalations & triggers / communication.	National / international shortages / supply issues	Level 1 – Data and management reports • Regular reports to relevant committee • Monitoring & review by management team□ Level 2 – Management team and committee scrutiny • Reports to The Christie Pharmacy Company Board and Audit Committee, via Trust Drug & Therapeutics Committee • Esclations from Risk & Quality Governance to Senior Management Committee Level 3 – External assurances • MIAA audits commissioned to review specific issues where appropriate	None identified	Review of alerts	Year End	Year End

Scoring	Inherant Risk			Q1			Q2			Q3			Q4			Target Risk		
	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score	L	I	Score
	4	4	**16**			**N/A**			**N/A**	4	3	**12**			**0**	4	1	**4**

Summary of Operational Risks (15+) December 2024

Description	Score	Controls	Responsible Committee
Not identifying and delivering 2025/26 recurrent VIP programme impacting on financial sustainability and ability to treat patients	**16**	• Divisions to increase level of recurrent VIP schemes identified in order to achieve Trust VIP target • Workshops for staff – ideas generation • Promotion of staff do you have an idea process for ownership. • Clinician sessions – understanding value. • Seek ideas from other sites (site visits and GM CIP) • Incorporate PWC recommendations into planning • Opportunity packs circulated to divisional leads	Divisional Boards
Operational & governance risk in relation to recruitment of medical workforce for Christie haematology at Leighton	**16**	• Detailed service mobilisation action plan with clear timelines being worked through between now and end of March 25 with dedicated Task and Finish Groups focussing on all aspects of service transition. • Clinical Director (CD) and Head of Directorate to allocate dedicated time to spend on site at Leighton Hospital from January 2025 onwards to support service and operational staff on site until no longer required. • CD to act as Lead Clinician delivering service if required from April 2025. Back fil Macclesfield haematology satellite service to release CD	Senior Management Committee
Risk to Treatment Delivery due to Workforce Recruitment & Retention in Aseptics	**15**	• Recruitment continuing and training underway for new recruits. • Still at 45% vacancy. • Progress being made but currently remains risk until staff in post and trained.	CSSS Divisional Board / TCP Board
Risk of inadequate evacuation planning and response leading to patient and staff safety hazards, reputational damage, and financial penalty.	**15**	• Task and finish group to expedite the process and ensure that the relevant key indicators, as required by NHSE and best practices, are included. • Draft Evacuation Plan shared with key stakeholders across the Trust, comments incorporated. • Plans to formalise partnerships with external emergency services, including fire, police, and ambulance services.	EPRR Board / Senior Management Committee

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Agenda Item 04/25b

Meeting of the Board of Directors
Thursday 30th January 2025

Subject / Title	Workforce Assurance Committee report – November 2024
Author(s)	Assistant Company Secretary Committee Chair
Presented by	Committee Chair
Summary / purpose of paper	This paper provides the board with a summary of the items considered by the Workforce Assurance Committee at their November meeting and any subsequent actions required by the Board.
Recommendation(s)	To note the report and any actions
Background papers	Workforce Assurance Committee papers – November 2024
Risk score	Board Assurance Framework (BAF) references noted within the report
EDI impact / considerations	Ensure governance arrangements provide assurance and appropriate oversight of EDI requirements for the organisation
Link to: ➢ Trust strategy ➢ Corporate objectives	• Trust's strategic direction • Divisional implementation plans • Our Strategy • Key stakeholder relationships
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	

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Agenda Item 04/25b

Meeting of the Board of Directors
Thursday 30th January 2025

Workforce Assurance Committee report – November 2024

1 Introduction

The Workforce Assurance Committee took place on 21st November 2024. The meeting was quorate. The following summary gives the Board information on the items that were considered by the committee at their meeting under the headings of Assure / Alert / Advise.

2 Workforce Assurance Committee agenda items

The items listed in Appendix 1 of the report were all presented to the Workforce Assurance Committee in November 2024. Following discussion, the items are presented to Board for information and action where appropriate.

An assurance level was discussed and agreed for each item presented as an assurance item using the following criteria:

HIGH	MEDIUM	LOW
Substantial assurance provided over the effectiveness of controls in mitigating the risk in delivering our targets.	Some assurances in place or controls are still maturing so effectiveness cannot be fully assessed but should improve.	Assurance indicates limited effectiveness of controls.

The Committee Chair will note any actions required by Board and make escalations to Board, as necessary.

3 Recommendation

The Board are asked to note the summary report from the Workforce Assurance Committee in November 2024.

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Appendix 1

<table>
<tr><th>Agenda item</th><th>BAF ref</th><th>CQC regulation reference</th><th>Assurance rating given</th><th>Key points and associated actions (where applicable)</th></tr>
<tr><td colspan="5">Assure</td></tr>
<tr><td>23/24a</td><td>3, 12</td><td>18</td><td>High</td><td>Workforce dashboard
Sickness rate - gone up slightly. Historical Trust target of 3.4% no longer realistic based on research against benchmark. Revised targets identified below and approved at Workforce Committee. Breakdown by division presented, highest areas for sickness are Estates & Facilities and CSSS.
<table>
<tr><th>Metric</th><th>M12 23/24</th><th>M12 24/25</th><th>M12 25/26</th><th>M12 26/27</th></tr>
<tr><td>Sickness Absence</td><td>4.50%</td><td>4.25%</td><td>4.10%</td><td>4.00%</td></tr>
</table>

Mandatory training – maintaining compliance level.
Staff turnover – positive trend, turnover overall is reducing.
Vacancy factor – gap is increasing, 12.8% mainly due to increase in establishment. 485 FTE vacancies, around 350 in pipeline at offer or start date. Healthy pipeline.
Workforce risk in terms of workforce supply remains at a 9 and regularly reviewed at Workforce Committee.
</td></tr>
<tr><td>23/24b</td><td>3, 12</td><td>18</td><td>Medium</td><td>PDR focused review
PDR compliance stood at just under 83% at time of CQC review, increase in compliance of around 4% since then.
New policy and forms in place with data available to divisions via a dashboard.
Alternative to completion method piloted within some areas.
Been a focus on training specific to PDR, both process and skills.
Other challenges; onerous process, no strategic value and administrative burden especially for managers with large numbers of staff.
Digital system process being explored and an options appraisal will be taken to Workforce Committee.
Action:
To revisit in September 2025 once the staff survey results have been received and the digital system option explored.
</td></tr>
</table>

24/24a	3, 12	18, 19	High	**The Christie people and culture plan update** • Exit interviews to come in detail to the committee in January 2025. **Action:** • Full report previously presented to the committee to come to the January 2025 committee meeting but not deemed required for each meeting.
Alert				
No items to report.				
Advise				
No items to report.				

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Agenda Item 04/25b

Meeting of the Board of Directors
Thursday 30th January 2025

Subject / Title	Quality Assurance Committee report – November 2024
Author(s)	Assistant Company Secretary Committee Chair
Presented by	Committee Chair
Summary / purpose of paper	This paper provides the board with a summary of the items considered by the Quality Assurance Committee at their November meeting and any subsequent actions required by the Board.
Recommendation(s)	To note the report and any actions.
Background papers	Quality Assurance Committee papers – November 2024.
Risk score	Board Assurance Framework (BAF) references noted within the report.
EDI impact / considerations	Ensure governance arrangements provide assurance and appropriate oversight of EDI requirements for the organisation.
Link to: ➢ Trust strategy ➢ Corporate objectives	• Trust's strategic direction • Divisional implementation plans • Our Strategy • Key stakeholder relationships
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	

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Agenda Item 04/25b

Meeting of the Board of Directors
Thursday 30th January 2025

Quality Assurance Committee report – November 2024

1 Introduction

The Quality Assurance Committee took place on 21st November 2024. The meeting was quorate. The following summary gives the Board information on the items that were considered by the committee at their meeting under the headings of Assure / Alert / Advise.

2 Quality Assurance Committee agenda items

The items listed in Appendix 1 of the report were all presented to the Quality Assurance Committee in November 2024. Following discussion, the items are presented to Board for information and action where appropriate.

An assurance level was discussed and agreed for each item presented as an assurance item using the following criteria:

HIGH	MEDIUM	LOW
Substantial assurance provided over the effectiveness of controls in mitigating the risk in delivering our targets.	Some assurances in place or controls are still maturing so effectiveness cannot be fully assessed but should improve.	Assurance indicates limited effectiveness of controls.

The Committee Chair will note any actions required by Board and make escalations to Board, as necessary.

3 Recommendation

The Board are asked to note the summary report from the Quality Assurance Committee in November 2024.

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Appendix 1

Agenda item	BAF ref	CQC regulation reference	Assurance rating given	Key points and associated actions (where applicable)
32/24a	2	12, 20	Medium	**Patient Safety Quarterly Report (July - September 2024)**
Assure				• Quality indicators – high volumes of low harm reporting, positive. 0.9% of all reported were moderate. • Assurance level to remain the same until the learning is seen coming through.
Alert				• 21% compliance with incident management timelines noted within report – now at 33%. Performance on incident management – looks unusual but this is due to tightening up on measures on reporting. Committee discussed what is being done to improve incident management times. • Mandatory training for patient safety is improving for level 1 – working on level 2.
Advise				• Workstreams established against PSIRF patient safety priorities and work becoming clearer. • Further enhancements to be made to future reports as areas develop; first thematic review coming to the committee in January to evidence this.
Actions				• Validated information on the six deaths to be presented to the committee in January.
32/24b	1	9, 10, 12, 16	Medium	**Patient Experience Quarterly Report (July - September 2024)**
Assure				• Committee discussion on what can be done to improve complaint numbers; there is a plan, starting with an education process to help support staff in dealing with complaints. A change to policy on triaging complaints and grading on severity and how best to manage and encourage earlier interaction. PALS team coming back on site. Working more closely with patient safety team to make processes more effective using thematic review tools. • Remain as medium assurance while still developing and monitoring trends.
Alert				• No alerts to report.
Advise				• Number of complaints higher than previous quarter; monitored and no significant changes or statistical increase according to SPC charts. • Friends and Family Test – working with the new provider that will provide a level of detail to help support learning themes.

32/24c	1	9, 10, 12, 16	Medium	**Clinical effectiveness quarterly report (July - September 2024)**
Assure				• Average number of projects completed, still taking some time for some to get to draft report stage. • Assurance level to remain the same while still in the process of developing the report format.
Alert				• No alerts to report.
Advise				• Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults (NG215) now on risk register. • Still concerned on increasing projects, mindful of workload and requirement to work on improvement work.
Actions				• Outcomes report to be added as an appendix to the next Clinical effectiveness quarterly report to the committee. • NEDs to have a visit to the QICA team and clinical outcomes team to learn more about the work the teams do.
32/24d	N/A	16	High	**Claims annual report**
Assure				• Each claim is subject to review and investigation through a formal, structured process through to ERG to agree on the liability before passing over to NHS Resolution to manage the remainder of the claim process. • Claims payout fairly small; £143k for the year.
Alert				• No alerts to report.
Advise				• 14 claims in-year; 10 closed. 6 of the clinical negligence claims were settled out of court. • Position statement as at 1st April 2024 – 19 open claims; 15 clinical negligence and 4 employer's liability claims. • Process to change slightly to tie in with PSIRF documentation.
32/24e	N/A	N/A	High	**Health and safety quarterly report (July - September 2024)**
Assure				• Total incident numbers down and below average. • No RIDDOR reportable incidents in quarter 2. Moving and handling incidents remain low. • No physical abuse reported, verbal abuse remains low.
Alert				• No alerts to report.
Advise				• Needlestick injuries still the highest category but below 2 year average. Some discrepancy on incidents per 1000 employees, this is being looked at. • Accidents involving patients reduced and monitored through PSIRF. • Waste management – focussing on NHSE 20-20-60 target. Visit from NHSE's Head of Waste, impressed with Trust plans. Training identified as an action, trialling e-learning within Domestics team and then look to roll out further. Cost of waste disposal also to be looked at. Designated action plan to be developed.

Actions				• Moving and handling target to be re-worded to represent the 80% threshold and the visual chart to be updated to reflect the highest level as 10 incidents.
32/24f	7	N/A	High	**Cancer waiting times (Deep Dive)**
Assure				• Consistently achieved the new combined 62-day standard since April 24. The 31-day standard was consistently achieved prior to the merge of all the 31-day standards and continues to be achieved. The main focus is achieving the 62-day standards and FDS whilst maintaining the 31-day standard. • The divisions have developed detailed improvement action plans to improve compliance against the CWT standards
Alert				• No alerts to report.
Advise				• Failure to meet the CWT is currently on the risk register and scoring 12, which is a reduction from 15. • Next year expected to achieve 80% by end of March although compliance is measured as a spot check on the day. • For organisations already achieving 75%, the ask is for an extra 10%, Trust asked for reduction to 80% based on tertiary centre which has been agreed. • Strategic piece of work to do, new process currently being reviewed and how will fit into future Christie and wider GM.
32/24g	N/A	N/A	High	**Procedural document management progress update**
Assure				• Large piece of work done including on the policy on how to manage policies. Now only Q&S can only make amendments to stored policies. • Work done with accountable committees on their responsibilities and supporting authors. • Have seen a steady increase in those now in date and a reduction in those out of date. Changed approach so more targeted with a clear plan for the remaining policies working with the relevant divisions.
Alert				• No alerts to report.
Advise				• Importance noted to get it right as policies are a key part of enquiries both internally and externally and are referred to, good to see the work continue.

The Christie NHS Foundation Trust

EXECUTIVE SUMMARY

The Integrated Performance, Quality & Finance report presents a summary dashboard that provides an overview of performance.

Safety

- There were two patient safety incident investigations triggered in December. One incident has been initially reported as severe harm and the other as no harm. Details of each incident can be found on slide 6. There were three incidents reported in December that required a learning response, one was reported as Moderate harm, one reported as Low harm and the third reported as no harm. Details of each incident can be found on slide 7. All the incidents are still progressing through to full root cause analysis. No never events were reported in month.
- There are 4 Trust level risks scored at 15+. Details of these can be found on slide 10.
- Safer staffing numbers have met the required acuity levels to ensure appropriate levels of safety and care for our patients. Indicative staffing, in line with nursing establishments, is set to maintain a 1:7 nurse to patient ratio. On occasion this has been extended to 1:8 which is in line with recommended national staffing ratios. While we have seen an increase in patient safety incidents, following thematic review, these were not related to nurse staffing ratios.
- There were 3 cases of C-Difficile, 2 cases of E-Coli, 1 case of Klebsiella and 2 cases of MSSA reported in December that were deemed attributable to the Trust. No lapses in care were identified.

Performance

- In December the new combined 62-day performance subject to validation was at 75.1% which is above the new standard of 70%. The new combined 31-day performance was 98.8% which is above the new standard of 96%. The internal 24-day performance was below our internal standard at 75.7%. All 62 and 24-day breaches are reviewed to ensure any delays are understood and plans can be implemented to mitigate any future delays. Improvement plans are in place and performance is expected to improve before the end of the financial year. The Trust's RTT 18-week performance is well above standard at 97.5%. The Trust achieved the 75% faster diagnosis standard in December with a compliance score of 88.9%.
- There were no patients waiting over 52 weeks at the end of December.
- Referral numbers in December reduced slightly from November but remain above the 23/24 average. Cumulatively referrals in 24/25 are well above the 23/24 average.

HR

- Staff absence increased very slightly from November to a position of 5.03% against a target of 3.4%.
- PDR performance improved slightly from November's position. Mandatory training also improved slightly from November's position and remains well above the set standard.

Finance

- The Trust is reporting a surplus at the end of M9 of (£6.7m) against a M9 YTD plan of (£5.3m), which gives a month 9 variance of (£1.4m) better than plan.
- Capital performance to month 9 was (£1.8m) below the revised plan submitted to NHSE&I in June 24. The Trust has spent 85% year to date of the capital plan.
- Capital spend to month 9 was £1.7m below the revised plan submitted to NHSE&I in June 24. This is lower than the plan position due to timing in the anticipated completion of the first linear accelerator.
- The Trust has incurred £9.7m on capital schemes to month 9, primarily on the TIF ward refurbishment as well as ongoing digital projects and small replacement assets. The Trust has spent 85% year to date of the capital plan.

SUMMARY DASHBOARD

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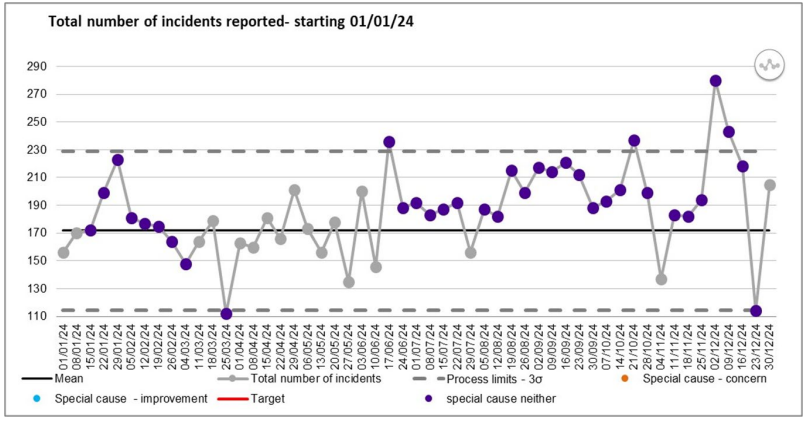
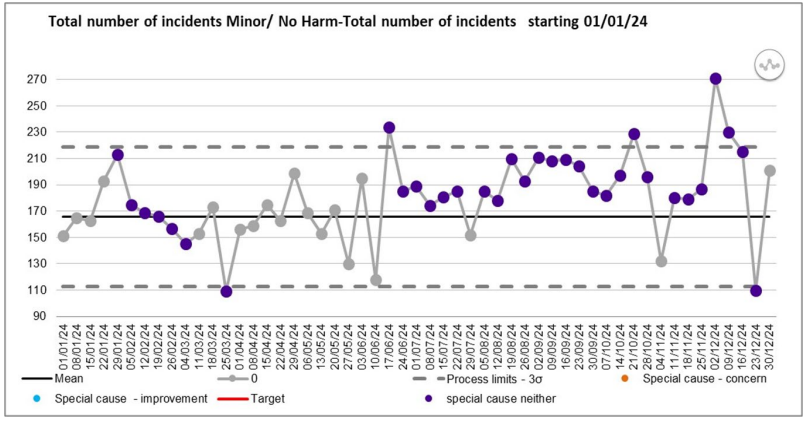
Indicator	Threshold / Standard 24/25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD
Patient Safety Incident Investigations	-	1	2	1	0	0	3	1	0	2	10
Never Events	0	0	0	0	0	0	1	0	0	0	1
Radiation Incidents Reported (IRMER Reportable)	0	1	3	1	3	1	2	2	3	1	17
Radiation Incidents Reported (IRMER Reportable - Grade 2 or above)	0	0	0	0	0	0	0	0	0	0	0
Number of Pressure Ulcers (Post admission - Grade 2 or above) - Rate per 1000 occupied bed days	0.5	0.8	0.0	0.6	0.2	0.0	0.2	0.6	0	0	0.3
Inpatient Falls Resulting in Harm (Grade 2 or above) - Rate per 1000 occupied bed days	3.8	4.7	3.6	3.0	2.9	4.5	3.5	2.3	2.7	6.8	4.1
Sepsis - timely treatment with IV antibiotics (established inpatients)	90%	90.0%	87.0%	96.4%	94.4%	92.4%	91.4%	93.0%	94.2%	95.8%	-
Sepsis - screening (presenting as an emergency)	90%	94.9%	100.0%	100.0%	97.5%	96.9%	98.1%	97.4%	97.4%	99.2%	-
Number of Trust-Wide Risks Grade 15 or Above	-	6	6	9	13	8	8	8	6	4	-
28 Day Faster Diagnosis Standard	75%	81.3%	75.0%	100.0%	91.7%	86.4%	90.0%	81.3%	89.5%	88.9%	-
62 Day Compliance	70%	71.2%	72.3%	73.1%	76.7%	79.9%	75.1%	81.5%	76.7%	75.1%	-
24 Day Compliance	85%	71.5%	72.5%	74.9%	78.2%	78.8%	73.1%	77.5%	75.0%	75.7%	-
31 Day Compliance	96%	99.2%	99.6%	99.3%	99.2%	99.3%	98.8%	98.2%	97.8%	98.8%	-
18 Weeks Compliance - Incomplete Pathways	92%	97.1%	97.6%	97.1%	97.2%	97.1%	96.8%	95.9%	97.4%	97.5%	-
Patients waiting >52 Weeks	0	0	0	0	0	0	0	0	0	0	0
Patients waiting >62 days at end of month (62 Day Classic)	80	129	119	100	95	93	101	108	105	101	-
Patients waiting >104 days at end of month (All 62 Day Targets)	-	47	51	42	49	49	42	43	50	57	-
Length Of Stay (Elective & Non-Elective Inpatients)	-	7.81	6.39	6.39	7.16	6.54	6.76	7.29	6.65	7.13	-
Patients Discharged Beyond Ready for Discharge Date	-	14	2	7	18	13	6	14	13	6	93
Patients Discharged Beyond Ready for Discharge Date - Total Bed Days Lost (days counted in the month of discharge)	-	213	15	90	296	97	33	108	91	133	1076
Patients Discharged Beyond Ready for Discharge Date - Average Bed Days Lost (days counted in the month of discharge)	-	15.2	7.5	12.9	16.4	7.5	5.5	7.7	7	22	-
Hospital Cancelled Operations on the day for non clinical reasons	0	3	2	0	0	2	2	14	3	2	28
Hospital Cancelled Operations on the day for non clinical reasons - NOT rebooked within 28 days	0	0	0	0	0	0	0	1	0	0	0
Complaints Received	12 (23/24 Avg)	12	14	8	21	10	17	15	12	14	123
PALS Contacts	35 (23/24 Avg)	32	67	39	37	44	29	42	22	26	338
MRSA	0	0	2	0	0	0	0	0	0	0	2
C-Difficile - All Attributable Cases (Pre & Post 48 Hours)	<52	2	3	4	6	5	4	7	3	3	37
C-Difficile - Attributable Cases Due To Lapse In Care	0	0	0	0	0	0	0	0	0	0	0
MSSA Bacteraemia - Attributable	No Target	1	2	3	1	0	2	1	2	2	14
E-Coli - Attributable	<57	6	4	4	1	4	5	5	4	2	35
Klebsiella Species - Attributable	<25	1	2	2	1	2	5	2	3	1	19
Pseudomonas Aeuriginosa - Attributable	<8	2	0	0	1	1	2	2	1	0	9
Staff Sickness	3.4%	4.57%	4.39%	4.47%	4.79%	4.49%	4.63%	5.06%	5.01%	5.03%	-
Staff Mandatory Training	>80%** <80%	92.7%	92.7%	93.2%	93.7%	93.8%	93.7%	93.7%	93.6%	94.0%	-
Staff PDRs	-	84.6%	85.7%	85.3%	86.6%	88.0%	87.2%	87.1%	87.3%	87.5%	-

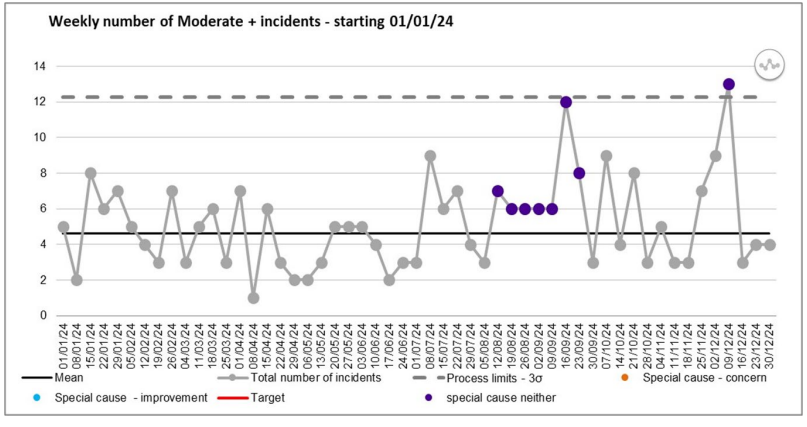
Compliance if <80% & risk assessment in place

*****Measures currently monitored externally in the Oversight Framework reporting process.***

Incident Reporting



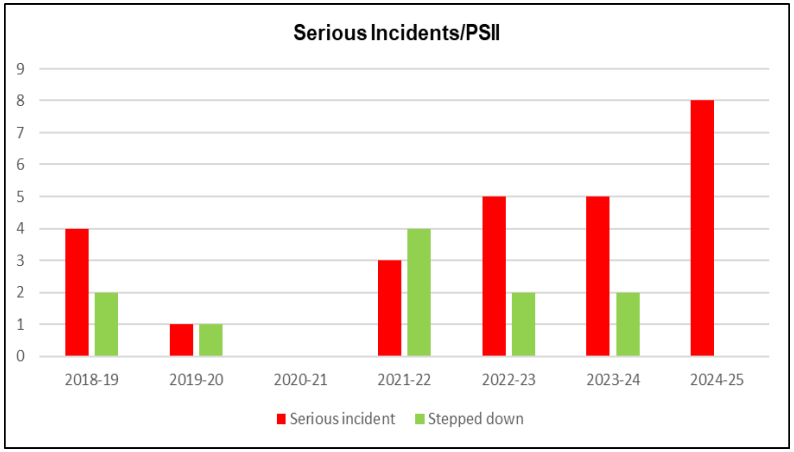




Special cause decrease can be noted for reported weekly moderate incidents (post triage) , this reflects the change in incident grading in the new Datix system from March 2024 .'Near miss' incidents can now be submitted (graded as no harm) which previously were submitted as moderate in severity.

50

Serious Incidents and Never Events



Never Events – are defined as serious incidents that are wholly preventable

No Never Events were identified in December 2024:

Patient Safety Incident Investigations (PSII's) triggered

No PSII were triggered in December:

Incidents identified that require a Learning Response

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December 2024 – RCA/learning response to be presented to ERG		
Reference	**Description**	**Reported Harm Level**
7569	Patient requested treatment at SACT SLA site, patient did not receive any appointments or treatments	Severe Harm
7941	A patient underwent a pre-treatment US biopsy in preparation for a clinical trial - the Clinical Research Associate (CRA) later informed the trial team that the patient was enrolled in a cohort that does not require fresh biopsies, but rather archival tissue. The Principal Investigator (PI) responded, indicating that the archival sample available for the patient was outside the acceptable timeframe as specified in the protocol for sample validity	No Harm

Learning – Patient Safety Incidents

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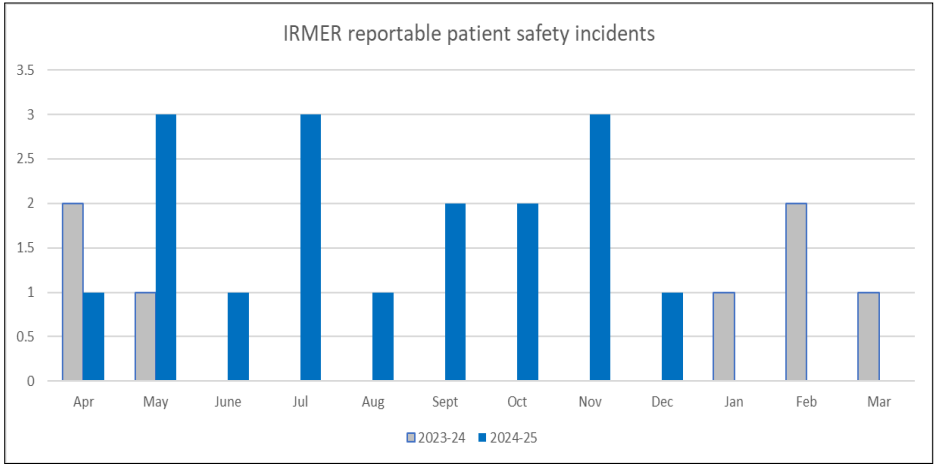
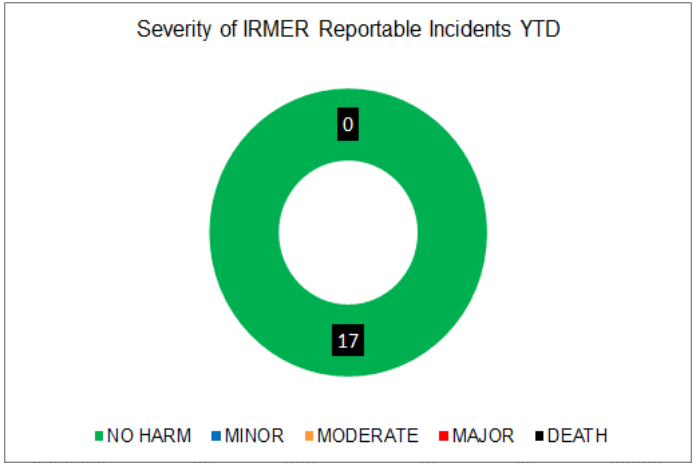
Agreed learning and revised severity outcome following executive reviews December 2024			
Ref	**Description**	**Learning**	**Outcome**
5441	Patient admitted to ward for Venetoclax and Aazacitdine. SACT was given on 17th September. Bloods showed White cell count 73. Protocol states that WBC should be less than 25	• Iqemo flag for WBC count and ven/aza cycle 1 • Discussion in quality meeting 10.2024 • Discuss appropriateness of aminoglycosides as frontline antibiotic Rx in high-risk TLS patients • Review/update TLS protocol. • Venetoclax risk and considerations – Education update (clinical haem teaching)	Moderate Harm
5489	Specialty doctor prescribed 5-day treatment regime. Treatment commenced on Thursday 19/09/2024 for a 5-day regime however on the 23/11/2024 it was identified the patient had not received treatment over the weekend.	• Protocol for the regime to be made available on IQemo for proper access and ensure informed decision by key medical staffs. • Review of IQemo protocol availability in Haematology. • A quality improvement project to check all protocols are available on IQemo.	No Harm
3080	C-diff 018 ribotype match for 2 patients on the same ward	• Champions from each speciality to be involved in IPC auditing to maintain assurances. • Escalation to IPC committee to discuss roll out of standardized cleaning checklists across all in patient wards. • Blood pressure cuffs are multi and single use. IPCT to provide education about the uses of blood pressure cuffs for infected patients. Review if single patient cuffs should be implemented.	Low Harm

Radiation Incidents





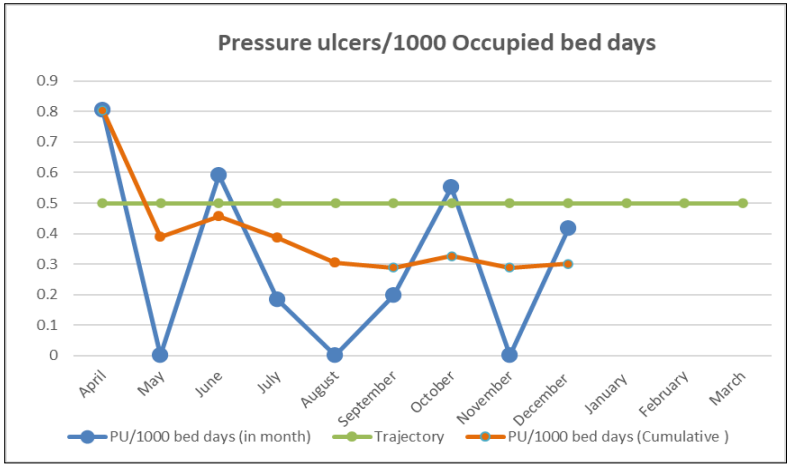
There was one IrMER reportable incident reported in Dec 2024:

7886 (no harm)

Harm Free Care

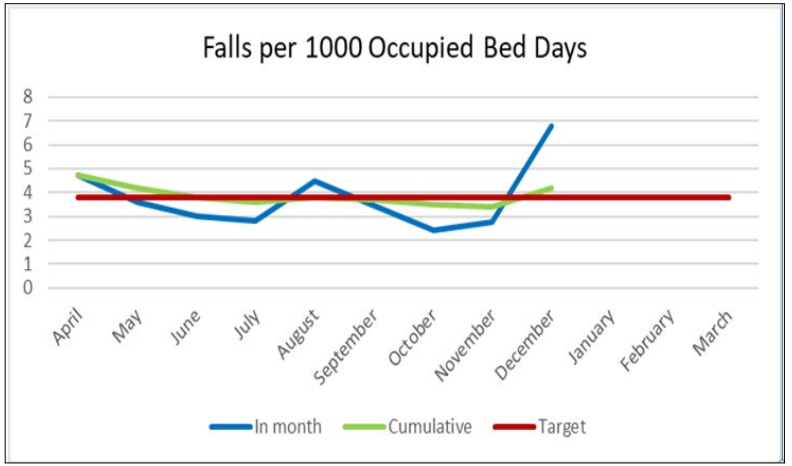
The Christie NHS Foundation Trust

Pressure ulcers per 1000 occupied bed days



The target for 2023/24 is no more than 26 pressure ulcers (or less than 0.5/1000bed occupied days a month)
2 category 2 pressure ulcers were identified in December
No patient have developed category 3 or 4.

Falls per 1000 occupied bed days



34 reported IP falls in December 2024, above target mean of 20
6.8 falls per 1000 OBD, above target mean of 3.8 (national mean 6.63).
7 low harm falls (80% no harm falls)

Themes from data:
Bathroom related falls (13)
Unwitnessed falls (8)
Equipment related (6)

Targeted learning to be discussed at Fundamentals of Care

55

All harms are discussed at Friday FoCUS (a multi-professional forum for shared learning)

Operational Risks

NHS
The Christie
NHS Foundation Trust

There are 4 Trust-wide 15+ risks in December

Description	Score	Controls
Not Identifying and Delivering 25/26 Recurrent VIP programme impacting on financial sustainability and ability to treat patients (Risk ID:3776)	**16**	Increase the number of model hospital ambassadors to use approach. Complete best practice checklist for outpatients, theatres and inpatients to seek opportunities and demonstrate efficiency
Operational and governance risk in relation to recruitment of medical workforce for Christie haematology at Leighton (Risk ID:3697)	**16**	Recruit backfill to Macclesfield- Draft job description and advertise
Risk of inadequate evacuation planning and response leading to patient and staff safety hazards, reputational damage, and financial penalty. (Risk ID: 3737)	**15**	Trust should formalise partnerships with external emergency services, including fire, police, and ambulance services, to ensure they are integrated into the evacuation plan. Mutual aid agreements should be put in place to provide additional resources or support in large-scale evacuation scenarios. This will ensure that, in case of an emergency, external agencies are prepared to assist in patient transport or provide backup care facilities.
Risk to Treatment Delivery due to Workforce Recruitment & Retention in Aseptics. (Risk ID:2959)	**15**	Current production software is suboptimal and in latest external inspection report has been described as “no longer fit for purpose”. Requires replacement. Business has now been authorised for new software system.

Safe Staffing

The Christie NHS Foundation Trust

		DAY	NIGHT	Cumulative count over the month of patients at 23:59 each day	CHPPD (Care Hours Per Patient Per Day)
		Hours	Hours		
Registered Nurses	Total monthly PLANNED	15739	12524	4765	5.8
	Total monthly ACTUAL	15065	12488		
	Average Fill Rate %	95.7%	99.7%		
Care Staff	Total monthly PLANNED	8873	5837	4765	2.9
	Total monthly ACTUAL	8539	5493		
	Average Fill Rate %	96.2%	94.1%		
ALL Staff	Total monthly PLANNED	24612	18361	4765	8.7
	Total monthly ACTUAL	23604	17981		
	Average Fill Rate %	95.9%	97.9%		

Registered Nurses	DAY			NIGHT			Cumulative count over the month of patients at 23:59 each day	CHPPD (Care Hours Per Patient Per Day)
	Hours Planned	Hours Actual	% Fill Rate	Hours Planned	Hours Actual	% Fill Rate		
Critical Care Unit	1943	1862	95.8%	1856	1757	94.7%	149	24.3
Palatine Ward	3220	2926	90.9%	2523	2331	92.4%	913	5.8
Ward 10	2169	1843	85.0%	1460	1413	96.8%	698	4.7
Ward 11	1958	1796	91.7%	1503	1507	100.3%	775	4.3
Ward 12	1738	1732	99.7%	1530	1565	102.3%	591	5.6
Ward 4	1706	1798	105.4%	1423	1444	101.5%	721	4.5
Ward 2	868	1190	137.1%	506	817	161.5%	393	5.1
Acute Assessment Unit	2137	1918	89.8%	1723	1654	96.0%	525	6.8
TOTAL	15739	15065	95.7%	12524	12488	99.7%	4765	5.8

Registered Nursing Associates	DAY			NIGHT		
	Hours Planned	Hours Actual		Hours Planned	Hours Actual	
Critical Care Unit						
Palatine Ward						
Ward 10						
Ward 11		16				
Ward 12						
Ward 4						
Ward 2						
Acute Assessment Unit						

Care Staff	DAY			NIGHT			Cumulative count over the month of patients at 23:59 each day	CHPPD (Care Hours Per Patient Per Day)
	Hours Planned	Hours Actual	% Fill Rate	Hours Planned	Hours Actual	% Fill Rate		
Critical Care Unit	387	152	39.3%	11	34	309.1%	149	1.2
Palatine Ward	1141	1057	92.6%	809	772	95.4%	913	2.0
Ward 10	1722	1432	83.2%	973	860	88.4%	698	3.3
Ward 11	1347	1283	95.2%	947	893	94.3%	775	2.8
Ward 12	1190	1500	126.1%	862	828	96.1%	591	3.9
Ward 4	1397	1495	107.0%	1246	1208	97.0%	721	3.7
Ward 2	542	568	104.8%	368	358	97.3%	393	2.4
Acute Assessment Unit	1147	1052	91.7%	621	540	87.0%	525	3.0
TOTAL	8873	8539	96.2%	5837	5493	94.1%	4765	2.9

**Nursing Associate hours are displayed seperately due to national guidance, however the actual hours are included alongside the Registered Nursing hours. The Trust does not have enough Nursing Associate posts to enable planned established hours.*

Patient Experience

NHS
The Christie
NHS Foundation Trust

Positive feedback received…..

"Patient's son wanted to pass on his sincere thanks to two healthcare assistants on Palatine ward who helped him find his father's lost phone on boxing day."

Card from patient thanking surgeon for performing complex surgery.

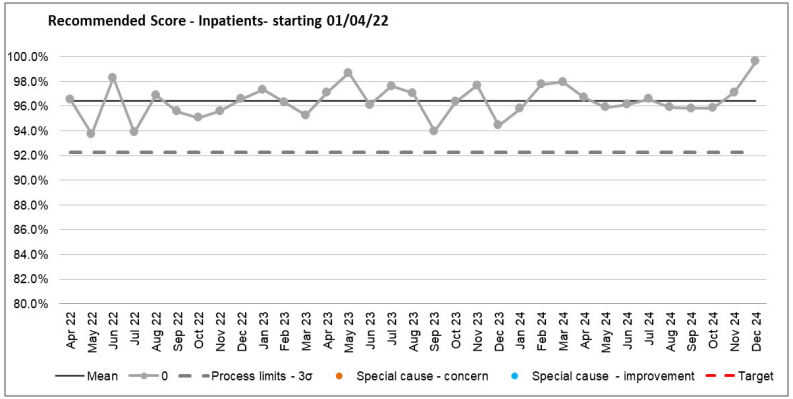
''I had my radiotherapy treatment at The Christie and I would like to express my gratitude to the amazing staff, they were more than excellent''

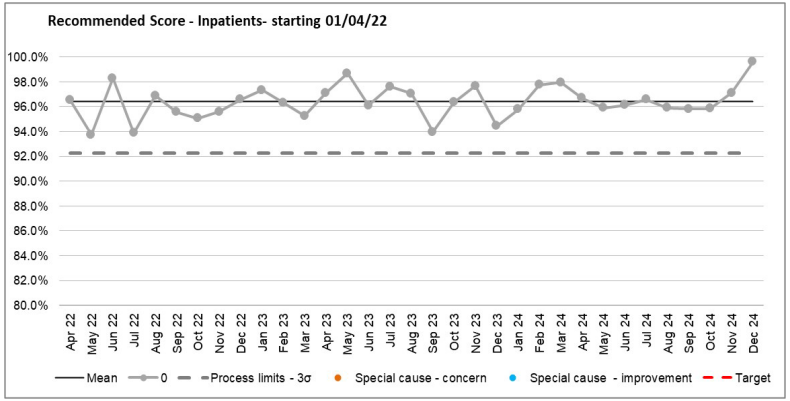
"Absolutely amazing! All the staff are fantastic and made me feel very at ease, nurses and surgeons went way out of their way to look after me. Brilliant team."

Friends & Family Test

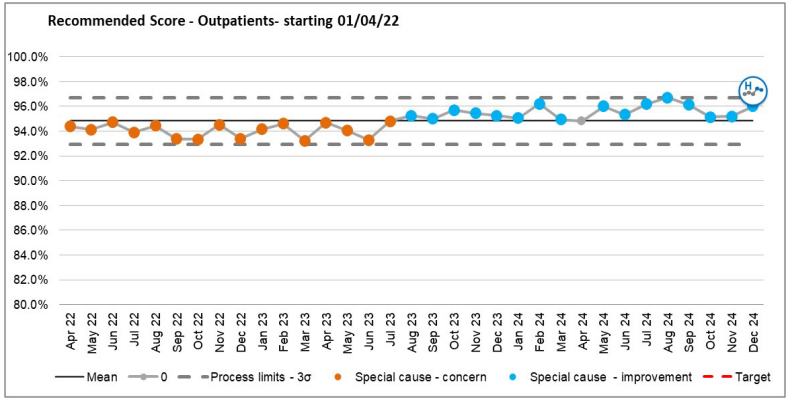
The Christie NHS Foundation Trust

Monthly Summary

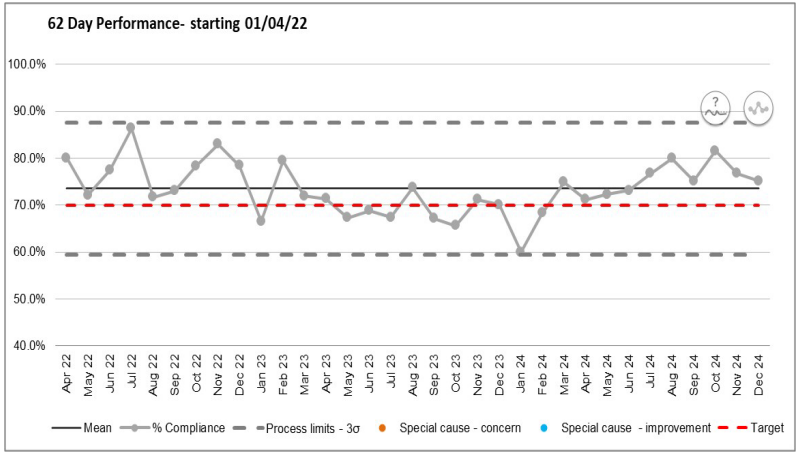


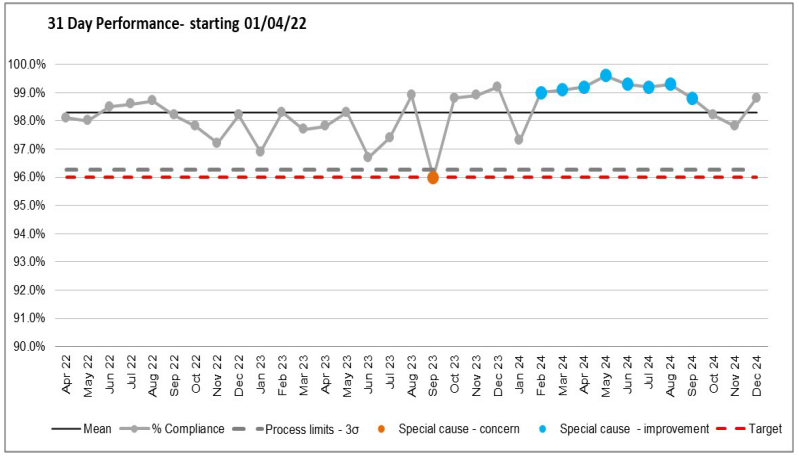


The Inpatient response rate continues to show improvement in recent months. Both the recommended percentage scores for Outpatients and Inpatients remain high with Outpatients maintaining a sustained period of high performance.



Cancer Standards





National Standard	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
62 Day	70%	70.1%	60.0%	68.3%	74.9%	71.2%	72.3%	73.1%	76.7%	79.9%	75.1%	81.5%	76.7%	**75.1%**
28 Day FDS	75%	81.8%	52.9%	60.0%	55.0%	81.3%	75.0%	100.0%	91.7%	86.4%	90.0%	81.3%	89.5%	**88.9%**
24 Day Internal	85%	73.2%	63.7%	71.7%	76.4%	71.5%	72.5%	74.9%	78.2%	78.8%	73.1%	77.5%	75.0%	**75.7%**
31 Days	96%	99.2%	97.3%	99.0%	99.1%	99.2%	99.6%	99.3%	99.2%	99.3%	98.8%	98.2%	97.8%	**98.8%**
18 Weeks - Incomplete	92%	97.2%	97.3%	98.0%	98.0%	97.1%	97.6%	97.1%	97.2%	97.1%	96.8%	95.9%	97.4%	**97.5%**

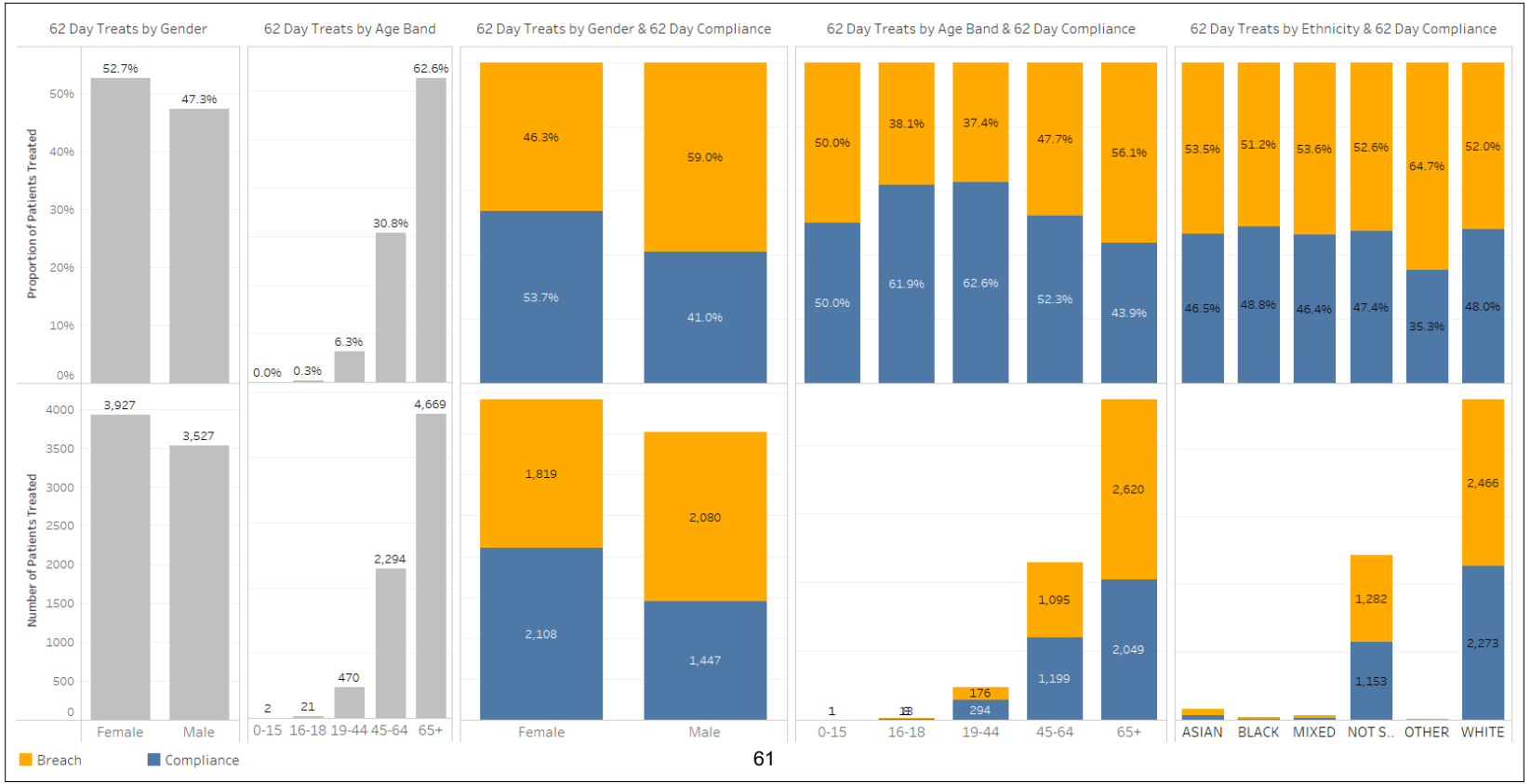
As of October 2023, all 62-day standards are merged into one 62-day standard and all 31-day standard types are merged into one combined 31-day standard. The Targets have been temporarily lowered from 85% to 70% for the new combined 62-day standard and a new combined target of 96% assigned to the new 31-day combined standard.

60

Cancer Standards – Health Inequalities Analysis

62 Day Treatments between 01/04/2023 – 31/12/2024 analysed by gender, age and ethnicity.

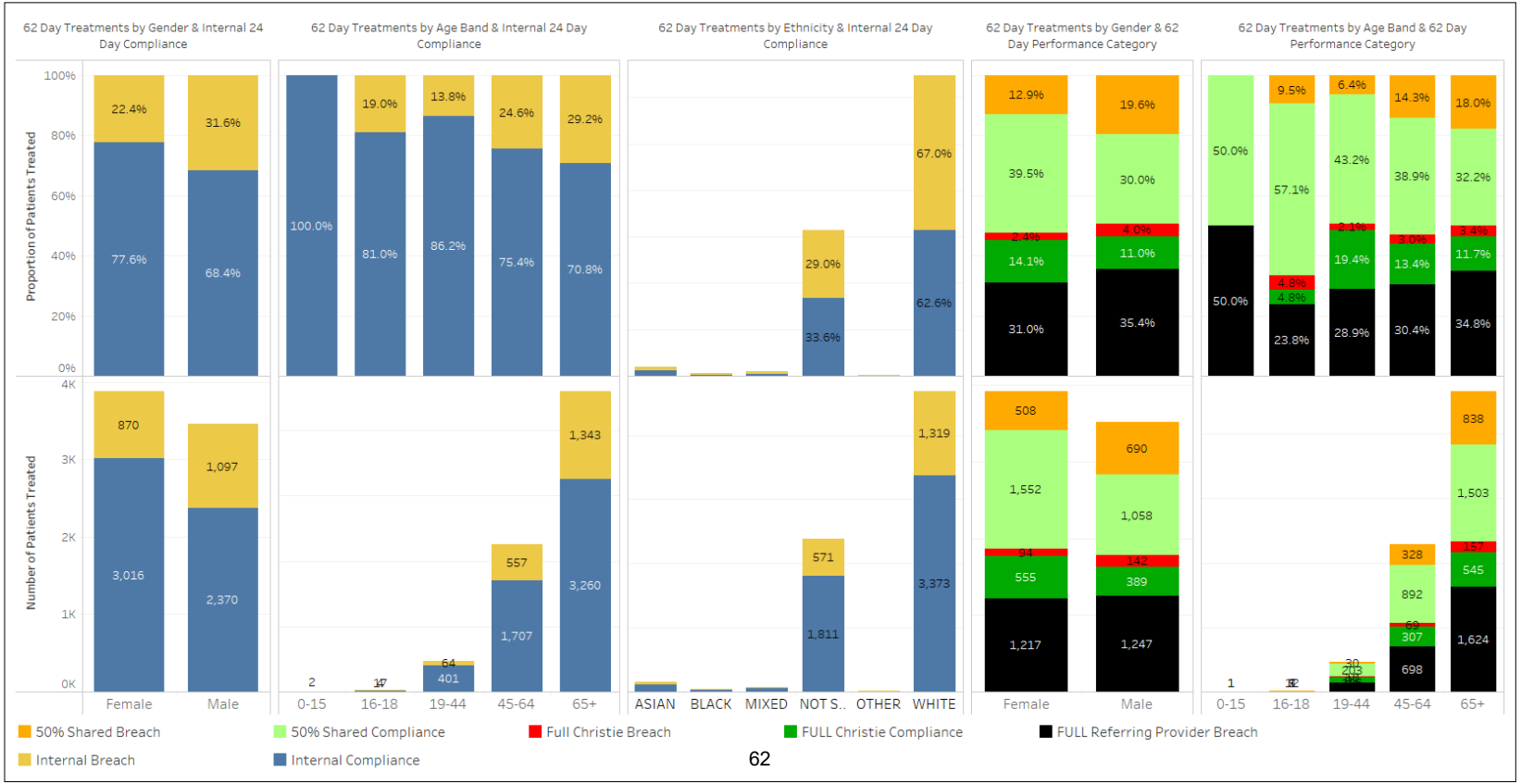
The Christie NHS Foundation Trust



Cancer Standards – Health Inequalities Analysis

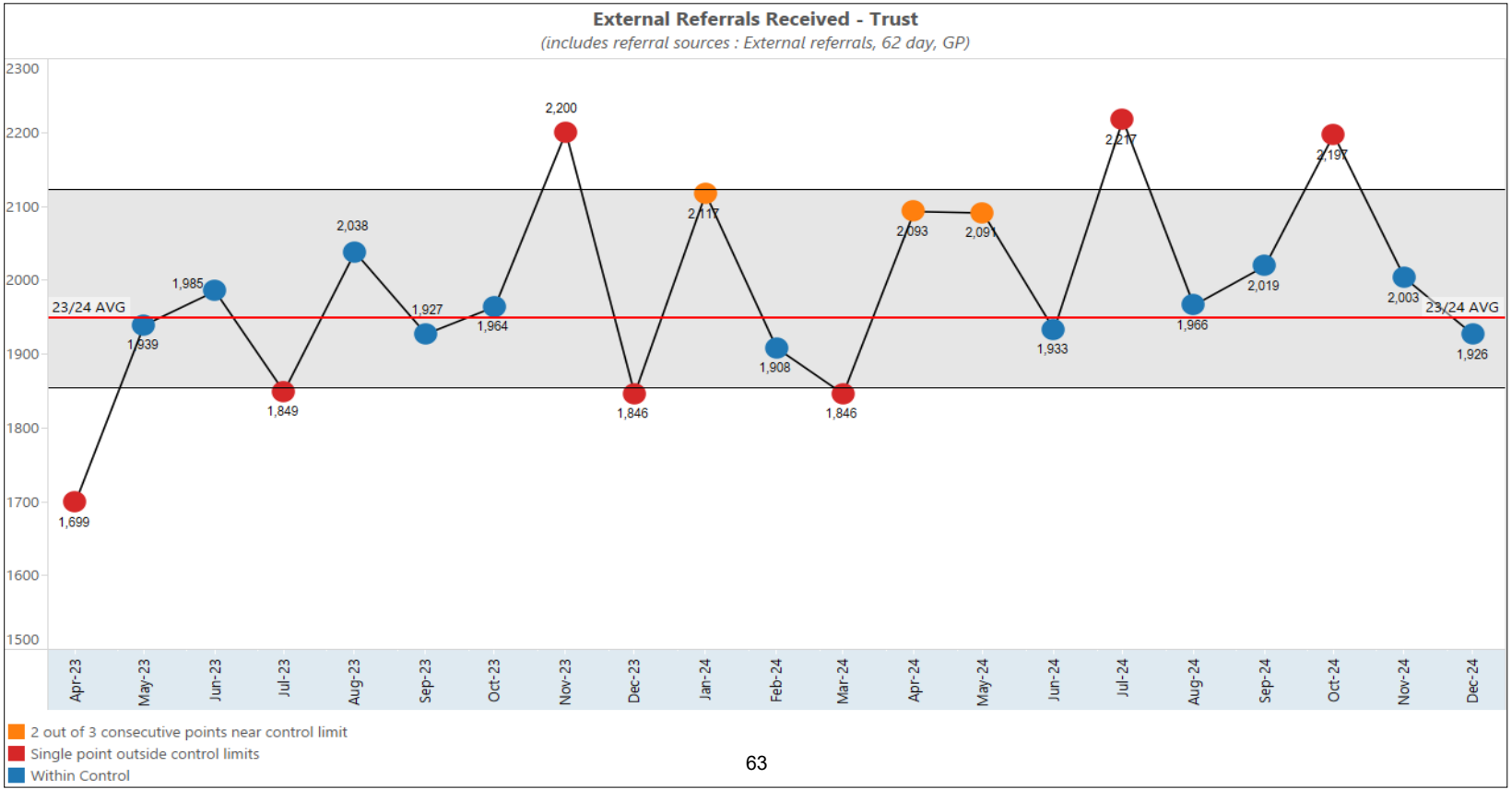
62 Day Treatments between 01/04/2023 – 31/12/2024 analysed by gender, age and ethnicity.

NHS
The Christie
NHS Foundation Trust

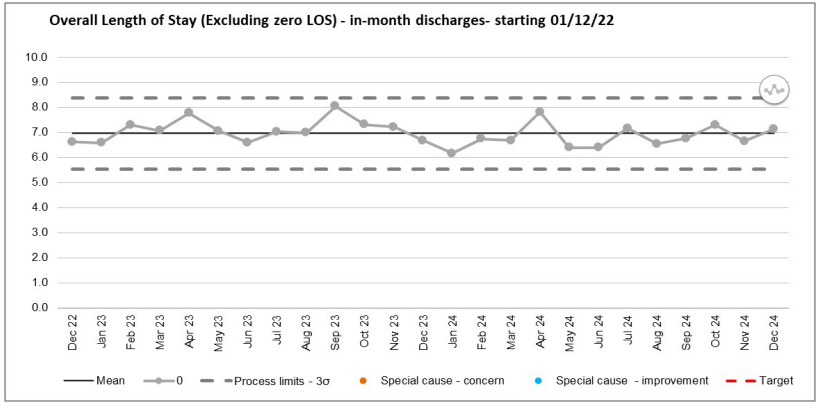


Referrals Analysis

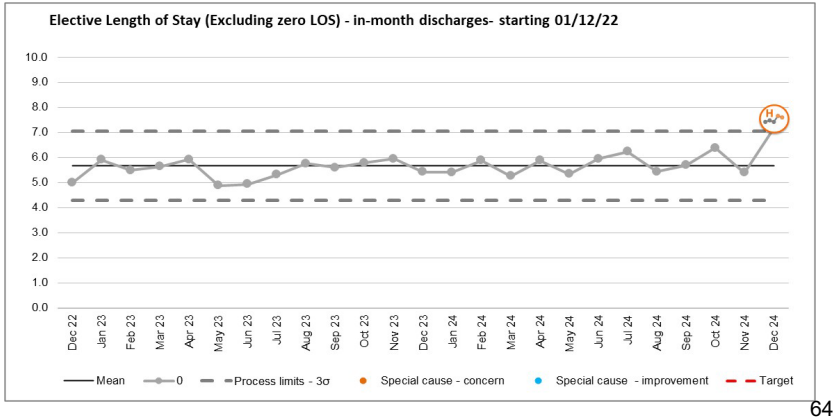
The Christie NHS Foundation Trust

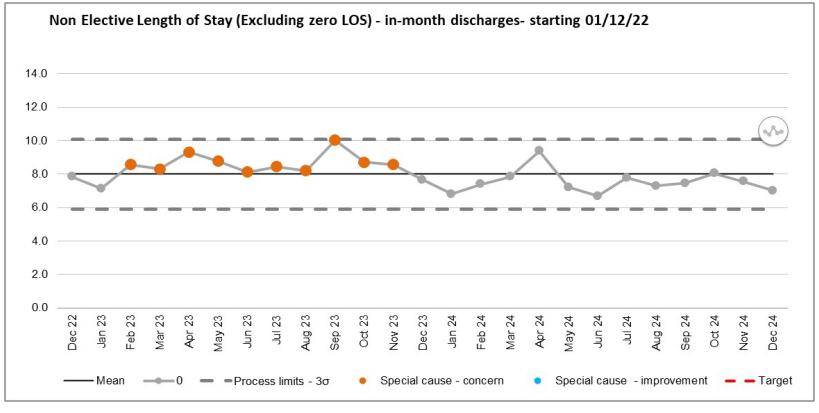


Length of Stay



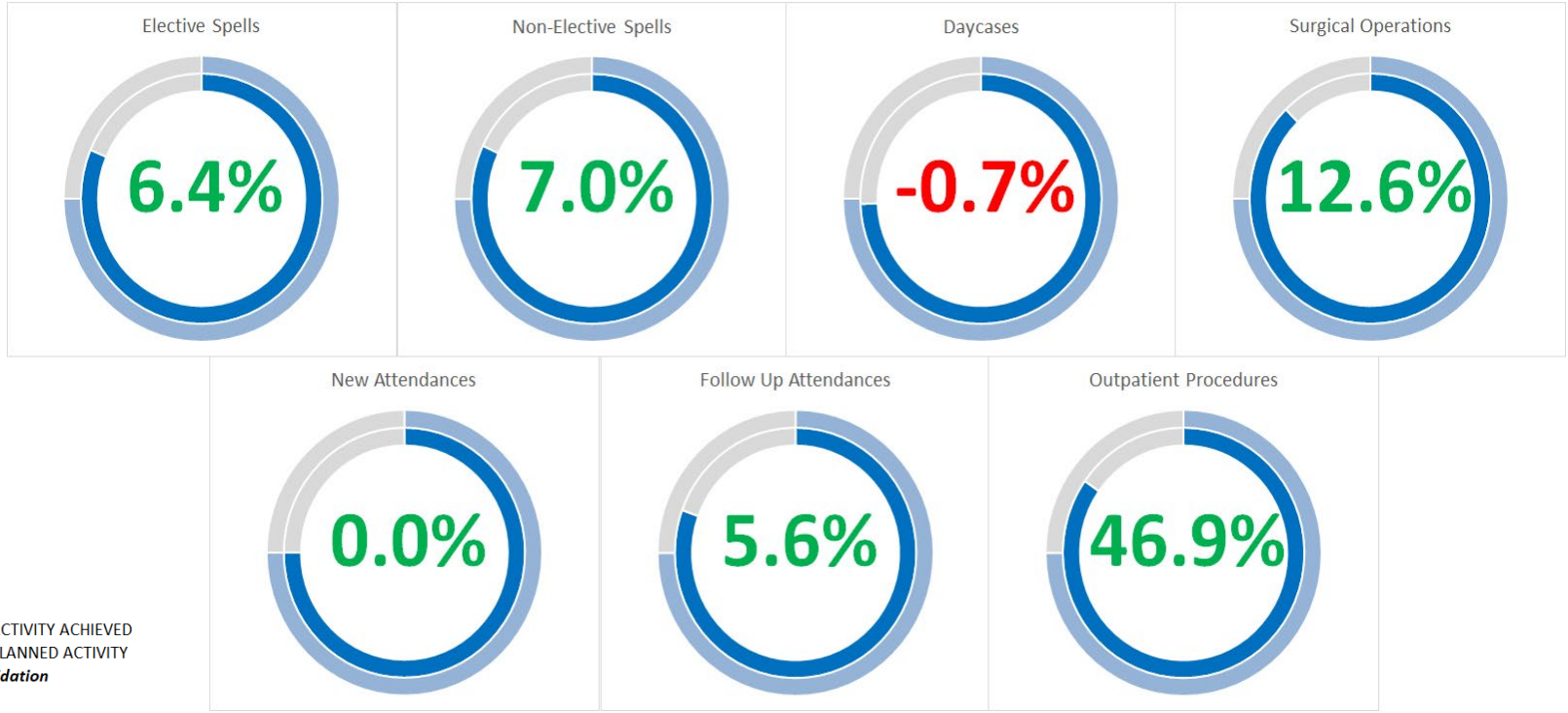
Overall length of stay, elective and non-elective spells continue to be well within control limits.





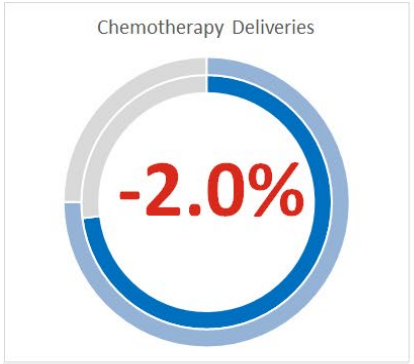
Activity – YTD Progress

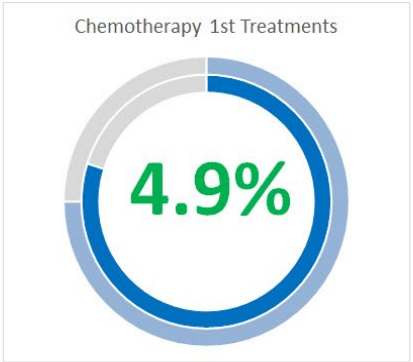
Trust level activity - progress against YTD plan

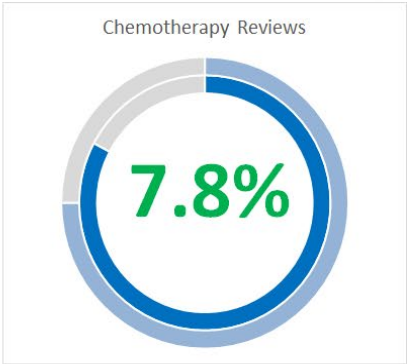


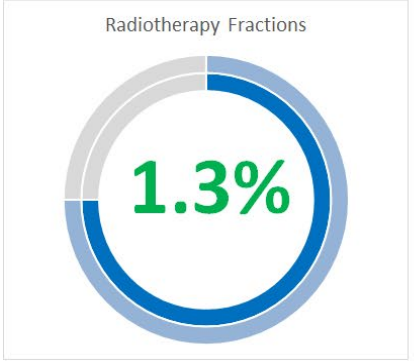
65

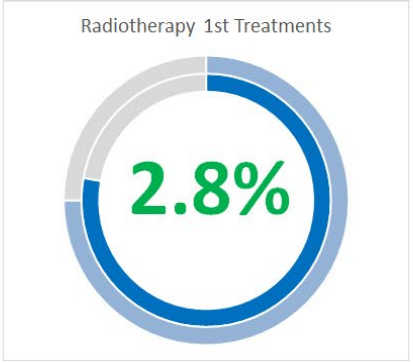
Activity – YTD Progress

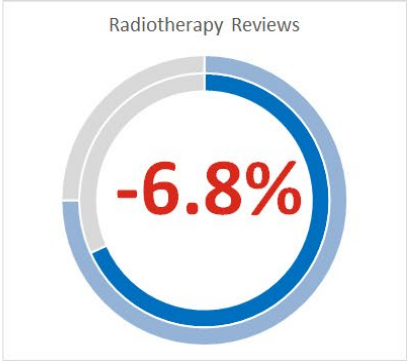








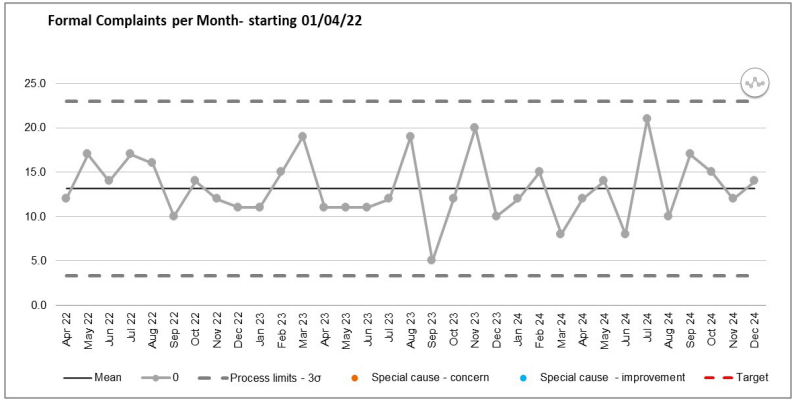


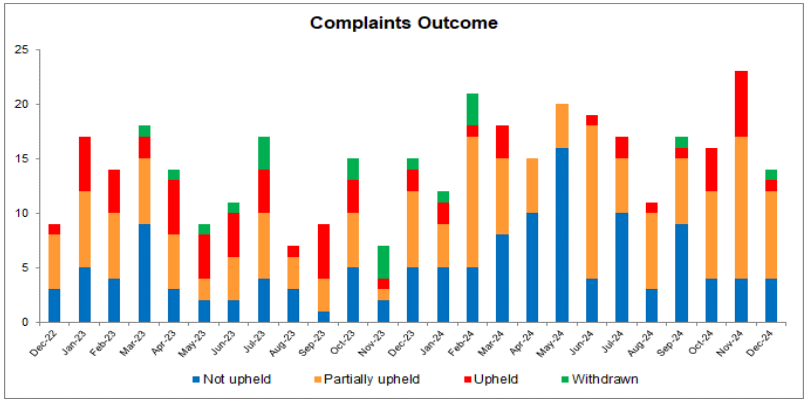


SACT 1st Treatments, 1st Fractions & Surgical Operations do not form part of the 24/25 activity plan and are used as supplementary guides to productivity. The figures are monitored against the previous year's month for comparison.

YTD ACTIVITY ACHIEVED
YTD PLANNED ACTIVITY
subject to validation

Complaints





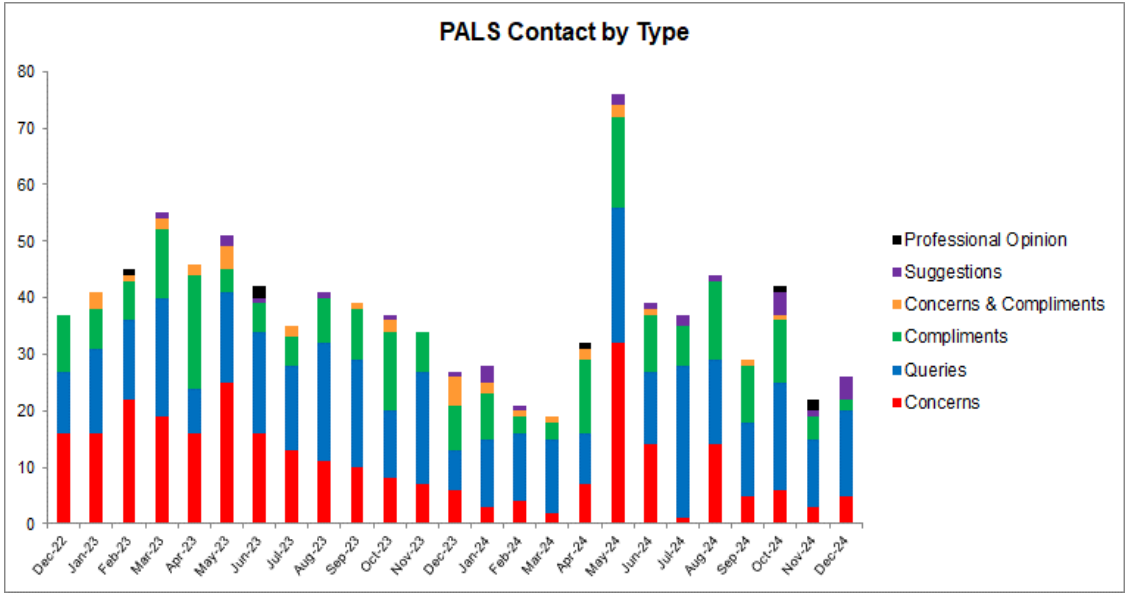
14 new complaints received in December 2024

14 complaints were closed in December 2024

Ombudsman Cases
Complainants have the right to refer their case to the Parliamentary and Health Service Ombudsman (PHSO) if they are not satisfied it has been resolved by the Trust.

0 cases were referred to the PHSO in December 2024. 3 active cases in total with the PHSO.

PALS



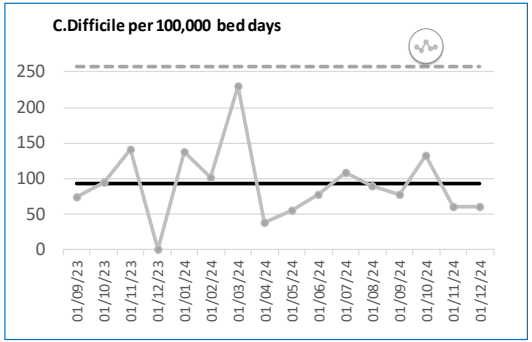
26 new PALS contacts have been received in December 2024.

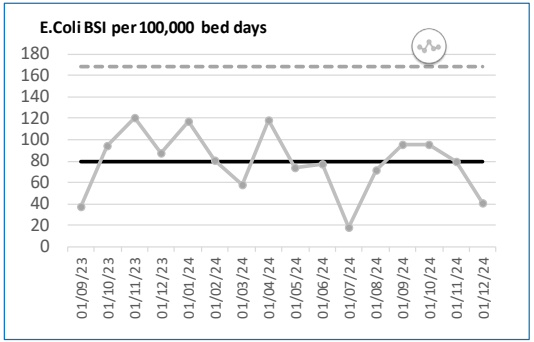
5 of those raised concerns about their experience at The Christie but did not wish to proceed with a formal complaint. The other reasons for contacting PALS are captured in the graph.

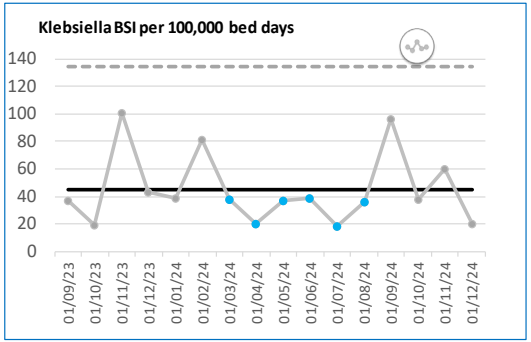
Healthcare Associated Infections

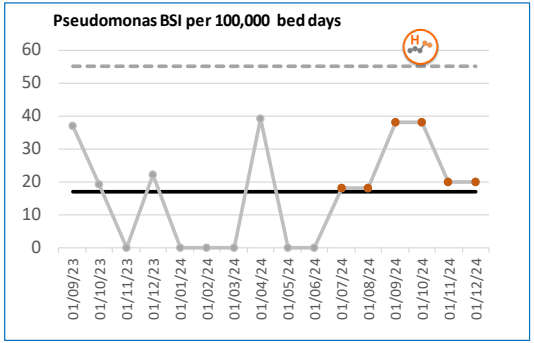
The Christie NHS Foundation Trust

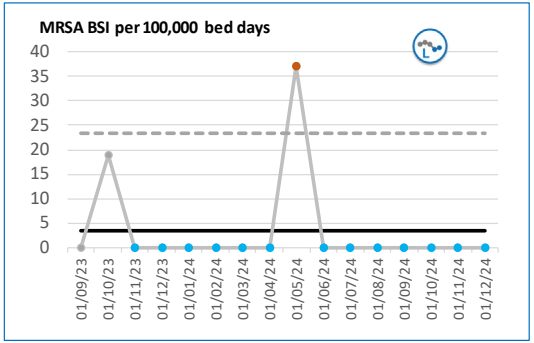
HCAIs per 100,000 bed days – rolling 12 months

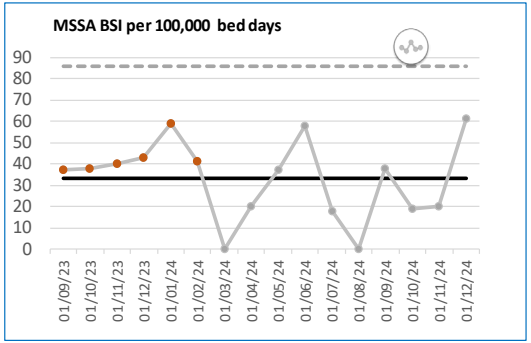












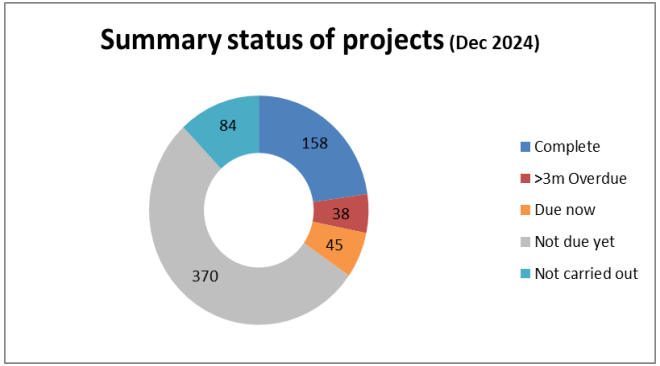
All cases reviewed through IPC team and reported through NIPR.

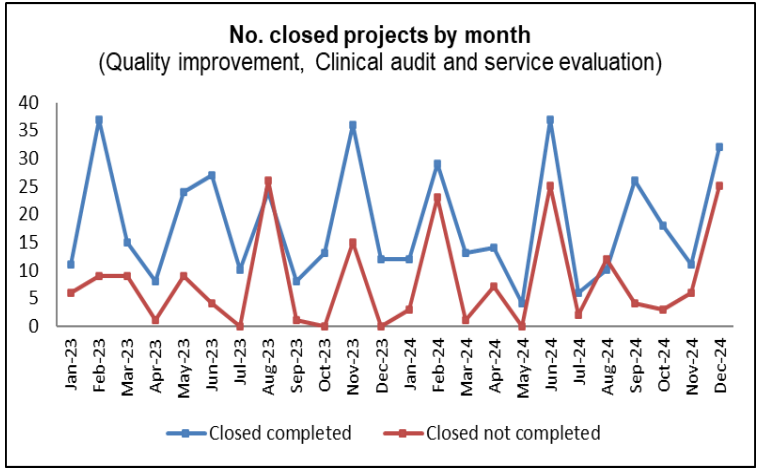
Quality Improvement & Clinical Audit

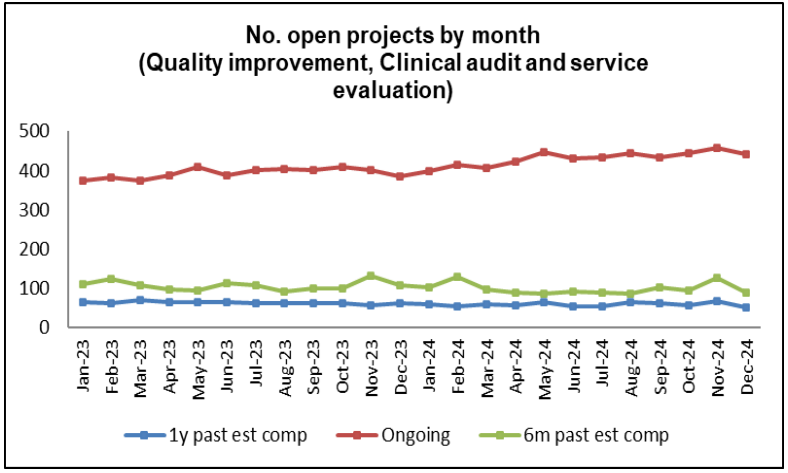
The Christie NHS Foundation Trust

QICA programme – Quality Improvement and Clinical Audit Including service evaluations and patient surveys

Reminders are sent mid-quarter which lead to increased number of closed projects







70

HR Metrics Sickness

Our sickness absence target has been revised, it is now **4.25% for 2025**

Our sickness absence rates have increased post Covid. This mirrors a trend in the NHS and across other sectors nationally. The previous absence target of 3.4% is no longer realistic.

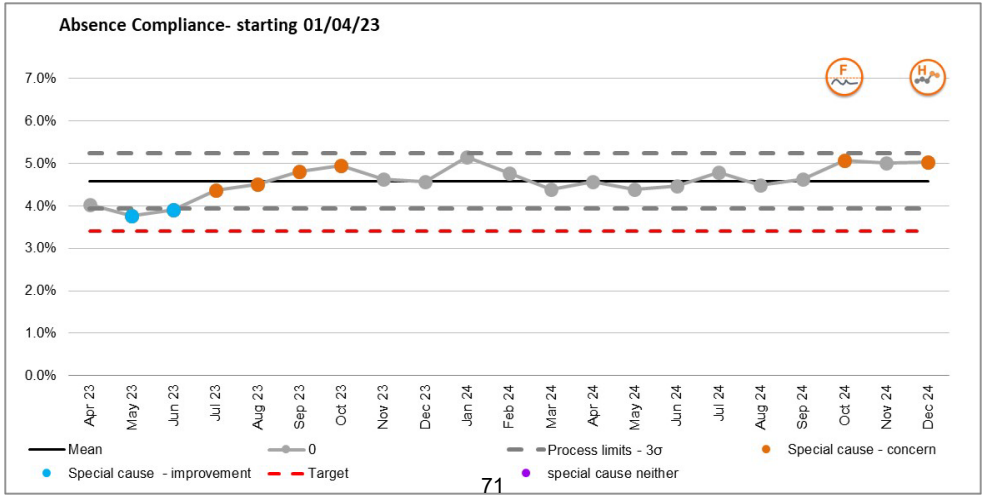
Last updated: 10/01/2025

Performance | Absence

Monthly Sickness %	Yearly Sickness %	Absences Ended	Long Term	Short Term
5.03%	4.73%	601	30	571

Trust Overview

Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
5.17%	4.77%	4.39%	4.57%	4.39%	4.47%	4.79%	4.49%	4.63%	5.06%	5.01%	5.03%



HR Metrics – Mandatory Training

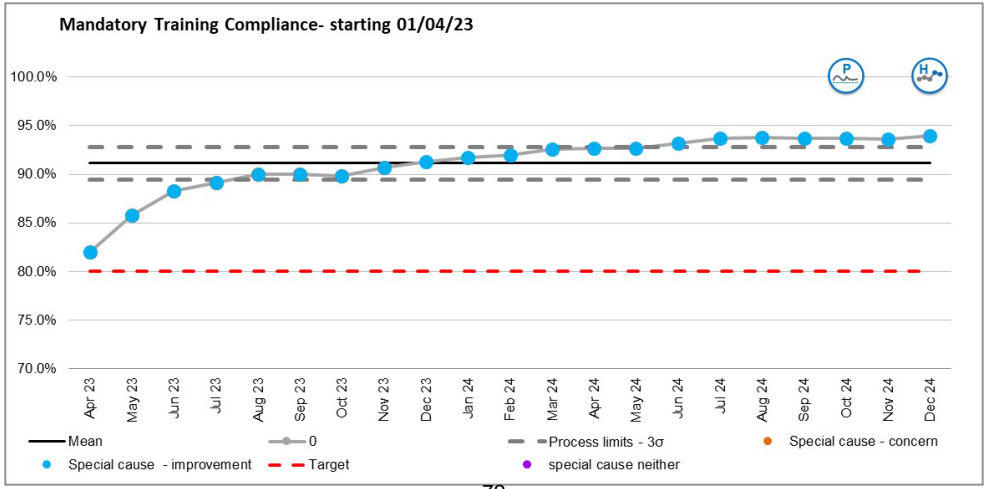
The Christie NHS Foundation Trust

Performance | Mandatory Training

Overall Compliance	Modules Outstanding	F2F Compliance	Online Compliance
93.95%	3,551	81.63%	95.15%

Trust Compliance

Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
91.75%	91.96%	92.60%	92.67%	92.68%	93.19%	93.73%	93.79%	93.68%	93.66%	93.62%	93.95%



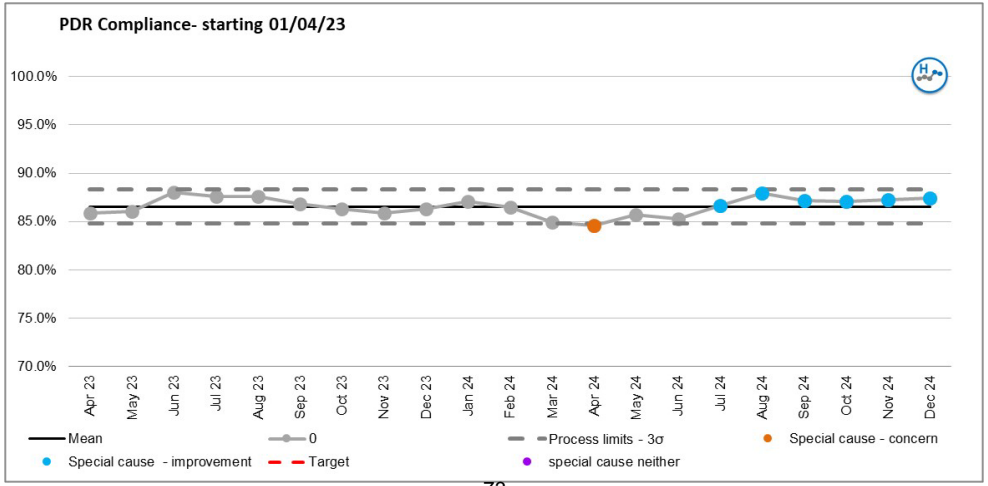
HR Metrics - PDR

The Christie NHS Foundation Trust

Performance | Appraisal

Overall Compliance	Expired Appraisals	Appraisals Due Soon
87.46%	403	498

Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
87.04%	86.45%	84.94%	84.61%	85.68%	85.28%	86.63%	87.95%	87.18%	87.05%	87.27%	87.46%



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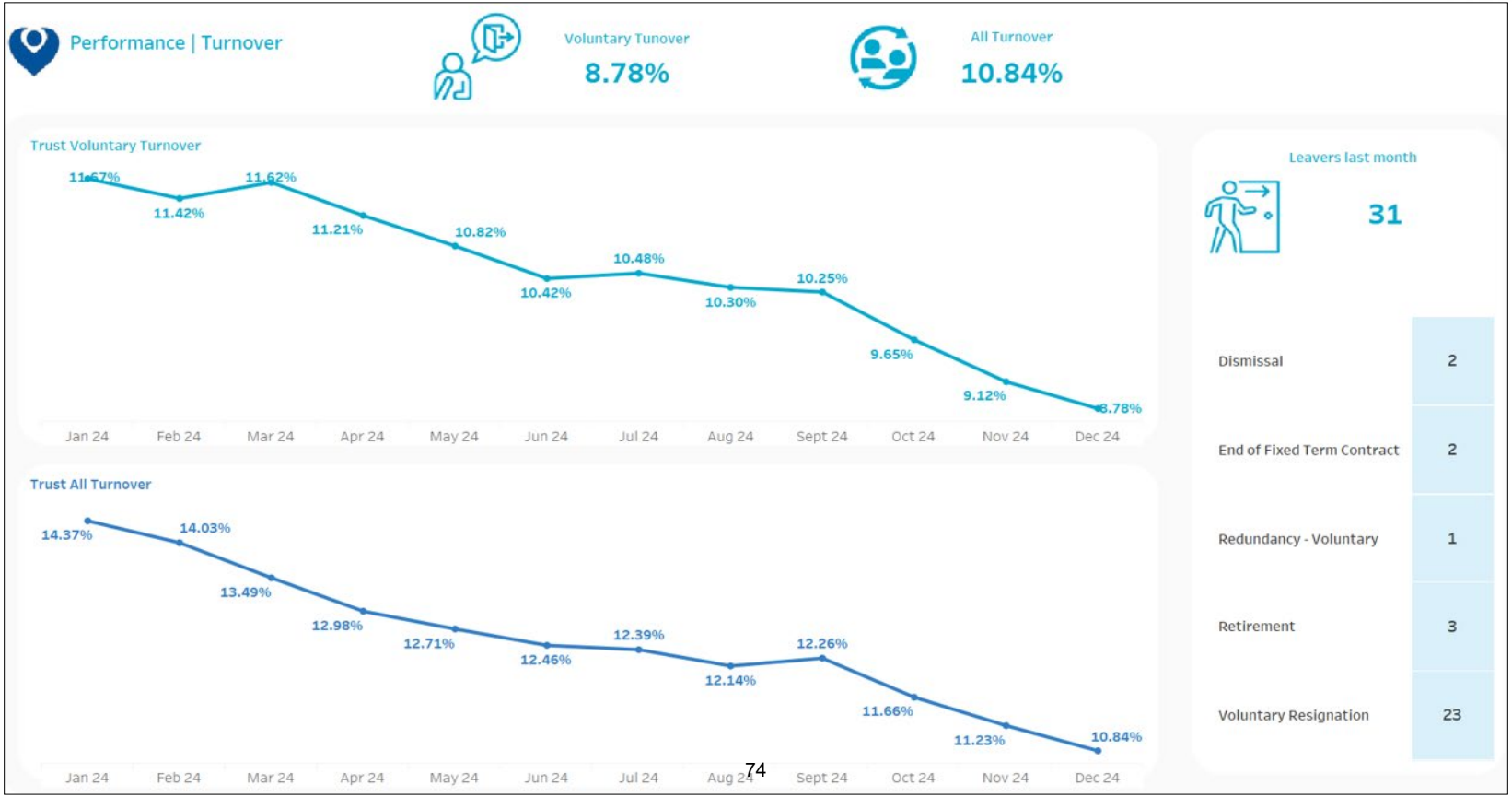
Workforce Metrics - Turnover

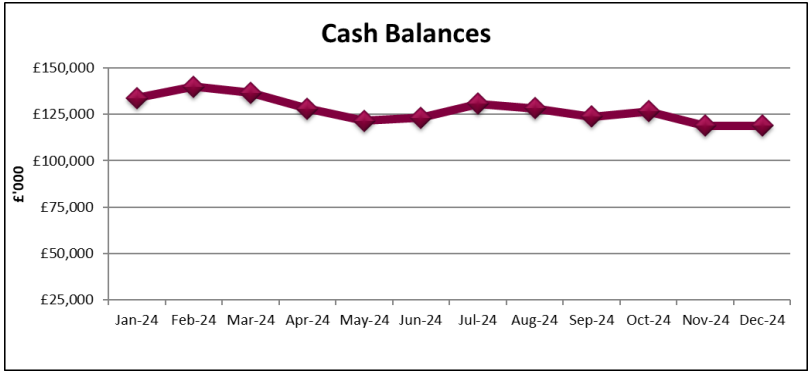
The Christie NHS Foundation Trust



Finance (Executive Summary)

The Christie NHS Foundation Trust

Month 9 YTD position	Annual Plan	YTD Budget	YTD Actual	Variance
	£'000	£'000	£'000	£'000
Clinical Income	(425,423)	(319,057)	(333,643)	(14,585)
Other Income	(77,916)	(58,323)	(55,969)	2,355
Pay	235,191	176,226	172,886	(3,341)
Non Pay (incl drugs)	242,563	181,927	196,745	14,818
Operating (Surplus) / Deficit	**(25,584)**	**(19,227)**	**(19,981)**	**(754)**
Finance expenses/ income	30,932	23,194	22,466	(728)
(Surplus) / Deficit	**5,349**	**3,967**	**2,485**	**(1,482)**
Exclude impairments/ charitably funded capital donations	(12,355)	(9,261)	(9,219)	42
Adjusted financial performance (Surplus) / Deficit	**(7,006)**	**(5,294)**	**(6,734)**	**(1,439)**



This report outlines the M9 consolidated financial performance of The Christie NHS Foundation Trust and its wholly owned subsidiary The Christie Pharmacy Ltd.

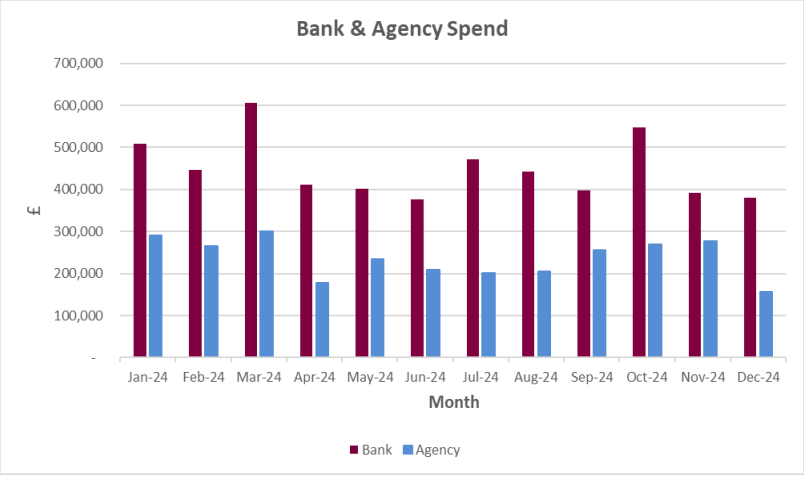
I&E

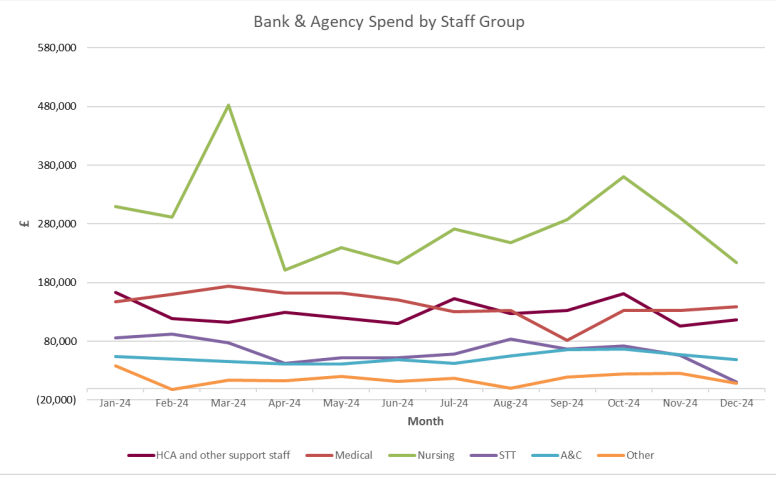
- The Trust is reporting a surplus at the end of M9 of (£6.7m) against a M9 YTD plan of (£5.3m), which gives a month 9 variance of (£1.4m) better than plan.
- In month the Trust reported a surplus position of £0.9m against a plan of £0.6m.
- Identified in year VIP is £20.7m against a target of £21.4m. The VIP shortfall against the recurrent VIP target is £3.5m, where £10.5m has been identified against a target of £14.0m (75% of recurrent target identified). Non-recurrent identified VIP is £10.2m against a target of £7.4m, overachieving by (£2.8m).

Balance sheet / liquidity

- The cash balance is £118.8m.
- Capital performance to month 9 was (£1.8m) below the revised plan submitted to NHSE&I in June 24. The Trust has spent 85% year to date of the capital plan.
- Targets have been achieved against payment of creditors paid within the 30-day Better Payment Practice Code target.

Finance (Expenditure)

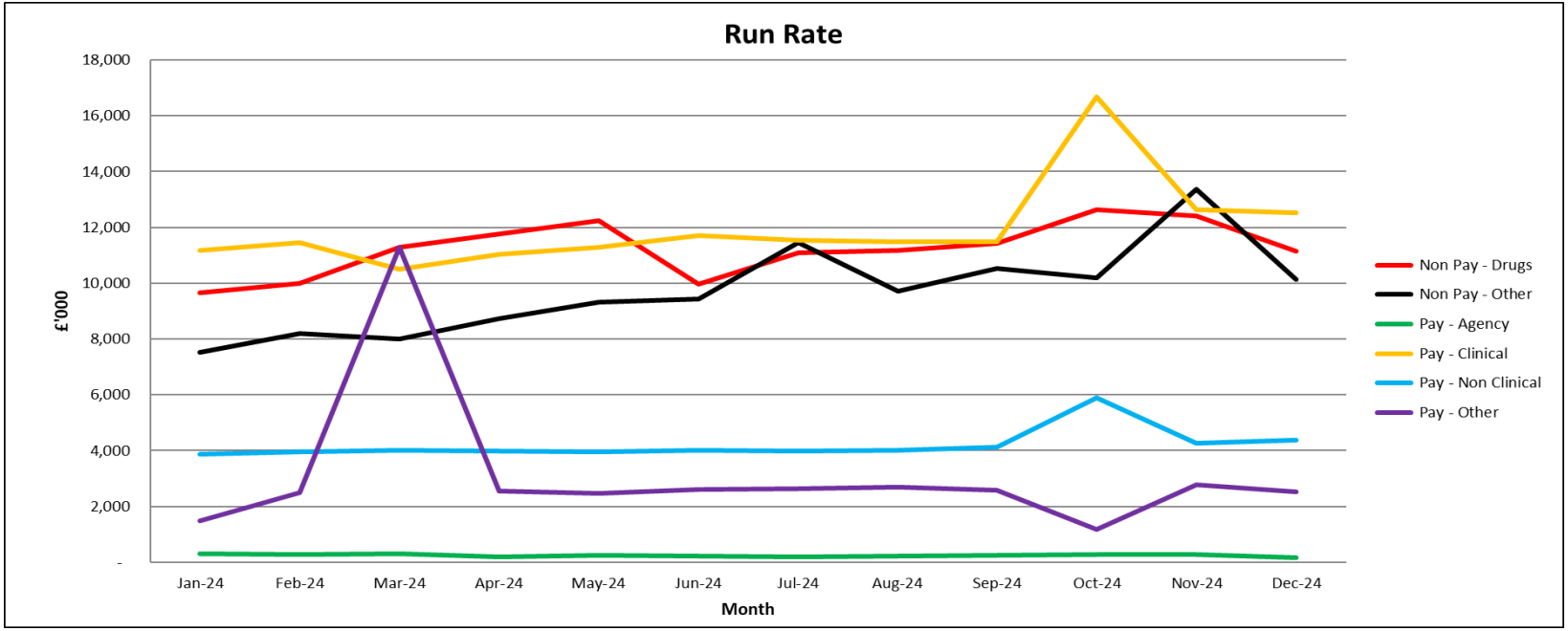




Agency spend in month 9 is £0.2m, £2.0m YTD. The spend is predominantly on medical agency with a significant decrease in month on nursing agency and scientific, technical and therapeutic agency compared to month 8.

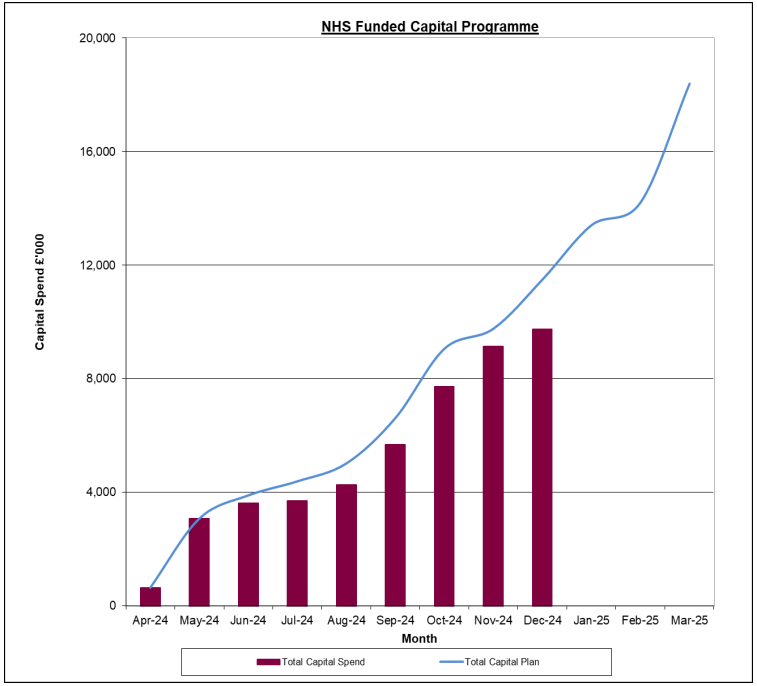
Alongside this, bank spend remained consistent in month 9 compared to month 8, giving £0.4m in month 9 and £3.8m YTD.

Finance (Expenditure)



- Drugs spend in month 9 is £11.2m, a decrease from month 8 of £1.3m linked to fluctuations in pass through drug spend.
- Pay – Clinical spend in month 9 is £12.5m, a decrease from month 8 of £0.1m.
- Pay – Agency spend in month 9 is £0.2m, a decrease from month 8 of £0.1m.
- Key elements of 'Non-Pay Other' spend consist of clinical supplies and services, premises and infrastructure costs and R&I costs

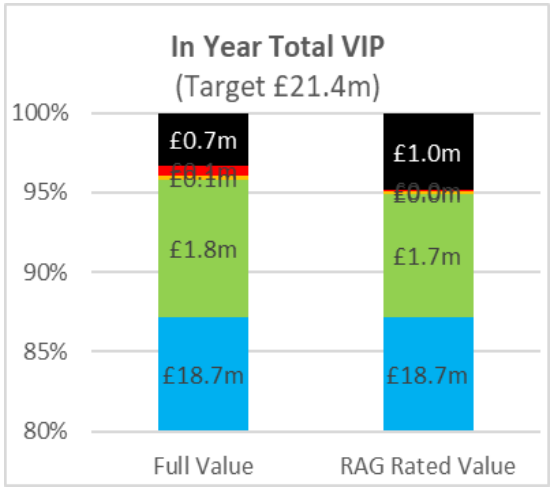
Finance (Capital)

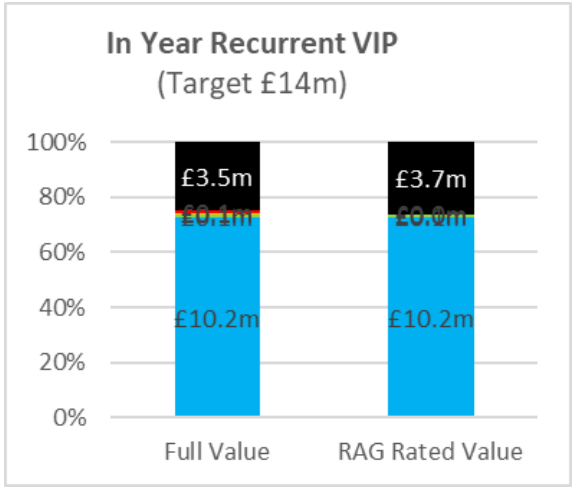


Capital spend to month 9 was £1.7m below the revised plan submitted to NHSE&I in June 24. This is lower than the plan position due to timing in the anticipated completion of the first linear accelerator.

The Trust has incurred £9.7m on capital schemes to month 9, primarily on the TIF ward refurbishment as well as ongoing digital projects and small replacement assets. The Trust has spent 85% year to date of the capital plan.

Finance (CIP)





Total In year CIP

- Total identified VIP schemes reported are £20.7m (£10.2m non recurrent / £10.5m recurrent).
- Risk adjusted identified schemes value £20.4m, leaving £1.0m unidentified.

Recurrent

- Schemes totalling £10.5m have been identified recurrently against a recurrent target of £14.0m.
- This leaves £3.5m of the recurrent target unidentified.

Risk Rating:	Delivering	Low	Medium	High	Unidentified
RAG Weighting:	100%	90%	50%	10%	

	Annual					Year to Date		
	Target	Identified value	Unidentified Value	Identified RAG Value	Unidentified RAG Value	Target	Delivered	Variance
Total VIP	**£21,396k**	**£20,688k**	**£708k**	**£20,353k**	**£1,043k**	**£16,073k**	**£16,073k**	**£0k**
Recurrent VIP	£13,996k	£10,495k	£3,501k	£10,329k	£3,667k	£10,520k	£7,622k	(£2,898k)
Non-Recurrent VIP	£7,400k	£10,193k	(£2,793k)	£10,024k	(£2,624k)	£5,553k	£8,452k	£2,899k

The Christie
NHS Foundation Trust

Agenda item 06/25b

Meeting of the Board of Directors
Thursday 30th January 2025

BRIEFING NOTE – FOR INFORMATION

Subject / Title	Briefing Note: Reforming Elective Care for Patients in England
Author(s)	John Wareing, Director of Strategy
Presented by	N/A
Summary / purpose of paper	This briefing note reviews the key themes, commitments, and implications of the NHS England plan to reform elective care for patients.
Recommendation(s)	The board is presented with this briefing as background information.
Background Papers	• PRN01784_Letter_Publication of the plan to reform elective care for patients_6 January 2025.pdf • PRN01789_Reforming elective care for patients_6 January 2025.pdf • NHS Providers On the Day Briefing - reforming-elective-care-for-patients_6- january-2025.pdf
Risk Score	See Board Assurance Framework
EDI impact / considerations	
Link to: ➢ Trust's Strategic Direction ➢ Corporate Objectives	Achievement of corporate plan and objectives
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	PEP Patient Engagement Portals CDC Community Diagnostic Centres FDS Faster diagnosis standard PIFU Patient Initiated Follow Up ENT Ear, Nose & Throat FIT faecal immunochemical test SACT systemic anti-cancer treatment AHP Allied Health Professional RTT referral to treatment ICB Integrated Care Board

The Christie
NHS Foundation Trust

Agenda item 06/25b

The Christie NHS Foundation Trust

Briefing Note: Reforming Elective Care for Patients in England

Executive Summary

This briefing note reviews the key themes, commitments, and implications of the NHS England plan to reform elective care for patients. The plan outlines a multi-faceted strategy to meet the 92% 18-week standard for elective treatment by March 2029, with an initial milestone of reaching 65% of patients waiting less than 18 weeks by March 2026. The plan emphasizes patient empowerment, improved delivery efficiency, and aligning funding with performance targets. It acknowledges the crucial role of the independent sector and the need to address health inequalities in access to care. The appendix details a number of key milestones contained in the document.

From a Christie perspective key areas to note are:
- Requirement to deliver the 18weeks target by 2028
- The emphasis on use of the NHS App to communicate with patients
- Increasing access to diagnostics capacity 12hrs / 6 days a week
- Evolution of the oversight framework to include additional measures such as impact on population health
- Greater collaboration with the Independent Sector

Key Themes

2. Patient Empowerment:

- **Choice and Control:** The plan aims to give patients greater choice and control over their care by providing clear information about options, including those in the independent sector.
- **Experience Expectations:** Minimum standards will be published outlining the experience patients should expect during their elective care journey, with ongoing monitoring and improvement efforts.
- **Enhanced NHS App & Patient Engagement Portals (PEPs):** The NHS App will play a central role in facilitating patient choice, access to information (e.g. transport options), results notification and appointment management. The App will become the 'default' route for patients to manage their elective care. PEPs will enable patients and their healthcare team to exchange information and send messages.

3. Reforming Delivery

- **Increased Capacity:** The plan commits to providing an additional 40,000 elective appointments per week within the first year, leveraging a combination of NHS and independent sector capacity.
- **Diagnostic Pathway Reform:** Community Diagnostic Centres (CDCs) will be expanded and their operating standards enhanced to improve access to timely diagnostics; up to five new CDCs will be funded. CDCs and hospital diagnostic service will open 12 hrs., 7 days per week, deliver optimal standards, deliver 10 straight to test pathways and

improve FDS performance. CDC plans should explicitly include capacity for cancer diagnosis through direct provision or through freeing up capacity in Trusts to undertake cancer diagnostics.

- **Surgical Hub Expansion:** The plan includes the launch of 17 new and expanded surgical hubs by June 2025, designed to deliver common surgical procedures more efficiently.

4. Embracing Technology:

- **AI, remote monitoring, and digital tools** will be harnessed to optimize scheduling, identify suitable patients for specific pathways, and streamline communication. e-RS will be further developed to support effective flows between primary and secondary care. Delivering Care in the Right Place
- **Advice and Guidance (A&G):** Increased investment in A&G will enable GPs to access specialist advice rapidly, ensuring patients receive appropriate care in the community setting, potentially avoiding unnecessary referrals to secondary care. GPs will be paid £20 per A&G request.
- **Expanding PIFU:** "Patient Initiated Follow Up" (PIFU) will be expanded, allowing patients to schedule follow-up appointments only when needed, reducing unnecessary outpatient visits.
- **Transforming Pathways:** The plan identifies five priority specialties – ENT, gastroenterology, respiratory, urology, and cardiology – for pathway transformation, aiming to shift care to more appropriate settings. Specific reference to expanding the number of Urology Investigation Units and development of an 'evidence base to aid future capital investment'. Cancer pathway improvement will be focused on use of FIT, rolling out breast pain pathways, increasing use of tele dermatology, AHP led anaesthetic biopsies in prostate cancer pathways, regular assessment of SACT and Radiotherapy demand and capacity, ensuring PSFU in key pathways.

5. Aligning Funding and Performance

- **Financial Reform:** The NHS Payment Scheme will be updated to reflect elective care priorities, incentivize productive activity, and support new ways of working like A&G, validation of waiting lists, and remote monitoring. NHSE will run a capital incentive scheme for providers that improve most in RTT standards.
- **Performance Oversight:** An updated performance oversight program, including an enhanced tiering process, will identify and support challenged providers while recognizing high performers. This will assess providers and ICBs against a wide range of delivery metrics, including elective care, as well as improved population health, reduced inequality of outcomes, high patient satisfaction and effective use of resources.
- **Transparency:** Increased data transparency, including performance and patient choice options, will be facilitated through online platforms and the NHS App.

6. Addressing Health Inequalities

- **Targeted Interventions:** Integrated Care Boards (ICBs) will be required to set clear visions and plans to reduce health inequalities in access to elective care. There will be reviews of current heath inequality improvement initiatives e.g. patient transport, accessible information, expanding use of the Health Equity and Referral to Treatment tool.
- **Prioritizing Deprived Areas:** The partnership agreement with the independent sector prioritizes offering choice of providers to patients in deprived areas.

- **Accountability:** NHSE will strengthen accountability and oversight of providers in addressing health inequalities in elective care, improve submission and quality of demographic data. Providers will be expected to embed inequalities data into Board level reporting (quarterly), review waiting list data in the context of deprivation and ethnicity (quarterly) and develop and monitor plans to reduce inequality in access and quality of care.

7. Strengthening the Independent Sector Partnership

- **Partnership Agreement:** A new Partnership Agreement outlines expectations for the independent sector's role in reducing the waiting list, maintaining quality, and supporting challenged specialties.
- **Increased Collaboration:** The plan aims to foster closer alignment between NHS and independent sector systems, enabling patients to see appointments and results on the NHS App and encouraging longer-term contracting arrangements.

Implications and Challenges

- **Workforce Capacity:** Delivering the ambitious commitments of the plan will require sufficient and appropriately skilled workforce capacity across both NHS and independent sector settings.
- **Implementation Complexity:** Successful implementation will depend on effective collaboration across different parts of the health and care system, requiring strong leadership and coordination at national, regional, and local levels.
- **Funding Sustainability:** Sustained investment will be crucial to support the long- term delivery of the plan's objectives, especially in light of existing financial pressures on the NHS.
- **Monitoring and Evaluation:** Robust monitoring and evaluation mechanisms will be essential to track progress, identify challenges, and make necessary adjustments to the plan over time.

This plan represents a significant commitment to reforming elective care in England, with a clear focus on patient experience, efficiency, and addressing health inequalities. While the plan sets out ambitious goals and a range of initiatives, successful implementation will rely on effectively addressing the accompanying challenges and ensuring that the required resources are available to support its long-term success.

Sources:

- PRN01784_Letter_Publication of the plan to reform elective care for patients_6 January 2025.pdf
- PRN01789_Reforming elective care for patients_6 January 2025.pdf
- NHS Providers On the Day Briefing - reforming-elective-care-for-patients_6- january-2025.pdf

Appendix: Key Milestones

Timescale	Milestone
2025	
	• NHSE: review prices, with the independent sector, for elective care activity. • NHSE: collate and publish information on inequalities initiatives. • ICB: All Pathology & Imaging Networks reach 'maturity'.
March	• ICB: to set a local vision for reducing health inequalities within elective care. • Providers: 85% of Acute Trusts will enable patients to view appointments via the NHS App.
April	• ICBs / Providers: Name a director responsible for improving the patient experience, make customer care training available for staff, review processes for corresponding with patients and access information on waiting times. • NHSE: Set expectations for ensuring patient choice in referrals.
June	• NHSE: Launch of 17 new and expanded surgical hubs.
September	• NHSE: working with patients, carers, and representatives, publishes minimum standards for the patient experience in elective care.
December	• Providers: 'More patient information' e.g. discharge letters available via the NHS App.
2026	
2026/27	• ICBs: expand remote monitoring across all long term conditions, helping to remove c500k lower value follow ups. • ICB: increase community activity in 5 priority specialties - cardiology, urology, respiratory, gastroenterology and ENT.
March	• Providers: Target for 65% of patients waiting less than 18 weeks for elective treatment nationally, with every trust delivering a minimum 5 percentage point improvement. • Providers: CDCs and hospital-based diagnostic services to be open 12 hours a day, 7 days a week and to implement at least 10 straight-to-test pathways. • Providers: Patient-initiated follow-up (PIFU) to be offered as standard in all appropriate pathways. • Providers: Completed Experience of Care Improvement Framework Self Assessment (to be updated). • Providers: 70% of all elective care appointments available to view and manage via the NHS App. • NHSE: Support adoption of the FDP for 85% of all secondary care providers. • ICBs: Increase direct to test (+10 pathways), increase use of CDCs. • NHSE: 8000 clinical and operational leaders trained in effective pathway management (NHS IMPACT).
September	• ICBs: implement commissioning arrangements for Advice and Guidance (A&G) services, including resource allocation through job planning. • ICB: Reduced variation in discharge process, expand shared decision making.

Timescale	Milestone
2027	
	• NHSE: develops and tests tariffs and payment models for Advice and Guidance, validation, and remote monitoring for wider adoption. • ICS: Begin implementing standardised pathway referral criteria.
March	• Providers: Parents and carers gain proxy access to the NHS App to manage secondary care appointments and treatment options on behalf of others. • Providers: Enhanced functionality in the NHS App allows patients / proxies to book appointments, manage waiting lists, receive updates, and access their health records. • Providers: Diagnostic coding becomes standard practice in acute providers.
2029	
March	• Providers: Target for meeting the 18-week standard nationally (92%). • Providers: Increase PIFU uptake to at least 5% of all outpatient appointments.

Section 1 -Executive Summary

Overview - Summary

26 metrics – Not all metrics are applicable to every trust e.g. theatre utilisation for Mental Health Trusts. The ranking is based on the average score, with some trusts average based on all 26 metrics and other trusts (MH Providers) covering only 12 metrics.

Every KPI has received an equal weighting.

Ranked one for a metric – There are pockets of excellent performance, but the national perception is the NW has a material opportunity to improve productivity, therefore being ranked one, does not mean there is no opportunity to improve. For several metrics, trusts are ranked nationally (Implied Productivity and Activity) and for others against your recommended peers (Model Health System). The pack ranks on both a sector and across the whole of the NW

Data Sources – Key sources below (these can be shared):

- Provider Finance Return (PFR) - Pack uses up to Month 7.
- Provider Workforce Return (PWR) - Pack uses up to Month 7.
- Model Health System (MHS) – National benchmarking tool NHS England - Model Hospital
- NHSE Implied Productivity tool – NHSE dataset latest Month 6 (24-25).
- NHSE Agency Data (Price Cap, Off Framework) – NHSE share a dataset with GM nw each month, latest is to Month 6.
- NHS Statistics – Benchmarking and datasets across a wide spectrum of indicators (Beds, NEL etc) Statistics » Statistical work areas (england.nhs.uk)
- NHS Absence Data - NHS Absence Data August-24

Iterative process - This is the fourth draft of the NW pack and there is an expectation that **trusts review the data**, if there are numbers or trends providers do not recognize, please email bill.roberts2@nhs.net so there can be a review.

Section 2 - NW Overview (CIP/Workforce)

Overview - Overall NW Ranking

ICS/Provider	Workforce	Finance	Activity	MHS	Overall
Lancashire & S Cumbria					
Morecambe Bay	22	29	13	4	22
Lancs & S Cumbria	31	20			30
NWAS	1	13			2
Blackpool	29	28	9	16	28
Lancs Teaching	3	31	22	10	18
East Lancs	19	30	1	17	19
Greater Manchester					
MFT	10	18	8	23	14
Christie	5	1	12	8	1
NCA	12	15	20	22	23
Bolton	18	3	2	20	10
Tameside	7	6	16	1	4
WWL	8	14	14	4	9
Pennine Care	27	9			24
Stockport	16	23	23	12	25
GMMH	30	21			31
Cheshire & Merseyside					
Wirral Teaching	17	22	3	21	15
Mersey & W Lancs	20	11	6	18	13
Liverpool Heart & Chest	6	11	10	7	5
Alder Hey	2	10	5	13	3
Mid Cheshire	25	16	11	15	20
LUHFT	4	24	17	18	16
Clatterbridge	14	1	7	14	6
Liverpool Women's	11	5	19	2	7
Walton Centre	23	4	15	2	11
East Cheshire	15	19	4	8	12
Countess of Chester	28	27	21	4	27
Mersey Care	26	8			21
Warrington & Halton	9	26	18	11	17
CWP	24	16			26
Bridgewater	21	24			29
Wirral Community	13	7			8

Acute	
Tameside	1
WWL	2
Bolton	3
East Cheshire	4
Mersey & W Lancs	5
MFT	6
Wirral Teaching	7
LUHFT	8
Warrington & Halton	9
Lancs Teaching	10
East Lancs	11
Mid Cheshire	12
Morecambe Bay	13
NCA	14
Stockport	15
Countess of Chester	16
Blackpool	17
Specialist	
Christie	1
Alder Hey	2
Liverpool Heart & Chest	3
Clatterbridge	4
Liverpool Women's	5
Walton Centre	6
Mental Health	
Mersey Care	1
Pennine Care	2
CWP	3
Lancs & S Cumbria	4
GMMH	5
Other	
NWAS	1
Wirral Community	2
Bridgewater	3

Overall ranking based on average of available section ranks

Potential Opportunities - NW Benchmarking Efficiency

ICS/Provider	CIP as %age of OpEx				CIP delivery at M07				Recnt %age		% Amber/Red		Overall
	YTD	Rank	FOT	Rank	All	Rank	Recnt	Rank	YTD	Rank	FOT	Rank	Rank
Lancashire & S Cumbria													
Morecambe Bay	2.3%	28	6.2%	6	21.8%	29	17.5%	24	1.9%	16	63.3%	29	27
Lancs & S Cumbria	3.3%	20	4.4%	22	43.8%	17	19.1%	21	1.5%	22	62.9%	28	25
NWAS	2.8%	26	2.8%	31	58.5%	3	22.9%	13	1.1%	27	18.5%	6	20
Blackpool	1.9%	30	8.6%	1	13.3%	31	10.1%	27	1.5%	21	87.5%	31	28
Lancs Teaching	2.0%	29	6.7%	5	17.8%	30	8.7%	29	1.0%	28	68.6%	30	31
East Lancs	3.0%	22	7.3%	3	24.5%	26	18.0%	22	2.3%	9	49.5%	21	17
Greater Manchester													
MFT	4.2%	6	4.8%	17	51.6%	11	23.8%	12	2.0%	12	4.7%	2	5
Christie	4.0%	9	4.1%	27	58.4%	4	27.7%	9	2.0%	13	21.0%	11	8
NCA	3.7%	11	4.4%	23	50.7%	12	15.7%	25	1.2%	25	20.9%	10	19
Bolton	4.8%	2	4.9%	11	61.3%	2	20.9%	18	1.7%	19	14.6%	5	3
Tameside	3.8%	10	4.9%	14	47.0%	16	26.0%	11	2.2%	10	34.8%	17	10
WWL	4.6%	3	4.7%	18	57.4%	8	19.2%	20	1.6%	20	30.5%	15	13
Pennine Care	3.6%	13	4.5%	20	47.9%	14	26.2%	10	2.1%	11	52.0%	22	15
Stockport	2.9%	23	4.8%	16	35.4%	25	8.0%	30	0.7%	30	18.8%	7	26
GMMH	2.8%	25	4.2%	24	38.4%	24	9.8%	28	0.7%	29	36.0%	18	30
Cheshire & Merseyside													
Wirral Teaching	4.4%	5	5.0%	9	52.8%	10	34.7%	5	3.0%	5	5.9%	3	1
Mersey & W Lancs	4.2%	7	4.9%	13	53.0%	9	37.7%	3	3.1%	3	10.0%	4	2
Liverpool Heart & Chest	2.9%	24	4.2%	26	40.3%	20	30.6%	6	2.3%	8	49.0%	20	18
Alder Hey	3.7%	12	4.5%	21	48.2%	13	35.3%	4	2.8%	6	26.2%	13	7
Mid Cheshire	3.3%	19	4.9%	12	38.5%	22	21.9%	16	1.9%	15	20.6%	9	16
LUHFT	5.2%	1	8.2%	2	38.4%	23	21.3%	17	3.1%	4	27.0%	14	6
Clatterbridge	3.2%	21	3.4%	28	58.3%	5	30.5%	7	1.7%	18	0.0%	1	12
Liverpool Women's	3.5%	14	3.1%	30	64.3%	1	22.3%	15	1.3%	24	56.7%	26	22
Walton Centre	4.2%	8	4.2%	25	57.8%	7	51.0%	2	3.9%	1	32.7%	16	4
East Cheshire	3.4%	16	4.9%	15	42.1%	19	20.9%	19	1.7%	17	52.1%	23	21
Countess of Chester	1.9%	31	5.1%	8	22.9%	28	22.9%	14	2.0%	14	56.6%	25	24
Mersey Care	3.3%	17	3.3%	29	58.3%	6	54.3%	1	3.2%	2	53.0%	24	11
Warrington & Halton	3.3%	18	4.9%	10	40.0%	21	29.5%	8	2.5%	7	24.6%	12	9
CWP	3.4%	15	4.7%	19	43.2%	18	17.7%	23	1.5%	23	36.6%	19	23
Bridgewater	2.6%	27	6.9%	4	23.7%	27	5.3%	31	0.6%	31	62.4%	27	29
Wirral Community	4.6%	4	5.8%	7	47.1%	15	11.3%	26	1.2%	26	20.0%	8	14

Provider Sector Rank - CIP	
Acute	
Wirral Teaching	1
Mersey & W Lancs	2
Bolton	3
MFT	4
LUHFT	5
Warrington & Halton	6
Tameside	7
WWL	8
Mid Cheshire	9
East Lancs	10
NCA	11
East Cheshire	12
Countess of Chester	13
Stockport	14
Morecambe Bay	15
Blackpool	16
Lancs Teaching	17
Specialist	
Walton Centre	1
Alder Hey	2
Christie	3
Clatterbridge	4
Liverpool Heart & Chest	5
Liverpool Women's	6
Mental Health	
Mersey Care	1
Pennine Care	2
CWP	3
Lancs & S Cumbria	4
GMMH	5
Other	
Wirral Community	1
NWAS	2
Bridgewater	3

Potential Opportunities - Stress Test Efficiency

ICS/Provider	High £'000s	Medium £'000s	Low* £'000s	High (90%)	Medium (50%)	Total Risk	as %age of OpEx	Rank
Lancashire & S Cumbria								
Morecambe Bay	19,444	4,165	13,702	17,500	2,083	19,582	3.5%	29
Lancs & S Cumbria	3,824	13,148	10,029	3,441	6,574	10,015	1.7%	24
NWAS	31	2,759	12,268	28	1,380	1,408	0.3%	5
Blackpool	48,930	6,802	7,960	44,037	3,401	47,438	7.0%	31
Lancs Teaching	33,785	6,049	18,207	30,407	3,025	33,431	4.1%	30
East Lancs	0	29,515	30,164	0	14,758	14,758	2.0%	25
Greater Manchester								
MFT	3,217	3,789	140,994	2,896	1,894	4,790	0.2%	2
Christie	4,251	236	16,909	3,826	118	3,944	0.8%	12
NCA	1,385	16,497	67,720	1,246	8,249	9,495	0.5%	7
Bolton	922	2,867	22,118	830	1,434	2,264	0.4%	6
Tameside	5,104	1,504	12,368	4,594	752	5,346	1.4%	21
WWL	4,977	3,358	18,964	4,479	1,679	6,158	1.1%	17
Pennine Care	2,952	4,600	6,968	2,657	2,300	4,957	1.6%	23
Stockport	3,585	1,042	20,007	3,226	521	3,747	0.8%	11
GMMH	6,799	1,810	15,307	6,119	905	7,024	1.3%	19
Cheshire & Merseyside								
Wirral Teaching	663	917	25,299	597	458	1,055	0.2%	3
Mersey & W Lancs	0	4,811	43,154	0	2,406	2,406	0.3%	4
Liverpool Heart & Chest	1,885	3,326	5,434	1,697	1,663	3,359	1.4%	20
Alder Hey	1,636	3,598	14,716	1,472	1,799	3,271	0.8%	10
Mid Cheshire	4,103	518	17,816	3,693	259	3,952	0.9%	14
LUHFT	11,899	19,004	83,697	10,709	9,502	20,211	1.6%	22
Clatterbridge	0	0	10,000	0	0	0	0.0%	1
Liverpool Women's	0	3,350	2,554	0	1,675	1,675	0.9%	16
Walton Centre	0	2,798	5,760	0	1,399	1,399	0.7%	9
East Cheshire	3,886	1,964	5,376	3,497	982	4,479	2.0%	26
Countess of Chester	9,153	2,067	8,602	8,238	1,034	9,271	2.5%	27
Mersey Care	0	13,767	12,200	0	6,884	6,884	0.9%	15
Warrington & Halton	311	4,471	14,651	280	2,235	2,515	0.7%	8
CWP	2,532	2,554	8,827	2,279	1,277	3,556	1.3%	18
Bridgewater	2,112	2,215	2,612	1,901	1,108	3,008	3.2%	28
Wirral Community	512	744	5,019	461	372	833	0.8%	13

Provider Sector Rank - Stress Test		
Acute	**Sector**	**Overall**
MFT	1	2
Wirral Teaching	2	3
Mersey & W Lancs	3	4
Bolton	4	6
NCA	5	7
Warrington & Halton	6	8
Stockport	7	11
Mid Cheshire	8	14
WWL	9	17
Tameside	10	21
LUHFT	11	22
East Lancs	12	25
East Cheshire	13	26
Countess of Chester	14	27
Morecambe Bay	15	29
Lancs Teaching	16	30
Blackpool	17	31
Specialist		
Clatterbridge	1	1
Walton Centre	2	9
Alder Hey	3	10
Christie	4	12
Liverpool Women's	5	16
Liverpool Heart & Chest	6	20
Mental Health		
Mersey Care	1	15
CWP	2	18
GMMH	3	19
Pennine Care	4	23
Lancs & S Cumbria	5	24
Other		
NWAS	1	5
Wirral Community	2	13
Bridgewater	3	28

Potential Opportunities - NW Benchmarking Workforce

ICS/Provider	Agency %		Absence %		Stability Index		Aug 24 - Infrastructure % WTE				Overall
	M07	Rank	Jul 24	Rank	FY	Rank	Snr Mgr	Rank	Total	Rank	Rank
Lancashire & S Cumbria											
Morecambe Bay	2.0%	4	5.4%	1	90.9%	2	0.2%	1	18.0%	6	4
Lancs & S Cumbria	4.2%	5	7.6%	6	84.9%	6	1.3%	6	10.6%	1	30
NWAS	0.0%	1	7.4%	5	91.2%	1	0.4%	3	10.9%	2	1
Blackpool	4.3%	6	6.3%	3	90.4%	3	1.1%	5	18.0%	5	29
Lancs Teaching	1.3%	2	6.3%	2	89.9%	4	0.3%	2	18.0%	4	14
East Lancs	1.3%	3	6.5%	4	89.0%	5	0.8%	4	16.0%	3	24
Greater Manchester											
MFT	0.6%	1	6.2%	5	89.7%	4	1.0%	8	14.8%	3	9
Christie	1.1%	3	4.7%	1	89.9%	3	1.1%	9	20.3%	9	16
NCA	0.9%	2	6.8%	8	89.4%	5	0.7%	4	13.4%	1	13
Bolton	1.5%	5	5.3%	2	88.9%	6	0.6%	3	14.4%	2	6
Tameside	1.2%	4	5.7%	4	88.9%	7	0.8%	7	16.6%	6	17
WWL	2.2%	6	5.3%	3	91.4%	1	0.7%	5	19.4%	8	10
Pennine Care	4.0%	9	7.0%	9	89.9%	2	0.5%	1	15.3%	5	21
Stockport	2.2%	7	6.4%	7	88.9%	8	0.7%	6	17.1%	7	27
GMMH	2.6%	8	6.3%	6	88.1%	9	0.6%	2	15.1%	4	25
Cheshire & Merseyside											
Wirral Teaching	1.8%	10	6.3%	13	90.9%	2	0.6%	4	16.7%	10	12
Mersey & W Lancs	2.7%	14	4.1%	1	90.6%	3	0.5%	3	15.7%	7	3
Liverpool Heart & Chest	0.4%	1	5.8%	7	88.0%	14	1.4%	12	17.7%	12	23
Alder Hey	0.6%	3	5.7%	6	90.4%	4	0.7%	6	14.2%	5	2
Mid Cheshire	2.5%	12	4.9%	2	91.3%	1	1.1%	8	16.4%	9	7
LUHFT	0.7%	5	6.2%	11	90.0%	6	1.6%	15	18.9%	13	22
Clatterbridge	0.9%	7	5.3%	3	89.9%	9	1.0%	7	17.1%	11	11
Liverpool Women's	0.7%	6	5.7%	4	88.9%	11	1.1%	9	14.3%	6	8
Walton Centre	0.5%	2	6.3%	12	88.7%	12	1.5%	13	23.4%	16	28
East Cheshire	2.8%	15	6.1%	9	89.1%	10	0.6%	5	12.6%	2	15
Countess of Chester	1.2%	8	5.8%	8	88.6%	13	0.5%	2	13.5%	3	5
Mersey Care	2.5%	13	7.6%	16	86.6%	15	1.4%	11	22.7%	15	31
Warrington & Halton	0.7%	4	5.7%	5	90.3%	5	1.5%	14	22.1%	14	19
CWP	3.0%	16	6.2%	10	86.5%	16	0.4%	1	13.6%	4	20
Bridgewater	1.8%	11	6.7%	14	89.9%	7	2.1%	16	16.2%	8	26
Wirral Community	1.3%	9	6.7%	15	89.9%	8	1.2%	10	10.6%	1	18

Provider Sector Rank - Workforce	
Acute	
Mersey & W Lancs	1
Morecambe Bay	2
Countess of Chester	3
Bolton	4
Mid Cheshire	5
MFT	6
WWL	7
Wirral Teaching	8
NCA	9
Lancs Teaching	10
East Cheshire	11
Tameside	12
Warrington & Halton	13
LUHFT	14
East Lancs	15
Stockport	16
Blackpool	17
Specialist	
Alder Hey	1
Liverpool Women's	2
Clatterbridge	3
Christie	4
Liverpool Heart & Chest	5
Walton Centre	6
Mental Health	
CWP	1
Pennine Care	2
GMMH	3
Lancs & S Cumbria	4
Mersey Care	5
Other	
NWAS	1
Wirral Community	2
Bridgewater	3

Section 3.1 - Ranking Greater Manchester

ICB Ranking - Activity

Metric	Rank out of	Area	MFT	Christie	NCA	Bolton	Tameside	WWL	Pennine Care	Stockport	GMMH
A&E Attendances	6	Performance	13.8%		5.6%	-19.7%	6.5%	-1.2%		-13.0%	
		Rank	1		3	6	2	4		5	
Non Elective	7	Performance	-7.4%	17.9%	6.1%	5.8%	16.8%	2.9%		-2.5%	
		Rank	7	1	3	4	2	5		6	
Elective and Day Case	7	Performance	13.6%	9.7%	2.4%	6.9%	7.4%	14.0%		2.0%	
		Rank	2	3	6	5	4	1		7	
Outpatient First Attendances	7	Performance	27.1%	-45.6%	1.0%	9.7%	7.1%	10.2%		0.8%	
		Rank	1	7	5	3	4	2		6	
Outpatient Follow Ups	7	Performance	13.4%	4.4%	-2.2%	4.2%	5.8%	5.3%		4.8%	
		Rank	7	3	1	2	6	5		4	
Overall Activity Rank			2	3	6	1	5	4		7	

All values are calculated as the percentage change in activity YTD M06 24-25 from YTD M06 23-24
Values of less than 500/month are ignored
Overall activity rank is calculated by reference to growth in costed activity for all PoDs
The FA:FU ratio is an absolute value based on YTD M06 24-25 data

ICB Ranking - Workforce

Metric	Rank out of	Area	MFT	Christie	NCA	Bolton	Tameside	WWL	Pennine Care	Stockport	GMMH
Agency as %age of planned pay	9	Performance	0.6%	1.1%	0.9%	1.5%	1.2%	2.2%	4.0%	2.2%	2.6%
		Rank	1	3	2	5	4	6	9	7	8
Absence rate	9	Performance	6.2%	4.7%	6.8%	5.3%	5.7%	5.3%	7.0%	6.4%	6.3%
		Rank	5	1	8	2	4	3	9	7	6
Off-framework agency	9	Performance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%
		Rank	1	1	1	1	1	1	1	1	9
Price Cap Compliance	9	Performance	50%	71%	58%	30%	49%	28%	69%	54%	64%
		Rank	6	1	4	8	7	9	2	5	3
Staff Cost Variance	9	Performance	-4.2%	-27.9%	-1.8%	-15.3%	-3.1%	0.6%	-7.6%	-0.1%	-5.6%
		Rank	5	9	3	8	4	1	7	2	6
Overall Workforce Rank			4	1	5	7	2	3	8	6	9

ICB Ranking - Model Health System

Metric	Rank out of	Area	MFT	Christie	NCA	Bolton	Tameside	WWL	Pennine Care	Stockport	GMMH
Remote attendance	7	Performance	17.0%	28.0%	18.5%	7.1%	20.0%	20.5%		15.5%	
		Rank	6	1	5	7	2	3		4	
PIFU	7	Performance	2.2%	0.0%	4.6%	1.6%	2.8%	3.3%		4.8%	
		Rank	6	4	1	7	5	2		3	
DNAs	7	Performance	9.8%	3.4%	11.9%	9.4%	6.6%	7.8%		8.2%	
		Rank	6	1	7	5	2	3		4	
Specialist Advice	7	Performance	31.7%	67.6%	20.6%	28.0%	13.3%	18.5%		14.8%	
		Rank	2	1	4	3	7	5		6	
OPFA:OPFU Ratio	7	Performance	2.6	24.1	1.7	1.7	1.9	2.0		1.8	
		Rank	6	7	4	1	3	5		2	
Theatre utilisation	7	Performance	79.4%	77.2%	71.2%	73.8%	86.0%	84.7%		78.6%	
		Rank	3	6	7	5	1	2		4	
DC Rates	7	Performance	79.3%	72.8%	82.0%	86.1%	84.2%	80.8%		85.0%	
		Rank	6	3	5	2	1	7		4	
EL LoS	7	Performance	4.8	5.1	3.7	3.1	2.1	2.5		2.3	
		Rank	7	4	6	5	1	3		2	
Overall Model Health System Rank			7	2	6	5	1	4		3	

Rank is calculated according to distance from peers, not on absolute performance within ICB

ICB Ranking - Finance

Metric	Rank out of	Area	MFT	Christie	NCA	Bolton	Tameside	WWL	Pennine Care	Stockport	GMMH
Performance*	9	Performance	-1.8%	0.1%	-0.2%	0.0%	-0.1%	-0.9%	-0.6%	-0.4%	-1.9%
		Rank	8	1	4	2	3	7	6	5	9
Total CIP delivery	9	Performance	52%	58%	51%	61%	47%	57%	48%	35%	38%
		Rank	4	2	5	1	7	3	6	9	8
CIP delivery as % of OpEx	9	Performance	4.2%	4.0%	3.7%	4.8%	3.8%	4.6%	3.6%	2.9%	2.8%
		Rank	3	4	6	1	5	2	7	8	9
BPPC Value	9	Performance	95.2%	97.8%	95.9%	98.6%	99.4%	95.7%	97.9%	98.0%	99.3%
		Rank	9	6	7	3	1	8	5	4	2
Cash ratio	9	Performance	0.25	1.51	0.33	0.26	0.45	0.22	1.03	0.46	0.61
		Rank	8	1	6	7	5	9	2	4	3
Implied Productivity at M06 24-25 vs 23-24	7	Performance	1.8%	0.2%	-1.2%	2.7%	8.3%	1.6%		-6.2%	
		Rank	3	5	6	2	1	4		7	
Overall Finance Rank			7	1	6	2	3	5	4	9	8

* Performance metric calculated as the variance of 'Total Provider Surplus/Deficit - system performance measure' (YTD) expressed as a percentage of Op Ex (YTD)

Overall Review - Manchester University NHS Foundation Trust

ICB Rank 5 out of 9

NW Rank 14 out of 31

Workforce

Metric	Value	Rankings ICB (10) / NW (31)	Overall	
Agency	0.63%	1/5	ICB: (of 9)	4
Absence	6.19%	5/16		
Price Cap Compliance	49.7%	6/18		
Staff Cost Variance	-4.23%	5/18	NW: (of 31)	10
Off Framework Agency	0.0%	1/1		

Finance

Metric	Value	Rankings ICB (10) / NW (31)	Overall	
Performance	-1.8%	8/25	ICB: (of 9)	7
Total CIP delivery	51.6%	4/11		
CIP %age of OpEx	4.2%	3/6		
BPPC - Value	95.2%	9/17	NW: (of 31)	18
Cash ratio	0.25	8/24		
Productivity	1.8%	3/12		

Activity

POD	Actual	Change	Rankings ICB (7) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	92,732	13.6%	2/10	ICB: (of 7)	2
OPFA	221,056	27.1%	1/2		
OPFU	494,339	13.4%	7/22		
NEL	42,768	-7.4%	7/21	NW: (of 23)	8
A&E	185,421	13.8%	1/3		
OP FA:FU ratio	2.2	12.0%	1/3		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	17.0%	19.6%	-2.6%		
PIFU	Sep-24	2.2%	3.9%	-1.7%	ICB: (of 7)	7
DNAs	Sep-24	9.8%	7.3%	-2.6%		
Spec Advice	Aug-24	31.7%	20.5%	11.3%		
Theatre utilisation	Nov-24	79.4%	76.9%	2.5%	NW: (of 23)	23
DC Rates	Jul-24	79.3%	83.4%	-4.0%		
Elective LoS	Aug-24	4.8	3.9	-0.9		

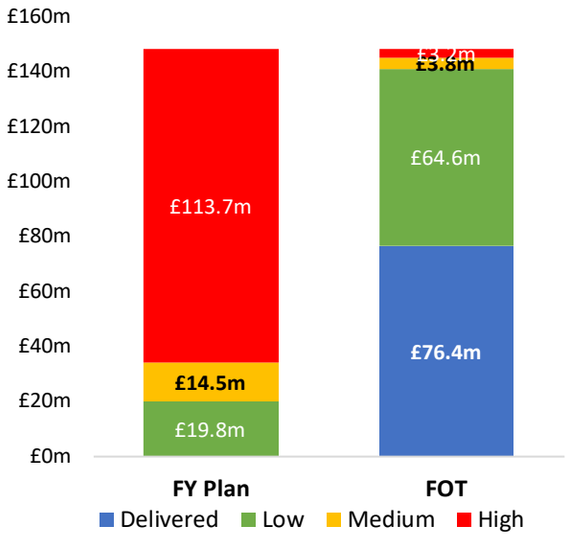
When compared to peers: 2 higher performance, 5 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

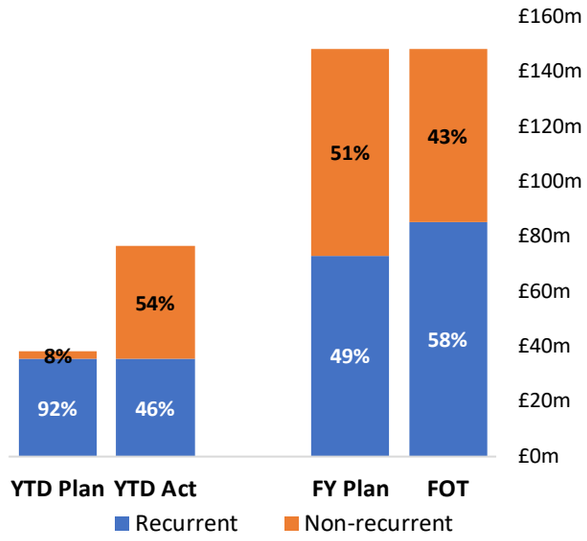
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Manchester University NHS Foundation Trust

Risk Profile

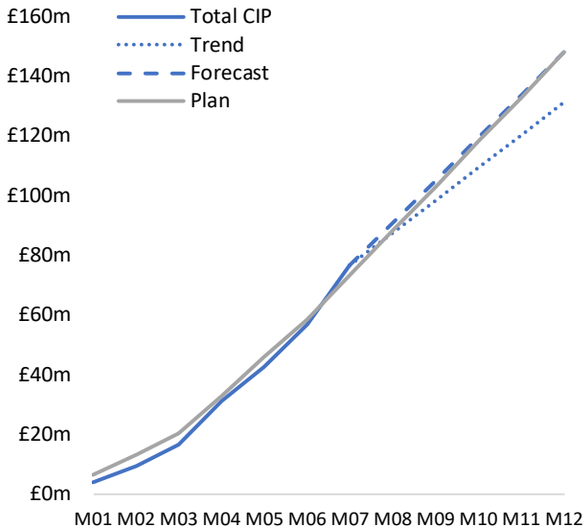


Recurrent/Non-recurrent Split

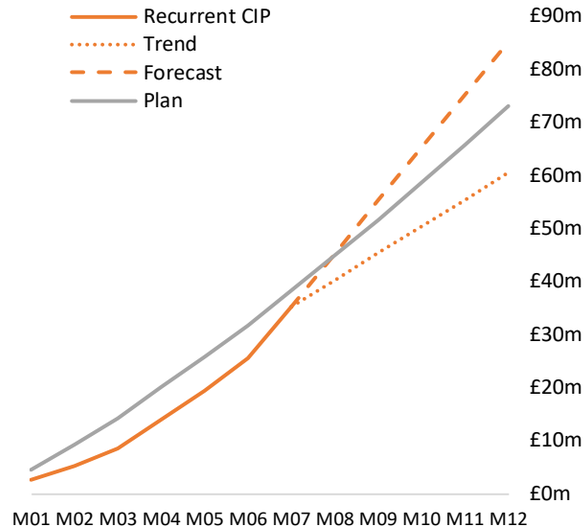


1 - Forecast %age of CIP Plan that is RED or AMBER	4.7%
2 - Rank out of 31 NW Providers	2
3 - Distance from NW Average*	£42.6m
4 - Total YTD delivery as %age of CIP Plan	51.6%
5 - Rank out of 31 NW Providers	11

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£7.9m
7 - Recurrent YTD delivery as %age of Total CIP Plan	23.8%
8 - Rank out of 31 NW Providers	12
9 - Distance from NW Average*	£1.7m
10 - Forecast non-recurrent CIP pressure into 24-25	£62.9m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Manchester University NHS Foundation Trust

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	9,990	56,696	£68,100
Scientific and therapeutic	4,367	23,959	£65,800
Clinical support	8,104	44,828	£66,400
Medical and dental	4,034	51,105	£152,000
Infrastructure support	3,681	15,293	£49,900
Total	**30,175**	**191,881**	**£76,300**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£68,100	£68,600	-£500	-1%
Scientific and therapeutic	£65,800	£65,700	£100	0%
Clinical support	£66,400	£49,800	£16,600	33%
Medical and dental	£152,000	£182,400	-£30,400	-17%
Infrastructure support	£49,900	£49,200	£700	1%
Total	**£76,300**	**£70,700**	**£5,600**	**8%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	9,833	309,926	£54,000
Scientific and therapeutic	4,299	142,401	£56,800
Clinical support	8,172	184,024	£38,600
Medical and dental	3,970	306,539	£132,400
Infrastructure support	3,636	110,946	£52,300
Total	**29,909**	**1,053,836**	**£60,400**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£75,500	£75,300	£200	0%
Scientific and therapeutic	£117,700	£86,600	£31,100	36%
Medical and dental	£250,600	£168,400	£82,200	49%
Infrastructure support	£482,200	£130,500	£351,700	270%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£15,900**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£5,600**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - The Christie

ICB Rank 1 out of 9

Workforce

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Agency	1.13%	3/11	ICB: (of 9) 1
Absence	4.66%	1/2	
Price Cap Compliance	70.5%	1/9	
Staff Cost Variance	-27.86%	9/30	NW: (of 31) 5
Off Framework Agency	0.0%	1/1	

NW Rank 1 out of 31

Finance

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Performance	0.1%	1/5	ICB: (of 9) 1
Total CIP delivery	58.4%	2/4	
CIP %age of OpEx	4.0%	4/9	
BPPC - Value	97.8%	6/10	NW: (of 31) 1
Cash ratio	1.51	1/2	
Productivity	0.2%	5/15	

Activity

POD	Actual	Change	Rankings ICB (7) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	10,451	9.7%	3/15	ICB: (of 7) 3
OPFA	5,416	-45.6%	7/23	
OPFU	155,241	4.4%	3/8	
NEL	4,516	17.9%	1/2	NW: (of 23) 12
A&E	0	#N/A	/	
OP FA:FU ratio	28.7	-47.9%	7/23	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	28.0%	21.2%	6.8%	
PIFU	Sep-24	0.0%	3.1%	-3.1%	ICB: (of 7) 2
DNAs	Sep-24	3.4%	7.0%	3.6%	
Spec Advice	Aug-24	67.6%	13.6%	54.0%	
Theatre utilisation	Nov-24	77.2%	80.9%	-3.7%	NW: (of 23) 8
DC Rates	Jul-24	72.8%	72.8%	0.0%	
Elective LoS	Aug-24	5.1	4.4	-0.7	

When compared to peers: 3 higher performance, 3 worse

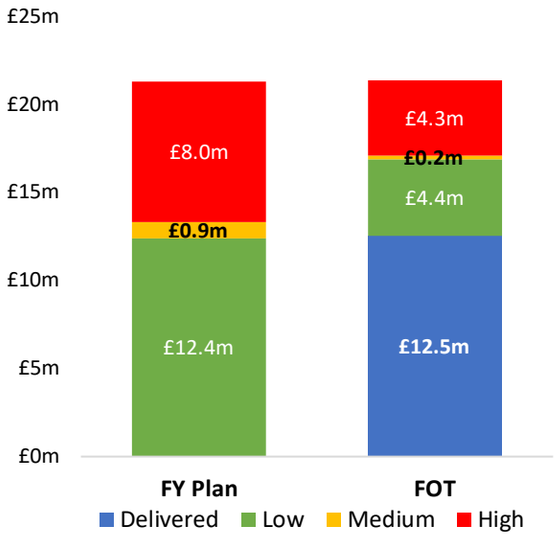
if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

Source: NHSE Implied Productivity 24-25 (M06)

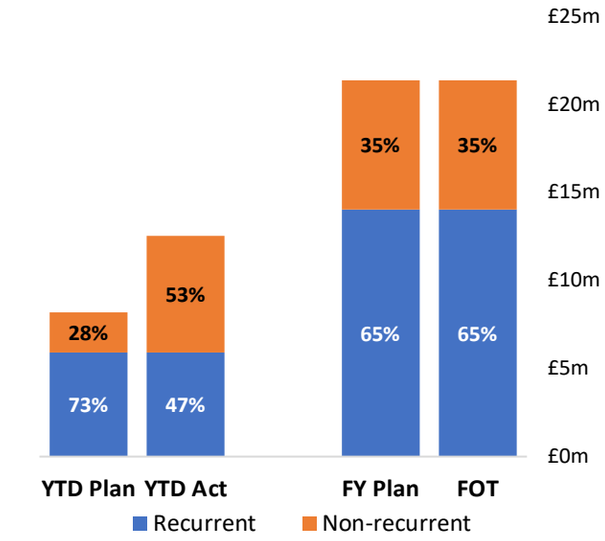
Greater Manchester

Efficiencies Analysis - The Christie

Risk Profile

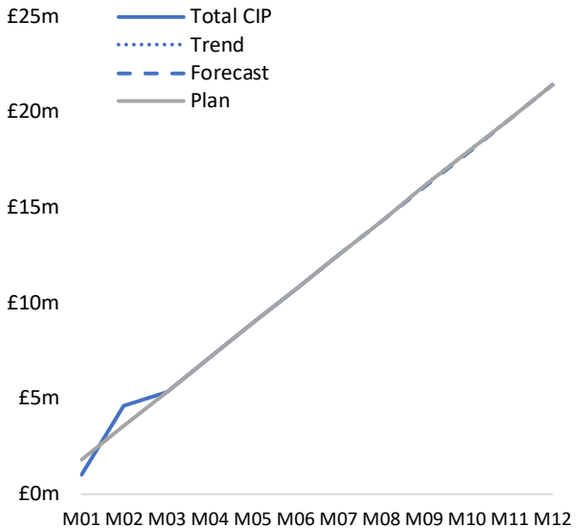


Recurrent/Non-recurrent Split

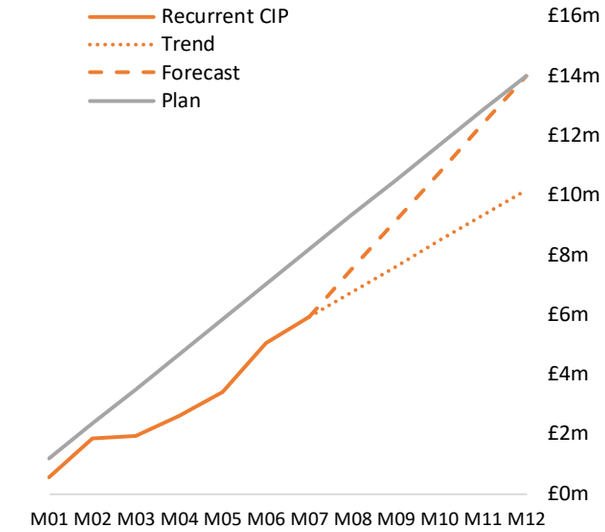


1 - Forecast %age of CIP Plan that is RED or AMBER	21.0%
2 - Rank out of 31 NW Providers	11
3 - Distance from NW Average*	£2.7m
4 - Total YTD delivery as %age of CIP Plan	58.4%
5 - Rank out of 31 NW Providers	4

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£2.1m
7 - Recurrent YTD delivery as %age of Total CIP Plan	27.7%
8 - Rank out of 31 NW Providers	9
9 - Distance from NW Average*	£0.8m
10 - Forecast non-recurrent CIP pressure into 24-25	£7.4m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - The Christie

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	856	4,833	£67,700
Scientific and therapeutic	661	3,818	£69,300
Clinical support	481	1,947	£48,500
Medical and dental	432	6,497	£180,500
Infrastructure support	1,456	6,841	£56,400
Total	**3,886**	**23,936**	**£73,900**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£67,700	£68,600	-£900	-1%
Scientific and therapeutic	£69,300	£65,700	£3,600	5%
Clinical support	£48,500	£49,800	-£1,300	-3%
Medical and dental	£180,500	£182,400	-£1,900	-1%
Infrastructure support	£56,400	£49,200	£7,200	15%
Total	**£73,900**	**£70,700**	**£3,200**	**5%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	844	27,496	£55,900
Scientific and therapeutic	635	21,876	£59,100
Clinical support	485	11,398	£40,300
Medical and dental	398	34,447	£148,200
Infrastructure support	1,416	37,683	£45,600
Total	**3,778**	**132,900**	**£60,300**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£57,600	£75,300	-£17,700	-24%
Scientific and therapeutic	£192,100	£86,600	£105,500	122%
Medical and dental	£170,100	£168,400	£1,700	1%
Infrastructure support	#DIV/0!	£130,500	#DIV/0!	#####

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£13,600**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£3,200**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Northern Care Alliance

Workforce

ICB Rank 6 out of 9

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Agency	0.88%	2/9	ICB: (of 9) 5
Absence	6.83%	8/27	
Price Cap Compliance	57.6%	4/13	
Staff Cost Variance	-1.84%	3/11	NW: (of 31) 12
Off Framework Agency	0.0%	1/1	

Finance

NW Rank 23 out of 31

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Performance	-0.2%	4/12	ICB: (of 9) 6
Total CIP delivery	50.7%	5/12	
CIP %age of OpEx	3.7%	6/11	
BPPC - Value	95.9%	7/15	NW: (of 31) 15
Cash ratio	0.33	6/21	
Productivity	-1.2%	6/19	

Activity

POD	Actual	Change	Rankings ICB (7) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	60,351	2.4%	6/21	ICB: (of 7) 6
OPFA	163,871	1.0%	5/21	
OPFU	260,102	-2.2%	1/2	
NEL	56,963	6.1%	3/10	NW: (of 23) 20
A&E	154,575	5.6%	3/6	
OP FA:FU ratio	1.6	3.2%	4/12	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	18.5%	20.7%	-2.2%	
PIFU	Sep-24	4.6%	3.3%	1.4%	ICB: (of 7) 6
DNAs	Sep-24	11.9%	6.4%	-5.5%	
Spec Advice	Aug-24	20.6%	20.8%	-0.2%	
Theatre utilisation	Nov-24	71.2%	83.3%	-12.1%	NW: (of 23) 22
DC Rates	Jul-24	82.0%	83.7%	-1.7%	
Elective LoS	Aug-24	3.7	3.1	-0.6	

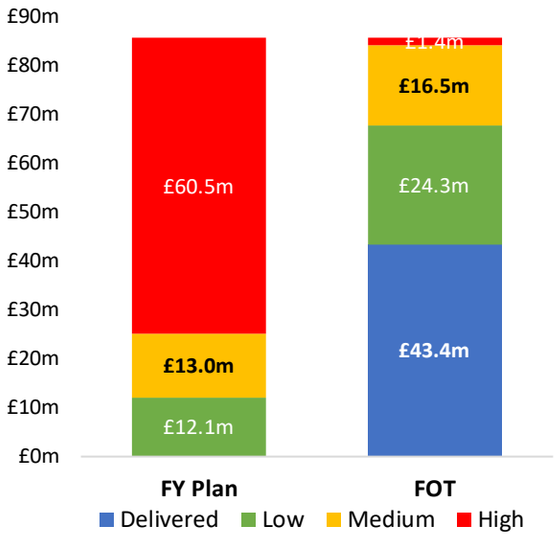
When compared to peers: 1 higher performance, 6 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

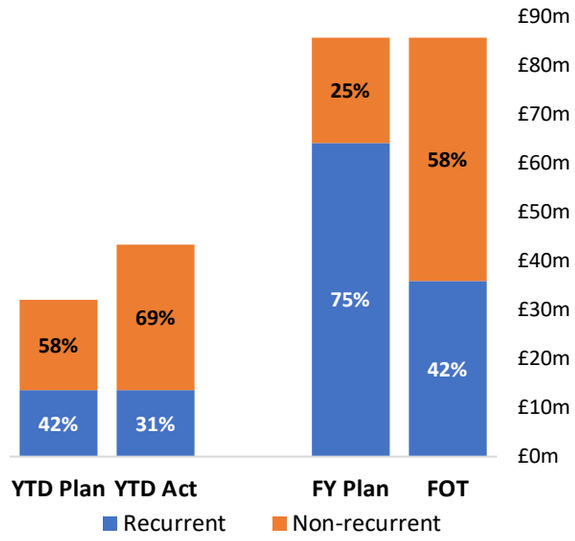
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Northern Care Alliance

Risk Profile

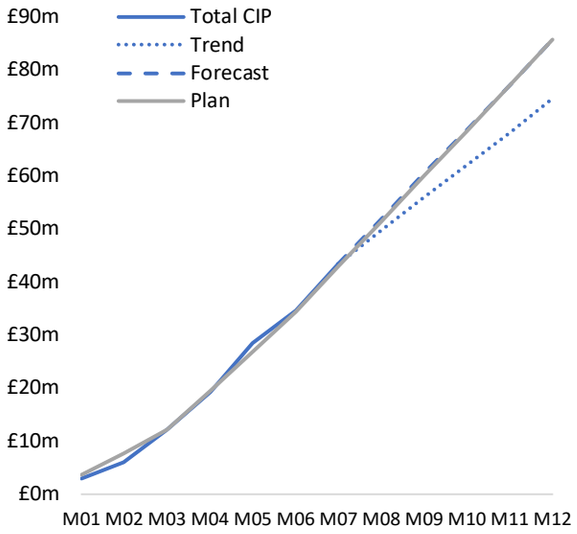


Recurrent/Non-recurrent Split

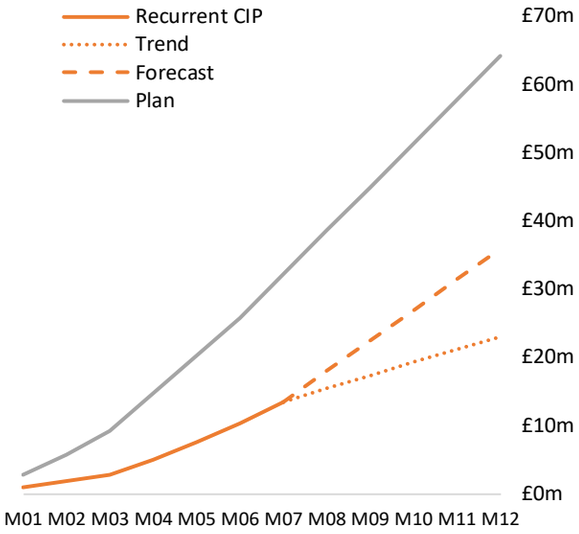


1 - Forecast %age of CIP Plan that is RED or AMBER	20.9%
2 - Rank out of 31 NW Providers	10
3 - Distance from NW Average*	£10.8m
4 - Total YTD delivery as %age of CIP Plan	50.7%
5 - Rank out of 31 NW Providers	12

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£4.1m
7 - Recurrent YTD delivery as %age of Total CIP Plan	15.7%
8 - Rank out of 31 NW Providers	25
9 - Distance from NW Average*	-£2.6m
10 - Forecast non-recurrent CIP pressure into 24-25	£49.7m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Northern Care Alliance

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	5,657	35,343	£75,000
Scientific and therapeutic	2,742	16,375	£71,700
Clinical support	4,730	26,235	£66,600
Medical and dental	2,330	39,330	£202,500
Infrastructure support	4,743	2,518	£6,400
Total	**20,203**	**119,801**	**£71,200**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£75,000	£68,600	£6,400	9%
Scientific and therapeutic	£71,700	£65,700	£6,000	9%
Clinical support	£66,600	£49,800	£16,800	34%
Medical and dental	£202,500	£182,400	£20,100	11%
Infrastructure support	£6,400	£49,200	-£42,800	-87%
Total	**£71,200**	**£70,700**	**£500**	**1%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	5,642	187,061	£56,800
Scientific and therapeutic	2,699	86,959	£55,200
Clinical support	4,840	143,143	£50,700
Medical and dental	2,272	182,131	£137,400
Infrastructure support	4,770	75,745	£27,200
Total	**20,224**	**675,039**	**£57,200**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£89,500	£75,300	£14,200	19%
Scientific and therapeutic	£156,600	£86,600	£70,000	81%
Medical and dental	£192,200	£168,400	£23,800	14%
Infrastructure support	#DIV/0!	£130,500	#DIV/0!	#####

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£14,000**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£500**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Bolton NHS Foundation Trust

ICB Rank 3 out of 9

Workforce

Metric	Value	Rankings ICB (10) / NW (31)	Overall	
Agency	1.53%	5/17	ICB: (of 9)	7
Absence	5.25%	2/4		
Price Cap Compliance	29.7%	8/24		
Staff Cost Variance	-15.26%	8/27	NW: (of 31)	18
Off Framework Agency	0.0%	1/1		

NW Rank 10 out of 31

Finance

Metric	Value	Rankings ICB (10) / NW (31)	Overall	
Performance	0.0%	2/6	ICB: (of 9)	2
Total CIP delivery	61.3%	1/2		
CIP %age of OpEx	4.8%	1/2		
BPPC - Value	98.6%	3/4	NW: (of 31)	3
Cash ratio	0.26	7/23		
Productivity	2.7%	2/10		

Activity

POD	Actual	Change	Rankings ICB (7) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	14,607	6.9%	5/18	ICB: (of 7)	1
OPFA	48,971	9.7%	3/11		
OPFU	82,666	4.2%	2/6		
NEL	18,314	5.8%	4/11	NW: (of 23)	2
A&E	46,544	-19.7%	6/18		
OP FA:FU ratio	1.7	5.3%	2/10		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	7.1%	17.2%	-10.1%		
PIFU	Sep-24	1.6%	3.5%	-1.9%	ICB: (of 7)	5
DNAs	Sep-24	9.4%	7.2%	-2.2%		
Spec Advice	Aug-24	28.0%	18.3%	9.7%		
Theatre utilisation	Nov-24	73.8%	76.9%	-3.1%	NW: (of 23)	20
DC Rates	Jul-24	86.1%	85.5%	0.6%		
Elective LoS	Aug-24	3.1	2.6	-0.5		

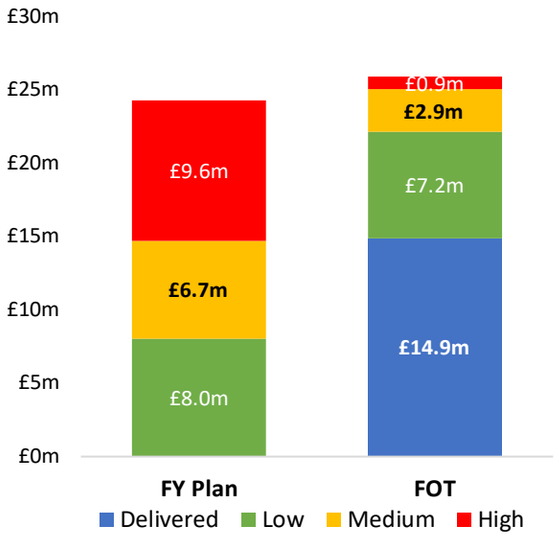
When compared to peers: 2 higher performance, 5 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

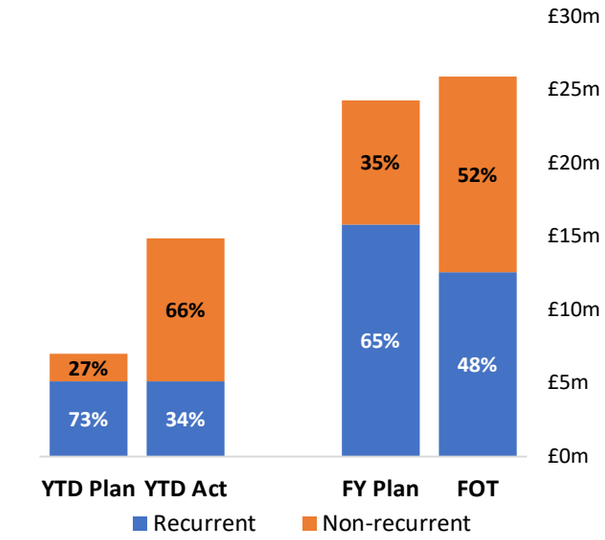
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Bolton NHS Foundation Trust

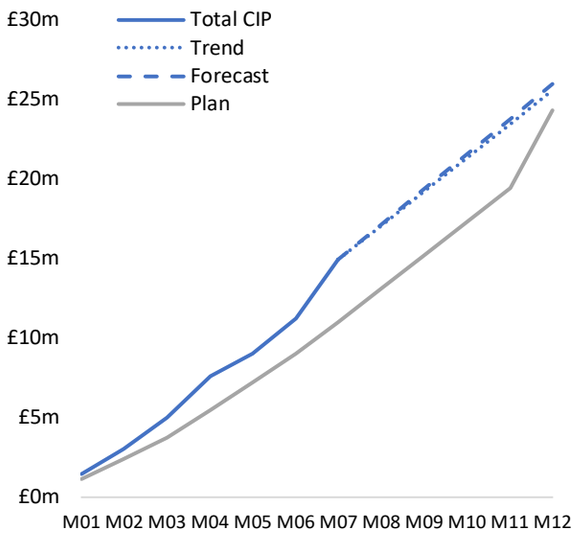
Risk Profile



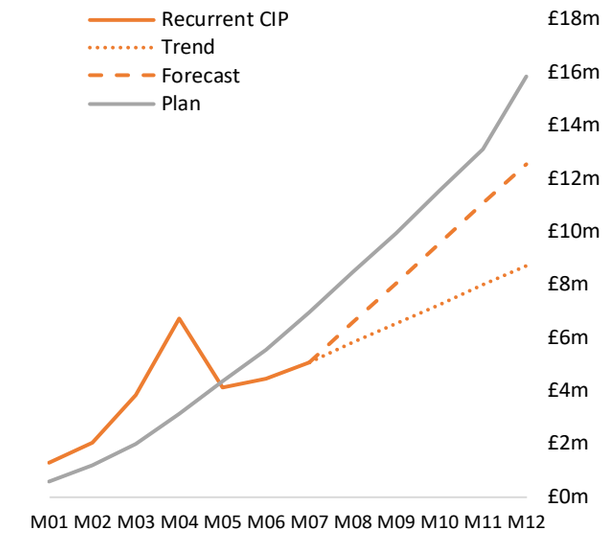
Recurrent/Non-recurrent Split



Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



1 - Forecast %age of CIP Plan that is RED or AMBER	14.6%
2 - Rank out of 31 NW Providers	5
3 - Distance from NW Average*	£4.9m
4 - Total YTD delivery as %age of CIP Plan	61.3%
5 - Rank out of 31 NW Providers	2
6 - Distance from NW Average*	£3.0m
7 - Recurrent YTD delivery as %age of Total CIP Plan	20.9%
8 - Rank out of 31 NW Providers	18
9 - Distance from NW Average*	-£0.1m
10 - Forecast non-recurrent CIP pressure into 24-25	£13.4m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Bolton NHS Foundation Trust

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,038	11,454	£67,400
Scientific and therapeutic	946	4,344	£55,100
Clinical support	1,749	4,947	£34,000
Medical and dental	702	11,191	£191,300
Infrastructure support	1,034	6,611	£76,700
Total	**6,469**	**38,548**	**£71,500**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£67,400	£68,600	-£1,200	-2%
Scientific and therapeutic	£55,100	£65,700	-£10,600	-16%
Clinical support	£34,000	£49,800	-£15,800	-32%
Medical and dental	£191,300	£182,400	£8,900	5%
Infrastructure support	£76,700	£49,200	£27,500	56%
Total	**£71,500**	**£70,700**	**£800**	**1%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,032	65,850	£55,600
Scientific and therapeutic	925	25,024	£46,400
Clinical support	1,759	29,991	£29,200
Medical and dental	677	56,220	£142,400
Infrastructure support	1,020	36,591	£61,500
Total	**6,413**	**213,676**	**£57,100**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£73,500	£75,300	-£1,800	-2%
Scientific and therapeutic	£133,600	£86,600	£47,000	54%
Medical and dental	£195,500	£168,400	£27,100	16%
Infrastructure support	£75,300	£130,500	-£55,200	-42%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£14,400**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£800**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Tameside And Glossop Integrated Care

ICB Rank 2 out of 9

NW Rank 4 out of 31

Workforce

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Agency	1.18%	4/12	ICB: (of 9) 2
Absence	5.71%	4/9	
Price Cap Compliance	48.8%	7/19	
Staff Cost Variance	-3.06%	4/15	NW: (of 31) 7
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Performance	-0.1%	3/11	ICB: (of 9) 3
Total CIP delivery	47.0%	7/16	
CIP %age of OpEx	3.8%	5/10	
BPPC - Value	99.4%	1/1	NW: (of 31) 6
Cash ratio	0.45	5/16	
Productivity	8.3%	1/2	

Activity

POD	Actual	Change	Rankings ICB (7) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	9,797	7.4%	4/17	ICB: (of 7) 5
OPFA	30,379	7.1%	4/14	
OPFU	44,105	5.8%	6/13	
NEL	19,419	16.8%	2/3	NW: (of 23) 16
A&E	52,230	6.5%	2/5	
OP FA:FU ratio	1.5	1.2%	5/14	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	20.0%	15.3%	4.7%	
PIFU	Sep-24	2.8%	3.1%	-0.3%	ICB: (of 7) 1
DNAs	Sep-24	6.6%	7.5%	0.9%	
Spec Advice	Aug-24	13.3%	22.9%	-9.6%	
Theatre utilisation	Nov-24	86.0%	76.1%	9.9%	NW: (of 23) 1
DC Rates	Jul-24	84.2%	83.6%	0.7%	
Elective LoS	Aug-24	2.1	2.5	0.4	

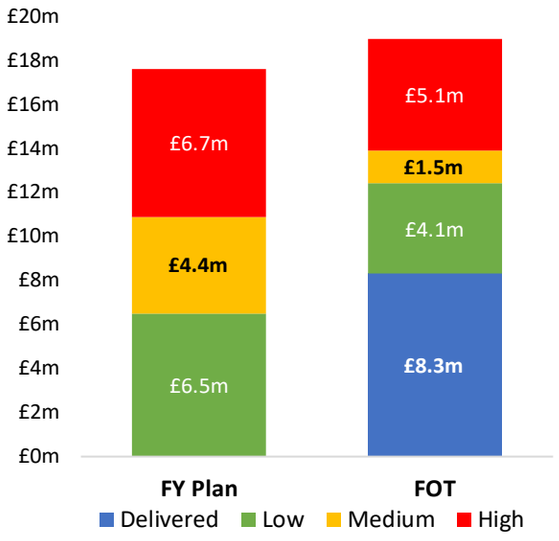
When compared to peers: 5 higher performance, 2 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

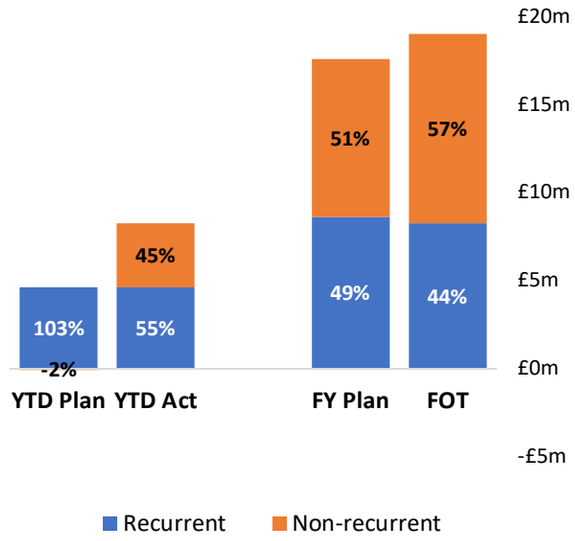
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Tameside And Glossop Integrated Care

Risk Profile

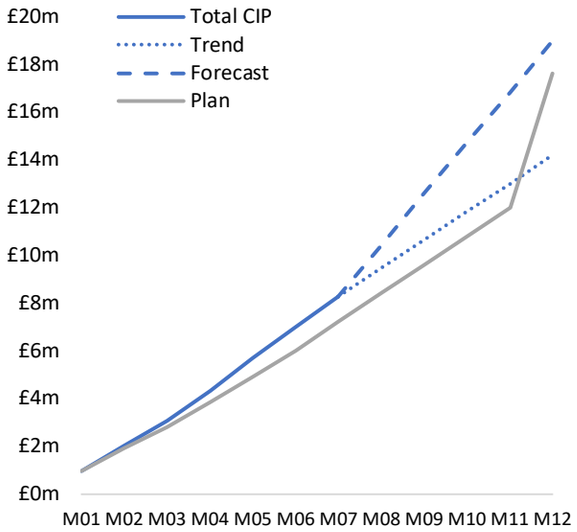


Recurrent/Non-recurrent Split

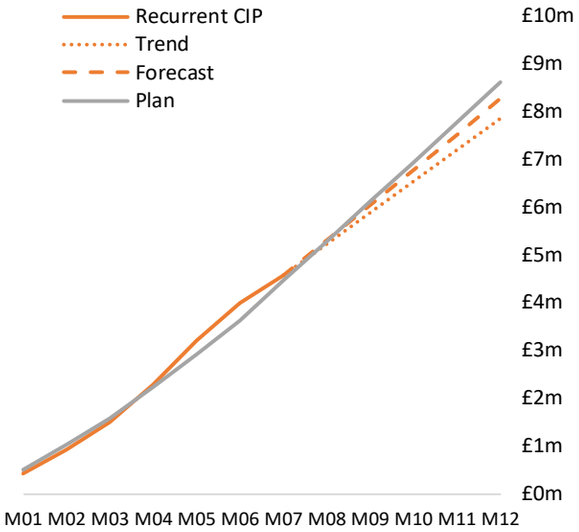


1 - Forecast %age of CIP Plan that is RED or AMBER	34.8%
2 - Rank out of 31 NW Providers	17
3 - Distance from NW Average*	-£0.3m
4 - Total YTD delivery as %age of CIP Plan	47.0%
5 - Rank out of 31 NW Providers	16

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£0.5m
7 - Recurrent YTD delivery as %age of Total CIP Plan	26.0%
8 - Rank out of 31 NW Providers	11
9 - Distance from NW Average*	£0.4m
10 - Forecast non-recurrent CIP pressure into 24-25	£10.7m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Tameside And Glossop Integrated Care

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,306	7,077	£65,100
Scientific and therapeutic	424	2,517	£71,200
Clinical support	1,084	4,521	£50,100
Medical and dental	515	8,314	£193,800
Infrastructure support	1,196	4,353	£43,700
Total	**4,525**	**26,781**	**£71,000**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£65,100	£68,600	-£3,500	-5%
Scientific and therapeutic	£71,200	£65,700	£5,500	8%
Clinical support	£50,100	£49,800	£300	1%
Medical and dental	£193,800	£182,400	£11,400	6%
Infrastructure support	£43,700	£49,200	-£5,500	-11%
Total	**£71,000**	**£70,700**	**£300**	**0%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,288	41,935	£55,800
Scientific and therapeutic	409	13,650	£57,200
Clinical support	1,060	24,739	£40,000
Medical and dental	504	42,620	£145,100
Infrastructure support	1,192	26,351	£37,900
Total	**4,453**	**149,296**	**£57,500**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£72,400	£75,300	-£2,900	-4%
Scientific and therapeutic	£86,800	£86,600	£200	0%
Medical and dental	£192,300	£168,400	£23,900	14%
Infrastructure support	£56,700	£130,500	-£73,800	-57%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£13,500**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£300**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Greater Manchester

Overall Review - Wrightington, Wigan And Leigh

ICB Rank 4 out of 9

NW Rank 9 out of 31

Workforce

Metric	Value	Rankings ICB (10) / NW (31)	Overall	
Agency	2.19%	6/21		
Absence	5.32%	3/6	ICB: (of 9)	3
Price Cap Compliance	28.3%	9/25		
Staff Cost Variance	0.63%	1/3		
Off Framework Agency	0.0%	1/1	NW: (of 31)	8

Finance

Metric	Value	Rankings ICB (10) / NW (31)	Overall	
Performance	-0.9%	7/22		
Total CIP delivery	57.4%	3/8	ICB: (of 9)	5
CIP %age of OpEx	4.6%	2/3		
BPPC - Value	95.7%	8/16		
Cash ratio	0.22	9/25	NW: (of 31)	14
Productivity	1.6%	4/13		

Activity

POD	Actual	Change	Rankings ICB (7) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	23,609	14.0%	1/9		
OPFA	54,418	10.2%	2/10	ICB: (of 7)	4
OPFU	100,769	5.3%	5/10		
NEL	19,030	2.9%	5/15		
A&E	42,950	-1.2%	4/14	NW: (of 23)	14
OP FA:FU ratio	1.9	4.7%	3/11		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	20.5%	16.0%	4.5%		
PIFU	Sep-24	3.3%	3.0%	0.3%	ICB: (of 7)	4
DNAs	Sep-24	7.8%	7.5%	-0.3%		
Spec Advice	Aug-24	18.5%	20.3%	-1.8%		
Theatre utilisation	Nov-24	84.7%	77.7%	7.0%		
DC Rates	Jul-24	80.8%	85.5%	-4.7%	NW: (of 23)	4
Elective LoS	Aug-24	2.5	2.8	0.3		

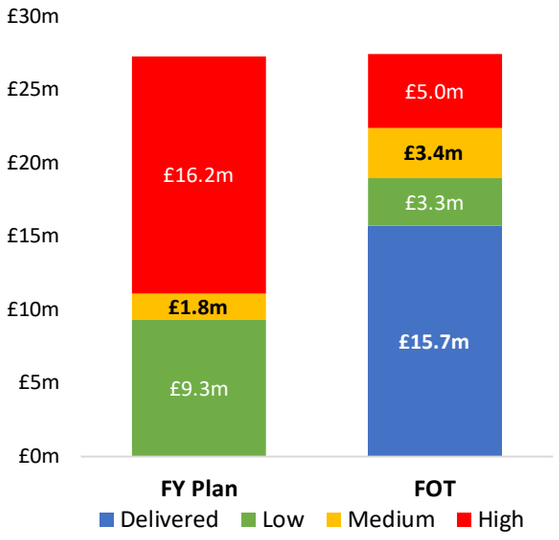
When compared to peers: 4 higher performance, 3 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

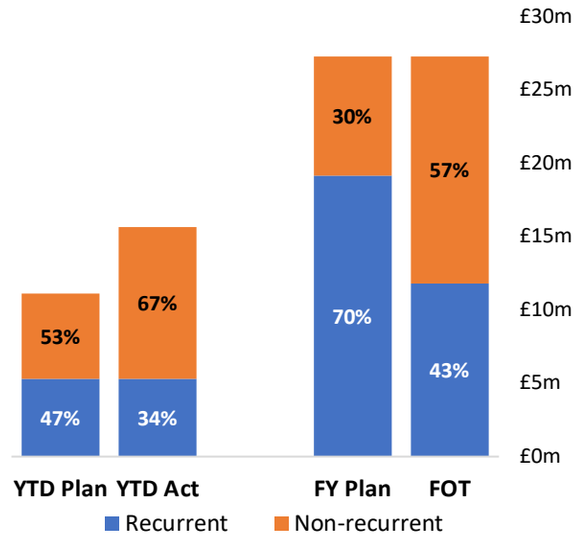
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Wrightington, Wigan And Leigh

Risk Profile

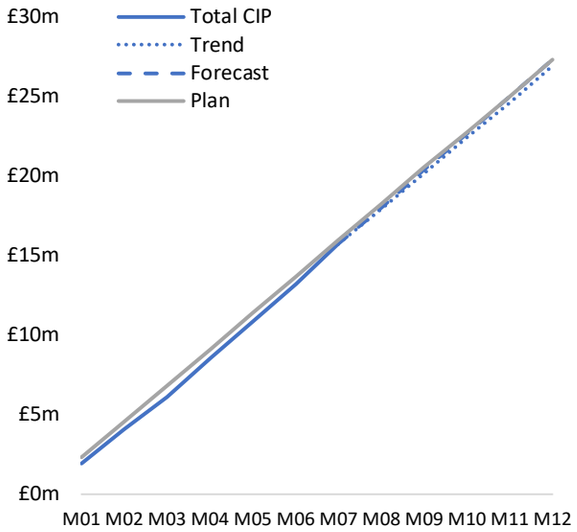


Recurrent/Non-recurrent Split

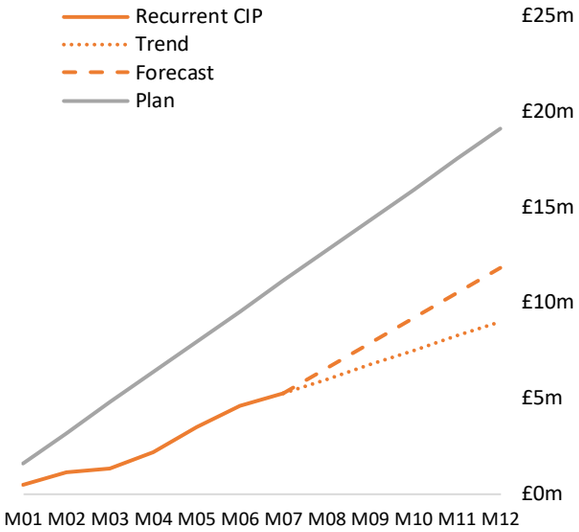


1 - Forecast %age of CIP Plan that is RED or AMBER	30.5%
2 - Rank out of 31 NW Providers	15
3 - Distance from NW Average*	£0.8m
4 - Total YTD delivery as %age of CIP Plan	57.4%
5 - Rank out of 31 NW Providers	8

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£2.5m
7 - Recurrent YTD delivery as %age of Total CIP Plan	19.2%
8 - Rank out of 31 NW Providers	20
9 - Distance from NW Average*	-£0.4m
10 - Forecast non-recurrent CIP pressure into 24-25	£15.5m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Wrightington, Wigan And Leigh

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,211	11,509	£62,500
Scientific and therapeutic	757	4,374	£69,400
Clinical support	1,833	6,298	£41,200
Medical and dental	696	11,149	£192,100
Infrastructure support	1,537	6,913	£54,000
Total	**7,034**	**40,242**	**£68,700**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£62,500	£68,600	-£6,100	-9%
Scientific and therapeutic	£69,400	£65,700	£3,700	6%
Clinical support	£41,200	£49,800	-£8,600	-17%
Medical and dental	£192,100	£182,400	£9,700	5%
Infrastructure support	£54,000	£49,200	£4,800	10%
Total	**£68,700**	**£70,700**	**-£2,000**	**-3%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,162	67,021	£53,100
Scientific and therapeutic	749	25,591	£58,600
Clinical support	1,813	37,000	£35,000
Medical and dental	695	58,197	£143,600
Infrastructure support	1,536	39,607	£44,200
Total	**6,954**	**227,417**	**£56,100**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£64,800	£75,300	-£10,500	-14%
Scientific and therapeutic	£71,300	£86,600	-£15,300	-18%
Medical and dental	£251,300	£168,400	£82,900	49%
Infrastructure support	£134,800	£130,500	£4,300	3%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£12,600**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£2,000**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Pennine Care

ICB Rank 7 out of 9

Workforce

Metric	Value	Rankings ICB (10) / NW (31)	Overall	
Agency	4.00%	9/29	ICB: (of 9)	8
Absence	7.01%	9/28		
Price Cap Compliance	69.4%	2/11		
Staff Cost Variance	-7.58%	7/23	NW: (of 31)	27
Off Framework Agency	0.0%	1/1		

NW Rank 24 out of 31

Finance

Metric	Value	Rankings ICB (10) / NW (31)	Overall	
Performance	-0.6%	6/20	ICB: (of 9)	4
Total CIP delivery	47.9%	6/14		
CIP %age of OpEx	3.6%	7/13		
BPPC - Value	97.9%	5/8	NW: (of 31)	9
Cash ratio	1.03	2/4		
Productivity	#N/A	#N/A		

Activity

POD	Actual	Change	Rankings ICB (7) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	0	#N/A	/	ICB: (of 7)	-
OPFA	0	#N/A	/		
OPFU	0	#N/A	/		
NEL	0	#N/A	/	NW: (of 23)	-
A&E	0	#N/A	/		
OP FA:FU ratio	#DIV/0!	#DIV/0!	/		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	#N/A	#N/A	#N/A		
PIFU	Sep-24	#N/A	#N/A	#N/A	ICB: (of 7)	-
DNAs	Sep-24	#N/A	#N/A	#N/A		
Spec Advice	Aug-24	#N/A	#N/A	#N/A		
Theatre utilisation	Nov-24	#N/A	#N/A	#N/A	NW: (of 23)	-
DC Rates	Jul-24	#N/A	#N/A	#N/A		
Elective LoS	Aug-24	#N/A	#N/A	#N/A		

When compared to peers: 0 higher performance, 0 worse

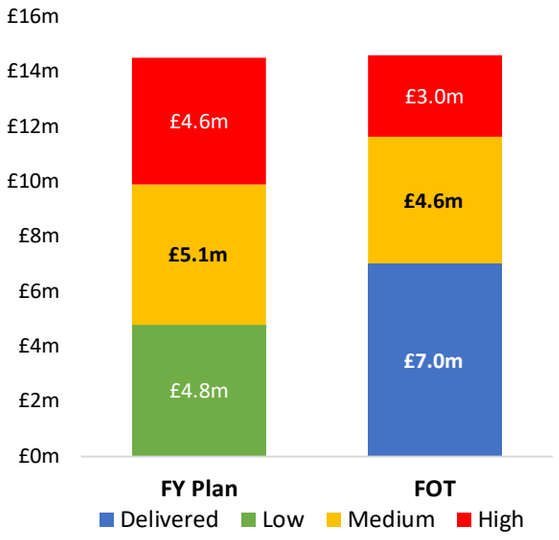
if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

Source: NHSE Implied Productivity 24-25 (M06)

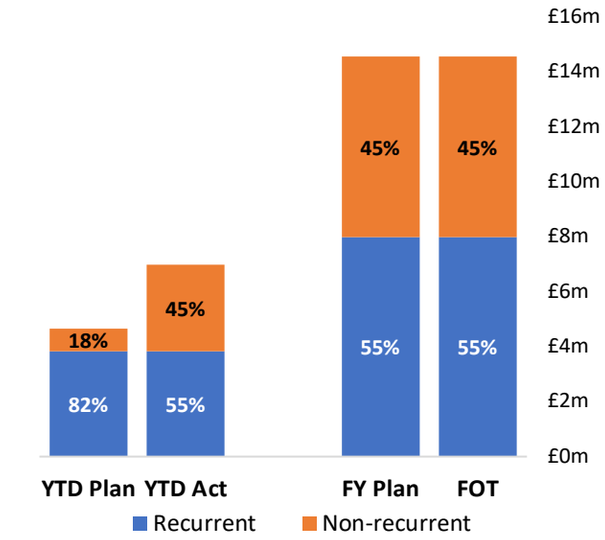
Greater Manchester

Efficiencies Analysis - Pennine Care

Risk Profile

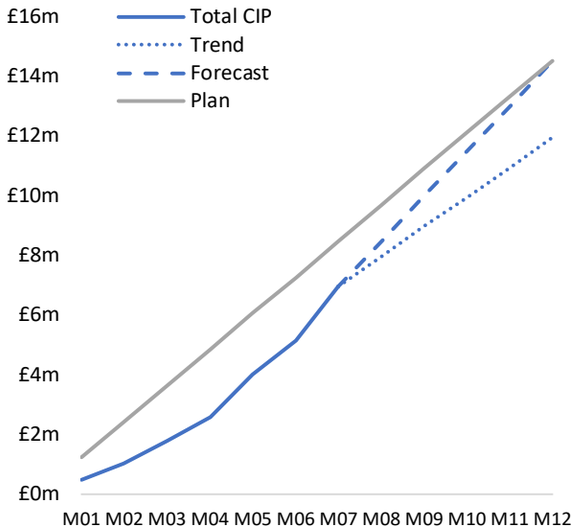


Recurrent/Non-recurrent Split

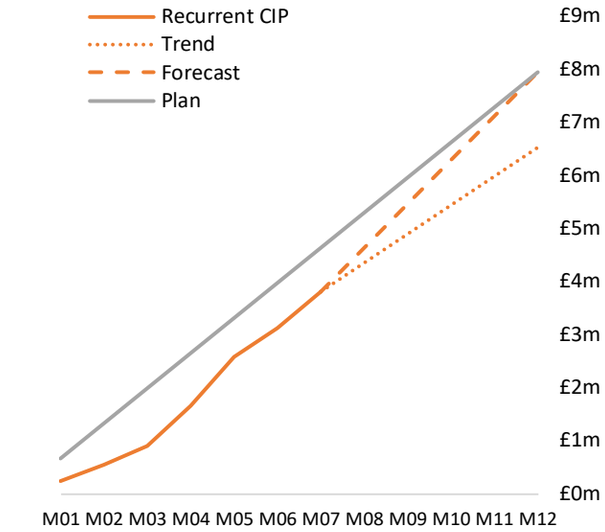


1 - Forecast %age of CIP Plan that is RED or AMBER	52.0%
2 - Rank out of 31 NW Providers	22
3 - Distance from NW Average*	-£2.7m
4 - Total YTD delivery as %age of CIP Plan	47.9%
5 - Rank out of 31 NW Providers	14

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£0.5m
7 - Recurrent YTD delivery as %age of Total CIP Plan	26.2%
8 - Rank out of 31 NW Providers	10
9 - Distance from NW Average*	£0.3m
10 - Forecast non-recurrent CIP pressure into 24-25	£6.6m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Pennine Care

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,277	7,755	£72,900
Scientific and therapeutic	631	4,234	£80,500
Clinical support	1,549	5,771	£44,700
Medical and dental	239	3,565	£178,900
Infrastructure support	1,005	4,590	£54,800
Total	**4,702**	**25,915**	**£66,100**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£72,900	£68,600	£4,300	6%
Scientific and therapeutic	£80,500	£65,700	£14,800	23%
Clinical support	£44,700	£49,800	-£5,100	-10%
Medical and dental	£178,900	£182,400	-£3,500	-2%
Infrastructure support	£54,800	£49,200	£5,600	11%
Total	**£66,100**	**£70,700**	**-£4,600**	**-7%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,226	42,320	£59,200
Scientific and therapeutic	618	22,723	£63,000
Clinical support	1,527	33,781	£37,900
Medical and dental	223	17,419	£133,800
Infrastructure support	991	25,461	£44,000
Total	**4,586**	**141,704**	**£53,000**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£120,000	£75,300	£44,700	59%
Scientific and therapeutic	£166,400	£86,600	£79,800	92%
Medical and dental	£167,400	£168,400	-£1,000	-1%
Infrastructure support	#DIV/0!	£130,500	#DIV/0!	#####

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£13,100**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£4,600**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Stockport NHS Foundation Trust

ICB Rank 8 out of 9

NW Rank 25 out of 31

Workforce

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Agency	2.24%	7/22	ICB: (of 9) 6
Absence	6.35%	7/23	
Price Cap Compliance	53.9%	5/16	
Staff Cost Variance	-0.09%	2/5	NW: (of 31) 16
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Performance	-0.4%	5/18	ICB: (of 9) 9
Total CIP delivery	35.4%	9/25	
CIP %age of OpEx	2.9%	8/23	
BPPC - Value	98.0%	4/7	NW: (of 31) 23
Cash ratio	0.46	4/15	
Productivity	-6.2%	7/22	

Activity

POD	Actual	Change	Rankings ICB (7) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	18,809	2.0%	7/22	ICB: (of 7) 7
OPFA	46,033	0.8%	6/22	
OPFU	81,228	4.8%	4/9	
NEL	21,223	-2.5%	6/16	NW: (of 23) 23
A&E	48,833	-13.0%	5/17	
OP FA:FU ratio	1.8	-3.7%	6/21	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	15.5%	16.5%	-1.0%	
PIFU	Sep-24	4.8%	4.5%	0.4%	ICB: (of 7) 3
DNAs	Sep-24	8.2%	6.6%	-1.6%	
Spec Advice	Aug-24	14.8%	20.6%	-5.8%	
Theatre utilisation	Nov-24	78.6%	76.5%	2.1%	NW: (of 23) 12
DC Rates	Jul-24	85.0%	85.8%	-0.8%	
Elective LoS	Aug-24	2.3	2.6	0.3	

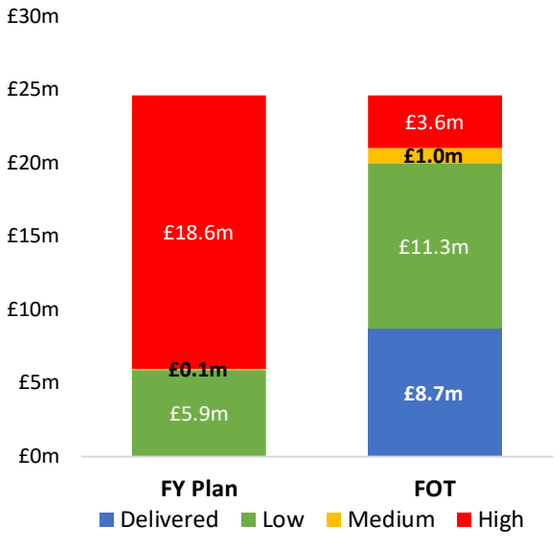
When compared to peers: 3 higher performance, 4 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

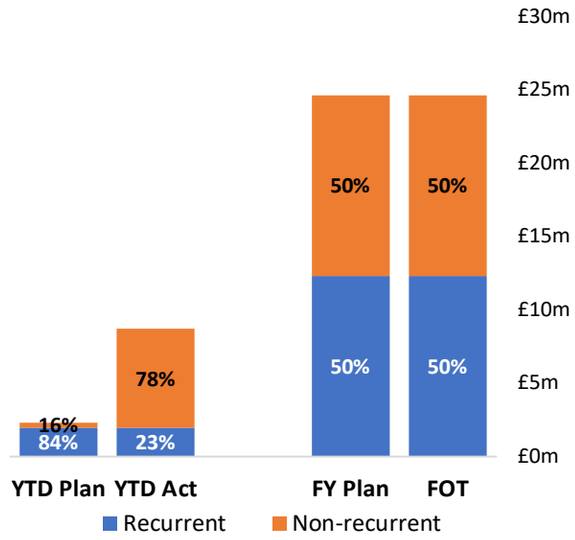
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Stockport NHS Foundation Trust

Risk Profile

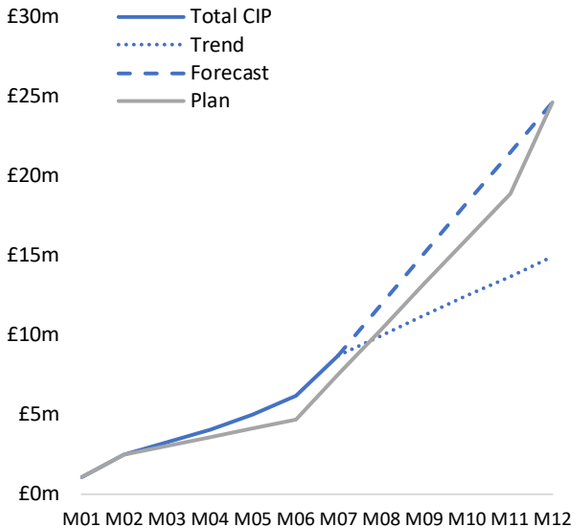


Recurrent/Non-recurrent Split

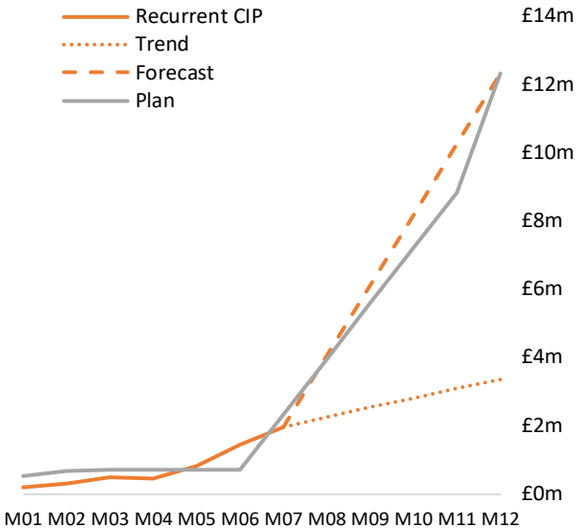


1 - Forecast %age of CIP Plan that is RED or AMBER	18.8%
2 - Rank out of 31 NW Providers	7
3 - Distance from NW Average*	£3.6m
4 - Total YTD delivery as %age of CIP Plan	35.4%
5 - Rank out of 31 NW Providers	25

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£0.5m
7 - Recurrent YTD delivery as %age of Total CIP Plan	8.0%
8 - Rank out of 31 NW Providers	30
9 - Distance from NW Average*	-£1.2m
10 - Forecast non-recurrent CIP pressure into 24-25	£12.3m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Stockport NHS Foundation Trust

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,955	10,962	£67,300
Scientific and therapeutic	682	3,814	£67,100
Clinical support	1,256	4,601	£44,000
Medical and dental	707	8,884	£150,900
Infrastructure support	1,454	5,904	£48,700
Total	**6,053**	**34,166**	**£67,700**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£67,300	£68,600	-£1,300	-2%
Scientific and therapeutic	£67,100	£65,700	£1,400	2%
Clinical support	£44,000	£49,800	-£5,800	-12%
Medical and dental	£150,900	£182,400	-£31,500	-17%
Infrastructure support	£48,700	£49,200	-£500	-1%
Total	**£67,700**	**£70,700**	**-£3,000**	**-4%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,953	64,675	£56,800
Scientific and therapeutic	675	22,157	£56,300
Clinical support	1,281	27,265	£36,500
Medical and dental	699	54,639	£134,000
Infrastructure support	1,460	34,605	£40,600
Total	**6,068**	**203,341**	**£57,400**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£58,300	£75,300	-£17,000	-23%
Scientific and therapeutic	£58,400	£86,600	-£28,200	-33%
Medical and dental	£225,800	£168,400	£57,400	34%
Infrastructure support	£122,800	£130,500	-£7,700	-6%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£10,300**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£3,000**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Greater Manchester Mental Health

ICB Rank 9 out of 9

NW Rank 31 out of 31

Workforce

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Agency	2.62%	8/25	ICB: (of 9) 9
Absence	6.33%	6/21	
Price Cap Compliance	63.9%	3/12	
Staff Cost Variance	-5.64%	6/20	NW: (of 31) 30
Off Framework Agency	5.0%	9/29	

Finance

Metric	Value	Rankings ICB (10) / NW (31)	Overall
Performance	-1.9%	9/26	ICB: (of 9) 8
Total CIP delivery	38.4%	8/24	
CIP %age of OpEx	2.8%	9/25	
BPPC - Value	99.3%	2/2	NW: (of 31) 21
Cash ratio	0.61	3/10	
Productivity	#N/A	#N/A	

Activity

POD	Actual	Change	Rankings ICB (7) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	0	#N/A	/	ICB: (of 7) -
OPFA	0	#N/A	/	
OPFU	0	#N/A	/	
NEL	0	#N/A	/	NW: (of 23) -
A&E	0	#N/A	/	
OP FA:FU ratio	#DIV/0!	#DIV/0!	/	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	#N/A	#N/A	#N/A	
PIFU	Sep-24	#N/A	#N/A	#N/A	ICB: (of 7) -
DNAs	Sep-24	#N/A	#N/A	#N/A	
Spec Advice	Aug-24	#N/A	#N/A	#N/A	
Theatre utilisation	Nov-24	#N/A	#N/A	#N/A	NW: (of 23) -
DC Rates	Jul-24	#N/A	#N/A	#N/A	
Elective LoS	Aug-24	#N/A	#N/A	#N/A	

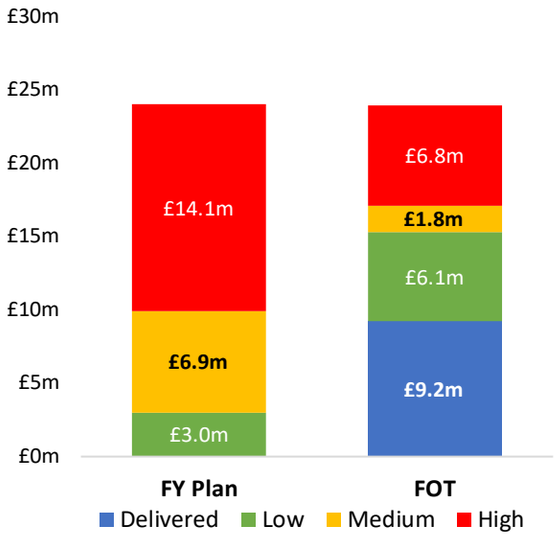
When compared to peers: 0 higher performance, 0 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

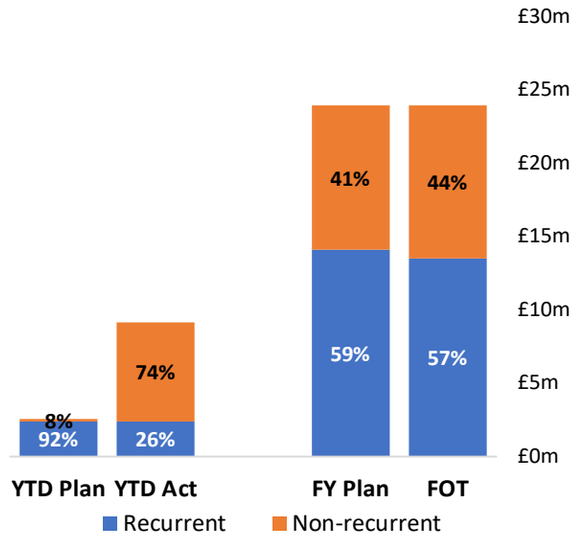
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Greater Manchester Mental Health

Risk Profile

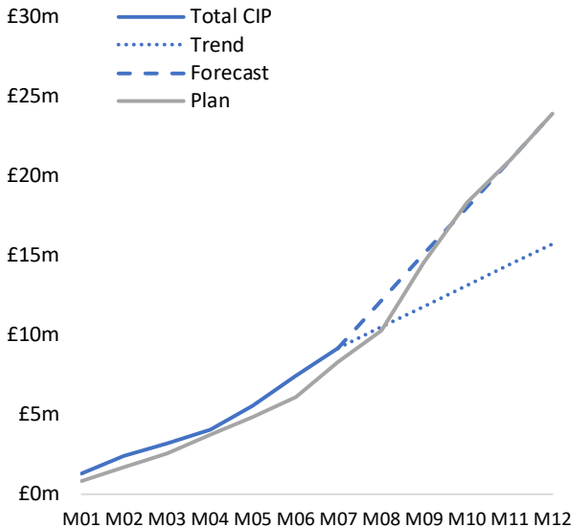


Recurrent/Non-recurrent Split

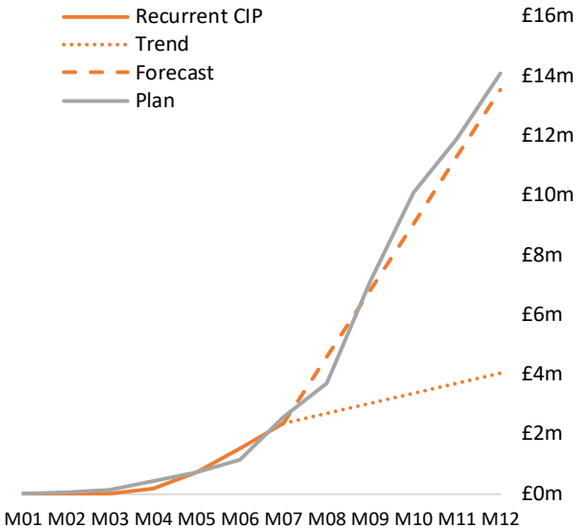


1 - Forecast %age of CIP Plan that is RED or AMBER	36.0%
2 - Rank out of 31 NW Providers	18
3 - Distance from NW Average*	-£0.6m
4 - Total YTD delivery as %age of CIP Plan	38.4%
5 - Rank out of 31 NW Providers	24

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£0.3m
7 - Recurrent YTD delivery as %age of Total CIP Plan	9.8%
8 - Rank out of 31 NW Providers	28
9 - Distance from NW Average*	-£1.1m
10 - Forecast non-recurrent CIP pressure into 24-25	£10.4m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Greater Manchester Mental Health

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,978	10,542	£64,000
Scientific and therapeutic	1,157	7,050	£73,100
Clinical support	2,648	10,423	£47,200
Medical and dental	410	6,063	£177,400
Infrastructure support	1,850	8,844	£57,400
Total	**8,043**	**42,922**	**£64,000**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£64,000	£68,600	-£4,600	-7%
Scientific and therapeutic	£73,100	£65,700	£7,400	11%
Clinical support	£47,200	£49,800	-£2,600	-5%
Medical and dental	£177,400	£182,400	-£5,000	-3%
Infrastructure support	£57,400	£49,200	£8,200	17%
Total	**£64,000**	**£70,700**	**-£6,700**	**-9%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,914	62,225	£55,700
Scientific and therapeutic	1,128	41,178	£62,600
Clinical support	2,695	60,190	£38,300
Medical and dental	384	32,742	£146,300
Infrastructure support	1,835	49,375	£46,100
Total	**7,955**	**245,710**	**£52,900**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£72,900	£75,300	-£2,400	-3%
Scientific and therapeutic	£70,800	£86,600	-£15,800	-18%
Medical and dental	£145,400	£168,400	-£23,000	-14%
Infrastructure support	£135,700	£130,500	£5,200	4%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£11,100**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£6,700**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Section 3.2 - Ranking S Cumbria and Lancs

ICB Ranking - Model Health System

Metric	Rank out of	Area	Morecambe Bay	Lancs & S Cumbria	NWAS	Blackpool	Lancs Teaching	East Lancs
Remote attendance	4	Performance	16.2%			15.2%	21.8%	12.2%
		Rank	3			2	1	4
PIFU	4	Performance	11.2%			1.5%	3.3%	2.1%
		Rank	1			4	2	3
DNAs	4	Performance	6.4%			6.9%	7.3%	5.8%
		Rank	3			2	4	1
Specialist Advice	4	Performance	15.1%			13.6%	35.5%	14.8%
		Rank	3			4	1	2
OPFA:OPFU Ratio	4	Performance	1.7			2.0	2.3	1.9
		Rank	1			3	4	2
Theatre utilisation	4	Performance	81.8%			84.9%	82.9%	88.2%
		Rank	4			2	3	1
DC Rates	4	Performance	85.9%			87.6%	80.3%	80.0%
		Rank	2			1	4	3
EL LoS	4	Performance	3.1			4.6	2.6	3.2
		Rank	2			4	1	3
Overall Model Health System Rank			1			4	3	1

Rank is calculated according to distance from peers, not on absolute performance within ICB

ICB Ranking - Activity

Metric	Rank out of	Area	Morecambe Bay	Lancs & S Cumbria	NWAS	Blackpool	Lancs Teaching	East Lancs
A&E Attendances	4	Performance	14.2%			2.7%	0.6%	55.6%
		Rank	2			3	4	1
Non Elective	4	Performance	9.2%			-3.3%	-4.6%	-11.8%
		Rank	1			2	3	4
Elective and Day Case	4	Performance	22.8%			10.1%	11.7%	5.9%
		Rank	1			3	2	4
Outpatient First Attendances	4	Performance	2.9%			16.1%	10.7%	2.2%
		Rank	3			1	2	4
Outpatient Follow Ups	4	Performance	12.0%			8.1%	3.9%	-7.2%
		Rank	4			3	2	1
Overall Activity Rank			3			2	4	1

All values are calculated as the percentage change in activity YTD M06 24-25 from YTD M06 23-24
Values of less than 500/month are ignored
Overall activity rank is calculated by reference to growth in costed activity for all PoDs
The FA:FU ratio is an absolute value based on YTD M06 24-25 data

ICB Ranking - Workforce

Metric	Rank out of	Area	Morecambe Bay	Lancs & S Cumbria	NWAS	Blackpool	Lancs Teaching	East Lancs
Agency as %age of planned pay	6	Performance	2.0%	4.2%	0.0%	4.3%	1.3%	1.3%
		Rank	4	5	1	6	2	3
Absence rate	6	Performance	5.4%	7.6%	7.4%	6.3%	6.3%	6.5%
		Rank	1	6	5	3	2	4
Off-framework agency	6	Performance	0%	1%	0%	0%	0%	0%
		Rank	1	6	1	1	1	1
Price Cap Compliance	6	Performance	10%	71%	100%	45%	92%	72%
		Rank	6	4	1	5	2	3
Staff Cost Variance	6	Performance	-10.8%	-3.4%	5.3%	-7.7%	0.3%	-15.7%
		Rank	5	3	1	4	2	6
Overall Workforce Rank			4	6	1	5	2	3

ICB Ranking - Finance

Metric	Rank out of	Area	Morecambe Bay	Lancs & S Cumbria	NWAS	Blackpool	Lancs Teaching	East Lancs
Performance*	6	Performance	-2.8%	-0.3%	1.4%	-1.6%	-1.6%	-4.0%
		Rank	5	2	1	3	4	6
Total CIP delivery	6	Performance	21.8%	43.8%	58.5%	13.3%	17.8%	24.5%
		Rank	4	2	1	6	5	3
CIP delivery as % of OpEx	6	Performance	2.3%	3.3%	2.8%	1.9%	2.0%	3.0%
		Rank	4	1	3	6	5	2
BPPC Value	6	Performance	80.0%	94.2%	0.0%	96.4%	80.0%	86.1%
		Rank	5	2	6	1	4	3
Cash ratio	6	Performance	10.0%	53.5%	93.8%	20.0%	20.4%	13.8%
		Rank	6	2	1	4	3	5
Implied Productivity at M06 24-25 vs 23-24	4	Performance	8.3%			-0.1%	-0.7%	-4.5%
		Rank	1			2	3	4
Overall Finance Rank			4	2	1	3	6	5

* Performance metric calculated as the variance of 'Total Provider Surplus/Deficit - system performance measure' (YTD) expressed as a percentage of Op Ex (YTD)

Overall Review - University Hospitals of Morecambe Bay

ICB Rank 3 out of 6

NW Rank 22 out of 31

Workforce

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Agency	2.05%	4/20	ICB: (of 6) 4
Absence	5.36%	1/7	
Price Cap Compliance	9.6%	6/27	
Staff Cost Variance	-10.80%	5/25	NW: (of 31) 22
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Performance	-2.8%	5/30	ICB: (of 6) 4
Total CIP delivery	21.8%	4/29	
CIP %age of OpEx	2.3%	4/28	
BPPC - Value	80.0%	5/29	NW: (of 31) 29
Cash ratio	0.10	6/30	
Productivity	8.3%	1/3	

Activity

POD	Actual	Change	Rankings ICB (4) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	29,017	22.8%	1/3	ICB: (of 4) 3
OPFA	57,578	2.9%	3/17	
OPFU	84,798	12.0%	4/21	
NEL	25,222	9.2%	1/7	NW: (of 23) 13
A&E	54,939	14.2%	2/2	
OP FA:FU ratio	1.5	-8.1%	4/22	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	16.2%	17.2%	-1.0%	
PIFU	Sep-24	11.2%	4.8%	6.4%	ICB: (of 4) 1
DNAs	Sep-24	6.4%	6.1%	-0.3%	
Spec Advice	Aug-24	15.1%	20.7%	-5.6%	
Theatre utilisation	Nov-24	81.8%	79.6%	2.2%	
DC Rates	Jul-24	85.9%	84.6%	1.4%	NW: (of 23) 4
Elective LoS	Aug-24	3.1	2.6	-0.5	

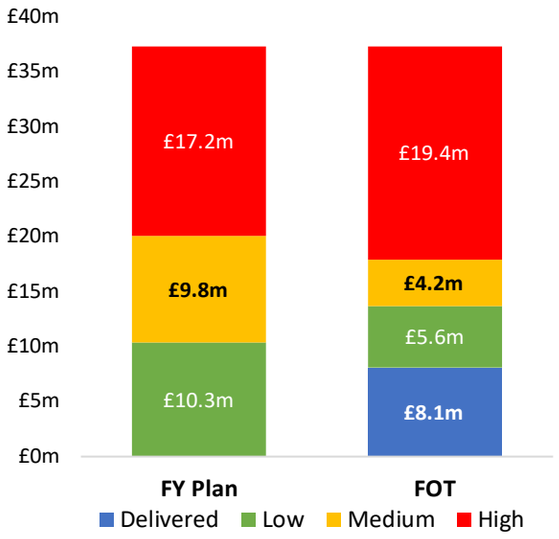
When compared to peers: 3 higher performance, 4 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

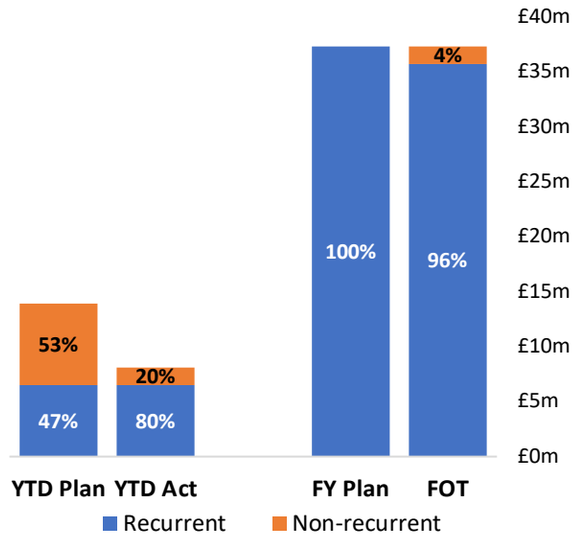
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - University Hospitals of Morecambe Bay

Risk Profile

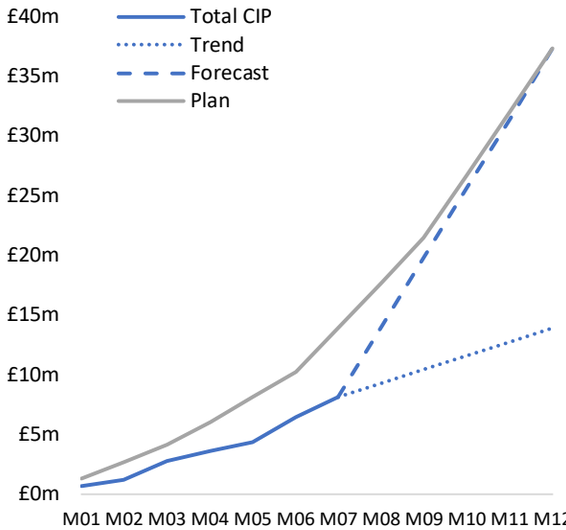


Recurrent/Non-recurrent Split

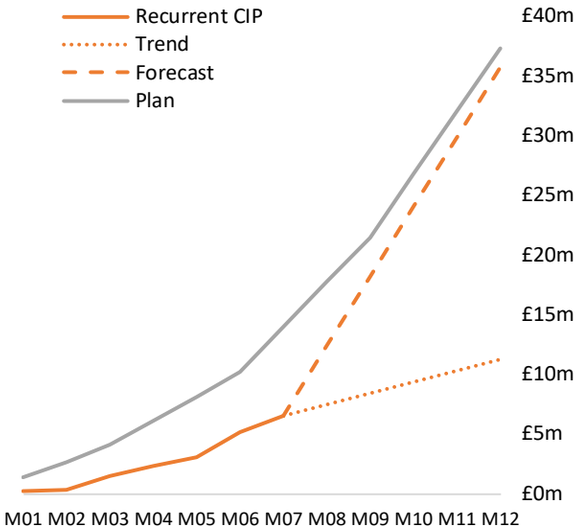


1 - Forecast %age of CIP Plan that is RED or AMBER	63.3%
2 - Rank out of 31 NW Providers	29
3 - Distance from NW Average*	-£11.1m
4 - Total YTD delivery as %age of CIP Plan	21.8%
5 - Rank out of 31 NW Providers	29

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£1.6m
7 - Recurrent YTD delivery as %age of Total CIP Plan	17.5%
8 - Rank out of 31 NW Providers	24
9 - Distance from NW Average*	-£0.3m
10 - Forecast non-recurrent CIP pressure into 24-25	£1.6m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - University Hospitals of Morecambe Bay

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,282	12,932	£68,000
Scientific and therapeutic	866	4,787	£66,300
Clinical support	1,310	4,502	£41,200
Medical and dental	741	12,575	£203,500
Infrastructure support	1,764	8,697	£59,200
Total	**6,963**	**43,493**	**£75,000**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£68,000	£68,600	-£600	-1%
Scientific and therapeutic	£66,300	£65,700	£600	1%
Clinical support	£41,200	£49,800	-£8,600	-17%
Medical and dental	£203,500	£182,400	£21,100	12%
Infrastructure support	£59,200	£49,200	£10,000	20%
Total	**£75,000**	**£70,700**	**£4,300**	**6%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,333	72,790	£53,500
Scientific and therapeutic	850	26,313	£53,000
Clinical support	1,347	24,714	£31,500
Medical and dental	715	71,626	£171,700
Infrastructure support	1,806	46,218	£43,900
Total	**7,050**	**241,661**	**£58,800**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£181,500	£75,300	£106,200	141%
Scientific and therapeutic	£98,700	£86,600	£12,100	14%
Medical and dental	£224,900	£168,400	£56,500	34%
Infrastructure support	£128,000	£130,500	-£2,500	-2%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£16,200**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£4,300**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Lancashire & South Cumbria

ICB Rank 6 out of 6

NW Rank 30 out of 31

Workforce

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Agency	4.17%	5/30	ICB: (of 6) 6
Absence	7.60%	6/30	
Price Cap Compliance	71.0%	4/7	
Staff Cost Variance	-3.44%	3/16	NW: (of 31) 31
Off Framework Agency	1.0%	6/27	

Finance

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Performance	-0.3%	2/14	ICB: (of 6) 2
Total CIP delivery	43.8%	2/17	
CIP %age of OpEx	3.3%	1/20	
BPPC - Value	94.2%	2/18	NW: (of 31) 20
Cash ratio	0.53	2/13	
Productivity	#N/A	#N/A	

Activity

POD	Actual	Change	Rankings ICB (4) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	0	#N/A	/	ICB: (of 4) -
OPFA	0	#N/A	/	
OPFU	0	#N/A	/	
NEL	0	#N/A	/	NW: (of 23) -
A&E	0	#N/A	/	
OP FA:FU ratio	#DIV/0!	#DIV/0!	/	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	#N/A	#N/A	#N/A	
PIFU	Sep-24	#N/A	#N/A	#N/A	ICB: (of 4) -
DNAs	Sep-24	#N/A	#N/A	#N/A	
Spec Advice	Aug-24	#N/A	#N/A	#N/A	
Theatre utilisation	Nov-24	#N/A	#N/A	#N/A	NW: (of 23) -
DC Rates	Jul-24	#N/A	#N/A	#N/A	
Elective LoS	Aug-24	#N/A	#N/A	#N/A	

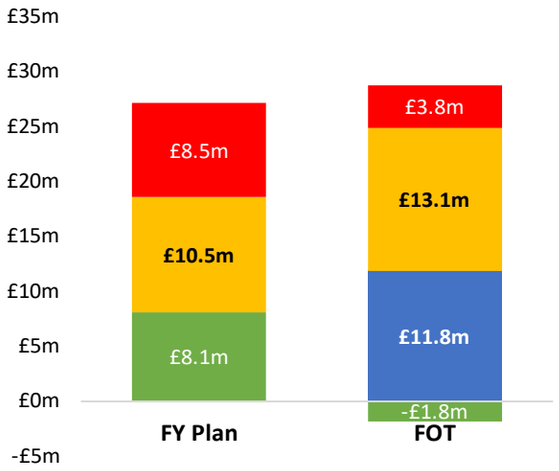
When compared to peers: 0 higher performance, 0 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

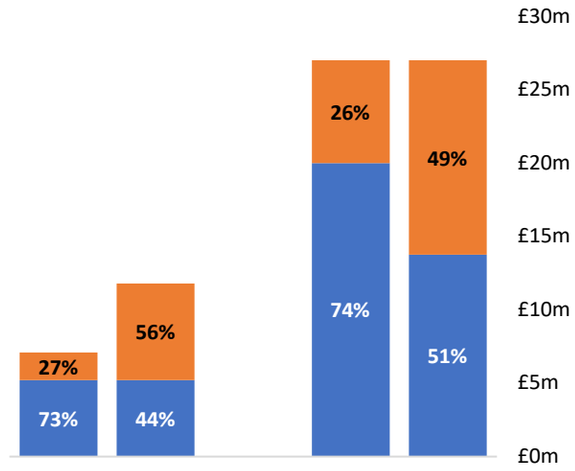
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Lancashire & South Cumbria

Risk Profile

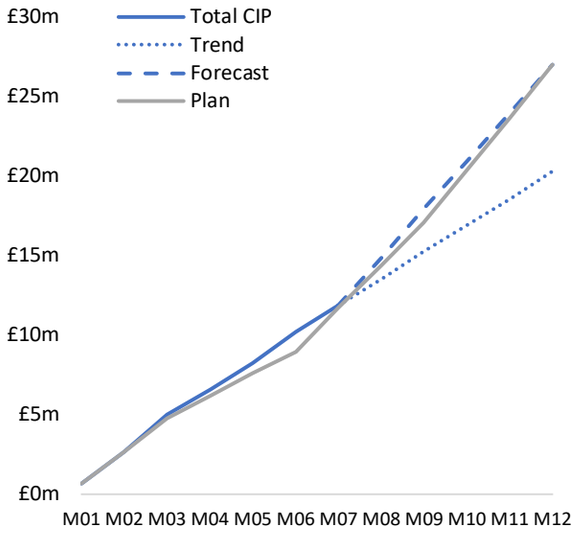


Recurrent/Non-recurrent Split

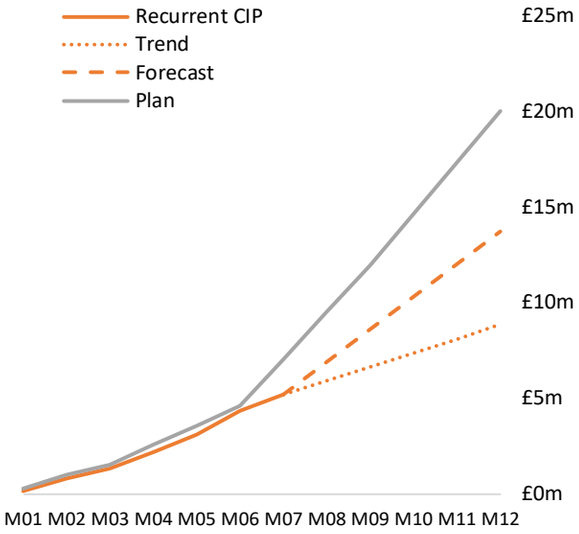


1 - Forecast %age of CIP Plan that is RED or AMBER	62.9%
2 - Rank out of 31 NW Providers	28
3 - Distance from NW Average*	-£7.9m
4 - Total YTD delivery as %age of CIP Plan	43.8%
5 - Rank out of 31 NW Providers	17

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£0.3m
7 - Recurrent YTD delivery as %age of Total CIP Plan	19.1%
8 - Rank out of 31 NW Providers	21
9 - Distance from NW Average*	-£0.3m
10 - Forecast non-recurrent CIP pressure into 24-25	£13.3m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Lancashire & South Cumbria

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,338	12,883	£66,100
Scientific and therapeutic	1,287	7,355	£68,600
Clinical support	2,379	9,395	£47,400
Medical and dental	383	5,197	£163,000
Infrastructure support	1,665	7,296	£52,600
Total	**8,052**	**42,126**	**£62,800**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£66,100	£68,600	-£2,500	-4%
Scientific and therapeutic	£68,600	£65,700	£2,900	4%
Clinical support	£47,400	£49,800	-£2,400	-5%
Medical and dental	£163,000	£182,400	-£19,400	-11%
Infrastructure support	£52,600	£49,200	£3,400	7%
Total	**£62,800**	**£70,700**	**-£7,900**	**-11%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,308	73,735	£54,800
Scientific and therapeutic	1,235	40,932	£56,800
Clinical support	2,415	55,347	£39,300
Medical and dental	372	30,174	£139,200
Infrastructure support	1,647	42,577	£44,300
Total	**7,977**	**242,766**	**£52,200**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£62,500	£75,300	-£12,800	-17%
Scientific and therapeutic	£104,000	£86,600	£17,400	20%
Medical and dental	£284,000	£168,400	£115,600	69%
Infrastructure support	#DIV/0!	£130,500	#DIV/0!	#####

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£10,600**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£7,900**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - North West Ambulance Service

ICB Rank 1 out of 6

Workforce

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Agency	0.04%	1/1	ICB: (of 6) 1
Absence	7.38%	5/29	
Price Cap Compliance	100.0%	1/1	
Staff Cost Variance	5.33%	1/1	NW: (of 31) 1
Off Framework Agency	0.0%	1/1	

NW Rank 2 out of 31

Finance

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Performance	1.4%	1/1	ICB: (of 6) 1
Total CIP delivery	58.5%	1/3	
CIP %age of OpEx	2.8%	3/26	
BPPC - Value	0.0%	6/31	NW: (of 31) 13
Cash ratio	0.94	1/6	
Productivity	#N/A	#N/A	

POD	Actual	Change	Rankings ICB (4) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	0	#N/A	/	ICB: (of 4) -
OPFA	0	#N/A	/	
OPFU	0	#N/A	/	
NEL	0	#N/A	/	NW: (of 23) -
A&E	0	#N/A	/	
OP FA:FU ratio	#DIV/0!	#DIV/0!	/	

Activity

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	#N/A	#N/A	#N/A	
PIFU	Sep-24	#N/A	#N/A	#N/A	ICB: (of 4) -
DNAs	Sep-24	#N/A	#N/A	#N/A	
Spec Advice	Aug-24	#N/A	#N/A	#N/A	
Theatre utilisation	Nov-24	#N/A	#N/A	#N/A	NW: (of 23) -
DC Rates	Jul-24	#N/A	#N/A	#N/A	
Elective LoS	Aug-24	#N/A	#N/A	#N/A	

When compared to peers: 0 higher performance, 0 worse

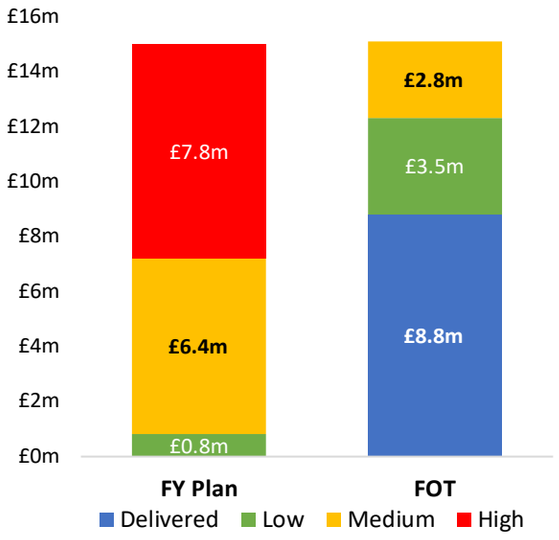
Model Health System

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

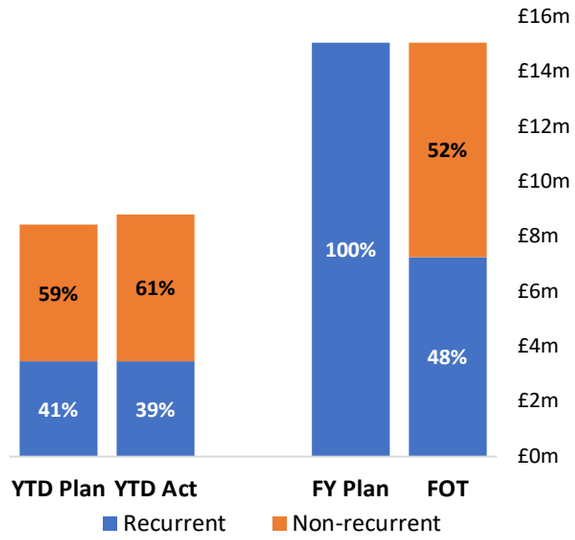
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - North West Ambulance Service

Risk Profile

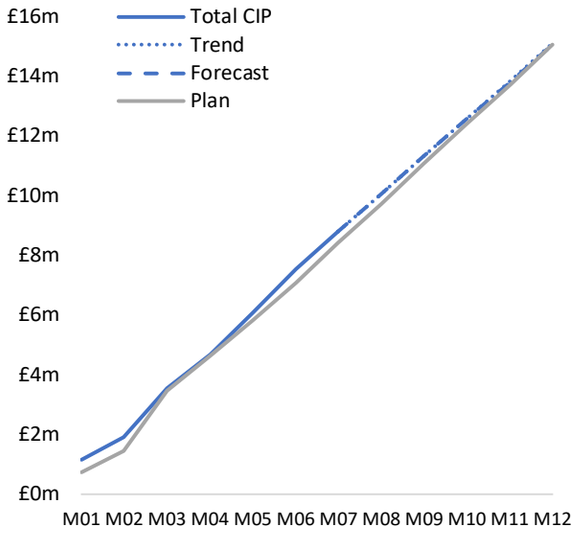


Recurrent/Non-recurrent Split

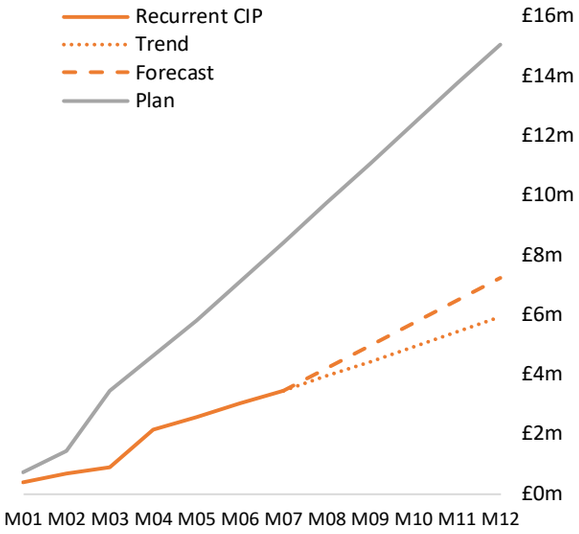


1 - Forecast %age of CIP Plan that is RED or AMBER	18.5%
2 - Rank out of 31 NW Providers	6
3 - Distance from NW Average*	£2.3m
4 - Total YTD delivery as %age of CIP Plan	58.5%
5 - Rank out of 31 NW Providers	3

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£1.5m
7 - Recurrent YTD delivery as %age of Total CIP Plan	22.9%
8 - Rank out of 31 NW Providers	13
9 - Distance from NW Average*	£0.1m
10 - Forecast non-recurrent CIP pressure into 24-25	£7.8m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - North West Ambulance Service

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	137	854	£74,700
Scientific and therapeutic	2,717	40	£200
Clinical support	2,641	10,892	£49,500
Medical and dental	2	93	£528,500
Infrastructure support	1,656	26,503	£192,100
Total	**7,153**	**38,382**	**£64,400**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£74,700	£68,600	£6,100	9%
Scientific and therapeutic	£200	£65,700	-£65,500	-100%
Clinical support	£49,500	£49,800	-£300	-1%
Medical and dental	£528,500	£182,400	£346,100	190%
Infrastructure support	£192,100	£49,200	£142,900	290%
Total	**£64,400**	**£70,700**	**-£6,300**	**-9%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	131	5,022	£65,800
Scientific and therapeutic	2,686	201	£100
Clinical support	2,628	63,843	£41,600
Medical and dental	2	548	£465,500
Infrastructure support	1,636	154,981	£162,400
Total	**7,083**	**224,595**	**£54,400**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£77,500	£75,300	£2,200	3%
Scientific and therapeutic	#DIV/0!	£86,600	#DIV/0!	#####
Medical and dental	#DIV/0!	£168,400	#DIV/0!	#####
Infrastructure support	£14,800	£130,500	-£115,700	-89%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£10,000**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£6,300**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Blackpool Teaching Hospitals

ICB Rank 4 out of 6

NW Rank 28 out of 31

Workforce

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Agency	4.27%	6/31	ICB: (of 6) 5
Absence	6.34%	3/22	
Price Cap Compliance	45.4%	5/20	
Staff Cost Variance	-7.70%	4/24	NW: (of 31) 29
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Performance	-1.6%	3/23	ICB: (of 6) 3
Total CIP delivery	13.3%	6/31	
CIP %age of OpEx	1.9%	6/30	
BPPC - Value	96.4%	1/12	NW: (of 31) 28
Cash ratio	0.20	4/27	
Productivity	-0.1%	2/16	

Activity

POD	Actual	Change	Rankings ICB (4) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	33,011	10.1%	3/14	ICB: (of 4) 2
OPFA	64,677	16.1%	1/4	
OPFU	134,117	8.1%	3/19	
NEL	23,555	-3.3%	2/19	NW: (of 23) 9
A&E	41,023	2.7%	3/8	
OP FA:FU ratio	2.1	7.3%	2/7	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	15.2%	16.1%	-0.9%	
PIFU	Sep-24	1.5%	4.3%	-2.8%	ICB: (of 4) 4
DNAs	Sep-24	6.9%	7.5%	0.6%	
Spec Advice	Aug-24	13.6%	20.8%	-7.2%	
Theatre utilisation	Nov-24	84.9%	78.1%	6.8%	NW: (of 23) 16
DC Rates	Jul-24	87.6%	83.1%	4.6%	
Elective LoS	Aug-24	4.6	2.5	-2.1	

When compared to peers: 3 higher performance, 4 worse

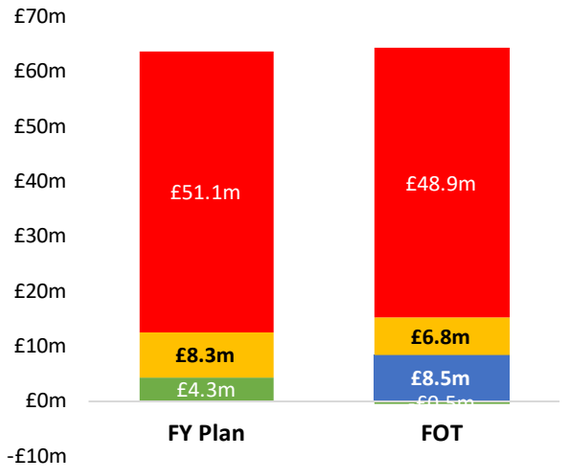
if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

Source: NHSE Implied Productivity 24-25 (M06)

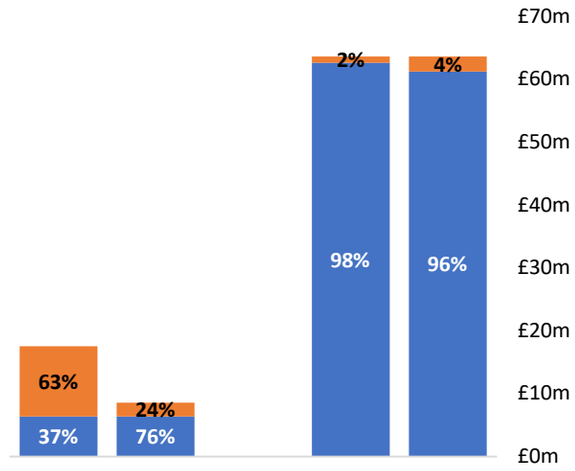
Greater Manchester

Efficiencies Analysis - Blackpool Teaching Hospitals

Risk Profile

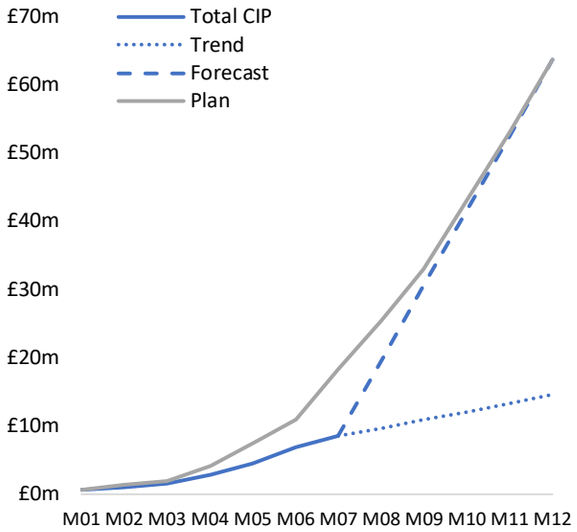


Recurrent/Non-recurrent Split

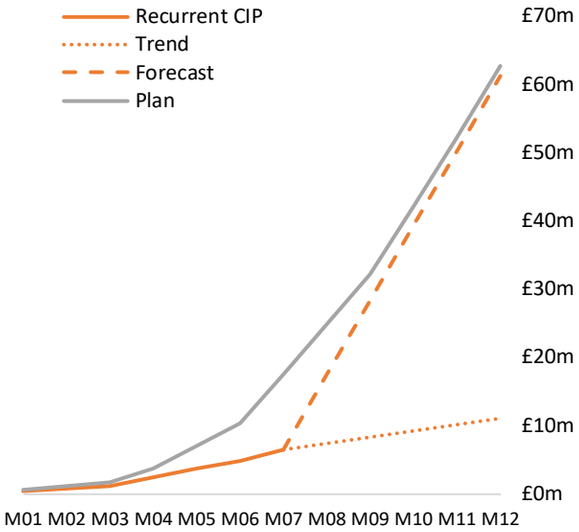


1 - Forecast %age of CIP Plan that is RED or AMBER	87.5%
2 - Rank out of 31 NW Providers	31
3 - Distance from NW Average*	-£34.4m
4 - Total YTD delivery as %age of CIP Plan	13.3%
5 - Rank out of 31 NW Providers	31

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£2.4m
7 - Recurrent YTD delivery as %age of Total CIP Plan	10.1%
8 - Rank out of 31 NW Providers	27
9 - Distance from NW Average*	-£1.0m
10 - Forecast non-recurrent CIP pressure into 24-25	£2.5m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Blackpool Teaching Hospitals

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,750	14,592	£63,700
Scientific and therapeutic	1,158	6,657	£69,000
Clinical support	1,992	5,662	£34,100
Medical and dental	807	13,388	£199,100
Infrastructure support	1,937	9,292	£57,600
Total	**8,643**	**49,591**	**£68,900**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£63,700	£68,600	-£4,900	-7%
Scientific and therapeutic	£69,000	£65,700	£3,300	5%
Clinical support	£34,100	£49,800	-£15,700	-32%
Medical and dental	£199,100	£182,400	£16,700	9%
Infrastructure support	£57,600	£49,200	£8,400	17%
Total	**£68,900**	**£70,700**	**-£1,800**	**-3%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,751	86,086	£53,600
Scientific and therapeutic	1,127	35,397	£53,800
Clinical support	1,931	36,438	£32,400
Medical and dental	796	73,937	£159,300
Infrastructure support	2,060	52,158	£43,400
Total	**8,664**	**284,016**	**£56,200**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£62,000	£75,300	-£13,300	-18%
Scientific and therapeutic	£88,000	£86,600	£1,400	2%
Medical and dental	£205,100	£168,400	£36,700	22%
Infrastructure support	£192,000	£130,500	£61,500	47%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£12,700**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£1,800**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Lancashire Teaching Hospitals

ICB Rank 5 out of 6

NW Rank 18 out of 31

Workforce

Metric	Value	Rankings ICB (7) / NW (31)	Overall	
Agency	1.28%	2/15	ICB: (of 6)	2
Absence	6.32%	2/20		
Price Cap Compliance	92.0%	2/2		
Staff Cost Variance	0.31%	2/4	NW: (of 31)	3
Off Framework Agency	0.0%	1/1		

Finance

Metric	Value	Rankings ICB (7) / NW (31)	Overall	
Performance	-1.6%	4/24	ICB: (of 6)	6
Total CIP delivery	17.8%	5/30		
CIP %age of OpEx	2.0%	5/29		
BPPC - Value	80.0%	4/28	NW: (of 31)	31
Cash ratio	0.20	3/26		
Productivity	-0.7%	3/18		

Activity

POD	Actual	Change	Rankings ICB (4) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	34,703	11.7%	2/13	ICB: (of 4)	4
OPFA	84,699	10.7%	2/9		
OPFU	190,518	3.9%	2/4		
NEL	26,929	-4.6%	3/20	NW: (of 23)	22
A&E	72,476	0.6%	4/12		
OP FA:FU ratio	2.2	6.6%	3/8		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	21.8%	16.3%	5.5%		
PIFU	Sep-24	3.3%	4.8%	-1.5%	ICB: (of 4)	3
DNAs	Sep-24	7.3%	6.8%	-0.5%		
Spec Advice	Aug-24	35.5%	23.2%	12.3%		
Theatre utilisation	Nov-24	82.9%	78.9%	4.0%	NW: (of 23)	10
DC Rates	Jul-24	80.3%	85.1%	-4.8%		
Elective LoS	Aug-24	2.6	3.1	0.5		

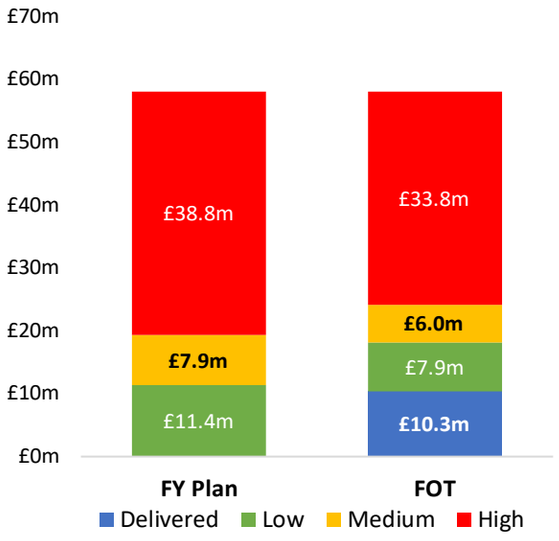
When compared to peers: 4 higher performance, 3 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

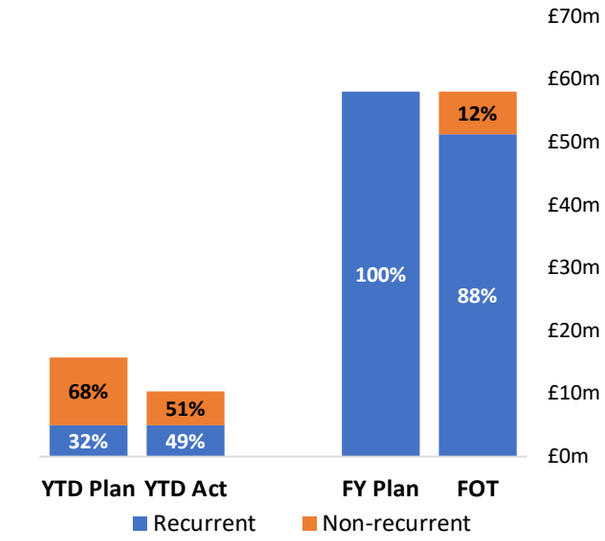
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Lancashire Teaching Hospitals

Risk Profile

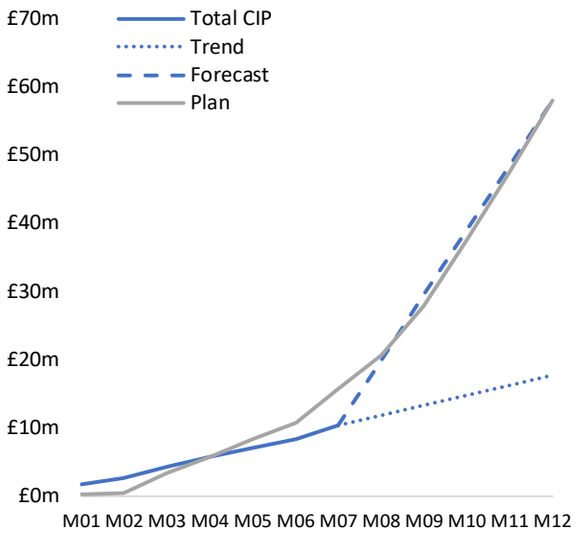


Recurrent/Non-recurrent Split

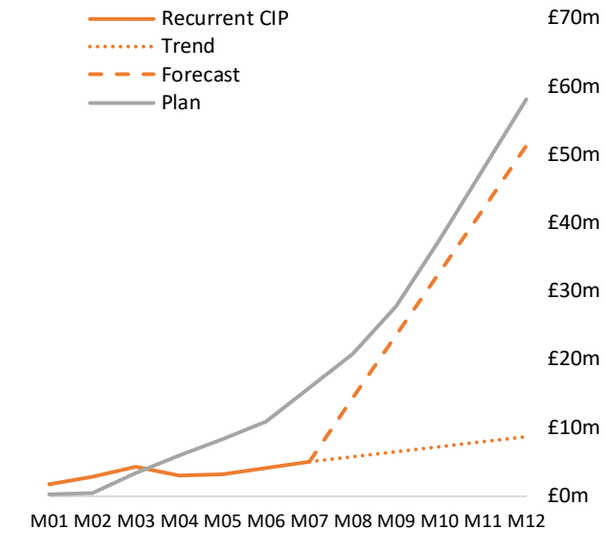


1 - Forecast %age of CIP Plan that is RED or AMBER	68.6%
2 - Rank out of 31 NW Providers	30
3 - Distance from NW Average*	-£20.4m
4 - Total YTD delivery as %age of CIP Plan	17.8%
5 - Rank out of 31 NW Providers	30

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£2.4m
7 - Recurrent YTD delivery as %age of Total CIP Plan	8.7%
8 - Rank out of 31 NW Providers	29
9 - Distance from NW Average*	-£1.3m
10 - Forecast non-recurrent CIP pressure into 24-25	£6.8m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Lancashire Teaching Hospitals

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,875	16,318	£68,100
Scientific and therapeutic	1,114	7,692	£82,900
Clinical support	2,157	7,684	£42,800
Medical and dental	1,200	16,027	£160,300
Infrastructure support	2,409	8,450	£42,100
Total	**9,754**	**56,171**	**£69,100**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£68,100	£68,600	-£500	-1%
Scientific and therapeutic	£82,900	£65,700	£17,200	26%
Clinical support	£42,800	£49,800	-£7,000	-14%
Medical and dental	£160,300	£182,400	-£22,100	-12%
Infrastructure support	£42,100	£49,200	-£7,100	-14%
Total	**£69,100**	**£70,700**	**-£1,600**	**-2%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	2,899	88,316	£52,200
Scientific and therapeutic	1,085	41,578	£65,700
Clinical support	2,199	41,648	£32,500
Medical and dental	1,194	95,547	£137,200
Infrastructure support	2,445	63,166	£44,300
Total	**9,822**	**330,255**	**£57,600**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£79,800	£75,300	£4,500	6%
Scientific and therapeutic	£176,000	£86,600	£89,400	103%
Medical and dental	£290,200	£168,400	£121,800	72%
Infrastructure support	#DIV/0!	£130,500	#DIV/0!	#####

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£11,500**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£1,600**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - East Lancashire Hospitals

ICB Rank 2 out of 6

NW Rank 19 out of 31

Workforce

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Agency	1.29%	3/16	ICB: (of 6) **3**
Absence	6.47%	4/24	
Price Cap Compliance	71.6%	3/6	
Staff Cost Variance	-15.69%	6/28	NW: (of 31) **19**
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (7) / NW (31)	Overall
Performance	-4.0%	6/31	ICB: (of 6) **5**
Total CIP delivery	24.5%	3/26	
CIP %age of OpEx	3.0%	2/22	
BPPC - Value	86.1%	3/25	NW: (of 31) **30**
Cash ratio	0.14	5/29	
Productivity	-4.5%	4/21	

Activity

POD	Actual	Change	Rankings ICB (4) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	30,369	5.9%	4/20	ICB: (of 4) **1**
OPFA	100,966	2.2%	4/19	
OPFU	143,505	-7.2%	1/1	
NEL	19,931	-11.8%	4/22	NW: (of 23) **1**
A&E	141,377	55.6%	1/1	
OP FA:FU ratio	1.4	10.1%	1/5	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	12.2%	16.7%	-4.5%	
PIFU	Sep-24	2.1%	3.5%	-1.4%	ICB: (of 4) **1**
DNAs	Sep-24	5.8%	7.7%	1.9%	
Spec Advice	Aug-24	14.8%	19.2%	-4.4%	
Theatre utilisation	Nov-24	88.2%	75.7%	12.5%	NW: (of 23) **17**
DC Rates	Jul-24	80.0%	82.5%	-2.5%	
Elective LoS	Aug-24	3.2	2.5	-0.7	

When compared to peers: 2 higher performance, 5 worse

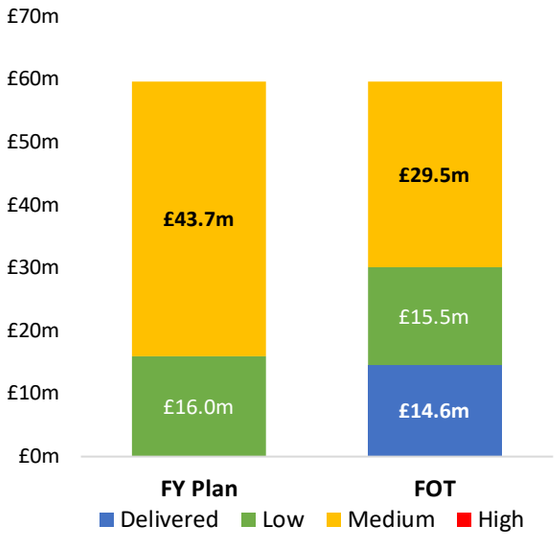
if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

Source: **NHSE Implied Productivity 24-25 (M06)**

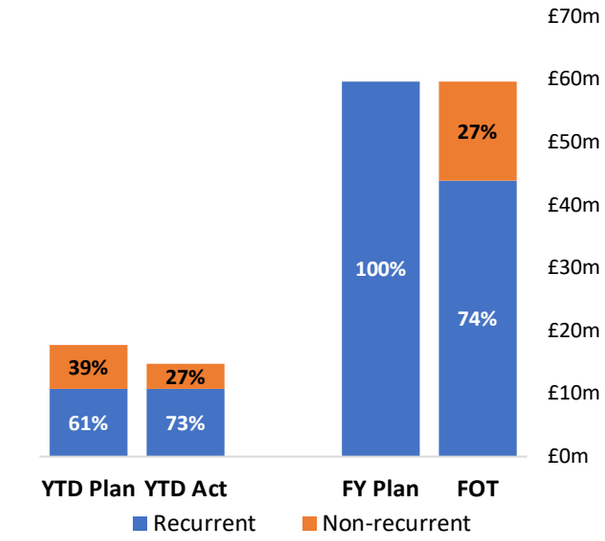
Greater Manchester

Efficiencies Analysis - East Lancashire Hospitals

Risk Profile

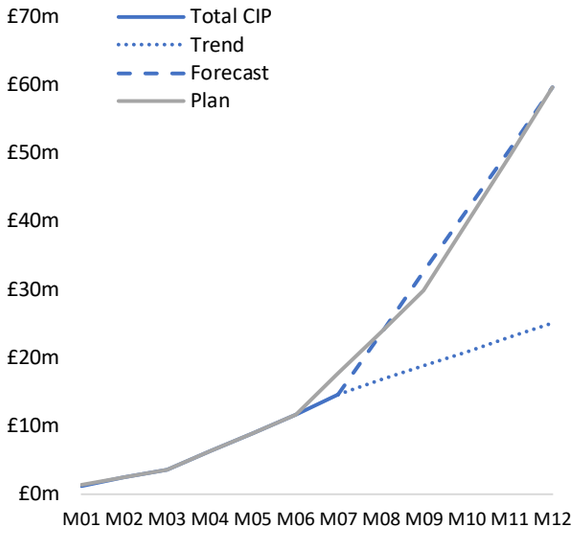


Recurrent/Non-recurrent Split

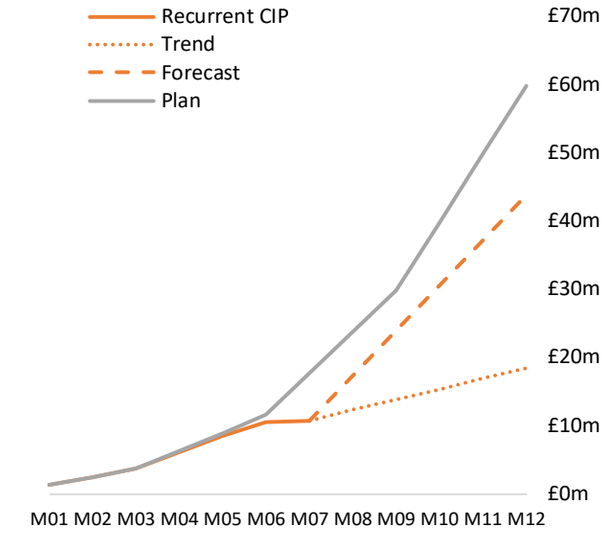


1 - Forecast %age of CIP Plan that is RED or AMBER	49.5%
2 - Rank out of 31 NW Providers	21
3 - Distance from NW Average*	-£9.5m
4 - Total YTD delivery as %age of CIP Plan	24.5%
5 - Rank out of 31 NW Providers	26

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£2.5m
7 - Recurrent YTD delivery as %age of Total CIP Plan	18.0%
8 - Rank out of 31 NW Providers	22
9 - Distance from NW Average*	-£0.5m
10 - Forecast non-recurrent CIP pressure into 24-25	£15.8m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - East Lancashire Hospitals

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	3,267	18,827	£69,200
Scientific and therapeutic	1,125	6,126	£65,400
Clinical support	2,182	7,762	£42,700
Medical and dental	1,142	16,344	£171,700
Infrastructure support	2,730	11,099	£48,800
Total	**10,446**	**60,158**	**£69,100**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£69,200	£68,600	£600	1%
Scientific and therapeutic	£65,400	£65,700	-£300	0%
Clinical support	£42,700	£49,800	-£7,100	-14%
Medical and dental	£171,700	£182,400	-£10,700	-6%
Infrastructure support	£48,800	£49,200	-£400	-1%
Total	**£69,100**	**£70,700**	**-£1,600**	**-2%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	3,206	101,110	£54,100
Scientific and therapeutic	1,116	35,197	£54,100
Clinical support	2,178	44,462	£35,000
Medical and dental	1,113	89,643	£138,000
Infrastructure support	2,753	62,532	£38,900
Total	**10,366**	**332,944**	**£55,100**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£65,400	£75,300	-£9,900	-13%
Scientific and therapeutic	£85,600	£86,600	-£1,000	-1%
Medical and dental	£242,700	£168,400	£74,300	44%
Infrastructure support	#DIV/0!	£130,500	#DIV/0!	#####

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£14,000**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£1,600**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Section 3.3 - Ranking Cheshire & Merseyside

Greater Manchester

ICB Ranking - Workforce

Metric	Rank out of	Area	Wirral Teaching	Mersey & W Lancs	L'pool Heart & Chest	Alder Hey	Mid Cheshire	LUHFT	Clatterbridge	Liverpool Women's	Walton Centre	East Cheshire	Countess of Chester	Warrington & Halton	Mersey Care	CWP	Bridgewater	Wirral Community
Agency as %age of planned pay	16	Performance	1.8%	2.7%	0.4%	0.6%	2.5%	0.7%	0.9%	0.7%	0.5%	2.8%	1.2%	0.7%	2.5%	3.0%	1.8%	1.3%
		Rank	10	14	1	3	12	5	7	6	2	15	8	4	13	16	11	9
Absence rate	16	Performance	6.3%	4.1%	5.8%	5.7%	4.9%	6.2%	5.3%	5.7%	6.3%	6.1%	5.8%	5.7%	7.6%	6.2%	6.7%	6.7%
		Rank	13	1	7	6	2	11	3	4	12	9	8	5	16	10	14	15
Off-framework agency	16	Performance	0.0%	0.6%	0.0%	0.0%	1.5%	0.0%	8.4%	0.0%	0.0%	0.0%	8.5%	0.0%	0.0%	0.0%	0.0%	0.0%
		Rank	1	13	1	1	14	1	15	1	1	1	16	1	1	1	1	1
Price Cap Compliance	16	Performance	9%	55%	0%	56%	18%	70%	52%	0%	0%	81%	34%	38%	75%	34%	71%	78%
		Rank	13	7	14	6	12	5	8	14	14	1	11	9	3	10	4	2
Staff Cost Variance	16	Performance	0%	-1%	-2%	-1%	-1%	-3%	4%	-2%	-33%	-6%	-2%	-5%	-25%	-7%	-12%	-4%
		Rank	2	3	6	5	4	9	1	8	16	12	7	11	15	13	14	10
Overall Workforce Rank			9	10	3	1	14	2	7	5	12	8	16	4	15	13	11	6

ICB Ranking - Activity

Metric	Rank out of	Area	Wirral Teaching	Mersey & W Lancs	L'pool Heart & Chest	Alder Hey	Mid Cheshire	LUHFT	Clatterbridge	Liverpool Women's	Walton Centre	East Cheshire	Countess of Chester	Warrington & Halton	Mersey Care	CWP	Bridgewater	Wirral Community
A&E Attendances	9	Performance	-2.6%	0.2%		2.5%	3.6%	0.9%		13.0%		2.6%	-21.6%	-4.5%				
		Rank	7	6		4	2	5		1		3	9	8				
Non Elective	12	Performance	9.3%	-2.6%	10.0%	3.0%	-2.6%	4.7%	24%	3.0%	13.5%	6.9%	7.3%	-17.9%				
		Rank	4	10	3	8	11	7	1	9	2	6	5	12				
Elective and Day Case	12	Performance	13.5%	15.7%	6.5%	19.0%	23.0%	0.8%	20.1%	34.8%	9.2%	16.2%	13.3%	14.4%				
		Rank	8	6	11	4	2	12	3	1	10	5	9	7				
Outpatient First Attendances	12	Performance	7.3%	5.4%	12.7%	13.7%	29.8%	1.9%	6.8%	15.9%	7.3%	18.2%	2.5%	15.1%				
		Rank	7	10	6	5	1	12	9	3	8	2	11	4				
Outpatient Follow Ups	12	Performance	7.4%	6.3%	-1.0%	7.8%	6.3%	5.6%	10.0%	7.0%	5.4%	17.8%	4.2%	4.3%				
		Rank	9	6	1	10	7	5	11	8	4	12	2	3				
Overall Activity Rank			1	4	6	3	7	9	5	11	8	2	12	10				

All values are calculated as the percentage change in activity YTD M06 24-25 from YTD M06 23-24
Values of less than 500/month are ignored
Overall activity rank is calculated by reference to growth in costed activity for all PoDs
The FA:FU ratio is an absolute value based on YTD M06 24-25 data

ICB Ranking - Model Health System

Metric	Rank out of	Area	Wirral Teaching	Mersey & W Lancs	L'pool Heart & Chest	Alder Hey	Mid Cheshire	LUHFT	Clatterbridge	Liverpool Women's	Walton Centre	East Cheshire	Countess of Chester	Warrington & Halton	Mersey Care	CWP	Bridgewater	Wirral Community
Remote attendance	12	Performance	13.9%	13.4%	32.1%	19.7%	16.3%	15.7%	25.3%	26.2%	29.7%	11.2%	18.3%	16.1%				
		Rank	10	11	1	9	7	8	4	3	2	12	5	6				
PIFU	12	Performance	2.6%	3.6%	1.3%	3.3%	2.0%	4.0%	0.2%	5.6%	9.0%	2.3%	3.0%	4.0%				
		Rank	8	5	11	6	10	3	12	2	1	9	7	4				
DNAs	12	Performance	7.9%	8.5%	8.0%	9.2%	5.6%	10.6%	3.0%	9.7%	6.8%	4.4%	7.0%	8.3%				
		Rank	6	8	9	10	3	12	1	11	4	2	5	7				
Specialist Advice	12	Performance	8.3%	35.0%	13.2%	7.0%	9.9%	18.9%	0.0%	9.7%	30.4%	20.9%	23.8%	31.5%				
		Rank	12	2	7	10	11	8	6	9	1	5	4	3				
OPFA:OPFU Ratio	12	Performance	2.5	2.1	1.2	2.5	1.8	2.3	26.1	1.2	1.9	1.3	2.3	2.9				
		Rank	7	9	1	5	6	10	12	1	4	3	8	11				
Theatre utilisation	12	Performance	82.7%	76.8%	88.6%	0.0%	72.0%	79.7%	0.0%	78.2%	75.8%	82.4%	0.0%	73.8%				
		Rank	3	10	1	5	11	4	5	9	12	2	5	8				
DC Rates	12	Performance	80.7%	81.9%	0.0%	90.5%	87.2%	85.0%	100%	86.0%	29.4%	86.3%	85.8%	85.7%				
		Rank	10	11	9	2	6	5	1	3	12	4	7	8				
EL LoS	12	Performance	3.2	3.4	4.8	3.9	2.7	4.5	10.3	1.6	4.0	3.2	2.7	2.5				
		Rank	8	7	9	3	3	11	12	1	5	10	2	6				
Overall Model Health System Rank			12	11	5	6	9	10	7	1	2	4	3	7				

Rank is calculated according to distance from peers, not on absolute performance within ICB

Greater Manchester

ICB Ranking - Finance

Metric	Rank out of	Area	Wirral Teaching	Mersey & W Lancs	L'pool Heart & Chest	Alder Hey	Mid Cheshire	LUHFT	Clatterbridge	Liverpool Women's	Walton Centre	East Cheshire	Countess of Chester	Warrington & Halton	Mersey Care	CWP	Bridgewater	Wirral Community
Performance*	16	Performance	-2.4%	0.5%	-0.3%	-0.3%	-0.4%	-0.9%	0.0%	0.9%	0.4%	-0.2%	-2.8%	-0.4%	0.0%	0.0%	-2.7%	0.0%
		Rank	14	2	9	10	11	13	4	1	3	8	16	12	7	5	15	6
Total CIP delivery	16	Performance	52.8%	53.0%	40.3%	48.2%	38.5%	38.4%	58.3%	64.3%	57.8%	42.1%	22.9%	40.0%	58.3%	43.2%	23.7%	47.1%
		Rank	6	5	11	7	13	14	2	1	4	10	16	12	3	9	15	8
CIP delivery as % of OpEx	16	Performance	4.4%	4.2%	2.9%	3.7%	3.3%	5.2%	3.2%	3.5%	4.2%	3.4%	1.9%	3.3%	3.3%	3.4%	2.6%	4.6%
		Rank	3	4	14	6	12	1	13	7	5	9	16	11	10	8	15	2
BPPC Value	16	Performance	56.6%	93.5%	98.7%	94.2%	96.5%	91.2%	98.5%	96.3%	93.5%	87.7%	94.1%	84.9%	96.1%	82.7%	98.3%	97.8%
		Rank	16	11	1	8	5	12	2	6	10	13	9	14	7	15	3	4
Cash ratio	16	Performance	0.08	0.37	1.01	0.76	0.57	0.16	1.44	0.39	1.56	0.43	0.26	0.39	0.60	0.75	0.68	0.50
		Rank	16	13	3	4	8	15	2	11	1	10	14	12	7	5	6	9
Implied Productivity at M06 24-25 vs 23-24	12	Performance	6.8%	-4.4%	0.5%	3.9%	2.1%	-0.6%	7.6%	8.4%	4.6%	4.3%	4.8%	-8.7%				
		Rank	3	11	9	7	8	10	2	1	5	6	4	12				
Overall Finance Rank			12	7	7	6	9	13	1	3	2	11	16	15	5	9	13	4

* Performance metric calculated as the variance of 'Total Provider Surplus/Deficit - system performance measure' (YTD) expressed as a percentage of Op Ex (YTD)

Overall Review - Wirral University Teaching Hospital

ICB Rank 9 out of 16

NW Rank 15 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Agency	1.80%	10/18	ICB: (of 16)	9
Absence	6.29%	13/19		
Price Cap Compliance	8.6%	13/28		
Staff Cost Variance	-0.20%	2/6	NW: (of 31)	17
Off Framework Agency	0.0%	1/1		

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Performance	-2.4%	14/27	ICB: (of 16)	12
Total CIP delivery	52.8%	6/10		
CIP %age of OpEx	4.4%	3/5		
BPPC - Value	56.6%	16/30	NW: (of 31)	22
Cash ratio	0.08	16/31		
Productivity	6.8%	3/5		

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	29,887	13.5%	8/11	ICB: (of 12)	1
OPFA	57,896	7.3%	7/12		
OPFU	141,224	7.4%	9/17		
NEL	24,012	9.3%	4/6	NW: (of 23)	3
A&E	47,232	-2.6%	7/15		
OP FA:FU ratio	2.4	0.0%	8/16		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	13.9%	16.0%	-2.1%		
PIFU	Sep-24	2.6%	3.2%	-0.6%	ICB: (of 12)	12
DNAs	Sep-24	7.9%	7.6%	-0.3%		
Spec Advice	Aug-24	8.3%	27.1%	-18.8%		
Theatre utilisation	Nov-24	82.7%	79.2%	3.5%	NW: (of 23)	21
DC Rates	Jul-24	80.7%	83.5%	-2.8%		
Elective LoS	Aug-24	3.2	2.9	-0.3		

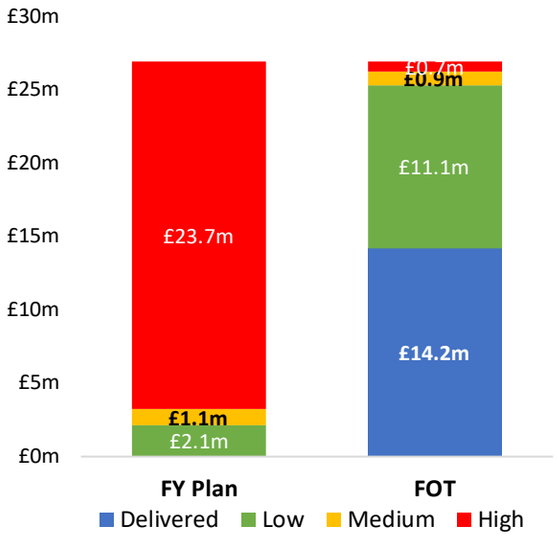
When compared to peers: 1 higher performance, 6 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

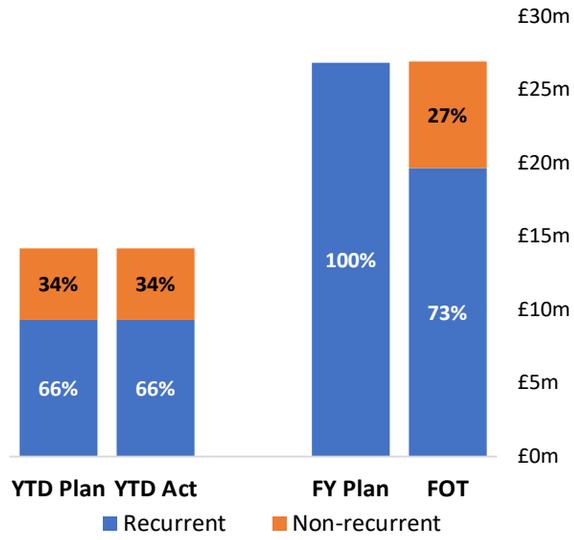
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Wirral University Teaching Hospital

Risk Profile

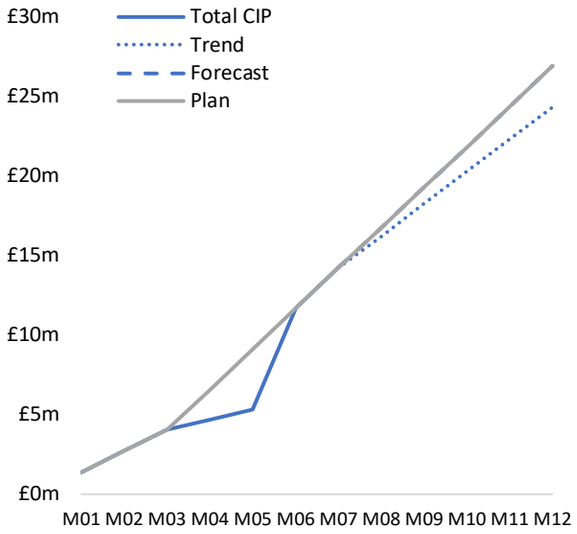


Recurrent/Non-recurrent Split

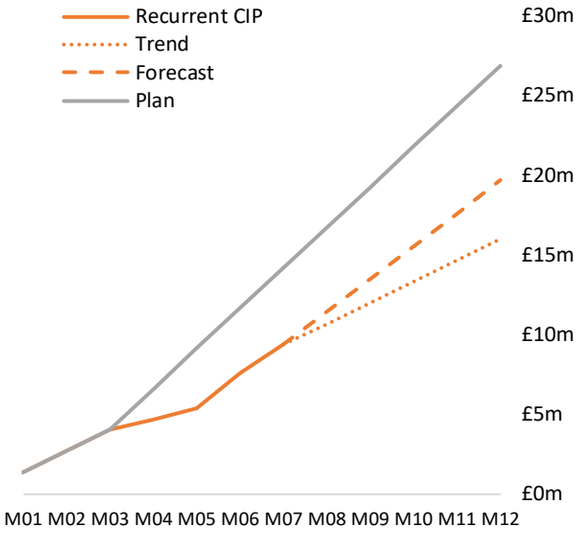


1 - Forecast %age of CIP Plan that is RED or AMBER	5.9%
2 - Rank out of 31 NW Providers	3
3 - Distance from NW Average*	£7.4m
4 - Total YTD delivery as %age of CIP Plan	52.8%
5 - Rank out of 31 NW Providers	10

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£1.6m
7 - Recurrent YTD delivery as %age of Total CIP Plan	34.7%
8 - Rank out of 31 NW Providers	5
9 - Distance from NW Average*	£1.9m
10 - Forecast non-recurrent CIP pressure into 24-25	£7.2m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Wirral University Teaching Hospital

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,849	9,925	£64,400
Scientific and therapeutic	748	4,361	£69,900
Clinical support	1,357	6,065	£53,600
Medical and dental	803	11,919	£178,100
Infrastructure support	1,600	4,637	£34,800
Total	**6,358**	**36,906**	**£69,700**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£64,400	£68,600	-£4,200	-6%
Scientific and therapeutic	£69,900	£65,700	£4,200	6%
Clinical support	£53,600	£49,800	£3,800	8%
Medical and dental	£178,100	£182,400	-£4,300	-2%
Infrastructure support	£34,800	£49,200	-£14,400	-29%
Total	**£69,700**	**£70,700**	**-£1,000**	**-1%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,841	57,821	£53,800
Scientific and therapeutic	735	25,576	£59,700
Clinical support	1,373	38,193	£47,700
Medical and dental	801	65,750	£140,800
Infrastructure support	1,616	27,704	£29,400
Total	**6,365**	**215,044**	**£57,900**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£70,100	£75,300	-£5,200	-7%
Scientific and therapeutic	£103,700	£86,600	£17,100	20%
Medical and dental	£243,600	£168,400	£75,200	45%
Infrastructure support	£52,900	£130,500	-£77,600	-59%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£11,800**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£1,000**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Greater Manchester

Overall Review - Mersey and West Lancashire Teaching Hospitals

ICB Rank 8 out of 16

NW Rank 13 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	2.70%	14/26	ICB: (of 16) 10
Absence	4.06%	1/1	
Price Cap Compliance	54.6%	7/15	
Staff Cost Variance	-0.66%	3/7	NW: (of 31) 20
Off Framework Agency	0.6%	13/26	

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	0.5%	2/3	ICB: (of 16) 7
Total CIP delivery	53.0%	5/9	
CIP %age of OpEx	4.2%	4/7	
BPPC - Value	93.5%	11/22	NW: (of 31) 11
Cash ratio	0.37	13/20	
Productivity	-4.4%	11/20	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	43,554	15.7%	6/7	ICB: (of 12) 4
OPFA	105,410	5.4%	10/16	
OPFU	215,957	6.3%	6/14	
NEL	47,927	-2.6%	10/17	NW: (of 23) 6
A&E	104,251	0.2%	6/13	
OP FA:FU ratio	2.0	-0.8%	9/17	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	13.4%	15.7%	-2.3%	
PIFU	Sep-24	3.6%	3.1%	0.6%	ICB: (of 12) 11
DNAs	Sep-24	8.5%	7.6%	-0.9%	
Spec Advice	Aug-24	35.0%	18.5%	16.6%	
Theatre utilisation	Nov-24	76.8%	80.1%	-3.3%	NW: (of 23) 18
DC Rates	Jul-24	81.9%	85.8%	-3.9%	
Elective LoS	Aug-24	3.4	3.1	-0.3	

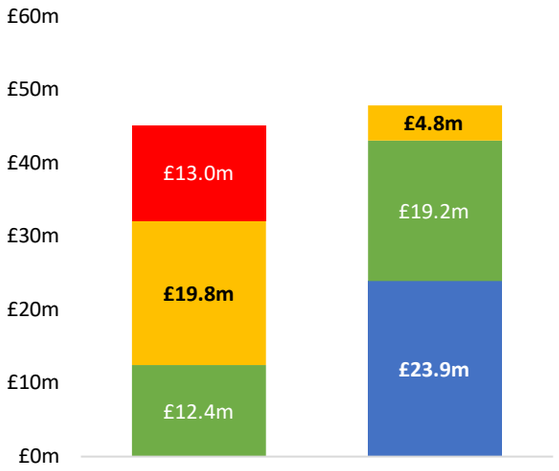
When compared to peers: 2 higher performance, 5 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

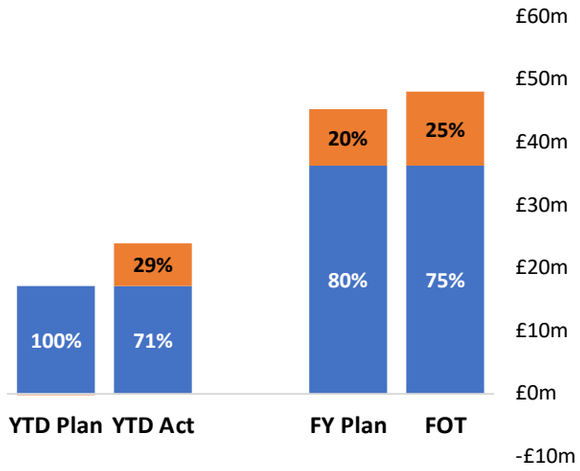
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Mersey and West Lancashire Teaching Hospitals

Risk Profile

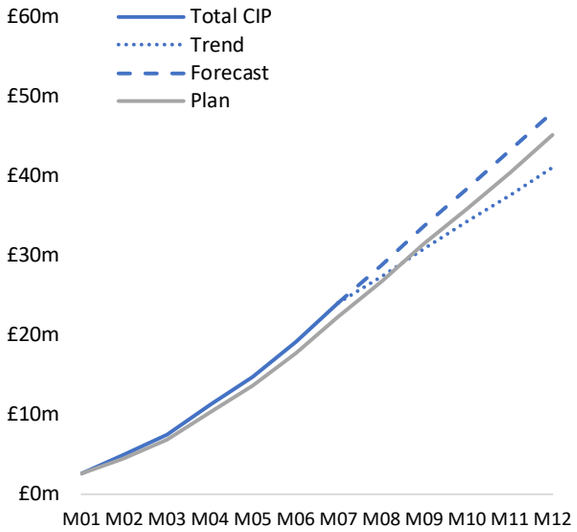


Recurrent/Non-recurrent Split

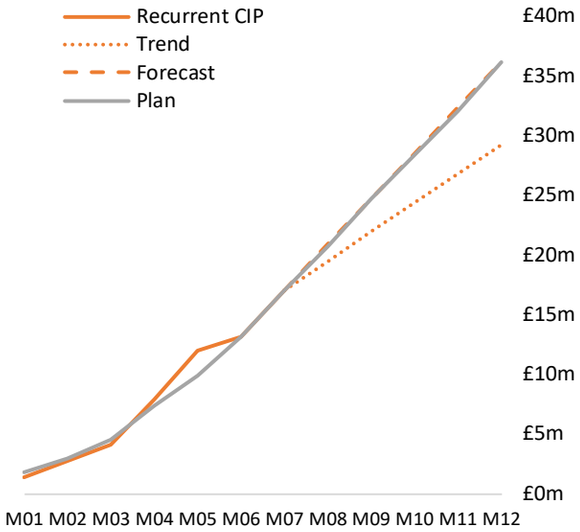


1 - Forecast %age of CIP Plan that is RED or AMBER	10.0%
2 - Rank out of 31 NW Providers	4
3 - Distance from NW Average*	£11.3m
4 - Total YTD delivery as %age of CIP Plan	53.0%
5 - Rank out of 31 NW Providers	9

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£2.8m
7 - Recurrent YTD delivery as %age of Total CIP Plan	37.7%
8 - Rank out of 31 NW Providers	3
9 - Distance from NW Average*	£3.8m
10 - Forecast non-recurrent CIP pressure into 24-25	£11.8m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Mersey and West Lancashire Teaching Hospitals

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	3,348	20,016	£71,700
Scientific and therapeutic	1,162	7,666	£79,100
Clinical support	2,407	8,489	£42,300
Medical and dental	1,303	23,689	£218,200
Infrastructure support	2,474	7,230	£35,100
Total	**10,694**	**67,090**	**£75,300**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£71,700	£68,600	£3,100	5%
Scientific and therapeutic	£79,100	£65,700	£13,400	20%
Clinical support	£42,300	£49,800	-£7,500	-15%
Medical and dental	£218,200	£182,400	£35,800	20%
Infrastructure support	£35,100	£49,200	-£14,100	-29%
Total	**£75,300**	**£70,700**	**£4,600**	**7%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	3,269	106,073	£55,600
Scientific and therapeutic	1,144	38,605	£57,800
Clinical support	2,340	46,389	£34,000
Medical and dental	1,314	117,558	£153,400
Infrastructure support	2,479	63,100	£43,600
Total	**10,546**	**371,725**	**£60,400**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£85,200	£75,300	£9,900	13%
Scientific and therapeutic	£83,600	£86,600	-£3,000	-3%
Medical and dental	£206,100	£168,400	£37,700	22%
Infrastructure support	£295,100	£130,500	£164,600	126%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£14,900**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£4,600**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Liverpool Heart And Chest Hospital

ICB Rank 5 out of 16

NW Rank 5 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	0.43%	1/2	ICB: (of 16) 3
Absence	5.77%	7/12	
Price Cap Compliance	0.0%	14/29	
Staff Cost Variance	-1.64%	6/10	NW: (of 31) 6
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	-0.3%	9/15	ICB: (of 16) 7
Total CIP delivery	40.3%	11/20	
CIP %age of OpEx	2.9%	14/24	
BPPC - Value	98.7%	1/3	NW: (of 31) 11
Cash ratio	1.01	3/5	
Productivity	0.5%	9/14	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	4,406	6.5%	11/19	ICB: (of 12) 6
OPFA	20,471	12.7%	6/8	
OPFU	24,559	-1.0%	1/3	
NEL	2,464	10.0%	3/5	NW: (of 23) 10
A&E	0	#N/A	/	
OP FA:FU ratio	1.2	13.8%	2/2	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	32.1%	21.9%	10.2%	
PIFU	Sep-24	1.3%	3.3%	-2.0%	ICB: (of 12) 5
DNAs	Sep-24	8.0%	7.0%	-1.0%	
Spec Advice	Aug-24	13.2%	13.6%	-0.4%	
Theatre utilisation	Nov-24	88.6%	80.9%	7.7%	NW: (of 23) 7
DC Rates	Jul-24	0.0%	72.8%	-72.8%	
Elective LoS	Aug-24	4.8	3.9	-0.9	

When compared to peers: 2 higher performance, 5 worse

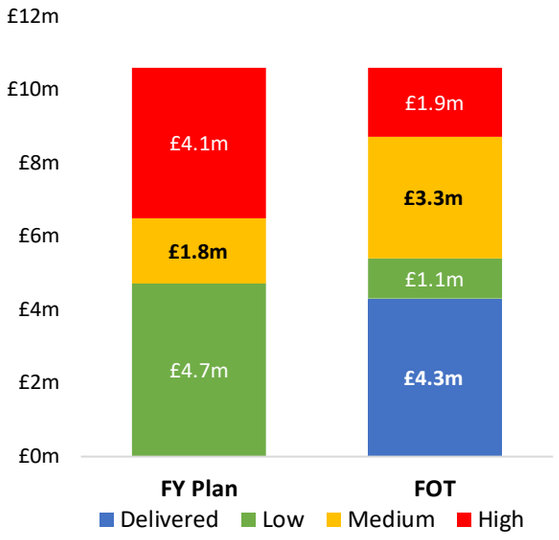
if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

Source: NHSE Implied Productivity 24-25 (M06)

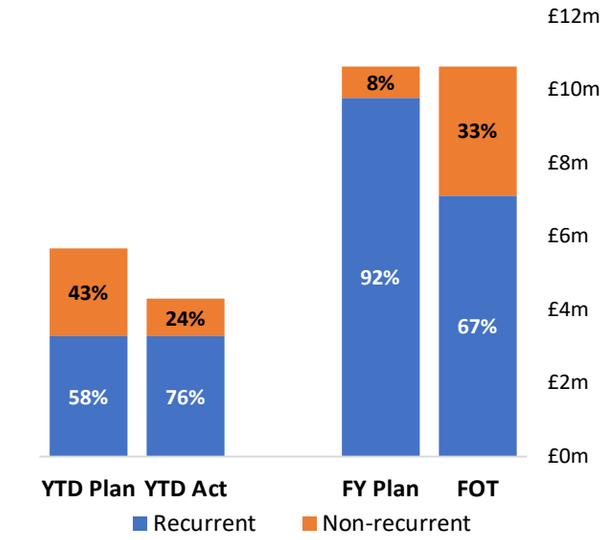
Greater Manchester

Efficiencies Analysis - Liverpool Heart And Chest Hospital

Risk Profile

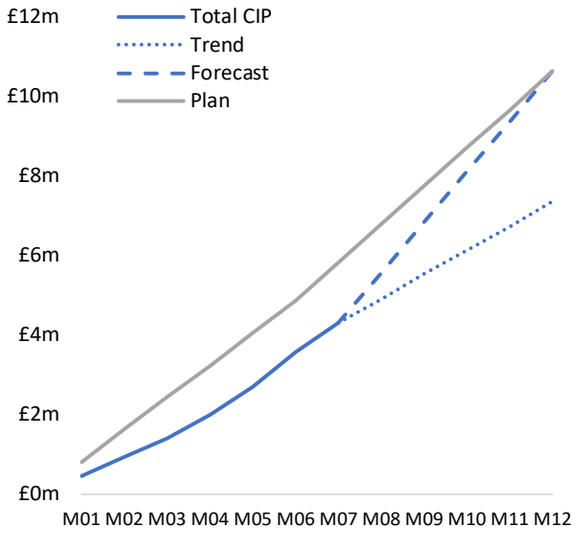


Recurrent/Non-recurrent Split

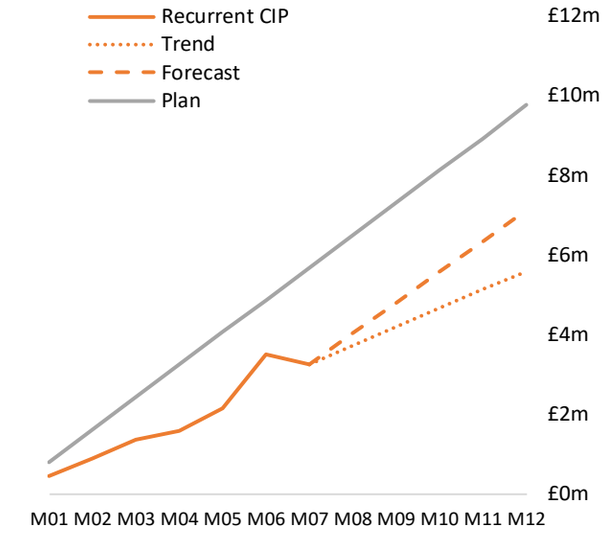


1 - Forecast %age of CIP Plan that is RED or AMBER	49.0%
2 - Rank out of 31 NW Providers	20
3 - Distance from NW Average*	-£1.6m
4 - Total YTD delivery as %age of CIP Plan	40.3%
5 - Rank out of 31 NW Providers	20

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£0.0m
7 - Recurrent YTD delivery as %age of Total CIP Plan	30.6%
8 - Rank out of 31 NW Providers	6
9 - Distance from NW Average*	£0.4m
10 - Forecast non-recurrent CIP pressure into 24-25	£3.5m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Liverpool Heart And Chest Hospital

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	668	3,789	£68,100
Scientific and therapeutic	269	1,991	£88,700
Clinical support	285	844	£35,500
Medical and dental	190	3,401	£214,500
Infrastructure support	503	2,422	£57,800
Total	**1,915**	**12,448**	**£78,000**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£68,100	£68,600	-£500	-1%
Scientific and therapeutic	£88,700	£65,700	£23,000	35%
Clinical support	£35,500	£49,800	-£14,300	-29%
Medical and dental	£214,500	£182,400	£32,100	18%
Infrastructure support	£57,800	£49,200	£8,600	17%
Total	**£78,000**	**£70,700**	**£7,300**	**10%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	652	20,643	£54,300
Scientific and therapeutic	276	10,966	£68,200
Clinical support	278	4,561	£28,200
Medical and dental	191	19,389	£173,800
Infrastructure support	495	13,550	£46,900
Total	**1,892**	**69,109**	**£62,600**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£7,500	£75,300	-£67,800	-90%
Scientific and therapeutic	£624,800	£86,600	£538,200	621%
Medical and dental	#DIV/0!	£168,400	#DIV/0!	#####
Infrastructure support	£0	£130,500	-£130,500	-100%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£15,400**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£7,300**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Alder Hey

ICB Rank 1 out of 16

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	0.56%	3/4	ICB: (of 16) 1
Absence	5.74%	6/11	
Price Cap Compliance	55.8%	6/14	
Staff Cost Variance	-1.20%	5/9	NW: (of 31) 2
Off Framework Agency	0.0%	1/1	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	15,645	19.0%	4/5	ICB: (of 12) 3
OPFA	39,697	13.7%	5/7	
OPFU	80,191	7.8%	10/18	
NEL	7,166	3.0%	8/13	NW: (of 23) 5
A&E	32,243	2.5%	4/10	
OP FA:FU ratio	2.0	5.5%	5/9	

NW Rank 3 out of 31

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	-0.3%	10/16	ICB: (of 16) 6
Total CIP delivery	48.2%	7/13	
CIP %age of OpEx	3.7%	6/12	
BPPC - Value	94.2%	8/19	NW: (of 31) 10
Cash ratio	0.76	4/7	
Productivity	3.9%	7/9	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	19.7%	21.9%	-2.2%	
PIFU	Sep-24	3.3%	3.3%	0.0%	ICB: (of 12) 6
DNAs	Sep-24	9.2%	7.0%	-2.2%	
Spec Advice	Aug-24	7.0%	13.6%	-6.6%	
Theatre utilisation	Nov-24	0.0%	80.9%	-80.9%	NW: (of 23) 13
DC Rates	Jul-24	90.5%	72.8%	17.7%	
Elective LoS	Aug-24	3.9	3.9	0.0	

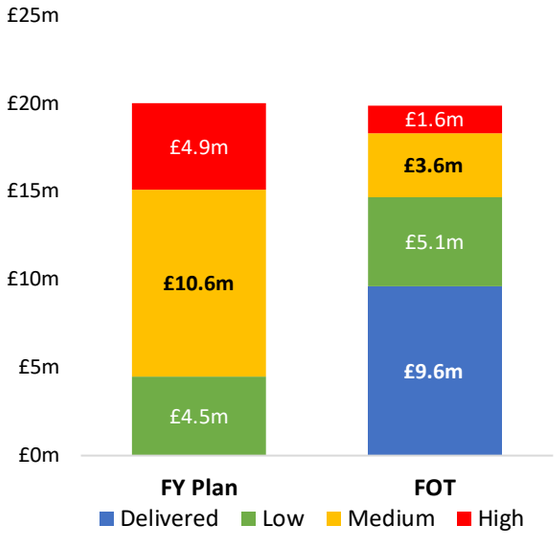
When compared to peers: 1 higher performance, 4 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

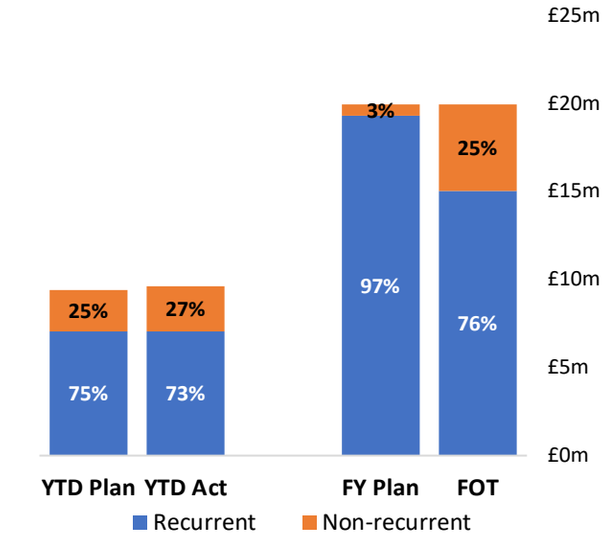
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Alder Hey

Risk Profile

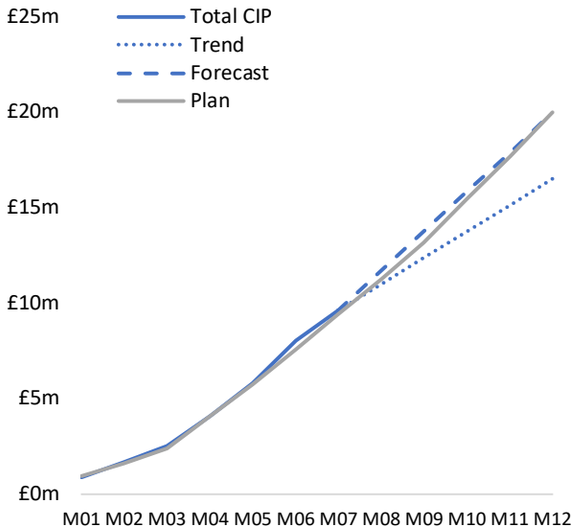


Recurrent/Non-recurrent Split

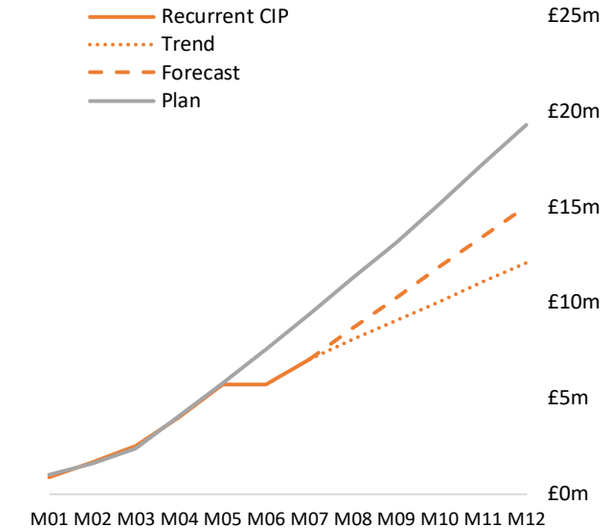


1 - Forecast %age of CIP Plan that is RED or AMBER	26.2%
2 - Rank out of 31 NW Providers	13
3 - Distance from NW Average*	£1.4m
4 - Total YTD delivery as %age of CIP Plan	48.2%
5 - Rank out of 31 NW Providers	13

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£0.7m
7 - Recurrent YTD delivery as %age of Total CIP Plan	35.3%
8 - Rank out of 31 NW Providers	4
9 - Distance from NW Average*	£1.3m
10 - Forecast non-recurrent CIP pressure into 24-25	£4.9m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Alder Hey

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,372	7,191	£62,900
Scientific and therapeutic	693	5,874	£101,800
Clinical support	635	1,674	£31,600
Medical and dental	560	10,160	£217,800
Infrastructure support	1,141	4,282	£45,000
Total	**4,400**	**29,181**	**£79,600**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£62,900	£68,600	-£5,700	-8%
Scientific and therapeutic	£101,800	£65,700	£36,100	55%
Clinical support	£31,600	£49,800	-£18,200	-37%
Medical and dental	£217,800	£182,400	£35,400	19%
Infrastructure support	£45,000	£49,200	-£4,200	-9%
Total	**£79,600**	**£70,700**	**£8,900**	**13%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,348	41,729	£53,100
Scientific and therapeutic	664	28,415	£73,300
Clinical support	642	9,258	£24,700
Medical and dental	543	49,407	£156,000
Infrastructure support	1,137	31,328	£47,200
Total	**4,334**	**160,136**	**£63,300**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£87,400	£75,300	£12,100	16%
Scientific and therapeutic	£67,400	£86,600	-£19,200	-22%
Medical and dental	£497,600	£168,400	£329,200	195%
Infrastructure support	£122,600	£130,500	-£7,900	-6%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£16,300**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£8,900**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Mid Cheshire Hospitals

ICB Rank 12 out of 16

NW Rank 20 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	2.46%	12/23	ICB: (of 16) 14
Absence	4.86%	2/3	
Price Cap Compliance	18.5%	12/26	
Staff Cost Variance	-1.19%	4/8	NW: (of 31) 25
Off Framework Agency	1.5%	14/28	

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	-0.4%	11/17	ICB: (of 16) 9
Total CIP delivery	38.5%	13/22	
CIP %age of OpEx	3.3%	12/19	
BPPC - Value	96.5%	5/11	NW: (of 31) 16
Cash ratio	0.57	8/12	
Productivity	2.1%	8/11	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	17,919	23.0%	2/2	ICB: (of 12) 7
OPFA	60,461	29.8%	1/1	
OPFU	83,737	6.3%	7/15	
NEL	20,288	-2.6%	11/18	NW: (of 23) 11
A&E	47,874	3.6%	2/7	
OP FA:FU ratio	1.4	22.0%	1/1	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	16.3%	17.1%	-0.8%	
PIFU	Sep-24	2.0%	3.9%	-1.9%	ICB: (of 12) 9
DNAs	Sep-24	5.6%	6.6%	1.0%	
Spec Advice	Aug-24	9.9%	21.6%	-11.7%	
Theatre utilisation	Nov-24	72.0%	76.5%	-4.5%	NW: (of 23) 15
DC Rates	Jul-24	87.2%	85.2%	2.1%	
Elective LoS	Aug-24	2.7	2.7	0.0	

When compared to peers: 2 higher performance, 4 worse

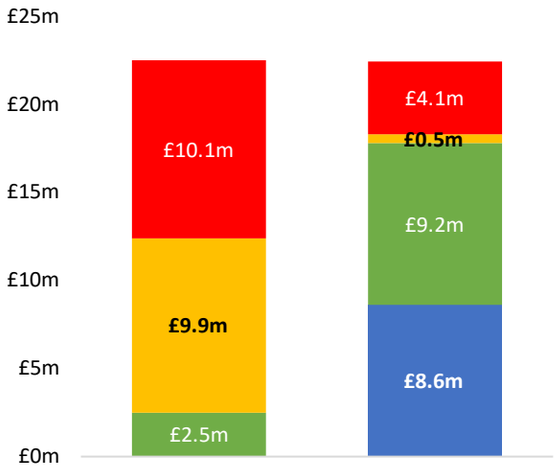
if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

Source: NHSE Implied Productivity 24-25 (M06)

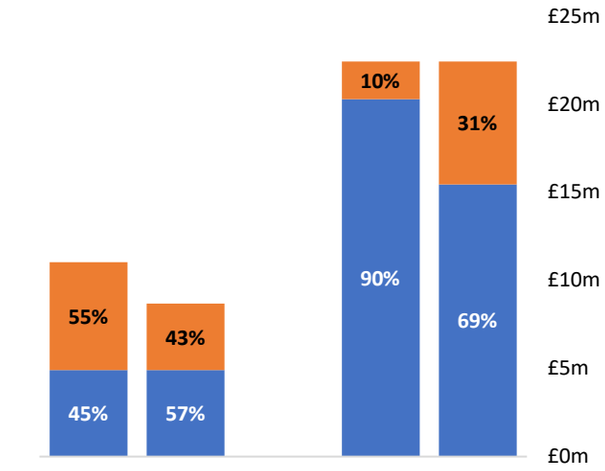
Greater Manchester

Efficiencies Analysis - Mid Cheshire Hospitals

Risk Profile

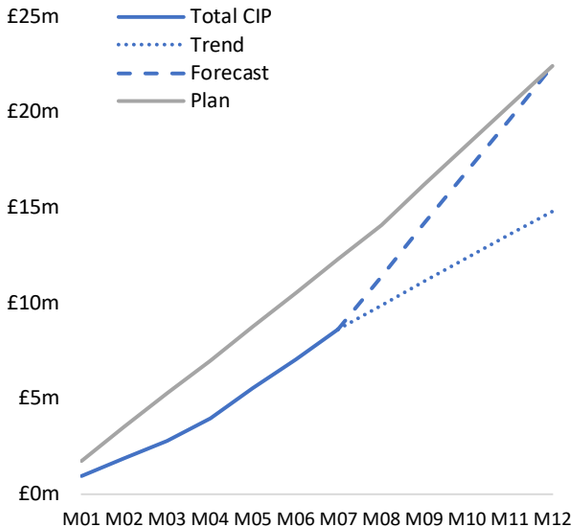


Recurrent/Non-recurrent Split

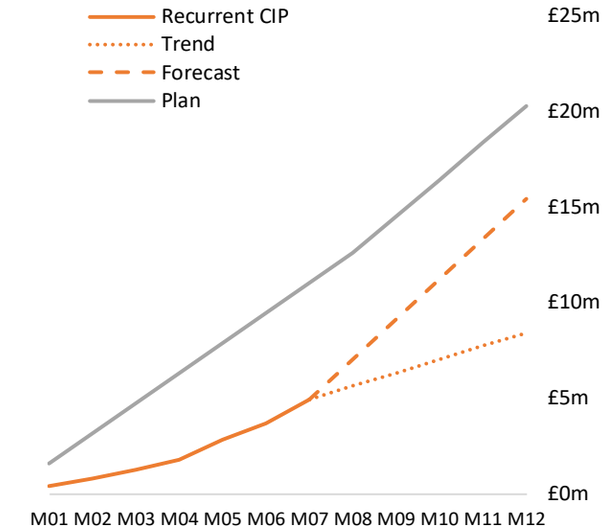


1 - Forecast %age of CIP Plan that is RED or AMBER	20.6%
2 - Rank out of 31 NW Providers	9
3 - Distance from NW Average*	£2.9m
4 - Total YTD delivery as %age of CIP Plan	38.5%
5 - Rank out of 31 NW Providers	22

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£0.2m
7 - Recurrent YTD delivery as %age of Total CIP Plan	21.9%
8 - Rank out of 31 NW Providers	16
9 - Distance from NW Average*	£0.0m
10 - Forecast non-recurrent CIP pressure into 24-25	£7.0m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Mid Cheshire Hospitals

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,692	9,816	£69,600
Scientific and therapeutic	615	3,564	£69,500
Clinical support	1,212	4,473	£44,300
Medical and dental	401	8,033	£240,400
Infrastructure support	1,534	5,082	£39,800
Total	**5,455**	**30,968**	**£68,100**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£69,600	£68,600	£1,000	1%
Scientific and therapeutic	£69,500	£65,700	£3,800	6%
Clinical support	£44,300	£49,800	-£5,500	-11%
Medical and dental	£240,400	£182,400	£58,000	32%
Infrastructure support	£39,800	£49,200	-£9,400	-19%
Total	**£68,100**	**£70,700**	**-£2,600**	**-4%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,654	53,065	£55,000
Scientific and therapeutic	606	19,166	£54,200
Clinical support	1,219	24,063	£33,900
Medical and dental	403	41,887	£178,300
Infrastructure support	1,541	38,195	£42,500
Total	**5,423**	**176,376**	**£55,800**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£79,500	£75,300	£4,200	6%
Scientific and therapeutic	£62,700	£86,600	-£23,900	-28%
Medical and dental	£345,500	£168,400	£177,100	105%
Infrastructure support	########	£130,500	########	4178%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£12,300**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£2,600**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Greater Manchester

Overall Review - Liverpool University Hospitals

ICB Rank 10 out of 16

NW Rank 16 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Agency	0.67%	5/7	ICB: (of 16)	2
Absence	6.21%	11/17		
Price Cap Compliance	69.8%	5/10		
Staff Cost Variance	-2.65%	9/14	NW: (of 31)	4
Off Framework Agency	0.0%	1/1		

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Performance	-0.9%	13/21	ICB: (of 16)	13
Total CIP delivery	38.4%	14/23		
CIP %age of OpEx	5.2%	1/1		
BPPC - Value	91.2%	12/23	NW: (of 31)	24
Cash ratio	0.16	15/28		
Productivity	-0.6%	10/17		

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	49,631	0.8%	12/23	ICB: (of 12)	9
OPFA	136,041	1.9%	12/20		
OPFU	269,743	5.6%	5/12		
NEL	43,433	4.7%	7/12	NW: (of 23)	17
A&E	105,294	0.9%	5/11		
OP FA:FU ratio	2.0	-3.5%	12/20		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	15.7%	17.1%	-1.4%		
PIFU	Sep-24	4.0%	2.6%	1.5%	ICB: (of 12)	10
DNAs	Sep-24	10.6%	7.1%	-3.5%		
Spec Advice	Aug-24	18.9%	19.7%	-0.8%		
Theatre utilisation	Nov-24	79.7%	79.1%	0.7%	NW: (of 23)	18
DC Rates	Jul-24	85.0%	82.9%	2.2%		
Elective LoS	Aug-24	4.5	3.2	-1.3		

When compared to peers: 3 higher performance, 4 worse

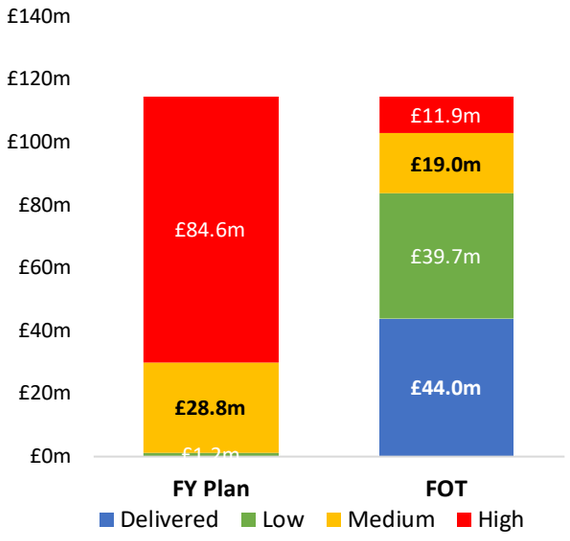
if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

Source: NHSE Implied Productivity 24-25 (M06)

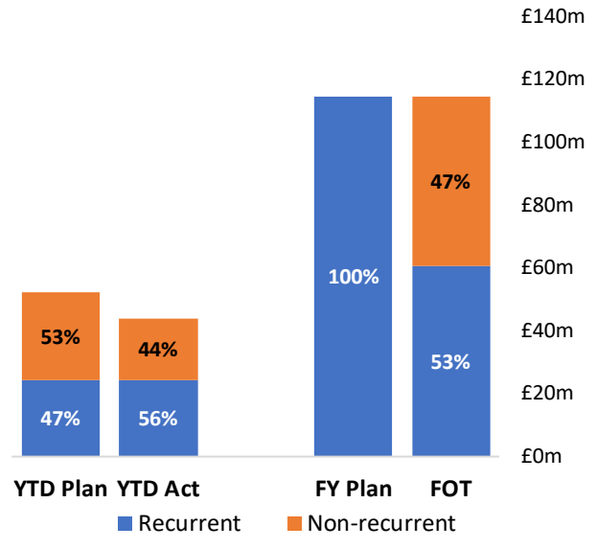
Greater Manchester

Efficiencies Analysis - Liverpool University Hospitals

Risk Profile

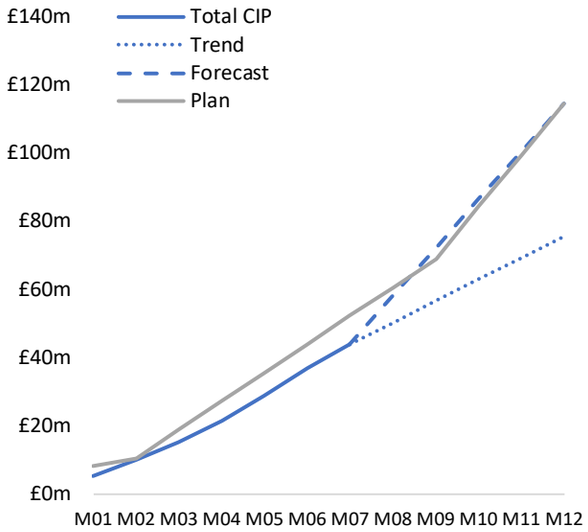


Recurrent/Non-recurrent Split

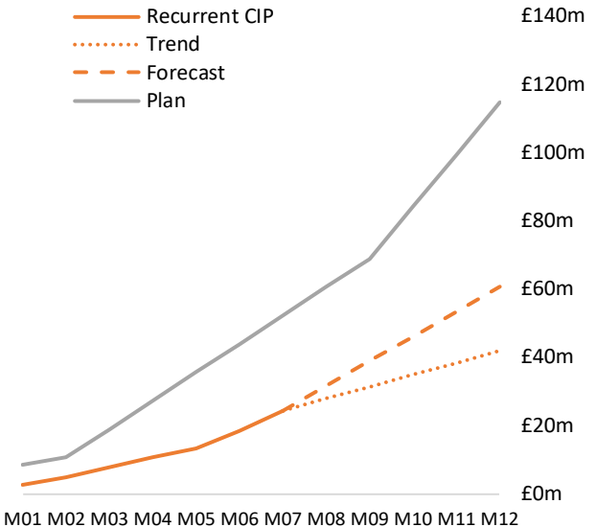


1 - Forecast %age of CIP Plan that is RED or AMBER	27.0%
2 - Rank out of 31 NW Providers	14
3 - Distance from NW Average*	£7.5m
4 - Total YTD delivery as %age of CIP Plan	38.4%
5 - Rank out of 31 NW Providers	23

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£1.3m
7 - Recurrent YTD delivery as %age of Total CIP Plan	21.3%
8 - Rank out of 31 NW Providers	17
9 - Distance from NW Average*	-£0.1m
10 - Forecast non-recurrent CIP pressure into 24-25	£54.0m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Liverpool University Hospitals

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	4,009	21,855	£65,400
Scientific and therapeutic	1,992	11,126	£67,000
Clinical support	2,740	10,492	£45,900
Medical and dental	1,942	31,578	£195,200
Infrastructure support	4,470	17,041	£45,800
Total	**15,153**	**92,092**	**£72,900**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£65,400	£68,600	-£3,200	-5%
Scientific and therapeutic	£67,000	£65,700	£1,300	2%
Clinical support	£45,900	£49,800	-£3,900	-8%
Medical and dental	£195,200	£182,400	£12,800	7%
Infrastructure support	£45,800	£49,200	-£3,400	-7%
Total	**£72,900**	**£70,700**	**£2,200**	**3%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	4,010	130,801	£55,900
Scientific and therapeutic	1,958	66,926	£58,600
Clinical support	2,814	63,652	£38,800
Medical and dental	1,914	158,769	£142,200
Infrastructure support	4,501	102,859	£39,200
Total	**15,195**	**523,008**	**£59,000**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£69,700	£75,300	-£5,600	-7%
Scientific and therapeutic	£44,800	£86,600	-£41,800	-48%
Medical and dental	£254,600	£168,400	£86,200	51%
Infrastructure support	#DIV/0!	£130,500	#DIV/0!	#####

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£13,900**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£2,200**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - The Clatterbridge Cancer Centre

ICB Rank 4 out of 16

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Agency	0.92%	7/10	ICB: (of 16)	**7**
Absence	5.28%	3/5		
Price Cap Compliance	51.8%	8/17		
Staff Cost Variance	4.11%	1/2	NW: (of 31)	**14**
Off Framework Agency	8.4%	15/30		

NW Rank 6 out of 31

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Performance	0.0%	4/7	ICB: (of 16)	**1**
Total CIP delivery	58.3%	2/5		
CIP %age of OpEx	3.2%	13/21		
BPPC - Value	98.5%	2/5	NW: (of 31)	**1**
Cash ratio	1.44	2/3		
Productivity	7.6%	2/4		

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	3,277	20.1%	3/4	ICB: (of 12)	**5**
OPFA	9,638	6.8%	9/15		
OPFU	285,726	10.0%	11/20		
NEL	842	24.0%	1/1	NW: (of 23)	**7**
A&E	0	#N/A	/		
OP FA:FU ratio	29.6	-2.9%	11/19		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	25.3%	21.9%	3.4%		
PIFU	Sep-24	0.2%	3.3%	-3.1%	ICB: (of 12)	**7**
DNAs	Sep-24	3.0%	7.0%	4.0%		
Spec Advice	Aug-24	0.0%	13.6%	-13.6%		
Theatre utilisation	Nov-24	0.0%	80.9%	-80.9%	NW: (of 23)	**14**
DC Rates	Jul-24	100.0%	72.8%	27.2%		
Elective LoS	Aug-24	10.3	3.9	-6.4		

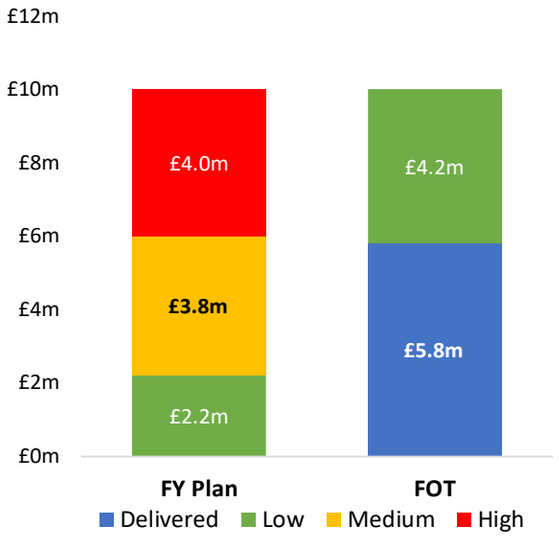
When compared to peers: 3 higher performance, 4 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

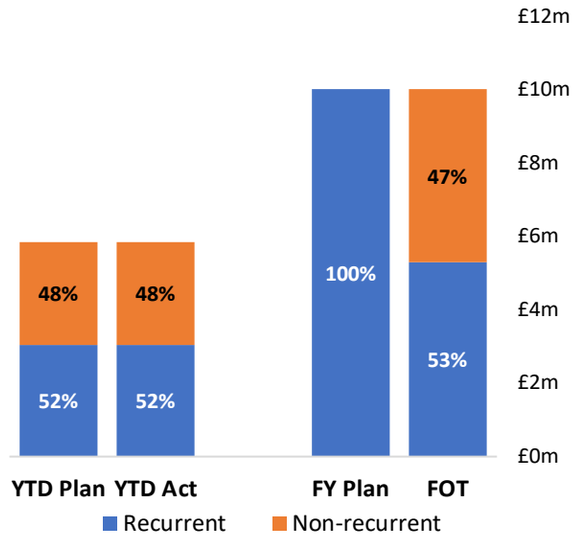
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - The Clatterbridge Cancer Centre

Risk Profile

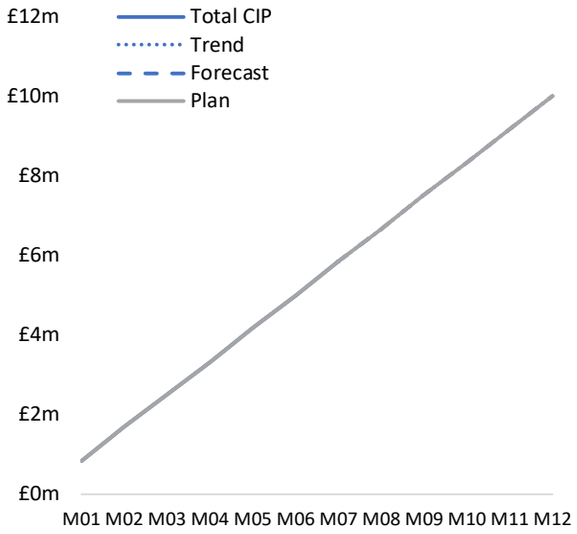


Recurrent/Non-recurrent Split

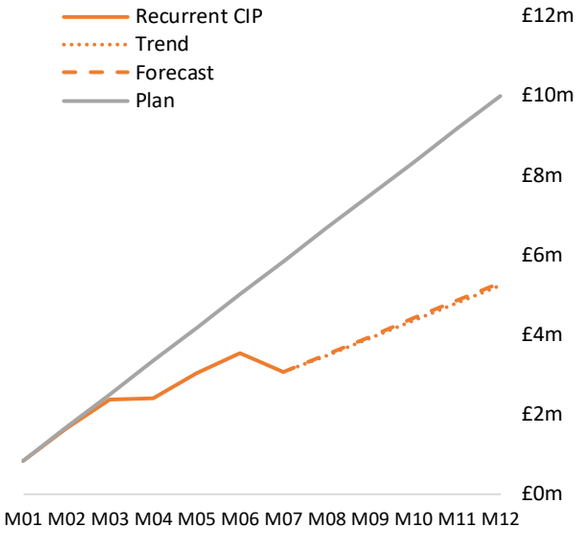


1 - Forecast %age of CIP Plan that is RED or AMBER	0.0%
2 - Rank out of 31 NW Providers	1
3 - Distance from NW Average*	£3.3m
4 - Total YTD delivery as %age of CIP Plan	58.3%
5 - Rank out of 31 NW Providers	5

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£1.0m
7 - Recurrent YTD delivery as %age of Total CIP Plan	30.5%
8 - Rank out of 31 NW Providers	7
9 - Distance from NW Average*	£0.5m
10 - Forecast non-recurrent CIP pressure into 24-25	£4.7m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - The Clatterbridge Cancer Centre

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	482	2,576	£64,100
Scientific and therapeutic	411	2,759	£80,600
Clinical support	257	698	£32,600
Medical and dental	180	2,516	£168,100
Infrastructure support	592	2,927	£59,400
Total	**1,921**	**11,477**	**£71,700**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£64,100	£68,600	-£4,500	-7%
Scientific and therapeutic	£80,600	£65,700	£14,900	23%
Clinical support	£32,600	£49,800	-£17,200	-35%
Medical and dental	£168,100	£182,400	-£14,300	-8%
Infrastructure support	£59,400	£49,200	£10,200	21%
Total	**£71,700**	**£70,700**	**£1,000**	**1%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	477	13,617	£49,000
Scientific and therapeutic	403	14,965	£63,700
Clinical support	254	3,773	£25,400
Medical and dental	175	14,034	£137,800
Infrastructure support	602	19,463	£55,400
Total	**1,911**	**65,852**	**£59,100**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	#DIV/0!	£75,300	#DIV/0!	#####
Scientific and therapeutic	£84,400	£86,600	-£2,200	-3%
Medical and dental	£122,900	£168,400	-£45,500	-27%
Infrastructure support	£139,400	£130,500	£8,900	7%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£12,600**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£1,000**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Liverpool Women's

ICB Rank 3 out of 16

NW Rank 7 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	0.72%	6/8	ICB: (of 16) **5**
Absence	5.67%	4/8	
Price Cap Compliance	0.0%	14/29	
Staff Cost Variance	-2.10%	8/13	NW: (of 31) **11**
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	0.9%	1/2	ICB: (of 16) **3**
Total CIP delivery	64.3%	1/1	
CIP %age of OpEx	3.5%	7/14	
BPPC - Value	96.3%	6/13	NW: (of 31) **5**
Cash ratio	0.39	11/18	
Productivity	8.4%	1/1	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	3,862	34.8%	1/1	ICB: (of 12) **11**
OPFA	23,119	15.9%	3/5	
OPFU	24,562	7.0%	8/16	
NEL	1,408	3.0%	9/14	NW: (of 23) **19**
A&E	8,004	13.0%	1/4	
OP FA:FU ratio	1.1	8.3%	4/6	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	26.2%	21.9%	4.3%	
PIFU	Sep-24	5.6%	3.3%	2.3%	ICB: (of 12) **1**
DNAs	Sep-24	9.7%	7.0%	-2.7%	
Spec Advice	Aug-24	9.7%	13.6%	-3.9%	
Theatre utilisation	Nov-24	78.2%	80.9%	-2.7%	NW: (of 23) **2**
DC Rates	Jul-24	86.0%	72.8%	13.2%	
Elective LoS	Aug-24	1.6	3.9	2.3	

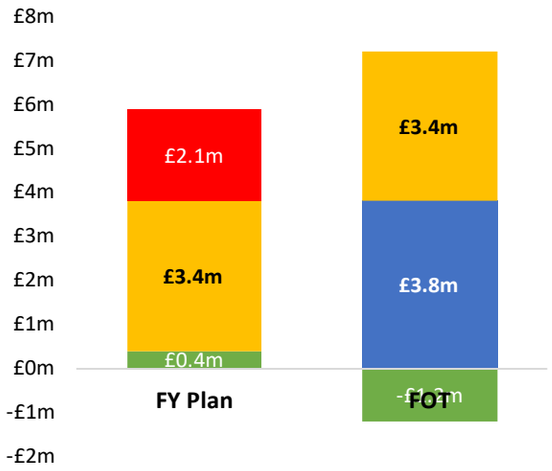
When compared to peers: 4 higher performance, 3 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

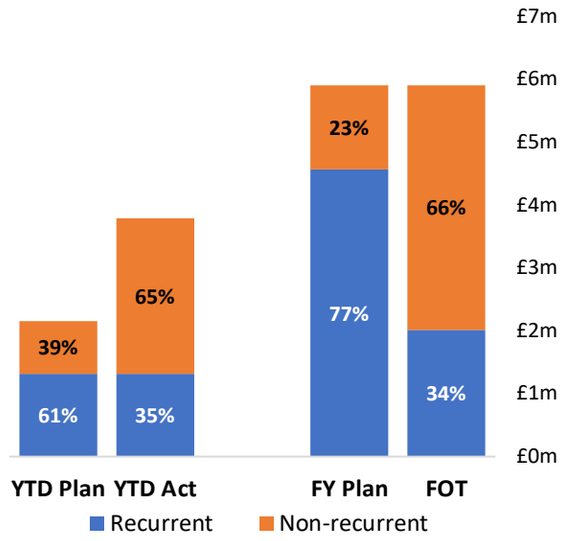
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Liverpool Women's

Risk Profile

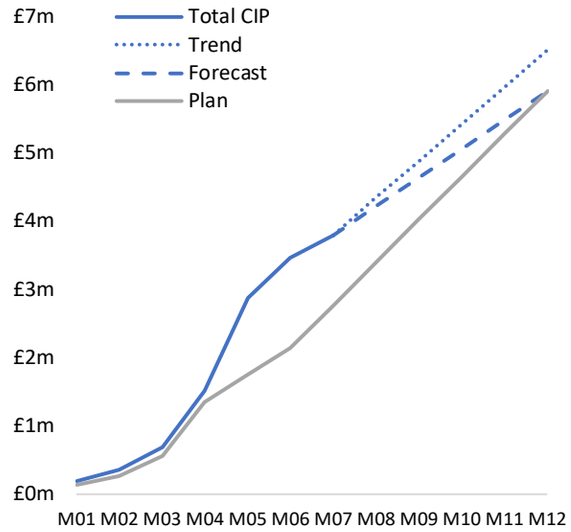


Recurrent/Non-recurrent Split

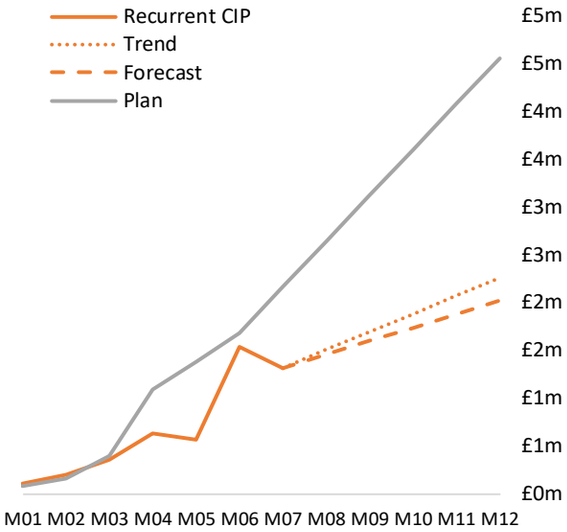


1 - Forecast %age of CIP Plan that is RED or AMBER	56.7%
2 - Rank out of 31 NW Providers	26
3 - Distance from NW Average*	-£1.4m
4 - Total YTD delivery as %age of CIP Plan	64.3%
5 - Rank out of 31 NW Providers	1

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£0.9m
7 - Recurrent YTD delivery as %age of Total CIP Plan	22.3%
8 - Rank out of 31 NW Providers	15
9 - Distance from NW Average*	£0.0m
10 - Forecast non-recurrent CIP pressure into 24-25	£3.9m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Liverpool Women's

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	716	4,794	£80,300
Scientific and therapeutic	190	786	£49,800
Clinical support	251	1,285	£61,500
Medical and dental	225	3,815	£203,600
Infrastructure support	402	1,078	£32,200
Total	**1,783**	**11,758**	**£79,100**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£80,300	£68,600	£11,700	17%
Scientific and therapeutic	£49,800	£65,700	-£15,900	-24%
Clinical support	£61,500	£49,800	£11,700	23%
Medical and dental	£203,600	£182,400	£21,200	12%
Infrastructure support	£32,200	£49,200	-£17,000	-35%
Total	**£79,100**	**£70,700**	**£8,400**	**12%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	697	25,475	£62,600
Scientific and therapeutic	181	4,277	£40,600
Clinical support	256	5,936	£39,800
Medical and dental	209	18,575	£152,300
Infrastructure support	392	10,244	£44,800
Total	**1,735**	**64,507**	**£63,700**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£58,900	£75,300	-£16,400	-22%
Scientific and therapeutic	£71,300	£86,600	-£15,300	-18%
Medical and dental	£89,000	£168,400	-£79,400	-47%
Infrastructure support	£47,900	£130,500	-£82,600	-63%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£15,400**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£8,400**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Greater Manchester

Overall Review - The Walton Centre

ICB Rank 6 out of 16

NW Rank 11 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Agency	0.53%	2/3	ICB: (of 16)	12
Absence	6.25%	12/18		
Price Cap Compliance	0.0%	14/29		
Staff Cost Variance	-32.93%	16/31	NW: (of 31)	23
Off Framework Agency	0.0%	1/1		

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Performance	0.4%	3/4	ICB: (of 16)	2
Total CIP delivery	57.8%	4/7		
CIP %age of OpEx	4.2%	5/8		
BPPC - Value	93.5%	10/21	NW: (of 31)	4
Cash ratio	1.56	1/1		
Productivity	4.6%	5/7		

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	8,069	9.2%	10/16	ICB: (of 12)	8
OPFA	24,828	7.3%	8/13		
OPFU	52,129	5.4%	4/11		
NEL	1,025	13.5%	2/4	NW: (of 23)	15
A&E	0	#N/A	/		
OP FA:FU ratio	2.1	1.8%	6/13		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	29.7%	21.9%	7.8%		
PIFU	Sep-24	9.0%	3.3%	5.7%	ICB: (of 12)	2
DNAs	Sep-24	6.8%	7.0%	0.2%		
Spec Advice	Aug-24	30.4%	13.6%	16.8%		
Theatre utilisation	Nov-24	75.8%	80.9%	-5.1%	NW: (of 23)	2
DC Rates	Jul-24	29.4%	72.8%	-43.4%		
Elective LoS	Aug-24	4.0	3.9	-0.1		

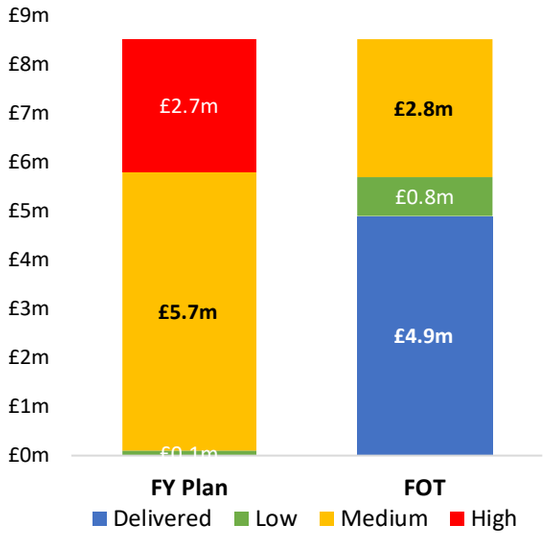
When compared to peers: 4 higher performance, 3 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

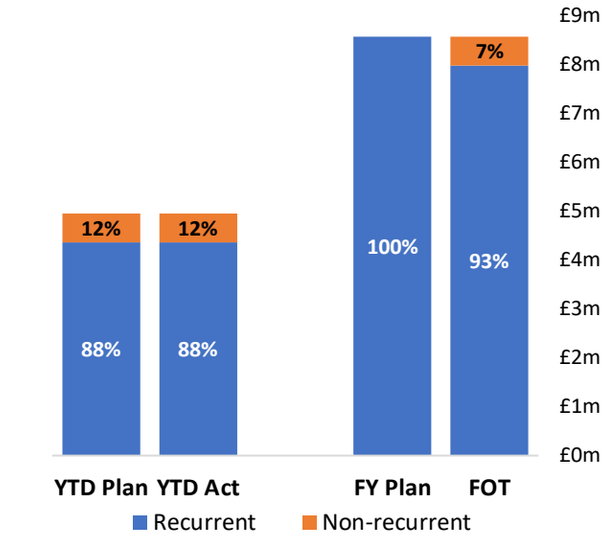
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - The Walton Centre

Risk Profile

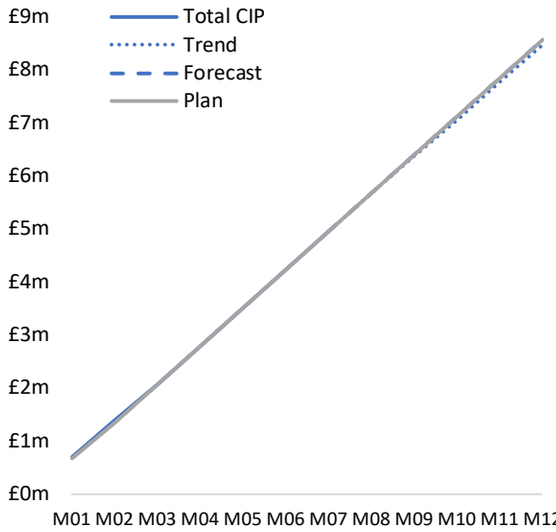


Recurrent/Non-recurrent Split

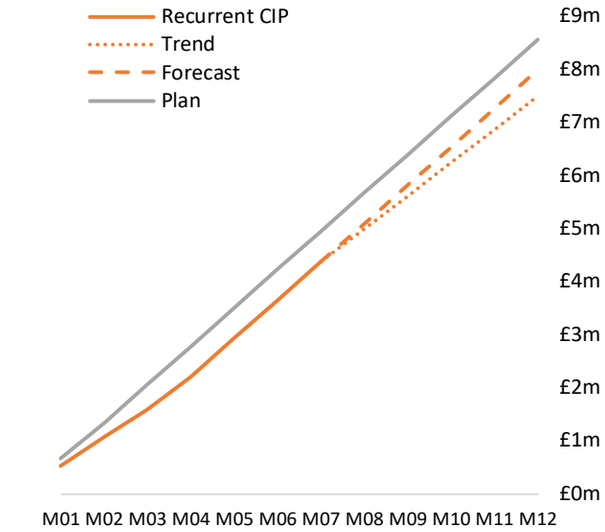


1 - Forecast %age of CIP Plan that is RED or AMBER	32.7%
2 - Rank out of 31 NW Providers	16
3 - Distance from NW Average*	£0.1m
4 - Total YTD delivery as %age of CIP Plan	57.8%
5 - Rank out of 31 NW Providers	7

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£0.8m
7 - Recurrent YTD delivery as %age of Total CIP Plan	51.0%
8 - Rank out of 31 NW Providers	2
9 - Distance from NW Average*	£1.4m
10 - Forecast non-recurrent CIP pressure into 24-25	£0.6m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - The Walton Centre

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	455	2,451	£64,600
Scientific and therapeutic	221	1,329	£72,100
Clinical support	281	1,029	£44,000
Medical and dental	210	3,594	£205,700
Infrastructure support	441	1,882	£51,200
Total	**1,608**	**10,285**	**£76,800**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£64,600	£68,600	-£4,000	-6%
Scientific and therapeutic	£72,100	£65,700	£6,400	10%
Clinical support	£44,000	£49,800	-£5,800	-12%
Medical and dental	£205,700	£182,400	£23,300	13%
Infrastructure support	£51,200	£49,200	£2,000	4%
Total	**£76,800**	**£70,700**	**£6,100**	**9%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	438	14,221	£55,600
Scientific and therapeutic	214	7,829	£62,700
Clinical support	280	6,160	£37,700
Medical and dental	207	19,293	£159,900
Infrastructure support	434	11,380	£44,900
Total	**1,573**	**58,883**	**£64,200**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£151,000	£75,300	£75,700	101%
Scientific and therapeutic	£117,700	£86,600	£31,100	36%
Medical and dental	£123,700	£168,400	-£44,700	-27%
Infrastructure support	£181,300	£130,500	£50,800	39%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£12,600**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£6,100**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - East Cheshire NHS Trust

ICB Rank 7 out of 16

NW Rank 12 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	2.81%	15/27	ICB: (of 16) 8
Absence	6.07%	9/14	
Price Cap Compliance	81.3%	1/3	
Staff Cost Variance	-6.37%	12/21	NW: (of 31) 15
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	-0.2%	8/13	ICB: (of 16) 11
Total CIP delivery	42.1%	10/19	
CIP %age of OpEx	3.4%	9/16	
BPPC - Value	87.7%	13/24	NW: (of 31) 19
Cash ratio	0.43	10/17	
Productivity	4.3%	6/8	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	6,595	16.2%	5/6	ICB: (of 12) 2
OPFA	23,148	18.2%	2/3	
OPFU	25,196	17.8%	12/23	
NEL	6,552	6.9%	6/9	NW: (of 23) 4
A&E	25,531	2.6%	3/9	
OP FA:FU ratio	1.1	0.3%	7/15	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	11.2%	16.0%	-4.8%	
PIFU	Sep-24	2.3%	4.4%	-2.1%	ICB: (of 12) 4
DNAs	Sep-24	4.4%	7.5%	3.1%	
Spec Advice	Aug-24	20.9%	20.7%	0.2%	
Theatre utilisation	Nov-24	82.4%	76.3%	6.1%	NW: (of 23) 8
DC Rates	Jul-24	86.3%	84.0%	2.4%	
Elective LoS	Aug-24	3.2	2.5	-0.7	

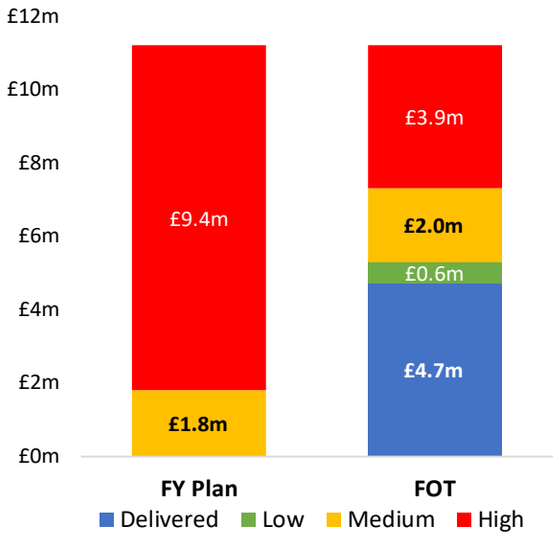
When compared to peers: 4 higher performance, 3 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

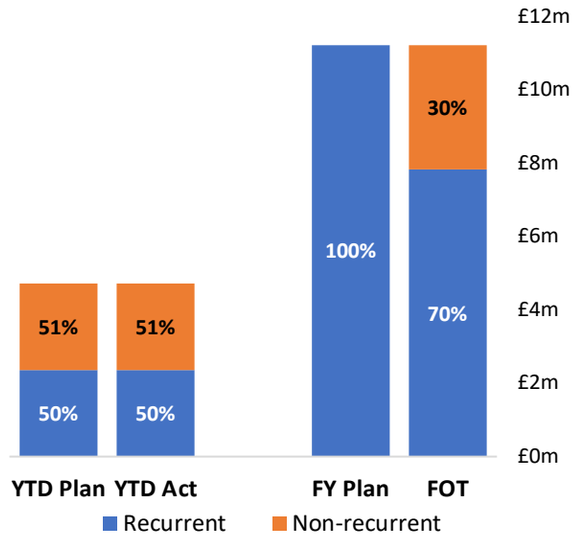
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - East Cheshire NHS Trust

Risk Profile

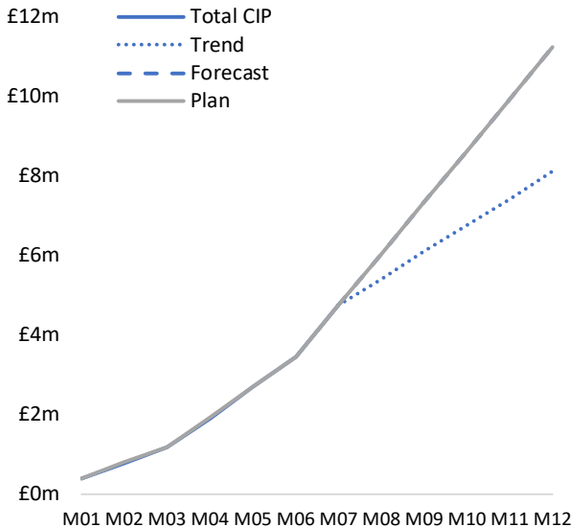


Recurrent/Non-recurrent Split

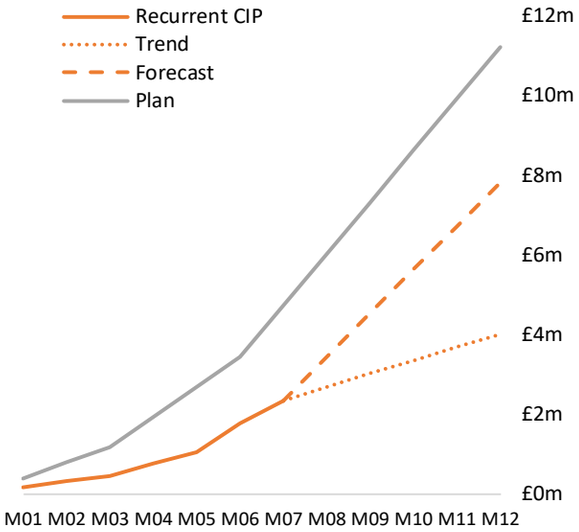


1 - Forecast %age of CIP Plan that is RED or AMBER	52.1%
2 - Rank out of 31 NW Providers	23
3 - Distance from NW Average*	-£2.1m
4 - Total YTD delivery as %age of CIP Plan	42.1%
5 - Rank out of 31 NW Providers	19

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£0.0m
7 - Recurrent YTD delivery as %age of Total CIP Plan	20.9%
8 - Rank out of 31 NW Providers	19
9 - Distance from NW Average*	-£0.0m
10 - Forecast non-recurrent CIP pressure into 24-25	£3.4m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - East Cheshire NHS Trust

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	858	4,572	£63,900
Scientific and therapeutic	346	1,548	£53,600
Clinical support	536	1,674	£37,500
Medical and dental	280	4,812	£205,900
Infrastructure support	648	3,282	£60,800
Total	**2,668**	**15,888**	**£71,500**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£63,900	£68,600	-£4,700	-7%
Scientific and therapeutic	£53,600	£65,700	-£12,100	-18%
Clinical support	£37,500	£49,800	-£12,300	-25%
Medical and dental	£205,900	£182,400	£23,500	13%
Infrastructure support	£60,800	£49,200	£11,600	24%
Total	**£71,500**	**£70,700**	**£800**	**1%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	858	27,096	£54,200
Scientific and therapeutic	339	9,040	£45,700
Clinical support	542	9,828	£31,100
Medical and dental	275	25,872	£161,100
Infrastructure support	648	18,824	£49,800
Total	**2,663**	**90,660**	**£58,400**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£87,600	£75,300	£12,300	16%
Scientific and therapeutic	£68,400	£86,600	-£18,200	-21%
Medical and dental	£221,600	£168,400	£53,200	32%
Infrastructure support	£41,100	£130,500	-£89,400	-69%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£13,100**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£800**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Countess Of Chester Hospital

Workforce

ICB Rank 15 out of 16

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	1.20%	8/13	ICB: (of 16) 16
Absence	5.81%	8/13	
Price Cap Compliance	34.1%	11/23	
Staff Cost Variance	-2.02%	7/12	NW: (of 31) 28
Off Framework Agency	8.5%	16/31	

Finance

NW Rank 27 out of 31

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	-2.8%	16/29	ICB: (of 16) 16
Total CIP delivery	22.9%	16/28	
CIP %age of OpEx	1.9%	16/31	
BPPC - Value	94.1%	9/20	NW: (of 31) 27
Cash ratio	0.26	14/22	
Productivity	4.8%	4/6	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	19,450	13.3%	9/12	ICB: (of 12) 12
OPFA	57,599	2.5%	11/18	
OPFU	140,989	4.2%	2/5	
NEL	17,534	7.3%	5/8	NW: (of 23) 21
A&E	30,562	-21.6%	9/19	
OP FA:FU ratio	2.4	-1.6%	10/18	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	18.3%	18.4%	-0.1%	
PIFU	Sep-24	3.0%	3.2%	-0.2%	ICB: (of 12) 3
DNAs	Sep-24	7.0%	7.0%	0.0%	
Spec Advice	Aug-24	23.8%	20.9%	2.9%	
Theatre utilisation	Nov-24	0.0%	79.4%	-79.4%	NW: (of 23) 4
DC Rates	Jul-24	85.8%	84.2%	1.6%	
Elective LoS	Aug-24	2.7	3.0	0.3	

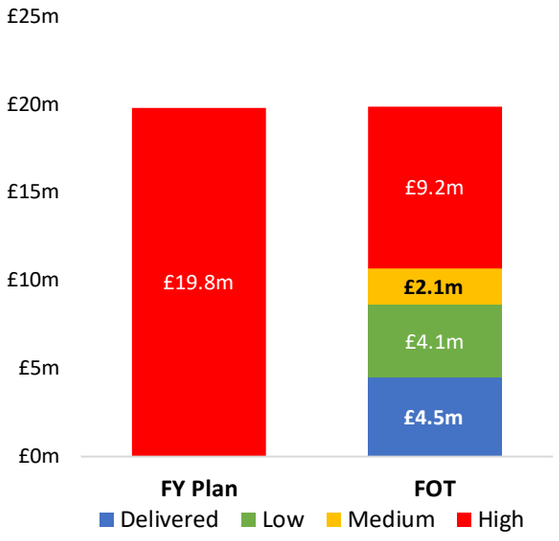
When compared to peers: 3 higher performance, 3 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

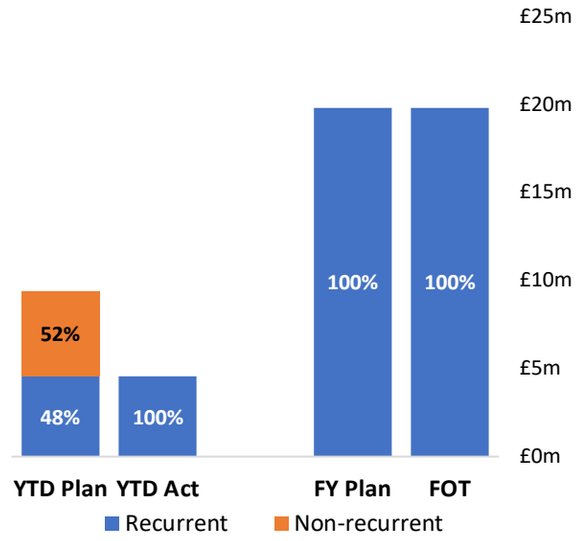
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Countess Of Chester Hospital

Risk Profile

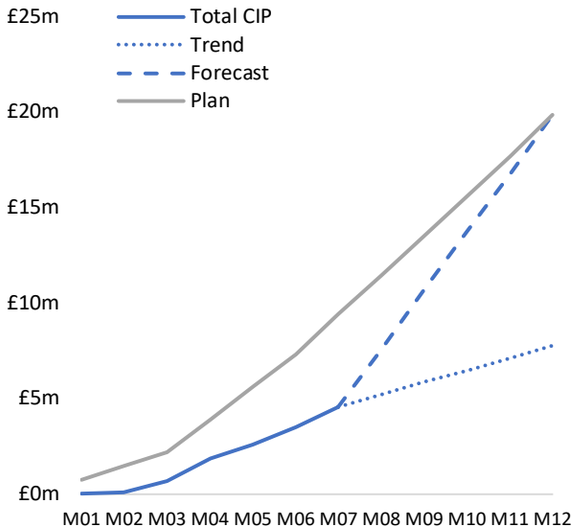


Recurrent/Non-recurrent Split

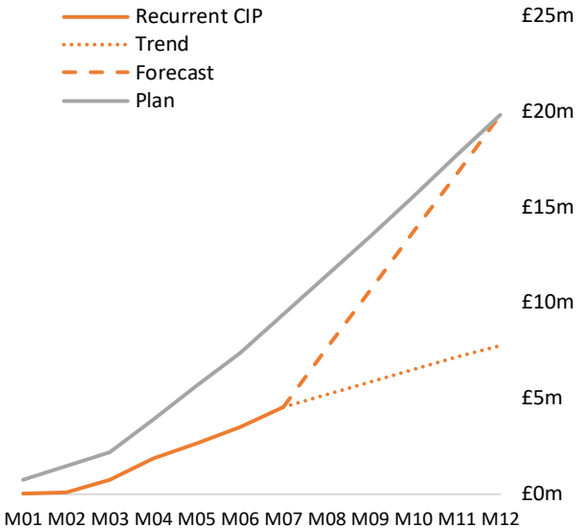


1 - Forecast %age of CIP Plan that is RED or AMBER	56.6%
2 - Rank out of 31 NW Providers	25
3 - Distance from NW Average*	-£4.6m
4 - Total YTD delivery as %age of CIP Plan	22.9%
5 - Rank out of 31 NW Providers	28

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£0.8m
7 - Recurrent YTD delivery as %age of Total CIP Plan	22.9%
8 - Rank out of 31 NW Providers	14
9 - Distance from NW Average*	£0.1m
10 - Forecast non-recurrent CIP pressure into 24-25	£0.0m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Countess Of Chester Hospital

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,376	8,052	£70,200
Scientific and therapeutic	556	4,185	£90,300
Clinical support	1,236	8,136	£79,000
Medical and dental	641	8,018	£150,200
Infrastructure support	1,032	580	£6,700
Total	**4,841**	**28,971**	**£71,800**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£70,200	£68,600	£1,600	2%
Scientific and therapeutic	£90,300	£65,700	£24,600	37%
Clinical support	£79,000	£49,800	£29,200	59%
Medical and dental	£150,200	£182,400	-£32,200	-18%
Infrastructure support	£6,700	£49,200	-£42,500	-86%
Total	**£71,800**	**£70,700**	**£1,100**	**2%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,354	42,665	£54,000
Scientific and therapeutic	560	19,118	£58,500
Clinical support	1,232	25,172	£35,000
Medical and dental	626	46,655	£127,700
Infrastructure support	1,054	24,920	£40,500
Total	**4,827**	**158,530**	**£56,300**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£84,500	£75,300	£9,200	12%
Scientific and therapeutic	£114,000	£86,600	£27,400	32%
Medical and dental	£292,600	£168,400	£124,200	74%
Infrastructure support	#DIV/0!	£130,500	#DIV/0!	#####

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£15,500**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£1,100**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Greater Manchester

Overall Review - Mersey Care

ICB Rank 13 out of 16

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	2.52%	13/24	ICB: (of 16) 15
Absence	7.64%	16/31	
Price Cap Compliance	75.2%	3/5	
Staff Cost Variance	-25.41%	15/29	NW: (of 31) 26
Off Framework Agency	0.0%	1/1	

NW Rank 21 out of 31

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	0.0%	7/10	ICB: (of 16) 5
Total CIP delivery	58.3%	3/6	
CIP %age of OpEx	3.3%	10/17	
BPPC - Value	96.1%	7/14	NW: (of 31) 8
Cash ratio	0.60	7/11	
Productivity	#N/A	#N/A	

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	0	#N/A	/	ICB: (of 12) -
OPFA	0	#N/A	/	
OPFU	0	#N/A	/	
NEL	0	#N/A	/	NW: (of 23) -
A&E	0	#N/A	/	
OP FA:FU ratio	#DIV/0!	#DIV/0!	/	

Activity

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	#N/A	#N/A	#N/A	
PIFU	Sep-24	#N/A	#N/A	#N/A	ICB: (of 12) -
DNAs	Sep-24	#N/A	#N/A	#N/A	
Spec Advice	Aug-24	#N/A	#N/A	#N/A	
Theatre utilisation	Nov-24	#N/A	#N/A	#N/A	NW: (of 23) -
DC Rates	Jul-24	#N/A	#N/A	#N/A	
Elective LoS	Aug-24	#N/A	#N/A	#N/A	

When compared to peers: 0 higher performance, 0 worse

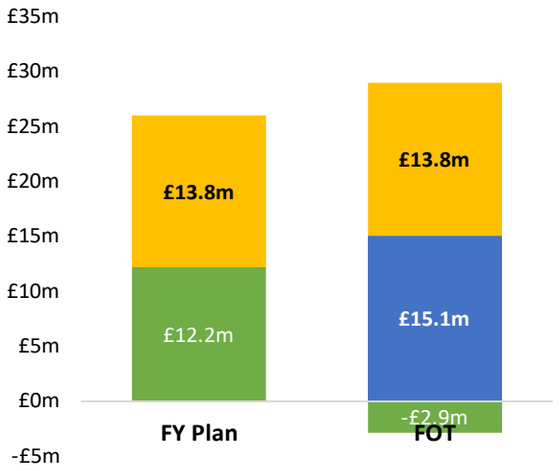
Model Health System

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

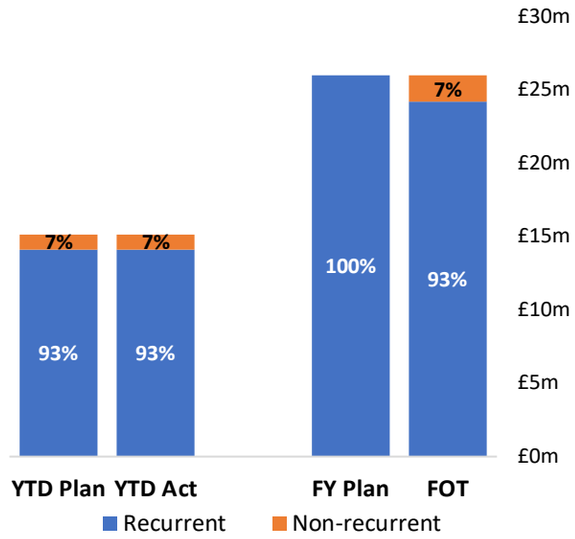
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Mersey Care

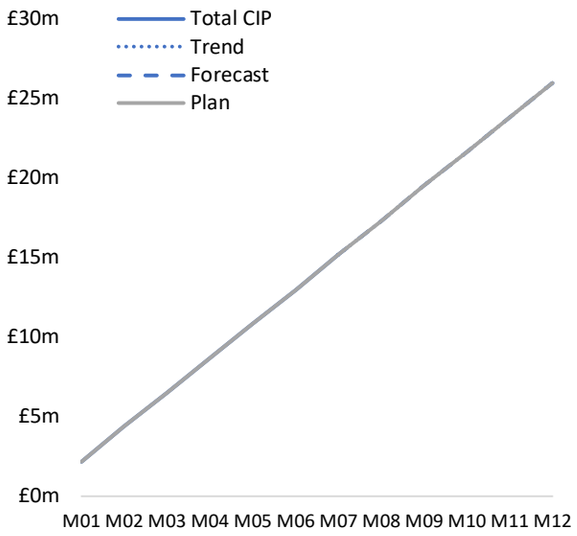
Risk Profile



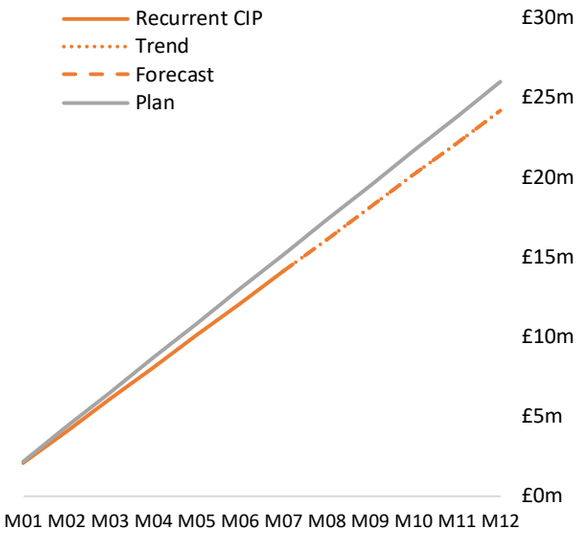
Recurrent/Non-recurrent Split



Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



1 - Forecast %age of CIP Plan that is RED or AMBER	53.0%
2 - Rank out of 31 NW Providers	24
3 - Distance from NW Average*	-£5.1m
4 - Total YTD delivery as %age of CIP Plan	58.3%
5 - Rank out of 31 NW Providers	6
6 - Distance from NW Average*	£2.6m
7 - Recurrent YTD delivery as %age of Total CIP Plan	54.3%
8 - Rank out of 31 NW Providers	1
9 - Distance from NW Average*	£4.9m
10 - Forecast non-recurrent CIP pressure into 24-25	£1.8m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Mersey Care

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	3,746	23,531	£75,400
Scientific and therapeutic	1,513	11,518	£91,300
Clinical support	3,058	9,858	£38,700
Medical and dental	246	4,499	£219,600
Infrastructure support	2,856	9,459	£39,700
Total	**11,419**	**58,865**	**£61,900**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£75,400	£68,600	£6,800	10%
Scientific and therapeutic	£91,300	£65,700	£25,600	39%
Clinical support	£38,700	£49,800	-£11,100	-22%
Medical and dental	£219,600	£182,400	£37,200	20%
Infrastructure support	£39,700	£49,200	-£9,500	-19%
Total	**£61,900**	**£70,700**	**-£8,800**	**-12%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	3,668	121,939	£57,000
Scientific and therapeutic	1,457	59,810	£70,400
Clinical support	3,124	55,737	£30,600
Medical and dental	237	26,178	£189,100
Infrastructure support	2,830	73,114	£44,300
Total	**11,315**	**336,778**	**£51,000**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£66,700	£75,300	-£8,600	-11%
Scientific and therapeutic	£69,600	£86,600	-£17,000	-20%
Medical and dental	£172,000	£168,400	£3,600	2%
Infrastructure support	£84,200	£130,500	-£46,300	-35%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£10,900**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£8,800**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Warrington And Halton Teaching Hospitals

ICB Rank 11 out of 16

NW Rank 17 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Agency	0.65%	4/6	ICB: (of 16)	4
Absence	5.72%	5/10		
Price Cap Compliance	38.4%	9/21		
Staff Cost Variance	-4.79%	11/19	NW: (of 31)	9
Off Framework Agency	0.0%	1/1		

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall	
Performance	-0.4%	12/19	ICB: (of 16)	15
Total CIP delivery	40.0%	12/21		
CIP %age of OpEx	3.3%	11/18		
BPPC - Value	84.9%	14/26	NW: (of 31)	26
Cash ratio	0.39	12/19		
Productivity	-8.7%	12/23		

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall	
YTD activity (as at M06) 24-25 vs 23-24					
Elective	15,805	14.4%	7/8	ICB: (of 12)	10
OPFA	43,129	15.1%	4/6		
OPFU	102,558	4.3%	3/7		
NEL	11,968	-17.9%	12/23	NW: (of 23)	18
A&E	42,503	-4.5%	8/16		
OP FA:FU ratio	2.4	10.4%	3/4		

Model Health System

Theme	Date	Value	Peers	Diff	Overall	
Remote Atten	Sep-24	16.1%	16.9%	-0.7%		
PIFU	Sep-24	4.0%	3.2%	0.8%	ICB: (of 12)	7
DNAs	Sep-24	8.3%	7.5%	-0.9%		
Spec Advice	Aug-24	31.5%	20.3%	11.2%		
Theatre utilisation	Nov-24	73.8%	76.3%	-2.5%	NW: (of 23)	11
DC Rates	Jul-24	85.7%	84.4%	1.3%		
Elective LoS	Aug-24	2.5	2.4	-0.1		

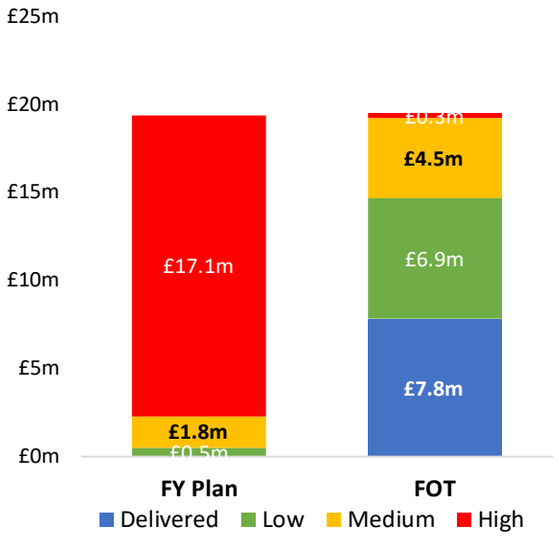
When compared to peers: 3 higher performance, 4 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

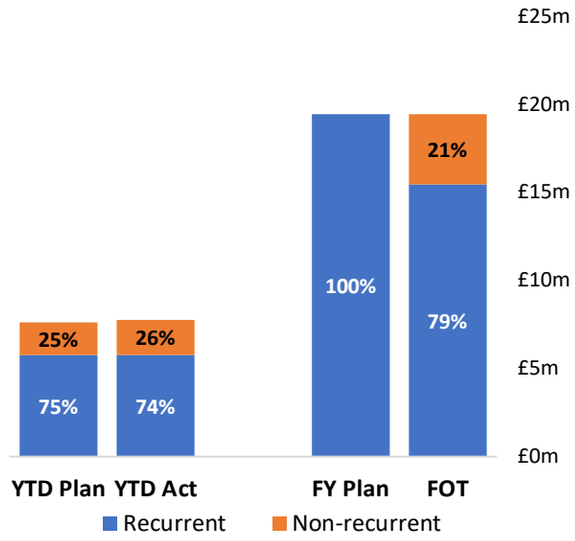
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Warrington And Halton Teaching Hospitals

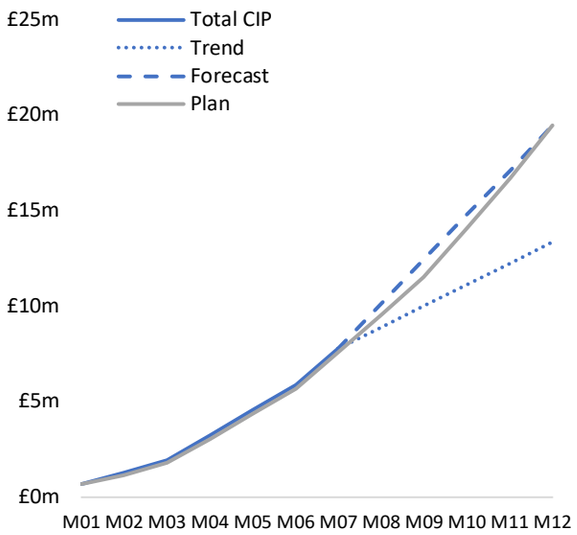
Risk Profile



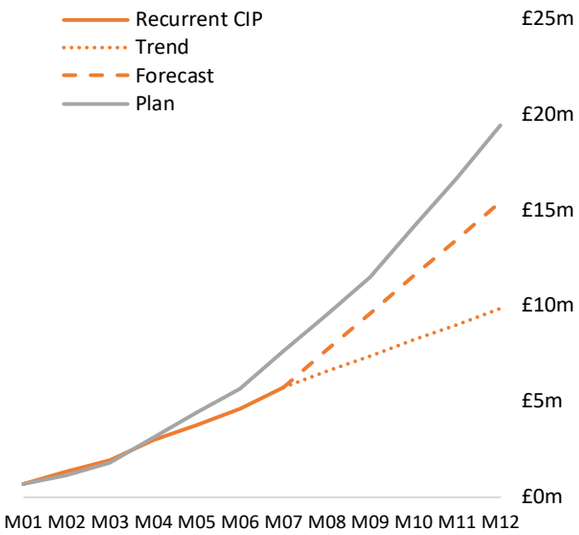
Recurrent/Non-recurrent Split



Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



1 - Forecast %age of CIP Plan that is RED or AMBER	24.6%
2 - Rank out of 31 NW Providers	12
3 - Distance from NW Average*	£1.7m
4 - Total YTD delivery as %age of CIP Plan	40.0%
5 - Rank out of 31 NW Providers	21
6 - Distance from NW Average*	-£0.1m
7 - Recurrent YTD delivery as %age of Total CIP Plan	29.5%
8 - Rank out of 31 NW Providers	8
9 - Distance from NW Average*	£0.6m
10 - Forecast non-recurrent CIP pressure into 24-25	£4.0m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Warrington And Halton Teaching Hospitals

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,374	8,600	£75,100
Scientific and therapeutic	625	4,081	£78,400
Clinical support	987	3,085	£37,500
Medical and dental	572	6,608	£138,600
Infrastructure support	1,140	5,820	£61,200
Total	**4,699**	**28,194**	**£72,000**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£75,100	£68,600	£6,500	9%
Scientific and therapeutic	£78,400	£65,700	£12,700	19%
Clinical support	£37,500	£49,800	-£12,300	-25%
Medical and dental	£138,600	£182,400	-£43,800	-24%
Infrastructure support	£61,200	£49,200	£12,000	24%
Total	**£72,000**	**£70,700**	**£1,300**	**2%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,379	45,892	£57,100
Scientific and therapeutic	656	21,724	£56,800
Clinical support	878	16,941	£33,100
Medical and dental	544	47,007	£148,200
Infrastructure support	1,207	31,758	£45,100
Total	**4,663**	**163,322**	**£60,000**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£78,100	£75,300	£2,800	4%
Scientific and therapeutic	£66,900	£86,600	-£19,700	-23%
Medical and dental	£148,400	£168,400	-£20,000	-12%
Infrastructure support	£124,300	£130,500	-£6,200	-5%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£12,000**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **£1,300**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Greater Manchester

Overall Review - Cheshire And Wirral Partnership

ICB Rank 14 out of 16

NW Rank 26 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	2.96%	16/28	ICB: (of 16) 13
Absence	6.17%	10/15	
Price Cap Compliance	34.1%	10/22	
Staff Cost Variance	-7.32%	13/22	NW: (of 31) 24
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	0.0%	5/8	ICB: (of 16) 9
Total CIP delivery	43.2%	9/18	
CIP %age of OpEx	3.4%	8/15	
BPPC - Value	82.7%	15/27	NW: (of 31) 16
Cash ratio	0.75	5/8	
Productivity	#N/A	#N/A	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	0	#N/A	/	ICB: (of 12) -
OPFA	0	#N/A	/	
OPFU	0	#N/A	/	
NEL	0	#N/A	/	NW: (of 23) -
A&E	0	#N/A	/	
OP FA:FU ratio	#DIV/0!	#DIV/0!	/	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	#N/A	#N/A	#N/A	
PIFU	Sep-24	#N/A	#N/A	#N/A	ICB: (of 12) -
DNAs	Sep-24	#N/A	#N/A	#N/A	
Spec Advice	Aug-24	#N/A	#N/A	#N/A	
Theatre utilisation	Nov-24	#N/A	#N/A	#N/A	NW: (of 23) -
DC Rates	Jul-24	#N/A	#N/A	#N/A	
Elective LoS	Aug-24	#N/A	#N/A	#N/A	

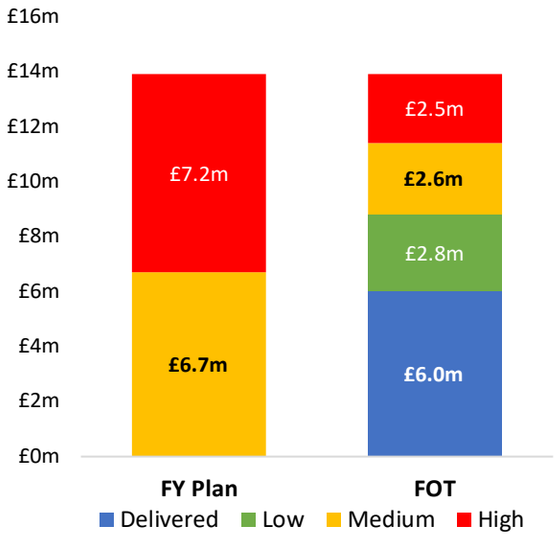
When compared to peers: 0 higher performance, 0 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

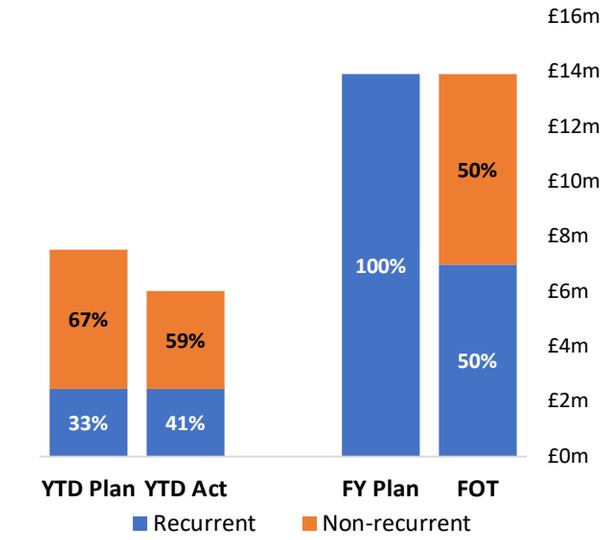
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Cheshire And Wirral Partnership

Risk Profile

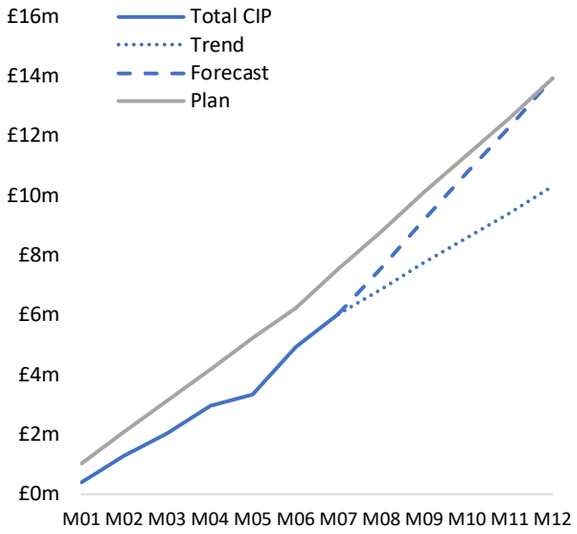


Recurrent/Non-recurrent Split

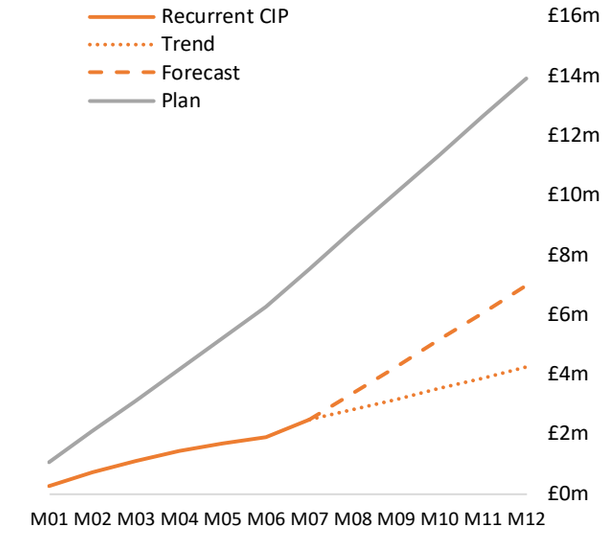


1 - Forecast %age of CIP Plan that is RED or AMBER	36.6%
2 - Rank out of 31 NW Providers	19
3 - Distance from NW Average*	-£0.4m
4 - Total YTD delivery as %age of CIP Plan	43.2%
5 - Rank out of 31 NW Providers	18

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£0.1m
7 - Recurrent YTD delivery as %age of Total CIP Plan	17.7%
8 - Rank out of 31 NW Providers	23
9 - Distance from NW Average*	-£0.2m
10 - Forecast non-recurrent CIP pressure into 24-25	£7.0m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Cheshire And Wirral Partnership

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,229	7,099	£69,300
Scientific and therapeutic	747	4,750	£76,300
Clinical support	1,287	5,084	£47,400
Medical and dental	188	3,361	£214,300
Infrastructure support	591	3,486	£70,800
Total	**4,041**	**23,780**	**£70,600**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£69,300	£68,600	£700	1%
Scientific and therapeutic	£76,300	£65,700	£10,600	16%
Clinical support	£47,400	£49,800	-£2,400	-5%
Medical and dental	£214,300	£182,400	£31,900	17%
Infrastructure support	£70,800	£49,200	£21,600	44%
Total	**£70,600**	**£70,700**	**-£100**	**0%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	1,195	41,460	£59,500
Scientific and therapeutic	744	26,491	£61,100
Clinical support	1,292	28,040	£37,200
Medical and dental	183	17,611	£164,700
Infrastructure support	607	18,399	£52,000
Total	**4,021**	**132,001**	**£56,300**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£101,100	£75,300	£25,800	34%
Scientific and therapeutic	£74,300	£86,600	-£12,300	-14%
Medical and dental	£343,600	£168,400	£175,200	104%
Infrastructure support	£71,000	£130,500	-£59,500	-46%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£14,300**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£100**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Bridgewater Community Healthcare

Workforce

ICB Rank 16 out of 16

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	1.81%	11/19	ICB: (of 16) 11
Absence	6.68%	14/25	
Price Cap Compliance	70.9%	4/8	
Staff Cost Variance	-12.35%	14/26	NW: (of 31) 21
Off Framework Agency	0.0%	1/1	

Finance

NW Rank 29 out of 31

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	-2.7%	15/28	ICB: (of 16) 13
Total CIP delivery	23.7%	15/27	
CIP %age of OpEx	2.6%	15/27	
BPPC - Value	98.3%	3/6	NW: (of 31) 24
Cash ratio	0.68	6/9	
Productivity	#N/A	#N/A	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	0	#N/A	/	ICB: (of 12) -
OPFA	0	#N/A	/	
OPFU	0	#N/A	/	
NEL	0	#N/A	/	NW: (of 23) -
A&E	0	#N/A	/	
OP FA:FU ratio	#DIV/0!	#DIV/0!	/	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	#N/A	#N/A	#N/A	
PIFU	Sep-24	#N/A	#N/A	#N/A	ICB: (of 12) -
DNAs	Sep-24	#N/A	#N/A	#N/A	
Spec Advice	Aug-24	#N/A	#N/A	#N/A	
Theatre utilisation	Nov-24	#N/A	#N/A	#N/A	NW: (of 23) -
DC Rates	Jul-24	#N/A	#N/A	#N/A	
Elective LoS	Aug-24	#N/A	#N/A	#N/A	

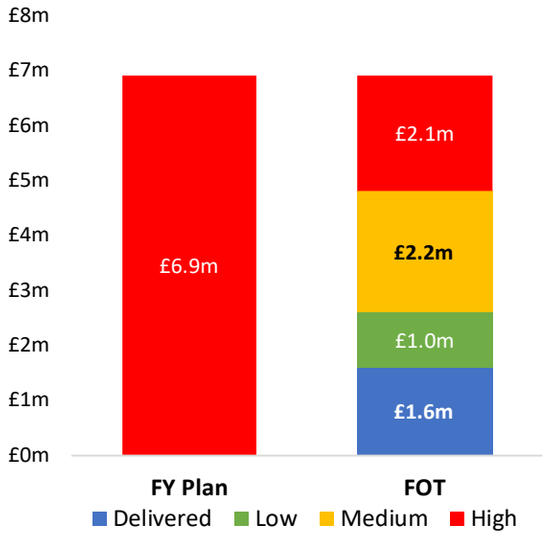
When compared to peers: 0 higher performance, 0 worse

if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

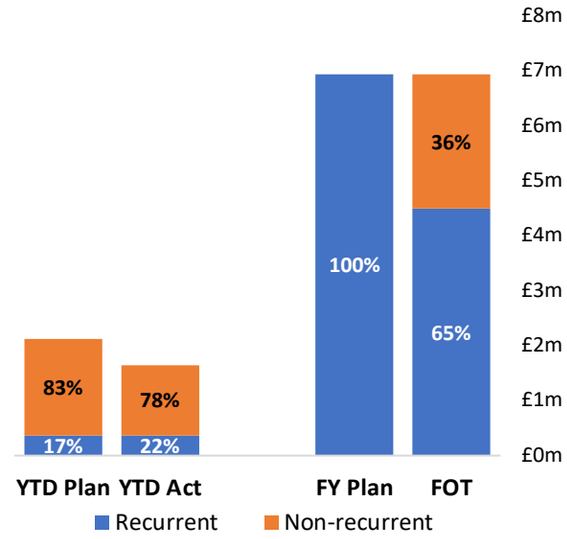
Source: NHSE Implied Productivity 24-25 (M06)

Efficiencies Analysis - Bridgewater Community Healthcare

Risk Profile

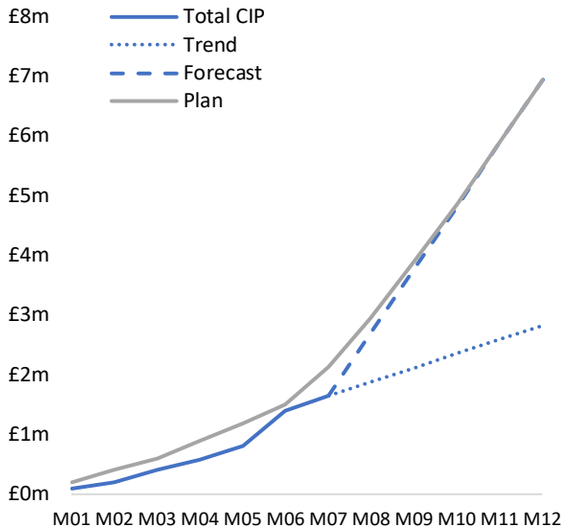


Recurrent/Non-recurrent Split

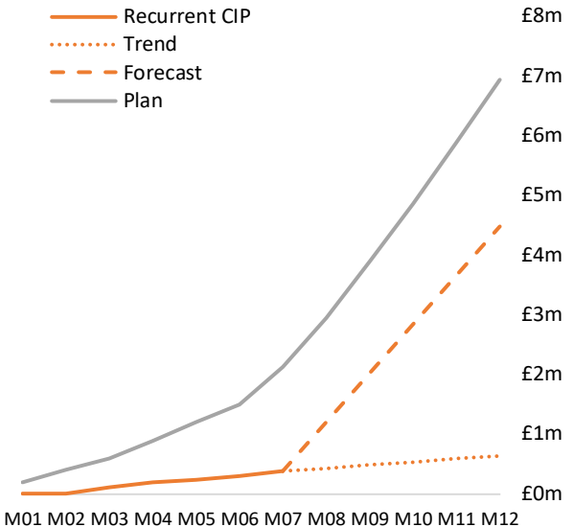


1 - Forecast %age of CIP Plan that is RED or AMBER	62.4%
2 - Rank out of 31 NW Providers	27
3 - Distance from NW Average*	-£2.0m
4 - Total YTD delivery as %age of CIP Plan	23.7%
5 - Rank out of 31 NW Providers	27

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	-£0.3m
7 - Recurrent YTD delivery as %age of Total CIP Plan	5.3%
8 - Rank out of 31 NW Providers	31
9 - Distance from NW Average*	-£0.3m
10 - Forecast non-recurrent CIP pressure into 24-25	£2.5m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Bridgewater Community Healthcare

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	533	3,028	£68,200
Scientific and therapeutic	280	1,238	£53,000
Clinical support	220	1,024	£55,900
Medical and dental	58	688	£143,400
Infrastructure support	386	1,871	£58,200
Total	**1,476**	**7,850**	**£63,800**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£68,200	£68,600	-£400	-1%
Scientific and therapeutic	£53,000	£65,700	-£12,700	-19%
Clinical support	£55,900	£49,800	£6,100	12%
Medical and dental	£143,400	£182,400	-£39,000	-21%
Infrastructure support	£58,200	£49,200	£9,000	18%
Total	**£63,800**	**£70,700**	**-£6,900**	**-10%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	518	16,380	£54,200
Scientific and therapeutic	278	6,492	£40,000
Clinical support	219	5,464	£42,800
Medical and dental	56	3,839	£117,500
Infrastructure support	386	10,443	£46,400
Total	**1,457**	**42,618**	**£50,200**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	£54,800	£75,300	-£20,500	-27%
Scientific and therapeutic	£72,200	£86,600	-£14,400	-17%
Medical and dental	£261,100	£168,400	£92,700	55%
Infrastructure support	£50,100	£130,500	-£80,400	-62%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£13,600**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£6,900**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***

Overall Review - Wirral Community Health And Care

ICB Rank 2 out of 16

NW Rank 8 out of 31

Workforce

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Agency	1.26%	9/14	ICB: (of 16) 6
Absence	6.70%	15/26	
Price Cap Compliance	78.0%	2/4	
Staff Cost Variance	-3.51%	10/17	NW: (of 31) 13
Off Framework Agency	0.0%	1/1	

Finance

Metric	Value	Rankings ICB (17) / NW (31)	Overall
Performance	0.0%	6/9	ICB: (of 16) 4
Total CIP delivery	47.1%	8/15	
CIP %age of OpEx	4.6%	2/4	
BPPC - Value	97.8%	4/9	NW: (of 31) 7
Cash ratio	0.50	9/14	
Productivity	#N/A	#N/A	

Activity

POD	Actual	Change	Rankings ICB (12) / NW (23)	Overall
YTD activity (as at M06) 24-25 vs 23-24				
Elective	0	#N/A	/	ICB: (of 12) -
OPFA	0	#N/A	/	
OPFU	0	#N/A	/	
NEL	0	#N/A	/	NW: (of 23) -
A&E	0	#N/A	/	
OP FA:FU ratio	#DIV/0!	#DIV/0!	/	

Model Health System

Theme	Date	Value	Peers	Diff	Overall
Remote Atten	Sep-24	#N/A	#N/A	#N/A	
PIFU	Sep-24	#N/A	#N/A	#N/A	ICB: (of 12) -
DNAs	Sep-24	#N/A	#N/A	#N/A	
Spec Advice	Aug-24	#N/A	#N/A	#N/A	
Theatre utilisation	Nov-24	#N/A	#N/A	#N/A	NW: (of 23) -
DC Rates	Jul-24	#N/A	#N/A	#N/A	
Elective LoS	Aug-24	#N/A	#N/A	#N/A	

When compared to peers: 0 higher performance, 0 worse

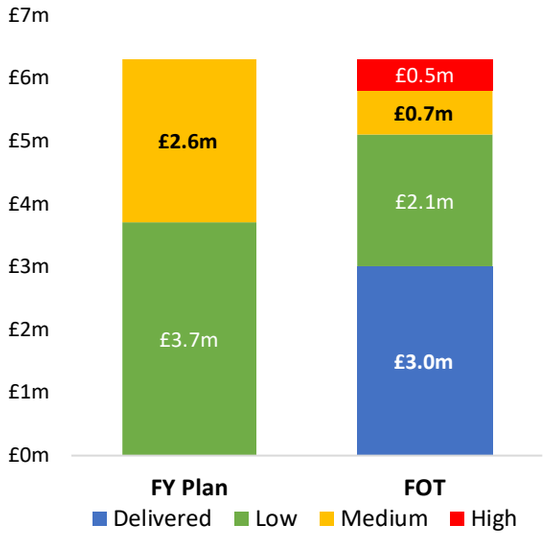
if no data submitted, organisation is awarded lowest ranking
overall activity rank is based on cost weighted activity

Source: NHSE Implied Productivity 24-25 (M06)

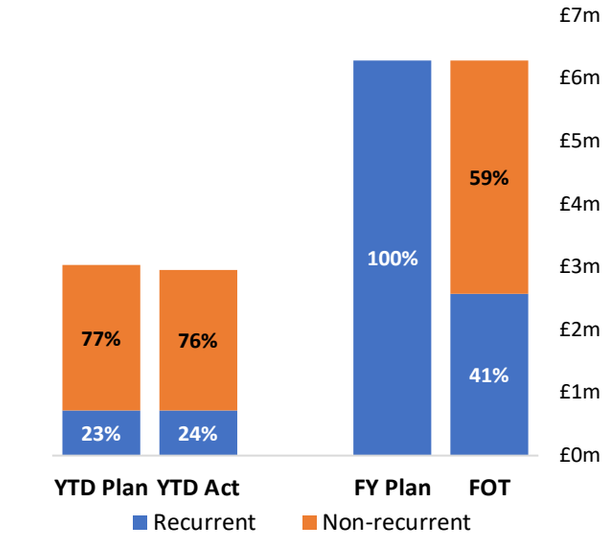
Greater Manchester

Efficiencies Analysis - Wirral Community Health And Care

Risk Profile

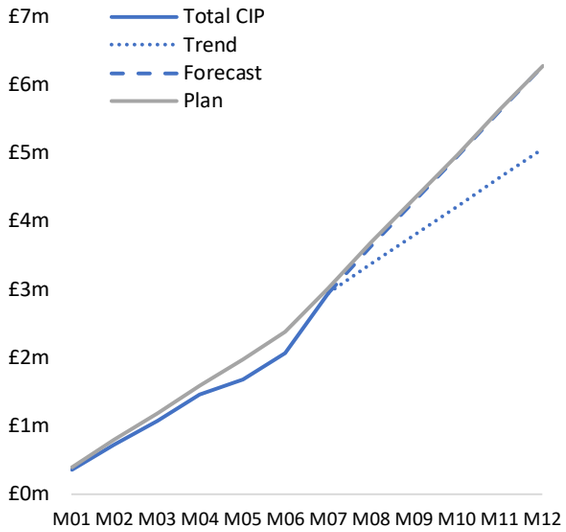


Recurrent/Non-recurrent Split

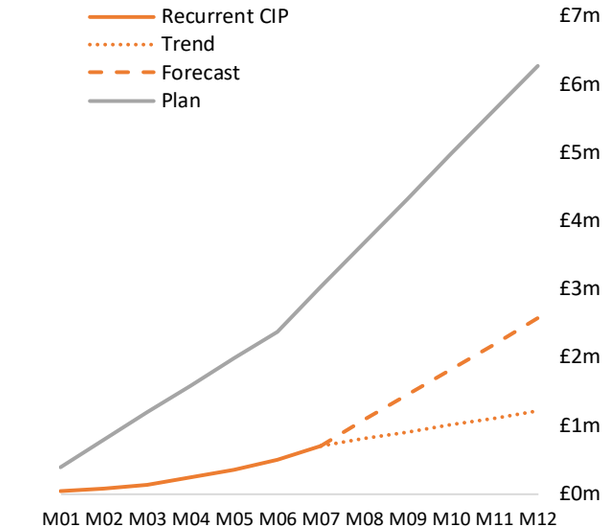


1 - Forecast %age of CIP Plan that is RED or AMBER	20.0%
2 - Rank out of 31 NW Providers	8
3 - Distance from NW Average*	£0.8m
4 - Total YTD delivery as %age of CIP Plan	47.1%
5 - Rank out of 31 NW Providers	15

Total Delivery - M07 YTD



Recurrent Delivery - M07 YTD



6 - Distance from NW Average*	£0.2m
7 - Recurrent YTD delivery as %age of Total CIP Plan	11.3%
8 - Rank out of 31 NW Providers	26
9 - Distance from NW Average*	-£0.3m
10 - Forecast non-recurrent CIP pressure into 24-25	£3.7m

*Represents the change in value required to reach the NW average. Positive values indicate better than average; negative, worse.
If some providers show negative risk profile numbers it will be because their YTD delivery exceeds their 'low' risk projects

data source: M07 PFRs

Workforce - Wirral Community Health And Care

Month 7

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	728	3,884	£64,000
Scientific and therapeutic	172	861	£60,100
Clinical support	310	1,113	£43,100
Medical and dental	21	441	£254,600
Infrastructure support	339	1,629	£57,600
Total	**1,570**	**7,927**	**£60,600**

Average Cost compared to NW

Staff Group	Provider (M07)	NW Avg	Variance	%
Nursing and midwifery	£64,000	£68,600	-£4,600	-7%
Scientific and therapeutic	£60,100	£65,700	-£5,600	-9%
Clinical support	£43,100	£49,800	-£6,700	-13%
Medical and dental	£254,600	£182,400	£72,200	40%
Infrastructure support	£57,600	£49,200	£8,400	17%
Total	**£60,600**	**£70,700**	**-£10,100**	**-14%**

YTD

Staff Group	WTE	£'000s	£/WTE
Nursing and midwifery	721	22,679	£54,000
Scientific and therapeutic	171	5,050	£50,600
Clinical support	319	6,787	£36,400
Medical and dental	19	2,384	£210,700
Infrastructure support	341	9,405	£47,300
Total	**1,572**	**46,305**	**£50,500**

Agency average costs compared to NW

Staff Group	Provider (YTD)	NW Avg	Variance	%
Nursing and midwifery	#DIV/0!	£75,300	#DIV/0!	#####
Scientific and therapeutic	£67,600	£86,600	-£19,000	-22%
Medical and dental	£195,100	£168,400	£26,700	16%
Infrastructure support	£113,200	£130,500	-£17,300	-13%

1 - Average change in the cost per WTE compared with YTD (+ve = increase) **£10,100**

2 - Average cost per WTE M07 compared to NW average (+ve = higher than NW) **-£10,100**

(1) unless explicitly described as 'agency', costs refere to all employment types (substantive, bank and agency)
(2) all calculations exclude capitalised staff
***MONTH 07 is an extremely unreliable indicator due to the introduction of the pay award ***