



**Warrington and Halton Hospital NHS Foundation Trust  
Agenda for a meeting of the Board of Directors held in public.**

Wednesday 30<sup>th</sup> March 2016, time 13:00-16:15

Conference Room, Warrington Hospital

REF BM/16	ITEM	PRESENTER	PURPOSE	TIME	
/062	Welcome, Apologies & Declarations of Interest	Steve McGuirk, Chairman	N/A	13:00	Verbal
/063	Presentation of 'We are WHH' / Behaviours / Values Refresh	Candice Ryan, Head of Workforce Strategy and Engagement	N/A	13:05	-
/064	Minutes of the previous meeting held on 24 <sup>th</sup> February 2016	Steve McGuirk, Chairman	Decision	13:20	Encl
/065	Action plan	Steve McGuirk, Chairman	Assurance	13:25	Encl
/066	Chief Executive's Report <ul style="list-style-type: none"> <li>• Imposition of Junior Doctors Contract</li> <li>• Monitor Quarterly PRM Letter</li> <li>• Director of Nursing Post</li> </ul>	Mel Pickup, Chief Executive	Assurance/ Decision	13:30	Verbal
/067	Chairman's Report	Steve McGuirk, Chairman	Information	13:40	Verbal

Sustainability

/068	Report from the March Finance and Sustainability Committee Revised Terms of Reference & Workplan 2016-17	Terry Atherton, Committee Chair	Assurance/ Decision	13:45	Verbal Encl.
/069	Finance Report M11 2015-16	Andrea Chadwick Director of Finance & Commercial Development	Assurance	13:55	Encl
/070	Corporate Performance Report M11 2015-16	Sharon Gilligan, Chief Operating Officer	Assurance	14:15	Encl.
/071	Board Assurance Framework 2016-17	Angela Wetton, Company Secretary	Decision	14:45	Encl
/072	Board Cycle of Business 2016-17	Angela Wetton, Company Secretary	Decision	14:55	Encl

Quality

/073	Report from the Quality Committee	Lynne Lobley, Committee Chair	Assurance	15:00	Verbal
/074	Monthly Staffing Exceptions Report January 2016	Karen Dawber, Director of Nursing & Governance	Assurance	15:15	Encl
/075	Quality Dashboard M11 2015-16	Karen Dawber, Director of Nursing & Governance	Assurance	15:30	Encl

People



/076	Report from the Strategic People Committee	Anita Wainwright, Committee Chair	Assurance	15:45	Verbal
/077	Workforce and Educational Development Key Performance Indicators M11 2015-16	Roger Wilson, Director of HR & OD	Assurance	15:55	Encl
/078	Any Other Business	Steve McGuirk, Chairman	N/A	16:10	Verbal
	Date of next meeting: Wednesday 27 <sup>th</sup> April 2016				



**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/16/064</b>	
<b>SUBJECT:</b>	<b>Minutes of the previous meeting held on 24<sup>th</sup> February 2016</b>	
<b>DATE OF MEETING:</b>	30th March 2016	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	Andy Chittenden, Interim Trust Secretary	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Mel Pickup, Chief Executive Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	All	
	Choose an item.	
	Choose an item.	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	These minutes are presented for approval.	
<b>RECOMMENDATION:</b>	<b>The Board reviews and either makes amendments or approves the minutes.</b>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	



**Warrington and Halton Hospitals NHS Foundation Trust**  
**Minutes of the Board of Directors meeting held in public on Wednesday 24<sup>th</sup> February 2016**  
**Trust Conference Room, Warrington Hospital**

**Present:**

Steve McGuirk	Chairman
Lynne Lobley	Non-Executive Director & Deputy Chair
Mel Pickup	Chief Executive
Terry Atherton	Non-Executive Director
Karen Dawber	Director of Nursing and Governance
Sharon Gilligan	Chief Operating Officer
Prof Simon Constable	Medical Director
Anita Wainwright	Non-Executive Director
Ian Jones	Non-Executive Director
Roger Wilson	Director of Human Resources and Organisational Development
Jason DaCosta	Director of IT
Andrea Chadwick	Director of Finance and Commercial Development
Lucy Gardner	Director of Transformation

**In Attendance:**

Andy Chittenden	Interim Trust Secretary
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**Apologies**

There were none.

1	<p><b>16/046 – Welcome, apologies &amp; declaration of interest</b></p> <p>The Chair opened the meeting and welcomed those attending the meeting.                  Apologies: as above.</p> <p>Declarations of Interest: there were none.</p>
2	<p><b>16/047- Staff story</b></p> <p><i>Dr Kate, Lesley and Hailey joined the meeting.</i></p> <p>A story of a patient’s journey through maternity services was recounted to the Board. The patient had needed multi-disciplinary support from a wide range of staff, within and outside the Trust, and across organisational boundaries. The way in which the staff had identified and dealt with barriers to a high quality experience for the patient, including her capacity, had required a unique approach, were explained. This had involved new approaches for individualised care not catered for by the Trust’s standard operating procedures or guidelines. It was explained that the patient had had a very good experience and was very grateful to the staff for providing such thoughtful, compassionate care.</p> <p>The Board thanks the staff on behalf of the Trust for achieving such high quality, personalised care.</p> <p><i>Dr Kate, Lesley and Hailey left the meeting.</i></p>



5	<p><b>16/048 - Minutes of Meeting</b> The minutes of the meeting held on the 27<sup>th</sup> January 2016 were approved as a true and accurate record of the meeting.</p>
6	<p><b>16/049 - Action Plan</b> All actions were reviewed and noted to be in progress of complete.</p>
7	<p><b>16/050 - Chief Executive Report</b> The Remuneration Committee had appointed Prof Simon Constable as Deputy CEO with effect from 1 March.</p>
8	<p>The Chair and CEO attended a national conference for NHS provider leaders at which 500+ delegates were encouraged to embrace radical change. The conference anticipated the development of sustainability and transformation plans. WHH is now defined as being within the Cheshire and Mersey region and specifically within the <i>mid-Mersey</i> footprint. The leaders of that footprint will meet together for the first time on 15.3.16.</p>
8	<p>Staff survey results nationally and for the Trust have been released. The results will be reviewed and communicated to staff. This will provide opportunity for learning and further engagement with the staff.</p>
9	<p>It had been announced on the previous day that the BMA plans three further strike actions, each of 48 hours duration during March – April. This is already being planned for by the Trust but will inevitably have some impact upon elective procedures and outpatient clinics. Emergency cover is expected to be provided by junior doctors.</p>
10	<p><b>16/051 – Chairman’s Report</b> The Chair thanked the CEO for participating on the Trust’s behalf in the review of maternity services led by Baroness Cumberlege which was published recently.</p>
11	<p>The Chairman will be leading a workshop with Governors on Friday 26<sup>th</sup> which will explore fresh ways of working even more efficiently and effectively. It is intended that this is a part of a Trust-wide process of continual review of the way things are done to make incremental improvements in each area.</p>
13	<p><b>16/052 – Report from the Chair of the Finance and Sustainability Committee including approved minutes from 20 January 16.</b> The FSC chair explained that the committee remained less assured of the design and effectiveness of operational controls than it wished, and that this introduced risk surrounding the forecast outturn; the CIP programme delivery forecast; plans for 16-17 CIP; A&amp;E performance reporting and the benefits realisation from the implementation of Lorenzo. The committee remains extremely concerned about the Trust’s cash position. Monitor is aware and is frequently updated.</p>
14	<p><b>16/052 – Report from the Chair of the Audit Committee including draft minutes from 2 February 16.</b> The committee had received <i>significant assurance</i> relating to several recent internal audit reports, including that on <i>combined financial systems</i>. It was reported that, in the light of the sense of a current reduced grip on financial control, the Audit Chair would meet with the Head of Internal Audit to discuss the terms of reference of the review and ascertain how the committee might further assure itself.</p>



15	<p><b>Action</b>                  The Board's four chairs of its assurance committees to meet informally in March to discuss their committee's respective assurance needs for the 16-17 year (Trust Secretary to arrange).</p>
16	<p><b>16/053 – Finance - Finance Report as at 31 January 2016</b>                  The forecast year end outturn is a deficit of £19.9M in a range of £17-£21M due to the uncertainty of reporting income. The Board was briefed on a range of assumptions made to determine the estimated position at M10 and the forecast outturn. The Board reflected upon the assumptions made. The consensus was that they were reasonable, given the certainties and uncertainties at hand.</p>
17	<p>The forecast year end CIP outturn is £8.5M, being £600k short of the planned M10 position. Management assurances were sought and provided that the Executive was taking action now to deliver the best possible financial outcome. This included new, additional controls on expenditure.</p>
18	<p>The Board reflected upon the forecast outturn during the year which had started at £20M deficit, been revised down (better) to £15M deficit during the first half of the year and then had grown to the current forecast (worse) of £19.9M outturn at year end. That position is net of (and flattered by) a planned £2.5M capital to revenue transfer.</p>
19	<p>The Board was aware that a 15-16 year-end outturn of circa £20M would, based on Monitor correspondence, result in a reduction to circa £2.0M in the STP funding for 16-17, whereas, at the point it had been offered there had been £8.0M available. In correspondence with Monitor, the Trust had accepted the offer of STP funding only with caveats in understanding and reviewing the basis of the <i>control total</i> upon which the offer had been made by Monitor. The Board was concerned to an even greater extent on short and medium term working capital which is being very tightly managed. Further working capital will be required in 16-17 to ensure the Trust's liquidity is maintained.</p> <p>The report was noted.</p>
20	<p><b>16/054 – Cost improvement plan – as at 31 January 16</b>                  At M10, £6.528M has been delivered against a plan of £7.150M. The year-end outturn is forecast to be £8.563M against a target of £10.3M.</p>
21	<p>Management assurances were sought and provided that the Executive is putting in place additional controls, each assessed for risk of impacting upon quality. These controls are planned to reduce the forecast year end deficit (making it smaller).</p> <p>The report was noted.</p>
22	<p><b>16/055 - Corporate Performance Report as at 31 January 2016</b>                  An <i>action plan</i> for A&amp;E was tabled. This update built on earlier, less detailed versions of the action plan. The backlog pressure to discharge patients from the hospital was explained as having a direct impact upon patient flow and admission to hospital. An example, from the previous few days was provided.</p> <ul style="list-style-type: none"> <li>• Of 439 beds in the Trust, 282 patients had been inpatients for at least 7 days;</li> <li>• Of the 282 patients, 150 were aged at least 80 years;</li> </ul>



<p>23</p> <p>24</p>	<ul style="list-style-type: none"> <li>Of these 150 patients, 89 (one fifth of the total bed base) were medically fit for discharge but could not be immediately discharged as inadequate support arrangements outside the Trust were not available at that point in time.</li> </ul> <p>The new roles of Nurse Commander and Doctor Commander in A&amp;E were described to the Board. Management assurances were sought and provided that the standard of care and treatment provided to patients in A&amp;E is high, albeit that some waiting periods are longer than the national target.</p> <p>In the draft annual plan submitted to Monitor, an improvement trajectory that is realistic and achievable has been submitted, reaching 90% by the end of 16-17. All other targets are expected to be achieved at the national threshold level throughout the 16-17 year.</p> <p>The report was noted.</p>
<p>25</p>	<p><b>16/056 - Report from the Chair of the Quality Committee including draft minutes from 5/1/16</b></p> <p>Following the Board's meeting in January, the committee had met and discussed what more could be done to improve the Trust's procedures and controls around listening to, investigating and learning from complaints. The committee had wanted in particular to understand how the Trust ensures that compassionate care is at the forefront of care on every ward.</p> <p>The report was noted.</p>
<p>26</p> <p>27</p>	<p><b>16/057 - Quality Dashboard - 31 January 2016</b></p> <p>The Board was pleased to note that across the quality dashboard, performance is improving widely. Some metrics are not currently being reported due to data quality output from Lorenzo (eg Patient Friends and Family test).</p> <p>The Board reviewed <i>advancing quality</i> metrics noting the improved performance on pressure ulcer prevention. Grade 4 and Grade 3 pressure ulcers (the most severe grades) have been reduced markedly. There has been no Grade 4 pressure ulcer since 2011 and no Grade 3 pressure ulcer since June 2015. Simplified root cause analyses are now performed on Grade 2 pressure ulcer incidents. The Trust's patient experience committee looks in greater detail at qualitative information gathered.</p> <p><b>Action</b>  The (balanced scorecard) approach to the revised corporate performance dashboard to include patient experience measures from April 16 (Director of Nursing &amp; Governance).</p> <p>The report was noted.</p>
<p>28</p> <p>29</p>	<p><b>16/058 – Q3 Complaints report</b></p> <p>The structure of the quarterly report has been altered to include more information. There is a larger number of lower grade of complaints captured and analysed in the report. Reporting of complaints is not affected by the Lorenzo implementation as a different system is used to collate information.</p> <p>Management assurances were sought and provided that learning is being sought, captured and shared across the Trust from these valuable sources of quality assessment. A revised investigation protocol has been initiated to support better a better experience for complainants and learning from complaints by the Trust.</p>



30	<p>The Board reflected on further opportunities to learn from PALS feedback and for the Council of Governors specific interests in quality to be directed towards patient experience. This will be explored in a paper to the Council on 24 March, which will review how the Council works.</p> <p>The report was noted.</p>
31	<p><b>16/059 - Report from the Chair of the Strategic People Committee</b></p> <p>The committee has stood down temporarily whilst the Operational People Committee is established and the SPC plans the assurances that it will seek and review during the 16-17 year. This will be discussed when the four chairs of the Board's assurance committees meet informally to plan their assurance gathering in a meeting to be scheduled for March 16. This will likely include an important process of assurance to ensure that the profile of workforce retirement and planning of recruitment and selection is in place and will meet the Trust's needs.</p>
32	<p><b>16/060 - Workforce and Educational Development Key Performance Indicators - 31 January 2016</b></p> <p>The operational people committee has met once and is revising its initial, draft terms of reference. The focus will be on agency costs, personal development review compliance, mandatory training compliance, attendance rates, training and development, health and safety, equality and diversity and other headline metrics as well as softer qualitative information by which to judge engagement by the workforce.</p>
33	<p>The Board was briefed that in 16-17 and beyond, a 0.5% of Trust turnover <i>apprenticeship levy</i> will be chargeable to the Trust and is not dependent upon the size or performance of the Trust's apprenticeship programme.</p>
34	<p>Management assurances were sought and provided that the agency cap covering some parts of the national flexible workforce will be implemented in full by 1 April. There will be an escalation procedure in place to ensure that decisions on agency workers are taken on a risk based protocol which balances patient care with financial prudence.</p>
35	<p>The balanced scorecard being developed for all performance metrics will need to include workforce parameters identified in the Lord Carter report as indicative of efficiency. There is an intention that all staff in 15-16 will have personal and business unit objectives aligned to the corporate objectives.</p> <p>The report was noted.</p>
	<p><b>16/054 - Any Other Business</b></p> <p>There was none.</p> <p><b>Next Meeting: Wednesday 30<sup>th</sup> March 2016 in the Trust Conference Room.</b></p>

Following the Board meeting, the Board intended to participate in an information sharing event to hear first-hand the headlines from the staff survey results which had until this date been embargoed.





**TRUST BOARD**  
**ACTION PLAN – Current / Outstanding Actions as at February 16**

Meeting date	Minute Reference	Action	Responsibility & Target Dates	Status
27 January 2016	16/16	With regard to a Patient story, the Quality Committee to assure itself of the learning and improvement made to the service. Directors to meet with Mary's family in July 2016 to discuss the Trust's response.	DoN&G.  Directors to meet family	Proposed: an informal session for NEDs with DoN&G in March to share understanding of the complaints and investigations process.  Q3 complaints report in Feb 16 Board pack sets out proposed actions, including peer review.
29 July 2015	15/164	Trust Secretary to arrange a workshop with the Board and the Communications team to allow additional understanding on the Communication strategy presented	Trust Secretary	Proposed for March 4 Board time out.
24 February 2016	16/052	Report from the Chair of the Audit Committee including draft minutes from 2 February 16 - The Board's four chairs of its assurance committees to meet informally in March to discuss their committee's respective assurance needs for the 16-17 year	Trust Secretary	
24 February 2016	16/057	Quality Dashboard - 31 January 2016 - The (balanced scorecard) approach to the revised corporate performance dashboard to include patient experience measures from April 16.	Director of Nursing & Governance	



**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/16/068</b>	
<b>SUBJECT:</b>	<b>Finance &amp; Sustainability Committee Work-plan 2016-17 and Terms of Reference</b>	
<b>DATE OF MEETING:</b>	30th March 2016	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	Angela Wetton, Company Secretary	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Andrea Chadwick, Director of Finance & Commercial Development Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>		
	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>		
	BAF1.3: National & Local Mandatory, Operational Targets	
	BAF3.2: Monitor Undertakings: Corporate Governance & Financial Management	
	BAF3.3: Clinical & Business Information Systems	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>		
	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>		
	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>		
	The Terms of Reference have been reviewed and strengthened around the business to be conducted. The list of Executive attendees at the meeting has been refined to enable focus with the proviso that other Execs may be required to attend for specific agenda items within their portfolios.	
<b>RECOMMENDATION:</b>		
	The Board notes the work-plan and ratifies the Terms of Reference.	
<b>PREVIOUSLY CONSIDERED BY:</b>		
	<b>Committee</b>	Finance and Sustainability Committee
	<b>Agenda Ref.</b>	FSC/16/33
	<b>Date of meeting</b>	23 <sup>rd</sup> March 2016
	<b>Summary of Outcome</b>	Approved and recommended for ratification by Board



## FINANCE & SUSTAINABILITY COMMITTEE

### TERMS OF REFERENCE

#### 1. PURPOSE

The Finance and Sustainability Committee (“the Committee”) is accountable to the Board of Directors (the Board) and will operate under the broad aims of reviewing financial and operational planning, performance and strategic & business development.

#### 2. AUTHORITY

The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

The Committee is authorised by the Board to obtain external assurance; legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject always to compliance with Trust delegated authorities.

#### 3. REPORTING ARRANGEMENTS

The Committee will have the following reporting responsibilities:

The minutes of the Committee meetings will be formally recorded and circulated to the Board. The Chair of the Committee shall draw to the attention of the Board and Audit Committee any issues that require disclosure to it, or require executive action.

The Committee will report to the Board annually on its work and performance in the preceding year. The Trust standing orders and standing financial instructions apply to the operation of the Committee.

#### 4. DUTIES & RESPONSIBILITIES

The Committee’s responsibilities fall broadly into the following two areas:

##### Finance and performance

- To provide overview and scrutiny in areas of financial performance referred to the Committee by the Trust Board particularly with regard to any regulatory breaches of the Monitor Provider Licence
- Receive and consider the financial and operational plans and make recommendations as appropriate to the Board.
- To monitor the effectiveness of the Trust’s financial performance reporting systems ensuring that the Board is assured of continued compliance through its annual reporting, reporting by exception where required.
- To review the Trust’s performance against its annual financial plan and budgets
- Review the service line reports for the Trust and seek assurance that service improvements are being implemented
- To review the Trust’s operational performance against its annual plan and to monitor any necessary corrective planning and action.
- To provide overview and scrutiny to the development of the medium and long term financial models (MTFM and LTFM)



- To ensure the MTFM and LTFM is designed, developed, delivered, managed and monitored appropriately
- To ensure that appropriate clinical advice and involvement in the MTFM and LTFM is provided
- To review and monitor the in-year delivery of annual efficiency savings programmes
- To review the performance indicators relevant to the remit of the Committee
- Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate via the Key Issues Report.

### Strategy, planning and development

- Advise the Board and maintain an overview of the strategic business environment within which the Trust is operating and identify strategic business risks and opportunities reporting to the Board on the nature of those risks and opportunities and their effective management
- Advise the Board and maintain an oversight on all major investments and business developments.
- Advise the Board on all proposals for major capital expenditure over £500k or such capital expenditure of lower levels that have a material impact on the Trust's operation.
- Oversee the development of the Trust's Commercial Strategy for approval by the Board and oversee implementation of that strategy
- Oversee the development of the Trust's Estates' Strategy for approval by the Board and oversee implementation of that strategy
- Receive a monthly IM&T report on implementation of the Trust IM&T Strategy, Information Governance and project management.

## 5. MEMBERSHIP

The Committee shall be composed of not less than two (2) independent Non-Executive Directors, at least one of whom shall have recent and relevant financial experience.

The Board will appoint one of the Non-Executive Director members of the Committee to be Chair of the Committee. Should the Chair be absent from the meeting the committee may appoint a Chair of the meeting from amongst the Non-Executive Directors present.

Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum. Should the need arise, the Committee may approve a matter in writing by receiving written approval from all the members of the Committee, such written approval may be by email from the members Trust email account.

## 6. ATTENDANCE

The following individuals, or their nominated Deputy, shall normally be in attendance at the meetings:

- Director of Finance & Commercial Development
- Chief Operating Officer
- Director of IM&T
- Director of Transformation

Other Directors including the Chief Executive or staff members may also be invited/expected to attend from time to time for appropriate agenda items, however, there is no requirement to attend the whole meeting.



## 7. QUORUM

A quorum shall be two (2) members. In the event that two Non-Executive Directors cannot attend a meeting of the Committee, one of the Non Executives Directors who are not members of the Committee may attend in substitution and be counted in the quorum.

## 8. FREQUENCY OF MEETINGS

Meetings shall be held on a monthly basis.

## 9. REPORTING GROUPS

The groups listed in the next paragraph are required to submit the following information to the Committee:

- the formally recorded minutes of their meeting;
- separate reports to support the working of the Committee or addressing areas of concern these Reporting Groups may have;
- an Annual Report setting out the progress they have made and future developments.

The following groups will report directly to the Committee:

Innovation and Cost Improvement Committee

Information Management & Technology Steering Committee including reports from

- Lorenzo Project Group
- Information Governance and Corporate Records Committee (including the Data Quality & Information Governance Group)
- Capital Planning Group
- The Business Planning sub Committee (strategic).
- Strategic & Annual Planning Steering Group.

## 10. ADMINISTRATIVE ARRANGEMENTS

The Committee will be supported by a member of the Trust Secretariat.

## 11. REVIEW / EFFECTIVENESS

The Committee will undertake an annual review of its performance against its duties in order to evaluate its achievements. These terms of reference will be reviewed at least annually by the Committee

**Date: 23<sup>rd</sup> March 2016**





## BOARD OF DIRECTORS

<b>AGENDA REF:</b>	<b>BM/16/069</b>	
<b>SUBJECT:</b>	<b>Finance Report M11 2015-16</b>	
<b>DATE OF MEETING:</b>	30 <sup>th</sup> March 2016	
<b>ACTION REQUIRED</b>	<b>For Discussion</b>	
<b>AUTHOR(S):</b>	Steve Barrow, Deputy Director of Finance	
<b>EXECUTIVE DIRECTOR:</b>	Andrea Chadwick, Director of Finance & Commercial Development	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	SO1: Ensure all our patients are safe in our care SO3: To give our patients the best possible experience SO4: To provide sustainable local healthcare services	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework SO4/4.2 Failure to maintain a liquidity ratio and capital servicing capacity necessary to deliver a financial sustainability risk rating of 3 on a quarterly basis; remain a going concern at all times; remain solvent and comply with section G6 of the licence. SO4/4.3 Failure to manage key contracts appropriately resulting in contract penalties or reduction in service standards; and failure of operational processes to deliver service to agreed contract targets, outputs or standard	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b>	None Choose an item. Choose an item.	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	Month 11 in month performance was a deficit of £2.4m, an adverse variance of £0.4m against budget. The year to date deficit is £18.0m, the cash balance is £4.1m and the Financial Sustainability Risk Rating score is 1. The forecast outturn remains at a deficit of £19.9m. A forecast upside and downside case are set out in the report that show a range of £15.1m to £21.5m.	
<b>RECOMMENDATION:</b>	<b><i>The Board of Directors is asked to note the contents of the report.</i></b>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Finance and Sustainability Committee
	<b>Agenda Ref.</b>	FSC/16/25
	<b>Date of meeting</b>	23 <sup>rd</sup> March 2016
	<b>Summary of Outcome</b>	Noted



**FINANCE REPORT AS AT 29<sup>th</sup> FEBRUARY 2016**

**1. PURPOSE**

The purpose of the report is to advise the Board of Directors on the financial position of the Trust as at 29<sup>th</sup> February 2016 and the forecast outturn as at 31<sup>st</sup> March 2016.

**2. EXECUTIVE SUMMARY**

Year to date performance against key financial indicators is provided in the table below and further supplemented by the headlines, dashboard (Appendix A) and schedules (Appendices B to I) attached to this report.

**Key financial indicators:**

Indicator	Monthly Plan £m	Monthly Actual £m	Monthly Variance £m	YTD Plan £m	YTD Actual £m	YTD Variance £m
Operating income	16.9	17.3	0.4	195.1	199.6	4.5
Operating expenses	(17.9)	(18.7)	(0.8)	(198.9)	(207.4)	(8.5)
EBITDA	(1.0)	(1.4)	(0.4)	(3.8)	(7.8)	(4.0)
Non-operating income and expenses	(1.0)	(1.0)	0.0	(10.4)	(10.2)	0.2
I&E surplus / (deficit)	(2.0)	(2.4)	(0.4)	(14.2)	(18.0)	(3.8)
Cash balance	-	-	-	3.8	4.1	0.3
CIP target	1.6	0.8	(0.8)	8.7	7.3	(1.4)
Capital Expenditure	0.4	0.4	0.0	8.0	7.2	0.8
Financial Sustainability Risk Rating	-	-	-	1	1	0

**Headlines:**

- The monthly deficit is £2.4m which has increased the year to date deficit to £18.0m, which results in a Financial Sustainability Risk Rating score of 1 (section 3).
- To date the planned CIP target is £8.7m and the savings realised are £7.3m, which results in a shortfall against the target of £1.4m (section 4).
- To date the planned capital spend (after the reduction in the programme and the capital to revenue transfer) is £8.0m and the actual spend is £7.2m, which results in an under spend of £0.8m (section 5).
- The cash balance is £4.1m, which is £0.3m above the planned balance of £3.8m (section 6).
- The Better Payment Practice Code performance for the year to date is 27% (section 6).
- The value of aged debt is £3.3m (section 8).
- The value of aged creditors is £11.4m (section 9).
- To date £10.0m of the working capital loan has been drawn down, with the £4.2m balance to be drawn down in March (section 10).
- The capital loan is £1.6m and this has been drawn down in full (section 11).
- The forecast deficit is £19.9m. There are a number of risks and opportunities that may impact on the final position (section 12).





### 3. INCOME AND EXPENDITURE (APPENDIX B)

For the month of February the Trust has recorded a deficit of £2.4m, which increases the year to date deficit to £18.0m.

The implementation of Lorenzo has introduced significant changes to the capture, recording and production of clinical information that is used as the basis for the reporting of NHS clinical income. These changes have meant that not all the necessary information has been available at the time of reporting and therefore a number of assumptions have had to be made:

- There are 5,653 uncoded spells relating to January to February so these have been priced at a specialty average. The estimated income attached to each category is as follows: Day Cases – 1,864 spells at £1.3m, Elective Inpatients – 477 spells at £1.4m and Non Elective Inpatients 3,182 spells at £5.0m.

Risk – the value of uncoded activity priced at specialty average is £7.7m so once fully coded the income may increase or decrease accordingly. A 1% movement in the actual price will increase or decrease income by £77k and a 5% movement will increase or decrease income by £385k.

- The high level of uncoded activity means that the excess bed day income cannot be quantified so based on previous months £0.2m is included as an estimate for January and February activity.
- The high level of uncoded activity means that unbundled chemotherapy and palliative care income cannot be quantified so based on previous months £0.1m is included as an estimate for January and February activity.
- Not all post natal activity is available, so £0.2m has been included as an estimate for November to February based on the monthly average activity and income in the period April to October.

#### Operating Income

Operating Income is £0.4m above plan in month and £4.5m above plan year to date. An analysis by income category is summarised in the table below.

Table: analysis of monthly and year to date income variance by category.

Narrative	Monthly Variance £m	Year to date Variance £m
NHS Clinical Income	0.2	0.7
Non NHS Clinical Income	0.0	(0.2)
Other Operating Income	0.2	4.0
<b>Total Operating Income</b>	<b>0.4</b>	<b>4.5</b>

Positive variance = above plan, negative variance = below plan.



## NHS Clinical Income

NHS Clinical income is £0.2m above plan in month and £0.7m above plan for the year to date and is mainly driven by the delivery of activity.

Table: analysis of monthly and year to date activity and income variances.

Narrative	Monthly Variance Activity	Monthly Variance £m	Year to date Variance Activity	Year to date Variance £m
Elective Spells	(108)	(0.3)	(590)	(0.8)
Elective Excess Bed Days	9	0.0	(186)	0.0
Non Elective Spells	(43)	0.1	(2,615)	(2.0)
Non Elective Excess Bed Days	1,004	0.2	(367)	(0.1)
Outpatient Attendances	(177)	0.0	(12,882)	(1.8)
Accident & Emergency Attendances	1,026	0.2	1,514	0.8
Other Activity	-	0.1	-	4.6
<b>Total NHS Clinical Income</b>	-	<b>0.2</b>	-	<b>0.7</b>

Positive variance = above plan, negative variance = below plan.

Other activity is £4.6m above plan and contains a range of services that are contracted either on a block or cost per case basis, as summarized in the table below.

Table: analysis of other activity year to date variance.

Narrative	Year to date Variance £m
Neo Natal Critical Care	0.6
Adult Critical Care	0.5
Maternity Pathway	0.6
Excluded Drugs	1.1
Warrington Intermediate Care Unit	1.3
Halton Urgent Care Centre	1.1
Capital to Revenue transfer	2.3
Anticipated SRG Monies	(2.0)
Fines and Penalties (see below)	(0.5)
All other Services	(0.4)
<b>Total NHS Clinical Income</b>	<b>4.6</b>

Positive variance = above plan, negative variance = below plan.

A full analysis of monthly and year to date NHS clinical income by category and specialty is available at



Appendices C and D.

### Operational and Readmission Penalties

In response to the letter from Monitor dated 3<sup>rd</sup> August 2015 the Trust agreed to a revised 2015/16 forecast deficit of £14.2m. In order to achieve the £14.2m deficit there were a number of mitigating actions agreed by the Board including:

- A £0.3m reduction in commissioner levied **operational penalties** through improved performance (thereby reducing the forecast annual penalties from £1.3m to £1.0m) and a £0.5m reinvestment by commissioners, leaving a net penalty of £0.5m.

The position to date assumes that 11/12ths of the £0.5m operational penalty is reinvested as summarised in the tables below:

Table: analysis of operational penalties included in the original forecast outturn and year to date position.

Narrative	Original Forecast Outturn £m	Year to date Position £m
Gross operational penalty	1.3	1.6
Less reduction in penalties due to operational improvement	(0.3)	0.0
Penalty pre commissioner reinvestment	1.0	1.6
Less reinvestment of national penalties Quarter 1 to Quarter 3	0.0	(0.7)
Less further reinvestment of penalties by commissioners	(0.5)	(0.4)
<b>Net operational penalty</b>	<b>0.5</b>	<b>0.5</b>

- A £0.7m reinvestment of **emergency readmission penalties** by commissioners.

The position to date assumes that 11/12ths of the £0.7m emergency readmission penalty is reinvested as summarised in the table below. The financial impact of this reinvestment is contained within non elective spells:

Table: analysis of the emergency readmission penalty included in forecast outturn and year to date position.

Narrative	Original Forecast Outturn £m	Year to date Position £m
Gross readmission penalty	0.7	0.6
Less reinvestment by commissioners	(0.7)	(0.6)
Net readmission penalty	0.0	0.0

Therefore, income of £1.0m (operational penalty of £0.4m plus emergency readmission penalty of £0.6m)



has been included in the financial position to 29<sup>th</sup> February based on anticipated improvement and commissioner reinvestment. There is a risk that commissioners do not reinvest the £1.0m and therefore the financial position to 29<sup>th</sup> February will worsen by £1.0m.

### Non Mandatory / Non Protected Income

Private Patients and the Compensation Recovery Unit income is £0.2m below plan, mainly due to an under recovery against the Compensation Recovery Unit.

### Other Operating Income

Other operating income is £4.0m above plan year to date mainly due to an over recovery on miscellaneous income of £3.6m. This over recovery on miscellaneous income is primarily due to the income from the Department of Health received to cover the costs for the Lorenzo project (£2.6m), the income for the Bridgewater Sexual Health Tender (£0.2m) and a range of service level agreements and ad hoc recharges. This over recovery offsets most of the additional pay and non pay costs, which have resulted in overspends on the appropriate expenditure categories.

### Operating Expenses

Operating Expenses are £0.8m above plan in month and £8.5m above plan year to date. An analysis by expense category is summarised in the table below.

Table: analysis of monthly and year to date expense variance by category.

<b>Narrative</b>	<b>Monthly Variance £m</b>	<b>Year to date Variance £m</b>
Pay	(0.9)	(6.7)
Drugs	(0.3)	(1.2)
Clinical Supplies and Services	0.3	(0.5)
Non Clinical Supplies	0.1	(0.1)
<b>Total Operating Expenses</b>	<b>0.8</b>	<b>8.5</b>

Positive variance = below plan, negative variance = above plan.

### Pay Costs

Pay costs in the month are £13.7m which is £0.9m above plan in month and £6.7m above plan for the year to date. A significant amount of the overspend is due to the additional year to date costs associated with Lorenzo (£2.4m), the Warrington Intermediate Care Unit (£1.2m) and the Halton Urgent Care Centre (£0.8m) although these are all offset by additional income. The monthly and year to date pay variances excluding the costs covered by additional income are summarised in the table below and shows that the revised pay position is an overspend of £0.6m in the month and £2.2m for the year to date:



Table: in month and year to date pay variance after excluding costs covered by additional income.

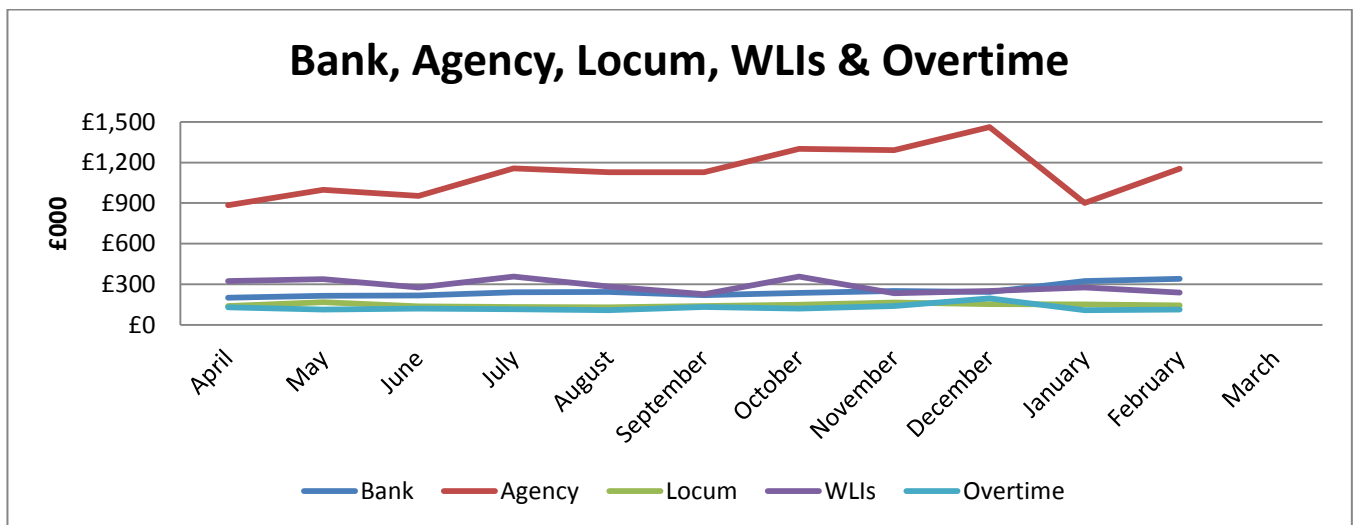
Narrative	February Budget £m	February Actual £m	February Variance £m	Year to Date Budget £m	Year to date Actual £m	Year to date Variance £m
Reported pay position	12.8	13.7	(0.9)	142.4	149.1	(6.7)
Less Lorenzo	0.0	(0.2)	0.2	0.0	(2.4)	2.4
Less Warrington ICU	0.0	(0.1)	0.1	0.0	(1.2)	1.2
Less Halton UCC	0.0	(0.1)	0.1	0.0	(0.8)	0.8
<b>Revised pay Position</b>	<b>12.8</b>	<b>13.4</b>	<b>(0.6)</b>	<b>142.4</b>	<b>144.6</b>	<b>(2.2)</b>

Positive variance = below plan, negative variance = above plan.

The £2.2m pay overspend is mainly due to a £2.2m shortfall against the pay cost savings target, a £1.0m overspend in Unscheduled Care due to the increased costs associated with specialing, escalation, vacancy cover and the Ambulatory Care Unit, partially covered by pay underspends resulting from vacancies within other divisions.

The pay spend includes the continued cost of temporary staffing driven by the use of Bank, Agency and Locum costs, Waiting List Initiatives and overtime. To date the total cost on these three areas of temporary spend amounts to £21.3m, as detailed in the graph below, which is equivalent to circa £23m per annum.

Table: monthly analysis of temporary spend.



Note – the reduction in agency spend in January resulted from a £0.2m transfer of IT agency spend from



revenue to capital.

### **Drugs Costs**

Drugs are £1.2m above plan year to date however this includes an over spend of £1.1m relating to excluded PbR drugs which are funded by commissioners, with the additional income shown against other income within NHS Activity income.

### **Clinical Supplies and Services**

Clinical supplies and services are £0.5m above plan year to date mainly due to an under recovery against the WC&SS CIP target (£0.5m), although this is being covered by an over achievement against the pay and income CIP targets. In addition, there is an over spend on Radiology external tests, outsourced work and general medical and surgical consumables (£0.2m), outsourced Orthopaedic work (£0.2m) and the leasing costs of the new MRI scanner (£0.1m).

The cost of the scanner is an unfunded pressure against the clinical supplies and services budget, however following an option appraisal it was more cost effective to lease than purchase, so the costs are covered in full by the savings made against the capital charges budget.

### **Non Clinical Supplies**

Non clinical supplies are £0.1m above plan year to date mainly due to computer software/license costs (£0.2m), computer maintenance costs (£0.3m), partially offset by underspends on utility costs.

There has been a reduction in the monthly spend on clinical and non clinical supplies, brought about by tighter expenditure controls including the approval of all non catalogue items by Executive Directors. Prior to the introduction of Executive approval in February the average weekly of non catalogue orders was £0.6m but this has now reduced to £0.2m.

An analysis of the monthly and year to date income and expenditure position by Division is included in the dashboard attached at Appendix A.

### **Non Operating Income and Expenses**

Non operating income and expenses is £0.2m better than plan mainly due the underspend against depreciation resulting from the slippage in the capital programme and reduced interest expenses resulting from the delay in the draw down of the working capital facility, offset by the loss from the sale of fixed assets and the increased PDC Dividends payment.

## **4. COST IMPROVEMENT PROGRAMME**

The cost savings target at the start of the year was £10.1m which was increased by £0.2m to result in a revised annual savings target of £10.3m. The year to date target is £8.7m and the year to date savings equate to £7.3m, which results in an underachievement of £1.4m. The forecast savings for the year are £8.2m.



See agenda item Cost Improvement Report for further details.

## 5. CAPITAL

The annual capital programme approved by the Board and submitted to Monitor was £20.3m, with £10.0m included for the current year cost of the Estates Strategy proposal. The funding of the programme was a combination of internally generated depreciation (£6.8m) and a planned capital loan (£13.5m) from the Department of Health. The programme has now been amended to reflect the reduction for the pause in the Estates Strategy, the MRI Scanner now funded via a lease and the capital to revenue transfer. This reduces the value of the 2015/16 programme to £8.4m with the loan reducing to £1.6m.

The position below reflects the above revision to the capital programme and to date the Trust has spent £6.8m against the budget of £7.6m, with the over spend against the IM&T budget covered by underspends on Estates and Medical Equipment.

Table: analysis of performance against the revised capital programme.

Category	Original Annual Budget £m	Programme Changes £m	Revised Annual Budget £m	Budget to date £m	Actual to date £m	Variance to date £m
Estates Strategy	3.6	(1.6)	2.0	1.9	1.8	0.1
Estates	10.0	(9.2)	0.8	0.7	0.7	0.0
IM&T	3.7	0.8	4.5	4.4	3.8	0.6
Medical Equipment	3.8	(3.1)	0.7	0.6	0.8	(0.2)
Contingency/(Slippage)	(0.8)	1.2	0.4	0.4	0.1	0.3
<b>Total</b>	<b>20.3</b>	<b>(11.9)</b>	<b>8.4</b>	<b>8.0</b>	<b>7.2</b>	<b>0.8</b>

## 6. CASH FLOW (APPENDIX F)

The cash balance is £4.1m which is £0.3m above the planned cash balance of £3.8m, with the monthly movements summarised in the table below.

Cash balance movement	£m
Opening balance as at 1 <sup>st</sup> February	3.3
In month deficit	(2.4)
Non cash flows in surplus/(deficit)	1.0
Decrease in trade receivables (debtors)	0.8
Decrease in trade payables (creditors)	(0.3)
Capital expenditure	(0.4)
Drawdown of working capital loan	3.3
Repayment of PDC	(2.5)
Other working capital movements	1.3
<b>Closing balance as at 29<sup>th</sup> February</b>	<b>4.1</b>



The operating performance continues to have an adverse effect on the amount of cash available to the Trust. At 29<sup>th</sup> February the value of trade creditors stands at £11.4m, although this is partially covered by the value of trade receivables at £4.1m.

The current cash balance of £4.1m equates to circa 7 days operational cash. The liquidity metric is -26.2 days which results in a Financial Sustainability Risk Rating score of 1.

The Trust has received £10.0m in respect of the working capital loan year to date. Active management of the working balances continues in order to maintain a cash balance sufficient to pay creditors and repay commissioners the cash advances received in the first half of the year.

Performance against the non NHS Better Payment Practice Code (BPPC) is 28% in the month (27% year to date).

The actual cash flow movements for the year to date and the forecast movements for the remainder of the year are detailed in Appendix F. The table below summarises the short term cash flow over the next 3 months.

Table: short term cash flow movements.

Cash balance movement	March £m	April £m	May £m
Opening balance	4.1	2.3	2.1
In month deficit	(2.1)	(1.1)	(1.1)
CCG Advance / (Repayment)	(2.3)	0.0	0.0
Non cash flows in surplus/(deficit)	0.9	1.0	1.0
Movement in receivables (debtors)	(2.3)	0.1	0.1
Movement in payables (creditors)	4.3	(0.1)	(0.1)
Capital expenditure	(1.2)	(0.4)	(0.6)
PDC Dividends	(2.1)	0.0	0.0
Drawdown of loans	4.2	0.9	0.9
Other working capital movements	(1.2)	(0.6)	(0.3)
<b>Closing balance</b>	<b>2.3</b>	<b>2.1</b>	<b>1.9</b>

Under the terms and conditions of the working capital loan the Trust is required to have a minimum cash balance at the end of each month of £1.2m.

## 7. STATEMENT OF FINANCIAL POSITION (APPENDIX G)

Non current assets have decreased by £0.2m in the month due to depreciation charges exceeding the capital spend.

Current assets have decreased by £3.1m in the month mainly due to the decrease in accrued income and prepayments.

Current liabilities have decreased by £1.6m in the month mainly due to the decrease in deferred income





and trade payables, partially offset by an increase in the PDC creditor.

Non current liabilities have increased by £3.3m in the month mainly due to the drawdown of the working capital loan.

## **8. AGED DEBT (APPENDIX H)**

Aged debt has decreased by £0.8m in the month and as at 29<sup>th</sup> February the value of debt stands at £3.3m, although £0.2m has been received by 10<sup>th</sup> March, thus reducing the debt to £3.1m. The decrease in debt is due to a decrease in both current and overdue debt. There will be a continued focus to minimise the amount outstanding debt as soon as possible.

## **9. AGED CREDITORS (APPENDIX I)**

Aged creditors has reduced by £0.3m in the month and as at 29<sup>th</sup> February the value of creditors stands at £11.4m (with £7.0m overdue). An additional £2.0m has been paid by 10<sup>th</sup> March thereby reducing the value to £9.4m. The operating position reduces the amount of cash available to pay creditors in a timely manner and until the operating position improves the level of aged creditors will remain high unless alternative funds can be sourced.

## **10. WORKING CAPITAL LOAN**

In 2015/16 the Trust secured a working capital loan of £14.2m to support the cash position resulting from the planned deficit and to date £10.0m of the loan has been drawn down. The interest rate is 1.5% with interest repayments made twice yearly and the principle repayable in full in 2018/19.

## **11. CAPITAL LOAN**

In 2015/16 the Trust secured a capital loan of £1.6m to support the balance of the capital programme that could not be funded from internally generated depreciation or cash reserves and this loan has now been drawn down in full. The loan was repayable over 15 years at an interest rate of 1.78% and principle and interest repayments start in 2016/17 and are made twice yearly.

## **12. RISK AND FORECAST OUTTURN**

For the period ending 29<sup>th</sup> February the Trust has recorded a deficit of £18.0m and the forecast deficit remains at £19.9m. This forecast includes a number of risks however there are potential opportunities that may reduce this deficit.

The income and expenditure assumptions used in deriving the forecast deficit are listed below:

- Income outturn is based on the month 11 activity and income and extrapolated to a full year based on planned profile and includes the funding for the £2.5m capital to revenue transfer.
- Expenditure outturn is based on the month 11 position and extrapolated to a full year with known phasing adjustments.



Table: analysis of upside and downside forecast position

<b>Narrative</b>	<b>Upside £m</b>	<b>Downside £m</b>
Forecast Deficit	(19.9)	(19.9)
Readmissions reinvestment withheld by commissioners	0.0	(0.7)
Penalty reinvestment withheld by commissioners	0.0	(0.5)
Potential CQUIN penalties	0.0	(0.4)
Revaluation of asset lives	1.9	0.0
Paediatric HDU income	0.1	0.0
Further cost savings / cost reduction	2.3	0.0
Reinvestment of all penalties by commissioners	0.5	0.0
<b>Revised Deficit</b>	<b>(15.1)</b>	<b>(21.5)</b>

**13. CONCLUSION**

The monthly position was a deficit of £2.4m and the year to date position increases the deficit to £18.0m. The forecast deficit remains at £19.9m.

**14. RECOMMENDATION**

The Board of Directors is asked to note the contents of the report.

**Andrea Chadwick**  
**Director of Finance & Commercial Development**  
**24<sup>th</sup> March 2016**

## Financial headlines as at 29th February 2016

Key Financial Metrics	Month			Year to date		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Operating Income	16,904	17,291	387	195,080	199,610	4,530
Operating Expenditure	-17,974	-18,742	-768	-198,934	-207,444	-8,511
<b>EBITDA</b>	<b>-1,070</b>	<b>-1,452</b>	<b>-381</b>	<b>-3,853</b>	<b>-7,835</b>	<b>-3,981</b>
Non Operating Income & Expenses	-981	-973	8	-10,389	-10,212	177
<b>Net Surplus / (Deficit)</b>	<b>-2,051</b>	<b>-2,424</b>	<b>-373</b>	<b>-14,242</b>	<b>-18,047</b>	<b>-3,804</b>
Financial Sustainability Risk Rating				1	1	0
Capital Expenditure	423	445	22	8,016	7,234	-782
Cost Savings	1,655	757	-898	8,725	7,285	-1,440
Cash Balance				3,810	4,085	275

### Summary Position

The in month position is an actual deficit of £2,424k which is £373k worse than the planned deficit of £2,051k. The year to date position is an actual deficit of £18,047k which is £3,804k worse than the planned deficit of £14,242k.

The Financial Sustainability Risk Rating is 1 which is in line with the planned Risk Rating of 1.

Year to date income is £4,530k above plan due to an over recovery on NHS clinical income and other operating income, partially offset by an under recovery on NHS clinical income. Year to date expenditure is £8,511k above plan due to overspend on pay, drugs, clinical supplies and non clinical supplies, although a significant element of the pay overspend is covered by the recovery of additional income. Year to date non operating income and expenditure is £177k below plan mainly due to an underspend on depreciation and interest expenses.

### Key Variances on year to date position

Operating Income

NHS Clinical Income	£735k above plan.
Non NHS Clinical income	£201k below plan.
Other Operating Income	£3,996k above plan.
<b>Total</b>	<b>£4,530k above plan</b>

Operating Expenditure

Pay	£6,664k above plan.
Drugs	£1,187k above plan.
Clinical Supplies	£579k above plan.
Non Clinical Supplies	£81k above plan.
<b>Total</b>	<b>£8,511k above plan.</b>

Non operating income and expenses

Loss on sale of fixed assets	£101k below plan.
Net Interest	£299k below plan.
Depreciation	£113k below plan.
PDC Dividends	£98k above plan.
Restructuring costs	£36k above plan.
<b>Total</b>	<b>£177k below plan.</b>

Capital expenditure	£782k below plan.
Cost Savings	£1,440k below plan.
Cash balance	£275k above plan.

### Other matters to be brought to the attention of the Board

The forecast outturn remains at £19.9m (including the application of the £2.5m capital to revenue transfer). There are however some potential opportunities that are still being explored that may reduce this deficit, including revaluation of asset lives, further reduction in the cost base and further negotiation with commissioners regarding the reinvestment of operational and readmission penalties. There are also some risks within the forecast deficit (see finance report for upside and downside scenarios).

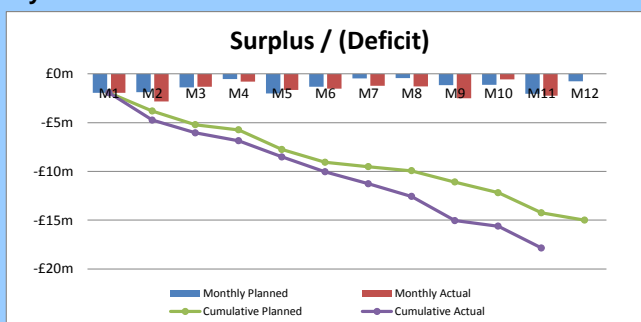
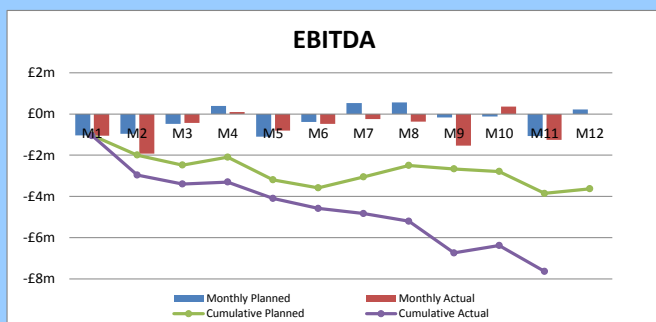
The reduction in the cash balance caused by the planned deficit, means that cash support was required, so a working capital loan of £14.2m has been agreed with the Department of Health, repayable in May 2018 at an interest rate of 1.5%. The first instalment of the loan was drawn down in November and to date £10.0m has been drawn down with another £4.2m to be drawn down in March. The principal (£14.2m) is repaid 30 months after each draw down but the interest (approx. £530k) is repaid every six months after drawn down. Despite the working capital loan the value of trade creditors as at 29th February is £11.4m (although is partially covered by the value of trade debtors of £3.3m). An increase in the annual deficit will further reduce the amount of cash available to the organisation for investment purposes).

On 15th January the Trust received a letter from Monitor announcing that as part of the recent Spending Review, there was opportunity for the provider sector to access a £1.8 billion Sustainability and Transformational Fund in 16/17 provided that the provider sector delivered a deficit of no more than £1.8 billion in 15/16 and a position of breakeven in 16/17 after the application of the fund. The Trust share of this fund is £8.0m and the 16/17 control total is a deficit of £4.4m. The Trust submitted the draft annual plan on 8th February based on a deficit of £10.8m (including the application of the £8.0m Sustainability and Transformational Fund) which reflects the continuing deterioration in the financial position resulting from operating performance. The final plan is due for submission on 11th April.

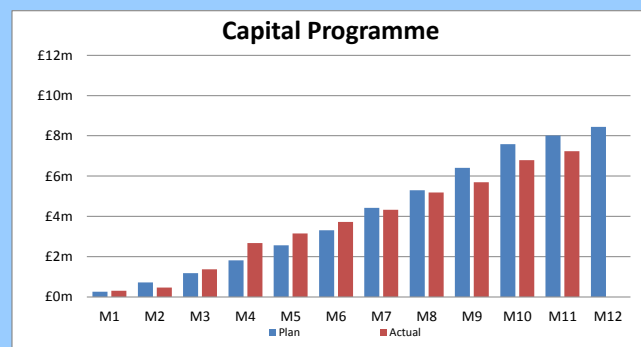
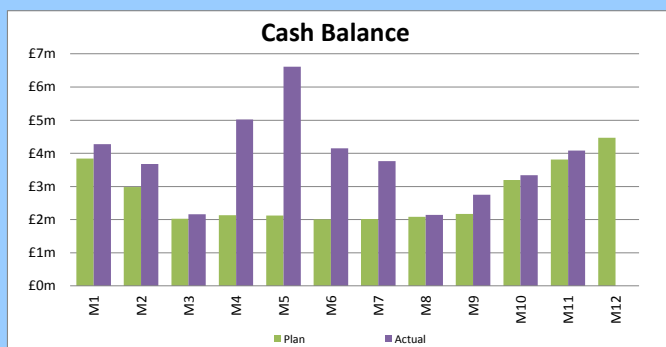
# Warrington & Halton Hospitals NHS Foundation Trust

## Finance Dashboard as at 29th February 2016 (Part A)

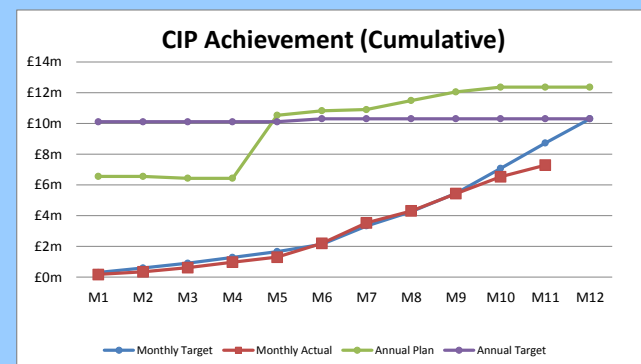
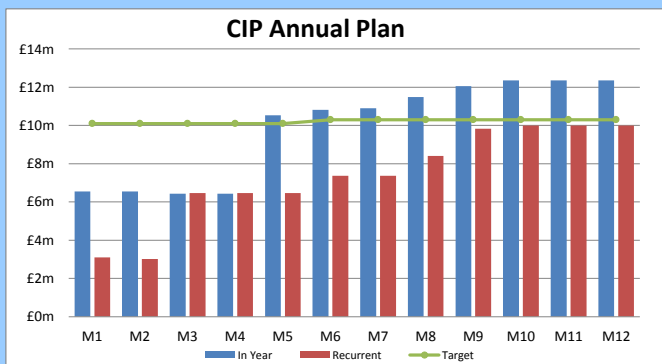
### Profitability



### Cash and Investment



### Cost Improvement Analysis



### Divisional Position (net divisional income and expenditure)

Division	Annual Budget £000	Budget in month £000	Actual in month £000	Variance in month £000	Variance in month %	Budget to date £000	Actual to date £000	Variance to date £000	Variance date %
<b>Clinical</b>									
Scheduled Care	56,418	4,666	4,427	239	5.1	51,894	52,271	-377	-0.7
Unscheduled Care	47,422	4,125	4,432	-307	-7.4	43,701	46,489	-2,788	-6.4
Womens Children & Support Services	61,177	5,197	5,207	-10	-0.2	56,541	56,503	38	0.1
<b>Corporate</b>									
Operations - Central	718	78	79	-1	-1.3	677	660	17	2.5
Operations - Estates	7,439	681	570	111	16.3	6,774	6,516	258	3.8
Operations - Facilities	7,845	653	619	34	5.2	7,191	6,954	237	3.3
Finance	12,985	1,077	1,080	-3	-0.3	11,908	11,707	201	1.7
HR & OD	4,217	365	375	-10	-2.7	3,864	3,824	40	1.0
Information Technology	4,005	326	525	-199	-61.0	3,679	4,125	-446	-12.1
Nursing & Governance	2,963	264	229	35	13.3	2,698	2,584	114	4.2
Research & Development	36	3	3			33	33		
Strategy, Partnerships & Comms	741	49	32	17	34.7	692	645	47	6.8
Trust Executive	2,071	142	226	-84	-59.2	1,909	2,118	-209	-10.9
<b>Total</b>	<b>208,037</b>	<b>17,626</b>	<b>17,804</b>	<b>-178</b>	<b>-1.0</b>	<b>191,561</b>	<b>194,429</b>	<b>-2,868</b>	<b>-1.5</b>

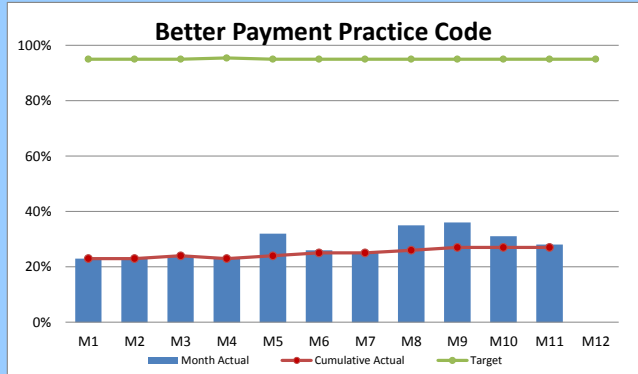
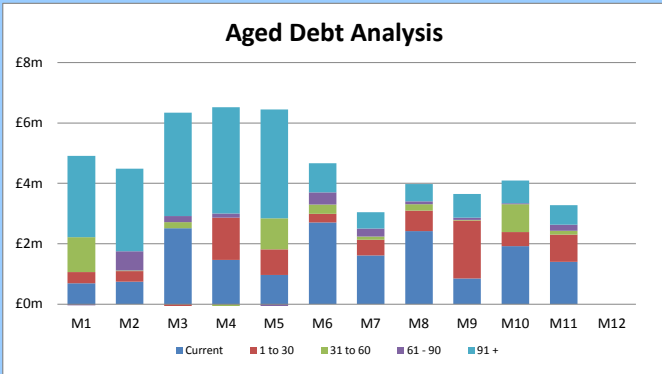
Positive variance = underspend, negative variance = overspend.

### Financial Sustainability Risk Rating

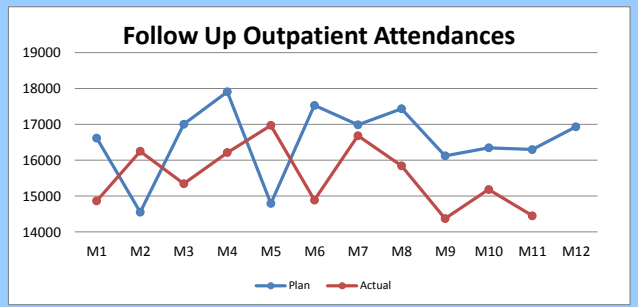
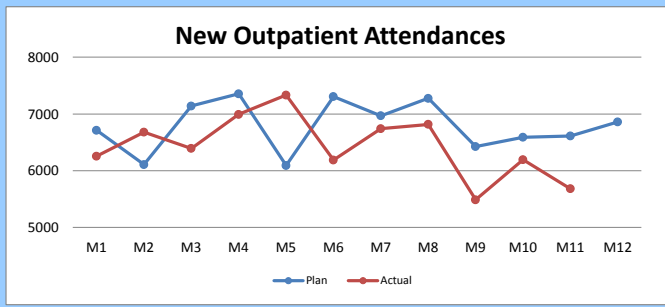
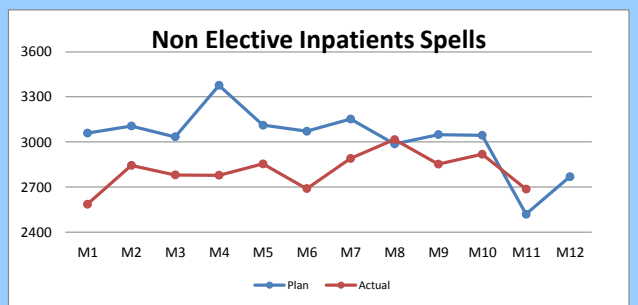
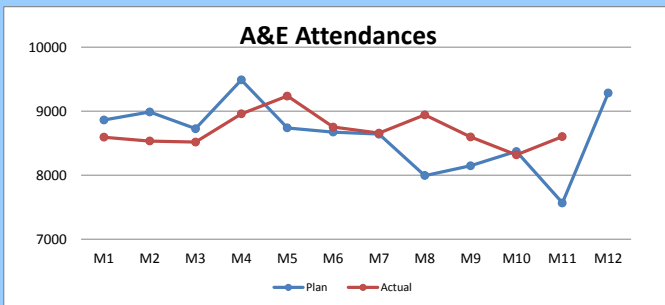
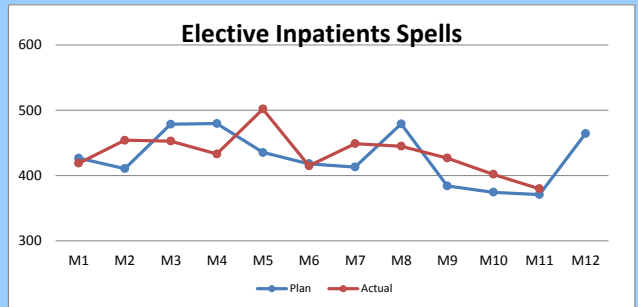
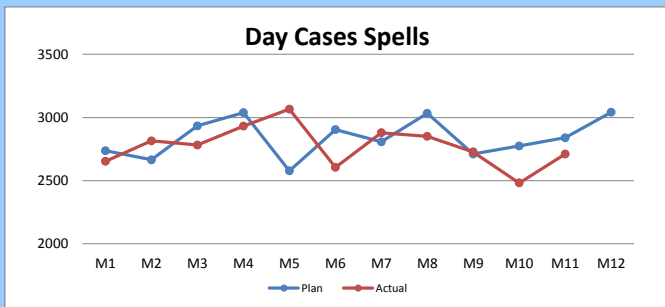
Financial Sustainability Risk Rating	Actual Metric	Actual Rating
Liquidity Ratio (days)	-2.0	1
Capital Servicing Capacity (times)	-26.2	1
Income & Expenditure Margin (%)	-9.0%	1
Income & Expenditure Margin as a % of plan (%)	-1.7%	2
<b>Overall Risk Rating</b>		<b>1</b>

Finance Dashboard as at 29th February 2016 (Part B)

Balance Sheet and Liquidity



Activity Analysis



## Income Statement, Activity Summary and Risk Ratings as at 29th February 2016

Income Statement	Month			Year to date			Forecast		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
<b>Operating Income</b>									
<b>NHS Clinical Income</b>									
Elective Spells	3,069	2,760	-308	34,156	33,383	-773	37,608	36,672	-936
Elective Excess Bed Days	18	19	1	211	167	-45	232	183	-49
Non Elective Spells	3,905	4,024	120	49,574	47,527	-2,047	54,062	51,461	-2,601
Non Elective Excess Bed Days	219	436	218	2,949	2,882	-67	3,195	3,122	-73
Outpatient Attendances	2,904	2,882	-22	32,051	30,294	-1,757	35,068	33,208	-1,860
Accident & Emergency Attendances	740	899	159	9,295	10,128	833	10,171	11,127	956
Other Activity	4,554	4,632	79	50,418	55,008	4,591	55,023	60,365	5,342
<b>Sub total</b>	<b>15,408</b>	<b>15,653</b>	<b>246</b>	<b>178,655</b>	<b>179,389</b>	<b>735</b>	<b>195,359</b>	<b>196,138</b>	<b>779</b>
<b>Non NHS Clinical Income</b>									
Private Patients	9	19	10	97	80	-17	106	86	-20
Other non protected	107	93	-14	1,177	993	-184	1,284	1,083	-201
<b>Sub total</b>	<b>116</b>	<b>112</b>	<b>-4</b>	<b>1,274</b>	<b>1,073</b>	<b>-201</b>	<b>1,390</b>	<b>1,169</b>	<b>-221</b>
<b>Other Operating Income</b>									
Training & Education	588	635	47	6,468	6,824	356	7,056	7,398	342
Donations and Grants	0	0	0	0	5	5	0	5	5
Miscellaneous Income	793	894	101	8,683	12,318	3,635	9,475	13,171	3,696
<b>Sub total</b>	<b>1,381</b>	<b>1,529</b>	<b>148</b>	<b>15,151</b>	<b>19,147</b>	<b>3,996</b>	<b>16,532</b>	<b>20,574</b>	<b>4,042</b>
<b>Total Operating Income</b>	<b>16,904</b>	<b>17,295</b>	<b>390</b>	<b>195,080</b>	<b>199,610</b>	<b>4,530</b>	<b>213,280</b>	<b>217,881</b>	<b>4,601</b>
<b>Operating Expenses</b>									
Employee Benefit Expenses (Pay)	-12,847	-13,740	-893	-142,417	-149,081	-6,664	-155,274	-162,946	-7,672
Drugs	-1,148	-1,451	-303	-12,654	-13,840	-1,187	-13,802	-15,096	-1,294
Clinical Supplies and Services	-1,634	-1,307	327	-17,894	-18,474	-579	-19,530	-20,050	-520
Non Clinical Supplies	-2,346	-2,244	102	-25,969	-26,050	-81	-28,304	-28,535	-231
<b>Total Operating Expenses</b>	<b>-17,974</b>	<b>-18,742</b>	<b>-768</b>	<b>-198,934</b>	<b>-207,444</b>	<b>-8,511</b>	<b>-216,910</b>	<b>-226,627</b>	<b>-9,717</b>
<b>Surplus / (Deficit) from Operations (EBITDA)</b>	<b>-1,070</b>	<b>-1,448</b>	<b>-378</b>	<b>-3,853</b>	<b>-7,835</b>	<b>-3,981</b>	<b>-3,629</b>	<b>-8,746</b>	<b>-5,117</b>
<b>Non Operating Income and Expenses</b>									
Profit / (Loss) on disposal of assets	0	-1	-1	0	-101	-101	0	-101	-101
Interest Income	3	3	-1	37	23	-14	40	25	-15
Interest Expenses	-71	-14	57	-379	-66	313	-451	-106	345
Depreciation	-569	-608	-39	-6,264	-6,151	113	-6,834	-6,733	101
PDC Dividends	-344	-353	-9	-3,782	-3,880	-98	-4,126	-4,200	-74
Restructuring Costs	0	0	0	0	-36	-36	0	-36	-36
Impairments	0	0	0	0	0	0	0	0	0
<b>Total Non Operating Income and Expenses</b>	<b>-981</b>	<b>-973</b>	<b>8</b>	<b>-10,389</b>	<b>-10,212</b>	<b>177</b>	<b>-11,371</b>	<b>-11,151</b>	<b>220</b>
<b>Surplus / (Deficit)</b>	<b>-2,051</b>	<b>-2,420</b>	<b>-369</b>	<b>-14,242</b>	<b>-18,047</b>	<b>-3,804</b>	<b>-15,000</b>	<b>-19,897</b>	<b>-4,897</b>
<b>Activity Summary</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>
Elective Spells	3,226	3,118	-108	35,875	35,285	-590	39,201	38,124	-1,077
Elective Excess Bed Days	84	93	9	973	787	-186	1,068	832	-236
Non Elective Spells	2,520	2,477	-43	33,515	30,900	-2,615	36,284	35,586	-698
Non Elective Excess Bed Days	1,047	2,051	1,004	13,887	13,520	-367	15,044	14,211	-833
Outpatient Attendances	27,291	27,114	-177	307,861	294,979	-12,882	336,500	336,469	-31
Accident & Emergency Attendances	7,564	8,590	1,026	94,180	95,694	1,514	103,464	102,645	-819
<b>Financial Sustainability Risk Ratings</b>	<b>Planned Metric</b>	<b>Actual Metric</b>	<b>Variance Metric</b>	<b>Planned Metric</b>	<b>Actual Metric</b>	<b>Variance Metric</b>	<b>Planned Metric</b>	<b>Actual Metric</b>	<b>Variance Metric</b>
<b>Metrics</b>									
Capital Servicing Capacity (Times)				-0.9	-2.0	-1.1	-0.8	-2.0	-1.2
Liquidity Ratio (Days)				-16.1	-26.2	-10.0	-11.5	-24.0	-12.5
I&E Margin (%)				-7.3%	-9.0%	-1.7%	-7.0%	-9.1%	-2.0%
I&E Margin as % of plan (%)				-1.9%	-1.7%	0.3%	-1.9%	-2.0%	-0.1%
<b>Ratings</b>									
Capital Servicing Capacity (Times)				1	1	0	1	1	0
Liquidity Ratio (Days)				1	1	0	2	1	-1
I&E Margin (%)				1	1	0	1	1	0
I&E Margin as % of plan (%)				2	2	0	2	1	-1
<b>Financial Sustainability Risk Rating</b>				<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>

## Income and Activity to 29th February 2016

## Summary by Point of Delivery

Point of Delivery Description	Annual		Year to Date			Year to Date		
	Planned Activity	Planned Income £	ACTIVITY			INCOME		
			Planned Activity	Estimated Activity	Activity Variance	Planned Income £	Estimated Income £	Income Variance £
<b>Elective</b>								
Elective Inpatients	5,135	14,634,299	4,671	4,779	108	13,312,906	14,187,783	874,878
Elective Inpatients Excess Bed Days		231,574				211,192	166,545	-44,646
Daycase	34,066	22,973,371	31,204	30,506	-698	20,843,272	19,195,575	-1,647,696
<b>SUBTOTAL</b>	<b>39,201</b>	<b>37,839,244</b>	<b>35,875</b>	<b>35,285</b>	<b>-590</b>	<b>34,367,369</b>	<b>33,549,904</b>	<b>-817,465</b>
<b>Emergency</b>								
Non Elective Inpatients	20,400	42,355,493	18,759	18,689	-70	38,720,013	38,245,726	-474,287
Non Elective Inpatients Excess Bed Days		3,194,634				2,948,681	2,881,926	-66,756
Non Elective Inpatients Short Stay	15,884	11,706,719	14,757	12,211	-2,546	10,854,144	9,281,323	-1,572,821
<b>SUBTOTAL</b>	<b>36,284</b>	<b>57,256,846</b>	<b>33,515</b>	<b>30,900</b>	<b>-2,615</b>	<b>52,522,839</b>	<b>50,408,975</b>	<b>-2,113,864</b>
<b>Outpatients</b>								
New Outpatients	81,449	13,005,566	74,588	70,764	-3,824	11,866,472	10,729,172	-1,137,300
Follow Up Outpatients	198,530	15,851,058	181,595	171,058	-10,537	14,479,087	13,309,280	-1,169,807
Outpatient Telephone Clinics	17,837	430,712	16,242	15,675	-567	392,195	378,419	-13,776
Outpatient Procedures	31,940	4,999,297	29,142	31,559	2,417	4,585,489	5,229,021	643,532
Ward Attenders	6,744	781,630	6,294	5,923	-370	728,237	648,106	-80,131
<b>SUBTOTAL</b>	<b>336,500</b>	<b>35,068,264</b>	<b>307,861</b>	<b>294,979</b>	<b>-12,881</b>	<b>32,051,479</b>	<b>30,293,998</b>	<b>-1,757,481</b>
<b>Other</b>								
A&E Attendances	103,464	10,170,952	94,180	95,694	1,514	9,295,368	10,128,352	832,983
Pathology Direct Access	2,591,233	5,045,029	2,375,297	2,400,021	24,724	4,624,610	4,616,274	-8,337
Radiology Direct Access (Excluding Unbundled)	34,234	879,078	31,381	28,426	-2,955	805,822	805,838	17
Radiology Diagnostic Imaging (Unbundled)	27,030	2,102,849	24,778	31,425	6,648	1,927,612	1,952,510	24,898
Outpatient Unbundled Radiology & Echos	39,584	3,554,283	36,285	36,551	266	3,258,054	3,453,044	194,990
Critical Care (Neonatal)	3,396	1,730,382	3,113	3,978	865	1,586,184	2,227,305	641,121
Critical Care Adult (Unbundled)	4,972	6,209,006	4,558	5,242	684	5,691,589	6,180,884	489,296
Chemotherapy (Unbundled)	790	248,824	724	735	11	228,089	199,262	-28,826
Palliative Care (Unbundled)	9,221	1,079,581	8,453	7,724	-729	989,616	904,280	-85,336
Maternity Pathway	7,794	10,279,715	7,034	7,035	2	9,236,920	9,828,743	591,822
Excluded Drugs		8,206,635				7,522,749	8,577,480	1,054,731
All Other Services (including CQUIN)		15,687,988				14,546,371	16,262,609	1,716,238
<b>SUBTOTAL</b>	<b>2,821,718</b>	<b>65,194,325</b>	<b>2,585,802</b>	<b>2,616,832</b>	<b>31,029</b>	<b>59,712,984</b>	<b>65,136,581</b>	<b>5,423,597</b>
<b>Total</b>	<b>3,233,702</b>	<b>195,358,678</b>	<b>2,963,053</b>	<b>2,977,996</b>	<b>14,944</b>	<b>178,654,671</b>	<b>179,389,458</b>	<b>734,787</b>

Elective Inpatients Excess Bed Days	1,068	973	787	-186
Non Elective Inpatients Excess Bed Days	15,044	13,887	13,520	-367
<b>Total</b>	<b>3,249,814</b>	<b>2,977,913</b>	<b>2,992,303</b>	<b>14,391</b>

## Income and Activity to 29th February 2016

## Summary by Division / Specialty

Specialty Code	Specialty Description	Annual		Year to Date			Year to Date		
		ACTIVITY		ACTIVITY			INCOME		
		Planned Activity	Planned Income £	Planned Activity	Estimated Activity	Activity Variance	Planned Income £	Estimated Income £	Income Variance £
	<b>Scheduled Care</b>								
100	General Surgery	36,429	15,083,556	33,355	31,344	-2,011	13,908,224	13,762,807	-145,417
101	Urology	14,871	4,675,177	13,565	13,045	-520	4,241,872	4,211,823	-30,049
110	Trauma & Orthopaedics	60,775	23,898,340	55,398	49,110	-6,288	21,826,723	21,773,114	-53,609
120	ENT	19,231	3,567,629	17,889	14,937	-2,952	3,315,846	2,894,179	-421,667
130	Ophthalmology	59,179	7,668,944	54,309	52,052	-2,257	7,025,373	6,887,669	-137,703
130 a-d & f	ARMD	4,731	1,903,955	4,293	4,710	417	1,727,268	1,901,749	174,481
130e	Halton Cataracts	656	160,495	596	641	45	145,337	130,608	-14,729
140	Oral Surgery	6,617	1,459,090	6,040	6,262	222	1,326,087	1,378,893	52,806
143	Orthodontics	4,596	506,337	4,193	4,381	188	461,975	502,039	40,064
190	Anaesthetics	3,353	947,746	3,065	3,267	202	862,682	1,155,528	292,846
192	Adult Critical Care(Unbundled)	5,281	6,994,194	4,827	6,249	1,422	6,370,891	7,287,586	916,695
	Demand & Capacity		0				0	0	0
	Divisional Block Income		106,499				79,874	79,874	0
	Non-Elective Fines (Readmissions & Marg Rate)		-213,880				-196,057	0	196,057
	<b>SubTotal</b>	<b>215,718</b>	<b>66,758,082</b>	<b>197,530</b>	<b>185,998</b>	<b>-11,532</b>	<b>61,096,096</b>	<b>61,965,871</b>	<b>869,774</b>
	<b>Unscheduled Care</b>								
	Endoscopy	11,707	5,198,878	10,668	10,268	-400	4,739,706	4,536,558	-203,147
170	Cardiothoracic Surgery	439	91,569	404	419	15	84,370	90,226	5,856
180	Accident & Emergency	9,734	5,394,858	9,088	7,923	-1,165	5,039,586	4,157,250	-882,336
300	General Medicine	61,322	30,062,941	56,454	56,729	275	27,908,487	28,016,710	108,223
301	Gastroenterology	11,071	2,612,721	10,044	9,420	-624	2,379,599	2,210,376	-169,223
320	Cardiology	16,856	4,957,697	15,316	15,082	-234	4,399,582	4,636,887	237,305
430	Medicine For The Elderly	2,230	417,593	2,046	2,476	430	382,969	731,947	348,978
	A&E Attendances	103,464	10,170,952	94,180	95,694	1,514	9,295,368	10,128,352	832,983
	Unbundled Echo's	5,398	375,000	4,948	4,182	-766	343,750	289,822	-53,928
	CPAP		150,420	0	0	0	137,885	124,268	-13,617
	Patient Transport Services		0	0	0	0	0	0	0
	HICU (Block)		1,400,231				1,050,173	1,050,173	0
	DA ECG (Block)		197,007				180,589	180,589	0
	Divisional Block Income		800,840				600,630	600,630	0
	Non-Elective Fines (Readmissions & Marg Rate)		-466,051				-427,213	0	427,213
	<b>SubTotal</b>	<b>222,220</b>	<b>61,364,655</b>	<b>203,148</b>	<b>202,193</b>	<b>-955</b>	<b>56,115,481</b>	<b>56,753,789</b>	<b>638,308</b>
	<b>Women's Children's &amp; Support Services</b>								
303	Haematology	57,781	2,820,850	52,797	51,264	-1,533	2,557,944	2,674,187	116,243
360	Genito-Urinary Medicine	4,191	592,802	3,872	2,460	-1,412	547,685	366,418	-181,268
410	Rheumatology	9,955	1,225,525	9,144	7,506	-1,638	1,123,553	1,047,957	-75,596
420	Paediatrics	21,187	6,951,014	19,152	18,794	-358	6,288,829	6,082,724	-206,106
501	Obstetrics	164	130,570	144	138	-6	115,289	130,709	15,420
502	Gynaecology	22,340	5,018,601	20,410	20,514	104	4,588,985	4,461,083	-127,902
560	Midwife Episode	12	6,751	11	10	-1	6,069	5,299	-769
	Maternity Pathway	7,794	10,844,232	7,034	7,035	2	9,664,796	9,828,743	163,946
	Critical Care ( Neo Natal )	3,396	1,730,382	3,113	3,978	865	1,586,184	2,227,305	641,121
	Direct Access Pathology	2,591,233	5,045,029	2,375,297	2,400,021	24,724	4,624,610	4,616,274	-8,337
	Direct Access Radiology(Excluding Unbundled)	34,234	879,078	31,381	28,426	-2,955	805,822	805,838	17
	Radiology Diagnostic Imaging(Unbundled)	61,216	5,282,133	56,115	63,794	7,679	4,841,916	5,115,732	273,816
	Comm/DA Therapies & Audiology (Block)		1,558,301				1,428,443	1,428,443	0
	Divisional Block Income		2,776,157				2,544,810	2,590,644	45,833
	Non-Elective Fines (Readmissions & Marg Rate)		-89,386				-81,937	0	81,937
	<b>SubTotal</b>	<b>2,813,502</b>	<b>44,772,039</b>	<b>2,578,469</b>	<b>2,603,941</b>	<b>25,472</b>	<b>40,642,999</b>	<b>41,381,353</b>	<b>738,354</b>
	<b>Non divisional specific services</b>								
	All	-1,626	22,463,903	-1,234	172	1,406	20,800,095	19,288,446	-1,511,650
<b>Total</b>		<b>3,249,814</b>	<b>195,358,679</b>	<b>2,977,913</b>	<b>2,992,304</b>	<b>14,391</b>	<b>178,654,671</b>	<b>179,389,458</b>	<b>734,787</b>



Warrington & Halton Hospitals NHS Foundation Trust

Income and Activity to 29th February 2016

Summary by Division

Specialty Code	Specialty Description	Annual		Year to Date			Year to Date		
		Planned Activity	Planned Income £	ACTIVITY			INCOME		
				Planned Activity	Actual Activity	Activity Variance	Planned Income £	Actual Income £	Income Variance £
	<b>Scheduled Care</b>								
	Surgery	154,943	42,967,123	142,132	136,888	-5,244	39,385,556	40,112,882	727,326
	Trauma & Orthopaedics	60,775	23,898,340	55,398	49,110	-6,288	21,826,723	21,773,114	-53,609
	Other		-107,381				-116,182	79,874	196,057
	<b>Sub total</b>	<b>215,718</b>	<b>66,758,082</b>	<b>197,530</b>	<b>185,998</b>	<b>-11,532</b>	<b>61,096,096</b>	<b>61,965,871</b>	<b>869,774</b>
	<b>Unscheduled Care</b>								
	Accident & Emergency spells	9,734	5,394,858	9,088	7,923	-1,165	5,039,586	4,157,250	-882,336
	Medicine	103,624	43,341,398	94,932	94,394	-538	39,894,713	40,222,705	327,992
	Accident & Emergency attendances	103,464	10,170,952	94,180	95,694	1,514	9,295,368	10,128,352	832,983
	OP Echo's	5,398	375,000	4,948	4,182	-766	343,750	289,822	-53,928
	Other		2,082,446				1,542,064	1,955,660	413,596
	<b>Sub total</b>	<b>222,220</b>	<b>61,364,655</b>	<b>203,148</b>	<b>202,193</b>	<b>-955</b>	<b>56,115,481</b>	<b>56,753,789</b>	<b>638,308</b>
	<b>Women's, Children &amp; Support Services</b>								
	Children	21,187	6,951,014	19,152	18,794	-358	6,288,829	6,082,724	-206,106
	Haematology	57,781	2,820,850	52,797	51,264	-1,533	2,557,944	2,674,187	116,243
	Womens	22,515	5,155,922	20,565	20,662	97	4,710,343	4,597,091	-113,252
	Medicine	14,146	1,818,328	13,016	9,966	-3,049	1,671,238	1,414,374	-256,864
	Maternity Pathway	7,794	10,844,232	7,034	7,035	2	9,664,796	9,828,743	163,946
	Pathology Direct Access	2,591,233	5,045,029	2,375,297	2,400,021	24,724	4,624,610	4,616,274	-8,337
	Direct Access Radiology(Excluding Unbundled)	34,234	879,078	31,381	28,426	-2,955	805,822	805,838	17
	Radiology Diagnostic Imaging(Unbundled)	61,216	5,282,133	56,115	63,794	7,679	4,841,916	5,115,732	273,816
	Neo Natal	3,396	1,730,382	3,113	3,978	865	1,586,184	2,227,305	641,121
	Other		4,245,072				3,891,316	4,019,086	127,770
	<b>Sub total</b>	<b>2,813,502</b>	<b>44,772,039</b>	<b>2,578,469</b>	<b>2,603,941</b>	<b>25,472</b>	<b>40,642,999</b>	<b>41,381,353</b>	<b>738,354</b>
	<b>Non divisional specific services</b>								
	All	-1,626	22,463,903	-1,234	172	1,406	20,800,095	19,288,446	-1,511,650
	<b>Sub total</b>	<b>-1,626</b>	<b>22,463,903</b>	<b>-1,234</b>	<b>172</b>	<b>1,406</b>	<b>20,800,095</b>	<b>19,288,446</b>	<b>-1,511,650</b>
	<b>Total</b>	<b>3,249,814</b>	<b>195,358,679</b>	<b>2,977,913</b>	<b>2,992,304</b>	<b>14,391</b>	<b>178,654,671</b>	<b>179,389,458</b>	<b>734,787</b>

Scheduled Care Divisional Dashboard as at 29th February 2016

Summary Position

Budget Variance	Annual Budget £000	Month 11			
		Budget £000	Actual £000	Variance £000	Variance %
Clinical Income	66,758	5,103	5,467	365	7.1%
Divisional Income	90	8	52	44	588.0%
Pay	-43,050	-3,519	-3,587	-68	1.9%
Drugs	-3,330	-321	-325	-4	1.2%
Clinical Supplies and Services	-9,127	-760	-510	250	32.9%
Other Non Pay	-887	-74	-56	18	23.7%
<b>Total Clinical &amp; Divisional Income less Divisional Direct Costs</b>	<b>10,453</b>	<b>436</b>	<b>1,040</b>	<b>604</b>	<b>138.4%</b>

Year to Date			
Budget £000	Actual £000	Variance £000	Variance %
61,096	61,966	870	1.4%
83	331	249	301.7%
-39,496	-39,959	-464	1.2%
-3,301	-3,353	-52	1.6%
-8,367	-8,649	-282	3.4%
-813	-642	171	21.1%
<b>9,202</b>	<b>9,695</b>	<b>493</b>	<b>5.4%</b>

RAG rating (Budget Variance)

Positive variance or breakeven position = Green

Adverse variance of 0.5% or less = Amber

Adverse variance of more than 0.5% = Red

Positive variance = overachievement on income or underspend on expenditure

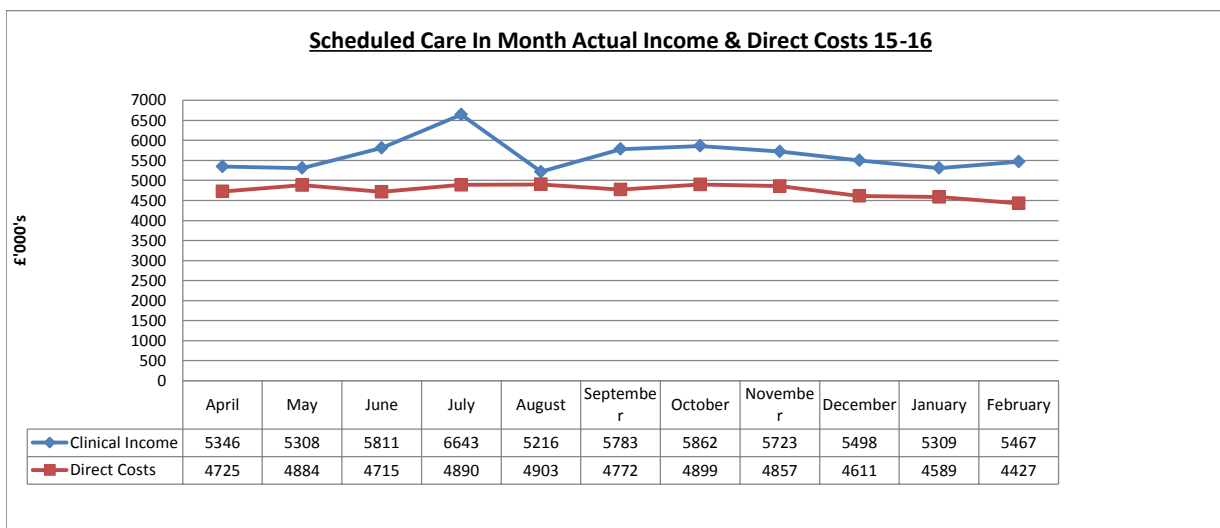
Negative variance = underachievement on income or overspend on expenditure

SLR Performance (15/16 Q2)	Income £000	Contribution £000	EBITDA £000	EBITDA %	Margin £000	Margin %
Surgery	9,521	687	-921	-9.7%	-1,588	-16.7%
Critical Care	4,597	-143	-289	-6.3%	-343	-7.5%
Urology	3,106	490	51	1.6%	-129	-4.2%
Trauma & Orthopaedics	13,144	1,618	-220	-1.7%	-1,194	-9.1%
ENT	1,885	264	15	0.8%	-86	-4.6%
Anaesthetics & Pain Management	650	315	260	40.0%	232	35.7%
Ophthalmology	5,729	1,474	835	14.6%	557	9.7%
<b>Total</b>	<b>38,632</b>	<b>4,705</b>	<b>-269</b>	<b>-0.7%</b>	<b>-2,551</b>	<b>-6.6%</b>

RAG Rating (SLR)

Green = positive margin or breakeven position

Red = adverse margin



## Scheduled Care Divisional Dashboard as at 29th February 2016

## Clinical Income Position

Clinical Income (by specialty)	Annual Budget £000	Month 11				Year to Date			
		Budget £000	Actual £000	Variance £000	Variance %	Budget £000	Actual £000	Variance £000	Variance %
General Surgery	15,084	1,083	1,204	121	11.2%	13,908	13,763	-145	1.0%
Urology	4,675	336	401	65	19.2%	4,242	4,212	-30	0.7%
Trauma & Orthopaedics	23,898	1,803	1,790	-13	0.7%	21,827	21,773	-54	0.2%
ENT	3,568	244	194	-49	20.2%	3,316	2,894	-422	12.7%
Ophthalmology (inc. Halton Cataracts, ARMD & Orthoptics)	9,733	827	796	-31	3.8%	8,898	8,920	22	0.2%
Oral Surgery	1,459	130	136	6	4.8%	1,326	1,379	53	4.0%
Orthodontics	506	43	50	7	17.6%	462	502	40	8.7%
Anaesthetics	948	82	98	16	19.3%	863	1,156	293	33.9%
Adult Critical Care(Unbundled)	6,994	563	788	225	39.9%	6,371	7,288	917	14.4%
Divisional Block Income	106	9	9	0	0.0%	80	80	0	0.0%
Non-Elective Fines (Readmissions & Marg Rate)	-214	-18	0	18	100.0%	-196	0	196	100.0%
<b>Total</b>	<b>66,758</b>	<b>5,103</b>	<b>5,467</b>	<b>365</b>	<b>7.1%</b>	<b>61,096</b>	<b>61,966</b>	<b>870</b>	<b>1.4%</b>

**RAG rating**

Positive variance or breakeven position = Green

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Adverse variance of more than 0.5% = Red

*Positive variance = overachievement on income or underspend on expenditure**Negative variance = underachievement on income or overspend on expenditure*

## Scheduled Care Divisional Dashboard as at 29th February 2016

## Variance Analysis - Divisional Direct Income and Expenditure

Divisional Direct Income & Expenditure Variance	Month 11 £000's	YTD £000's	Reason for Variance	Resultant Action to be taken	Lead	Due
<b>Divisional Income</b>						
Surgery	22	209	Income for vascular consultant recharges to Countess of Chester	N/A	N/A	N/A
Other	23	41	Accrued income for B Neary recharge £20k in month			
<b>Divisional Income Total</b>	<b>44</b>	<b>249</b>				
<b>Pay</b>						
WLis	-68	-792	145 waiting lists contributed to an overspend in Mth 11 of £67.7k. Anaesthetics WLI variance in month totals £15k overspent (14/15 average £24k over). Use of WLI varies and must be considered in conjunction with additional hours at Speciality Doctor level and use of agency. General Surgery WLI variance totals £11k - with 31 lists done in Feb 16 Theatres WLI £36k in month. Any WLI sessions in theatres are not funded following the theatres review 2014/15 in which 40 sessions were provided on each site (120 sessions in total). Approx. £4k of the Theatres WLI payments in M11 relates to the T&O business sessions. Theatres WLI are offset in month by £63k underspend on non WLI pay costs.	Review utilisation of WLI sessions and funding including funding required for theatres sessions; clear correlation between theatre session provision and planned sessions in job plans is required. Stop retrospective changes to the waiting list log.	KW	
Medical Staff	22	-195	Anaesthetic Medical Staff - Under by £13k in M11, additional hours worked in month £42k, continued need for additional on call cover. Offset by underspends at consultant and junior levels. Urology underspend on substantive posts of £9.2k offset by £11.6k for agency ENT speciality doctors covering ear dressing clinic - offset in part by nurse vacancy and will cease once appointed to - £14k variance in mth 10 Gen Surg Underspent by £13k mainly due to vacancies on Specialist Registrar	Authorisation for all additional hours in Anaesthetics is by KW and mitigation processes have been implemented in the last 12 months. Vacancies at consultant level recruited into. Additional hours paid to staff rather than use of agency. On call to be reviewed alongside Emergency Theatres provision.	KW/MH	on-going
Nursing	-52	276	Ward Nursing has overspent in month by £52k. The in month position includes of agency & bank in ITU totalling £101k - offset by vacancies in nurse band 5 £57k. Escalation no longer funded on A6 - A9 - B19. A5 over £15K and £8.4k B19 The wards have advised that limited availability of bank staff has resulted in increased agency usage at an increased premium when shifts can be filled although the ability to fill shifts is becoming increasingly difficult as is recruitment into vacancies.		RB	On going
Divisional Management CIP target.	-44	-421	Underachieved pay savings target in month - the division has been set a target whereby the phasing of CIP has increased from month 7 onwards.			
Theatre Staffing	60	402	Vacancies offset by increased use of agency.	Recruitment is currently taking place.	MR	on-going
Other department vacancies	14	267	Vacancies across various departments both clinical and clerical staff	Recruitment is an on-going process and vacancies being reviewed for CIP potential as they arise.	KW	on-going
<b>Pay Total</b>	<b>-68</b>	<b>-464</b>				
<b>Drugs</b>						
Optometrists	14	151	Underspend against budget remaining following adjustment of ARMD drugs budget to reflect change in funding streams.			
Theatres	9	77	Underspent in Warrington £5k, Halton £3k	N/A	N/A	N/A
ITU	3	-8	Dependent on occupancy level and acuity of patients.	N/A	N/A	N/A
CIP savings target	-13	-151	CIP taken from Divisional Management - detail to be provided from Pharmacy.			
Other departments	-9	-114	T & O Medical £13k over in month - offset by SAU under £2.5k, Surgery £2.5k under			
<b>Drugs Total</b>	<b>-4</b>	<b>-52</b>				
<b>Clinical Supplies and Services</b>						
Prosthesis	101	-347	CMTc stock take recalculation caused £95k benefit	Stock take for all of theatres to be done on a monthly basis to ensure minimal impact of orders placed for future usage. Finance to attend November stock takes to observe process. - CMTc Finance stock take supervision to occur in March 16	DH Theatre Coordinators & MR.	On going
Theatre consumables	75	261	Stock adj for Warrington £6k increase - Ophthalmic £12k decrease - Halton £5k decrease.	Stock take to be done for all theatres every month to avoid varying position each month. Review of procedures and controls to be done at operational level to ensure processes in place are firm and adhered to - requests for specific items by surgeons are reviewed by MR before any order is processed for specific item.	MR	On going
Ward consumables	34	31	Underspent across Schedule care		N/A	N/A
Synergy contract	37	107	Expenditure incurred on repairs relating to Synergy processing - Increased credits received in month £25k		GH	On-going
CIP savings target	3	-75	£3k Overachieved in month	CIP plans for Sustainability and Procurement continuing to be developed	KW	On-going
Other	1	-260	M11 includes - Pradhan Healthcare Dec session reversed as did not go ahead - Offsets against Platform 7 costs and IVS contract	Review of charges has identified charges for visiting Neurosurgeon, DH in contact with Walton and Bespoke - credits to be issued reflected in position	DH	31.07.15
<b>Clinical Supplies and Services Total</b>	<b>250</b>	<b>-282</b>				
<b>Other Non Pay</b>						
Other	17	171	Underspend in theatres of £5.4k			
<b>Other Non Pay Total</b>	<b>17</b>	<b>171</b>				
<b>Total Divisional Direct Income &amp; Expenditure Variance</b>	<b>239</b>	<b>-377</b>				

Positive variance = overachievement on income or underspend on expenditure  
 Negative variance = underachievement on income or overspend on expenditure

Unscheduled Care Divisional Dashboard as at 29th February 2016

Summary Position

Budget Variance	Annual Budget £000	Month 11				Year to Date			
		Budget £000	Actual £000	Variance £000	Variance %	Budget £000	Actual £000	Variance £000	Variance %
Clinical Income	61,365	4,569	4,805	236	5.2%	56,115	56,754	638	1.1%
Divisional Income	1,001	85	81	-4	4.8%	916	710	-206	22.5%
Pay	-41,087	-3,513	-3,812	-299	8.5%	-37,968	-40,058	-2,089	5.5%
Drugs	-2,576	-309	-356	-47	15.1%	-2,611	-3,015	-404	15.5%
Clinical Supplies and Services	-3,406	-286	-257	29	10.1%	-3,131	-3,271	-140	4.5%
Other Non Pay	-946	-102	-88	13	13.0%	-907	-856	51	5.7%
<b>Total Clinical &amp; Divisional Income less Divisional Direct Costs</b>	<b>14,351</b>	<b>444</b>	<b>373</b>	<b>-71</b>	<b>16.0%</b>	<b>12,414</b>	<b>10,265</b>	<b>-2,149</b>	<b>17.3%</b>

RAG rating (Budget Variance)

Positive variance or breakeven position = Green

Adverse variance of 0.5% or less = Amber

Adverse variance of more than 0.5% = Red

Positive variance = overachievement on income or underspend on expenditure

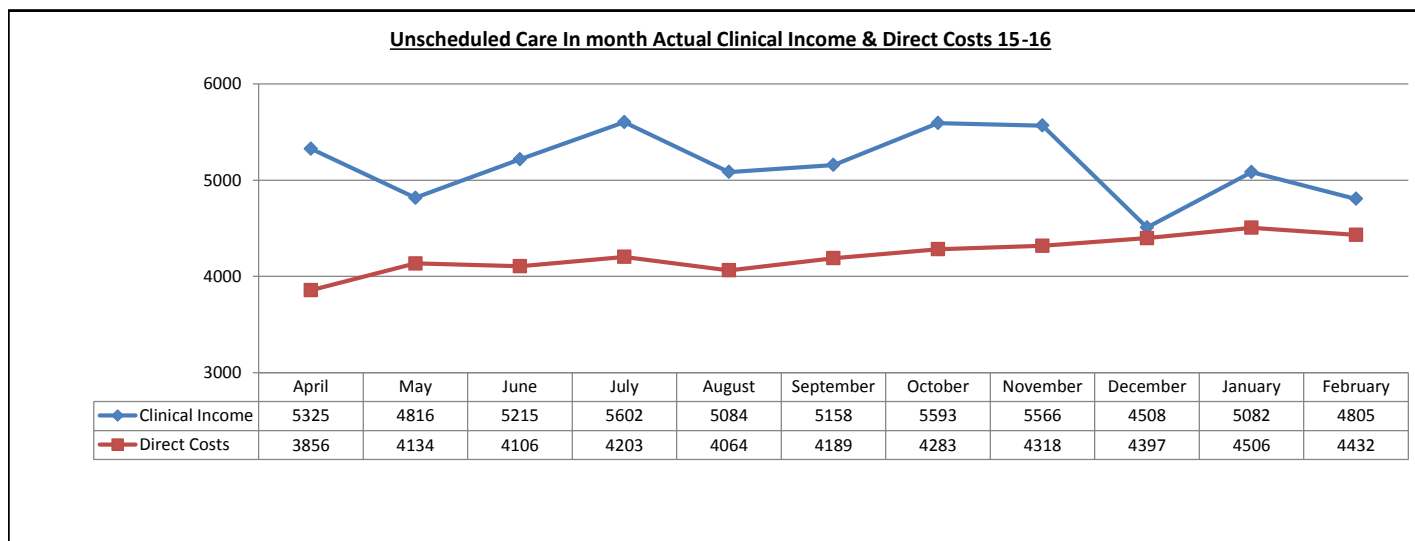
Negative variance = underachievement on income or overspend on expenditure

SLR Performance (15/16 Q2)	Income £000	Contribution £000	EBITDA £000	EBITDA %	Margin £000	Margin %
Medicine	19,448	598	-2,831	-14.6%	-3,980	-20.5%
Cardiology	2,887	13	-579	-20.1%	-840	-29.1%
Endoscopy	2,266	542	227	10.0%	75	3.3%
Accident & Emergency	8,802	1,804	773	8.8%	356	4.0%
<b>Total</b>	<b>33,403</b>	<b>2,957</b>	<b>-2,410</b>	<b>-7.2%</b>	<b>-4,389</b>	<b>-13.1%</b>

RAG Rating (SLR)

Green = positive margin or breakeven position

Red = adverse margin



## Unscheduled Care Divisional Dashboard as at 29th February 2016

## Clinical Income Position

Clinical Income (by specialty)	Annual Budget £000	Month 11				Year to Date			
		Budget £000	Actual £000	Variance £000	Variance %	Budget £000	Actual £000	Variance £000	Variance %
Endoscopy	5,199	418	302	-115	27.6%	4,740	4,537	-203	4.3%
Cardiothoracic Surgery	92	5	5	0	1.7%	84	90	6	6.9%
Accident & Emergency	5,395	348	229	-119	34.3%	5,040	4,157	-882	17.5%
General Medicine	30,063	2,194	2,149	-45	2.1%	27,908	28,017	108	0.4%
Gastroenterology	2,613	224	299	75	33.4%	2,380	2,210	-169	7.1%
Cardiology	4,958	403	539	136	33.8%	4,400	4,637	237	5.4%
Medicine For The Elderly	418	32	146	115	364.0%	383	732	349	91.1%
A&E Attendances	10,171	740	896	156	21.1%	9,295	10,128	833	9.0%
Unbundled Echo's	375	31	29	-3	100.0%	344	290	-54	15.7%
CPAP	150	13	10	-2	19.0%	138	124	-14	9.9%
Divisional Block Income	2,398	200	200	0	0.0%	1,831	1,831	0	0.0%
Non-Elective Marginal Rate/Readmissions	-466	-39	0	39	100.0%	-427	0	427	100.0%
<b>Total</b>	<b>61,365</b>	<b>4,569</b>	<b>4,805</b>	<b>236</b>	<b>5.2%</b>	<b>56,115</b>	<b>56,754</b>	<b>638</b>	<b>1.1%</b>

## RAG rating

Positive variance or breakeven position = Green

Adverse variance of 0.5% or less = Amber

Adverse variance of more than 0.5% = Red

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## Unscheduled Care Divisional Dashboard as at 29th February 2016

## Variance Analysis - Divisional Direct Income and Expenditure

Divisional Direct Income & Expenditure Variance	Month 11 £000's	YTD £000's	Reason for Variance	Resultant Action to be taken	Lead	Due
<b>Divisional Income</b>						
Other	-4	-206	YTD variance due to change to Halton SLA and delays in commencement of flexi-sig contract with Aintree.	n/a	n/a	n/a
<b>Divisional Income Total</b>	<b>-4</b>	<b>-206</b>				
<b>Pay</b>						
Nursing - Wards	-108	-652	Agency usage covering vacancies, suspension and sickness and 1:1 patient specilling.	S Franklin to review staffing.	S Franklin	on-going
Nursing - A&E	-48	-390	Agency usage covering vacancies, suspension and sickness and ambulatory care.	Overtime now being offered and recruitment is in progress.	K Burns	on-going
Medical staffing	0	-28	Weekend working AED and ward rounds, previously funded from winter monies.	D Forrest confirmed sessions have ended from week commencing 8/6/15.	D Forrest	complete
Medical staffing	18	13	Agency cover of consultant mat leave in AED	n/a	n/a	n/a
Medical staffing	-5	-83	Job planning and resulting increase in PA's and backpay.	Job planning process still on going, full impact not yet known.	D Forrest	on-going
Medical staffing	-61	-153	Cover of AMU rota gaps	Recruitment in progress.	D Forrest	on-going
Medical staffing	-86	-858	Agency cover of consultant vacancies and gaps on junior rotas.	Recruitment to fill posts substantively is actively taking place.	Division/HR	on-going
CIP - Sustainability	-20	-28	£615k plans to date against £695k target.		Div Team	on-going
Other	11	89	n/a	n/a	n/a	n/a
<b>Pay Total</b>	<b>-299</b>	<b>-2,089</b>				
<b>Drugs</b>						
Drugs CIP	-14	-170	Allocation of drugs CIP.	Some of 1415 and 1516 targets now allocated, this variance relates to the balance which is still to be identified by pharmacy	Pharmacy	on-going
Drugs	-32	-234	Drugs spend in relation to activity	To be reviewed by the division	Div Team	on-going
<b>Drugs Total</b>	<b>-47</b>	<b>-404</b>				
<b>Clinical Supplies and Services</b>						
CIP - Procurement	1	0	Full plans for £464k target.	n/a	n/a	n/a
CIP - Sustainability	20	0	£615k plans to date against £695k target.		Div Team	on-going
Cardiology MRIs referred out	-2	-131	Recharge from Radiology for referred out Cardiac MRIs not ordered via Meditech	Ensure all consultants ordering correctly via meditech	H Seddon	on-going
Other	10	-10	n/a	n/a	n/a	n/a
<b>Clinical Supplies and Services Total</b>	<b>29</b>	<b>-141</b>				
<b>Other Non Pay</b>						
CIP - Sustainability	-30	-40	£615k plans to date against £695k target.		Div Team	on-going
Other	43	92	n/a	n/a	n/a	n/a
<b>Other Non Pay Total</b>	<b>13</b>	<b>51</b>				
<b>Total Divisional Direct Income &amp; Expenditure Variance</b>	<b>-307</b>	<b>-2,788</b>				

Positive variance = overachievement on income or underspend on expenditure

Negative variance = underachievement on income or overspend on expenditure

Womens, Childrens & Support Services Divisional Dashboard as at 29th February 2016

Summary Position

Budget Variance	Annual Budget £000	Month 11				Year to Date			
		Budget £000	Actual £000	Variance £000	Variance %	Budget £000	Actual £000	Variance £000	Variance %
Clinical Income	44,772	3,633	3,901	268	7.4%	40,643	41,381	738	1.8%
Divisional Income	4,961	396	408	12	3.1%	4,564	4,683	119	2.6%
Pay	-51,223	-4,262	-4,209	52	1.2%	-46,958	-46,006	952	2.0%
Drugs	-7,600	-729	-762	-34	4.7%	-7,437	-7,382	55	0.7%
Clinical Supplies and Services	-5,692	-472	-511	-38	8.1%	-5,219	-6,047	-828	15.9%
Other Non Pay	-1,623	-131	-133	-3	2.1%	-1,491	-1,752	-260	17.4%
<b>Total Clinical &amp; Divisional Income less Divisional Direct Costs</b>	<b>-16,405</b>	<b>-1,564</b>	<b>-1,306</b>	<b>258</b>	<b>16.5%</b>	<b>-15,898</b>	<b>-15,122</b>	<b>776</b>	<b>4.9%</b>

RAG rating (Budget Variance)

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Adverse variance of more than 0.5% = Red

Positive variance = overachievement on income or underspend on expenditure

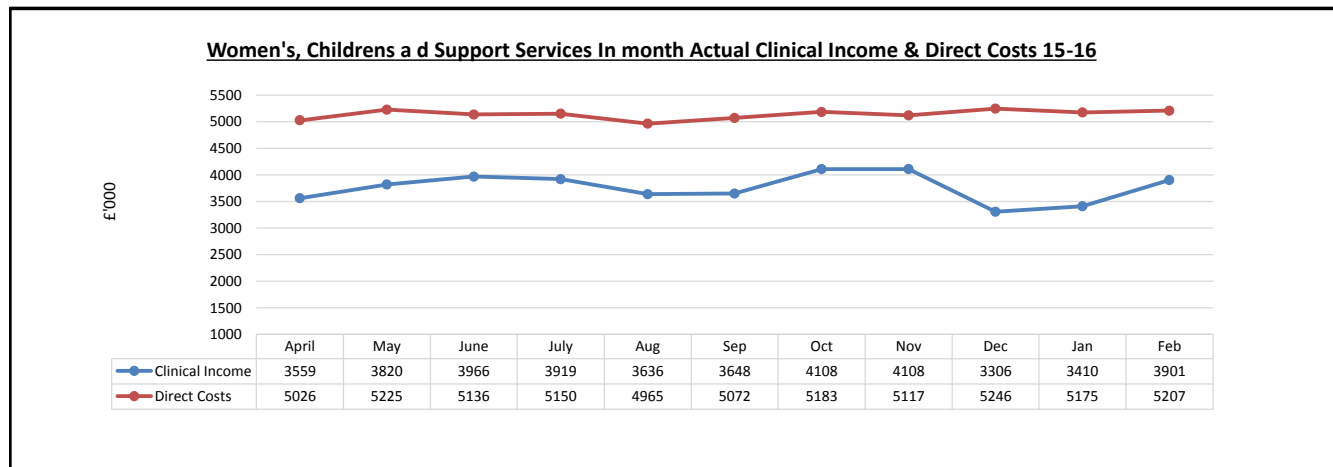
Negative variance = underachievement on income or overspend on expenditure

SLR Performance (15/16 Qtr 2)	Income £000	Contribution £000	EBITDA £000	EBITDA %	Margin £000	Margin %
Obstetrics	5,756	-1,041	-1,871	-32.5%	-2,186	-38.0%
Gynaecology	2,738	213	-194	-7.1%	-356	-13.0%
Paediatrics	3,528	907	383	10.9%	200	5.7%
GUM	299	-72	-126	-42.0%	-145	-48.6%
Rheumatology	2,386	62	-26	-1.1%	-62	-2.6%
Haematology	2,590	669	418	16.1%	346	13.4%
Direct Access Pathology	2,481	694	432	17.4%	321	12.9%
Direct Access Radiology	1,542	654	529	34.3%	403	26.1%
<b>Total</b>	<b>21,320</b>	<b>2,086</b>	<b>-454</b>	<b>-2.1%</b>	<b>-1,479</b>	<b>-6.9%</b>

RAG Rating (SLR)

Green = positive margin or breakeven position

Red = adverse margin





## Womens, Childrens &amp; Support Services Divisional Dashboard as at 29th February 2016

## Clinical Income Position

Clinical Income (by specialty)	Annual Budget £000	Month 11				Year to Date			
		Budget £000	Actual £000	Variance £000	Variance %	Budget £000	Actual £000	Variance £000	Variance %
Paediatrics	6,951	584	569	-15	2.6%	6,289	6,083	-206	3.3%
Maternity Pathway	10,844	865	906	41	4.8%	9,665	9,829	164	1.7%
Haematology	2,821	232	226	-5	2.3%	2,558	2,674	116	4.5%
DA Pathology	5,045	420	466	46	10.9%	4,625	4,616	-8	0.2%
DA/OP Radiology	6,161	514	536	22	4.3%	5,648	5,922	274	4.8%
Genito-Urinary Medicine	593	43	33	-10	23.1%	548	366	-181	33.1%
Rheumatology	1,226	99	106	7	7.5%	1,124	1,048	-76	6.7%
Block Income	4,334	361	365	4	1.2%	3,973	4,019	46	1.2%
Obstetrics	131	11	20	9	85.9%	115	131	15	13.4%
Gynaecology	5,019	367	434	67	18.3%	4,589	4,461	-128	2.8%
Midwifery Episodes	7	0	1	1	253.6%	6	5	-1	12.7%
Critical Care (neonatal)	1,730	144	237	93	64.5%	1,586	2,227	641	40.4%
Non-Elective Marginal Rate/Readmissions	-89	-7	0	7	100.0%	-82	0	82	100.0%
<b>Total</b>	<b>44,772</b>	<b>3,633</b>	<b>3,901</b>	<b>268</b>	<b>7.4%</b>	<b>40,643</b>	<b>41,381</b>	<b>738</b>	<b>1.8%</b>

## RAG rating

Positive variance or breakeven position = Green

Adverse variance of 0.5% or less = Amber

Adverse variance of more than 0.5% = Red

*Positive variance = overachievement on income or underspend on expenditure**Negative variance = underachievement on income or overspend on expenditure*

## Womens, Childrens &amp; Support Services Divisional Dashboard as at 29th February 2016

## Variance Analysis - Divisional Direct Income and Expenditure

Divisional Direct Income & Expenditure Variance	Month 11 £000's	YTD £000's	Reason for Variance	Resultant Action to be taken	Lead	Due
<b>Divisional Income</b>						
Pathology	13	123	Over performance due to new activity and an increase in recharge for external tests. Pathology have two income schemes amounting to £60k which have been identified against the Division Sustainability target.	N/A	Finance	Ongoing
Outpatients	0	-25	Halton Sexual Health has a clause where 5% of funding is retained to be released when KPI are achieved. KPI currently not being achieved.	Monitor of service to ensure KPI are achieved and income can be released.	G Robinson	Ongoing
Radiology	-10	-50	Under performance of income due to reduction in referrals of external tests from other Organisations.	Ensure that all external tests are accurately recorded and charged.	N Holland	Ongoing
Pharmacy	8	60	Over performance due to review of SLA resulting in increase in charges, notable to RLUBH for Isotopes.		N/A	N/A
Therapies	-5	-7	In month over/under spend due to various changes in the current SLA provision	Choosing Health SLA ceased Aug 15 budget to be adjusted in October	N/A	N/A
Women's	3	1	Over achieved in month due to R&D income offset against under achievement of income against target for private scans.	Review of private scans as under performing against target.		
Other	3	18	N/A	N/A	N/A	N/A
<b>Divisional Income Total</b>	<b>12</b>	<b>120</b>				
<b>Pay</b>						
Divisional Management Team	48	299	In month underspend relates to over achievement of Cip savings target & agency costs for Interim Outpatients Manager ceased end of Dec 15.	Over achievement of Cip to offset under achievement against other non pay categories.	n/a	n/a
Pathology	19	136	Vacant posts in Haematology and medical vacancies in Histopathology.	Plans in place to recruit to vacant posts.	All Mgs	On-going
Therapies	28	244	Reduction in Agency staff as new starters are recruited. Vacant posts have also been released non recurrently against sustainability target.	Budget to be adjusted for SLA which ceased in August 15 .Plans in place to recruit to vacant posts.	All Mgs	On-going
Outpatients	-43	18	High costs incurred on temp staff in Appointments required to cover the increase working load following the implementation of Lorenzo and electronic checkin not fully operational.	Plan of action to address the agency spend on due to MI-checkin not operational. Monitor of Halton Sexual Health contract and to advise when KPI are being achieved.	G Robinson	Ongoing
Radiology	-11	-96	Pay overspend due to WLI payments to Consultants due to vacancies and Radiographers	Further review of over recruitment of medical staff and increase in WLI.	N Holland	On-going
Child Health	15	240	Underspent in Neo Natal due to maternity and sickness along with vacant posts on Ward B10/B11 which has been recruited and new starters to commence imminently.	Ward Manager confirms ongoing recruitment to vacant posts.	J Scott	On-going
Women's	-4	79	Midwifery currently underspent but this has been reduced by the high levels of agency & bank on Ward C20 to cover sickness and escalation.	The use of temporary staffing especially agency is being monitored.	R Browning	On-going
Other	1	32	N/A		n/a	
<b>Pay Total</b>	<b>52</b>	<b>951</b>				
<b>Drugs</b>						
Divisional Management	-9	-109	Shortfall against sustainability target although proportion of target allocated to wards/depts	Identify drugs savings in order to achieve shortfall.	Pharmacy	ongoing
Pathology	-3	197	Continual trend of underspend against blood products year to date, in month overspend due to revised funding of previous months drugs.	Previous months underspend due to the income received for the drug Beriplex which would have been purchased in previous months.	n/a	n/a
Pharmacy	-18	-19	Issue relating to transactional reporting within JAC - review being undertaken by Pharmacy.	Review of JAC transactions being undertaken	D Matthew	ongoing
Women's	-2	-13	No major issues in month.	Women's have been advised to ensure drugs are monitored and rotated.	R Browning	ongoing
Outpatients	1	27	Increase in funding for HCD which related to previous months drugs costs, no major issues in month.	Discuss further with Pharmacy the changed to previous months HCD data	D Matthew	ongoing
Other	-4	-29	N/A			
<b>Drugs Total</b>	<b>-34</b>	<b>55</b>				
<b>Clinical Supplies and Services</b>						
Pathology	26	14	Reduction in Bio Chem reagents along with a slight reduction in Histo expenditure.	Savings will arise from the repat of external tests from RLUBH	n/a	
Divisional Management Team	-47	-498	Shortfall against sustainability target - Income schemes and over achievement against pay saving target to be taken into considerations against the unachieved CSS target.	Division to identify savings in order to achieve shortfall.	All	on-going
Radiology	-9	-197	The in month overspend is due to the reduction in scans being recharged to Unscheduled as well as a slight increase in external outsourcing of scans. Previously any cardiology external scans which were not entered on the system as requested have been recharged to Unscheduled Division.	All external scans to be directed through the Radiology dept for review. The Radiology Manger is reviewing the pathway for external tests to ensure costs are within tariff.	N Holland	on-going
Audiology	-2	-12	No issues raised in month, slight overspend due to activity.	n/a	n/a	
Therapies	1	-50	No issues raised in month, year to date relates to increase activity in Surgical appliances.	Contacted Appliances Manager- expenditure will be monitored and reviewed on a monthly basis.	n/a	
Child Health	-1	-22	The year to date overspend of clinical supplies relates to Neonatal due to increase in activity.	Review of medical surgical expenditure with Ward Manager	J Scott/C Bedford	on-going
Womens Health	-9	-29	In month overspend due to high costs consumables for gynecology procedures.	Review of medical surgical expenditure with Ward Manager	Matrons	on-going
Other	2	-35	n/a	n/a	n/a	
<b>Clinical Supplies and Services Total</b>	<b>-38</b>	<b>-829</b>				
<b>Other Non Pay</b>						
Divisional Management Team	0	-130	Shortfall against sustainability target, although need to take into considerations income and overachievement of pay savings target.	Division to working on the identification of savings schemes in order to achieve shortfall.	All	on-going
Radiology	1	-35	Main issues related to rental costs for Breast Screening at Bath Street and outsourcing of external appointments.	Rental of Bath Street to be investigated and charges to be agreed with Commissioners.	N Holland	on-going
Child Health	-2	-34	Increase in stationery	n/a	N/A	N/A
Women's	-10	-39	In month overspend relates to purchase of "red books".	Funding secured for Red books in 16-17 with NHS England.	N/A	N/A
Outpatients	8	3	Continual trend of reduction in the monthly costs of outsourcing external appointments linked to implementation of Lorenzo.	Service to be reviewed along with funding to be undertaken	Outpatient	on-going
Therapies	5	-19	Previous month over spend related to redundancy costs.	Ensure that all SLA agreements include a redundancy clause.	Contracts	on-going
Other	-5	-5	n/a	n/a		
<b>Other Non Pay Total</b>	<b>-3</b>	<b>-260</b>				
<b>Total Divisional Direct Income &amp; Expenditure Variance</b>	<b>-10</b>	<b>37</b>				

Positive variance = overachievement on income or underspend on expenditure

Negative variance = underachievement on income or overspend on expenditure



## Statement of Position as at 29th February 2016

Narrative	Audited position as at 31/03/15 £000	Actual Position as at 31/01/16 £000	Actual Position as at 29/02/16 £000	Monthly Movement £000	Forecast Position as at 31/03/16 £000
<b>ASSETS</b>					
<b>Non Current Assets</b>					
Intangible Assets	567	1,694	1,723	28	865
Property Plant & Equipment	143,355	143,284	143,089	-195	144,660
Other Receivables	1,336	1,244	1,223	-21	1,336
Impairment of receivables for bad & doubtful debts	-253	-274	-269	5	-253
<b>Total Non Current Assets</b>	<b>145,005</b>	<b>145,949</b>	<b>145,766</b>	<b>-183</b>	<b>146,608</b>
<b>Current Assets</b>					
Inventories	3,312	3,293	3,438	145	3,312
NHS Trade Receivables	5,627	3,205	2,661	-543	4,326
Non NHS Trade Receivables	1,364	923	620	-303	564
Other Related party receivables	585	464	518	54	585
Other Receivables	1,865	1,511	1,556	45	1,864
Impairment of receivables for bad & doubtful debts	-321	-367	-377	-10	-321
Accrued Income	882	3,725	1,667	-2,058	882
Prepayments	2,498	3,145	2,013	-1,132	1,698
Cash held in GBS Accounts	4,486	3,320	4,066	746	2,246
Cash held in commercial accounts	0	0	0	0	0
Cash in hand	25	19	19	0	25
<b>Total Current Assets</b>	<b>20,323</b>	<b>19,238</b>	<b>16,182</b>	<b>-3,056</b>	<b>15,181</b>
<b>Total Assets</b>	<b>165,328</b>	<b>165,187</b>	<b>161,948</b>	<b>-3,239</b>	<b>161,789</b>
<b>LIABILITIES</b>					
<b>Current Liabilities</b>					
NHS Trade Payables	-2,351	-2,527	-2,780	-253	-1,801
Non NHS Trade Payables	-8,134	-9,177	-8,558	619	-11,782
Other Payables	-1,856	-1,724	-1,777	-53	-1,853
Other Liabilities (VAT, Social Security and Other Taxes)	-2,667	-2,748	-2,764	-16	-2,667
Capital Payables	-1,599	-731	-589	142	-1,599
Accruals	-5,765	-6,101	-5,863	239	-5,765
Interest payable on non commercial int bearing borrowings	0	-14	-28	-14	0
PDC Dividend creditor	-76	-1,347	-1,699	-353	-76
Deferred Income	-974	-5,837	-4,524	1,313	-974
Provisions	-335	-303	-296	7	-295
Loans non commercial	0	0	0	0	0
Borrowings	-185	-332	-324	8	-185
<b>Total Current Liabilities</b>	<b>-23,942</b>	<b>-30,840</b>	<b>-29,201</b>	<b>1,639</b>	<b>-26,997</b>
<b>Net Current Assets ( Liabilities )</b>	<b>-3,619</b>	<b>-11,603</b>	<b>-13,019</b>	<b>-1,417</b>	<b>-11,816</b>
<b>Non Current Liabilities</b>					
Loans non commercial	0	-8,358	-11,623	-3,265	-15,803
Provisions	-1,395	-1,314	-1,365	-51	-1,395
Borrowings	-703	-1,009	-1,017	-8	-703
<b>Total Non Current Liabilities</b>	<b>-2,098</b>	<b>-10,681</b>	<b>-14,006</b>	<b>-3,324</b>	<b>-17,901</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>139,288</b>	<b>123,665</b>	<b>118,741</b>	<b>-4,924</b>	<b>116,891</b>
<b>TAXPAYERS AND OTHERS EQUITY</b>					
<b>Taxpayers Equity</b>					
Public Dividend Capital	90,242	90,242	87,742	-2,500	87,742
Retained Earnings prior year	3,970	3,969	3,969	0	3,970
Retained Earnings current year	0	-15,623	-18,047	-2,424	-19,898
<b>Sub total</b>	<b>94,212</b>	<b>78,588</b>	<b>73,664</b>	<b>-4,924</b>	<b>71,814</b>
<b>Other Reserves</b>					
Revaluation Reserve	45,077	45,077	45,077	0	45,077
<b>Sub total</b>	<b>45,077</b>	<b>45,077</b>	<b>45,077</b>	<b>0</b>	<b>45,077</b>
<b>TOTAL TAXPAYERS AND OTHERS EQUITY</b>	<b>139,289</b>	<b>123,665</b>	<b>118,741</b>	<b>-4,924</b>	<b>116,891</b>

Aged Debt Analysis as at 29th February 2016

Current month

	No. of Invoices	Current	1-30 - Overdue	31-60 - Overdue	61-90 - Overdue	91-120 - Overdue	121-180 - Overdue	181-360 - Overdue	361+ Overdue	Total Debt
NHS		1,073,870	880,802	96,251	179,658	-42,445	48,724	268,893	187,387	2,693,140
		331,090	19,217	26,493	23,456	26,834	5,036	47,851	107,259	587,235
Non NHS	737	1,404,959	900,018	122,744	203,114	-15,610	53,760	316,744	294,645	3,280,375
		42.8%	27.4%	3.7%	6.2%	-0.5%	1.6%	9.7%	9.0%	100%
		42.8%	70.3%	74.0%	80.2%	79.7%	81.4%	91.0%	100%	
Previous month	506	1,917,739	475,412	915,771	37,482	35,164	141,412	264,828	310,771	4,098,579
Change on previous month (-ve is a reduction on last month)	122	-512,780	424,607	-793,027	165,633	-50,775	-87,653	51,916	-16,126	-818,204

Percentage debt - by age ( individual)  
 Percentage debt - by age (cumulatively)

Previous month

Change on previous month (-ve is a reduction on last month)

Customer	No. of Invoices	Current	1-30 - Overdue	31-60 - Overdue	61-90 - Overdue	91-120 - Overdue	121-180 - Overdue	181-360 - Overdue	361+ Overdue	Total Debt	Paid	Revised Debt
NHS ENGLAND	38	90,124	636,582	15,335	117,919	0	0	25,408	129,142	1,014,510		1,014,510
DEPARTMENT OF HEALTH	1	339,100	0	0	0	0	0	0	0	339,100		339,100
NHS WARRINGTON CCG	16	97,876	0	0	0	0	0	164,049	0	261,925	1,840	260,085
HALTON BOROUGH COUNCIL	7	239,016	-34,663	699	0	0	576	0	0	205,628	176,208	29,420
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	15	18,883	21,823	21,167	17,315	17,315	35,471	70,373	0	202,348	1,208	201,140
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	8	58,102	105,891	201	0	0	0	0	0	164,194		164,194
5 BOROUGHS PARTNERSHIP NHS FT	23	121,629	912	0	0	1,848	12,937	3,696	18,481	159,503	44,781	114,722
BRIDGEWATER COMM HEALTHCARE FOUNDATION TRUST	24	55,142	42,254	2,824	750	983	0	2,799	37,410	142,161		142,161
BETSI CADWALADR UNIVERSITY HB	14	18,372	0	4,311	10,250	7,865	3,692	21,811	174	66,475		66,475
WARRINGTON BOROUGH COUNCIL	1	0	0	0	0	0	0	0	46,036	46,036	450	45,586
CSC COMPUTER SCIENCES LIMITED	1	0	45,600	0	0	0	0	0	0	45,600		45,600
THE CLATTERBRIDGE CANCER CENTRE NHS FT	12	22,858	13,995	359	84	0	317	253	-114	37,751		37,751
THE WALTON CENTRE NHS FOUNDATION TRUST	3	959	28,022	0	0	0	0	0	0	28,981		28,981
NHS SOUTH MANCHESTER CCG	4	9,865	0	0	17,743	0	0	0	0	27,608	626	26,981
FRESENIUS MEDICAL CARE RENAL SERVICES LTD	4	18,237	3,959	140	0	0	0	0	0	22,336		22,336
OTHER DEBTORS	572	314,798	35,643	77,707	39,052	-43,621	768	28,355	63,517	516,221		516,221
	737	1,404,959	900,018	122,744	203,114	-15,610	53,760	316,744	294,645	3,280,375	225,114	3,055,261

\* payments received are only to 9th March due to the timing of the report, then main RFT payments are received on the 15th of the month.

## Analysis of Aged Creditors as at 29th February 2016

## Current month

	No. of Invoices	Current	1-30 - Overdue	31-60 - Overdue	61-90 - Overdue	91+ Overdue	Total	Total Prior Year
NHS	475	1,150,532	521,801	259,785	327,662	520,172	2,779,952	1,412,397
Non NHS Trade	8,031	3,240,786	2,940,685	1,580,976	607,312	188,327	8,558,086	5,517,001
Non NHS Other	27	5,698	28,187	1,642	2,010	1,940	39,477	267,409
	<b>8,533</b>	<b>4,397,016</b>	<b>3,490,672</b>	<b>1,842,403</b>	<b>936,984</b>	<b>710,439</b>	<b>11,377,514</b>	<b>7,196,807</b>
		38.6%	30.7%	16.2%	8.2%	6.2%	100%	63%
		38.6%	69.3%	85.5%	93.8%	100.0%		
<b>Previous month</b>	<b>8,139</b>	<b>5,001,942</b>	<b>3,668,269</b>	<b>1,956,037</b>	<b>569,052</b>	<b>459,299</b>	<b>11,654,600</b>	<b>7,276,112</b>
<b>Change on previous month (-ve is a reduction on last month)</b>	<b>394</b>	<b>-604,926</b>	<b>-177,598</b>	<b>-113,633</b>	367,932	251,140	<b>-277,086</b>	<b>-79,305</b>

## Analysis of the largest 15 creditors (by value (£)) as at 29th February 2016

	Current	1-30 - Overdue	31-60 - Overdue	61-90 - Overdue	91+ Overdue	Total	Paid to 10.03.2016	Revised Credit
ST HELENS & KNOWSLEY HOSPITALS NHS TRUST	869,041.97	120,853.65	112,776.59	224,942.39	61,630.30	1,389,245	455,924	933,321
NHS PROFESSIONALS LTD	679,439.11	83,639.14	-	-	-	763,078	394,664	368,414
ZIMMER LTD	28,156.56	294,773.76	10,450.14	-	1,768.08	335,149	22,778	312,371
MAX20 LTD	46,828.55	66,429.73	165,728.86	40,203.21	-	319,190	-	319,190
HEALTHCARE AT HOME LTD	98,949.46	209,879.02	-	-	-	308,828	48,374	260,454
NHS SUPPLY CHAIN	261,720.06	-	17,622.22	27,688.36	-	307,031	27,688	279,342
JOHNSON & JOHNSON MEDICAL LTD	66,974.79	75,328.32	75,262.56	38,826.39	1,608.48	258,001	8,109	249,891
BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	14,976.99	164,417.86	22,210.00	4,620.00	-	206,225	22,210	184,015
NOVARTIS PHARMACEUTICALS UK LTD	1,397.04	98,043.82	71,085.62	13,354.91	-	183,881	90,347	93,534
COMMUNITY HEALTH PARTNERSHIPS	1,736.00	3,472.00	1,736.00	7,127.62	163,131.68	177,203	-	177,203
CYNERGIN	-	-	165,949.81	-	-	165,950	165,495	455
CENTENNIAL MIT	142,587.76	-	-	-	-	142,588	-	142,588
AINTREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	25,734.08	5,560.09	16,875.35	11,913.20	78,717.43	138,800	-	138,800
BIOMERIEUX UK LTD	1,728.00	109,745.64	-	-	-	111,474	109,746	1,728
BOSTON SCIENTIFIC LTD	14,717.66	30,385.25	47,690.25	13,856.47	-	106,650	22,707	83,943
OTHER CREDITORS	2,143,028	2,228,143	1,135,016	554,452	403,583	6,464,222	1,291,894	5,172,328
<b>Total</b>	<b>4,397,016</b>	<b>3,490,672</b>	<b>1,842,403</b>	<b>936,984</b>	<b>710,439</b>	<b>11,377,514</b>	<b>2,659,936</b>	<b>8,717,578</b>

## Analysis of the largest 15 creditors (by volume) as at 29th February 2016

	Current	1-30 - Overdue	31-60 - Overdue	61-90 - Overdue	91+ Overdue	Total**	Paid to 10.03.2016	Revised Volume
JOHNSON & JOHNSON MEDICAL LTD	99	130	109	67	3	408	19	389
MAWDSLEY BROOKS & CO LTD	24	133	119	102	0	378	39	339
HEALTHCARE AT HOME LTD	74	160	0	0	0	234	40	194
MAX20 LTD	28	50	127	22	0	227	-	227
H JENKINSON & CO LTD	16	46	50	50	2	164	43	121
PULSE HEALTHCARE LTD	39	19	8	40	54	160	73	87
TJ SMITH & NEPHEW LTD	6	54	56	20	4	140	2	138
THOMAS STONER SUPPLIES LTD	89	38	2	2	3	134	47	87
PHOENIX HEALTHCARE DISTRIBUTION LTD	29	90	13	0	0	132	39	93
MWUK ACQUISITION CO LTD T/A ALEXANDRA	22	33	30	33	11	129	13	116
JJR ORTHOPAEDIC SERVICES	51	74	0	0	2	127	51	76
MANPOWER UK LTD	102	0	0	0	0	102	-	102
DATA SPACE	45	43	0	1	8	97	-	97
BOSTON SCIENTIFIC LTD	22	16	36	17	0	91	24	67
BAXTER HEALTHCARE LTD	7	28	24	29	0	88	15	73
OTHER CREDITORS	1,533	2,061	1,280	699	349	5,922	1,191	5,222
<b>Total</b>	<b>2,186</b>	<b>2,975</b>	<b>1,854</b>	<b>1,082</b>	<b>436</b>	<b>8,533</b>	<b>1,596</b>	<b>7,428</b>

\* payments to suppliers are made each Thursday for Non NHS Trade and Non NHS Other. Payments to NHS Suppliers (incl. NHS Professionals, Supply Chain and Business Services Authority) are made on the 1st and 15th of each month.



**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/16/070</b>	
<b>SUBJECT:</b>	<b>Corporate Performance Report M11 2015-16</b>	
<b>DATE OF MEETING:</b>	30th March 2016	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	Sharon Gilligan, Chief Operating Officer	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Sharon Gilligan, Chief Operating Officer Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF1.3: National & Local Mandatory, Operational Targets	
	BAF4.1: Length of Stay; Delayed Transfers; Bed Shortages	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This corporate report updates the Trust Board on the progress of the Trust in relation to activity, performance and workforce targets to 29 <sup>th</sup> of February 2015.	
<b>RECOMMENDATION:</b>	The Board is asked to note the content of this report	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Finance and Sustainability Committee
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	23.03.16
	<b>Summary of Outcome</b>	



# Corporate Performance Report

## 1.0 INTRODUCTION

This corporate report updates the Trust Board on the progress of the Trust in relation to activity, performance and workforce targets to 29<sup>th</sup> of February 2015.

## 2.0 PERFORMANCE

In overall terms, based on the performance in month 11 the Trust has a Service Performance Score of 1, as highlighted in Appendix 1.

## 3.0 NATIONAL KEY PERFORMANCE INDICATORS

### 3.1 Accident and Emergency National Indicators:

National Indicators		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
A&E, UCC and Walk-in	% Departed < 4hrs	95%	79.86%	91.13%	92.92%	92.92%	80.60%	88.57%
	Number of patients breaching 4hrs		1984	2170	2034	2034	3831	11696

The February position includes 15 breaches at the Urgent Care Centre (UCC), which is symptomatic of general system pressures.

As performance against the 4 hour standard is regularly in the worst 30 in the country, the Chief Executive, Chief Operating Officer, Director of Nursing and Governance and Medical Director were invited to London along with other Trusts from the region to meet with NHS Improvement on 1<sup>st</sup> March 2016. NHSI reinforced the importance of achieving this key target and arranged for some Trusts who have achieved to present as well as members of the Emergency Care Improvement Programme (ECIP). Following the session Trust were encouraged to review their action plans to reflect learning from the day. The Trust already had an action plan, but following this session and feedback from the PRM with Monitor later that week who advised that it may be easier to simplify the action plan, the action plan has been redrafted.

The Chief Operating Officer has expanded the ED taskforce to become a Trust wide 4 hour standard improvement taskforce which will meet weekly and be chaired by the COO. This group will monitor delivery of the action plan (a draft copy of which is attached as Appendix 5) and will focus primarily on the things that the Trust can control initially. There will also be regularly meetings with the economy to focus on issues outside of the Trust's control.

In March the Trust has taken a number of actions which should all positively impact on the achievement of the 4 hour standard. The main actions to highlight are the opening of an ambulatory emergency care unit, the introduction of SAFER, hosted MADE, and introduced a more robust system to validate breaches

Ambulatory Care (AEC) is an approach which results in a significant proportion of emergency adult patients being managed safely and efficiently on the same day avoiding admission to a hospital bed. The Trust has secured funding through the CCG to subscribe to the Ambulatory care network to share best practice and support the smooth implementation and running of an ambulatory facility within Emergency care Department.





The Trust attempted to start to deliver Ambulatory care several months ago within the main AED however although the benefits were realised it proved difficult within the environment. The AED taskforce therefore talked through different approaches and ultimately secured the use of the old Urgent care centre (UCC) for this function. It was opened and patients transferred following triage in AED through to ambulatory care for further investigations prior to discharge. The number of patients streamed to this facility has steadily increased on a daily basis it now sees approximately 30 patients per day with a plan to potentially double this in the coming months.

Another of the initiatives in the revised plan is the rigorous application of the SAFER bundle – a suite of measures designed to impact patient flow when applied in a concerted way. The mnemonic is:

S – Senior Review: daily senior review of all patients at a board round

A – Anticipate: ensure expected date of discharge is communicated

F – Flow: every ward to facilitate at a discharge by 1000 and be ready to accept a new patient

E- Earlier discharges: 33% of discharges to occur before midday

R – React to delays and waits: Peer review of long LOS patients (>28 days)

Elements of this protocol have been implemented since first launched as a strategy by ECIST and NHSE in 2014, however this has not been embedded across the Trust. The Trust has now rebranded the SAFER bundle specifically for WHH and it was relaunched on Monday 14<sup>th</sup> March 2016. A measurement strategy is being developed that utilises existing data and information in a different way rather than ask busy ward staff to do additional reporting tasks. Some of the features will be harder to implement than others – a peer review team looking at long length of stay patients has already been established and there is a renewed push on the efficacy of 10am discharges which will be reported daily alongside discharges by midday and 4pm. Furthermore, changing ward round order (sick and unstable patients first followed by potential discharges) is a significant cultural change for clinical teams and it will take longer to establish changes to consultant job plans and team working that facilitate consultant review of patients every day, especially medical patients.

The Trust has been supported in hosting MADE event, the event will take place over a three day period from the 16<sup>th</sup> March. It was originally planned to hold this event in February, but was moved to ensure maximum support was available.

MADE is a Multidisciplinary Accelerated Discharge Event. The purpose of the campaign is to deliver a unified whole system approach where everyone agrees that patients no longer requiring an acute level of care that can be safely discharged will not remain in an acute hospital bed. Any delay, whether for internal or external reasons, will be resolved without delay.

Similar previous events have resulted in staff feeling empowered to get medically fit patients safely and appropriately out of hospital and back home. With senior executive encouragement during these events, staff feel supported to change how they work, identify process improvements that are sustainable, and morale improves as staff see patient flow improve.

The focus of the event is early, safe and appropriate discharge which leads to better patient experience, empty cubicles in the emergency department, and cost savings for local authorities as these patients require less on-going care.



The main objective is to rapidly reduce the number of inpatients in the acute hospital, that are safe to be discharged or transferred but who are waiting for the next step to be taken.

During the three day process 2 multi-disciplinary teams from the Warrington and Halton system critically reviewed every patient on 6 agreed wards to understand what the next steps are and to make sure whatever people are waiting for happens with minimal delay. The multidisciplinary team actively challenged whether patients that are suitable for transfer or discharge are waiting for multiple assessments before moving to the appropriate level of care, and where possible issues were resolved in real time. The event also challenged internal waits. The external facilitator will provide a report for discussion at SRG to pull together the learning from this event.

Lorenzo will not allow you to stop a patient's clock until coding is complete unlike the previous system. This is good from a data quality and coding point of view, but means that the patient may have left the department before the clock is stopped as coding is not always viewed as the top priority when the department is busy and is sometimes done later in the shift. To ensure that the Trust is not over reporting the breach position a manual check has been introduced, whereby every 2 hours the ED commander will validate and sign for any breaches that have occurred in the past 2 hours.

In addition to the actions taken the Trust has signed up for the clinical leadership component of the North Tripartite / Mersey ED improvement programme and 2 Consultants attended the first meeting on 21<sup>st</sup> March

If the revised action plan is accepted then the Chief Operating Officer will work with Information colleagues to pull together the evidence to support each of the metrics and provide a monthly progress update as part of the performance report.

**Ambulance Handovers:**

Local Indicators		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
Ambulance Handovers	Number handed over 30 to 60 mins	0	216	155	79	227	350	811
	Number handed over >60 mins	0	160	35	13	87	268	403
	HAS Compliance Score	90%	91.06%	81.51%	91.18%	91.32%	90.91%	88.66%

**Accident and Emergency Quality Indicators**

The AED monthly monitoring metrics which is submitted to Monitor on a monthly basis is attached as appendix 2. This is submitted on the third Friday of every month and currently February data is not yet available for each indicator, although plans are in place to obtain all of the required to submit in line with timescales. The report shows a significant increase in medical outliers due to bed pressures within medicine. These outliers are discussed at regular bed meetings to ensure that they are reviewed on a regular basis.



### 3.2 18 Week Referral to Treatment:

National Indicators		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
RTT - 18 Weeks	Completed Admitted Pathways <18 Weeks (Adjusted position)	>=90%	83.16%	93.05%	92.57%	92.57%	84.21%	91.50%
	Completed Non-Admitted Pathways <18 Weeks	>=95%	95.25%	97.64%	97.58%	97.58%	95.65%	96.87%
	All Waiters <18 Weeks	>=92%	92.63%	93.87%	93.23%	93.23%	93.16%	93.40%

Although the Trust achieved the target for incomplete pathways, performance has got worse since the introduction of Lorenzo as the number of breaches has increased. This is normal when introducing a new PAS and was anticipated. A plan is in place to mitigate against further deterioration.

### 3.3 Infection Control

National Indicators		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
MRSA Bacteraemia	Hospital Acquired	<=0	0	0	2	2	0	2
	Community Acquired		0	0	1	1	1	2
	Total		0	0	3	3	1	7
Clostridium Difficile	Hospital Acquired - Due to lapses in care	<=27	0	4	4	4	0	10
	Hospital Acquired - Not due to lapses in care		0	8	1	1	0	12
	Hospital Acquired - Under Review		9	0	0	0	9	9
	Hospital Acquired - Total		9	12	5	5	9	31
	Community Acquired		1	5	12	12	4	28
	Total		10	17	17	17	13	64

#### MRSA bacteraemia

A nil return was submitted for February 2016.

#### Clostridium Difficile

The Trust reported a spike in hospital apportioned cases of Clostridium Difficile during February. A number of actions have been implemented including enhanced cleaning, promotion of hand washing and reiteration of advice on patient management & antibiotic prescribing. Further testing is being carried out and so far no links have been identified between the cases.



The Trust and the local community has seen an increase in the number of patients with Norovirus and also influenza both of which cause issues with patient flow as patients need to be isolated in single rooms.

### 3.4 Diagnostics

National Indicators		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2	Oct	Nov	Dec	Qtr3	Jan	Feb
Diagnostics - 6+ Week Waiters	% of Patients waiting >= 6 Weeks	<1%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%		0.00%	0.00%	3.58%		0.00%	0.02%
	No of Patients waiting >= 6 Weeks		0	0	0	0	0	0	0	0	0	0	120	1	0	1

The diagnostic target was achieved in February.

### 3.5 Cancer:

National Indicators		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
Cancer	2 Week Wait	>=93%	94.00%	93.00%	93.90%	93.90%		93.91%
	Breast Symptom 2 Week Wait	>=93%	93.15%	93.20%	95.80%	95.80%		93.43%
	31 Day First Treatment	>=96%	100.00%	100.00%	100.00%	100.00%		99.33%
	31 Day Subsequent Treatment : Surgery	>=94%	100.00%	98.67%	100.00%	100.00%		99.00%
	31 Day Subsequent Treatment : Drugs	>=98%	100.00%	100.00%	100.00%	100.00%		100.00%
	62 Day First Treat - Urgent GP - Open Exeter	>=85%	85.00%	85.25%	85.71%	85.71%		85.54%
	62 Day First Treat - Urgent GP - Reallocation	>=85%	85.00%	86.10%	85.65%	85.65%		85.04%
	62 Day First Treatment - Screening	>=90%	100.00%	93.80%	100.00%	100.00%		96.88%
	CRS 62 Day Consultant Upgrade		0.00%	100.00%	94.10%	94.10%		50.00%

The Trust is on track to deliver the range of cancer targets, although this remains a challenge in some specialties as Appendix 3 which provides a summary by month and by tumour group.

### 3.6 Trajectory for achievement of some of our reduced performance key indicators in 2016/17.

Delivery to an improved trajectory is one of the key objectives for access to the Sustainability and Transformation Fund. The Regional Tripartites will review the trajectories and there will be 3 submissions before approval. These trajectories must be agreed with the CCG. The table below summarises the final submission following discussions with lead commissioners, Monitor and NHS England.





**4.0 LOCAL TARGETS**

**4.1 Treatment Milestones**

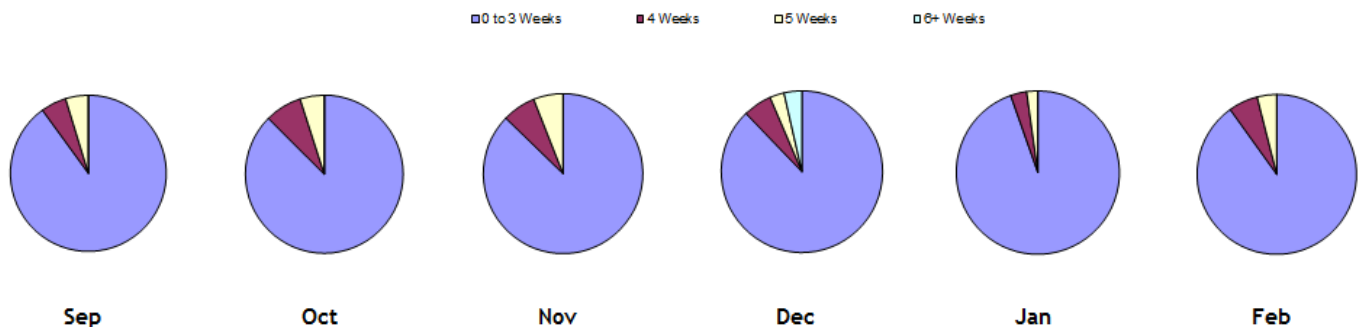
Local Indicators		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4
RTT Backlog at month end	Number of patients waiting 18+ Weeks - All Specialties		1838	744	832	1216	
	Number of patients waiting 52+ Weeks - All Specialties	0	0	0	0	0	
	Number of patients waiting 36+ Weeks - Spinal ONLY		4	7	6	2	
IP/DC and OP Waiters at Month and Qtr end	Number of Outpatients waiting >21days (GP Refs only)			617	757		
	Number of Inpatients and Daycases on the waiting list - all theatres, exc Planned (Endo in brackets)		5876 (688)	4545 (846)	4429 (924)	5369 (609)	

**In-patient** waiting list size end the end of February was 5876 (excluding Endoscopy) which although is an increase on January does suggest a degree of stabilisation compared to the increases in previous months since the introduction of Lorenzo as shown in appendix 4.

**4.2 Diagnostic Waiting times**

Local Indicators		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4
Diagnostic Waits	Number of patients waiting >=4 weeks - MRI	0	0	65	5	2	
	Number of patients waiting >=3 weeks - CT	0	28	8	18	115	

**Diagnostic Waiters at Month End**





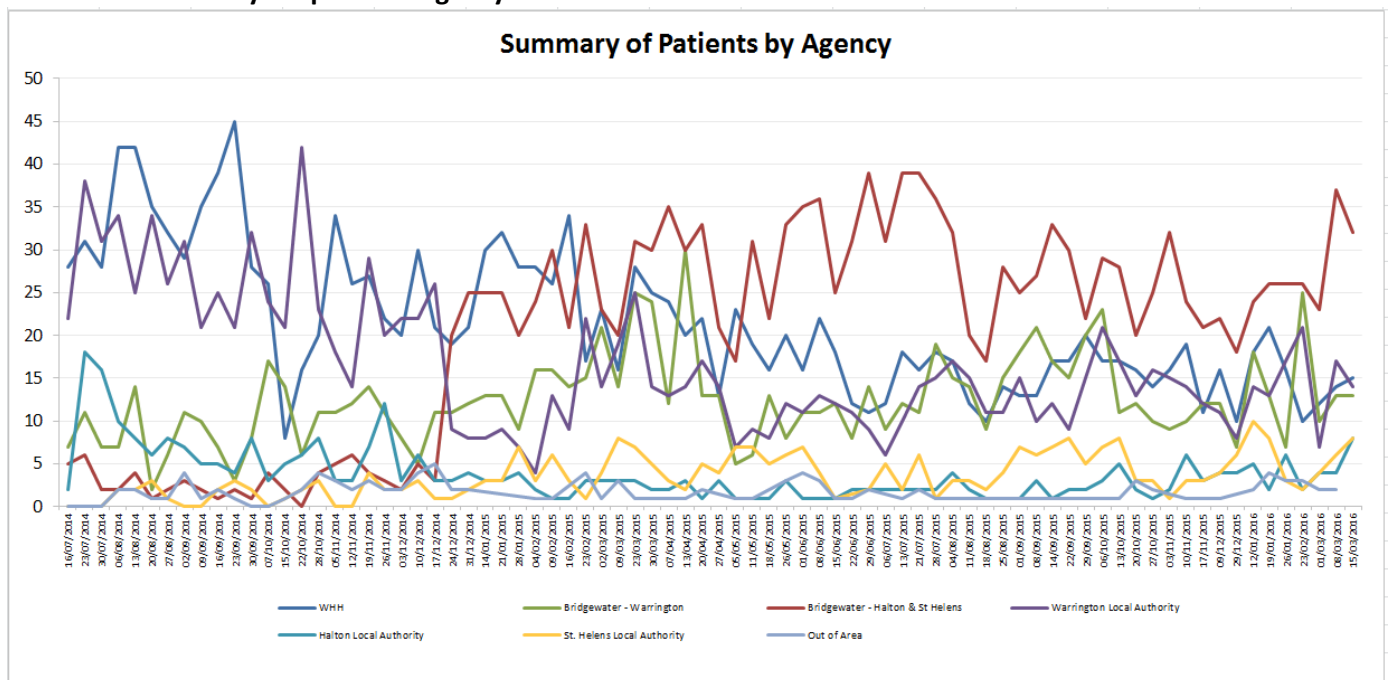
### 4.3 Delayed Discharge

Local Indicators		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4
Delayed Discharges (based on Operating Framework)	% of Delayed Discharges	<=0.5%		4.04%	5.29%	3.09%	
	Number of Delayed Discharges			21	28	15	

There continues to be delays with partner agencies in the transfer of patients out to community beds or IMCH. The main reason is a lack of capacity in the community beds, and delays in assessments, which is escalated daily in the economy wide teleconference call

The 21 day length of stay audit has continued and additional focus has been placed on patients with a 28 day length of stay

### Points Prevalence by Responsible agency





4.4 LOS Indicators

Local Indicators-Trust		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
Average Length of Stay	Elective		2.45	2.66	2.53	2.96	2.50	2.67
	Non-Elective		5.16	4.45	4.25	4.41	4.76	4.44
	Elective - excluding zero days		2.96	3.00	2.85	3.48	2.97	3.08
	Non-Elective - excluding zero days		7.31	6.70	6.31	6.63	6.87	6.61
Daycase Rates	Basket of 25	>=75%	70.59%	84.59%	82.51%	71.01%	70.31%	82.68%
	All Procedures		85.40%	85.21%	84.74%	84.27%	85.88%	85.17%

Local Indicators-Specialties		Target	Jan	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
ELECTIVE (INPATIENT) Average Length of Stay (Based on the Discharge Episode)	100 - General Surgery		1.92	3.05	3.20	2.66	2.37	2.86
	101 - Urology		3.70	2.35	1.85	1.72	2.92	2.12
	110 - Trauma and Orthopaedics		2.75	2.90	2.89	2.70	2.77	2.83
	120 - ENT		1.00	1.02	0.98	1.02	0.96	1.00
	320 - Cardiology		2.00	2.33	10.67	5.67	5.75	6.00
	340 - Respiratory Medicine		4.33	2.11	1.82	15.07	2.50	6.63
	502 - Gynaecology		1.87	2.56	2.14	2.22	1.97	2.22
NON-ELECTIVE Average Length of Stay (Based on the Discharge Episode)	100 - General Surgery		3.66	2.94	2.89	3.24	3.28	3.08
	101 - Urology		4.76	4.55	4.50	3.73	4.20	4.26
	110 - Trauma and Orthopaedics		9.00	8.09	7.15	6.96	8.54	7.60
	120 - ENT		1.35	1.52	1.40	1.50	1.84	1.54
	320 - Cardiology		7.87	8.66	8.09	7.44	8.47	8.11
	340 - Respiratory Medicine		13.29	13.16	11.86	13.69	12.92	12.86
	430 - Geriatric Medicine		25.18	32.86	32.58	30.57	28.42	30.88
502 - Gynaecology		1.38	1.13	1.14	1.65	1.53	1.33	
Average Length of Ward Stay	Ward stays on A1A			1.19	1.31			
	Ward stays on A2A			3.31	2.57			
	Ward stays on A3OPAL			12.30	12.88			
	Ward stays on B14 (Stroke)			8.76	9.02			





Local Indicators bed days		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
% Bed Days occupied by pats with a LOS of.... (Warrington site, NE only)	Zero LOS			3.36%	3.58%			
	1-6 days			44.84%	47.22%			
	7-21 days			30.54%	30.59%			
	+21 days			21.27%	18.61%			

#### 4.5 DNA Management

Local Indicators		Target	Feb	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
Outpatient DNA Rate	New		11.15%	7.31%	7.32%	9.60%	11.66%	8.82%
	Follow-up		12.07%	7.91%	8.35%	10.78%	12.59%	9.82%
	Paediatric (<18) New		14.76%	9.18%	8.89%	9.58%	13.81%	10.13%
	Paediatric (<18) Follow-up		17.92%	9.13%	9.37%	14.35%	17.92%	12.77%

There has been an increase in DNAs since the introduction of Lorenzo. There have also been some issues around the patient reminder service which ceased at the end of January. A number of options are being explored to reintroduce an enhanced patient reminder service.

#### 4.6 Rapid Access Chest Pain Service

- 2 Week Wait for Rapid Access chest Pain **100%** against an internal target of 100% (contractual target is 90%)

#### 4.7 Activity Profile

Local Indicators		Cumulative Plan to Month 10	Cumulative Actual to Month 10	Variance
PBR Activity	Daycase Spells	31204	30506	-2.24%
	Inpatient Spells	4671	4779	2.31%
	Non-Elective Spells	33515	30900	-7.80%
	New OP Attendances (exc. Phone contacts)	74587	70764	-5.13%
	Follow-up OP Attendances (ex. Phone contacts)	181595	171058	-8.79%

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Work is continuing to ensure that all activity post Lorenzo implementation has been recorded and coded appropriately. The Chief Executive chairs a regular meeting to monitor progress.

**APPENDIX 1**

**Feb-16**

**Monitor Access Targets & Outcomes - 2015/16**

A&E figure includes walk-in activity from Aug 15

All targets are QUARTERLY

Target or Indicator		Threshold	Weighting	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	
Referral to treatment waiting time	Admitted patients	90%	N/A	92.55%	93.48%	93.14%	93.05%	92.05%	93.01%	92.74%	92.57%	92.31%	93.85%	92.65%	92.94%	85.44%	83.16%			
	Non-admitted patients	95%	N/A	97.53%	97.18%	98.13%	97.64%	97.71%	97.52%	97.51%	97.58%	97.91%	96.57%	96.46%	96.92%	96.10%	95.25%			
	Incomplete Pathways	92%	1.0	93.38%	94.30%	93.84%	93.87%	93.10%	93.49%	93.08%	93.23%	92.83%	93.41%	93.72%	93.40%	93.75%	92.63%			
A&E Clinical Quality	A&E Maximum waiting time of 4 hrs from arrival to admission/transfer/discharge	>=95%	1.0	87.75%	94.05%	92.68%	91.13%	93.96%	93.17%	91.69%	92.92%	90.74%	86.49%	85.19%	87.53%	81.33%	79.86%			
All Cancers:62-day wait for First treatment	From urgent GP referral - <u>post</u> local breach re-allocation (CCG)	85%	1.0 (Failure for either = failure against the overall target)	88.10%	86.40%	83.80%	86.10%	87.65%	82.00%	82.48%	85.65%	90.00%	85.00%	78.30%	85.06%	83.90%	85.00%			
	From NHS Cancer Screening Service referral - <u>post</u> local breach re-allocation	90%		100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
	From urgent GP referral - <u>pre</u> local breach re-allocation (Open Exeter - Monitor)	85%		88.10%	86.00%	81.00%	85.25%	88.90%	86.21%	83.53%	85.71%	92.00%	85.10%	78.30%	86.90%	84.00%	85.00%			
	From NHS Cancer Screening Service referral - <u>pre</u> local breach re-allocation	90%		100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
All Cancers:31-day wait for second or subsequent treatment	Surgery	>94%	1.0 (Failure for any of the 3 = failure against the overall target)	100.00%	100.00%	96.00%	98.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			
	Anti Cancer Drug Treatments	>98%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			
	Radiotherapy (not performed at this Trust)	>94%																		
All Cancers: 31-Day Wait From Diagnosis To First Treatment		>96%	1.0	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			
Cancer: Two Week Wait From Referral To Date First Seen	Urgent Referrals (Cancer Suspected)	>93%	1.0 (Failure for either = failure against the overall target)	93.70%	93.80%	92.00%	93.00%	95.20%	93.30%	93.10%	93.90%	95.80%	94.90%	93.90%	94.40%	93.60%	94.00%			
	Symptomatic Breast Patients (Cancer Not Initially Suspected)	>93%		92.80%	98.30%	89.70%	93.20%	93.30%	96.60%	97.90%	95.80%	96.30%	93.50%	93.30%	96.00%	96.40%	93.15%			
Clostridium Difficile - Hospital acquired ( <u>CUMULATIVE</u> )	Due to lapses in care	27 (for the Yr)	1.0 **	0	1	4	4	5	5	8	8	9	10	10	10	10	10			
	Not due to lapses in care			3	7	8	8	8	8	9	9	11	12	12	12	12	12	12		
	Total (including: due to lapses in care, not due to lapses in care, and cases under review)			3	8	12	12	13	13	17	17	20	22	22	22	22	22	31		
	Under Review			0	0	0	0	0	0	0	0	0	0	0	0	0	0	9		
Failure to comply with requirements regarding access to healthcare for people with a learning disability		N/A	1.0	No	No	No	No	No	No	No	No	No	No	No	No	No	No			

Cumulative  
Qtr1: 7 Qtr2: 14  
Qtr3: 21 Qtr4: 27

APPENDIX 1

Target or Indicator	Target	Weighting	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4		
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A	Report by Exception	No	No	No	No	No	No	No	No	No	No	No	No	No	No				
Date of last CQC inspection	N/A		26/01/2015																	
CQC compliance action outstanding (as at time of submission)	N/A		No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No				
CQC enforcement action within last 12 months (as at time of submission)	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No				
CQC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No				
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission) Breach of regulation 23 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010 regarding the safety of healthcare provision	N/A		No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission) Breach of regulation 23 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010 regarding the safety of healthcare provision	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No				
Overall rating from CQC inspection (as at time of submission)	N/A		Not received at the time of reporting			Requires Improvement														
CQC recommendation to place trust into Special Measures (as at time of submission)	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No				
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No				
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	N/A																			
<b>Service Performance Score</b>			2.0	1.0	3.0	1.0	1.0	1.0	2.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0				

We are in breach to a number of regulated activities as a result of the CQC Inspection in January 2015 and the subsequent report to which the Trust reviewed and agreed.

An action plan is in place that is being monitored at Trust, Commissioner, NHS England ( North West) and Monitor level.

Until such time that the CQC revisit the Trust and re-inspect our services and provide a subsequent report to say that we are now compliant with the Regulations ( or not) the red/amber rating is this section will remain in place.

NHS foundation trusts failing to meet at least four of these requirements at any given time, or failing the same requirement for at least three quarters, will trigger a governance concern, potentially leading to investigation and enforcement action

**18 Weeks Referral to Treatment**  
 Performance is measured on an aggregate (rather than specialty) basis and NHS foundation trusts are required to meet the threshold on a monthly basis. Consequently, any failure in one month is considered to be a quarterly failure for the purposes of the Risk Assessment Framework.  
 Failure in any month of a quarter following two quarters' failure of the same measure represents a third successive quarter failure and should be reported via the exception reporting process.  
 Failure against any threshold will score 1.0, but the overall impact will be capped at 2.0

**\*\* Clostridium Difficile**  
 Monitor's annual de minimis limit for cases of C-Diff is set at 12. However, Monitor may consider scoring cases of <12 if Public Health England indicates multiple outbreaks  
 Monitor will assess NHS foundation trusts for breaches of the C. difficile objective against their objective at each quarter using a cumulative year-to-date trajectory.  
Criteria  
 Where the number of cases is less than or equal to the de minimis limit No  
 If a trust exceeds the de minimis limit, but remains within the in-year trajectory# for the national objective No  
 If a trust exceeds both the de minimis limit and the in-year trajectory for the national objective Yes  
 If a trust exceeds its national objective above the de minimis limit Yes

# Assessed at: 25% of the annual centrally-set objective at quarter 1; 50% at quarter 2; 75% at quarter 3; and 100% at quarter 4 (all rounded to the nearest whole number, with any ending in 0.5 rounded up).  
 Monitor will not accept a trust's own internal phasing of their annual objective or that agreed with their commissioners.

**APPENDIX 2**

**Warrington and Halton NHS Foundation Trust**

**AED monthly monitoring metrics for Monitor**

#	Metric	Target trajectory	Jul-15	Aug-15	Sep-15	Qtr2	Oct-15	Nov-15	Dec-15	Qtr3	Jan-16	Feb-16	Mar-16	Qtr4
1	A&E 4 hour wait target (including walk-in activity from Widnes from August)	95% by end of Sept 2015	93.96%	93.17%	91.69%	92.92%	90.74%	86.49%	85.19%	87.53%	81.33%	79.86%		
2a	Median time to initial assessment in AED	Q2 <70mins Q3 <65mins Q4 <60mins	13.0	14.0	13.0	14.0	12.0	13.0	16.0	14.3	16.0	16.0		
2b	95th percentile time to initial assessment in AED	Q2 <120mins Q3 <110mins Q4 <100mins	63.0	65.0	69.0	66.0	63.0	70.0	85.0	72.4	94.3	96.0		
3	Median time to treatment in AED	Q2 <200mins Q3 <190mins Q4 <180mins	70.0	66.0	73.0	70.0	76.0	88.0	77.0	79.8	69.0	74.0		
4	Medical outliers on last day of the month / quarter	<10 patients by end of Sept 2015	0	18	12		26	13	8		41	46		
5	% discharges taking place before midday (average for month / quarter)	Q2 20% Q3 28% Q4 35%	16.92%	16.19%	16.19%	16.45%	18.36%	16.87%	18.75%	17.98%	19.01%	20.16%		
6a	NHS attributable DToC (patients)	Q2 15 patients Q3 10 patients Q4 5 patients	9	10	22		18	23	14					
6b	NHS attributable DToC (days)	Q2 45 days Q3 30 days Q4 15 days	295	261	332		532	292	552					
6c	External partner attributable DToC (patients)	Q2 50 patients Q3 40 patients Q4 30 patients	4	9	6		2	4	1					
6d	External partner attributable DToC (days)	Q2 150 days Q3 120 days Q4 90 days	123	176	145		58	32	53					
7	% of patients in hospital for 21 days who receive an MDT case note review	Q2 40% Q3 60% Q4 80%			95.14%		92.31%	89.76%	75.86%		82.81%	86.23%		



**APPENDIX 3**

**2015/16 Cancer Performance**

**Trust**

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
All Cancers:31-day wait for second or subsequent treatment	Surgery	94%	100.00%	100.00%	96.00%	98.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			99.00%
	Anti Cancer Drug Treatments	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%
	Radiotherapy	94%																	
All Cancers:62-day wait for First treatment	From urgent GP referral - <b>post</b> local breach re-allocation (CCG)	85%	88.10%	86.40%	83.80%	86.10%	87.65%	82.00%	82.48%	85.65%	90.00%	85.00%	78.30%	85.06%	83.90%	85.00%			85.04%
	From NHS Cancer Screening Service referral - <b>post</b> local breach re-allocation	90%	100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			96.88%
	From urgent GP referral - <b>pre</b> local breach re-allocation (Open Exeter - Monitor)	85%	88.10%	86.00%	81.00%	85.25%	88.90%	86.21%	83.53%	85.71%	92.00%	85.10%	78.30%	86.90%	84.00%	85.00%			85.54%
	From NHS Cancer Screening Service referral - <b>pre</b> local breach re-allocation	90%	100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			98.50%
All Cancers: 31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			99.33%
Cancer: Two Week Wait From Referral To Date First Seen	All Cancers	93%	93.70%	93.80%	92.00%	93.00%	95.20%	93.30%	93.10%	93.90%	95.80%	94.90%	93.90%	94.40%	93.60%	94.00%			93.91%
	Symptomatic Breast Patients (Cancer Not Initially Suspected)	93%	92.80%	98.30%	89.70%	93.20%	93.30%	96.60%	97.90%	95.80%	96.30%	93.50%	93.30%	96.00%	96.40%	93.15%			93.43%
All Cancers: 62-day wait for First treatment - Consultant Upgrade			100.00%	0.00%	100.00%	100.00%	0.00%	83.33%	100.00%	94.10%	0.00%	0.00%	0.00%	83.30%	0.00%	0.00%			50.00%

**APPENDIX 3**

**Breast**

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	96.50%	96.20%	94.50%	95.80%	92.10%	90.60%	92.50%	91.73%	97.80%	96.00%	97.00%	96.93%	94.50%			94.50%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
	Screening Service referral	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	

**Breast Symptomatic**

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	Jun	YTD
2 Week Wait		93%	92.80%	98.30%	89.70%	93.30%	93.30%	96.60%	95.20%	95.03%	96.30%	93.50%	93.30%	96.00%	89.70%			89.70%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	

**Dermatology**

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%			100.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	

**Gynaecology**

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	95.60%	93.30%	97.40%	95.40%	96.20%	97.00%	92.00%	95.07%	98.30%	97.00%	91.00%	95.43%	97.40%			97.40%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	100.00%	66.70%	80.00%	75.00%	75.00%	100.00%	100.00%	75.00%	90.00%	84.00%	85.00%	85.00%	78.00%			78.00%	
	Screening Service referral	90%	100.00%	50.00%	100.00%	75.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%			100.00%	
	Consultant Upgrade		100.00%	66.70%	100.00%	80.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%			100.00%	

**Haematology**

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	100.00%	100.00%	88.90%	94.70%	85.70%	100.00%	100.00%	95.23%	71.40%	85.00%	89.00%	81.50%	87.00%			87.00%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	

**APPENDIX 3**

**Head & Neck**

National Targets and Minimum Standards	Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait	93%	92.50%	87.50%	88.20%	89.60%	94.10%	96.10%	94.20%	94.80%	96.80%	96.80%	90.00%	94.53%	87.50%			87.50%	
31-Day Wait From Diagnosis To First Treatment	96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	50.00%	100.00%	0.00%	25.00%	33.30%	75.00%	50.00%	75.00%	88.00%	90.00%	90.00%	0.00%			0.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	

**Lower GI**

National Targets and Minimum Standards	Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait	93%	91.40%	94.00%	85.80%	90.30%	98.10%	93.40%	98.60%	96.70%	95.40%	96.00%	98.10%	96.05%	91.00%			91.00%	
31-Day Wait From Diagnosis To First Treatment	96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	88.90%	100.00%	100.00%	97.30%	100.00%	88.90%	100.00%	97.10%	86.00%	86.00%	87.00%	86.33%	100.00%		100.00%	
	Screening Service referral	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
	Consultant Upgrade		0.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	

**Upper GI**

National Targets and Minimum Standards	Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait	93%	92.60%	90.40%	91.00%	91.20%	94.90%	94.90%	93.00%	94.00%	93.80%	94.00%	94.00%	93.93%	91.00%			91.00%	
31-Day Wait From Diagnosis To First Treatment	96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	80.00%	87.50%	87.50%	85.70%	83.30%	100.00%	50.00%	80.00%	100.00%	84.00%	100.00%	87.50%			87.50%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%			0.00%	

**Respiratory**

National Targets and Minimum Standards	Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	Jun	YTD
2 Week Wait	93%	90.90%	100.00%	100.00%	96.60%	100.00%	88.90%	100.00%	93.30%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
31-Day Wait From Diagnosis To First Treatment	96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	69.20%	40.00%	60.00%	60.70%	40.00%	50.00%	85.50%	60.00%	75.00%	85.50%	75.00%	78.50%	60.00%		60.00%	
	Consultant Upgrade		100.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%		0.00%	



**APPENDIX 3**

**Sarcomas**

National Targets and Minimum Standards	Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait	93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	
31-Day Wait From Diagnosis To First Treatment	96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%			0.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	

**Urology**

National Targets and Minimum Standards	Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait	93%	91.80%	90.90%	94.30%	92.00%	96.20%	91.80%	80.00%	89.00%	92.50%	91.70%	91.70%	91.97%	94.30%			94.30%	
31-Day Wait From Diagnosis To First Treatment	96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	94.70%	79.20%	66.70%	83.70%	81.20%	25.00%	57.10%	75.00%	80.00%	80.00%	78.33%	66.70%			66.70%	
	Consultant Upgrade		100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	

**Other**

National Targets and Minimum Standards	Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait	93%	100.00%	100.00%	0.00%	80.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	
31-Day Wait From Diagnosis To First Treatment	96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	
62-day wait for First treatment	From urgent GP referral	85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%			0.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	



Feb-16

National Indicators		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2	Oct	Nov	Dec	Qtr3	Jan	Feb	Mar	Qtr4	YTD Position
MRSA Bacteraemia	Hospital Acquired	0	0	0	0	0	0	1	1	2	0	0	0	2	0	0		0	2
	Community Acquired		0	0	0	0	0	1	0	1	0	0	0	1	1	0		1	2
	Total		0	0	0	0	0	2	1	3	0	0	0	3	1	0		1	7
Clostridium Difficile	Hospital Acquired - Due to lapses in care	<=27	0	1	3	4	1	0	3	4	1	1	0	4	0	0		0	10
	Hospital Acquired - Not due to lapses in care		3	4	1	8	0	0	1	1	2	1	0	1	0	0		0	12
	Hospital Acquired - Under Review		0	0	0	0	0	0	0	0	0	0	0	0	0	9		9	9
	Hospital Acquired - Total		3	5	4	12	1	0	4	5	3	2	0	5	0	9		9	31
	Community Acquired		1	3	1	5	3	3	6	12	3	1	3	12	3	1		4	28
	Total		4	8	5	17	4	3	10	17	6	3	3	17	3	10		13	64
RTT - 18 Weeks	Completed Admitted Pathways <18 Weeks	>=90%	92.55%	93.48%	93.14%	93.05%	92.05%	93.01%	92.74%	92.57%	92.31%	93.85%	92.65%	92.57%	85.44%	83.16%		84.21%	91.50%
	Completed Non-Admitted Pathways <18 Weeks	>=95%	97.53%	97.18%	98.13%	97.64%	97.71%	97.52%	97.51%	97.58%	97.91%	96.57%	96.46%	97.58%	96.10%	95.25%		95.65%	96.87%
	All Waiters <18 Weeks	>=92%	93.38%	94.30%	93.84%	93.87%	93.10%	93.49%	93.08%	93.23%	92.83%	93.41%	93.72%	93.23%	93.75%	92.63%		93.16%	93.40%
Cancer	2 Week Wait	>=93%	93.70%	93.80%	92.00%	93.00%	95.20%	93.30%	93.10%	93.90%	95.80%	94.90%	93.90%	93.90%	93.60%	94.00%			93.91%
	Breast Symptom 2 Week Wait	>=93%	92.80%	98.30%	89.70%	93.20%	93.30%	96.60%	97.90%	95.80%	96.30%	93.50%	93.30%	95.80%	96.40%	93.15%			93.43%
	31 Day First Treatment	>=96%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			99.33%
	31 Day Subsequent Treatment : Surgery	>=94%	100.00%	100.00%	96.00%	98.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			99.00%
	31 Day Subsequent Treatment : Drugs	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%
	62 Day First Treat - Urgent GP - Open Exeter	>=85%	88.10%	86.00%	81.00%	85.25%	88.90%	86.21%	83.53%	85.71%	92.00%	85.10%	78.30%	85.71%	84.00%	85.00%			85.54%
	62 Day First Treat - Urgent GP - Reallocation	>=85%	88.10%	86.40%	83.80%	86.10%	87.65%	82.00%	82.48%	85.65%	90.00%	85.00%	78.30%	85.65%	83.90%	85.00%			85.04%
	62 Day First Treatment - Screening	>=90%	100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			96.88%
	CRS 62 Day Consultant Upgrade	>=90%	100.00%	0.00%	100.00%	100.00%	0.00%	83.33%	100.00%	94.10%	0.00%	0.00%	0.00%	94.10%	0.00%	0.00%			50.00%
A&E & MIU	% Departed < 4hrs (based on the Weekly SITREP Submissions)	>=95%	87.75%	94.05%	92.68%	91.13%	93.96%	93.17%	91.69%	92.92%	90.74%	86.49%	85.19%	92.92%	81.33%	79.86%		80.60%	88.57%
	Number of patients breaching 4hrs		1207	461	502	2170	557	666	811	2034	933	1320	1408	2034	1847	1984		3831	11696
Diagnostics - 6+ Week Waiters	% of Patients waiting >= 6 Weeks	<1%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%		0.00%	0.00%	3.58%		0.00%	0.02%			
	No of Patients waiting >= 6 Weeks		0	0	0	0	0	0	0	0	0	0	120	1	0	1			

**APPENDIX 4**

**Feb-16**

National Indicators		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2	Oct	Nov	Dec	Qtr3	Jan	Feb	Mar	Qtr4	YTD Position
IP/DC and OP Waiters at Month End	Number of Outpatients waiting >21days (GP Refs only)		766	797	617		663	903	757		842								
	Number of Inpatients and Daycases on the waiting list - all theatres, exc Planned (Endo in brackets)		4315 (788)	4934 (980)	4545 (846)		4299 (853)	4677 (804)	4429 (924)		4720 (920)	5836 (757)	5369 (609)		5867 (735)	5876 (688)			
Diagnostic Waiters at Month End	Number of patients waiting >=4 weeks - MRI	0	19	35	65		125	92	5		2	1	2		0	0			
	Number of patients waiting >=3 weeks - CT	0	29	49	8		15	12	18		10	8	115		28	28			
Non-Clinical Cancelled Operations	% of Cancelled Operations on the Day	<=2%	1.08%	0.61%	1.07%	0.92%	0.44%	1.64%	1.88%	1.29%	0.67%								
	Number of Cancelled Operations on the Day		34	19	34	87	15	47	59	121	21								
	Number of Cancellations not offered a date for readmission within 28 days	0	3	0	3	6	2	0	2	4	0								
	% of Cancellations Readmitted within 28 days	>=95%	86.89%	100.00%	95.00%	91.96%	94.87%	92.86%	95.35%	94.79%	96.67%								
	Number of breaches of the 28 day rule		8	0	1	9	2	1	2	5	2								
Daycase Rates	Basket of 25	>=75%	83.76%	84.02%	86.06%	84.59%	81.55%	83.68%	82.44%	82.51%	81.22%	83.91%	71.01%	81.48%	70.13%	70.59%		70.31%	82.68%
	All Procedures		84.94%	84.64%	86.03%	85.21%	84.31%	84.91%	85.06%	84.74%	84.74%	86.31%	84.27%	85.14%	86.35%	85.40%		85.88%	85.17%
Delayed Discharges (based on Op Framework)	% of Delayed Discharges	<=0.5%	3.65%	3.95%	4.04%		2.55%	3.71%	5.29%		3.77%	5.18%	3.09%						
	Number of Delayed Discharges		19	20	21		13	19	28		20	27	15						
Outpatient DNA Rate	New		6.95%	7.62%	7.35%	7.31%	7.53%	7.73%	6.74%	7.32%	7.54%	8.66%	12.22%	9.60%	12.16%	11.15%		11.66%	8.82%
	Follow-up		7.93%	8.07%	7.74%	7.91%	8.17%	8.27%	8.62%	8.35%	8.80%	9.60%	13.57%	10.78%	13.11%	12.07%		12.59%	9.82%
	Paediatric (<18) New		8.34%	9.64%	9.56%	9.18%	9.38%	9.50%	7.76%	8.89%	7.99%	7.85%	13.35%	9.58%	12.72%	14.76%		13.81%	10.13%
	Paediatric (<18) Follow-up		8.93%	9.83%	8.72%	9.13%	9.91%	9.11%	9.08%	9.37%	10.45%	12.16%	18.98%	14.35%	17.92%	17.92%		17.92%	12.77%
A&E Clinical Indicators	Total time in A&E (95th percentile)	<=240mins	424.6	297.0	338.0	359.0	285.0	339.0	345.0	314.0	374.0								
	Time to initial assessment (95th percentile)	<=15mins	82.2	66.0	70.0	73.0	63.0	65.0	69.0	66.0	63.0	70.0	85.0	72.4	94.3	96.0			
	Time to treatment decision (median)	<=60mins	71.0	65.0	68.0	68.0	70.0	66.0	73.0	70.0	76.0	88.0	77.0	79.8	69.0	74.0			
	Unplanned reattendance rate	<=5%	0.81%	0.93%	0.63%	0.78%	0.76%	0.81%	0.61%	0.70%	0.73%								
	Left without being seen	<=5%	5.10%	4.29%	4.51%	4.63%	3.91%	3.37%	4.15%	3.67%	4.53%								
Ambulance Handovers	Number handed over 30 to 60 mins	0	72	40	43	155	12	28	39	79	51	75	101	227	134	216		350	811
	Number handed over >60 mins	0	30	0	5	35	1	1	11	13	28	12	47	87	108	160		268	403
	HAS Compliance Score	90.00%	70.54%	84.02%	89.11%	81.51%	91.52%	92.81%	89.23%	91.18%	89.34%	90.62%	93.95%	91.32%	90.78%	91.06%		90.91%	88.66%



**APPENDIX 5**



**5 things to support the delivery of the 4 hour standard**

What	How	Metrics
Increase discharges before midday	<ul style="list-style-type: none"> <li>• Introduction of SAFER bundle</li> <li>• Increase the use of discharge lounge</li> <li>• Identify patients (at least 1 per ward) who will leave the ward before 10am by 4 pm the previous day and give names to control centre</li> </ul>	<ul style="list-style-type: none"> <li>✓ Number of discharges before midday (target 33% of discharges)</li> <li>✓ Number of wards that have had a ward round commence at 8am</li> <li>✓ % of patients on acute wards who have had senior review by midday</li> <li>✓ Number of patients through discharge lounge and also there by 10am</li> <li>✓ Number of cancellations due to lack of beds</li> </ul>
Reduce number of community fit patients	<ul style="list-style-type: none"> <li>• Participate in MADE</li> <li>• Comprehensive review of all patients with length of stay over 28 days</li> <li>• Increased collaboration with economy partners</li> <li>• Closer working with community matrons, pre discharge assessments</li> <li>• Introduce red and green day methodology</li> </ul>	<ul style="list-style-type: none"> <li>✓ Number of "community fit" patients in acute beds</li> <li>✓ Occupied bed days by community fit patients</li> <li>✓ length of time a patient stays in hospital once declared "community fit"</li> <li>✓ Number of 'red' days in a patient journey</li> </ul>
Reduce the overall waiting time for patients in AED	<ul style="list-style-type: none"> <li>• Appropriate triage within 15 minutes of arrival</li> <li>• Effective streaming</li> <li>• Move appropriate area to alternative area for extended assessment</li> <li>• Ensure clinical rotas are aligned to demands of the department</li> <li>• Ensure speciality medical review cascade, with associated triggers are in place for each speciality</li> <li>• Review patient flow support</li> <li>• Ensure Clinical Decision Unit has capacity for ED to use</li> <li>• Ensure patients are transferred to appropriate specialty within 60 minutes of referral</li> </ul>	<ul style="list-style-type: none"> <li>✓ ED F&amp;F score</li> <li>✓ Initial triage time</li> <li>✓ Number of breaches of 4 hour target</li> <li>✓ Number of outliers in CDU</li> <li>✓ Length of stay on CDU</li> <li>✓ Number of breaches awaiting specialty review</li> <li>✓ Time a patient waits from decision to admit</li> <li>✓ Number of patients streamed to ambulatory care</li> <li>✓ Audit speciality medical review cascade and use of the pathway</li> <li>✓ Number of medical outliers</li> </ul>
Increase the number of discharges at a weekend	<ul style="list-style-type: none"> <li>• Introduce a multi-disciplinary weekend discharge team</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increase in number of discharges at weekend in absolute terms and as a % of weekday discharges Target 80% of weekday</li> </ul>
Increase the use of ambulatory care	<ul style="list-style-type: none"> <li>• Creation of new ambulatory unit</li> <li>• Increase number of ambulatory clinics</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reduction in hospital admissions who stay overnight</li> <li>Reduction of avoidable admissions and an increase</li> </ul>



What	How	Metrics
		in zero LOS ✓ Plan to achieve Best Practice Tariff for ambulatory pathways



**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/16/071</b>	
<b>SUBJECT:</b>	<b>Board Assurance Framework 2016-17</b>	
<b>DATE OF MEETING:</b>	30th March 2016	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	Angela Wetton, Company Secretary	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Angela Wetton, Company Secretary Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>		
	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>		
	All	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>		
	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>		
	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>		
	In order to support the Annual Governance Statement and keep the Board focused on the key strategic risks to delivering its objective, the Board must maintain a 'fit-for-purpose' Board Assurance Framework that is reviewed on a regular basis. This paper proposes the next steps.	
<b>RECOMMENDATION:</b>		
	<p><b>The Board is:</b></p> <ul style="list-style-type: none"> <li>• <b>Approves</b> the carry forward of the recently refreshed BAF for at least Q1 2016-17</li> <li>• <b>Approves</b> the protocol for future building and maintaining the BAF</li> <li>• <b>Note</b> the responsibilities of the Assurance Committee Chairs in terms of their Committee's role in the assurance and escalation process</li> </ul>	
<b>PREVIOUSLY CONSIDERED BY:</b>		
	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	



## **BACKGROUND**

The Board Assurance Framework (BAF) supports the Chief Accounting Officer's Annual Governance Statement and helps clarify what risks will compromise our strategic objectives and whilst we may have controls in place, over time those controls will weaken, hence the need for regular 'testing'.

It is the responsibility of the entire Board of Directors to define the structure of the BAF to meet its assurance requirements and to populate the BAF such that it describes the necessary system of internal control and the assurances.

The Board must clearly define the role of its assurance committees as these operate on behalf of the Board with responsibility for holding Execs to account through review of performance, quality, risk and governance. This is done through 'fit-for-purpose' Terms of Reference and ensuring that robust frameworks are in place to allow the committees to discharge their roles.

## **TRUST BOARD RESPONSIBILITIES**

It is the duty of the whole Board, Executive and Non-Executive Directors alike, to appropriately monitor the Trust's significant risks and to test the associated controls and assurances.

Where any major concern is escalated from its Assurance Committees, the Board will consider whether or not the BAF should be updated to either add a new risk or to strengthen controls or add further assurance requirements.

## **COMPANY SECRETARY RESPONSIBILITIES**

The BAF is produced and maintained by the Company Secretary who will take all of the relevant evidence and arrive at an informed conclusion as to the robustness of the assurances received (with input from the Exec risk owner) and advise the Board accordingly via a quarterly report. They will also liaise with internal audit on the assurance framework.

## **ASSURANCE COMMITTEE RESPONSIBILITIES**

The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions.

### **Assurance**

**Provides:** Confidence / evidence / certainty

**To:** Directors/ non-executives / management

**That:** what needs to be happening is actually happening in practice

The most objective assurances are derived from independent reviewers such as Internal Audit, CQC; these are supplemented by internal sources such as clinical audit, internal management representations, performance management and self-assessment reports.





Each assurance committee Chair will ensure robust governance in the operation of all committees including approval of terms of reference, work planning and reporting.

Each Committee Chair in consultation with the Executive Lead for the committee will devise a committee work-plan at the start of each year that meets the objectives of the committee and delivers the assurances required and will be responsible for setting meeting agendas aligned to the work-plan and for ensuring that any assurance reports received against BAF risks are sufficiently discussed, challenged and such discussions are properly recorded:

- Where does the assurance come from?
- How reliable is this assurance?
- What is this assurance telling me?
- Is the assurance proportionate to the level of the risk?

Following each Assurance Committee meeting, a Key Issues Report will be presented to the next meeting of the Board of Directors. This report will identify any matters for escalation to the Board or any matters that require oversight from another committee.

On an annual basis, the Committee Chairs will present a report to the Board annually detailing how the committee has met its terms of reference and gained sufficient assurances around key risks and regulatory requirements.

Additionally the Audit Committee Chair will present an annual report to the Council of Governors on its work undertaken through the year in support of the Annual Governance Statement.

### **PROTOCOL FOR BUILDING & MAINTAINING THE BAF**

The Board Assurance Framework (BAF) was recently refreshed at the January Trust Board meeting and therefore the proposal is that this recently refreshed BAF remains in place for at least Q1 of 2016-17 so it will be presented at April Board for further consideration.

For the future however, the following protocol is proposed:

1. The Board of Directors will schedule time during a development day held in February or March each year to review and update the structure and content of the BAF.
2. The Board of Directors will formally review the BAF on a quarterly basis and will formally close off the BAF annually at its March Board meeting.
3. The Company Secretary will report on a quarterly basis to the Board via a Schedule of Assurances, detailing the progress of assurances received year to date. The Company Secretary will also advise the Board of any changes that need to be made to the BAF in respect of new regulatory or compliance requirements.
4. The Company Secretary will work with the Chairman and Chief Executive to populate and maintain a Board Cycle of Business for the year ahead – this will take into account all assurances required for the BAF and will form the basis for the meeting Agendas.
5. The Board of Directors will determine the Board committee structure and set out the terms of reference of each assurance committee and will review these annually to ensure they are consistent with assurances required for the BAF.



## RECOMMENDATION

The Board:

- **Approves** the carry forward of the recently refreshed BAF for at least Q1 2016-17
- **Approves** the protocol for future building and maintaining the BAF
- **Note** the responsibilities of the Assurance Committee Chairs in terms of their Committee's role in the assurance and escalation process



**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/16/072</b>	
<b>SUBJECT:</b>	<b>Board Cycle of Business 2016-17</b>	
<b>DATE OF MEETING:</b>	30th March 2016	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	Angela Wetton, Company Secretary	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Angela Wetton, Company Secretary Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	All	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	In order to ensure the Trust Board is provided with sufficient assurances around key strategic risks, a cycle of business for 2016-17 has been developed.	
<b>RECOMMENDATION:</b>	The Board ensures that the Cycle of Business covers all items of assurance required by the Board Assurance Framework and either makes recommendations for revision or approves accordingly.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	









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Warrington and Halton Hospitals **NHS**

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## BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	<b>BM/16/074</b>	
<b>SUBJECT:</b>	<b>Monthly Staffing Exceptions Report January 2016</b>	
<b>DATE OF MEETING:</b>	30th March 2016	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	Grace Delaney-Segar (Patient Quality and Safety Champion) Divisional Matrons from unscheduled, scheduled and Woman's children's and support services Associate Divisional Nurses from unscheduled, scheduled and Woman's Children's and Support Serves	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Karen Dawber, Director of Nursing and Governance	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	SO1: To ensure that all care is rated amongst the top quartile in the North West of England for patient safety, clinical outcomes and patient experience	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF1.1: CQC Compliance for Quality	
	BAF1.3: National & Local Mandatory, Operational Targets	
	BAF3.2: Monitor Undertakings: Corporate Governance & Financial Management	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides an overview of nurse staffing for January 2016.	
<b>RECOMMENDATION:</b>	<p><b><i>The Board is asked to:</i></b></p> <ol style="list-style-type: none"> <li><b>1. Note the contents of this report, which describe the progress in the monitoring of complaints and to approve the actions as documented; and</b></li> <li><b>2. Approve the staffing exemption Report</b></li> </ol>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	



### 1.0 Introduction / Background

From June 2014, NHS England has stipulated that each month, Trusts with inpatient beds are required to publish their staffing levels (planned versus actual) in hours on the NHS Choices website. In addition, Trusts are required to publish this data on their own website, on a ward by ward basis. This information sits alongside a range of other indicators related to the Trust. Patients and members of the public are able to see clearly how hospitals are performing in relation to staffing in an easy and accessible way.

It is also a requirement of NHS England for Trust Board to receive this information on a monthly basis to ensure they are apprised of staffing within the organisation. Shift by shift Staffing data is also displayed outside each ward to ensure that we are open and transparent to the public.

### 2.0 Staffing Report

The information demonstrates the staffing information per ward and details planned staffing versus actual, stating which shifts have not met their staffing ratio and reasons for this. Where staffing compliance is not at 100%, the paper details the reasons why and the action taken to address the shortfall. On a daily basis professional judgement is used to ensure that the wards have the appropriate staff and skill mix in place to ensure that safe quality care is delivered to patients and their families.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY and uploaded onto NHS Choices for January 2015 data based on the information included in this paper.

### 3.0 Divisional Breakdown

SCHEDULED CARE DIVISION					
Ward name	DAY Average fill rate - registered nurses / midwives (%)	DAY Average fill rate - care staff (%)	NIGHT Average fill rate - registered nurses / midwives (%)	NIGHT Average fill rate - care staff (%)	Exception Report Comments with assurance provided by Associate Directors of Nursing
SAU	100.0%	55.9%	-	-	The unit is closed overnight. They still have a 0.68 Band 5 vacancy, 0.76 assistant practitioner vacancy and 0.76 Band 2 vacancies. The staffing levels for CSW have been reviewed for over the weekend and it was agreed that a 10-6 would cover the service which is the reason the CSW are less.



<b>A5</b>	106.3%	93.6%	101.1%	101.6%	Ward A5 is currently running at 33 beds and has done for the month of January. On occasion the escalation shifts have been covered. A band 5 has transferred to Ward A4 and another Band 5 has been on long term sick. All shifts are requested on NHSP but not always filled.
<b>A6</b>	96.3%	104.7%	101.1%	109.7%	A6 is now funded for 32 beds. However the ward is not yet fully established. So the aim is to open 4 beds on A5 to ensure the surgical floor has 60 core beds open... However A6 has been open to 32 beds for all of January. Short term sickness impacted on staffing levels throughout the month. To ensure safety any gaps on e-rostering are requested on NHSP and escalated to agency if not covered. Retention of staff continues to be a problem with a further 2.0 leaving at the end of March
<b>Ward name</b>	<b>DAY Average fill rate - registered nurses / midwives (%)</b>	<b>DAY Average fill rate - care staff (%)</b>	<b>NIGHT Average fill rate - registered nurses / midwives (%)</b>	<b>NIGHT Average fill rate - care staff (%)</b>	<b>Exception Report Comments with assurance provided by Associate Directors of Nursing</b>



<p><b>A9</b></p>	<p>86.5%</p>	<p>88.4%</p>	<p>97.8%</p>	<p>95.2%</p>	<p>There have been sustained escalation beds from the 4th January 2016, due to the organisational pressure. There has been very low cover for the escalation beds and the ward has mostly had reduced staffing according to the planned agreed staffing, which has maintained an element of risk when numbers are below core beds and added amount of 4 patients. Staff levels are discussed at daily bed meetings and a whole corporate approach to reducing risk and staffing areas for escalation is reviewed. There is still a significant vacancy level (although appointed) and this is in the most being covered by agency as NHSP trained has very poor fill rate. There have been varied acuity levels and the ward has continued to utilise carers and staff to observe patients at risk. There remains a significant amount of intravenous antibiotics and controlled medication on days and nights.</p>
<p><b>B19</b></p>	<p>101.4%</p>	<p>131.1%</p>	<p>100.0%</p>	<p>100.0%</p>	<p>On the 6th January 2016 a Trust decision was agreed to review any alternative bed space or cubicles. Due to 'Full Capacity' a double side room was re-commissioned. This area has been fully functional from the 6th January 2016 and the ward has been escalated by +6. There have only been 2 days when the ward was staffed by 4 RNs for escalation. Over on CSW due to escalation and NOF unit and escalation. There has been varied acuity of patients throughout the month and the staffs are allocated to enable each bay to have visual staff. There has remained a constant demand for intravenous antibiotics and controlled drugs, within this speciality of patients. There has been an impact on the ward environment due to the re-commissioning of the double side room, as storage is a risk. This is being managed by the Ward Manager and the requirement for the double side room is reviewed weekly at bed meetings.</p>




<b>B4</b>	95.7%	93.2%	95.8%	100.0%	Band 5 staff nurse and 2 Band 2 HCA both remains on long term sick.
<b>CMTC</b>	80.4%	77.6%	73.8%	94.6%	There 10 WTE vacancies. The advert for RN's is now more specific regarding vacancies at Halton.
<b>ICU</b>	98.0%	57.0%	99.0%	73.0%	Currently working to a configuration of 16 beds used flexibly depending on dependency of patients 13 Q nurses required per shift but if dependency/occupancy reduced then less nurses would still provide agreed nurse: patient ratios. Unit Occupancy for January 2016 was 89%. Staffing and capacity reviewed daily to ensure appropriate nurse: patient ratios.

<b>UNSCHEDULED CARE DIVISION</b>					
<b>Ward name</b>	<b>DAY Average fill rate - registered nurses / midwives (%)</b>	<b>DAY Average fill rate - care staff (%)</b>	<b>NIGHT Average fill rate - registered nurses / midwives (%)</b>	<b>NIGHT Average fill rate - care staff (%)</b>	<b>Exception Report Comments with assurance provided by Associate Directors of Nursing</b>
<b>AED</b>					
<b>A1</b>	90.2%	98.7%	103.2%	100.0%	Higher amount of hours due to escalation in assessment for the most of January requiring 7 RNs. Practice educator post has been re advertised. We have 2x band 6 secondments appointed to support retention. Matron completes a staffing review daily at 2.15pm and staff are moved within the Division to make areas safe.
<b>A2</b>	97.4%	100.0%	88.6%	91.9%	Temporary Band 7 post filled for 3 months. Matron completes a staffing review daily at 2.15pm and staff are moved within the Division to make areas safe. 1:1 risk assessments completed as required and put out to NHSP to support 1:1's.



<b>A3</b>	92.9%	108.3%	96.8%	132.0%	Recruitment still pending, awaiting new starters, rolling recruitment continues. Patient acuity and seasonal pressures are high and all shifts are escalated appropriately. Increased evidence of shift cancellation on NHSP, risk minimised within resources available to maintain a safe environment.
<b>A4</b>	128.4%	107.1%	146.7%	137.1%	Ward manager in the numbers. On occasion the 3rd RN is an AP with the ward manager support. Acuity high. Escalated to 34 patients 29.12.15. Several dementia patients & patients requiring 1:1 Care
<b>A7</b>	104.3%	104.0%	121.5%	114.5%	Acuity has increased on A7 and the number of level 2 patients and 1:1 patients. Risk assessment in place, skill mix and acuity reviewed regularly along with required staffing. Paper produced for board regarding increased cost.
<b>A8</b>	95.2%	90.3%	103.3%	91.1%	Escalated to 30 patients 29.12.15. Several patients' dementia patients and patients requiring 1:1 Care. Ward manager in the numbers working clinically.
<b>B12</b>	97.8%	104.6%	100.0%	131.2%	Ward manager in the numbers on most shifts due to bereavement leave, two members of staff on long term sick and other short term sickness. Several patients needing 1:1 care.
<b>B14</b>	90.0%	88.9%	73.4%	101.6%	Patients needing 1:1 specialising in January
<b>Ward name</b>	<b>DAY Average fill rate - registered nurses / midwives (%)</b>	<b>DAY Average fill rate - care staff (%)</b>	<b>NIGHT Average fill rate - registered nurses / midwives (%)</b>	<b>NIGHT Average fill rate - care staff (%)</b>	<b>Exception Report Comments with assurance provided by Associate Directors of Nursing</b>
<b>B18</b>	76.6%	91.2%	93.5%	79.6%	Shifts not picked up on occasions for CSW and RN's on NHSP. Sickness continues both long & short term. Risk minimised within resources available to maintain safe environment
<b>C21</b>	96.8%	87.3%	100.0%	100.0%	Nurse staffing reduced to sickness on two occasions- unable to support ward risk assessed and was safe.
<b>C22</b>	96.4%	84.5%	100.0%	100.0%	Vacancies remain high, some capture from recent rolling recruitment but will not fulfil shortfall. All shifts escalated and risk minimised within resources available to maintain safe environment
<b>CCU</b>	97.5%	40.7%	100.0%	-	sickness for qualified resulted in reduced hours for day shift- ward risk assessed. Area safe as patients were not always level 2 patients.



<b>STAR</b>	89.2%	87.1%	100%	100%
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**Scheduled Care – January 2016**

There has been almost continuous use of the escalation beds in Scheduled Care during January which has put pressure on the department. Added to this some short term absence has meant that there has been some concern over reduced numbers of staff on some shifts.

There have been a poor fill rates on occasion via NHSP and agency which has also impacted on cover for some shifts across the Scheduled Division wards. Review of staffing takes place regularly throughout the day and plans are put in place to move staff in order to make shifts safe where necessary.

There continues to be a number of vacancies, however, the rolling recruitment programme is in place and we are awaiting the start of several new members of staff along with Romanian Nurses recently recruited.

The Interim ADoN feels assured that staffing levels are reviewed on a shift by shift basis and staff are moved accordingly to cover any shortfalls identified.

**Unscheduled Care –**

There have been huge winter pressures in unscheduled Care during January which has put pressure on the department. Added to this some long term absence has meant that there has been some concern over adequate staffing on some shifts.

There have also been a poor fill rates on occasion via NHSP and agency since the new capped rates were introduced. This has impacted across the divisions as staff are being moved to support the unfilled shifts. Wards. Review of staffing takes place regularly throughout the day and plans are put in place to move staff in order to make shifts safe and encourage effective skill mix where necessary.

There continues to be a number of vacancies, however, the rolling recruitment programme is in place and we are awaiting the start of several new members of staff along with Romanian Nurses recently recruited.

The ADoN feels assured that staffing levels are reviewed on a shift by shift basis.



**WOMEN'S & CHILDREN'S SUPPORT SERVICES**

Ward name	DAY Average fill rate - registered nurses / midwives (%)	DAY Average fill rate - care staff (%)	NIGHT Average fill rate - registered nurses / midwives (%)	NIGHT Average fill rate - care staff (%)	Exception Report Comments with assurance provided by Associate Directors of Nursing
<b>B11</b>	96.5%	86.6%	100.0%	-	
<b>Neonatal Unit</b>	78.7%	40.2%	80.7%	45.2%	
<b>C20</b>	75.6%	100.0%	99.9%	-	
<b>C23</b>	101.4%	83.0%	93.7%	86.3%	





## BOARD OF DIRECTORS

<b>AGENDA REF:</b>	<b>BM/16/075</b>
<b>SUBJECT:</b>	<b>QUALITY DASHBOARD MARCH 2016</b>
<b>DATE OF MEETING:</b>	30 <sup>th</sup> March 2016
<b>ACTION REQUIRED</b>	<b>For Assurance</b>
<b>AUTHOR(S):</b>	Ros Harvey (Corporate Nursing Programmes Manager) Hannah Gray (Clinical Effectiveness Manager)
<b>EXECUTIVE DIRECTOR:</b>	Karen Dawber, Director of Nursing and Governance Choose an item.
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All Choose an item. Choose an item.
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework SO1/1.3 Failure to achieve infection control targets in accordance with the Risk Assessment Framework Choose an item. Choose an item. Choose an item.
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full
<b>FOIA EXEMPTIONS APPLIED:</b>	None
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	The Quality Dashboard (at Appendix 1) includes 2015/2016 quality related KPIs from the:- <ul style="list-style-type: none"> <li>• CQUINs – National (Local CQUINs will be monitored by the CQUIN monitoring group and reported by exception if required).</li> <li>• Quality Contract</li> <li>• Quality Account - Improvement Priorities and Quality Indicators</li> <li>• Sign up to Safety – national patient safety topics</li> <li>• Open and Honest initiative</li> </ul>



	<p>Please note that VTE, AKI and dementia are extracted for the purpose of the QDB in advance of submission via UNIFY at months' end and may not show compliance with the threshold. (VTE – 95% and Dementia – 90%). This will be updated in next month's Quality Dashboard.</p> <p>The KPI titles in red text denote data which has been affected by the switch from Meditech to Lorenzo. The leads and information department are working on these issues.</p>	
<p><b>RECOMMENDATION:</b></p>	<p><b><i>The Board is asked to:</i></b></p> <ol style="list-style-type: none"> <li>1. Note that the data for a number of indicators can change month on month. This applies to mortality peer review, incidents (including pressure ulcers and falls), as incident type and severity can alter once reviewed, complaints and concerns as complaints can become concerns (and vice versa), with the agreement of complainants, and to mortality data which is rebased.</li> <li>2. Note progress and compliance against the key performance indicators</li> <li>3. Approve actions planned to mitigate areas of exception</li> <li>4. Note the change in incident figures</li> </ol>	
<p><b>PREVIOUSLY CONSIDERED BY:</b></p>	<p><b>Committee</b></p>	<p>Not Applicable</p>
	<p><b>Agenda Ref.</b></p>	
	<p><b>Date of meeting</b></p>	
	<p><b>Summary of Outcome</b></p>	<p>Choose an item.</p>



Please see Appendix 1 for the quality dashboard data

## Patient Safety

### 1. VTE

There are issues with extracting data from the new Lorenzo system as the relevant reports are not yet available and the data capture systems (including the use of paper and e-forms) require refinement.

#### VTE Root Cause Analysis (RCA)

- There is a delay in completion of VTE RCA due to the number of steps in the process, access to case notes and cancellation of the Thrombosis Committee meetings, at which these are reviewed. There are therefore a high, and increasing number of outstanding RCAs.
- A report has been submitted to Patient Safety Sub Committee to bring the VTE RCA approach into line with other Trust RCA processes in order to reduce the time from identification to completion of the RCA.

IT solutions, supported by the Clinical Governance Department are being implemented to help mitigate this delay.

## Clinical Effectiveness

### 2. SHMI (Summary Hospital-level Mortality Indicator)

The SHMI has reduced to 112 for the period December 2015 – November 2016. The Trust continues to compare well with local peers regarding crude death rates; this is 2.45% for 2015/2016 (to the end of February). The Mortality Review Group (MRG) is monitoring progress against the revised Reducing Avoidable Mortality action plan. The Trust Board will receive the next Mortality Overview Report at the April 2016 Trust Board meeting.

### 3. Cardiac Arrests

We have had 81 cardiac arrests from 1/4/15 to 29/2/16, with a forecast of 88, which would breach the trust's contractual threshold of >85.

### 4. SEPSIS

Issues have been identified relating to both the capture and extraction of this data in Lorenzo; actions to resolve these are in progress.

### 5. AQ Measures

We are narrowly missing the cumulative target for the Heart Failure and Pneumonia measures. The compliance for each aspect of the measures for November only is as follows:

#### Heart Failure

- (DCM) Heart failure specialist review prior to discharge 13/23 (56.5%)
- HF Specialist review <72 hours of HF documentation 20/24 (83.3%)
- Evaluation of left ventricular systolic function 12/14 (85.7%)
- Written Discharge Instructions Given and Discussed 19/24 (79.2%)
- ACEi or ARB prescribed at discharge 6/7 (85.7%)
- Beta-blocker prescribed at discharge 14/14 (100%)



- Referral for appropriate heart failure follow-up 23/25 (92%)

### Pneumonia

- Oxygen assessment within four hours of arrival 55/55 = 100%
- Chest x-ray within four hours of arrival 45/53 = 84.9%
- Initial antibiotic received within 4 hours of hospital arrival 22/31 = 71%
- CURB-65 Recorded 36/37 = 97.3%
- Appropriate antibiotic selection 21/22 = 95.5%

## Patient Experience

### 6. Pressure Ulcers

We have not met the 10% or 5% reduction targets (59 and 63) for grade 2 pressure ulcers, having had 75 by the end of February 2016. There has however been a significant reduction, from an average of 9 per month in the first 8 months, to 2 approved in December (3 under review), 1 approved in January (3 under review) and 0 approved in February (4 under review).

The Trust continues to implement its planned program of actions to further reduce pressure ulcers which include:-

- Root cause analysis is conducted on all Grade 3/4 pressure ulcers which develop within the trust
- As agreed with our commissioners the trust is piloting the 72 hour incident review tool
- Mini investigations of all grade 2 hospital acquired pressure ulcers
- Adult Safeguarding team is now part of the pressure ulcer investigation panel
- A task and finish group led by the Associate Director of Nursing for Scheduled Care focussed on preventing orthopaedic device related pressure ulcers
- Clearer guidance and support around patient non-compliance and capacity
- Bands 1-4 staff will be receiving basic education around nutrition which will include MUST and E-learning is now available
- Standby Phase III mattresses are located on several wards on the Warrington site and in the Porters' Lodge on the Halton site for out of hours use to eliminate delay in obtaining a high risk dynamic mattress
- Repose trolley toppers have been purchased for use on A&E trolleys for high risk patients
- New monthly Pressure Ulcer Prevention training commenced January 2015, facilitated by Park House Healthcare.

### 7. Dementia CQUIN

Issues have been identified relating to both the capture and extraction of this data in Lorenzo; actions to resolve these are in progress.

### 8. Always Events

Although the target of 100% is not yet being met, we have sustained an improvement each month since April 2015, from 89% in April 2015, to 97% for January 2016. Compliance for quarter 1 is 90%, rising to 93% for quarter 2 and 95% for quarter 3. Performance for the first 2 months of quarter 4 is 92%.



## 9. Care Indicators: risk assessments

The care indicators audit process was developed as part of the High Quality Care CQUIN for 2013/2014 to audit compliance (random sample) with risk assessments for Falls, Waterlow and MUST. The Trust monitored this as a Quality Indicator for the Quality Accounts in 2014/2015 and due to non-compliance at year end (achieving below 95%), has decided to continue monitoring this for 2015/2016. The audit includes all patients, and any non-compliance issues will be addressed by ward managers and the patient quality and safety champion, with compliance and progress monitored by the Patient Experience Sub Committee. We achieved the 95% target for falls and Waterlow in quarter 3 and despite a dip in January are again compliant in February. Although not yet meeting the target for MUST, the data shows increasing compliance from 85% for quarter 1, 86% for quarter 2, and 88% for quarter 3. Figures of 93% for December, 92% for January and 93% for February suggest that improved practice is starting to embed.

## 10. Mixed Sex Occurrences

There were three reported breaches of same sex accommodation in February 2016. Two breaches occurred in the Cardiac Catheter Suite during a period of escalation and one in CCU. These have been investigated in line with policy and an RCA completed. Though there were three breaches, the number of breach days was four in total.

Q.1 4 patients said they had shared accommodation when they first were admitted.

Q.2 4 patients said they had shared accommodation after they were moved to another ward.

Q.3 3 patients said they had used the same bathroom/shower as the opposite sex and 7 did not know.

## 11. Friends and Family












We have experienced a significant decrease in the number of FFT returns, particularly from A&E, since November 2015. This coincided with the roll out of the Lorenzo system and increasing activity across the Trust. Another factor has been that the new booking in system in A&E means that patients don't speak directly to the reception staff and are not offered forms at that point.

Actions:

- Issue raised with leads in A&E
- Additional visits to A&E to encourage staff to give forms out
- Investigating options for the booking in system to include a reminder to complete FFT
- Look at buying a stand for forms to be situated next to book in kiosk.

# Quality Dashboard 2015/16

**Titles key:** IC = Inclusion criteria (See key below), YTD = Year to date  
**Inclusion criteria key:** Improvement priority (IP), National Quality related CQUINs (C), Quality Account indicators (QI), CQC Intelligent Monitoring quality related 'Elevated risks' and 'risks' (CQC), National Patient Safety Priorities (related to Sign up to Safety campaign) (SU2S), Contract KPIs (Quality section only) not considered at other forums (QC), Directive from Sir Bruce Keogh (BK), Open and Honest (OH)  
**Data key:** DC = Data capture system under development, QR = Quarterly Reporting  
 ST = Safety Thermometer. This is a survey carried out on one day a month on all wards. The survey provides a point prevalence figure e.g. of the number of inpatients who have a hospital acquired pressure ulcer on that day. The figure is NOT the total number of incidents in the month.

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
<b>Safety</b>																					
INCIDENTS	MODERATE, MAJOR OR CATASTROPHIC HARM: APPROVED	TBC	QC	8	5	8	21	7	5	10	22	18	1	0	19	6	1			69	changes monthly
	MODERATE, MAJOR OR CATASTROPHIC HARM: UNDER REVIEW	N/A		0	0	1	1	2	3	4	9	1	2	5	8	5	33			56	changes monthly
	SERIOUS UNTOWARD INCIDENTS (SUIs) Level 2	N/A		1	0	0	6	1	0	1	5	2	0	0	3	0	1			6	
HEALTHCARE ACQUIRED INFECTIONS	MRSA	0= green, 1-5=amber, >5 red	QC, QI	0	0	0	0	0	1	1	2	0	0	0	0	0	0			2	
	CLOSTRIDIUM DIFFICILE (due to lapses in care)	<=27 per year	QC, QI	0	1	3	4	1	0	3	4	1	1	0	2	0	0			10	
	CLOSTRIDIUM DIFFICILE (no lapse in care)	None set	N/A	3	4	1	8	0	0	1	1	2	1	0	3	0	0			12	
	CLOSTRIDIUM DIFFICILE (under review)	None set	N/A	0	0	0	0	0	0	0	0	0	0	0	0	0	9			9	
NEVER EVENTS	0		QC	0	1	0	1	0	0	0	0	0	0	0	0	0	0			1	
	<b>% OF PATIENTS RISK ASSESSED</b>	>=95%	QC	97.52%	96.21%	96.01%		95.33%	95.77%	94.02%		95.04%	65.63%	67.23%		85.76%	83.37%				
VTE	% OF ELIGIBLE PATIENTS HAVING PROPHYLAXIS (SAFETY THERMOMETER)	100%	QC	100.00%	100%	99.82%		100%	100%	99.82%		99.65%	100%	99.47%		100%	99.32%				
	NUMBER OF PATIENTS WHO DEVELOPED A HOSPITAL ACQUIRED VTE (APPROVED)	TBC	QC	4	6	7	17	2	2	0	1	2	0							23	
	NUMBER OF PATIENTS WHO DEVELOPED A HOSPITAL ACQUIRED VTE (UNDER REVIEW)	N/A	N/A	4	7	10	21	1	4	0	5	3	3							32	
HARM FREE CARE	% OF PATIENTS FREE FROM HARM (SAFETY THERMOMETER)	TBC	OH	97.70%	92.60%	98.34%		95.51%	97.33%	98.52%		96.81%	94.04%	96.26%		96.60%	98.64%				
	% OF PATIENTS FREE FROM HARM (MEDICINES SAFETY THERMOMETER) Quarterly	TBC	QI	100%	97.5%	98.1%		100%	100%	98.5%		100%	92.60%	NO AUDIT							

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend					
<b>Effectiveness</b>																										
MORTALITY	HSMR (12 MONTH ROLLING)	<=100 = G, As expected = A, Higher than expected = R	QI, IP, QC	104	105	107		109	109	108		107	109	107												
	SHMI (12 MONTH ROLLING)	<=100 = G, As expected = A, Higher than expected = R	QI, IP, QC	114	114	115		115	114	113		112	112													
	TOTAL DEATHS IN HOSPITAL	None set	reporting only	92	80	107	279	87	81	77	245	88	93	82	263	106	109			1002						
	MORTALITY PEER REVIEW (NB figures change as reviews are conducted)	Q1 - 45% Q2 - 55% Q3 - 75% Q4 - 95%	IP, SU2S	78%	81%	64%	74%	77%	73%	76%	75%	87%	76%	65%	76%	63%				72%						
	REGULATION 28 - PREVENTION OF FUTURE DEATHS REPORT	None set	Reporting only	0	0	0	0	0	0	1	1	0	0	0	0	0	0			1						
CARDIAC ARRESTS	Annual: <75 = G, 75 - 85 = A, >85 = Red	see left	QC	4	2	11	17	10	5	6	21	4	9	6	19	14	10			81						
ADVANCING QUALITY	ACUTE MYOCARDIAL INFARCTION	>=95%	QI, C	93.18%	94.94%	96.83%		97.16%	97.14%	97.01%		97.31%	96.30%							96.30%						
	HIP AND KNEE	>=95%	QI	98.51%	99.22%	98.97%		98.85%	99.01%	99.22%		99.33%	99.40%							99.40%						
	HEART FAILURE	>=84.1%	QI, C	72.22%	73.17%	75.44%		78.85%	81.15%	82.89%		83.24%	82.32%							82.32%						
	PNEUMONIA	>=78.1%	QI, C	80.00%	78.83%	78.65%		78.65%	78.08%	78.47%		77.11%	76.59%							76.59%						
<b>APPROPRIATE DISCHARGE PLANNING FOR PATIENTS WITH AKI</b>		Sliding scale payments 50% - 90%	C	Absence of AKI Calculator in current system resulted in CCG agreeing for baseline to be set at Q2							Achieved 20.7% for Q2 established 25% as a baseline for Q3							20.70%	31%	38%	37%	35%	46%	55%		
<b>SEPSIS SCREENING OF ALL ELIGIBLE PATIENTS ADMITTED TO EMERGENCY AREAS</b>		Sliding scale payments 50% - 90%	C	Quarter one data for establishing baseline							26%	40%	28%	31.3%	18%*	26%	32%	25.33%	32%							
<b>SEPSIS SCREENING: ANTIBIOTICS GIVEN WITHIN AN APPROPRIATE TIMESCALE (* to be validated)</b>		Sliding scale payments 50% - 90%	C	Quarter 1: establishing indicator detail							25%	23.1%	0%	15.4%	22.22%	27.27%	33.33%	26.92%	23%*							
<b>Patient Experience</b>																										
FALLS	ALL FALLS (APPROVED)	913	IP (5% reduction)	83	89	81	253	75	74	92	241	102	89	58	249	63	37			843						
	FALLS PER 1000 BED DAYS	<=5.6	IP (national benchmark)	4.97	6.22	5.03		4.97	4.53	4.84		5.02	4.60	2.65		3.77	2.14			4.76						
	MODERATE, MAJOR AND CATASTROPHIC HARM FALLS (APPROVED)	<=13	IP (10% reduction)	2	1	2	5	1	0	2	3	2	0	0	2	0	0			10						
	MODERATE, MAJOR AND CATASTROPHIC HARM FALLS (UNDER REVIEW)	N/A		0	0	0	0	0	0	0	1	0	0	1	1	0	3			4						
	MODERATE HARM FALLS (APPROVED)	<=12	SU2S (10% reduction)	1	1	2	4	1	0	3	4	1	0	0	1	0	0			9						

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
PRESSURE ULCERS	GRADE 3 AND 4 HOSPITAL ACQUIRED (AVOIDABLE)	<=5	QI, SUZS (10% reduction)	1	1	1	3	0	0	0	0	0	0	0	0	0	0			3	
	GRADE 3 AND 4 HOSPITAL ACQUIRED (UNAVOIDABLE)	N/A		0	1	0	1	0	0	0	0	1	0	1	2	0	0			3	
	GRADE 3 AND 4 HOSPITAL ACQUIRED (UNDER REVIEW)	N/A		0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	
	GRADE 2 HOSPITAL ACQUIRED, AVOIDABLE AND UNAVOIDABLE (APPROVED)	<=63	QI (5% reduction)	15	8	6	29	10	6	4	20	12	10	3	25	1	0			75	
	GRADE 2 HOSPITAL ACQUIRED, AVOIDABLE AND UNAVOIDABLE (APPROVED)	<=59	10% reduction internal stretch target	15	8	6	29	10	6	4	20	12	10	3	25	1	0			75	
GRADE 2 HOSPITAL ACQUIRED, AVOIDABLE AND UNAVOIDABLE (UNDER REVIEW)	N/A			0	0	0	0	0	0	1	1	1	1	3	5	3	4			13	
TRANSFERS	OUT OF HOURS TRANSFERS	TBC	BK	1	0	1	2	0	0	DC		DC	DC	DC		DC	DC				
	NON-ESSENTIAL WARD TRANSFERS	TBC	QI	DC	DC	DC		DC	DC	DC		DC	DC	DC		DC	DC				
ALWAYS EVENTS		100%	QI	89%	90%	92%	90%	96%	96%	88%	93%	94%	96%	96%	95%	97%	87%				
DEMENTIA	DEMENTIA ASSESSMENT % (PART 1)	>=90%	C	96.85%	97.62%	95.53%		96.80%	94.86%	94.36%		92.18%	81.30%	26.9%		90.3%	65.39%				
	DEMENTIA ASSESSMENT % (PART 2)	>=90%	C	100%	100%	100%		100%	95.12%	100%		85.71%	73%	88.9%		96.7%	76.06%				
	DEMENTIA ASSESSMENT % (PART 3)	>=90%	C	100%	100%	100%		100%	100%	100%		100%	100%	CCG		CCG	CCG				
	DEMENTIA - STAFF TRAINING		C	Compliance established at 27.02% end Q1 plus additional 15% for Q2				27.02%				42%	44.50%	46.50%	49.64%	49.64%	51.43%	55.27%			55.27%
CARE INDICATORS RISK ASSESSMENTS	FALLS	>=95%	IP	82%	92%	93%	93%	97%	97%	93%	96%	96%	94%	96%	97%	92%	97%				
	WATERLOW (PRESSURE ULCERS)	>=95%	IP	77%	93%	92%	91%	96%	95%	92%	94%	96%	95%	97%	98%	94%	97%				
	MUST (MALNUTRITION)	>=95%	IP	78%	85%	89%	85%	91%	80%	87%	86%	90%	88%	93%	92%	93%	92%				
	DIABETIC FOOT	Q1 - 61% Q2 - 71% Q3 - 81% Q4 - 91%	C	QR	QR	77.60%	77.60%	72.00%	81.40%			76.80%				95%					
MIXED SEX OCCURENCES		0	QC	6	0	1	7	0	0	0	0	0	3	0	3	3	3			16	
FRIENDS AND FAMILY (PATIENTS' VIEWS)	STAR RATING	N/A	Reporting only	4.61	4.66	4.70		4.66	4.65	4.72		4.71	4.70	4.73		4.72	4.67				
	% RECOMMENDING TRUST: INPATIENTS	>=95%	IP, QI, QC	97%	96%	97%		98%	98%	96%		97%	96%	96%		96%	94%				
	% RECOMMENDING TRUST: A&E	>=87%	IP, QI, QC	83%	83%	83%		88%	87%	90%		85%	86%	85%		82%	76%				
	RESPONSE RATE: A&E WARRINGTON	Contract target to be agreed	IP, QI, QC	22.03%	19.47%	13.16%		6.96%	6.49%	20.29%		12.52%	8.51%	3.55%		1.05%	1.8%				
	RESPONSE RATE: URGENT CARE CENTRE HALTON	Contract target to be agreed	IP, QI, QC	3.54%	22.81%	24.00%		44.90%	10.86%	17.77%		20.95%	22.84%	4.19%		3.39%	3.8%				
Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend



FRIENDS AND FAMILY (PATIENTS' VIEWS)	RESPONSE RATE: A&E COMBINED	Contract target to be agreed	IP, QI, QC	17.42%	20.26%	16.11%		17.62%	7.66%	19.58%		14.95%	11.8%	3.74%		1.60%	2.4%						
	RESPONSE RATE: INPATIENTS	Contract target to be agreed	IP, QI, QC	30.30%	33.80%	31.44%		31.96%	6.13%	63.10%		35.09%	30%	31.45%		10.54%	7.1%						
COMPLAINTS AND CONCERNS	NUMBER OF COMPLAINTS RECEIVED	2014/2015 received 478 (No threshold set)	IP	49	22	30	101	24	35	37	96	45	32	23	100	37	44				378		
	% OF COMPLAINTS RESOLVED WITHIN THE AGREED TIMESCALE	>=94%	IP, QC	100%	97.50%	97.56%	98.08%	97.67%	100%	100%	98.90%	96.15%	97.87%	100%	98.4%	100%	100%				98.65%		
	NUMBER OF CONCERNS RECEIVED	NOT SET	IP	10	9	27	46	39	19	7	65	4	5	11	20	13	7				151		
END OF LIFE STRATEGY: STAFF TRAINING (KPI UNDER CONSTRUCTION)		TBC	IP	Training workshops in development, delivery in Q3				Training workshops in development, delivery in Q3				Training has commenced	Training has commenced	Training has commenced		Training has commenced	Training has commenced						
REDUCING AVOIDABLE EMERGENCY ADMISSIONS TO HOSPITAL		TBC	C	4 pathways identified, awaiting CCG agreement				Adult and paediatric conditions identified, report shared with CCG				Audit underway & completed		Results to be presented to CCG		Results to be presented to CCG & Audit	Awaiting feedback from lead						



**BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/16/077</b>	
<b>SUBJECT:</b>	<b>Workforce and Educational Development Key Performance Indicators M11 2016</b>	
<b>DATE OF MEETING:</b>	30th March 2016	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	Mick Curwen, Associate Director of HR	
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Roger Wilson, Director of Human Resources & Organisational Development Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	SO2: To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	BAF1.3: National & Local Mandatory, Operational Targets	
	BAF2.1: Engage Staff, Adopt New Working, New Systems	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<ul style="list-style-type: none"> <li>• A decrease in-month for sickness rate and cumulative rate remained the same. Marginal improvement in RTW rates but still low</li> <li>• Both the turnover and vacancy rates have slightly decreased but the stability rate has increased. Headcount has marginally decreased.</li> <li>• Excellent month for new starters and overall more staff are commencing the trust than leavers</li> <li>• Increase in temporary staffing expenditure over budget to c£6.7m but the rate has slowed down.</li> <li>• The Romanian nurses commenced with the trust on 29.2.16 and more should arrive in May/June 2016</li> <li>• Recruitment times have slightly increased</li> <li>• More new employee cases but the number completed in month was 6.</li> </ul>	
<b>RECOMMENDATION:</b>	<b>The Board is asked to:</b> Note progress on the achievement of the KPIs and the action being taken to try and address shortfalls where appropriate.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	



## HR PERFORMANCE MANAGEMENT UPDATE - POSITION AS AT FEBRUARY 2016

At the Strategic People Committee and Operational Committee the PDR and Mandatory Training compliance rates are regularly monitored. At the bi-lateral meetings there is also a key focus on PDR and mandatory training compliance. Therefore, this report concentrates on the other workforce issues contained in the dashboard and the narrative which follows.

Please see the dashboard on the next page for the trust wide position.



### Warrington and Halton Hospitals

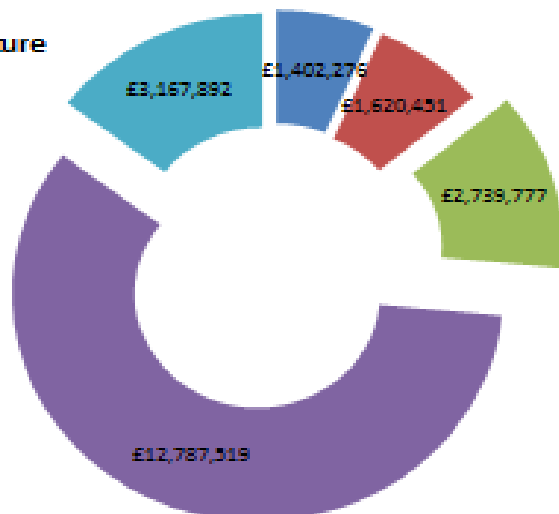
#### Expenditure

YTD Budget £  
YTD Contracted £  
YTD Non-Contracted £  
YTD Variance £  
Flex Labour Reliance %  
Overpayment Balance

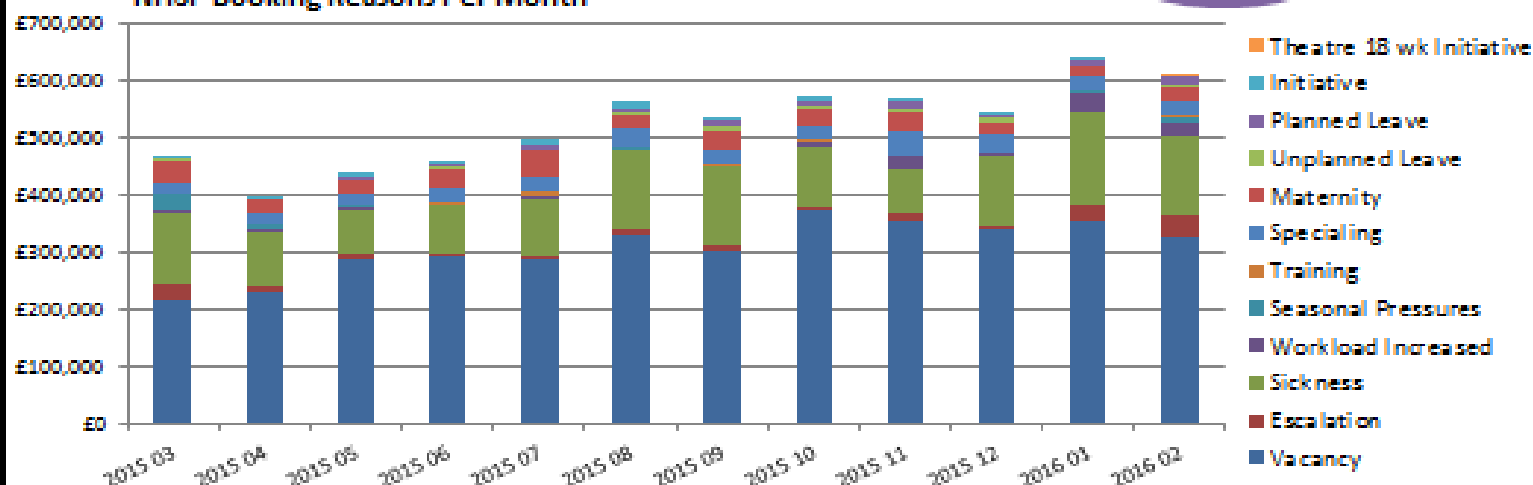
**£142,958,123**  
**£127,911,259**  
**£21,717,915**  
**£6,671,053**  
**14.5%**  
**£69,060**

YTD Non Contracted Expenditure

Overtime  
Locum  
Bank  
Agency  
WLI

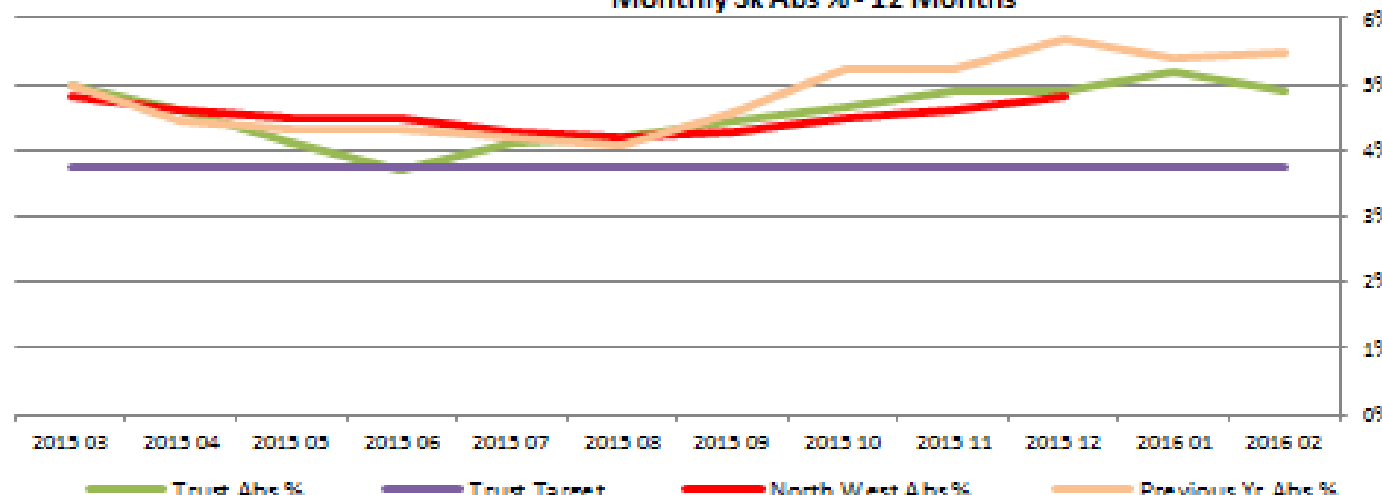


NHSP Booking Reasons Per Month

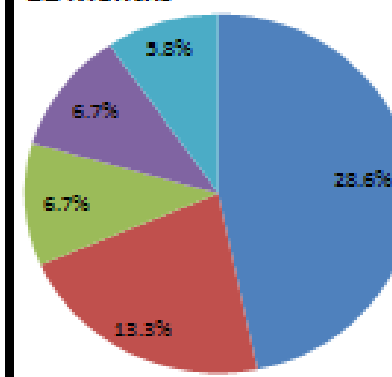


#### Sickness Absence

Monthly Sk Abs % - 12 Months

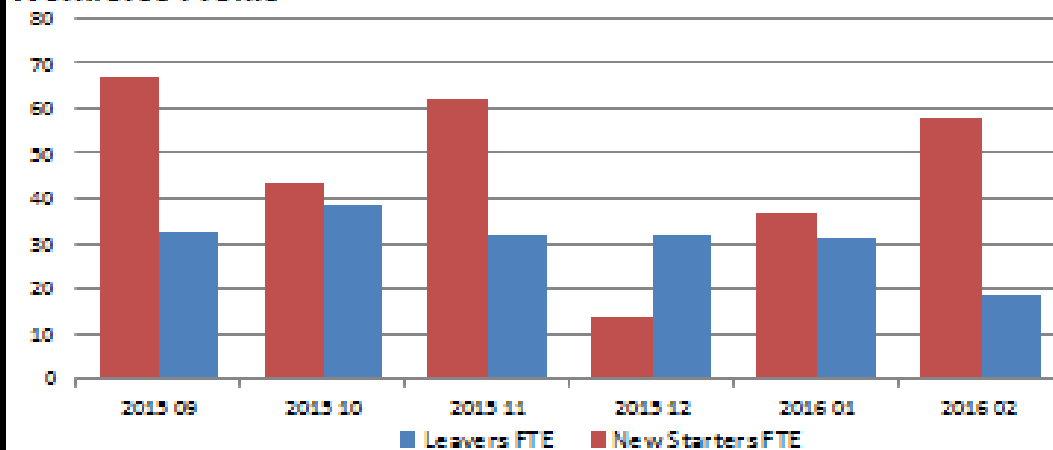


#### Top 5 Abs Reasons in 12 Months

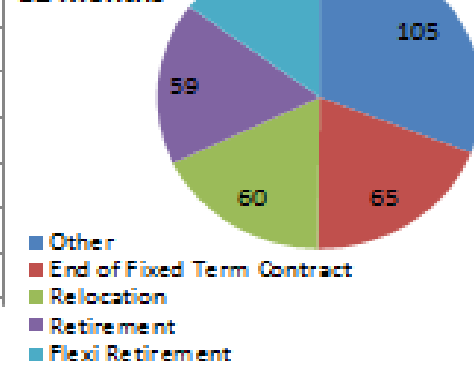


Monthly RTW %	56%	Cumulative RTW %	52%
Monthly Sk Abs %	4.9%	Trust Target	3.75%
YTD Sk Abs %	4.5%	Short Term Sick %	2.2%
Long Term Sick %	2.7%	No of Episodes	667
Calendar Days Lost	5565	Est Cumulative Cost	£4,159,338
Est Monthly Cost	£361,101		

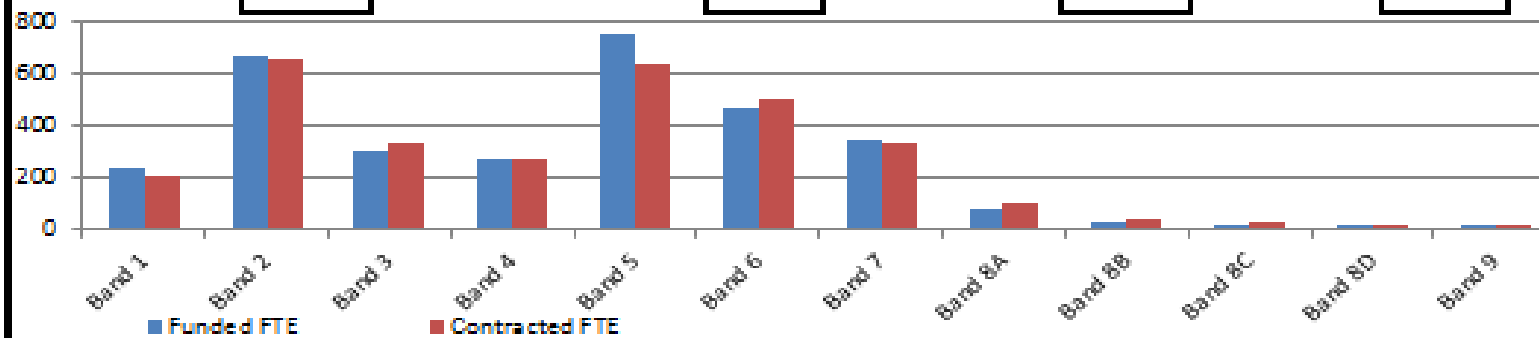
#### Workforce Profile



Top 5 Reasons for Leavers in 12 Months



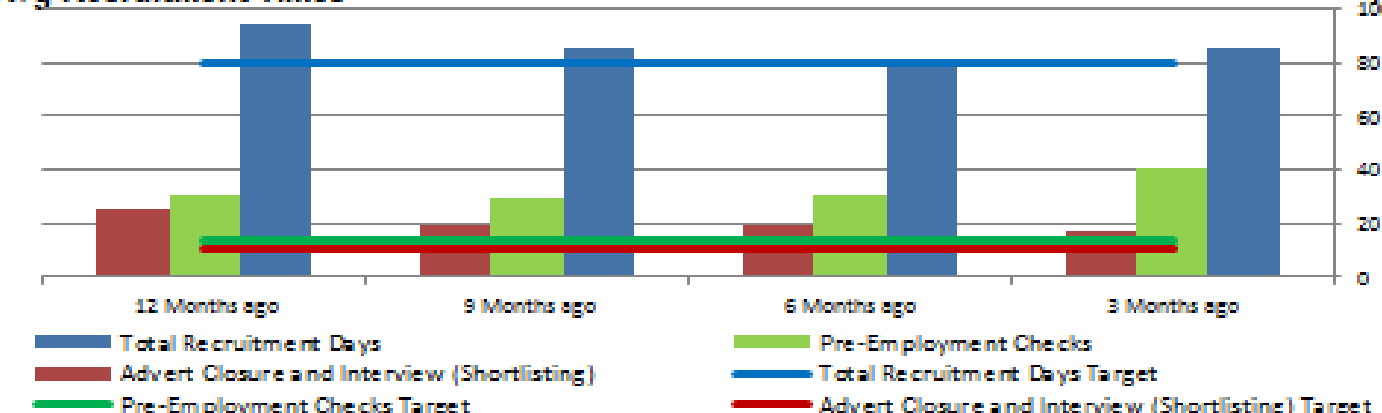
Annual Leave Hrs: 775,208 : 851,021  
Headcount: 4082  
Contracted FTE: 3502.6  
Funded FTE: 3792.6  
Current Mat Leave FTE: 54.1  
Vacant FTE: 290.0  
Stability: 15.6%



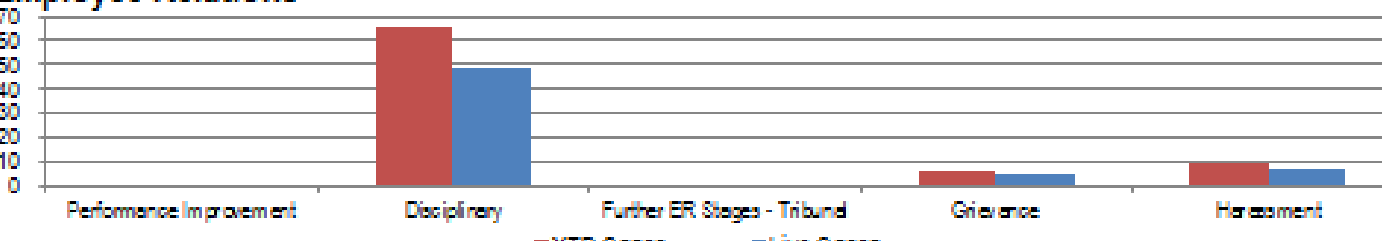
#### Recruitment

Overall Vacancy % & FTE: 7.6%  
Turnover: 10.9%  
Avg Monthly New Starters FTE: 43.6  
Avg Monthly Leavers FTE: 38.3

#### Avg Recruitment Times



#### Employee Relations



<p><b>Division/Directorate/Department Name</b></p> <p><b>Expenditure</b></p> <p><b>YTD Budget £:</b> Year to Date Budget from Finance</p> <p><b>YTD Contracted £:</b> Year to date amount spent on contracted employees</p> <p><b>YTD Non-Contracted £:</b> Year to date amount spend on non-contracted employees, such as locums, other agency, overtime, NHSP, additional hours, WLIs etc</p> <p><b>YTD Variance £:</b> Difference between Budget and actual spend on the budget</p> <p><b>YTD Non Contracted Expenditure:</b> Breakdown of non-Contracted expenditure</p> <p><b>Flex Labour Reliance %:</b> Percentage of hours worked through non-contracted agreements compared to the contracted hours within the Division/ Directorate/Department - demonstrating reliance on non contracted hours</p> <p><b>Overpayment Balance:</b> Outstanding balance of overpayments the Trust is attempting to recover</p> <p><b>NHSP Booking Reasons:</b> Further breakdown of NHSP spend by reason, grade and month</p> <p><b>Workforce Profile</b></p> <p><b>Leavers/Starters:</b> Graph showing the number of monthly leavers and new starters</p> <p><b>Top 5 Reasons for Leavers:</b> Chart showing the top 5 reasons for employees leaving the Division/Directorate/Department in the last 12 months</p> <p><b>Annual Leave:</b> Amount of annual leave taken compared to the target amount</p> <p><b>Mat Leave FTE:</b> Current number of employees on Maternity leave in FTE</p> <p><b>Stability %:</b> A percentage indication of how stable the workforce is within the selected Division/Directorate/Department, by reviewing the number of permanent leavers with less than 12 months service, 0% being very stable</p> <p><b>Headcount:</b> Number of employees</p> <p><b>Contracted FTE:</b> Total employed FTE</p> <p><b>Funded FTE:</b> Total FTE available</p> <p><b>Vacant FTE:</b> Difference between Funded and Contracted FTE</p> <p><b>Staff Profile:</b> Graph showing the make up of staff within the Division/Directorate by banding comparing the funded (budget) FTE and contracted (actual) FTE.</p>	<p><b>Period:</b> Monthly date the data is produced</p> <p><b>Sickness Absence</b></p> <p><b>RTW % :</b> Percentage of Return to Work interviews completed monthly and annually</p> <p><b>Monthly Sk Abs %:</b> The in month sickness percentage with the graph showing the monthly sickness percentages for the last 12 months, comparing it with the Trust and the Trust Target</p> <p><b>Trust Target:</b> Sickness absence percentage target set by the Trust</p> <p><b>Cumulative Sk Abs %:</b> Cumulative sickness absence percentage for the last 12 months</p> <p><b>Divisional Sk Abs %:</b> Divisional sickness absence monthly percentage</p> <p><b>Long Term Sick %:</b> Percentage of employees absent for 28 days or more in the month</p> <p><b>Short Term Sick %:</b> Percentage of employees absent of 28 days or less in the month</p> <p><b>Calendar Days Lost:</b> Number of calendar days lost due to sickness in the month</p> <p><b>No of Episodes:</b> Number of sickness episodes within the month</p> <p><b>Est Monthly Cost:</b> Estimated monthly cost due to sickness absence, only takes into account the cost of salary</p> <p><b>Est Cumulative Cost:</b> Estimated 12 month costs due to sickness absence, only takes into account the cost of salary</p> <p><b>Top 5 Abs Reasons:</b> Chart showing the top 5 sickness absence reasons for the last 12 months</p> <p><b>Recruitment</b></p> <p><b>Overall Vacancy %:</b> Percentage difference between Budgeted FTE and Actual Staff in Post FTE</p> <p><b>Avg Monthly New Starters FTE:</b> Average number of new starters each month (12 month period)</p> <p><b>Avg Monthly Leavers FTE:</b> Average number of leavers each month (12 month period)</p> <p><b>Turnover:</b> Turnover percentage, the number of leavers in the last 12 months as a percentage against the average headcount</p> <p><b>Rec Process Start:</b> Average calendar days taking to start the recruitment process</p> <p><b>Advert Closure and Interview (Shortlisting):</b> Average calendar days between advert closing and interview. Target = 10 Days</p> <p><b>Pre- Employment Checks:</b> Average calendar days between successful candidates ID checks being completed and agreeing the start date (excluding notice period). Target = 14 Days</p> <p><b>Total Recruitment Days:</b> Average total number of calendar days taken to recruit from Advert to Start Date (includes notice period). Target = 80 Days</p> <p><b>Employee Relations:</b> A graph showing, by Division the number of Employee Relation Cases, both year to date and currently live</p>
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## Expenditure

The flexible labour reliance (Percentage of hours worked through non-contracted agreements compared to core workforce contracted hours - demonstrating our level of reliance on non-contracted hours) remains significantly higher than we would want at 14.5% (no change from the previous month). The reasons for this can be seen throughout the Dashboard, Turnover, Vacancy Rate, Sickness and Stability.

This month has seen a further deterioration of over £893k to £6,671,053. Agency expenditure of £12,787,519 largely accounts for the total non-contracted labour spend of £21,717,915. Clearly the amount spent on non-contracted labour does not represent best value for money and continues to be addressed through a variety of interventions as follows:

- Agency Nurse Spend Task and Finish Group continues to meet bi-weekly with the Matrons/Ward Managers who are held to account of expenditure and plans to reduce this. A representative from Monitor has also attended some of these meetings
- International nurse recruitment in conjunction with NHSP. 14 nurses have been appointed from Romania and commenced with the trust on 29 February 2016 to complete their induction and orientation into this country.
- A further international recruitment initiative in Romania has resulted in another 6 Romanian nurses being offered posts. Recruitment checks and visa issues mean that it will not be until May/June before these nurses arrive at the trust.
- Due to changes in the standard of the English test which were introduced last month, it is increasingly difficult to appoint nurses from the EU. However, the trust is working on an initiative with Chester University where the University will recruit 10 qualified nurses to work as HCAs but they will arrive on an educational visa which will allow them to undertake their Master in Nursing but also work for 18 hours at Band 2. Upon qualification, they can then be employed as qualified nurses.
- Working directly in conjunction with Monitor which has resulted in an extensive Action Plan which is reviewed regularly with Monitor
- Roll out of the Allocate system for job planning commenced on 1 January 2016 which saw job plans loaded onto the system for all consultants. Reasonable progress is being made and these are in the process of being signed off.
- Nationally there has been a cap set on agency rates, the first phase of which came into effect from 23 November 2015 with full implementation expected from 1 April 2016. The trust is complying with the submission of data to Monitor for all staff groups but there is further work needed to comply with the capped rates.



- Our framework provider: HealthTrust Europe (HTE) has met with the Head of Procurement in Cheshire and Merseyside with a view to the development of a C&M Strategy for the management of agencies (and which agencies to use) to meet the price caps. It is planned that there will be SLAs in place from 1.4.16 with all of our main supplies of agency staff for medical, nursing and AHP staff which meet the capped rates but escalation arrangements will need to be agreed when these can be increased.
- Various initiatives with NHSP aimed at attracting agency workers to work through NHSP have been implemented. These include increasing NHSP rates to attract agency nurses, auto-enrolment of new trust starters onto NHSP, allowing multi-post holders who leave the trust but want to continue working with NHSP the opportunity to do so automatically, changing the cascade arrangement to give agencies offering lower rates the opportunity to fill some shifts etc
- We have met with a number of recruitment agencies who seem optimistic that they can source both consultant and middle grade doctors for various vacancies we have in the trust
- The trust is exploring recruitment via Facebook. Experience from Tameside and Harrogate in terms of nurse recruitment has been encouraging.

With regards to NHSP spend in February, expenditure did drop by nearly c£30k to c£600k but remains high. Some of this expenditure was to be expected as the rates offered by NHSP were increased towards the end of 2015 to try and attract agency staff to work for NHSP. The two main reasons recorded for expenditure are still vacancies and sickness but both have these have reduced from the previous month. The third main reason is showing as escalation which has increased from the previous month with the pressure on beds.

### **Sickness Absence**

February saw a decrease in sickness absence from 5.1% to 4.9% but historically the trust would expect to see a reduction over the next 3/4 months. The cumulative rate for April – February remained the same at 4.5% against the trust target of 3.75%. Over the last 4/5 months the trust rate has virtually matched the North West average percentage and the trust has shown a steady increase since August 2015 but hopefully this peaked in January 2016. In comparison with the previous year's absence, the trend is similar but overall is below the rate for 2014/15. Long term sickness absence now equates to 2.7% (2.6% in January) and short term, 2.2% (2.5% in January). The number of episodes of sickness absence reduced to 667 compared with 723 in January.

There was an improvement with the RTW rate at 56% for February (53% January) and 52% for the last 12 months. Return to Work interviews are a key component to reducing sickness absence and a recent MIAA audit showed that in many cases these are being undertaken but not recorded on ESR. Managers are reminded on a monthly basis in writing to undertake both RTW interviews and to record this information on ESR. The Board are reminded that this is also one of our key performance measures for acceptable performance for managers.



The main reason for sickness absence is Stress, which increased quite markedly in February by 3.6% to 28.6%. More work has been completed to improve the recording of whether stress is work related or not. Our initial analysis would suggest that 92% of stress is not work related stress and this is being updated and will be reported next month. The top 10 areas where Stress is most prevalent is being addressed by Divisional Managers and the SPC regularly review stress at its meeting.

The current Staff Counselling service which is provided externally will end on 31 March 2016 but the trust has decided to appoint its own Staff Counsellor on a full time basis rather than the current 3 days, at no additional cost, and the role will also include providing greater resilience within Departments.

Other Musculoskeletal Problems makes up 13.3% (13% in January) of the sickness absence in the last 12 months although many staff do regularly access the Staff Physiotherapy service in a timely manner and report good outcomes rather than wait for referrals from their GP.

### **Workforce Profile**

February was an excellent month for the number of new starters compared with leavers. Although almost 20 staff left the trust, they were replaced by almost 60 new starters which was fantastic. However, the number of qualified nurse vacancies increased to 108.18 wte from 93.87 wte in January. The position will improve with the 14 Romanian nurses although it should be noted that these nurses are actually employed by NHSP for the first 12 months. The overall trend over the last 12 months shows that the monthly average position remains positive with more starters (43.6 wte) than leavers (38.3 wte).

The 'Top 5 Reasons for Leaving' are unchanged and are largely not preventable. It has previously been commented about those which are recorded as 'other' but retirement, flexi-retirement and relocation are genuine reasons for staff leaving. Those on fixed term contracts are for a specific reason and are being reviewed as there might be more opportunities to retain some of these staff.

The trust has made some improvements to induction arrangements from January 2016 and more will follow from April 2016. There are imminent plans to introduce changes to the Exit Interview process and to introduce on-boarding.

The ratio of annual leave taken compared with the proportion expected remains at 'amber' but the gap has increased again. It is obvious that a significant number of staff have retained leave with the intention of taking this in the last month of the year or to carry forward some leave. This could be a contributory factor to increased agency spend in the last month of the year.

The headcount has slightly decreased by 3 to 4082 and the number of vacancies has reduced by 9.9 wte to 290 wte.





The number of staff on maternity leave has remained the same at 54 wte but will still be a factor contributing to staffing shortages in some areas.

The stability rate has slightly increased to 15.6% which is still of some concern as this indicates that more staff are leaving within their first 12 months of being in post. The on boarding initiative mentioned above should assist with understanding the reasons for this.

The analysis of the Staff in Post shows that the biggest differential remains at Band 5 where there are significantly more vacancies than staff in post. The greatest proportion of these are nursing vacancies as mentioned earlier in this section. It should also be noted with the staff in post figures that the staff in post at Band 3, Band 6 and the Band 8 grades, are all above the funded establishment.

### **Recruitment**

Labour turnover has slightly improved to 10.9% from 11% and the vacancy rate remains stable at 7.6%.

The average time taken to recruit has increased to just over 80 days and the target of under 80 days is not now being achieved. The current initiative being worked on is to create an electronic new starter process.

In respect of Employee Relations, the number of disciplinary cases has increased from 60 to 65 but 6 cases have now been completed from the previous month. It should be noted that the total number of cases already significantly surpasses the total for 2015/16. These are largely concentrated within Unscheduled Care and WCSS. The number of dignity at work cases remains at 10 cases in total but more than half of these have now been completed. In February there was one new exclusion/suspension.

### **RECOMMENDATIONS**

That the Board notes the contents of the report and the action being taken to improve the workforce performance indicators.

**Roger Wilson**

**Director of Human Resources and Organisational Development**

**22 March 2016**