



**Warrington and Halton Hospital NHS Foundation Trust  
Board of Directors  
Agenda**

Wednesday 25<sup>th</sup> February 2015, time 1300 - 1630hrs  
Trust Conference Room, Warrington Hospital

1300 15mins	W&HHFT/TB/15/030	Welcome, Apologies & Declarations of Interest		Chairman
	W&HHFT/TB/15/031	Minutes of the previous meeting held on 28 <sup>th</sup> January 2015	Paper	
	W&HHFT/TB/15/032	Action Plan	Paper	
1310 10mins	W&HHFT/TB/15/033	Chairman's Report	Verbal	Chairman
1320 15mins	W&HHFT/TB/15/034	Chief Executives Report	Verbal	Chief Executive

**People**

1335 10mins	W&HHFT/TB/15/035	Verbal Report from the Chair of the Strategic People Committee	Verbal	Anita Wainwright, Non-Executive Director
1345 30mins	W&HHFT/TB/15/036	Staff Survey Presentation	Presentation	Candice Ryan, HR Business Partner
1415 15mins	W&HHFT/TB/15/037	Workforce and Educational Development Key Performance Indicators	Paper	Director of HR & OD
1430 5mins	W&HHFT/TB/15/038	Ward Staffing Levels	Paper	Director of Nursing and Governance

**Sustainability**

1435 10mins	W&HHFT/TB/15/039	Verbal Report from the Chair of the Finance and Sustainability Committee	Verbal	Carol Withenshaw, Non-Executive Director
1445 20mins	W&HHFT/TB/15/040	Finance Report – 31 <sup>st</sup> January 2015	Paper	Director of Finance & Corporate Development
1505 10mins	<b>Break</b>			
1515 15mins	W&HHFT/TB/15/041	Corporate Performance Report – 31 <sup>st</sup> January 2015	Paper	Chief Operating Officer

**Quality**

1530 10mins	W&HHFT/TB/15/042	Verbal Report from the Chair of the Quality Governance Committee	Verbal	Mike Lynch, Non-Executive Director
1540 20mins	W&HHFT/TB/15/043	Quality Dashboard – 31 <sup>st</sup> January 2015	Paper	Director of Nursing and Governance
1600 20mins	W&HHFT/TB/15/044	CQC Inspection initial outcomes	Presentation	Director of Nursing and Governance
1620 10mins	W&HHFT/TB/15/045	Other Board Committee Reports: i. Verbal Reports a) Audit Committee b) Charitable Funds  ii. Minutes for Noting:	Verbal Verbal  Paper	



		<b>a) Finance and Sustainability Committee held on 20<sup>th</sup> January 2015</b>		
	<b>W&amp;HHFT/TB/15/045</b>	<b>Any Other Business</b>		
<b>1630 ends</b>		<b>Dates of next meeting</b> 25 <sup>th</sup> March 2015		

**TRUST BOARD**  
**ACTION PLAN – Current / Outstanding Actions**  
**Meeting: Trust Board 25<sup>th</sup> February 2015**

Meeting date	Minute Reference	Action	Responsibility & Target Dates	Status	
28/01/2015	TB/15/008	The Director of Nursing and Governance review the reporting of heart failure on the dashboard to see if there was a more appropriate way of showing the position. Any changes would be included in the Quality Dashboards for 2015/16.	The Director of Nursing and Governance April 2015	Currently under review	Action ongoing
28/01/2015	TB/15/010	The Director of Nursing and Governance include in the next Complaints report any high level trends or themes that may exist with regard to the complaints made against staff attitude.	The Director of Nursing and Governance April 2015	Currently under review	Action ongoing
28/01/2015	TB/15/011	The Director of Nursing and Governance provide an update on progress on End of Life Care at the June or July 2015 Board meeting	The Director of Nursing and Governance - June/July 2015	Identified on the Board work plan	Action ongoing





**BOARD OF DIRECTORS**

WHH/B/2015/ **033**

<b>SUBJECT:</b>	<b>Chairman's Report</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2015
<b>DIRECTOR:</b>	Chairman

**BOARD OF DIRECTORS**

WHH/B/2015/ **034**

<b>SUBJECT:</b>	<b>Chief Executive Report</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2015
<b>EXECUTIVE DIRECTOR:</b>	Chief Executive



**BOARD OF DIRECTORS**

WHH/B/2015/ 035

<b>SUBJECT:</b>	<b>Verbal Report from the Chair of the Strategic People Committee</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2015
<b>DIRECTOR:</b>	Anita Wainwright, Non-Executive Director



**BOARD OF DIRECTORS**

WHH/B/2015/ 036

<b>SUBJECT:</b>	<b>Staff Survey</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2015
<b>DIRECTOR:</b>	Director of HR&OD  Presented by: Candice Ryan – HR Business Partner



**BOARD OF DIRECTORS**

WHH/B/2015/ 037

<b>SUBJECT:</b>	Human Resources / Education & Development Key Performance Indicators (KPIs) Report	
<b>DATE OF MEETING:</b>	25th February 2015	
<b>ACTION REQUIRED</b>	<b>For Assurance</b>	
<b>AUTHOR(S):</b>	Mick Curwen, Associate Director of HR	
<b>EXECUTIVE DIRECTOR:</b>	Roger Wilson, Interim Director of HR & OD	
<b>LINK TO STRATEGIC OBJECTIVES:</b>		
	SO2: To be the employer of choice for healthcare we deliver	
<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	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>		
	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b>		
	None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>		
	<ul style="list-style-type: none"> <li>• Very little change in Mandatory Training and PDR rates</li> <li>• Another 6 doctors recommended for revalidation</li> <li>• Sickness rates continue to rise</li> <li>• Turnover and Vacancy rates have improved. Headcount has increased to its highest rate ever and vacancies at lowest level this year</li> <li>• Increase in temporary staffing expenditure to highest monthly level</li> <li>• High number of medical staff vacancies</li> <li>• All main Equality and Diversity targets achieved for 2014</li> </ul>	
<b>RECOMMENDATION:</b>		
	<i>The Board is asked to:</i> 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>	Not Applicable

**Human Resources / Education & Development**  
**Key Performance Indicators Report February 2015**

**1.0 Introduction**

This report focuses on the KPIs which are felt to give a good indication on progress with the main workforce and governance performance areas within Human Resources and Education and Development.

Some KPIs lend themselves to monthly monitoring whilst others are bi-monthly, quarterly, bi-annually or annually and this is indicated on the 'dashboard' attached. With all of the KPIs the performance is shown under the traffic light system of Red, Amber or Green against the target and the threshold criteria. This should enable Board members to see at a glance the progress being made and to allow a greater focus on those areas which are red or amber. This 'dashboard' is part of a wider number of KPIs which are monitored at the Strategic People Committee and their links to CQC/NHSLA compliance.

The dashboard attached to this report shows the progress on KPIs, focussing on the position at January 2015, where applicable.

**2.0 HR and E&D Trust Workforce Standards KPIs Overview**

**2.1 Mandatory Training**

The target for all mandatory training is 85%.

There has been very little change to the mandatory training rates with a slight rise for Health and Safety, a slight reduction for Manual Handling and Fire remaining the same. The trend in recent months of little change has therefore continued. However, individually, some Divisions/areas are meeting the trust target for some parts of the mandatory training.

Completion rates for the Divisions are as follows (figures in brackets denotes the month of December 2014):

<b>Division</b>	<b>Fire Safety</b>	<b>Health &amp; Safety</b>	<b>Manual Handling</b>
Scheduled Care	71% (70%) (Amber)	92% (92%) (Green)	64% (66%) (Red)
Unscheduled Care	68% (68%) (Amber)	88% (88%) (Green)	57% (61%) (Red)
Women's & Children's	75% (74%) (Amber)	91% (90%) (Green)	77% (75%) (Amber)
Estates	77% (78%) (Green)	100% (100%) (Green)	97% (97%) (Green)
Facilities	85% (84%) (Green)	81% (81%) (Amber)	85% (81%) (Amber)
Corporate Areas	80% (82%) (Green)	99% (98%) (Green)	77% (82%) (Amber)

None of the areas are achieving all of the targets. Most areas remained similar to the previous month but Facilities are now showing 'Green' in two areas of training.

At a Corporate level the arrangements introduced in September 2012 for Corporate Induction continue to work well but there was a slight reduction to 96% of staff who attended corporate induction during January 2015.

**2.1.1 Health & Safety (Green)**

There was a slight increase of 1% from the previous month and the rate is 91% and green. The target for 2014/15 is being achieved.



### 2.1.2 Fire Safety (Amber)

There has been no change from the previous month and the rate is 74% and amber.

### 2.1.3 Manual Handling – Patient / Non-Patient Combined (Amber)

There was a slight decrease of 1% from the previous month and the rate is 71% and the status is amber.

#### 2.1.3.1 Manual Handling Patient Training Only (Red)

There was a slight decrease of 1% from the previous month and the rate is 65% and red.

#### 2.1.3.2 Manual Handling Non-Patient Training Only (Amber)

There was a reduction of 3% from the previous month and the rate is 78% and amber.

## 2.2 Staff Appraisals

The target for completed PDRs is 85%.

During December there was no change for Non-Medical but there was a reduction for Medical and Dental staff.

Completion rates for the Divisions for non-medical staff are as follows (figures in brackets denotes the month of December 2014):

Division	PDR Rate
Scheduled Care	70% (68%) (Red)
Unscheduled Care	64% (65%) (Red)
Women's and Children's	73% (73%) (Amber)
Estates	68% (70%) (Amber)
Facilities	85% (85%) (Green)
Corporate Areas	82% (76%) (Amber)

Only Facilities are meeting the target and the only areas to show an increase were Scheduled Care and the corporate areas but they are still amber.

### 2.2.1 Non-Medical Staff (Amber)

For the period up to January 2015 the percentage of non-medical staff having had an appraisal did not change at 72% for the third month in succession and the status is amber.

### 2.2.2 Medical & Dental Staff (Amber)

The combined rate for Consultant staff and Middle Grade doctors, up to January 2015 reduced by 2% to 84%. The rate for Consultants and other M&D also reduced at 90% and 73% respectively.

This means that the target of 85% was not achieved and the status is now amber.

Divisions have been reminded at the bi-lateral meetings that priority must still be given to appraisal rates despite the financial position and these are regularly reviewed.

## **2.3 Revalidation for Medical and Dental Staff (Green)**

Although the Revalidation Decision Making Group has not formally met since 20 January 2015 the Medical Director as 'Responsible Officer', has recommended another 6 doctors for revalidation which has been accepted by the GMC. Therefore, the total number of doctors revalidated is 108, with 18 doctors deferred. This would make the rate as 86% and the status 'Green'.

The next meeting of the Decision Making Group has provisionally been arranged for 10.3.15.

## **2.4 Sickness Absence**

### **2.4.1 Sickness Absence Rates (Amber)**

The new sickness absence target for 2014/15 is 3.75%.

Sickness absence for January 2014 remains high at 5.15% which was a slight improvement from the previous month. Consequently the cumulative rate for April – January 2014 increased to 4.57%.

This is largely explained by the under-reporting within the nursing wards/areas and a genuine increase in staff displaying cold/flu like symptoms.

Other trusts are experiencing similar increases in sickness absence. Information from 'E Win' provides some benchmark information but the most recent information available is for November 2014. This shows that the average for all acute trusts in the North West was 4.9% and WHH was 5%.

Sickness absence continues to be closely monitored and managed in all areas in the Trust in line with the Attendance at Work Policy. The number of staff being managed either through the Short Term Absence or Long Term Absence Sections of the policy, remains high at over 280 staff.

### **2.4.2 Return to Work Interviews (RTW) (Red)**

The target for this KPI is 85% and is only reported on a quarterly basis. The rate for Q3 was disappointing at 53% which was a reduction of 6% from Q2.

At training sessions and when completing eSVLs, managers are reminded of the need to undertake RTW interviews and record these on ESR. It is still believed that more RTW interviews are actually taking place but managers are failing to record this on ESR.

## **2.5 Turnover Rate (Amber)**

The target for this KPI is min 8% or max 9%. This is designed to reflect that both a high and a low figure could be detrimental to the interests of the trust. A high figure could indicate dissatisfaction with the trust and lead to increased recruitment and training costs. A low figure could indicate a 'stagnant' workforce with potential lack of new ideas and inspiration.

The rate for the previous 12 months up to January 2015 showed a very slight decrease of 0.02% to 10.14% and the status is amber. Turnover rates within the last 3 months have been above 10% and this is most notable within Unscheduled Care (11.68%) and Scheduled Care (11.64%). As previously reported, both of these Divisions are undertaking further analysis of leavers by personal interviews to understand in more detail why staff are leaving. Scheduled Care have completed their analysis and produced a report which was considered at the Strategic People Committee. Although it had been suggested that the introduction of 12 hour shifts and 'e' rostering, may have led to

increased rates, there was no evidence of this from Scheduled Care. The main reasons were lack of development opportunities and staff being moved at short notice from CMTC to Warrington.

## **2.6 Funded Establishment / Staff In-Post / Vacancies (Green)**

The Trust FE FTE was 3706 and staff in post 3429 FTE. This means the vacancies FTE has reduced to 7.47%, which is the second best month of the year. The status remains as 'green'. The number of vacancies has decreased by 31 to 277.

The headcount of 4205 is the highest ever in the trust and was an increase of 23 from the previous month.

This is a very positive position for the trust with high staff in post figures, lower vacancy rate and fewer vacancies.

## **2.7 Expenditure on NHSP Bank/Agency/Medical Locum (Red)**

The threshold for this KPI is 4.5% of total pay bill. Total spend in January 2014 increased significantly by £401k and was £1368k, which represents 10.32% of the pay bill for the month and cumulatively for April – February 2015 the rate is 7.76%. Against the agreed threshold for 2014/15 of 4.5% the status, therefore, is 'Red' and was not achieved.

Details of the main areas of expenditure for January are as follows:

**Nurse Bank and Agency Nursing - £509k (£398k for December)**  
**Agency (exc Medical & Nursing Agency) - £432k (£195k for December)**  
**Medical Locums and Medical Agency - £427k (£374k for December)**

All three areas show an increase as follows: Nurse Bank/Agency by £111k; Agency by £237k and Medical Locums /Agency by £53k. Agency expenditure more than doubled from the previous month but this is entirely attributable to IT which increased its' expenditure by more than £210k due mainly to the Lorenzo project.

Total expenditure for the period April – January 2014 is £9.9m broken down as follows:

Nurse Bank and Agency Nursing - £4.2m  
Agency (exc Medical and Nursing Agency) - £2.1m  
Medical Locums and Medical Agency - £3.7m

NB In order to staff the additional intermediate care beds which were opened earlier this year the trust had to recruit staff predominantly from agencies and some of these staff have continued to be needed to meet additional staffing pressures. The total additional expenditure which is being met externally from Warrington CCG is now £418k which is included in the above amounts. However, the CCG have now indicated that funding for therapy staff can be made permanent and the Therapy Departments are in the process of making appointments on AfC contracts but do not expect to have staff in post until Feb/March 2015.

The month of January has seen an unprecedented demand on beds and all areas have been escalated and Daresbury has also had to be opened. This has placed an additional demand for staffing and many of these have been agency staff.

The main focus of attention remains on Nurse Bank/Agency and Medical Locum/Agency expenditure.

The main 'Hot Spot' areas of expenditure during January were as follows:

### Nurse Bank and Agency Nursing

Elderly and Stroke - £149k (£56k on agency) (£132k in Dec)  
A&E - £127k (£117k on agency) (£99k in Dec)  
Critical Care - £57k (£56k in Dec)  
Acute Medicine – £66k (£38k on agency) (£42k in Dec)  
Specialty Medicine - £41k (£27k in Dec)  
Women's - £25k (£20k in Dec)  
Surgery - £34k (£18k in Dec)  
T&O - £38k (£16k in Dec)

### Agency

IT - £218k (£7k in Dec)  
Therapies - £91k (£61k in Dec)  
Pharmacy - £40k (£33k in Dec)  
PMO – £31k (£32k in Dec)

### Medical Locums/Agency

Elderly and Stroke - £192k (£127k in Dec)  
T&O - £61k (£77k in Dec)  
Surgery - £56k (£37k in Dec)  
Specialty Medicine - £39k (£37k in Dec)  
A&E - £34k (£36k in Dec)

There are a number of workforce initiatives designed to reduce the time taken to recruit staff and reduce temporary staffing expenditure. Progress is as follows:

### Nursing Recruitment

Rolling adverts are in place in Unscheduled Care for AMU given the high number of vacancies on this unit. Previously this approach has been used for Theatres and vacancy levels have now improved. In addition, a process is being agreed which will allow some nursing areas to recruit to over establishment. This is 'low risk' given the turnover and sickness and the amount of temporary staffing expenditure being incurred.

### International Recruitment

The trust is working with an agency called Globalmedirec to recruit Consultant Radiologists. From the first round of interviews one doctor accepted an offer of employment and commenced on 10.11.14. Further Skype interviews have been held, most recently on 11.2.15 and one of the applicants is to be invited for a formal interview.

Unscheduled care have identified 6 consultant posts suitable for international recruitment and a block advert appeared in the BMJ at the end of January and an advert will also appear in the local Indian press later in February.

### Recruitment Process

The trust is working on a number of initiatives to streamline the recruitment process and the first phase has been implemented and publicised in key Divisions. The second phase involves putting in place a revised ECF process using Share Point. This requires input from the IT Department and work has almost been completed. DBS checks are continuing to be processed electronically in approximately 5 working days.

### De Poel

Work is continuing with De Poel on a pilot to focus on Medical Locums and the control over the rates we pay by using their system. It is still planned that this can be launched on 2.3.15.

Work is continuing on the Medical Productivity work stream. There has been some slippage with reviewing job plans but the Divisions are trying to recover this position. The trust is working with

Allocate and has completed a pilot in Anaesthetics and is currently working within A&E so that the trust can be satisfied that a 'complex' area can be accommodated

The number of Medical and Dental vacancies is currently contributing to the expenditure on Medical Locum/Agency and a summary is shown below:

### **Unscheduled Care**

#### **Medicine**

- 1 Consultant Gastroenterologist
- 1 Consultant Interventional Cardiologist
- 1 Consultant Cardiologist (for 12 months due to Sabbatical unable to fill position)
- 1 Consultant Stroke
- 1 Consultant Elderly Care/Movement Disorder
- 1 Consultant Elderly Care/Dementia
- 1 Consultant Elderly Medicine/Acute
- 1 Consultant Orthogeriatric
- 1 Consultant Respiratory
- 1 Consultant AMU
- 1 LAS Senior ST in Elderly Care

#### **A&E**

- 4 Specialty Doctors
- 1 Locum Consultant in Emergency Medicine

### **Scheduled Care**

- 1 Specialty Trainee in Anaesthetics
- 1 Specialty Doctor in Ophthalmology
- 3 LAS posts in Trauma & Orthopaedics
- 1 Core Trainee in Urology
- 1 Locum Specialty Trainee, ENT
- 1 Specialty Doctor in Breast Surgery

### **Women's and Children's**

#### **Radiology**

- 5x Consultant Radiologists

## Women's

2 GPST1/2 vacancy

## Paediatrics

2 LAS Senior ST

1 LAS Junior ST

Discussions and monitoring of progress continue on all of the above issues at the bi-lateral divisional review meetings.

## **2.8 Equality & Diversity**

### **2.8.1 E&D Specialist in place (Green)**

A new SLA for an E&D Specialist Adviser SLA with the Countess of Chester Hospital Trust has now been agreed from June 2014 for a period of 2 years.

### **2.8.2 Annual Workforce Equality Analysis Report published (Green)**

This was achieved for 2014 with the Report published on the Trust Website. Therefore, the status is 'green'.

### **2.8.3 Annual Equality Duty Assurance report published (Green)**

This was achieved for 2014 with the Report published on the Trust Website. Therefore, the status is 'green'.

### **2.8.4 Annual Equality Objectives published (Green)**

This was achieved for 2014 and the status is 'green'.

### **2.8.5 Annual Equality Strategy published (Green)**

This was achieved for 2014 and the status is 'green'

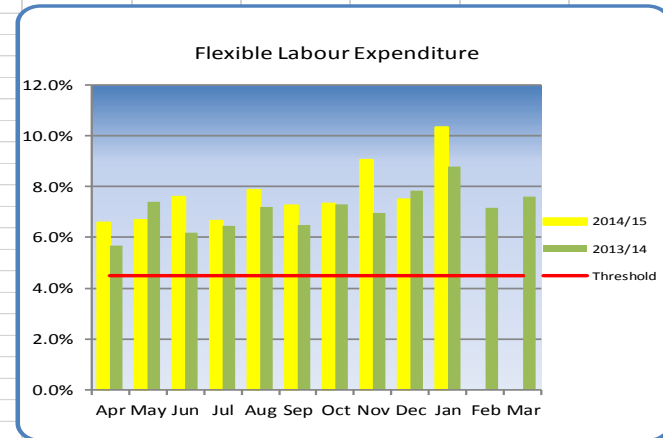
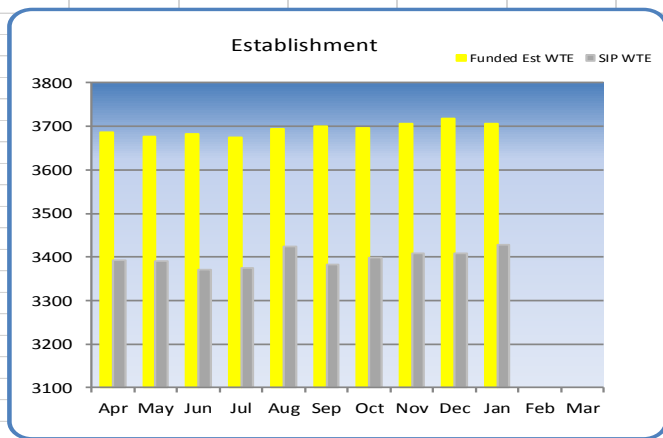
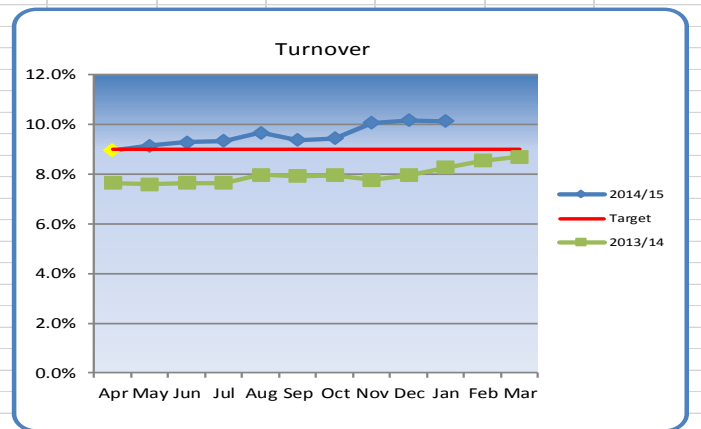
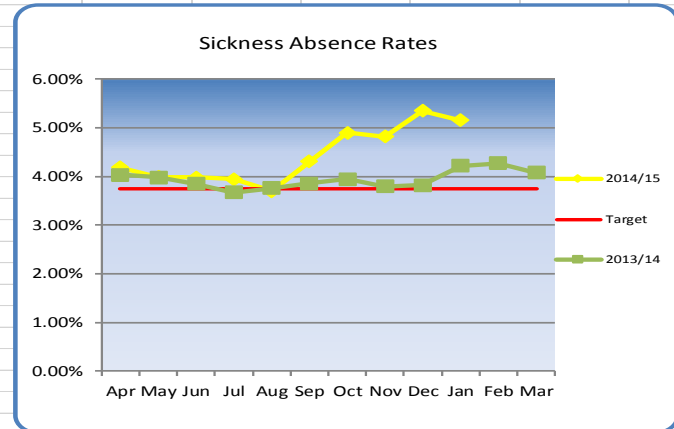
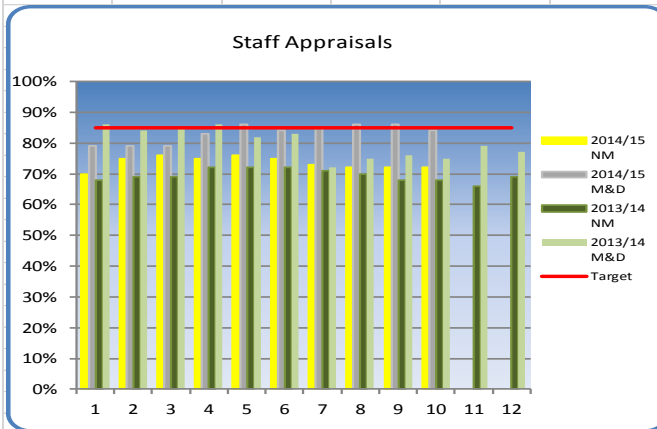
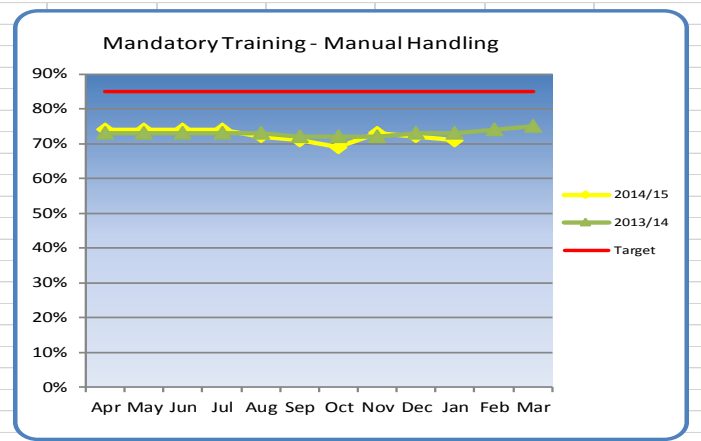
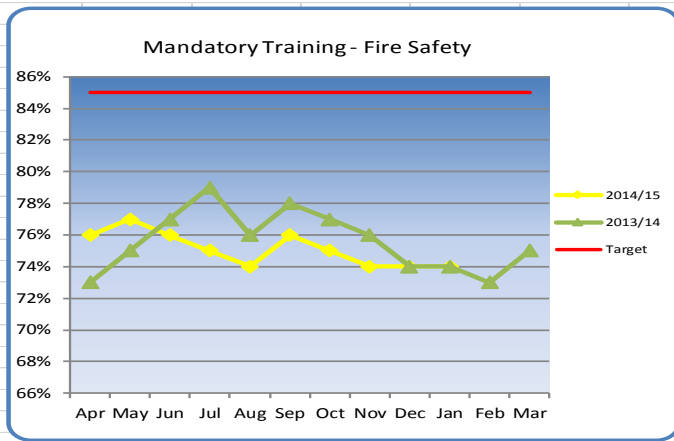
### **2.8.6 Staff have access to E&D information and resources (Green)**

Trust staff do have access to E&D information and resources.

### **2.8.7 Staff have undertaken E&D Mandatory Training (Red)**

There has been an increase of 1% from Q2 to 64% at Q3.









**BOARD OF DIRECTORS**

WHH/B/2015/ 038

<b>SUBJECT:</b>	<b>Staffing Exceptions Report</b>
<b>DATE OF MEETING:</b>	25th February 2015
<b>ACTION REQUIRED</b>	<b>For Assurance</b>
<b>AUTHOR(S):</b>	Alison Lynch (Deputy Director of Nursing Quality and Patient Experience)
<b>EXECUTIVE DIRECTOR:</b>	Karen Dawber, Director of Nursing and Governance Choose an item.
<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 SO1/1.2 Risk of harm through failure to comply with Care Quality Commission National core healthcare standards and maintain registration and failure to achieve minimum requirements for NHSLA Standards within maternity services and wider Trust. SO3/3.3 Failure to provide staff, public and regulators with assurances post Francis and Keogh review Choose an item. Choose an item.
<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>	This report provides an overview of nurse staffing for January 2015. Links to the Safety Thermometer are also included to assist in triangulation of incidents with staffing levels. Additional points to note are: <ul style="list-style-type: none"> <li>The National Institute for Clinical Excellence have outlined Draft guidance for A&amp;E departments to ensure that there are enough nursing staff available to provide safe care at all times to patients. We are taking part in the national consultation of this guidance.</li> </ul>



	<ul style="list-style-type: none"> <li>Additionally, we are using the Safer Nursing Care Tool across the adult inpatient areas within the organisation. After the first set of data collection it will be presented and discussed at Nursing and Midwifery Advisory Council meeting.</li> </ul>	
<p><b>RECOMMENDATION:</b></p>	<p><b><i>The Board is asked to:</i></b>                  Note the contents of this report, which describe the progress in the monitoring of complaints and to approve the actions as documented.                  Approve the staffing exemption Report</p>	
<p><b>PREVIOUSLY CONSIDERED BY:</b></p>	<p><b>Committee</b></p>	<p>Not Applicable                  Or type here if not on list:</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>

**Staffing Levels**

Jan-14

The columns in bold contain the figures that are submitted to the DoH via the Unify portal (A&E figures excluded)

This column will automatically calculate the number of shifts

Division	Ward	Non-escalation Beds	Budgeted Registered staff	Vacancies including maternity leave	Posts appointed to but not yet started	Budgeted Unregistered staff	Vacancies including maternity leave	Sickness & Absence for Dec-13	Day				Night				Number of hours above or below planned	Length of a shift in hours	Number of shifts above or below planned	Variance	Falls	Hospital acquired pressure ulcers	Catheter associated UTIs	New VTEs	Associate Director of Nursing/Matrons Assurance Statement		
									Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff												
									Agreed nurse to patient ratios	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Agreed nurse to patient ratios	Total monthly planned staff hours	Total monthly actual staff hours										Total monthly planned staff hours	Total monthly actual staff hours
Scheduled Care	W-A4 - Ward A4	28	19.38	0.00	0.00	7.70	0.00	6.89%	1:8	1891.0	1891.0	713.0	649.5	1:8	837.0	792.5	341.0	701.0	252.0	11.5	21.9	6.66%	0	1	0	0	SAU now on A4 should be. Days 1891 registered, 713 unregistered. Nights should be 837 registered and 341 unregistered. SAU was bedded down over night so csw shifts increased.
	W-A5 - Ward A5	28	18.03	2.76	1.00	14.60	2.81	4.57%	1:7	1782.1	1396.0	1069.5	849.5	1:9	1069.5	908.5	713.0	713.0	-767.1	11.5	-66.7	-16.55%	1	0	0	0	days registered should be 1426, escalated plus 2
	W-A6 - Ward A6	28	19.57	3.66	1.00	13.60	1.00	4.42%	1:7	1426.0	1341.5	1069.5	1046.5	1:9	1069.5	1012.0	713.0	713.0	-165.0	11.5	-14.3	-3.86%	0	2	0	1	ward a6 escalated occasionally
	W-A9 - Ward A9	28	18.83	3.56	0.00	15.50	1.75	8.07%	1:7	1426.0	1346.5	1426.0	1205.7	1:9	1069.5	1035.0	713.0	713.0	-334.3	11.5	-29.1	-7.21%	2	0	0	0	RN 1.00 appointed to be has withdrawn. 3rd recruitment campaign in progress for interview Feb 15. RN 2.00 w/o on secondment posts and are backfilled with temporary staff requests weekly. CSW resignacy and ECF in progress, but depending on #NOF trial will be for B19 est.
	W-B19 - Ward B19	18	13.68	1.00	2.00	13.90	2.08	6.79%	1:6	1069.5	1038.5	713.0	989.0	1:6	713.0	713.0	713.0	701.5	233.5	11.5	20.3	7.28%	1	0	0	0	Trial on B19 of #NOF designated unit and majority of month escalation beds. Depending on success of trial then changes to adjust A9 and B19 carers establishment.
	W-B4-H - Ward B4 - Halton	27	12.20	1.27	0.00	6.00	0.00	15.26%	1:9	1069.5	863.0	356.5	514.0	13.5:1	356.5	529.0	356.5	322.0	89.0	11.5	7.7	4.16%	0	0	0	0	
	W-CM1-H - Ward 1 - CMT Treatment Centre	30	26.60	7.38	1.00	14.00	2.50	5.02%	1:5.5	1585.7	1551.5	938.0	907.5	10:1	862.5	793.5	563.5	506.0	-191.2	11.5	-16.6	-4.84%	0	0	0	0	
W-ICU - Intensive Care Unit	18	76.74	6.56	3.00	11.52	0.32	11.01%	1:1 Level 3 1:2 Level 2	4991.0	4467.8	1069.5	649.8	1:1 Level 3 1:2 Level 2	4991.0	4439.0	713.0	356.0	-1851.9	11.5	-161.0	-15.74%	0	0	1	0	18 beds funded but used flexibly depending on dependency of patients (ie. can be at full capacity at 16 beds if 10 Level 3 and 6 Level 2) 14 Q nurses required per shift but if dependency/occupancy reduced then less nurses would still provide agreed nurse:patient ratios.	
<b>Total</b>		<b>205</b>	<b>205.03</b>			<b>96.82</b>		<b>8.00</b>											<b>-2735.0</b>		<b>-237.8</b>						
Unscheduled Care	AED			4.70	1.00	13.02	2.90	8.57%		4464.0	4378.9	1162.5	962.8		3205.1	3282.8	896.5	720.6	-383.1	12.5	-30.6	-3.94%	0	0	0	0	AED open for escalation. Shifts put out to agency and NHSP, some filled and some cancelled just before shift commenced.
	W-A1A - Ward A1 Asst	29	41.40	10.00	5.00	22.10	5.00	3.80%	5.5	2325.0	2550.5	1550.0	1480.0	0.0	1953.0	1932.0	651.0	619.5	103.0	12.5	8.2	1.59%	0	0	0	0	5 x CSWs recruited. 4 x RNs moved from other areas. Staffing meetings completed and staff moved to support the area. RN posts re advertised. 423.5 hours sickness in month.
	W-A2A - Ward A2 Admission	28	18.83	3.00	0.00	12.90	3.00	10.82%	5.6	1426.0	1288.0	1069.5	1097.0	9.3	1069.5	1046.5	713.0	713.0	-133.5	11.5	-11.6	-3.12%	0	0	0	0	Extra Care staff hours to cover 1:1s. 13 RN shifts not picked up by NHSP/Agency. Staffing meetings completed and staff moved to support the area. 2 x RN shifts moved to other areas.
	W-A3OPAL - Ward A3 Opal	34	18.83	2.88	1.00	15.50	0.00	3.08%	8.5:1	1426.0	1311.0	1426.0	1549.0	0.0	1069.5	1023.5	713.0	839.5	88.5	11.5	7.7	1.91%	1	0	0	0	
	W-A7 - Ward A7	33	18.80	0.00	1.49	15.50	1.39	2.03%	8.3:1	1426.0	1514.0	1426.0	1308.3	0.0	1069.5	1299.5	713.0	713.0	200.3	11.5	17.4	4.32%	0	0	0	1	Agreed x1 qualified night and long day to support acuity and unfunded NIV service.
	W-A8 - Ward A8	34	18.80	1.92	0.92	15.50	2.00	15.15%	8.5:1	1472.0	1420.0	1645.0	1634.0	0.0	1092.0	1092.5	1035.0	1021.0	-76.5	11.5	-6.7	-1.46%	0	0	0	1	csw hours increased to actual hours going up for 26 days /nights or 1:1 support. 613 hours sickness RN in month, 301 sickness csw, vac RN 0.92 and csw 2.0 currently. This does not take into account the band 6 secondment for HFD to ucc so her hours are not added in
	W-B12 - Ward B12 (Forget-me-not)	21	13.68	1.00	0.00	15.50	1.21	6.84%	7.0:1	1069.5	1122.0	1426.0	1308.0	0.0	713.0	713.0	713.0	816.5	38.0	11.5	3.3	0.97%	1	0	0	0	1:1 csw booked in addition to ward staffing
	W-B14 - Ward B14	24	18.80	2.00	0.00	12.90	2.20	13.30%	6.0:1	1426.0	1383.5	1069.5	940.5	8.0	1069.5	931.5	713.0	667.0	-355.5	11.5	-30.9	-8.31%	2	0	0	0	
	W-B18 - Ward B18	24	18.80	0.40	0.00	18.00	0.18	12.79%	6.0:1	1426.0	1313.0	1426.0	1252.5	0.0	1069.5	1023.5	1069.5	933.0	-469.0	11.5	-40.8	-9.40%	1	0	0	1	Daily review (Monday to Friday) of staffing levels for next 24 - 48 hours with Divisional Matron team to assess risk and gain assurance that sub-optimal staffing does not significantly compromise care Opportunity to flex levels depending on cohort bed capacity
	W-C21 - Ward C21	24	13.68	0.0	3.0	11.30	1.81	7.68%	8.0:1	1069.5	931.5	816.5	628.5	0.1	713.0	540.5	839.5	356.5	-981.5	11.5	-85.3	-28.54%	0	0	0	0	Vacancy in band2 - put out and no fill
W-C22 - Ward C22	21	13.68	0.80	1.60	12.90	0.00	6.38%	7.0:1	1069.5	1058.0	1069.5	970.0	0.1	713.0	713.0	713.0	713.0	-111.0	11.5	-9.7	-3.11%	1	0	0	0		
W-CCU - Coronary Care Unit	8	21.2	0.0	2.0	2.6	0.00	1.96%	2.0:1	1426.0	1432.5	356.5	231.5	0.0	1069.5	1069.5	0.0	0.0	-118.5	11.5	-10.3	-4.15%	0	0	0	0	No bank fill for CSW, CSW moved to support other areas. Increase in qualified staffing hours is due to shorter shifts worked on the bank holiday, as hand over was required mid part through shift.	
<b>Total</b>		<b>280</b>	<b>216.47</b>			<b>167.73</b>		<b>7.53</b>											<b>-2198.9</b>		<b>-189.3</b>						
WCSS	W-B11B/W-B11C - Ward B11	24	29.50	3.40	2.00	15.92	5.66	4.80%	1:1 level3 1:2 Level2	2100.0	2076.0	930.0	867.0	0.0	1488.2	1470.0	0.0	0.0	-105.2	7.5 day 10.63 night		-2.33%	0	0	0	0	Ad hoc sickness Ward dependency did not require backfill covered with on call if required
	W-NHDU/W-NITU/W-NSC - Neonatal Unit	18	24.38	3.00	3.00	6.52	3.60	7.65%	7.5:18	1092.0	1063.0	798.0	761.0	7.5:18	942.8	922.8	240.0	240.0	-86.0			-2.80%	0	0	0	0	
	W-C20 - Ward C20	12	12.63	2.40	2.40	5.00	0.00	11.37%	1:4	1245.0	1245.0	855.0	780.0	1:6	581.3	581.3	0.0	0.0	-75.1			-2.80%	0	0	0	0	escalated for 21 days with 4 patients
	W-C23 - Ward C23	22	98.52	4.60	4.60	12.68	11.60		1:7.33	1348.5	1313.5	899.0	809.0	1:11	620.0	610.0	310.0	310.0	-135.0			-4.25%	0	0	0	0	when sickness occurs nurses go to an midwives and carers to try to cover the shift. Also try to cover with RGN if midwife not available. When sickness occurs on labour ward care staff move to there to cover. 4 days out of January
<b>Total</b>		<b>76</b>	<b>165.03</b>	<b>13.40</b>	<b>12.00</b>	<b>40.12</b>	<b>20.86</b>	<b>6.90</b>											<b>-401.3</b>		<b>0.0</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Grand Total</b>		<b>561</b>	<b>586.53</b>	<b>13.40</b>	<b>12.00</b>	<b>304.67</b>	<b>20.86</b>	<b>7.60</b>											<b>-5335.1</b>		<b>-427.1</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	



**BOARD OF DIRECTORS**

WHH/B/2015/ 039

<b>SUBJECT:</b>	<b>Verbal Report from the Chair of the Finance and Sustainability Committee</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2015
<b>DIRECTOR:</b>	Carol Withenshaw, Non-Executive Director and SID



**BOARD OF DIRECTORS**

WHH/B/2015/ 040

<b>SUBJECT:</b>	<b>Finance Report as at 31<sup>st</sup> January 2015</b>	
<b>DATE OF MEETING:</b>	25th February 2015	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	Steve Barrow, Deputy Director of Finance	
<b>EXECUTIVE DIRECTOR:</b>	Tim Barlow, Director of Finance and Commercial Development Choose an item.	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	SO1: Ensure all our patients are safe in our care SO2: To be the employer of choice for healthcare we deliver SO3: To give our patients the best possible experience	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	SO4/4.2 Failure to: Maintain a liquidity ratio and capital servicing capacity necessary to deliver a continuity of services risk rating of at least 3 on a quarterly basis; remain a going concern at all times remain solvent; and Comply with section G6 of th 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 SO4/4.3 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	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	For the period ending 31 <sup>st</sup> January 2015 the Trust has recorded an actual deficit of £5,868k, a Continuity of Services Risk Rating 2 and a cash balance of £5,886k.	
<b>RECOMMENDATION:</b>	<i>The Board is asked to note the contents of the report.</i>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Finance and Sustainability Committee Or type here if not on list:
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	17 <sup>th</sup> February 2015
	<b>Summary of Outcome</b>	Approved

## FINANCE REPORT AS AT 31<sup>st</sup> JANUARY 2015

### 1. PURPOSE

The purpose of the report is to advise the Board of Directors on the financial position of the Trust as at 31<sup>st</sup> January 2015 and the forecast outturn as at 31<sup>st</sup> March 2015.

### 2. EXECUTIVE SUMMARY

Year to date performance against key financial indicators is provided in the table below and further supplemented by the dashboards at **Appendices A to E** attached to this report.

The original 14/15 plan approved by the Board and submitted to Monitor was based on an in year deficit of £1.5m. Monitor required the Trust to produce a reforecast that was completed and approved by the Board in December that revised the deficit to £5.9m. The year to date performance is based on the original plan and the performance against the reforecast is in Section 8.

#### Key financial indicators

Indicator	Monthly Plan £m	Monthly Actual £m	Monthly Variance £m	YTD Plan £m	YTD Actual £m	YTD Variance £m
Operating income	19.2	19.1	(0.1)	177.8	179.1	1.3
Operating expenses	(16.9)	(18.4)	(1.5)	(171.2)	(176.6)	(5.4)
EBITDA	2.3	0.7	(1.6)	6.6	2.5	(4.1)
Non-operating income and expenses	(0.9)	(0.9)	0.0	(8.6)	(8.4)	0.2
I&E surplus / (deficit)	1.4	(0.2)	(1.6)	(2.0)	(5.9)	(3.9)
Cash balance	-	-	-	7.2	5.9	(1.3)
CIP target	1.8	0.9	(0.9)	7.6	5.3	(2.3)
Capital Expenditure	1.4	0.1	1.3	7.5	3.9	3.6
Continuity of Services Risk Rating	4	4	0	3	2	0

### 3. INCOME AND EXPENSES

The January and year to date position is summarized in the table below.

Position = Surplus/(Deficit)	January £000	Year to date £000
Plan	1,440	(2,034)
Actual	(195)	(5,868)
<b>Variance</b>	<b>(1,635)</b>	<b>(3,834)</b>

The January and year to date variance by category is summarized in the table below.

<b>Variance = Favourable/(Adverse)</b>	<b>January £000</b>	<b>Year to date £000</b>
Operating income	(60)	1,379
Operating expenses	(1,497)	(5,388)
Non-operating income and expenses	(79)	175
<b>Total</b>	<b>(1,636)</b>	<b>(3,834)</b>

The planned Continuity of Services Risk Rating for the period is a 3 but performance to date results in a rating of 2.

The operating performance continues to have an adverse effect on the amount of cash available to the trust and even though the cash balance is controlled through the management of working balances, a continuation of the current operating performance will mean a severe reduction in the internally funded capital programme or a significant increase in creditors to avoid the Trust running out of money next financial year.

### **Operating Income**

Year to date operating income is £1,379k above plan due to an over recovery on other operating income (£1,596k) partially offset by an under recovery on NHS clinical income (£188k) and non NHS clinical income (£29k).

### **Operating Expenses**

Year to date operating expenses are £5,388k above plan due to over spends on pay (£4,296k), clinical supplies (£1,121k) and non clinical supplies (£565k), partially offset by under spends on drugs (£594k).

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

Non operating income and expenses is £175k below plan mainly due the underspend against depreciation resulting from the slippage in the capital programme.

## **4. COST IMPROVEMENT PROGRAMME**

The Trust has an annual savings target of £11,931k and value of schemes identified to date is shown in the table below.

<b>Narrative</b>	<b>In Year £000</b>	<b>Recurrent £000</b>
Annual Target	11,931	11,931
Value of schemes identified	11,276	13,063
<b>Over / (Under) Achievement against target</b>	<b>(655)</b>	<b>1,132</b>

For the period to date the planned savings for the identified schemes equate to £7,600k, with actual savings amounting to £5,350k which results in an under achievement of £2,250k. An assessment of the full year forecast has been undertaken and based on the estimated savings the in year and recurrent shortfall is shown in the table below:

<b>Narrative</b>	<b>In Year £000</b>	<b>Recurrent £000</b>
Annual Target	11,931	11,931
Forecast Outturn	7,976	10,780
<b>Over / (Under) Achievement against target</b>	<b>(3,955)</b>	<b>(1,753)</b>

The under achievement in the current financial year is a significant contributor to the forecast deficit but the recurrent under achievement will need to be recovered, which therefore increases the cost savings required next financial year.

## 5. CASH FLOW

The cash balance is £5,886k which is £1,355k above the planned cash balance of £7,241k, with the monthly movements summarised in the table below.

<b>Cash balance movement</b>	<b>£000</b>
Opening balance as at 1 <sup>st</sup> January	8,256
In month deficit	(195)
Non cash flows in surplus/(deficit)	936
Decrease in receivables	578
Decrease in payables	(1,462)
Capital expenditure	(117)
Other working capital movements	(2,110)
<b>Closing balance as at 31<sup>st</sup> January</b>	<b>5,886</b>

The planned cash balances detailed in the cashflow were based on a forecast year end cash balance as at 28<sup>th</sup> February but the actual cash balance was higher as a number of commissioners settled outstanding invoices in March.

The current balance equates to circa 10 days operational cash, which is an improvement on the position reported last month. However the value of trade creditors as at 31<sup>st</sup> January stands at £7.0m, the majority of which are overdue. Under the continuity of services risk rating the liquidity metric is -8.4 days which results in a score of 2. The calculation of the metric includes all current assets and liabilities excluding inventories, so masks the challenging cash position which is managed through working balances.

The operating performance continues to have an adverse effect on the cash position and creditor payments. This operating position, coupled with the non payment to suppliers during the upgrade of the financial systems, resulted in performance against the non NHS Better Payment Practice Code (BPPC) of 11% in the month (52% year to date). This low level of compliance and performance will continue until there is an improvement in the operating position and the resultant cash position.



A continuation of the current operating performance will mean a severe reduction in the internally funded capital programme or a significant increase in creditors to avoid the Trust running out of money next financial year.

## 6. STATEMENT OF FINANCIAL POSITION

Non current assets have decreased by £392k in the month, as the monthly depreciation charge exceeds the capital expenditure.

Current assets have decreased by £3,565k mainly due to the decrease in cash, receivables and accrued income.

Current liabilities have decreased by £3,816k in the month mainly due to the decrease in payables and deferred income.

Non current liabilities have increased by £54k in the month.

## 7. CAPITAL

The capital programme has been increased from the original plan as a result of Halton CCG's agreement to fund the costs associated with the development of the Urgent Care Centre, although this has been partially offset by the reduction in contingency funding to cover the funding shortfall. It has also been increased by a successful economy wide Integrated Digital Care Fund bid. The amount approved over a two year period is £3.2m with £1.3m due in 14/15 and £1.9m due in 15/16, although we are currently awaiting release of the funding from the Department of Health.

The approved programme for the year now stands at £11.6m and to date the Trust has spent £3.9m against the budget of £7.5m, which is mainly due to delays in the commencement of various schemes.

Category	Annual Budget £m	Budget to date £m	Actual to date £m	Variance to date £m
Estates	5.9	4.7	2.0	2.7
IM&T	4.0	1.9	1.3	0.6
Medical Equipment	1.3	0.6	0.6	0.0
Contingency	0.4	0.3	0.0	0.3
<b>Total</b>	<b>11.6</b>	<b>7.5</b>	<b>3.9</b>	<b>3.6</b>

## 8. FORECAST OUTTURN

The Board will be aware that all Foundation Trusts were required to submit a year end forecast and a forecast annual capital spend in December 2014. The reforecast exercise resulted in the Trust submitting a year end deficit of £5.9m which is a deterioration of £1.9m when compared to the previous forecast deficit of £4.0m. The reasons for the increase in the deficit were detailed in the presentation to the Board on 17<sup>th</sup> December.

In addition to the forecast position as at 31<sup>st</sup> March 2015 the Trust profiled the planned monthly surpluses and deficits between January and March. The January and year to date position compared to the reforecast is summarized in the tables below.

<b>Position = Surplus/(Deficit)</b>	<b>January £000</b>	<b>Year to date £000</b>
Plan	(162)	(5,899)
Actual	(195)	(5,868)
<b>Variance</b>	<b>(33)</b>	<b>31</b>

The January and year to date variance by category is summarized in the table below.

<b>Variance = Favourable/(Adverse)</b>	<b>January £000</b>	<b>Year to date £000</b>
Operating income	123	179
Operating expenses	25	33
Non-operating income and expenses	(181)	(180)
<b>Total</b>	<b>(33)</b>	<b>31</b>

The revised annual capital spend was calculated at £7.2m.

A change in the year end position and reduced capital spend impacts on the Continuity of Services Risk Rating and the cash balance. The Continuity of Services Risk Rating reduces to a 2 (compared to the original plan of 3) and the cash balance reduces to £3.1m (compared to the original plan of £6.7m).

## 9. SUMMARY

For the period ending 31<sup>st</sup> January the Trust has recorded a deficit of £5,868k, which is £3,834k worse than the original planned deficit but £31k better than the revised reforecast. Despite a slightly improved position against the revised deficit a number of financial risks still remain that need to be managed, namely:

- Non compliance with contractual data requirements, quality standards, access targets and CQUIN targets resulting in commissioner levied fines or penalties.
- Failure to deliver the revised income target or remain with revised expenditure forecast.
- Identified cost savings target not fully identified and delivered in accordance with profile.
- Increase in readmissions resulting in bed blockages and payment to commissioners for exceeding current agreed threshold.
- Failure to manage escalation or partner's inability to provide services to withdraw medically fit patients from the hospital.
- Failure to appropriately reduce bank, agency, locum, overtime and waiting list initiatives.
- Failure to increase clinical efficiency and productivity.

The cumulative deficit includes the contractual fines or penalties associated with A&E breaches, Mixed Sex Accommodation breaches, MRSA occurrences, discharge summaries (24 hour target only), contract challenges for incomplete or invalid patient data and non achievement of CQUIN targets. The total included within the current deficit is a fine / penalty of £1,013k.

The current deficit does not however include contractual fines or penalties associated with all the potential discharge summaries (7 day target only) and activity query notices (spinal services).

**Tim Barlow**  
**Director of Finance & Commercial Development**  
**18th February 2015**

**Finance headlines as at 31st January 2015**

Key Financial Metrics	Month			Year to date			Forecast		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Operating Income	19,176	19,116	-60	177,762	179,141	1,379	213,746	217,113	3,367
Operating Expenditure	-16,880	-18,377	-1,497	-171,239	-176,626	-5,388	-204,977	-213,282	-8,305
<b>EBITDA</b>	<b>2,296</b>	<b>739</b>	<b>-1,557</b>	<b>6,523</b>	<b>2,514</b>	<b>-4,009</b>	<b>8,769</b>	<b>3,831</b>	<b>-4,938</b>
Financing Costs	-856	-934	-79	-8,557	-8,382	175	-10,269	-9,706	563
<b>Net Surplus / (Deficit)</b>	<b>1,440</b>	<b>-195</b>	<b>-1,635</b>	<b>-2,034</b>	<b>-5,868</b>	<b>-3,834</b>	<b>-1,500</b>	<b>-5,875</b>	<b>-4,375</b>
Continuity of Services Risk Rating	4	4	-1	3	2	-1	3	2	-1
Capital Expenditure	1,383	117	-1,266	7,506	3,942	-3,564	10,272	7,161	-3,111
Cash Balance				7,241	5,886	-1,355	6,731	3,102	-3,629
Cost Savings	1,765	931	-834	7,600	5,350	-2,250	11,931	7,976	-3,955

**Summary Position**

The original 14/15 plan approved by the Board and submitted to Monitor was based on an in year deficit of £1.5m. Monitor required the Trust to produce a reforecast that was approved by the Board in December that revised the deficit to £5.9m. The in month and year to date performance is based on the original plan.

The reported position for the period is an actual deficit of £5,868k which is £3,834k worse than the planned deficit of £2,034k and an actual Continuity of Services Risk Rating 2 which is below the planned rating of 3. Year to date income is £1,379k above plan mainly due to overperformance on non elective activity, outpatients, training and education income and other operating income, although this is partially offset by underperformance on elective and other NHS activity. Year to date expenditure is £5,388k above plan due to overspends on pay, clinical supplies and non clinical supplies, although this is partially offset by an underspend on drugs. Year to date non operating income and expenditure is £175k below plan due to an underspend on depreciation.

Cost savings performance is below plan by £2,250k, as schemes to achieve the annual target have not been identified and there has been slippage against a number of those identified schemes.

**Forecast Outcome**

The reforecast exercise completed in December revised the year end deficit of £5.9m, which represents a worsening of the forecast by £1.9m compared to the £4.0m previously reported and is £4.4m below the original planned deficit of £1.5m. This further deterioration results mainly reflected the operating performance in October and November together with a more robust forecast of the remaining months. This reforecast, together with a reduced capital spend to £7.2m, results in a Continuity of Services Risk Rating 2 and a reduced cash balance as at 31st March of £3.1m.

**Key Variances**

Operating Income - £1,379k above plan (favourable).  
 Operating Expenditure - £5,388k above plan (adverse).  
 Non operating income and expenses - £175 below plan (favourable).  
 Cost savings - £2,250k below plan (adverse).  
 Cash balances - £1,365k below plan (adverse).  
 Capital expenditure - £3,564k below plan due to slippage.

**Key Risks**

Divisions unable to deliver income targets based on agreed activity plans or deliver additional activity and income identified in the budget setting process.  
 Non compliance with contractual data requirements, quality standards, access targets and CQUIN targets resulting in commissioner levied fines and penalties.  
 Cost savings target not fully identified and delivered in accordance with profile.  
 Failure to significantly reduce bank, agency, locum, overtime and waiting list initiative expenditure.  
 The operating performance of the trust adversely affects the cash position and its ability to pay creditors on a timely basis and a continuation of the operating performance will result in the trust running out of money.

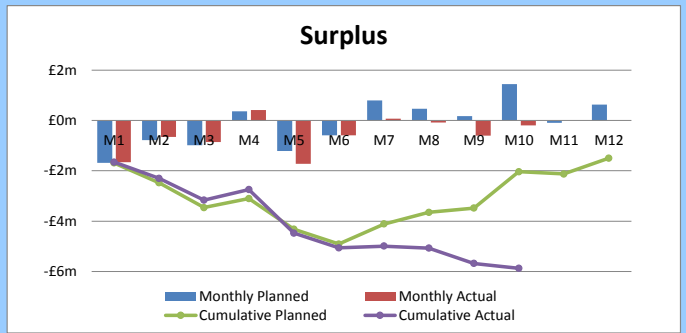
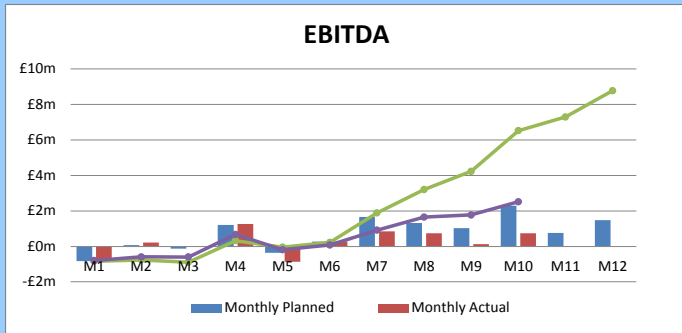
**Other matters to be brought to the attention of the Board**

Monitor require all trusts to submit forecast revenue and capital outturns on a monthly basis.  
 The trust is exploring other opportunities for commercial development and is submitting tenders for a number of new services.  
 The trust is in discussions with CCGs and NHSE regarding financial responsibility for specialist spinal patients as both parties are unwilling to pay for activity undertaken to date.  
 Monitor / NHSE have confirmed that trusts should receive funding equivalent to 14/15 winter monies funding.  
 Contract discussions with commissioners continue but no contract values have yet been agreed

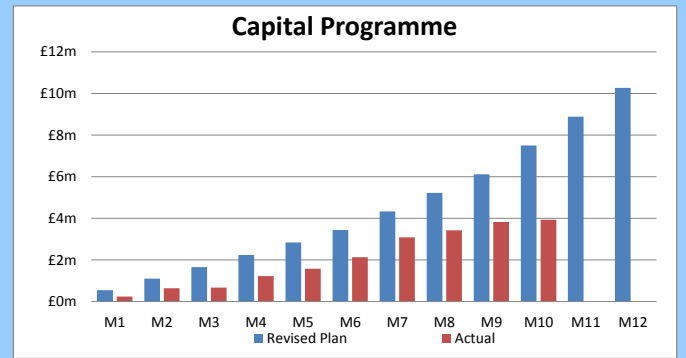
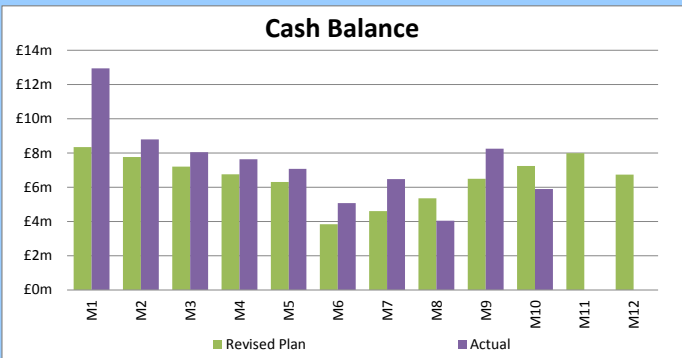
Warrington & Halton Hospitals NHS Foundation Trust

Finance Dashboard as at 31st January 2015 (Part A)

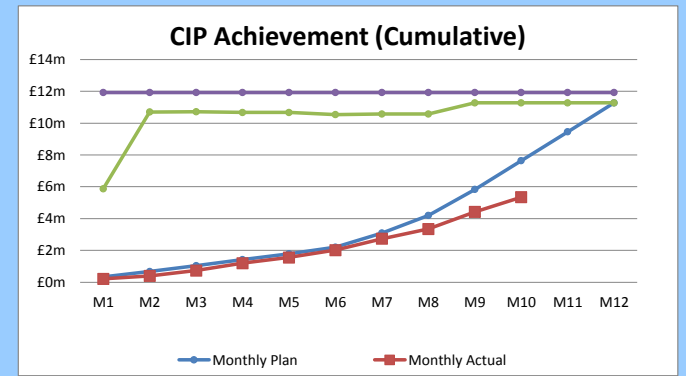
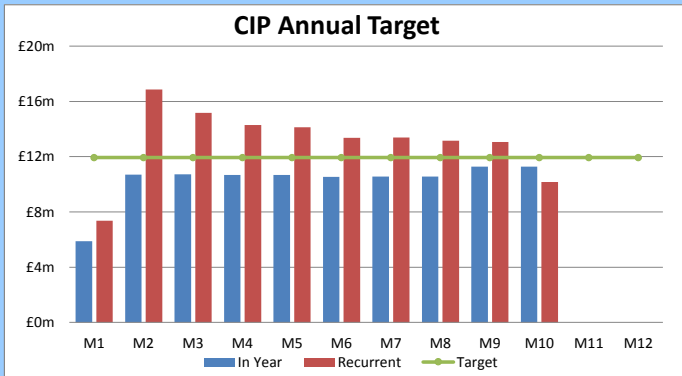
Profitability



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	56,248	4,677	4,697	-20	-0.4	47,061	47,476	-415	-0.9
Unscheduled Care	44,059	3,769	3,932	-163	-4.3	36,909	37,819	-910	-2.5
Womens, Children & Support Services	59,996	5,128	5,217	-89	-1.7	50,718	50,425	293	0.6
<b>Corporate</b>									
Operations - Central	540	40	39	1	2.5	494	420	74	15.0
Operations - Estates	7,551	695	689	6	0.9	6,177	5,977	200	3.2
Operations - Facilities	8,014	661	658	3	0.5	6,692	6,599	93	1.4
Commercial Development	1,019	299	292	7	2.3	924	845	79	8.5
Finance	9,354	782	780	2	0.3	7,790	7,763	27	0.3
Governance & Workforce	4,708	392	323	69	17.6	3,928	3,573	355	9.0
Information Technology	4,107	338	768	-430	-127.2	3,431	3,833	-402	-11.7
Nursing	1,876	167	163	4	2.4	1,564	1,560	4	0.3
Trust Executive	2,161	152	145	7	4.6	1,857	1,783	74	4.0
<b>Total</b>	<b>199,633</b>	<b>17,100</b>	<b>17,703</b>	<b>-603</b>	<b>-3.5</b>	<b>167,545</b>	<b>168,073</b>	<b>-528</b>	<b>-0.3</b>

Positive variance = underspend, negative variance = overspend.

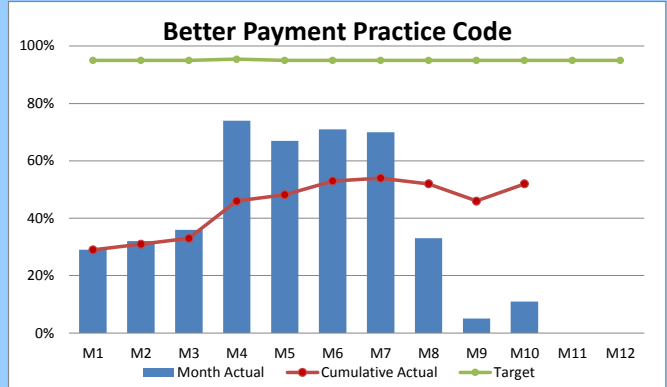
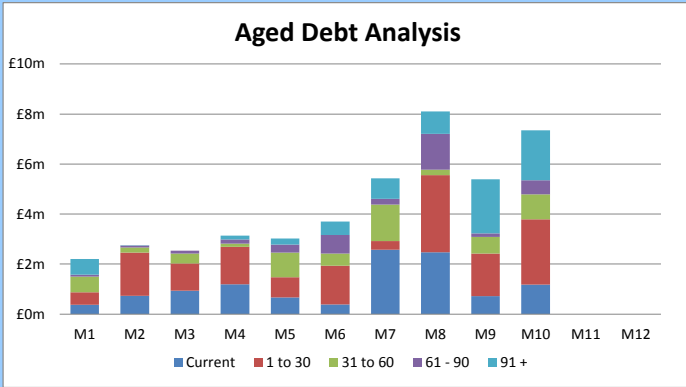
Continuity of Services Risk Rating

Continuity of Services Risk Rating	Actual Metric	Actual Rating
Liquidity Ratio (days)	-8.4	2
Capital Servicing Capacity (times)	0.8	1
<b>Overall Risk Rating</b>		<b>2</b>

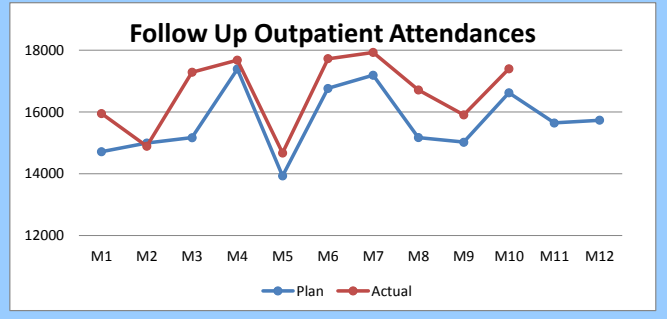
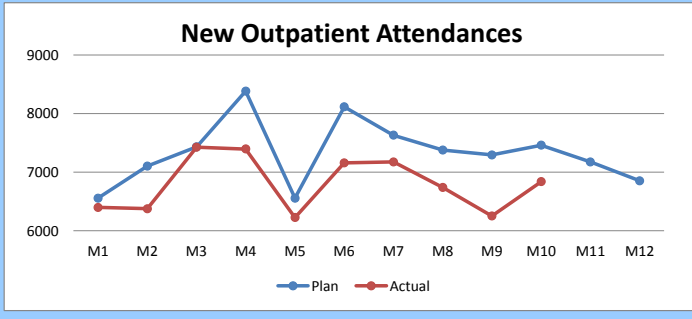
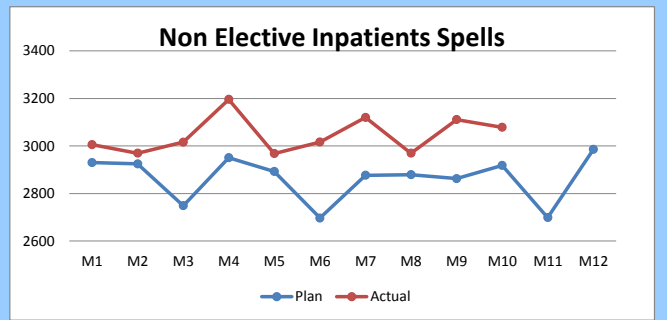
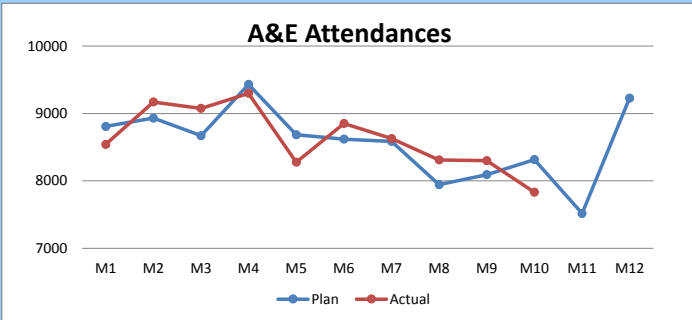
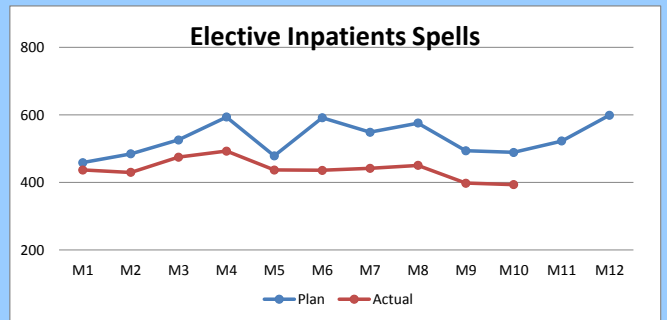
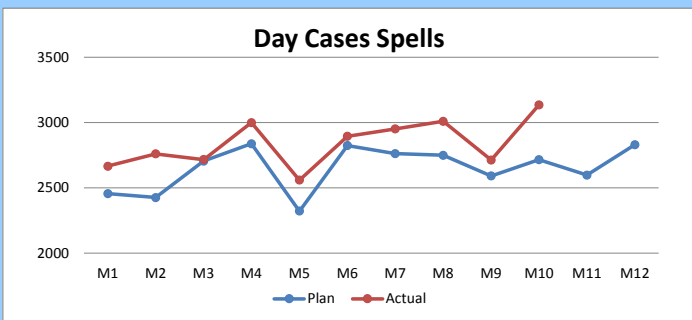
Warrington & Halton Hospitals NHS Foundation Trust

Finance Dashboard as at 31st January 2015 (Part B)

Balance Sheet and Liquidity



Activity Analysis



## Income Statement, Activity Summary and Risk Ratings as at 31st January 2015 (Based on original plan)

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 Activity Income</b>									
Elective Spells	3,420	3,364	-57	32,655	32,044	-611	39,884	39,823	-61
Elective Excess Bed Days	19	3	-16	201	187	-13	242	264	22
Non Elective Spells	4,414	4,699	285	43,524	45,099	1,575	52,145	53,302	1,157
Non Elective Excess Bed Days	312	259	-52	3,093	2,804	-289	3,701	3,456	-245
Outpatient Attendances	3,008	2,940	-68	27,813	28,054	241	33,480	34,018	538
Accident & Emergency Attendances	824	821	-2	8,526	8,659	133	10,184	10,284	100
Other Activity	5,846	5,739	-107	48,611	47,388	-1,224	58,103	57,082	-1,021
<b>Sub total</b>	<b>17,842</b>	<b>17,824</b>	<b>-18</b>	<b>164,423</b>	<b>164,234</b>	<b>-188</b>	<b>197,738</b>	<b>198,229</b>	<b>491</b>
<b>Non Mandatory / Non Protected Income</b>									
Private Patients	13	7	-6	127	69	-58	152	86	-66
Other non protected	107	90	-17	1,070	1,098	28	1,284	1,397	113
<b>Sub total</b>	<b>120</b>	<b>98</b>	<b>-22</b>	<b>1,197</b>	<b>1,168</b>	<b>-29</b>	<b>1,436</b>	<b>1,483</b>	<b>47</b>
<b>Other Operating Income</b>									
Training & Education	641	560	-82	6,413	6,646	233	7,696	8,327	631
Donations and Grants	0	0	0	0	0	0	0	500	500
Miscellaneous Income	573	635	62	5,729	7,092	1,363	6,876	8,574	1,698
<b>Sub total</b>	<b>1,214</b>	<b>1,195</b>	<b>-20</b>	<b>12,143</b>	<b>13,739</b>	<b>1,596</b>	<b>14,572</b>	<b>17,401</b>	<b>2,829</b>
<b>Total Operating Income</b>	<b>19,176</b>	<b>19,116</b>	<b>-60</b>	<b>177,762</b>	<b>179,141</b>	<b>1,379</b>	<b>213,746</b>	<b>217,113</b>	<b>3,367</b>
<b>Operating Expenses</b>									
Employee Benefit Expenses (Pay)	-12,071	-13,246	-1,175	-123,644	-127,940	-4,296	-147,759	-154,546	-6,787
Drugs	-1,204	-1,119	85	-11,834	-11,240	594	-14,242	-13,307	935
Clinical Supplies and Services	-1,623	-1,861	-238	-15,912	-17,033	-1,121	-19,154	-20,189	-1,035
Non Clinical Supplies	-1,983	-2,151	-168	-19,849	-20,414	-565	-23,822	-25,240	-1,418
<b>Total Operating Expenses</b>	<b>-16,880</b>	<b>-18,377</b>	<b>-1,497</b>	<b>-171,239</b>	<b>-176,626</b>	<b>-5,388</b>	<b>-204,977</b>	<b>-213,282</b>	<b>-8,305</b>
<b>Surplus / (Deficit) from Operations (EBITDA)</b>	<b>2,296</b>	<b>739</b>	<b>-1,557</b>	<b>6,523</b>	<b>2,514</b>	<b>-4,009</b>	<b>8,769</b>	<b>3,831</b>	<b>-4,938</b>
<b>Non Operating Income and Expenses</b>									
Interest Income	3	3	0	33	32	-2	40	36	-4
Interest Expenses	0	-2	-2	0	-8	-8	0	-12	-12
Depreciation	-524	-545	-21	-5,236	-5,029	206	-6,283	-5,770	513
PDC Dividends	-336	-391	-55	-3,355	-3,376	-21	-4,026	-3,960	66
Restructuring Costs	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
<b>Total Non Operating Income and Expenses</b>	<b>-856</b>	<b>-934</b>	<b>-79</b>	<b>-8,557</b>	<b>-8,382</b>	<b>175</b>	<b>-10,269</b>	<b>-9,706</b>	<b>563</b>
<b>Surplus / (Deficit)</b>	<b>1,440</b>	<b>-195</b>	<b>-1,635</b>	<b>-2,034</b>	<b>-5,868</b>	<b>-3,834</b>	<b>-1,500</b>	<b>-5,875</b>	<b>-4,375</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	3,205	3,529	325	31,630	32,802	1,172	38,181	40,507	2,326
Elective Excess Bed Days	78	12	-66	831	823	-8	1,003	1,153	150
Non Elective Spells	2,916	3,079	164	28,664	30,453	1,789	34,367	36,436	2,069
Non Elective Excess Bed Days	1,378	1,205	-173	13,666	12,469	-1,197	16,354	15,405	-949
Outpatient Attendances	27,940	29,805	1,865	268,484	283,347	14,863	320,888	343,820	22,932
Accident & Emergency Attendances	8,316	7,830	-486	86,072	86,277	205	102,814	103,215	401
<b>Continuity of Services 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>
Liquidity Ratio - Metric (Days)	1.7	0.2	-1.5	-8.2	-8.4	-0.2	-9.0	-13.0	-4.0
Liquidity Ratio - Rating	4	4	0	2	2	0	2	2	0
Capital Servicing Capacity - Metric (Times)	6.9	1.9	-5.0	2.0	0.8	-1.2	2.2	0.8	-1.3
Capital Servicing Capacity - Rating	4	3	-1	3	1	-2	3	1	-2
<b>Continuity of Services Risk Rating</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>

## Income Statement, Activity Summary and Risk Ratings as at 31st January 2015 (Based on reforecast)

Income Statement	Month			Year to date			Forecast		
	Forecast £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000	Forecast £000	Actual £000	Variance £000
<b>Operating Income</b>									
<b>NHS Activity Income</b>									
Elective Spells	3,440	3,364	-76	32,626	32,044	-582	39,823	39,823	0
Elective Excess Bed Days	9	3	-6	207	187	-20	264	264	0
Non Elective Spells	4,512	4,699	187	44,512	45,099	587	53,302	53,302	0
Non Elective Excess Bed Days	288	259	-29	2,882	2,804	-78	3,456	3,456	0
Outpatient Attendances	3,067	2,940	-127	28,272	28,054	-218	34,018	34,018	0
Accident & Emergency Attendances	832	821	-11	8,608	8,659	51	10,284	10,284	0
Other Activity	5,252	5,739	487	46,663	47,388	725	57,082	57,082	0
<b>Sub total</b>	<b>17,400</b>	<b>17,824</b>	<b>424</b>	<b>163,770</b>	<b>164,234</b>	<b>464</b>	<b>198,229</b>	<b>198,229</b>	<b>0</b>
<b>Non Mandatory / Non Protected Income</b>									
Private Patients	7	7	0	71	69	-2	86	86	0
Other non protected	116	90	-26	1,163	1,098	-65	1,397	1,397	0
<b>Sub total</b>	<b>123</b>	<b>98</b>	<b>-25</b>	<b>1,234</b>	<b>1,168</b>	<b>-66</b>	<b>1,483</b>	<b>1,483</b>	<b>0</b>
<b>Other Operating Income</b>									
Training & Education	746	560	-186	6,833	6,646	-187	8,327	8,327	0
Donations and Grants	0	0	0	0	0	0	500	500	0
Miscellaneous Income	724	635	-89	7,125	7,092	-33	8,574	8,574	0
<b>Sub total</b>	<b>1,470</b>	<b>1,195</b>	<b>-275</b>	<b>13,958</b>	<b>13,739</b>	<b>-219</b>	<b>17,401</b>	<b>17,401</b>	<b>0</b>
<b>Total Operating Income</b>	<b>18,993</b>	<b>19,116</b>	<b>123</b>	<b>178,962</b>	<b>179,141</b>	<b>179</b>	<b>217,113</b>	<b>217,113</b>	<b>0</b>
<b>Operating Expenses</b>									
Employee Benefit Expenses (Pay)	-13,275	-13,246	29	-128,330	-127,940	390	-154,546	-154,546	0
Drugs	-1,200	-1,119	81	-10,987	-11,240	-253	-13,307	-13,307	0
Clinical Supplies and Services	-1,709	-1,861	-152	-16,749	-17,033	-284	-20,189	-20,189	0
Non Clinical Supplies	-2,218	-2,151	67	-20,593	-20,414	179	-25,240	-25,240	0
<b>Total Operating Expenses</b>	<b>-18,402</b>	<b>-18,377</b>	<b>25</b>	<b>-176,659</b>	<b>-176,626</b>	<b>33</b>	<b>-213,282</b>	<b>-213,282</b>	<b>0</b>
<b>Surplus / (Deficit) from Operations (EBITDA)</b>	<b>591</b>	<b>739</b>	<b>148</b>	<b>2,303</b>	<b>2,514</b>	<b>211</b>	<b>3,831</b>	<b>3,831</b>	<b>0</b>
<b>Non Operating Income and Expenses</b>									
Interest Income	2	3	1	31	32	1	36	36	0
Interest Expenses	-2	-2	0	-9	-8	1	-12	-12	0
Depreciation	-428	-545	-117	-4,913	-5,029	-116	-5,770	-5,770	0
PDC Dividends	-325	-391	-66	-3,311	-3,376	-65	-3,960	-3,960	0
Restructuring Costs	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
<b>Total Non Operating Income and Expenses</b>	<b>-753</b>	<b>-934</b>	<b>-181</b>	<b>-8,202</b>	<b>-8,382</b>	<b>-180</b>	<b>-9,706</b>	<b>-9,706</b>	<b>0</b>
<b>Surplus / (Deficit)</b>	<b>-162</b>	<b>-195</b>	<b>-33</b>	<b>-5,899</b>	<b>-5,868</b>	<b>31</b>	<b>-5,875</b>	<b>-5,875</b>	<b>0</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	3,499	3,529	30	33,187	32,802	-384	40,507	40,507	0
Elective Excess Bed Days	39	12	-27	904	823	-81	1,153	1,153	0
Non Elective Spells	3,084	3,079	-5	30,427	30,453	26	36,436	36,436	0
Non Elective Excess Bed Days	1,284	1,205	-79	12,846	12,469	-377	15,405	15,405	0
Outpatient Attendances	30,998	29,805	-1,193	285,745	283,347	-2,397	343,820	343,820	0
Accident & Emergency Attendances	8,350	7,830	-520	86,394	86,277	-117	103,215	103,215	0
<b>Continuity of Services 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>
Liquidity Ratio - Metric (Days)	1.2	0.2	-1.0	-11.2	-8.4	2.7	-13.0	-13.0	0.0
Liquidity Ratio - Rating	4	4	0	2	2	0	2	2	0
Capital Servicing Capacity - Metric (Times)	1.8	1.9	0.1	0.7	0.8	0.0	0.8	0.8	0.0
Capital Servicing Capacity - Rating	3	3	0	1	1	0	1	1	0
<b>Continuity of Services Risk Rating</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>



	Actual April £000's	Actual May £000's	Actual June £000's	Actual July £000's	Actual August £000's	Actual September £000's	Actual October £000's	Actual November £000's	Actual December £000's	Actual January £000's	Forecast February £000's	Forecast March £000's	Annual Position March £000's
<b>Surplus/(deficit) after tax</b>	<b>(1,655)</b>	<b>(647)</b>	<b>(858)</b>	<b>414</b>	<b>(1,726)</b>	<b>(587)</b>	<b>72</b>	<b>(81)</b>	<b>(607)</b>	<b>(195)</b>	<b>(357)</b>	<b>352</b>	<b>(5,875)</b>
<b>Non-cash flows in operating surplus/(deficit)</b>													
Depreciation and amortisation	523	525	523	523	524	524	438	476	429	545	368	372	5,770
Impairment losses/(reversals)													0
(Gain)/loss on disposal of property plant and equipment													0
PDC dividend expense	336	335	336	335	336	336	336	336	302	391	290	291	3,960
Other increases/(decreases) to reconcile to profit/(loss) from operations	(16)	9	(3)	(19)	6	(16)	40	(85)	62	(32)	(17)	(18)	(89)
<b>Non-cash flows in operating surplus/(deficit), Total</b>	<b>843</b>	<b>869</b>	<b>856</b>	<b>839</b>	<b>866</b>	<b>844</b>	<b>814</b>	<b>727</b>	<b>793</b>	<b>904</b>	<b>641</b>	<b>645</b>	<b>9,641</b>
<b>Operating Cash flows before movements in working capital</b>	<b>(812)</b>	<b>222</b>	<b>(2)</b>	<b>1,253</b>	<b>(860)</b>	<b>257</b>	<b>886</b>	<b>646</b>	<b>186</b>	<b>709</b>	<b>284</b>	<b>997</b>	<b>3,766</b>
<b>Increase/(Decrease) in working capital</b>													
(Increase)/decrease in inventories	(36)	(93)	68	52	141	(254)	(68)	(32)	(108)	147	(120)	81	(222)
(Increase)/decrease in NHS Trade Receivables	775	(332)	869	(991)	504	(618)	(346)	(3,643)	(445)	1,107	800	538	(1,782)
(Increase)/decrease in Non NHS Trade Receivables	154	(430)	(121)	203	(257)	(47)	248	(446)	471	(403)	233	199	(195)
(Increase)/decrease in other related party receivables	(235)	(75)	181	(237)	206	(11)	(161)	(36)	185	11	(120)	(76)	(367)
(Increase)/decrease in other receivables	(1)	303	144	(102)	137	(20)	(35)	467	(353)	(137)	300	190	892
(Increase)/decrease in accrued income	261	417	(231)	(542)	(220)	364	(647)	(175)	(668)	841	461	(134)	(274)
(Increase)/decrease in prepayments	(1,833)	507	(386)	(165)	872	(291)	253	9	463	(364)	663	688	416
Increase/(decrease) in Deferred Income (excl. Govt Grants.)	(243)	612	(14)	18	344	64	1,359	1,325	1,883	(2,988)	(456)	(439)	1,466
Increase/(decrease) in Current provisions	5	(11)	12	7	8	8	0	(47)	10	(72)	65	45	30
Increase/(decrease) in Trade Creditors	2,508	(3,205)	(351)	(1,190)	(1,086)	1,182	2,944	(1,175)	1,939	(1,816)	(2,472)	107	(2,615)
Increase/(decrease) in Other Creditors	167	(407)	61	(27)	85	95	(63)	(93)	20	355	350	275	818
Increase/(decrease) in accruals (adj for dep'n accrue to budget)	(189)	(568)	(645)	1,702	7	(448)	(2,162)	1,672	476	846	(405)	(357)	(71)
Increase/(decrease) in other Financial liabilities									734	2	2	3	741
Increase/(decrease) in Other liabilities (VAT, Social Security and Other Taxes)	(4)	94	(120)	64	(62)	15	35	2	30	(64)	43	(8)	25
<b>Increase/(Decrease) in working capital, Total</b>	<b>1,329</b>	<b>(3,188)</b>	<b>(533)</b>	<b>(1,208)</b>	<b>679</b>	<b>38</b>	<b>1,359</b>	<b>(2,171)</b>	<b>4,636</b>	<b>(2,534)</b>	<b>(656)</b>	<b>1,112</b>	<b>(1,137)</b>
Increase/(decrease) in Non-current provisions	(27)	13	14	(27)	16	15	(177)	20	41	54	(65)	(77)	(200)
<b>Net cash inflow/(outflow) from operating activities</b>	<b>490</b>	<b>(2,953)</b>	<b>(521)</b>	<b>18</b>	<b>(165)</b>	<b>310</b>	<b>2,068</b>	<b>(1,505)</b>	<b>4,863</b>	<b>(1,771)</b>	<b>(437)</b>	<b>2,032</b>	<b>2,429</b>
<b>Net cash inflow/(outflow) from investing activities</b>													
Property - new land, buildings or dwellings	0	0	0	0	0	0	0	0	(258)	(117)	(100)	(15)	(490)
Property - maintenance expenditure	(158)	(115)	(35)	(207)	(241)	(132)	(444)	(143)	(6)	(223)	(465)	(465)	(2,634)
Plant and equipment - Information Technology	(39)	(165)	(23)	(283)	(92)	(245)	(322)	(150)	(814)	138	(550)	(607)	(3,152)
Plant and equipment - Other	(45)	(119)	27	(61)	(23)	(179)	(194)	(37)	(56)	85	(140)	(143)	(885)
Increase/(decrease) in Capital Creditors	(171)	(865)	(171)	124	(58)	315	271	(201)	80	(469)	133	132	(880)
<b>Net cash inflow/(outflow) from investing activities, Total</b>	<b>(413)</b>	<b>(1,264)</b>	<b>(202)</b>	<b>(427)</b>	<b>(414)</b>	<b>(241)</b>	<b>(689)</b>	<b>(531)</b>	<b>(1,054)</b>	<b>(586)</b>	<b>(1,122)</b>	<b>(1,098)</b>	<b>(8,041)</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>77</b>	<b>(4,217)</b>	<b>(723)</b>	<b>(409)</b>	<b>(579)</b>	<b>69</b>	<b>1,379</b>	<b>(2,036)</b>	<b>3,809</b>	<b>(2,357)</b>	<b>(1,559)</b>	<b>934</b>	<b>(5,612)</b>
<b>Net cash inflow/(outflow) from financing activities</b>													
Public Dividend Capital received	0												0
PDC Dividends paid	0					(2,065)						(1,895)	(3,960)
Interest (paid) on non-commercial loans	0							(5)	(1)	(2)	(2)	(2)	(12)
Interest received on cash and cash equivalents	4	2	6	3	3	3	3	3	3	3	1	2	36
Drawdown of non-commercial loans							0	0	0	0	0	0	0
Repayment of non-commercial loans	0												0
(Increase)/decrease in non-current receivables	(84)	65	(38)	(4)	9	(2)	24	(398)	399	(13)	(22)	(241)	(305)
<b>Net cash inflow/(outflow) from financing activities, Total</b>	<b>(80)</b>	<b>67</b>	<b>(32)</b>	<b>(1)</b>	<b>12</b>	<b>(2,064)</b>	<b>27</b>	<b>(400)</b>	<b>401</b>	<b>(12)</b>	<b>(23)</b>	<b>(2,136)</b>	<b>(4,241)</b>
<b>Net increase/(decrease) in cash</b>	<b>(3)</b>	<b>(4,150)</b>	<b>(755)</b>	<b>(410)</b>	<b>(568)</b>	<b>(1,994)</b>	<b>1,406</b>	<b>(2,436)</b>	<b>4,210</b>	<b>(2,370)</b>	<b>(1,582)</b>	<b>(1,202)</b>	<b>(9,854)</b>
<b>Opening cash</b>	<b>12,956</b>	<b>12,953</b>	<b>8,803</b>	<b>8,048</b>	<b>7,638</b>	<b>7,070</b>	<b>5,076</b>	<b>6,482</b>	<b>4,046</b>	<b>8,256</b>	<b>5,886</b>	<b>4,304</b>	<b>12,956</b>
<b>Closing cash</b>	<b>12,953</b>	<b>8,803</b>	<b>8,048</b>	<b>7,638</b>	<b>7,070</b>	<b>5,076</b>	<b>6,482</b>	<b>4,046</b>	<b>8,256</b>	<b>5,886</b>	<b>4,304</b>	<b>3,102</b>	<b>3,102</b>

Forecast cash position as per Original Monitor plan	8,342	7,772	7,202	6,751	6,301	3,839	4,597	5,356	6,489	7,241	7,993	6,731
Actual cash position	12,953	8,803	8,048	7,638	7,070	5,076	6,482	4,046	8,256	5,886	4,304	3,102
Variance	4,611	1,031	846	887	769	1,237	1,885	-1,310	1,767	-1,355	-3,689	-3,629

Forecast cash position as per Re-Forecast Monitor plan	8,342	7,772	7,202	6,751	6,301	3,839	4,597	5,356	4,995	5,125	4,304	3,102
Actual cash position	12,953	8,803	8,048	7,638	7,070	5,076	6,482	4,046	8,256	5,886	4,304	3,102
Variance	4,611	1,031	846	887	769	1,237	1,885	-1,310	3,261	761	0	0

## Statement of Position as at 31st January 2015

Narrative	Audited position as at 31.3.14 £000	Actual Position as at 31.12.14 £000	Actual Position as at 31.01.15 £000	Monthly Movement £000	Forecast Position as at 31.3.15 £000
<b>ASSETS</b>					
<b>Non Current Assets</b>					
Intangible Assets	316	490	546	56	523
Property Plant & Equipment	132,588	132,466	132,005	-461	133,771
Other Receivables	1,233	1,316	1,332	16	1,808
Impairment of receivables for bad & doubtful debts	-195	-249	-252	-3	-465
<b>Total Non Current Assets</b>	<b>133,942</b>	<b>134,023</b>	<b>133,631</b>	<b>-392</b>	<b>135,637</b>
<b>Current Assets</b>					
Inventories	2,769	3,099	2,952	-147	2,991
NHS Trade Receivables	3,052	7,279	6,172	-1,107	4,834
Non NHS Trade Receivables	573	797	1,200	403	768
Other Related party receivables	200	382	371	-11	567
Other Receivables	1,960	1,421	1,558	137	1,068
Impairment of receivables for bad & doubtful debts	-355	-369	-362	7	-217
Accrued Income	884	2,326	1,485	-841	1,158
Prepayments	1,727	2,298	2,662	364	1,311
Cash held in GBS Accounts	12,937	8,236	5,867	-2,369	3,082
Cash held in commercial accounts	0	0	0	0	0
Cash in hand	19	20	20	0	20
<b>Total Current Assets</b>	<b>23,766</b>	<b>25,489</b>	<b>21,924</b>	<b>-3,565</b>	<b>15,582</b>
<b>Total Assets</b>	<b>157,708</b>	<b>159,512</b>	<b>155,555</b>	<b>-3,957</b>	<b>151,219</b>
<b>LIABILITIES</b>					
<b>Current Liabilities</b>					
NHS Trade Payables	-1,513	-1,710	-1,791	-81	-1,535
Non NHS Trade Payables	-5,728	-7,097	-5,200	1,897	-3,831
Other Payables	-1,755	-1,593	-1,948	-355	-2,573
Other Liabilities (VAT, Social Security and Other Taxes)	-2,678	-2,732	-2,668	64	-2,702
Capital Payables	-1,386	-710	-241	469	-630
Accruals	-5,986	-5,797	-6,643	-846	-5,916
Interest payable on non commercial int bearing borrowings	0	0	0	0	0
PDC Dividend creditor	-49	-970	-1,360	-390	0
Deferred Income	-1,353	-6,702	-3,714	2,988	-2,078
Provisions	-282	-274	-202	72	-264
Loans non commercial	0	0	0	0	0
Borrowings	0	-160	-162	-2	-154
<b>Total Current Liabilities</b>	<b>-20,730</b>	<b>-27,745</b>	<b>-23,929</b>	<b>3,816</b>	<b>-19,683</b>
<b>Net Current Assets ( Liabilities )</b>	<b>3,036</b>	<b>-2,256</b>	<b>-2,005</b>	<b>251</b>	<b>-4,101</b>
<b>Non Current Liabilities</b>					
Loans non commercial	0	0	0	0	0
Provisions	-1,510	-1,398	-1,452	-54	-1,357
Borrowings	0	-574	-574	0	-587
<b>Total Non Current Liabilities</b>	<b>-1,510</b>	<b>-1,972</b>	<b>-2,026</b>	<b>-54</b>	<b>-1,944</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>135,468</b>	<b>129,795</b>	<b>129,600</b>	<b>-195</b>	<b>129,592</b>
<b>TAXPAYERS AND OTHERS EQUITY</b>					
<b>Taxpayers Equity</b>					
Public Dividend Capital	90,063	90,063	90,063	0	90,063
Retained Earnings prior year	12,446	9,597	9,597	0	9,597
Retained Earnings current year	-2,849	-5,673	-5,868	-195	-5,876
<b>Sub total</b>	<b>99,660</b>	<b>93,987</b>	<b>93,792</b>	<b>-195</b>	<b>93,784</b>
<b>Other Reserves</b>					
Revaluation Reserve	35,808	35,808	35,808	0	35,808
<b>Sub total</b>	<b>35,808</b>	<b>35,808</b>	<b>35,808</b>	<b>0</b>	<b>35,808</b>
<b>TOTAL TAXPAYERS AND OTHERS EQUITY</b>	<b>135,468</b>	<b>129,795</b>	<b>129,600</b>	<b>-195</b>	<b>129,592</b>



**BOARD OF DIRECTORS**

WHH/B/2015/ 041

<b>SUBJECT:</b>	<b>CORPORATE PERFORMANCE REPORT</b>	
<b>DATE OF MEETING:</b>	25th February 2015	
<b>ACTION REQUIRED</b>	<b>For Discussion</b>	
<b>AUTHOR(S):</b>	Simon Wright	
<b>EXECUTIVE DIRECTOR:</b>	Simon Wright, Chief Operating Officer and Deputy Chief Executive	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All	
<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	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b>	Choose an item. None Choose an item.	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<p>This corporate report updates the Board on the progress of the Trust in relation to activity, performance and workforce targets to 31<sup>st</sup> January 2015.</p> <p>In overall terms, based on the performance in month 10, the Trust has an <b>Amber/Green</b> rating, as highlighted in Appendix 1.</p>	
<b>RECOMMENDATION:</b>	<b>The Board is asked to:</b> Consider the recommendations within the summary report	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Choose an item. Or type here if not on list:
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	Choose an item.

# NATIONAL KEY PERFORMANCE INDICATORS

## ACCIDENT AND EMERGENCY DEPARTMENT

The hospital has had outbreaks of Norovirus, Flu and other D&V on up to six wards during this very challenging period. The Infection Control Team have worked tirelessly to monitor, close, re-open and cohort patients – though the affected bed base (beds directly closed) was almost 20% of the hospital's bed-base. This is now improving and overnight deep-cleans have brought some beds back on line. A Flu and D&V outbreak in two of the major feeder care homes also put many intermediate beds out of commission. DTOCS remain high though Commissioners and partners are attempting to create more community bed capacity. The week started with 275 patients attending A&E – higher than over any Christmas/New Year day – and patients are appearing more unwell with chest/flu symptoms exacerbating chronic chest/lung/heart/circulatory conditions.

The Trust undertook the Perfect Week from January 5<sup>th</sup> to January 14<sup>th</sup> with Friday and Saturday posting over 95% performance. Each day throughout January the trust admitted 4 pats each day more than it discharged explaining why the declared outlier position rose to high 40's still in existence today.

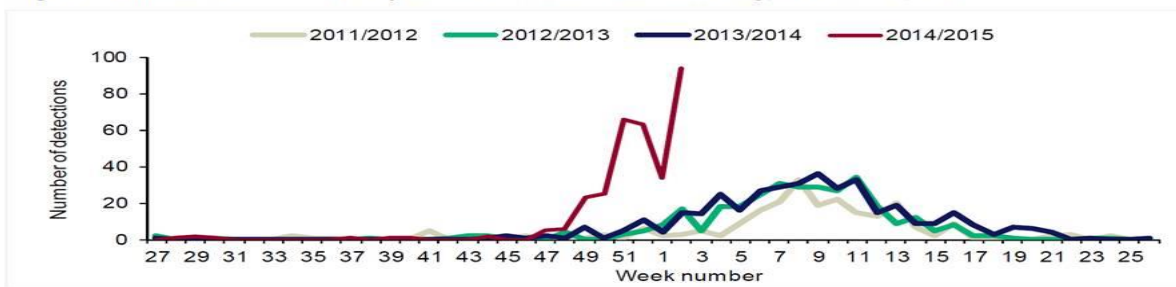
### 1. The issues for the underperformance

- The breach analysis which we share with our partners and commissioners every day indicates that 90% of the breach reason is internal flow linked directly to poor discharge. In short we cannot admit our patients into the hospital for the following reasons:
  - Following ECIST work with the system we undertake their criteria for a weekly point prevalence which identifies approximately 90 fit patients who are experiencing a delay in their transfer of care at any one time made up significantly by:
    - Intermediate care
    - Domiciliary under provision
    - Home of choice
    - Awaiting packages of care
  - This equates to 20% of the available acute bed stock
  - The D&V outbreaks also closed a minimum of 3 wards throughout January

In short almost 40% of the available acute beds were either blocked or unavailable due to D&V causing severe queuing of patients in AED and resulting in very high numbers of patients breaching the 4 hour standard. The Trust also received its planned CQC inspection and no significant concerns were raised with the team regarding care, quality, experience or safety of our patients accessing emergency or urgent care throughout this period.

- Flu impact has seen a significant spike in admission numbers in late December and throughout January as illustrated below

Figure 1: Influenza A seasonal comparison of Public Health Laboratory, Manchester, data



## 2. Actions taken by the Trust:

- ECIST have been involved in system reviews working closely with us for over 18 months with two perfect Week exercises
- Recruitment upto 10 consultants in AED
- There is a system wide weekly recovery meeting with a shared action plan weekly
- Ward rounds occur every day (including weekends) and board rounds in an afternoon
- Weekend additional physio, pharmacy, junior doctors and nurses to support discharge function
- Ward discharge facilitators (as per perfect week) in place
- Point Prevalence to illustrate partner DTOC issues undertaken as a system every week and sent to the CEO of the providers and commissioning groups for action
- Discharge credit cards in use
- Care bundles in place
- Rapid access working 7 days a week 0800-2000
- Liverpool home of choice policy in place
- New UCC opening fully in April in Halton and in Widnes in July 2015
- Additional acute beds have been staffed and opened to accommodate winter predicted demand.
- I Bleep rolled out
- Discharge lounge in use 0900-2000
- Various new ambulatory clinical pathways including DVT in place in AED
- GP model in AED
- Additional locum Physician appointments
- AED NWAS receiving nurse to enhance handover times

## 3. Further actions to be taken to address performance and any barriers

- Intermediate care access needs expanding by 12 beds, with access criteria coming in line with the Halton unit
- Domiciliary care provision needs a new contract to ensure staff are available to manage all packages of care as they are required
- Whole system escalation process to return to Green status ; greater review of actions from partner organisations required to de-escalate pressures allowing the acute system to return to green within 48 hrs of declaring Red status.
- Demand management to maintain zero growth in referrals
- Substantive AED manager needs identifying and appointing
- Integrated discharge function in warrington in line with Halton model
- Discharge to assess needs to employed routinely across all patients
- Health summit needs to reflect on the actions required to achieve the above with timelines agreed.

## **CLOSTRIDIUM DIFFICILE**

This is covered fully within the control of infection report.

All other targets fully met and delivered.

**Mr Simon Wright**  
**Chief Operating Officer/Deputy Chief Executive**  
**February 16<sup>th</sup> 2015**

APPENDIX 1

Jan-15

Monitor Governance Risk Rating - 2014/15

All targets are QUARTERLY

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		
Referral to treatment waiting time	Admitted patients	90%	1.0	92.61%	93.21%	93.58%	92.91%	90.70%	90.34%	92.04%	91.04%	92.07%	92.73%	92.99%	92.60%	92.93%				
	Non-admitted patients	95%	1.0	98.03%	97.63%	98.54%	97.83%	97.79%	97.72%	98.14%	97.89%	97.62%	96.99%	97.51%	97.38%	96.99%				
	Incomplete Pathways	92%	1.0	94.55%	94.56%	94.94%	94.55%	94.88%	95.29%	94.94%	95.03%	94.50%	94.33%	93.96%	94.27%	93.49%				
A&E Clinical Quality	A&E Maximum waiting time of 4 hrs from arrival to admission/transfer/discharge	>=95%	1.0	94.54%	92.66%	95.01%	93.97%	91.74%	93.54%	93.26%	92.74%	93.00%	91.23%	83.75%	89.67%	84.08%				
All Cancers:62-day wait for First treatment	From urgent GP referral - <u>post</u> local breach re-allocation (CCG)	85%	1.0	90.00%	82.14%	85.07%	85.45%	86.81%	82.16%	88.50%	85.19%	86.67%	90.69%	80.00%	86.38%	85.00%				
	From NHS Cancer Screening Service referral - <u>post</u> local breach re-allocation	90%	1.0	100.00%	100.00%	98.00%	99.33%	100.00%	98.00%	99.00%	99.00%	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%		90.00%	88.46%	85.07%	87.91%	86.52%	80.26%	85.71%	85.45%	90.30%	93.00%	83.00%	89.10%	86.00%				
	From NHS Cancer Screening Service referral - <u>pre</u> local breach re-allocation	90%		100.00%	100.00%	98.00%	99.33%	100.00%	98.00%	100.00%	99.00%	100.00%	98.00%	100.00%	99.00%	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)	96.00%	98.00%	97.00%	97.00%	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%	98.00%	99.33%	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	96.00%	96.00%	98.00%	96.67%	98.00%	99.00%	100.00%	99.00%	98.00%	98.00%	97.00%	97.70%	98.00%				
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)	93.10%	92.90%	93.05%	93.00%	93.80%	92.70%	93.80%	93.50%	93.50%	95.20%	94.70%	94.80%	94.80%				
	Symptomatic Breast Patients (Cancer Not Initially Suspected)	>93%		93.05%	93.00%	93.10%	93.05%	93.75%	91.90%	93.90%	93.30%	92.99%	94.20%	94.20%	93.10%	93.50%				
Clostridium Difficile - Hospital acquired (CUMULATIVE)	Due to lapses in care	26 (for the Yr)	1.0 **	1	3	4	4	4	4	4	4	4	4	4	5					
	Total (including: due to lapses in care, not due to lapses in care, and cases under review)			2	5	7	7	8	15	16	16	19	20	23	23	24				
	Under Review			1	2	3	3	4	11	12	12	15	16	19	19	20				
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					

Cumulative  
Qtr1: 7 Qtr2: 13  
Qtr3: 20 Qtr4: 26

# 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			
CQC compliance action outstanding (as at time of submission)	N/A		No	No	No	No	No	No	No	No	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			
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			
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No	No	No	No	No	No	No	No	Yes	No	No	No	No			
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No			
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No			
Score of 7 or less in standard 1 assessment at last NHSLA CNST inspection (maternity or all services)	N/A		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			
<b>Overall Governance Risk Rating</b> Total Points 0 - 0.9 Green, 1 - 1.9 Amber-Green, 2 - 4 Amber-Red, 4 or above Red)			1.0	1.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0			

**Additional Notes:**

**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 Compliance 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.

<u>Criteria</u>	<u>Will a score be applied</u>
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 (and a red rating will be applicable)

# 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.





**BOARD OF DIRECTORS**

WHH/B/2015/ **043**

<b>SUBJECT:</b>	<b>Verbal Report from the Chair of the Quality [Governance] Committee</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2015
<b>DIRECTOR:</b>	Mike Lynch, Non-Executive Director



**BOARD OF DIRECTORS**

WHH/B/2015/ 043

<b>SUBJECT:</b>	<b>QUALITY DASHBOARD (2014/2015) JANUARY 2015</b>
<b>DATE OF MEETING:</b>	25th February 2015
<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
<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
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full
<b>FOIA EXEMPTIONS APPLIED:</b>	None
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<p>The Quality Dashboard provides a monthly update on KPIs for 2014/2015 from the:-</p> <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</li> <li>• Quality Account – Quality Indicators</li> <li>• Sign up to Safety – national patient safety topics</li> <li>• Open and Honest</li> </ul> <p>Exception reports are included for non-compliant indicators including SHMI, HCAI, Care Indicators, Pressure Ulcer CQUIN, AQ Heart Failure, Friends and Family, Cardiac Arrests and Mixed Sex Occurrences.</p>
<b>RECOMMENDATION:</b>	<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 incidents (including pressure ulcers and falls), as incident type</li> </ol>



	<p>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.</p> <ol style="list-style-type: none"> <li>2. Note progress and compliance against the key performance indicators</li> <li>3. Approve actions planned to mitigate areas of exception</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>	Choose an item.

## 1. Key Performance Indicators

	Threshold	IC	A	M	J	Q1	J	A	S	Q2	O	N	D	Q3	J	F	M	Q4	YTD
<b>Intelligent Monitoring</b>																			
Banding March 14 = 5	Not set						3						5						
Number of elevated risks March 2014 = 1	Not set						2						1						
Number of risks March 2014 = 4	Not set						5						3						
<b>Safety</b>																			
<b>Mortality</b>																			
HSMR (12 month rolling)	<=100 = G, As expected = A, Higher than expected = R	QI, IP, QC	98	98	98		98	98	99		102								102
SHMI (12 month rolling)	<=100 = G, As expected = A, Higher than expected = R	QI, IP, QC	109	110	110		110	112	111		112								112
Total deaths in hospital	Not set		99	89	76	264	74	81	97	252	95	80	133	308	137				961
Regulation 28 - Prevention of future deaths report	Not set		0	0	0	0	0	0	0	0	0	0	0	0	0				0
<b>Incidents resulting in Moderate, Major or Catastrophic harm</b>																			
Incidents resulting in moderate, major or catastrophic harm	TBC	QC	7	9	6	22	4	5	10	19	6	7	2	15	0				56
Incidents of moderate, major or catastrophic harm under investigation	N/A		3	0	2	5	0	2	2	4	3	7	28	42	37				88

	Threshold	IC	A	M	J	Q1	J	A	S	Q2	O	N	D	Q3	J	F	M	Q4	YTD
<b>Falls</b>																			
All falls (approved)	Not set		91	78	87	256	88	76	79	246	71	68	91	234	69				798
Moderate, major and catastrophic harm falls (approved)	<=13 per year	IP	1	3	2	6	1	2	3	6	0	4	0	4	0				16
Moderate, major and catastrophic harm falls (awaiting approval)	N/A		0	0	0	0	0	0	0	0	0	0	2	2	4				6
Major and catastrophic harm falls (approved)	<=2 per year	QC	0	0	1	1	0	0	0	0	0	0	0	0	0				1
<b>Pressure Ulcers</b>																			
Grade 3 and 4 Hospital Acquired (Avoidable)	<=6 per year	IP	1	1	0	2	0	0	0	0	0	0	0	0	0				2
Grade 3 and 4 Hospital Acquired (Unavoidable)	<=10	QC	0	0	0	0	1	0	1	2	0	0	0	0	0				2
Grade 3 and 4 Hospital Acquired (Under review)	N/A		0	0	0	0	0	0	1	1	2	0	1	3	0				4
Grade 2 Hospital Acquired	<=101 per year	IP	3	8	2	13	12	3	3	18	9	5	5	19	4				54
Grade 2 Hospital Acquired – stretch target (20% reduction)	<=90 per year	IP	3	8	2	13	12	3	3	18	9	5	5	19	4				54

	Threshold	IC	A	M	J	Q1	J	A	S	Q2	O	N	D	Q3	J	F	M	Q4	YTD
Grade 2 Hospital Acquired (under review)	N/A		0	0	0	0	0	0	0	0	0	1	4	5	3				8
% RCA / mini investigation completed	100%	IP	100	100	100	100	100	100	100	100	100	100	100	100	100				100
YT% of patients with a pressure ulcer (Community or hospital acquired) (ST)	<=3.99% (November 2014 – March 2015) (median YTD)	C	4.92	3.07 amended	3.73		3.37	5.63 amended	4.95		4.34	5.90	4.65		3.60				
<b>Health Care Acquired Infections</b>																			
MRSA	0= green, 1-5=amber, >5 red	QC, IP	0	1	0	1	0	0	1	1	0	0	1	1	0				3
Clostridium difficile	<=26 per year	QC, IP	2	3	2	7	1	7	1	9	3	1	3	7	1				24
MSSA	Not set		1	0	1	2	1	0	0	1	1	1	2	4	2				9
<b>Out of hours transfers</b>	TBC	BK	1	2	5	8	1	5	1	7	3	0	7	10	3				28
<b>Never Events</b>	0 per year	QC	0	0	0	0	0	0	0	0	0	0	0	0	0				0
<b>Number of cardiac arrests in hospital wards, outside A&amp;E, Theatres, CCU and ICU'.</b>	Annual: <75 = G 75 – 85 = A >85 = Red	QC	8	11	7	26	3	13	6	22	5	7	13	25	12				85
<b>Medicines Safety Thermometer % harm free (ST)</b>	TBC	IP	PILOT	PILOT	PILOT		PILOT	PILOT	98.3		99.2	97.4	99.2						

	Threshold	IC	A	M	J	Q1	J	A	S	Q2	O	N	D	Q3	J	F	M	Q4	YTD
<b>VTE</b>																			
% of patients risk assessed	>=95%	QC	95.55	95.92	95.61		95.33	95.30	95.31		95.64	95.91	95.47		95.27				
% of eligible patients having prophylaxis (ST)	100%	QC	92	99.8	93		100	99.6	100		100	100	100		99.83				
Number of patients who developed a HA VTE	Baseline TBC	QC	7	8	4	19	12	4	3	19									38
Number of patients who developed a HA VTE (under review)			0	0	1	1	1	5	4	10	8	6							25
<b>% free from harm (ST)</b>		OH	97.3	99.2	97.8		98	96.4	98		97.4	96.5	98		97.2				
<b>Catheter Acquired Urinary Tract Infections</b>																			
CA – UTI: Number of catheterised patients who developed a UTI (ST)	<=3 per month	IP	4	2	2	8	2	4	5	11	0	5	1	6	2				
CA – UTI % of catheterised patients who developed a UTI (ST)	<=0.6% each month	IP	0.76	0.38	0.39		0.40	0.89	0.99		0	0.92	0.19		0.34				
<b>Dementia</b>																			
Dementia Assessment % (Part 1)	>=90%	C	94.55	95.69	95.43*		94.26	96.59	92.45		92.70	96.61	96.29		96.93				
Dementia Assessment % (Part 2)	>=90%	C	100	100	100*		100	100	91.89		100	100	97.22		96.77				

	Threshold	IC	A	M	J	Q1	J	A	S	Q2	O	N	D	Q3	J	F	M	Q4	YTD
Dementia Assessment % (Part 3)	>=90%	C	100	100	100*		100	100	100		100	100	100		100				
<b>Care Indicators</b>																			
Falls - risk assessment % compliance	>=95%	IP	100	95	95	96.6	98.8	98.9	98	98.7	99	98	99	97	90				
Waterlow - risk assessment % compliance	>=95%	IP	98	92.7	88.3	93	95.6	93.3	83	90.6	96	98	100	95	91				
MUST - risk assessment measures	>=95%	IP	57.2	59.4	60	58.9	81.6	71.1	75	75.9	83	83	94	77	60				
<b>Effectiveness</b>																			
<b>Advancing Quality % compliance (cumulative scores)</b>																			
Acute MI	>=95%	IP, C	100	98.4	98.9		98.4	98.8	99		98.37								98.37
Hip and Knee	>=95%	IP, C	95.2	96.5	95		96.4	96.7	96.9		97.23								97.23
Heart failure	>=90.2%	IP, C	100	90.9	87.9		83.1	84.3	83.7		84.31								84.31
Pneumonia	>=73.9%	IP, C	68.6	72.8	74.4		75.1	76.1	75.2		74.66								74.66
Stroke	>=60.4%	IP, C	69.7	61.4	57		58.3	60	60.7		61.76								61.76
COPD (data not yet released)	>=50%	IP, C						PILOT	PILOT										
<b>Patient Reported Outcome Measures (PROMS)</b>																			
Hip replacement (Average health gain)	0.44 (latest England average Mar 2014)	IP, QC		Still provisional data														0.41	0.41
Knee replacement (Average health gain)	0.32 (latest England average Mar 2014)	IP, QC		Still provisional data														0.34	0.34
Groin surgery (Average health gain)	0.085 (latest England average Mar 2014)	IP, QC		Still provisional data														0.065	0.065



	Threshold	IC	A	M	J	Q1	J	A	S	Q2	O	N	D	Q3		YTD
<b>Patient Experience</b>																
<b>Always events</b> (Q1&2 implementation, Q3 data collection)	TBC	IP									84%	100%	100%			
<b>Mixed sex occurrences</b>	0	QC	6	3	0		0	0	0	0	0	0	5		3	17
<b>Friends and family (F&amp;F) test (patients' views)</b>																
<b>F&amp;F Test. Star rating</b>	TBC		4.54	4.5	4.58		4.53	4.6	4.58		4.6	4.61	4.59		4.59	
<b>F&amp;F Test Inpatients Net promoter changed to % recommending Trust – November 2014.</b>	>=95% (National average changes each month including independent)	OH	76	74	81		76	77	94		95	97	96			
<b>F&amp;F Test A&amp;E Net promoter changed to % recommending Trust – November 2014.</b>	>=87% (National average changes each month)	OH	42	35	41		40	45	82		85	87	84			
<b>F&amp;F response rate (A&amp;E)</b>	Q1 – >=15% Q4 - >=20%	C	23.08	18.52	20.79	20.75	19.55	17.58	14.51	17.26	13.57	17.86	16.48	15.93	19.74	18.17
<b>F&amp;F response rate (inpatients)</b>	Q1 – >=25% Q4 - >=30% March 2015 achieve >=40%	C	27.32	26.83	34.62	29.55	32.20	30.02	26.39	29.55	32.85	30.99	28.44	30.77	26.69	29.63
<b>Friends and family test (staff views)</b>																
<b>Staff friends and family question (needing care)</b> (Extremely likely and likely responses from F&F quarterly staff survey)	TBC Q3 Staff survey results	C				70.9				72	STAFF SURVEY					

	Threshold	IC	A	M	J	Q1	J	A	S	Q2	O	N	D	Q3					
Staff F&F place to work (as above)	Q3 Staff survey results					66.8				67									
<b>Complaints and concerns</b>																			
Number of concerns received	Not set	IP	0	9	6	15	16	10	6	32	6	4	2	12	0				59
Number of complaints received <b>Please see note below.</b>	2013/2014 received 422 (No threshold set)	IP	31	39	38	108	52	30	32	114	50	34	37	121	43				386
% of complaints resolved within the agreed timescale	>=94%	IP	94.44	95.24	100	96.51	96.88	100	97.5	98.23	97.92	100	100	99.1	100				98.17

**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.**

**Key:** YTD = Year to date, ST = Safety Thermometer (monthly point prevalence survey), IC = Inclusion criteria

**Inclusion criteria key:** Improvement priority (IP), National Quality related CQUINs (C), Local quality related CQUINs by exception\*(CE), 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) (SS), Contract KPIs (Quality section only) not considered at other forums (QC), Directive from Sir Bruce Keogh (BK), Open and Honest (OH)

## 2. Exception reporting

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

The quarterly re-base of SHMI data has again been performed and our revised figures have risen further. Since April 2014, for two 12 month periods, our SHMI is now deemed to be 'higher than expected'; at 112 for September 2013 - August 2014 and 112 again for November 2013 – October 2014. The HSMR has also been re-based, but with minimal change, including slight reductions in some recent months. The latest figure is 102, which is 'as expected'. The Trust's crude death rates remain comparable with other Trusts. In August 2014 the trust made a commitment to review the care of all patients who die in our hospitals. Whilst much effort has been focussed on this process, 100% of deaths are not yet being reviewed. The Medical Director is committed to continuing the Trust's journey towards full compliance and has requested that a high level group meet to determine the future direction; ensuring engagement and learning and improvement across the organisation. In addition to this, we will continue to focus on improvement work around the deteriorating patient, critical care access and end of life care. A review into all deaths between 1/12/14 and 6/1/15 was undertaken by a small group of senior consultants and nurses; the reviewers will meet to discuss findings and integrate actions with the improvement work described.

### Care Indicators

High Quality Care was a local CQUIN for 2013/2014. The care indicators audit was a process which was developed as part of this CQUIN to audit compliance with risk assessments for Falls, Waterlow and MUST Risk Assessments. The Trust identified this as an important aspect of quality of care and thus agreed to continue monitoring as a Quality Indicator for the Quality Accounts in 2014/2015. The results (random sample) indicate that all of the risk assessments have dropped below the threshold and specifically the reduction in MUST screening to 60% is a concern. In mitigation the trust is moving from sampling patients to roll out across all wards. These percentages reflect the position on A1; A2; A3 and C20 as they were the only wards to complete this self-assessment. The Patient Safety Champion will be formulating a recovery plan to ensure that all the wards participate in the self-assessment and also that completion of risk assessments improve with a specific focus on MUST Risk Assessments. Furthermore, the pressure ulcer RCA tool has been amended to identify if the MUST score was correctly completed on admission; further increasing focus on this important assessment.

### Clostridium Difficile

1 hospital apportioned case of Clostridium difficile was reported in January. The total number of hospital apportioned cases is 24 YTD against the threshold of 26 cases. A meeting has been requested with the Lead nurse at the CCG to discuss the case review process. The Clostridium difficile objective for 2015/2016 has been published and the Trust threshold for the next financial year will be 27 cases.

## Advancing Quality – Heart failure

The Trust did not achieve the November 95% target set by AQ (which includes ACS target, 95% Trust coding completeness and 95% data completeness). We have been granted an extension until COP on Thursday the 26th February to complete the extra November patients and it will be at this time that we will have our closing figure.

The nursing and medical teams continue to work toward patients with Heart Failure receiving the treatment they require and in the vast majority of patients this is the case. We are working on looking at the fails which are in the main due to patients who were admitted and discharged with a diagnosis of Heart Failure within 24 hours. We are looking to develop a document similar to that used in the pneumonia work stream in support of this. Importantly, it must be noted that concerns were raised at the last AQ meeting that there may be issues with accuracy of recording heart failure patients who may not eventually have heart failure (it would be unusual only to be admitted for 24 hours with this condition). Our most recent data reflects two patients where we did not provide discharge instructions. One of these patients was subsequently found not to have heart failure. Meetings have taken place with AQuA to assist us in resolving these issues.

## Mixed Sex Occurrences

There were three breaches of same sex accommodation in January 2015. These all occurred in ICU/HDU. The total number of days breached was seven so the total penalty is £1,750. Three female patients were judged to be fit for transfer from HDU to medical beds. There were no available beds found in time and they became unjustified breaches. A root cause analysis has been completed for the breaches.

## Cardiac Arrests

- The Acute Care Team, who provide the Medical Emergency Team (MET), is being strengthened by 1 WTE Nurse per shift.
- We are continuing to make improvements to the 'i bleep' system to make this as effective as possible
- The NEWS has been rolled out across all wards and is audited by the Acute Care Team.
- An acute illness management competency package has been developed, which is aimed specifically at ward based nursing and medical staff.
- We are improving methods by which we make decisions to support end of life care

## 4. KPI Updates and clarification

### Pressure ulcer (Community or hospital acquired) (ST)

This indicator is in place to monitor progress with the national CQUIN - The number of patients recorded as having a category 2-4 pressure ulcer (old or new) as measured using the NHS Safety Thermometer on the day of each monthly survey / Total number of patients surveyed on the day.

The Trust median baseline for October to March 2014 was established at 3.99%. We have agreed improvement value of  $\leq 3.99\%$  with commissioners. The Trust is required to show improvement in the period November 2014 to March 2015. The Trust has been over the target of 3.99% with the exception of January with a rate of 3.60%. The main issue is old PU (known as community). Analysis of "old to new" shows that the rate has increased due to the number of old PU's Work being undertaken to identify the patients who are admitted from care homes and directly from home and we will then identify themes e.g. location of PU and long term conditions to share with care homes and GP's. Commissioners have agreed that a report outlining community vs hospital acquired will address any concerns and enable us to achieve.

### CQC: Intelligent Monitoring

**The 'elevated risk' is:**

Whistleblowing (18-7-13 – 29-9-14)

**The 'risks' are:**

Composite indicator: In-hospital mortality - Cardiological conditions and procedures (01-May-13 to 30-Apr-14)

Composite indicator: In-hospital mortality - Haematological conditions (01-May-13 to 30-Apr-14)

NHS Staff Survey - KF10. The proportion of staff receiving health and safety training in last 12 months (01-Sep-13 to 31-Dec-13)



**BOARD OF DIRECTORS**

WHH/B/2015/ **044**

<b>SUBJECT:</b>	<b>CQC Inspection updated position</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2015
<b>DIRECTOR:</b>	Director of Nursing and Governance



## BOARD OF DIRECTORS

WHH/B/2015/ 045(i)

<b>SUBJECT:</b>	<b>Verbal update from Board Committees</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2015
	<b>a) Audit Committee held on 3<sup>rd</sup> February 2015</b> - <b>Ian Jones, Non-Executive Director</b>
	<b>b) Charitable Funds Held on 3<sup>rd</sup> February 2015</b> - <b>Lynne Lobley, Non-Executive Director</b>



**BOARD OF DIRECTORS**

WHH/B/2015/ **045(ii)**

<b>SUBJECT:</b>	<b>Minutes of Board Committees for Noting</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2015
	<i>Finance and Sustainability Committee held on 20th January 2015</i>