We are WHH

NHS
Warrington and Halton Hospitals
NHS Foundation Trust

WHH Council of Governors

Thursday 19 October 2017
400pm – 6:00pm
Trust Conference Room, Burtonwood Wing
Warrington Hospital

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS (COG)
Thursday 19 October 2017 – 4pm to 6pm
Trust Conference Room, Warrington Hospital
AGENDA

AGENDA REF. COG/	ITEM	PRESENTER	PURPOSE		TIME
PART 1 – FORMAL BUSINESS					
COG/17/10/41	Opening Remarks & Welcome	Steve McGuirk, Chairman	-	-	4:00
COG/17/10/42	Apologies & Declarations of Interest	Steve McGuirk, Chairman	-	-	
COG/17/10/43	Minutes of Previous meeting – 20 July 2017 + action log	Steve McGuirk, Chairman	Approval	Encl.	
COG/17/10/44	Lead Governor Update - Change of constituencies working groups	Norman Holding Lead Governor	Information	Verb	4.05
COG/17/10/45	Report from Governor Committees • Governor Quality in Care Group 3.10.2017 • Governor Engagement Group 11.10.17	Norman Holding, Lead Governor Keith Bland Public Governor	Assurance	Verb	4.10
Items requested by Governors					
COG/17/10/46	• CMTC Utilisation • End of Life Care • Staff Car Parking • Bed reconfiguration plans • Governor Terms of Office • Physician Associates	At request of PLJ At request of Peter Harvey At request of Louise Spence At request of Chairman P McLaren At request of PLJ	Information	Verb	4.20
PART 2					
COG/17/10/47	Chief Executive Update Integrated Performance Dashboard	Mel Pickup, Chief Executive	Information	-	4.25
COG/17/10/48	Chairman's Update	Steve McGuirk, Chairman	Information	-	4.35
GOVERNANCE					
COG/17/10/49	1. Governor Elections – Update 2. CoG Corporate Calendar (draft for agreement)	Pat McLaren, Director of Community Engagement	Discussion	Enc	4.45
COG/17/10/50	WRES UPDATE (Legislative requirement)	Sophie Hunter Equality and Diversity Lead	Assurance	ppt	4:55
CLOSING ITEMS					
COG/17/10/51	Any Other Business	Steve McGuirk, Chairman		-	5.10

DATE OF NEXT MEETING: Thursday 15 February 2018,4.00pm-6.00pm, Trust Conference Room, WARRINGTON TO BE CONFIRMED

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NHS Warrington and Halton Hospitals NHS Foundation Trust

COG/17/10/43

COUNCIL OF GOVERNORS
Draft Minutes of the Meeting held on Thursday 20 July 2017
4.00pm to 6.00pm, Trust Conference Room, Warrington Hospital

Present:

Steve McGuirk	Chairman (Chair)
Keith Bland MBE (KB)	Public Governor
Mike Brownsell (MB)	Partner Governor, University of Chester
Peter Harvey (PH)	Public Governor
Phil Chadwick (PC)	Public Governor
Mark Heap (MH) *(Item 17/07/34) only*	External Auditors Grant Thornton
Sue Kennedy (SK)	Public Governor
Alison Kinross (AK)	Public Governor
Peter Lloyd Jones (PLJ)	Partner Governor, Halton Borough Council
Colin McKenzie (CMcK)	Public Governor
Mel Pickup (MP)	Chief Executive
Anne Robinson (AR)	Public Governor
Louise Spence (LS)	Staff Governor
Gareth Winstanley (GW) *(Item 17/07/34) only*	External Auditors Grant Thornton
Pat Wright (PW)	Partner Governor, Warrington Borough Council

In Attendance:

Terry Atherton	Non-Executive Director
Pat McLaren	Director of Community Engagement
Anita Wainwright (AW)	Non-Executive Director
Julie Burke	Secretary to the Trust Board

Apologies:

Mark Ashton	Staff Governor
Ian Jones	Non-Executive Director
Carole Astley	Public Governor
Margaret Bamforth	Non-Executive Director
Sue Bennett	Public Governor
Jean Noel Ezingeard	Non-Executive Director
Norman Holding	Public Governor

COG17/07/26+ 27	**Welcome, Apologies & Introductions**	
	The Chairman welcomed all Governors', Staff, and Non-Executive Directors to the meeting. Apologies - See above. **Declarations of Interest – in agenda items** **Item COG/17/07/30 – Annual Appraisal of Chairman – interest declared by SMcG (SMcG left the meeting for this item).** **Item COG/17/07/31 – Extension of NEDs Terms of Office and NED Pay Review – interest declared by SMcG, AW and TA (SMcG, AW, TA left the meeting for this item)** There were no other interests declared in relation to the agenda items for the meeting.	
COG 17/07/28	**Minutes of Previous Meeting 6 April 2017**	
	The minutes of the meeting held on 6 April 2017 were approved as a true and accurate record. Action log - Action **COG/17/04** WRAG presentation, date to be confirmed. Actions closed since the last COG meeting were noted.	

COG 17/07/29	**Lead Governor Update**	
	AR provided an update for the COG on behalf of N Holding, on pertinent issues since the last COG meeting. - NH had met with the Lead Governor at Salford NHS Trust to discuss and compare ways of working. - NH had attended a Lead Governors Forum where the main topics of discussion had been governor expenses, Trust Quality Accounts, Terms of Office. A letter from NHS Providers had been shared with the COG relating to how best to maximise Governor roles in STP plans relating to engagement and involvement. - NH and other Governors had attended a well-received MIAA Person Centred Care event. - NH meets monthly with the Chairman which ensures a clear line of communication between himself and the Governors and now leads in producing the COG agenda.	
COG 17/07/30	**Annual Appraisal of Trust Chairman following NARC on 26 June 2017**	
	The Chairman was not present for this. KB provided a verbal update for the COG, in the absence of N Holding, following the NARC in June and its recommendations. The outcomes of the Appraisal had been debated in detail at the NARC in June. - 29 questions formed the survey, there were 3 negative responses overall. - Governor and NED responses were positive in all areas with the exception of 1. - Responses received from Executive Directors has been variable but the COG were asked to consider that the process followed is to draw out and illicit personal experiences and perceptions. It is important that Governors, NEDs and EDs know each other's roles and boundaries. The COG were assured that the conclusion of this Appraisal has not and will not inhibit the work of the Board and to consider the findings alongside the positive report received from Deloitte following the Well Led review recognising the excellent work of Executive Board colleagues. - The 47 responses received indicated a broad spectrum of opinion. - The Senior Independent Director (IJ) had met with the Chairman to review and discuss all the responses and the Chairman had taken all the feedback constructively. • **The COG accepted the recommendation from the NARC and approved the Chairmans Appraisal.**	
COG/17/07/31	**Recommendations following NARC on 26 Jun e2017**	
	The Chairman, A Wainwright and T Atherton were not present for this item. KB provided a verbal update for the COG, in the absence of N Holding, following the NARC in June and the subsequent recommendations. <u>Extension of Terms of Office – NEDs</u> T Atherton and I Jones first Terms of Office expired on 30 June 2017. Both NEDs had expressed their interest in serving a second term of three years to commence on 1st July 2017. This is the maximum term a Non-Executive may serve under the Foundation Trust's Constitution. • **The COG accepted the recommendation from the NARC and approved the extension of both terms of office from 1 July 2017 30 June 2020.** **<u>The recommendation was proposed by K Bland and Seconded by A Kinross</u>.** <u>NED Pay Review</u> - The Council of Governors Nominations and Remuneration Committee is required, under its Terms of Reference, to decide and review the terms and conditions of office of the Non-Executive Directors including the Chairman. - The NARC had considered benchmarking information from comparable organisations across C&M and approved the following recommendations within the report: - Deputy Chair role (currently T Atherton) an additional £500 pa wef February 2017 - Chair of the Charitable Funds Committee an additional £750 pa wef 1 April 2017.	

	- *(These awards are both within the standard Terms and Conditions for NEDs.)* - *NOT to award the national pay award of 1%.* **The COG accepted the recommendations from the NARC and :** • **Approved a second term of three years each for Terry Atherton and Ian Jones.** • **Approved the appointment of Terry Atherton as Deputy Chair with effect from 1st Feb 2017 with an annual additional pay award of £500.00.** • **Approved the additional pay award of £500 per annum with effect from January 2016 as the Senior Independent Director.** • **The COG reviewed existing levels of pay for all non-executive directors and DID NOT approve any adjustment to current pay levels for 2017-18, including the national pay award of 1%.** **The recommendation was proposed by K Bland and Seconded by P Lloyd-Jones.**	
COG 17/07/32	**Chief Executive Update**	
	The Chairman, A Wainwright and T Atherton re-joined the meeting at this point. STP Briefing The CEO provided a comprehensive update to the COG on recent pertinent local, regional and national matters. STP - the CEO attends the local STP system leadership meetings with Andrew Gibson (AG), Chair of the STP. The CEO reported that there is a hiatus currently but the STPs will grow in their influence with greater accountability between constituent parts of the system and STPs in C&M. The CEO described the possible impact of 'Accountable Care' systems across the C&M footprint, initially this could be 8-9 with 1 in Warrington and 1 in Halton which will serve as vehicles for planning and delivery of system-wide change in the local health economy, with an emphasis on health and social care. - The Five Year Forward View Refresh had provided additional guidance on how STPs should be working. Changes in STP legislation will mean a split of 50% for transformation and 50% on delivery of performance targets, ie A&E and cancer which is a departure from the STP documentation. - C&M STP appointed Andrew Gibson as its Senior Responsible Officer (SRO) to ensure that the structures and processes in place are the correct ones. Across C&M this is the System Leadership Group whose membership comprises of CEOs, Chairs and NEDs from C&M. - The CEO described the work of the System Management Group which comprises of SROs for key 4 key workstreams of which herself and the Trust Medical Director lead on the High Quality Hospital Workstream. - Three SROS from the Local Delivery System (LDS) lead on other key workstreams - AG is meeting with key individuals within the health economy to understand challenges, the complex health care system across C&M and how plans will deliver the change required. - The CEO shared with the COG that Sue Musson had been appointed Independent Chair for 'Well Warrington' borough's Accountable Care Partnership, following an Independent Interview Panel. The appointment of David Colin-Tomey as Interim Independent Chair within Halton had followed a different process and concerns were discussed by COG that not having an independent panel could be challenged due to potential bias to primary care due to this appointment. - The CEO had attended a recent Warrington Health Scrutiny Committee where options for a new hospital had been discussed, with all acknowledging the partnership work needed with both local NHS and local government colleagues to ensure quality, sustainable and safe services for the local population. - Louise Shepherd is the current STP Lead across C&M but is due to step down from this role. Expressions of interest are out to take on this role on a part-time basis. - In response to concerns relating to the potential reduction in bed-base, MR reassured colleagues that this be monitored and discussed through the AED Delivery Board.	

	- Relating to queries of STP Capital Funds raised by PW, MP informed the COG that the STP had been unsuccessful in a bid for capital funds. These funds had been allocated to those STPs whose transformation and integration plans were more advanced. - SK expressed concerns regarding recent reports in the media relating to reconfiguration and access to (Major) Trauma Services and potential impact on WHH. MP allayed concerns, explaining that WHH will continue to treat trauma patients. Patients requiring more specialist trauma services would be treated in Major Trauma Centres which provides access to specialist services required, ie spinal). This enables other Trauma Units to treat patients and, where necessary, stabilise patients en-route to the Major Trauma Centres. - In relation to Stroke Services, MP briefed members on the latest developments. A Public Engagement Consultation is underway relating to the transfer of thrombolysis, benefitting patients on a 24/7 basis, to Whiston hospital before patients are repatriated to Warrington for their rehabilitation once stabilised. The next phase of this work will be to create a hyper-acute stroke service concentrated at Whiston. An engagement event had been held on 6 July, facilitated by local commissioners and the Stroke Association. - Finally, the CEO added that the Trust is still awaiting the CQC final draft inspection report. The anticipated 2 day strike action had been suspended and the Board are to receive and discuss a counter proposal at its Part 1 meeting on 26 July. <u>IPR Dashboard</u> The CoG noted the IPR Dashboard which is scrutinised in detail at the Trust Board by the NEDs. The Executive Directors will attend twice per year to discuss any pertinent matters relating to the Dashboard.	
COG 17/07/33	**Chairman's Update**	
	SMcG also referred to the STP in his briefing. He had attended a recent NHS Providers Chairs meetings where tensions and concerns raised were similar across organisations both regionally and nationally, namely the ambiguity of the role of an "Executive" Chair and the potential governance implications as organisations have their own SFIs and governance processes that must be followed.	
COG 17/07/34	**Annual Report and Accounts**	
	MH summarised key points for the COG to note: - Audit Conclusion on 16 May 2017 in advance of the DOH deadline was Unmodified Unqualified Opinion of the accounts. - 2015-16 Qualified VFM conclusion reported. 2016-17 no adverse reporting for VFM indicating progress in this area. <u>GW summarised key points within the Quality Report:</u> - 2 elements were audited, a sample of performance indicators and evidence within the Quality Report and compliance with NHSI reporting. - 3 indicators were audited, 2 mandatory and 1 relating to safer surgery - RTT completed pathways Qualified Opinion reported last year. A sample of individual cases were audited and errors found towards towards the end of year. The Auditors are assured that arrangements are in place to support improvement in this area for next year. - A&E 4 hour indicator – assurance that controls in place to support this target. - Safer Surgery – some inaccuracies identified in recording of outcomes but the Auditors are assured arrangements in place will support improvement next year. • **The CoG reviewed and noted the Annual Report.**	
COG 17/07/35	**Elections Activity Bi-Annual Report: Vacancies and Governors Terms of Office**	
	PMcL highlighted key points for the CoG to consider and discuss: - The Trust will be holding elections at the end of 2017 due to a number of terms of office concluding, as detailed within the report. - 9 Constituencies are eligible for election, consisting of two vacancies in Norton South, Halton Brook and Halton Lead (vacant since January 2017) and Rest of England (vacant	

	since October 2016). - Four Governors have first terms coming to end and are eligible for re-election and three Governors will have concluded their two terms and will be standing down. - PMcL re-assured the COG that there will be an increased focus in the media and other Stakeholder and Engagement forums to raise the awareness and profile of the Governors and the Membership to maximise opportunities, and asked for support from current COG members to do this. The Governors Engagement Group is actively promoting Membership opportunities through a number of channels. • **The COG reviewed and noted the Report and supported the proposed timetable and process for the 2017 elections.**	
COG 17/07/36	**Compliance Trust Provider Licence (Bi-Annual Report)**	
	PMcL highlighted key points for the CoG to note to provide assurance of the Trust compliance with its licence: - Under its licence the Trust is required to complete a submission of compliance to NHSI and had declared compliance in areas G6, FT4 and CoS7 in its submission at the end of May 2017, declaring full compliance with provisions in the Code in the Annual Report. - The Self-Certification had been reviewed and approved by the Audit Committee on 24 April 2017 and Trust Board on 24 May 2017. - PMcL advised the COG that an application has been submitted to NHSI for consideration to lift the enforcement due to progress made within the last year relating to finance and performance. • **The COG reviewed and noted the Report and supported the proposed timetable and process for the 2017 elections.**	
COB 17/07/37	**Changes to the Constitution**	
	PMcL highlighted key points for the CoG to discuss and approve the proposed amendments to the Constitution: - Creating of the role of Lead Governor (approved by Trust Board 2 March 2017) - Amendment to the Public Constituency change of name if area 16 to 'rest of England and Wales' (approved by Trust Board 25 March 2017) - Changes to members interests due to new General Data Protection Regulations to become effective May 2018 which will affect the processing of Membership data held by the Trust (detailed in the paper) which will further strengthen the way membership data is held and processed, particularly consent for under 12s to become a Member of the Trust. - Further discussion took place regarding the current 2-year terms of office and AK and SK asked if this could be extended to a 3 or 4-year term which would enable Governors to become truly embedded in their role. • **The COG supported and approved the proposed changes to the Foundation Trust's Constitution.** • **PMCL to seek advice regarding current Governors terms of office.** **<u>The recommendation was proposed by A Robinson and Seconded by P Harvey.</u>**	
COB 17/07/38	**Proposal to change the Trust's Name**	
	PMcL highlighted key points for the CoG to discuss and approve the proposed change: - Recruitment to clinical staff continues to be a challenge for the Trust and incorporating the word 'Teaching Hospital' into its name would make the Trust a significantly more desirable employer when candidates have a choice of employer. - The only anticipated cost will be for external signage at the site. No additional costs associated with branding costs are anticipated. Any additional costs would need to be considered and approved by the Trust Board. - A comprehensive consultation and engagement exercise with staff and the public will form part of this process. - Discussion took place regarding potential inclusion of 'University' within the name change	

	due to the Trust's current links with Chester University. - The Trust Board had approved the name change at its meeting on 26 April 2017. • **The COG supported and ratified the proposal to commence the renaming process.** • **MB to seek advice relating to University status for the Trust and discuss with PMcL outside of the meeting.**	
COB 17/07/39	**Chairs Annual Audit Committee Report**	
	• **The CoG reviewed and noted the Audit Committee Chairs Annual Report.**	
COG 17/07/40	**Any Other Business**	
	- Trust Quality Report had received positive comments at Healthwatch. - Proposal for Governor only meetings to discuss mandatory items to be held 3 weeks before COG. **Proposal was supported.** - COG meeting with NEDs to be held bi-annually to improve communication and understanding of NEDs role. **Proposal supported with a review after 12 months.**	

The agenda and minutes of this meeting may be made available to public and persons outside of Warrington and Halton Hospitals NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

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COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE:	CoG/17/10/43	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	19 October 2017

1. ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/17/07/37	**20 July 2017**	**FT Constitution**	PMCL to seek advice regarding current Governors terms of office.	**P McLaren Director of Community Engagement + Corp Affairs**				

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status

4. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/17/07/38	**20 July 2017**	**Proposal to change the Trust's name**	MB to seek advice relating to University status for the Trust.	**P McLaren Director of Community Engagement + Corp Affairs**				
COG/17/04	**6 April 2017**	**WRAG presentation**	Further session to planned for 3-6 months	**P McLaren**	**15 February 2018**			

RAG Key

	Action overdue or no update provided
	Update provided but action incomplete
	Update provided and action complete

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BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/17/**
SUBJECT:	**Integrated Performance Dashboard**
DATE OF MEETING:	27th September 2017
ACTION REQUIRED	**For Discussion**
AUTHOR(S):	Marie Garnett – Head of Contracts and Performance
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse Jan Ross – Chief Operating Officer (interim) Michelle Cloney – Director of Human Resources & Organisational Development (interim) Andrea Chadwick - Director of Finance & Commercial Development Alex Crowe – Medical Director (Acting) Lucy Gardner – Director of Transformation
LINK TO STRATEGIC OBJECTIVES:	All
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	All
STRATEGIC CONTEXT	To provide the Trust Board with assurance in relation to performance in the following areas: • Quality • Access and Performance • Workforce • Finance Sustainability
EXECUTIVE SUMMARY (KEY ISSUES):	At the end of month 5 the Trust has a financial deficit of £4.4m which is £0.5m worse than plan. This poses a risk to the Trust's forecast outturn and cash position. Quality has seen an improvement in performance and is reporting 16 Green indicators at month 5 compared to 14 in July. The 2 indicators that have improved are Duty of Candour moving from Red to Green and Safety Thermometer moving from Amber to Green. Access and Performance indicators have remained static in month and are still reporting 13 Green and 5 Reds.

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	Workforce Red indicators have increased in month from 3 in July to 4 in August.	
RECOMMENDATION:	The Trust Board is asked to: **1.** Note the contents of this report. **2.** Approve that the 2 indicators with no RAG/threshold continue to be reported with no RAG rating. **3.** Approve the additional Workforce indicator. **4.** Approve the changes to the capital programme.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Choose an item.
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
FREEDOM OF INFORMATION STATUS (FOIA):	Choose an item.	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	Choose an item.	

SUBJECT	Integrated Performance Dashboard	**AGENDA REF:**	

1. BACKGROUND/CONTEXT

The RAG rating for all 63 indicators from April to August 2017 is set out in Appendix 1.

The Integrated Performance Dashboard (Appendix 2) has been produced to provide the Board with assurance in relation to the delivery of all KPI's across the following areas:

- Quality
- Access and Performance
- Workforce
- Finance Sustainability

2. KEY ELEMENTS

In month there has been a movement in the RAG ratings as follows:

- Red – 21 in July to 20 in August
- Amber – 8 in July to 5 in August
- Green – 30 in July to 36 in August

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There are 2 indicators with no RAG/threshold. The Quality Sub Committee has concluded that a RAG/threshold is not applicable. They are proposing that the 2 indicators remain with no RAG rating. The 2 indicators are:

- Quality
    - Staffing – Care hours per patient day
    - Total Deaths

Quality

Quality KPIs

Of the 6 indicators that were red in July 5 have remained Red in August as follows:

1. Health Care Acquired Infections – the Trust reported 1 MRSA in July, therefore this indicator will remain Red for the remainder of 2017/18.
2. Nice Compliance – the Trust achieved 63.52% in August against a target of 100%. This is an improvement in month from 61.75% in July.
3. Complaints – the Trust has 16 complaints that have been open for over 6 months.
4. Friends and Family (likely to recommend our AED to Friends and Family) – the Trust achieved 86% (month 4 was 85%) against a target of 87%.
5. Mixed Sex Accommodation (MSA) – there is a national zero tolerance approach to MSA breaches. There have been 10 MSA breaches in month. This is a reduction from 17 in July.

The 1 Quality Indicator that improved from Red to Green in month relates to Duty of Candour.

There is 1 Quality indicator rated Amber in month, compared to 2 in July. The Amber indicator that has improved from Amber to Green is Safety Thermometer which is now reporting overall harm free care above the 95% target. The 1 remaining Amber indicator is:

1. Staffing Average Fill Rate - Trust performance was 86.63% in August for registered nurse/midwives in the day, against a target of 90%. Plans are in place to ensure the delivery of safe patient care.

Access and Performance KPIs

There are 5 Access and Performance indicators rated red in August, the same number and indicators as July. The 5 red indicators are:

1. A&E Waiting Times 4 Hour 95% National Standard – the Trust achieved 94.39% in August, an improvement in month from 92.69% in July.
2. Ambulance Handovers 30 Minutes – the Trust has remained static in month for the number of delayed handovers between 30 and 60 minutes reporting 124 in August, the same number as July. The challenging time period has been identified as late evening to the early hours of the morning when medical staffing is reduced. Medical staffing levels are being reviewed to address the issue.

3. Ambulance Handovers 60 Minutes – the Trust has seen an improvement in performance in the number of delayed handovers over 60 minutes down from 31 in July to 15 in August.
4. Discharge Summaries % Sent Within 24 Hours – the Trust failed to achieve the target of 95% with performance for August reported at 87.30%. This is a slight deterioration in month from 88.22% in July. The Trust failed to achieve the overall quarter one and two target of 95% and will receive a £15k financial penalty per quarter from Commissioners.
5. Total Number of Cancelled Operations on the Day (for non-clinical reason) – the Trust has a zero tolerance approach to breaches. There were 24 breaches reported in August which was an increase on July's performance of 14. It should be noted that all 24 patients who had a cancelled operation were offered a new date within 28 days in line with the national target.

People

Workforce KPIs

There are 4 indicators rated Red in August, an increase of 1 in month. The 4 Red indicators are:

1. Return to Work Interviews (RTW) – this indicator has deteriorated from Amber (78.75%) in July, to Red (73.58%) in August.
2. Recruitment – the time taken to recruit has improved from 86.3 days to 66.5 days in the last 3 month period, against a Trust target of 65 days. This indicator was Red in July and has remained Red in August.
3. Non Contracted Pay remains above budget in August at 6.6% of the Trust's overall pay bill, compared to 6.27% in July. This indicator was Red in July and has remained Red in August.
4. Average Cost of the Top Ten Highest Cost Agency Workers – this indicator was not RAG rated in previous months. The Workforce committee has now set RAG parameters and the indicator is measuring Red in August.

There is 1 Workforce indicator rated Amber in August compared to 2 in July (RTW indicator has deteriorated in month from Amber to Red). The 1 Amber indicator is:

1. PDR Compliance –The Trust's target of 85% has not been met this financial year and performance in August is 77.13%, a slight improvement on July performance 76.14%.

Sustainability

Finance Sustainability KPIs

There are 6 Finance Sustainability indicators rated red in August the same number as in July. The 6 red indicators are:

1. Financial Position – the cumulative deficit of £4.4m is £0.5m worse than the planned deficit of £3.9m.

2. Cash Balance – cash continues to be a challenge and is under daily monitoring and management. The balance at the end of August was £1.2m.
3. Better Payment Practice Compliance – continues to underperform with year to date performance of 36% against a 95% target due to cash challenges.
4. Fines and Penalties – to date the Trust has been notified of fines and penalties of £18k for the period April – June 2017.
5. Agency Spending – the cumulative agency spend of £4.5m is £0.3m (8%) above the cumulative agency ceiling of £4.2m.
6. Cost Improvement Programme In year performance to date – the financial impact of transformation activities was £2.38m in M5, £0.65m below the Trust's M5 CIP target of £3.04m.

The Income Statement, Statement of Financial Position and Cash flow, as presented at the August Finance and Sustainability Committee, are attached in Appendix 3. This highlights the challenge to delivery of the control total of £3.7m. The forecast is under review with significant risks to delivery. A number of actions are being taken to address the risk including mandated support in three of the CBUs. Should the actions not be sufficient to assure recovery, the Trust will need to consider a revision to the forecast in line with NHSI guidance.

In month 4 and month 5, amendments to the capital programme were presented and supported by the FSC as set out in Appendix 4. The key changes are:

1. Delay MRI purchase £800k.
2. New spend on moving Coronary Care Unit to A3 £748k.
3. Delay replacing Ormis £147k.
4. Increased spend on Capital for various projects.

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

KPI's that are underperforming will be managed in line with the Trust's Performance Assurance Framework.

4. ASSURANCE COMMITTEE

The following committees provide assurance to the Trust Board:

- Finance and Sustainability Committee
- Audit Committee
- Quality Committee
- Trust Operational Board

5. RECOMMENDATIONS

The Trust Board is asked to:

1. Note the contents of this report.
2. Approve that the 2 indicators with no RAG/threshold continue to be reported with no RAG rating.
3. Approve the additional Workforce indicator.
4. Approve the changes to the capital programme.

Appendix 1 – KPI RAG Rating April 2017 – March 2018

	KPI	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
	QUALITY												
1	Incidents												
2	Duty of Candour												
3	Safety Thermometer												
4	Healthcare Acquired Infections												
5	VTE Assessment												
6	Safer Surgery												
7	CQUIN Sepsis AED Screening												
8	CQUIN Sepsis Inpatient Screening												
9	CQUIN Sepsis AED Antibiotics												
10	CQUIN Sepsis Inpatient Antibiotics												
11	CQUIN Sepsis Antibiotic Review												
12	Total Falls & Harm Levels												
13	Pressure Ulcers												
14	Medication Safety												
15	Staffing – Average Fill Rate												
16	Staffing – Care Hours Per Patient Day												
17	Mortality ratio - HSMR												
18	Mortality ratio - SHMI												
19	Total Deaths												
20	NICE Compliance												
21	Complaints												
22	Friends & Family – Inpatients & Day cases												
23	Friends & Family – A&E and UCC												
24	Mixed Sex Accommodation Breaches												
	ACCESS & PERFORMANCE												
25	Diagnostic Waiting Times 6 Weeks												
26	RTT - Open Pathways												
27	RTT – Number Of Patients Waiting 52+ Weeks												
28	A&E Waiting Times – National Target												

Appendix 1 – KPI RAG Rating April 2017 – March 2018

29	A&E Waiting Times – STP Trajectory												
30	Cancer 14 Days												
31	Breast Symptoms 14 Days												
32	Cancer 31 Days First Treatment												
33	Cancer 31 Days Subsequent Surgery												
34	Cancer 31 Days Subsequent Drug												
35	Cancer 62 Days Urgent												
36	Cancer 62 Days Screening												
37	Ambulance Handovers 30 to <60 minutes												
38	Ambulance Handovers at 60 minutes or more												
39	Discharge Summaries - % sent within 24hrs												
40	Discharge Summaries – Number NOT sent within 7 days												
41	Cancelled Operations on the day for a non-clinical reason												
42	Cancelled Operations on the day for a non-clinical reason – Not offered a date for readmission within 28 days of the cancellation												
	WORKFORCE												
43	Sickness Absence												
44	Return to Work												
45	Recruitment												
46	Turnover												
47	Non Contracted Pay												
48	Agency Nurse Spend												
49	Agency Medical Spend												
50	Essential Training												
51	Clinical Training												
52	PDR												
53	Average cost of the top 10 highest cost Agency Workers												
54	Average length of service of the top 10 longest serving agency workers												
	FINANCE												
55	Financial Position												
56	Cash Balance												
57	Capital Programme												

Appendix 1 – KPI RAG Rating April 2017 – March 2018

58	**Better Payment Practice Code**												
59	**Use of Resources Rating**												
60	**Fines and Penalties**												
61	**Agency Spending**												
62	**Cost Improvement Programme – Performance to date**												
63	**Cost Improvement Programme – Plans in Progress**												

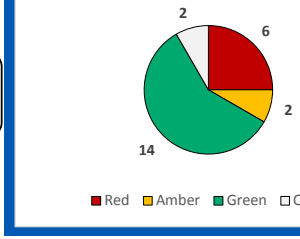
Warrington and Halton Hospitals NHS
NHS Foundation Trust

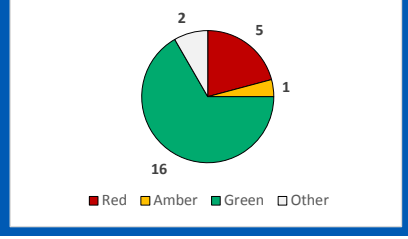
Integrated Dashboard - Board of Directors - August 2017

Appendix 2

Key Points/Actions

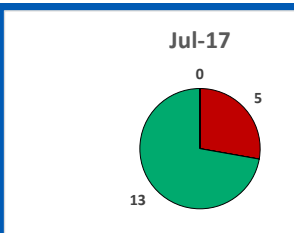
Quality Improvement

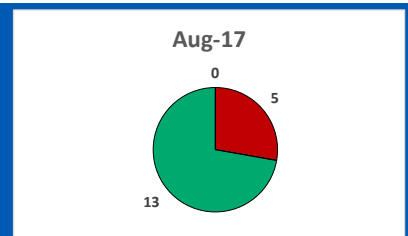




Regarding incidents, work continues regarding ensuring staff review incidents in a timely manner and ensuring Serious Incident actions do not breach. This has improved within month in relation to Serious Incidents actions, but work needs to continue. The overall number of open incidents at the time of reporting is 374. We have ensured 100% Duty of Candour for Serious Incidents; work continues to improve performance in moderate harm incidents. We have met the target for adult and maternity safety thermometer. We are on target regarding hospital acquired infection targets. Actions to improve VTE compliance are still in place, with daily monitoring. The Trust's SHMI has reduced to 105.3%. The Trust remains on track with the complaints improvement trajectory and we are achieving Friends and Family targets.

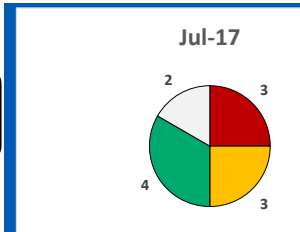
Access & Performance

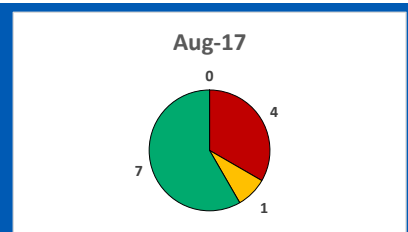




Of the 18 targets on the dashboard related to Access and performance 5 have a RAG rating of red. 1 related to achievement of the four hour standard although the improvement trajectory has been met. 2 are related to ambulance handover times. 1 is related to the timeliness of discharge summaries although they are all sent within 7 days and the remaining red target is cancelled operations on the day where all patients were offered a date within 28 days.

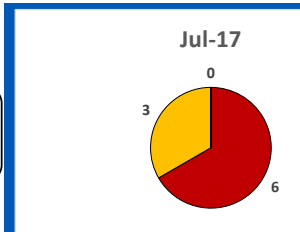
Workforce

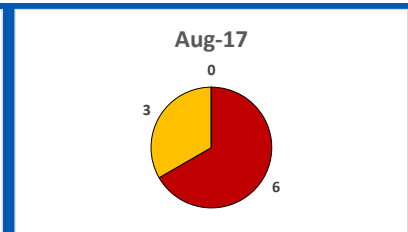




The Trust target for sickness absence was achieved in month. There is work still to be done in achieving the Return to Work Interview compliance target but this is achievable and support is in place from HR. The Trust target for turnover was achieved in month. There has been significant improvement in the time taken to recruit staff over the last 3 months. There is work sill to be done in achieving the PDR compliance rates and managers must place real focus on this over October 2017 to achieve the required 85%. Compliance for Essential and Clinical Training were above target. There needs to be a continued focus on reducing agency spend, although the nursing and medical spend is rated green for August 2017. Plans need to be finalised in relation to the high cost and longest serving agency workers but processes are in place to do so.

Finance





In the month the Trust recorded a deficit of £0.5m which increases the year to date deficit to £4.4m, which is £0.5m worse than the planned deficit. Year to date income is £0.7m above plan, expenses are £1.4m above plan and non operating expenses are £0.2m below plan. The year to date capital spend is £2.5m which is £0.6m below the planned capital spend of £3.1m. Due to the historic and current operating position the cash balance remains low and as at 31st August the cash balance is £1.2m which is £0.1m below the planned cash balance of £1.3m. However under the terms and conditions of the working capital loan the Trust is required to have a cash balance equivalent to 2 operational days (which equates to £1.2m) at some point during the month. The year to date performance against the Better Payment Practice Code is 36% which is 59% lower than the 95% target. The Trust has recorded a Use of Resources Rating of 3 which is in line with the planned rating.

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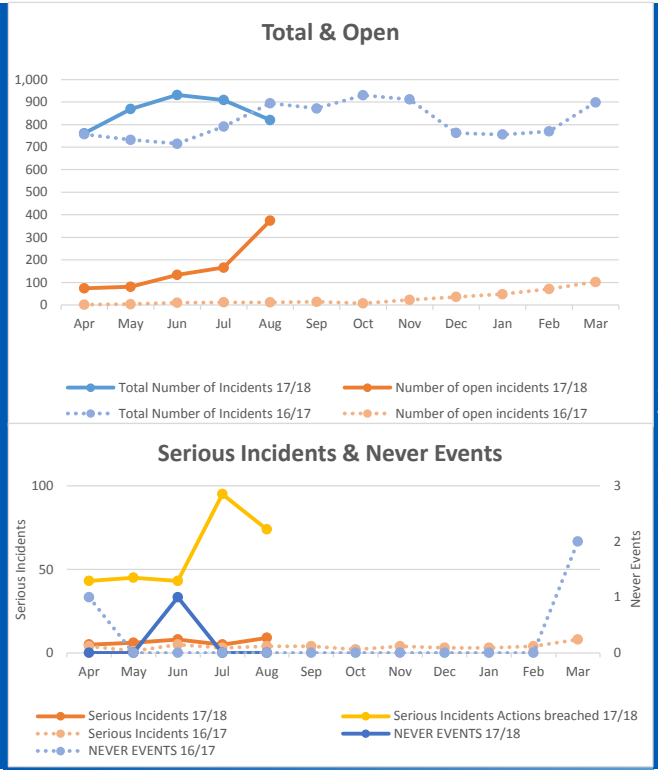
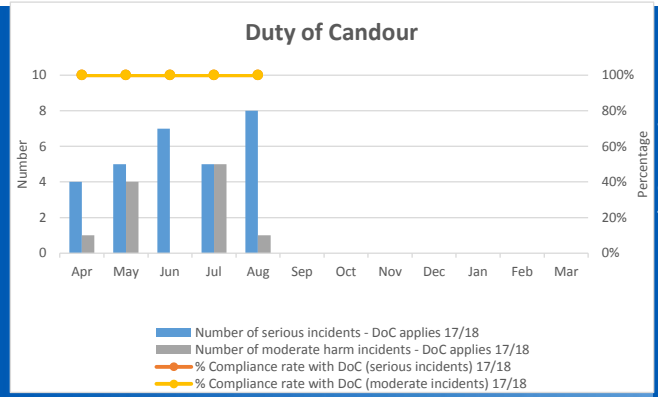
Quality Improvement - Trust Position

Description	Aggregate Position	Trend	Variation
Patient Safety			
Incidents Red: 1 or more Never Events Green: Zero Never Events	Total number of incidents received during the month. Total number of Serious Incidents (SIs) received during the month. Never Events are serious, largely preventable patient safety incidents that should not occur. SI actions breached are the actions from closed serious incidents that are now overdue. Number of open incidents is the total number of incidents that we have awaiting review. The target for Never Events is a zero tolerance.		During August 2017, the number of Serious Incident actions that are overdue within plans is 74, this has decreased from last month. There remains continued focus on ensuring actions from SIs are implemented. The Trust has put in place the first Lessons Learned audit. This will be undertaken quarterly and will report to Quality Committee, giving assurance that actions from SI are being audited and implemented.
Duty of Candour Red: <100% Green: 100%	Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. Duty of Candour is where we contact the patient or their family to advise of the incident; this has to be done within 10 working days. Duty of Candour has to be completed within 10 working days.		We have completed a review of all historical incidents where Duty of Candour has applied and ensured that we have contacted patients / familiies as appropriate. We are 100% compliant in being transparent in applying candour.We will monitor the 10 working day target going forward.

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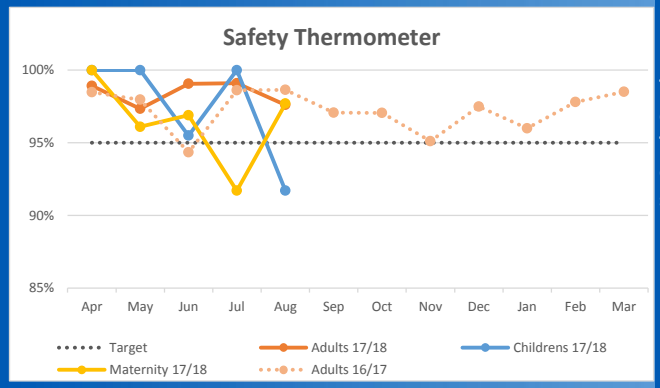
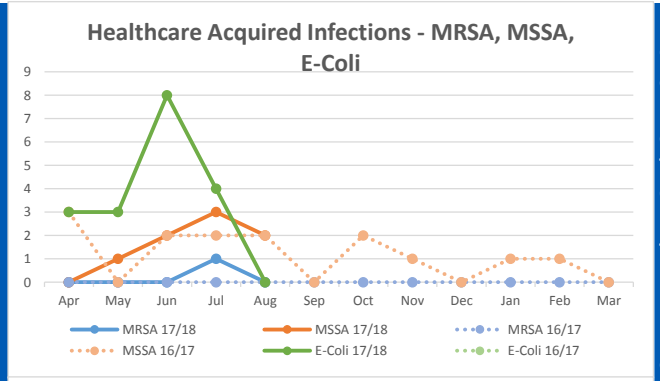
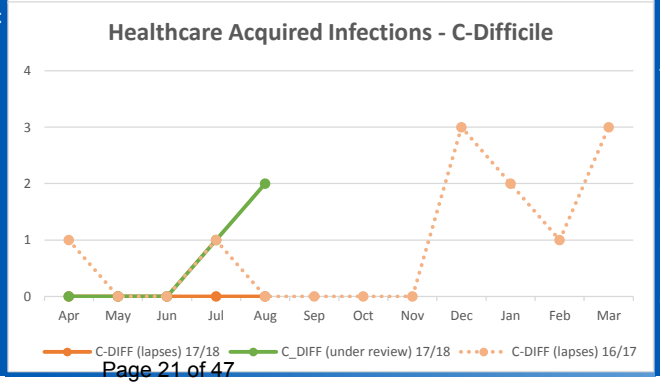
Integrated Dashboard - Board of Directors - August 2017

Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Safety Thermometer Red: Less than 90% Amber: 90% to 94% Green: 95% or more	Measures % of adult patients who received "harm free care" defined by the absence of pressure ulcers, falls, catheter-acquired UTI's and VTE (Safety Thermometer). Children's and Maternity data has been requested. Measures % of child patients who have received an appropriate PEWS (paediatric early warning score), IV observation, pain management, pressure ulcer moisture lesion. Measures % of maternity patients who received "harm free care" in relation to defined by proportion of women that had a maternal infection, 3rd/4th perineal trauma, that had a PPH of more than 1000mls, who were left alone at a time that worried them, term babies born with an Apgar of less than 7 at 5 minutes, mother and baby separation and women that had concerns about safety during labour and birth not taken seriously.	The target for all areas is to achieve over 95%.		The overall Harm free care % is above the target of 95%; Areas of harm caused in the Adult Thermometer related to a small number of catheter associated UTIs. Children's services scored lower due to an EWS noting escalated and pain not being addressed in a timely manner. Maternity scored below 100% due to 3 separate harms with no related trend.
Healthcare Acquired Infections MRSA Red: 1 or more Green: 0 C-Difficile Red: More than 2 Amber: 1 to 2 Green: 0	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. Those that are sensitive to methicillin are termed methicillin susceptible Staphylococcus aureus (MSSA). Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel. Eschericia coli (E-Coli) bacteraemia which is one of the largest gram negative bloodstream infections.	MRSA - National objective is zero tolerance of avoidable MRSA bacteraemia. If breached a £10,000 penalty in respect of each incidence in the relevant month. MSSA - Has no National objective set by public health. Clostridium Difficule (c-diff) due to lapses in care; agreed threshold is <=27 cases per year. E-Coli A national objective has been set to reduce gram negative bloodstream infections (GNBSI) by 50% by March 2021.The focus for 2017/18 will be on Eschericia coli (E. coli) bacteraemia which is one of the largest GNBSI groups. Data reported is for hospital apportioned cases.	 	C-difficile – 2 hospital apportioned C-difficile cases was reported in August 2017. YTD the Trust has reported 7 hospital apportioned cases of C-difficile against the annual threshold of 27 cases. The CCG review panel assessed the 4 cases from Q1 and concluded 3 were unavoidable (not due to lapses in care) and 1 was a repeat/relapse case. The review panel for Q2 will take place in December. MRSA bacteraemia – one hospital apportioned case was reported in July 2017 (currently being investigated as an SI). Nil lapses in care were identified and the internal review panel concluded this was an unavoidable case. MSSA bacteraemia – YTD the Trust has reported 8 HAI cases. These are under review to identify any areas for care improvement. E-Coli bacteraemia – YTD the Trust has reported 18 HAI cases. Partnership working is in place across the health economy to develop an action plan for reduction in cases.

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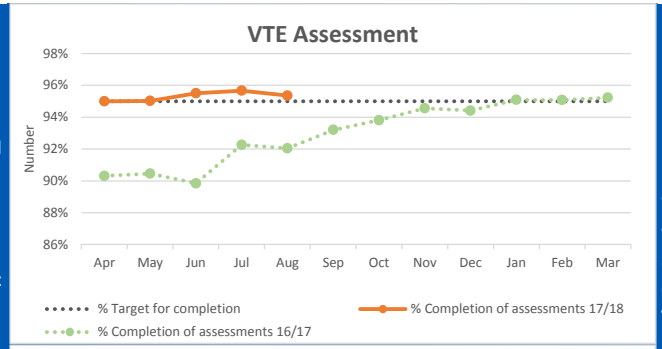
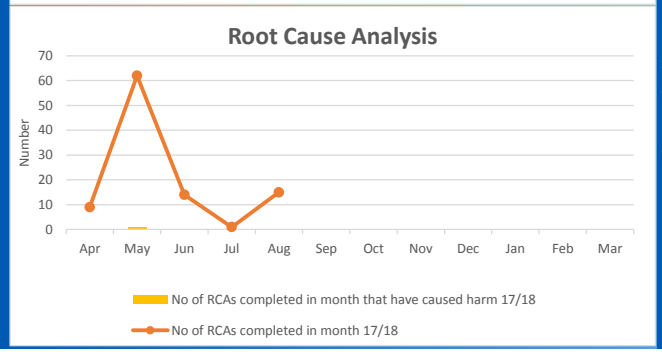
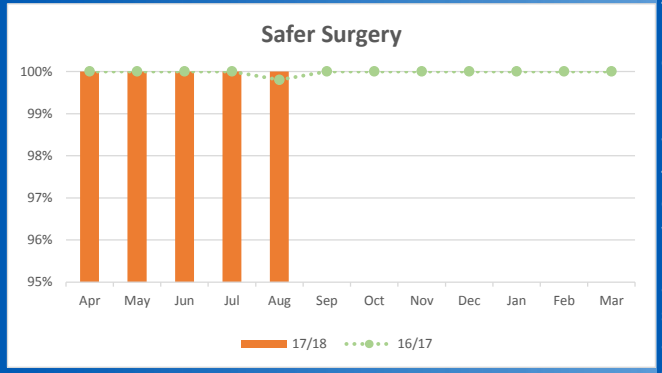
Integrated Dashboard - Board of Directors - August 2017

Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
VTE Assessment Red: <95% Green >=95%	Venous thromboembolism (VTE) is the formation of blood clots in the vein. This data looks at the % of assessments completed in month and the incidents of preventable harm. We also look at the number of RCA's completed in relation to VTE's.	The target for completion and documentation of VTE risk assessment on admission is 95%. The Trust achieved 95.09% in January, 95.08% in February and 95.23% in March following manual validation of patient level records and data. Technical issues with Lorenzo are being worked through with the relevant teams to ensure accurate VTE data going forward. Regarding the VTE backlog, weekly meetings are being held, chaired by the Medical Director where it has been agreed that additional capacity to clear the backlog from 15/16, 16/17 (risk assessed by harm and occurrence of PE). A revised process has been put in place for April 17 onwards. This has been communicated to Divisions.	 	Weekly data is sent from the Information Team where patients have been admitted from ED and are showing as missing VTE risk assessment. This data is validated and sent back to the Information Team. This is required to ensure inclusion of patients where the DTA (decision to admit time) has not been recorded in ED. Some patients are showing as missing VTE risk assessment where cohort logic needs to be applied to exclude these patients from the requirement to have a VTE risk assessment.
Safer Surgery Red: <100% Green: 100%	The Safe Surgery check list is monitored through OMIS BI and checked and validated via 20 case per month by Head of theatre services.	The target is to achieve 100%.		Of the Safe Surgery checklists we have continued to see 100% within this area. In relation to improving Safer Surgery across the Trust, we are taking forward the recommendations within the Never Event investigations – which has included observation audits, process review, review of our IT systems to ensure safety elements like laterality is recorded appropriately. We have conducted a safety culture survey across the Trust, which we are going to analyse and decide on focused areas of work. A gap analysis of what LocSSIPs are in place across the Trust (as part of the NAtSSIP work we did last year) . We are reviewing what training we have in place for safer surgery and reviewing our training needs analysis – e.g. training in LocSSIPs, Human Factors etc. There has been one related Never Event in W&C in May 17 related to procedural checking which has been investigated.

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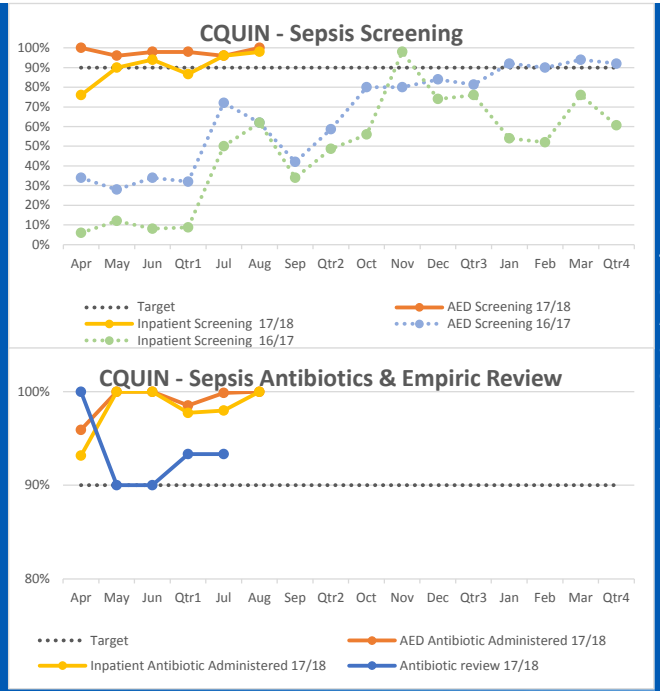
Quality Improvement - Trust Position

Description	Aggregate Position	Trend	Variation
CQUIN - Sepsis AED Screening Red: Less than 90% Green: 90% or more CQUIN - Sepsis Inpatient Screening Red: Less than 90% Green: 90% or more CQUIN - Sepsis AED Antibiotics Administration Red: Less than 90% CQUIN - Sepsis Inpatient Antibiotics Administration Red: Less than 90% CQUIN - Sepsis Antibiotic Review **Screening of all eligible patients - acute inpatients. Screening of all eligible patients admitted to emergency areas AED. Inpatient received treatments and empiric review within three days of prescribing antibiotics. Emergency patients received treatment and empiric review within three days of prescribing the antibiotics.**	**The target is to achieve 90%**		**The ongoing work by the Sepsis nurse team is clearly demonstrating positive achievements. In August 17 we have achieved 90% or above in all areas. However, we are awaiting validation of the data relating to the assessment of clinical antibiotic review between 24-72 hours of patients with Sepsis who are still inpatients at 72 hours.**

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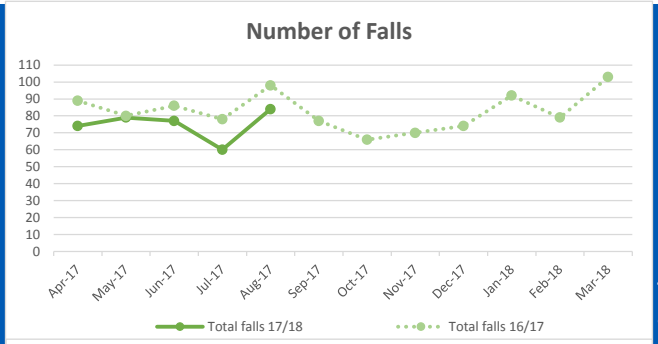
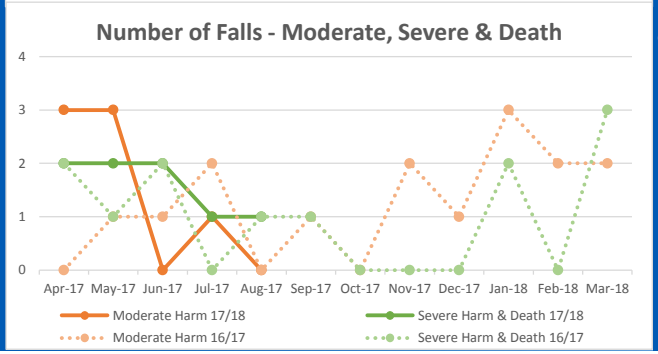
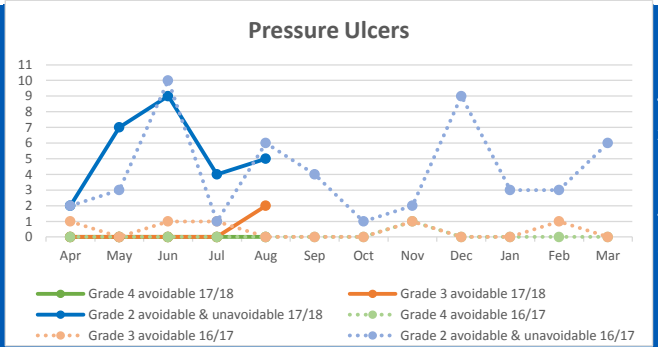
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Total number of Falls & harm levels	Total number of approved falls per month and their relevant harm levels.	10% reduction in falls in 2017/18 using 2016/17 data as a baseline.	 	There have been 2 moderate harm falls reported and 1 SI investigation commenced during August. 1 of the moderate harm falls relates to a member of staff falling on site and has been reported under RIDDOR- Linked to estates (corporate).
Pressure Ulcers Grade 4 Red: 1 or more Grade 3 Red: More than 3 Green: 3 or less Grade 2 Red: More than 6.83	Pressure ulcers, also known as pressure sores, bedsores and decubitus ulcers, are localised damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction.	Grade 4 hospital acquired (avoidable) Grade 3 hospital acquired (avoidable) Grade 2 hospital acquired (avoidable and unavoidable)		There have been 5 x grade 2 Pressure Ulcers and 2 x grade 3 reported for August 17. It should be noted that root cause analysis is underway. Following root cause analysis hearing on 3/8/17 the grade 3 pressure ulcer from Ward A3 (May 2017) was deemed as unavoidable.

Warrington and Halton Hospitals NHS Foundation Trust

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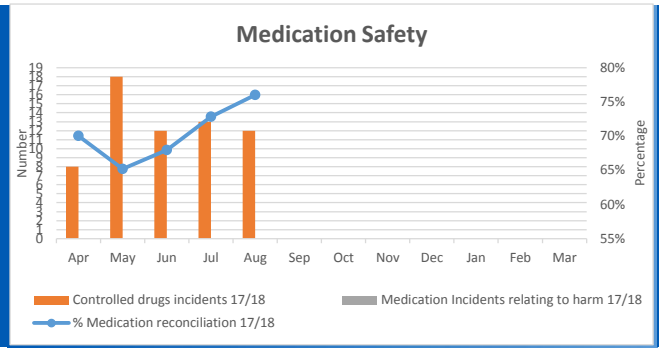
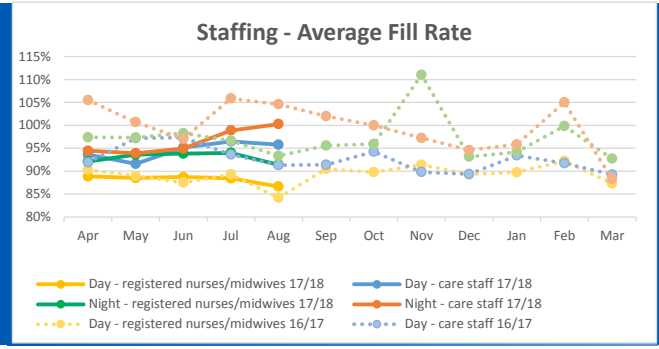
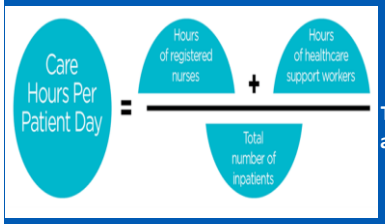
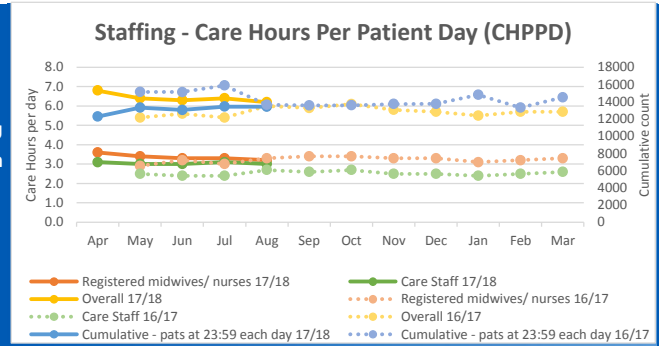
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Medication Safety Red - any incidents of harm. Green - no incidents of harm.	Overview of the current position in relation to medication, to include; medication reconciliation, controlled drugs incidents and medication incidents relating to harm.	The target for Medication Safety is a zero tolerance for incidents of harm.		Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking. YTD the % of patients with an electronic medicines reconciliation record is on an upward trend. The total number of patients requiring this in August was 1494 (excluding Paediatrics, Maternity and patients with a length of stay <1 day). Of these 1494, 1135 medication reconciliations were recorded electronically; 316 (28%) occurred within 24 hours of admission (requires improvement) & 673 (59%) within 48 hours of admission. There were 12 controlled drugs incidents for the month of August and no medication incidents related to harm (grade 3 or above). Most commonly reported incidents relate to diabetic, anticoagulant and opioid medication. Attention is being focussed on diabetic medication incidents.
Staffing - Average Fill Rate Red: 0-79% Amber: 80-89% Green: 90-100%	Percentage of planned verses actual for registered and non registered staff by day and night	Target of >90%. The data produced excludes CCU, ITU and Paediatrics.		Although most areas are above the 90% target it is acknowledged that the percentage of registered nurses/midwives in the day is below the target. However, mitigation and responsive plans are in place to ensure that the safe delivery of patient care is discussed at every bed meeting and escalated as appropriate.
Staffing - Care Hours Per Patient Day (CHPPD)		The data produced excludes CCU, ITU and Paediatrics and does not have an associated target.		We continue to monitor CHPPD as part of the daily responsive plans regarding care delivery.

Warrington and Halton Hospitals NHS
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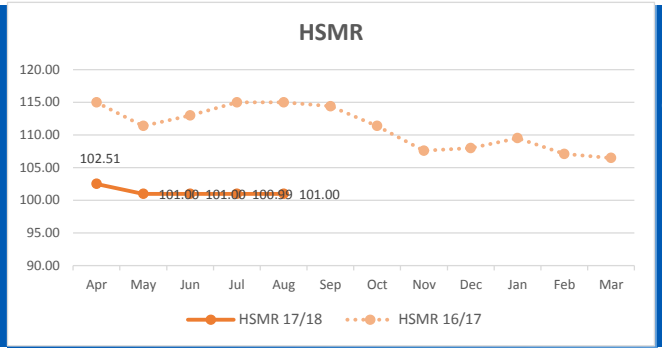
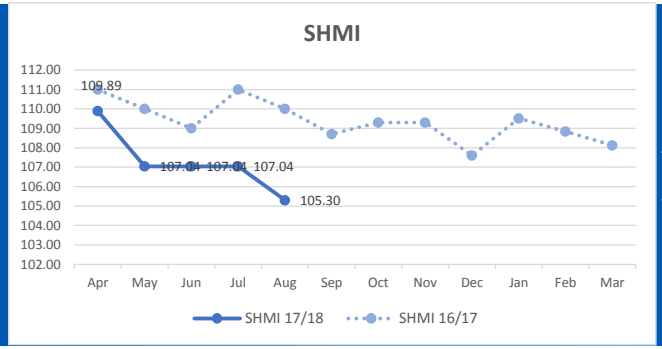
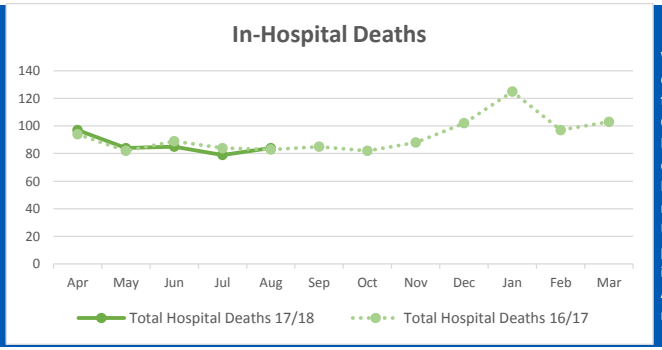
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Mortality ratio - HSMR Red: Greater than expected Green: As or under expected	Hospital Standardised Mortality Ratio (HSMR 12 month rolling). The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in- hospital deaths (multiplied by 100) for 56 specific Clinical Classification System (CCS) groups.	Target for Green would be to be within expected ranges.		Our HSMR has stabilisied and as reported previously we have been on or around 101 for the past three months and are well within expected ranges.
Mortality ratio - SHMI Red: Greater than expected Green: As or under expected	Summary Hospital-level Mortality Indicator (SHMI 12 month rolling). SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.	Target for Green would be to be within expected ranges.		After a few months of our SHMI being around 107, it has now reduced to 105.3; again our SHMI is within expected ranges.
Total Deaths	Total Deaths (including A&E) - We screen all deaths within the Trust to ascertain if any harm has been caused. If harm has been caused it is subject to a further review by the Mortality Review Group.	The Trust will be publishing data on deaths in October; this data will then be reviewed for targets to be set and sent to Quality Committee. Targets will be set on the IPR in January 2018.		We are currently an outlier (our observed deaths are above our expected deaths for patients being treated for a condition) in the following diagnositic groups: Cardiac Dysrhytmias (HSMR) - review of case notes ongoing Liver disease - alcohol-related (HSMR & SHMI) - 30 against an expected 19 - review required. Intestinal Infection (SHMI) - 23 deaths against an expected 14 - review required. Urinary Tract Infections - action plan in place and we are ready to promote UTI pathway with clinicians and ensure patients are not incorrectly diagnosed as having a UTI. All the reviews are being tracked through Mortality Review Group, reporting to Patient Safety & Effectiveness Sub Committee.

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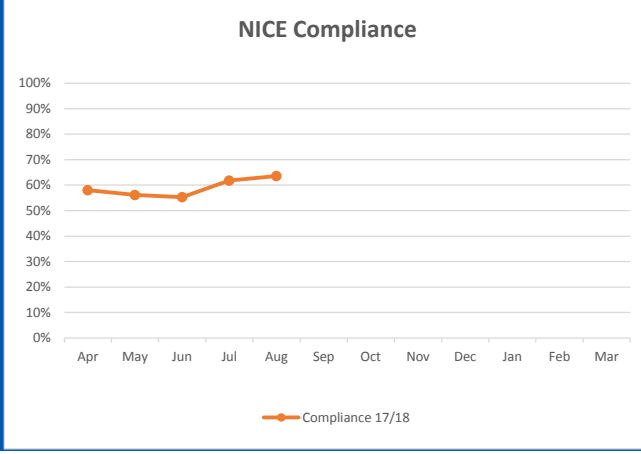
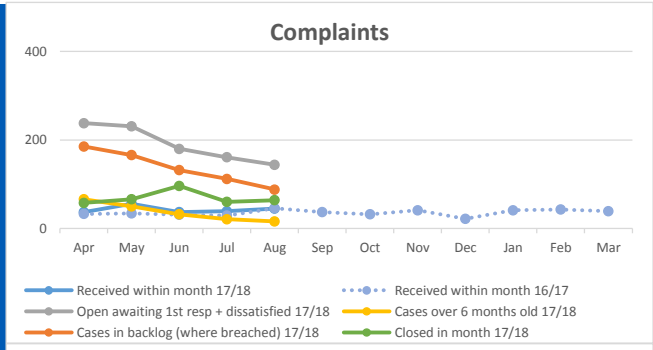
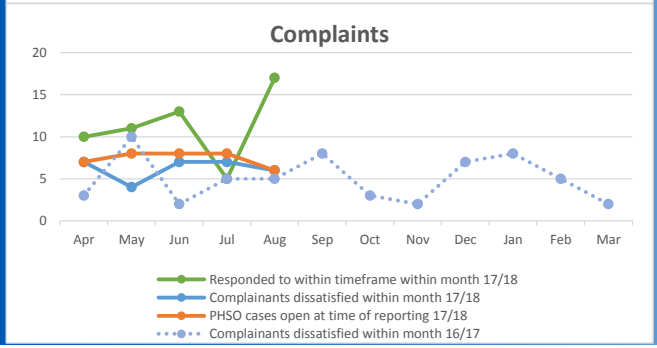
Integrated Dashboard - Board of Directors - August 2017

Quality Improvement - Trust Position

Description	Aggregate Position	Trend	Variation
NICE Compliance Red: <75% Amber: 75% to <100% Green: 100%	The National Institute for Health and Clinical Excellence (NICE) is part of the NHS and is the independent organisation responsible for providing national guidance on treatments and care for people using the NHS in England and Wales and is recognised as being a world leader in setting standards for high quality healthcare and are the most prolific producer of clinical guidelines in the world.	The target is to achieve 100% compliance against all NICE guidance.		NICE Guidance has moved across from CIRIS to SharePoint. CIRIS has higlighted a number of data issues, which we commenced validating, to ensure removal of duplication etc. to focus on the right areas. The data has been cleansed and from this month will provide an accurate picture as to the Trust's current position on compliance with NICE. August's Divisional Quality Bilaterals were focused solely upon NICE and audit and assurances were given that Governance leads are working on assessing compliance where we are "unknown" and creating actions plans where we are partially or non-compliant with recommendations. This is tracked through Patient Safety & Effectiveness Sub Committee.

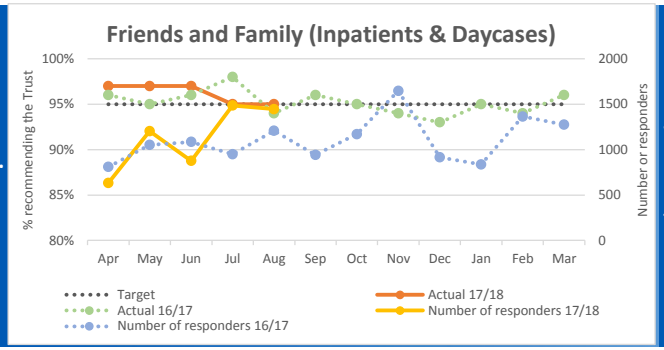
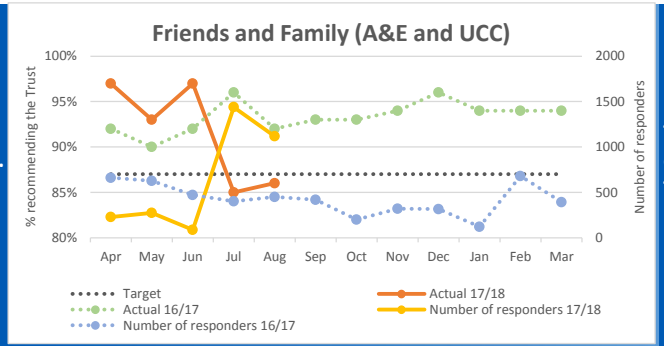
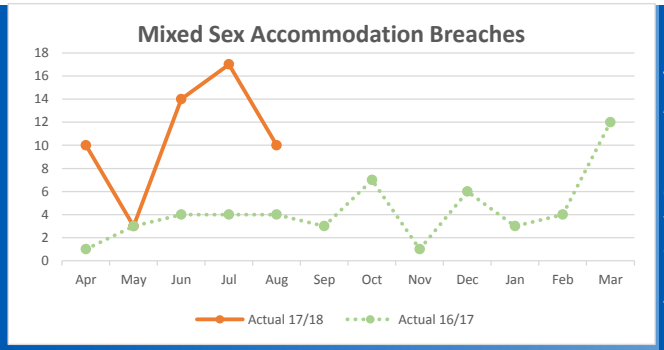
Patient Experience

Complaints	Overall review of the current complaints position, including; Number of complaints received, number of dissatisfied complaints, total number of open complaints, total number of cases over 6 months old, total number of cases in backlog where they have breached timeframes, number of cases referred to the Parliamentary and Health Service Ombudsman and the number of complaints responded to within timeframe.	Red - Trust not meeting improvement trajectories or complaints open over 6 months old. Amber - No complaints over 6 months old, Trust meeting backlog improvement targets Green - No backlog, complaints responded to within agreed timescales. Please note that the above RAG rating will be reviewed following the completion of the complaints improvement plan.	 	The number of complaints received is based on those cases "opened" in month, and not date "first received", in order to ensure a more accurate picture given the historic issues with missed cases. The Trust wide figure will not always match the total cases assigned to ACS or SWC as there are additional complainants assigned to the Corporate Directorate. In month 6 cases were treated as "high" risk and therefore the subject of a 72hr review. Weekly performance meeting with Divisions and the Chief Nurse / Deputy Director of Governance have been reinstated to monitor complaints performance and to focus areas for improvement. The Trust tracks performance against a trajectory to ensure the backlog is cleared by end Dec. The Trust remains on tracjectory with this target.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

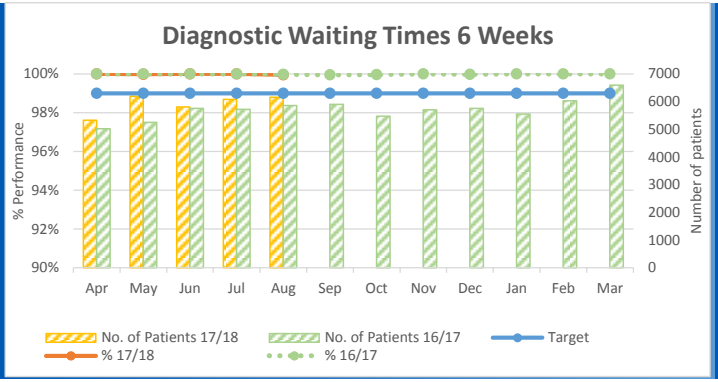
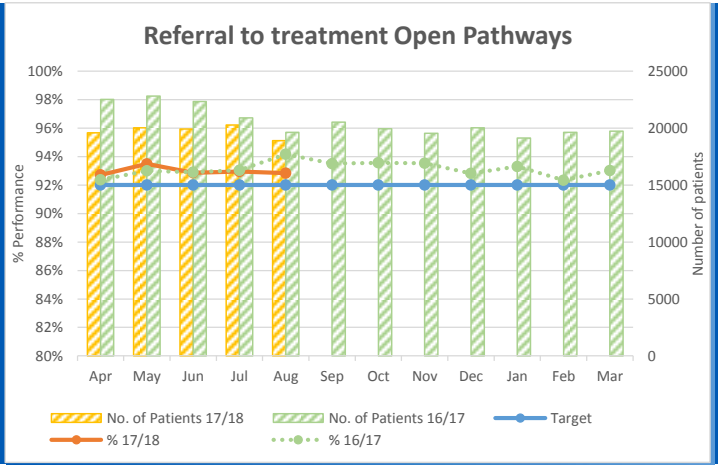
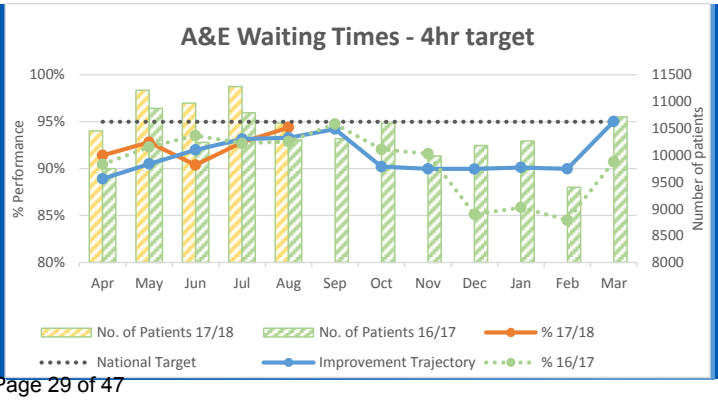
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Friends and Family (Inpatients & Day cases) Red: Less than 95% Green: 95% or more	Percentage of Inpatients and daycase patients recommending the Trust. Patients are asked - How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	The target set is to achieve over 95%.		We have continued to achieve 95% of our patients recommending the Trust. The overall number of responders is similar to the previous month, 1485 to 1445 from 4871 eligible responders.
Friends and Family (A&E and UCC) Red: Less than 87% Green: 87% or more	Percentage of AED (Accident and Emergency Department) patients recommending the Trust : Patients are asked - How likely are you to recommend our AED to friends and family if they needed similar care or treatment?	The target set is to achieve over 87%.		The target set is to achieve over 87% and 86% of our patients recommending the Trust in August. The overall number of responders dropped from 1439 to 1118 from 6162 eligible responders.
Mixed Sex Accommodation Breaches Red: 1 or more Green: Zero	We submit data to NHS England in relation to the number of occurrences of unjustified mixing in relation to sleeping accommodation.	There is a target of zero tolerance.		There has been a reduction in breached for August to 10. MSA breaches continue to be closely monitored by the operational teams. It should be noted that only Critical Care & Coronary Care step down breaches occur due to capacity challenges within the Trust. The CCG's have now agreed that an RCA is not required for each MSA breach, they have requested the breach information in the form of a spreadsheet each month.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Diagnostic Waiting Times 6 Weeks Red: Less than 99% Green: 99% or above	All diagnostic tests need to be carried out within 6 weeks of the request for the test being made. The national target is 99% or over within 6 weeks. This metric also forms part of the Trust's Sustainability and Transformation Plan (STP) Improvement trajectory. The proposed tolerance levels applied to the improvement trajectories are also illustrated.	The national target of 99% for Diagnostic waiting times has been achieved with actual performance at 100%. The Trust has also met the STP Improvement trajectory.		The Trust has achived this target 100% performance for August.
Referral to treatment Open Pathways Red: Less than 92% Green: 92% or	Percentage of incomplete pathways waiting within 18 weeks. The national target is 92% This metric also forms part of the Trust's STP Improvement trajectory. The proposed tolerance levels applied to the improvement trajectories are also illustrated.	Open pathways continue to perform above the 92% target. The Trust has also met the STP improvement trajectory.		The Trust achieved the 18 week referral to treatment target, achieving 92% against a target of 92%.
RTT - Number of patients waiting 52+ weeks Green = 0, otherwise Red				
Four Hour Standard - National Target Red: Less than 95% Green: 95% or above	All patients who attend A&E should wait no more than 4 hours from arrival to admission, transfer or discharge. The national target is 95% This metric also forms part of the Trust's STP improvement trajectory. The proposed tolerance levels applied to the improvement trajectories are also illustrated.	The Trust is not achieving the 95% national 4 hour target but is meeting the STP improvement trajectory.		The Trust has been set an improvement trajectory by NHSI to deliver against the four hour standard. The Trust delivered this improvement trajectory for Q1 91.55% against a target of 90.5%. Q2 was much more challenging however we are currently on target to deliver this.
Four Hour Standard Waiting Times - STP Trajectory Red: Less than trajectory				

Warrington and Halton Hospitals NHS Foundation Trust

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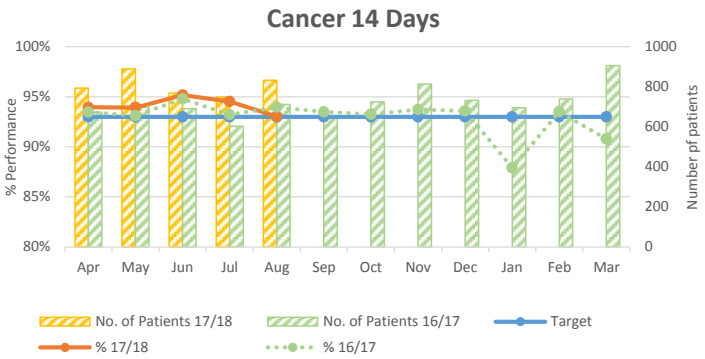
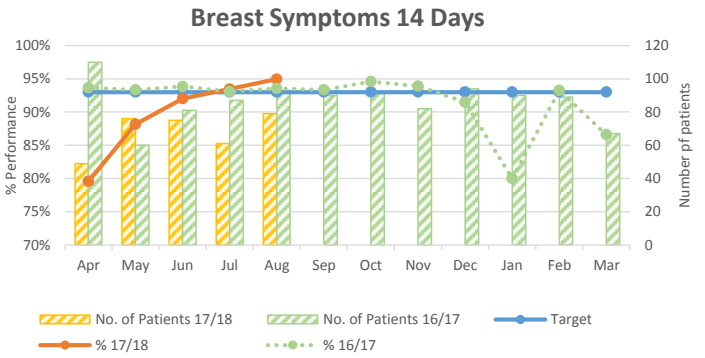
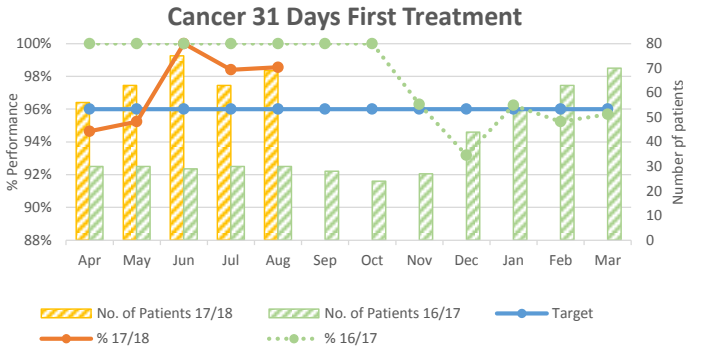
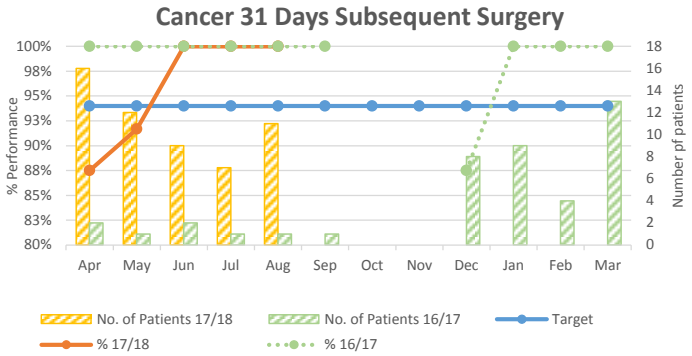
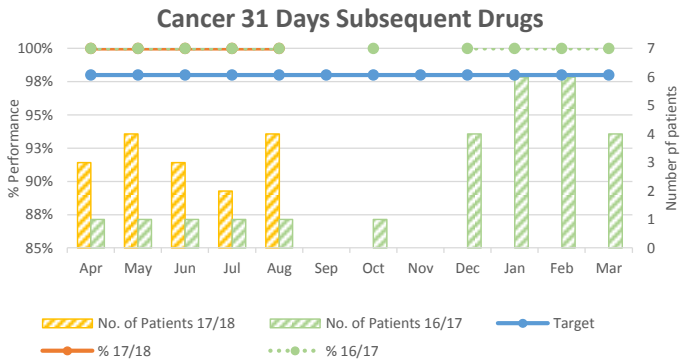
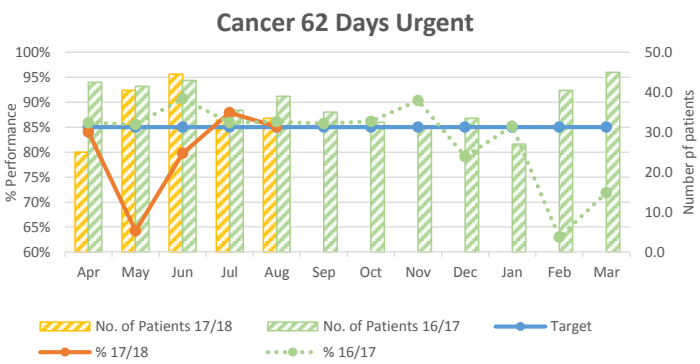
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Cancer 14 Days Red: Less than 93% Green: 93% or above	All patients need to receive first appointment for cancer within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.			This target has been consistently delivered.
Breast Symptoms 14 Days Red: Less than 93% Green: 93% or above	All patients need to receive first appointment for any breast symptom (except suspected cancer) within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.			The team have worked hard to ensure all patients receive their first appointement within 14 days of a referal this is a challenging target as patient choice has been an issue in previous months we have worked closely with our partners and OPD department to ensure we offer choice.
Cancer 31 Days First Treatment Red: Less than 96% Green: 96% or above	All patients to receive first treatment for cancer within 31 days of decision to treat. This national target is 96%. This target is measured and reported on a quarterly basis.			This target has been achieved.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

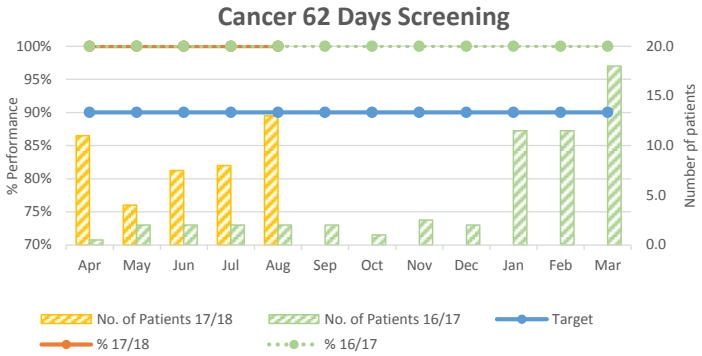
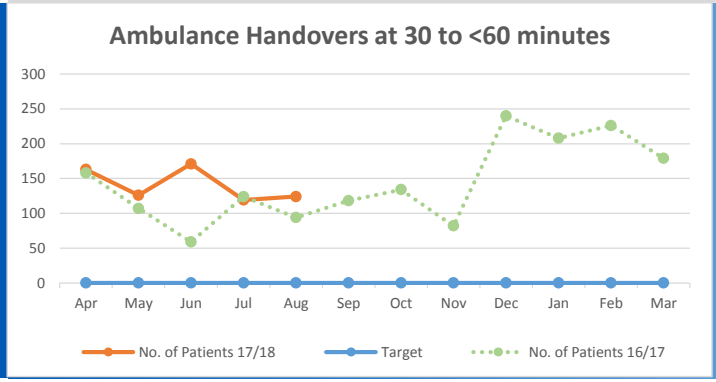
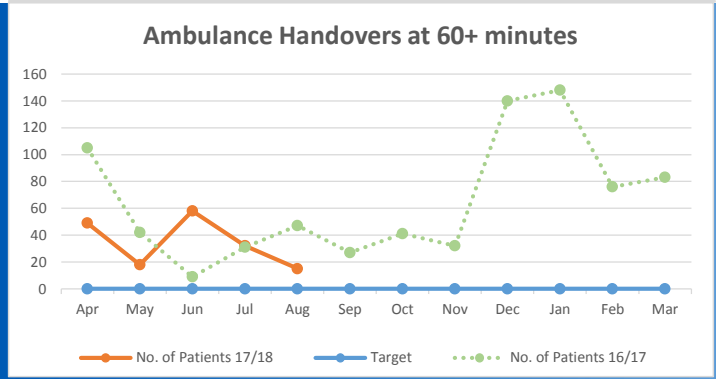
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Cancer 31 Days Subsequent Surgery Red: Less than 94% Green: 94% or above	All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat/surgery. The national target is 94%. This target is measured and reported on a quarterly basis.			This target has been achieved.
Cancer 31 Days Subsequent Drug Red: Less than 98% Green: 98% or above	All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat – anti cancer drug treatments. The national target is 98%. This target is measured and reported on a quarterly basis.			This target has been achieved.
Cancer 62 Days Urgent Red: Less than 85% Green: 85% or above	All patients to receive first treatment for cancer within 62 days of urgent referral. The national target is 85%. This metric also forms part of the Trust's STP Improvement trajectory. The proposed tolerance levels applied to the improvement trajectories are also illustrated.			The quarter position for cancer has yet to be submitted and will improve further when all data is included. The Trust has been included in a regional initiative to support improvement of the 62 day cancer target there is a regional action plan.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

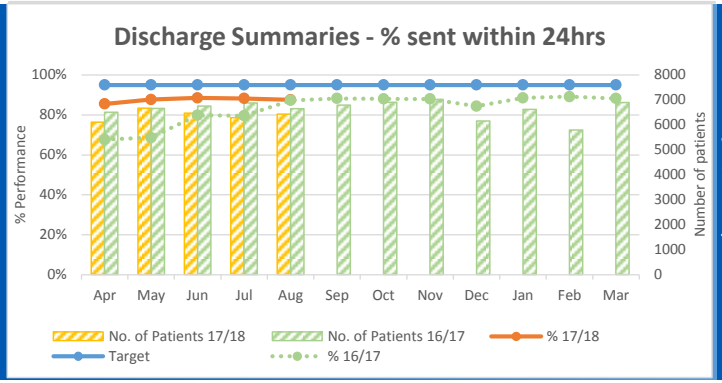
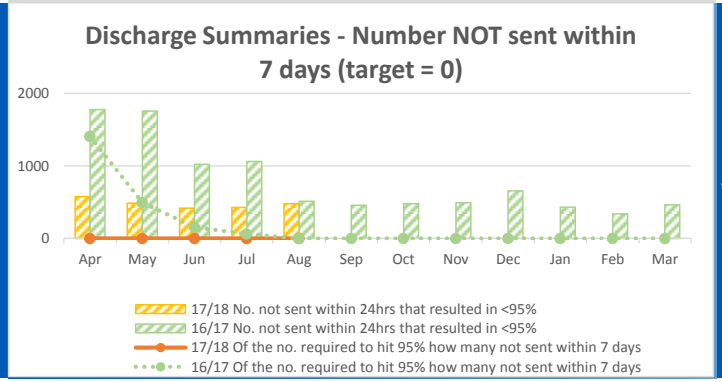
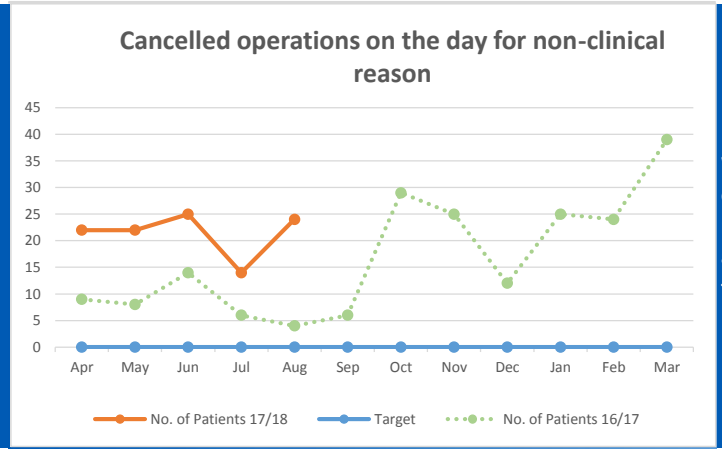
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Cancer 62 Days Screening Red: Less than 90% Green: 90% or above	All patients must wait no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers. The national target is 90%. This target is measured and reported on a quarterly basis.			This target has been achieved.
Ambulance Handovers 30 to <60 minutes Red: More than 0 Green: 0	Number of ambulance handovers that took 30 to <60 minutes (based on the data record on the HAS system).			Ambulance handovers remain a challenge. The trust has taken part in an improvement event which concluded this month. The team have now implemented 'fit to sit' for appropriate patients as well as moving the ambulance handover desk, to support improvement against this target.
Ambulance Handovers at 60 minutes or more Red: More than 0 Green: 0	Number of ambulance handovers that took 60 minutes or more (based on the data record on the HAS system).			We have seen improvements in this target however the tolerance is 0.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

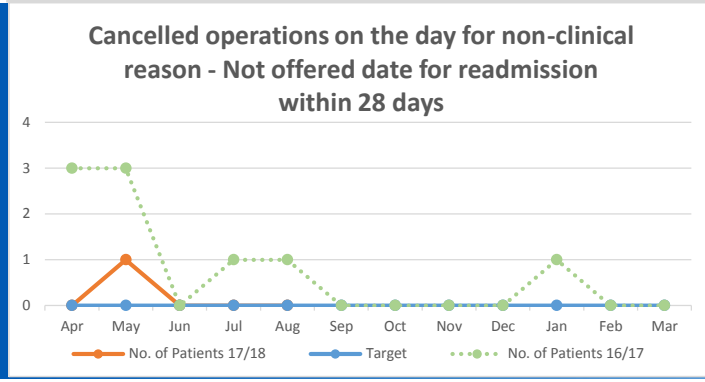
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Discharge Summaries - % sent within 24hrs Red: Less than 95% Green: 95% or above	The Trust is required to issue and send electronically a fully contractually complaint Discharge Summary within 24 hrs of the patients discharge.			We have made significant improvements against this target however we remain below the 95% target.
Discharge Summaries - Number NOT sent within 7 days Red: Above 0	If the Trust does not send 95% of discharge summaries within 24hrs, the Trust is then required to send the difference between the actual performance and the 95% required standard within 7 days of the patients discharge.			We have achieved this target.
Cancelled Operations on the day for a non-clinical reason Red: Above zero	Number of operations cancelled on the day or after admission for a non-clinical reason.			We continue to have patients cancelled on the day for non-clinical reasons the main issues in August relate to use of anaesthetic agency staff calling in on the day.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

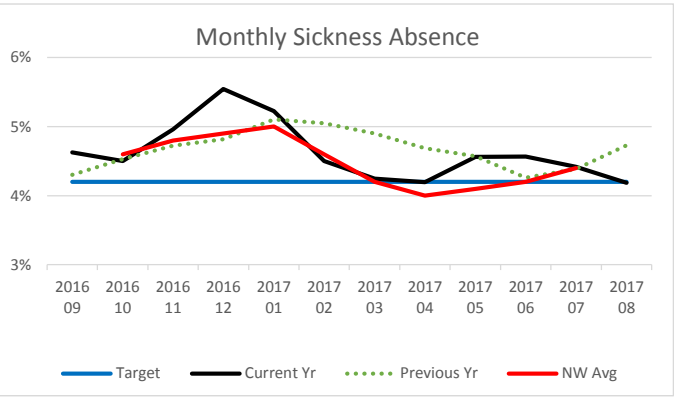
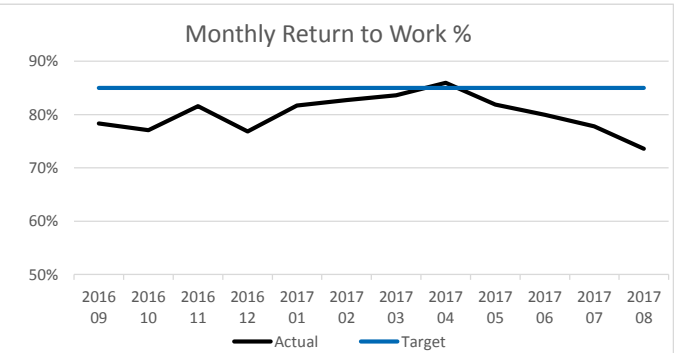
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Cancelled Operations on the day for a non-clinical reason - Not offered a date for readmission within 28 days of the cancellation	**All service users who have their operation cancelled on the day or after admission for a non-clinical reason, should be offered a binding date for readmission within 28 days.**			**This target has been achieved for August.**

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

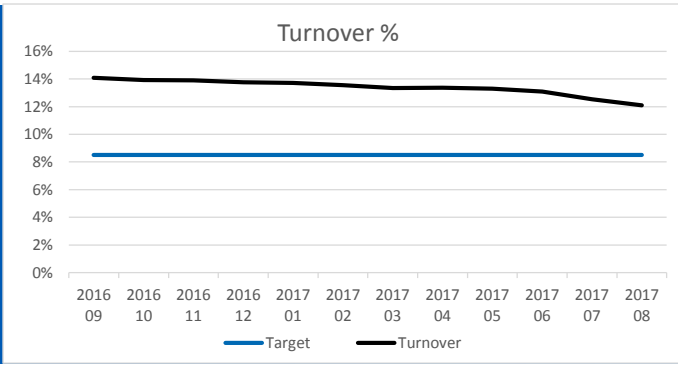
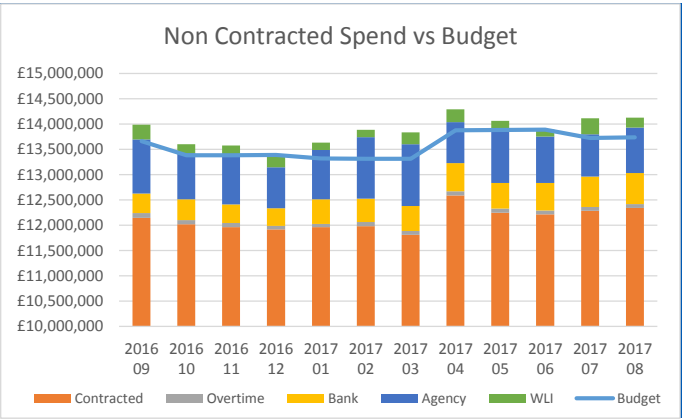
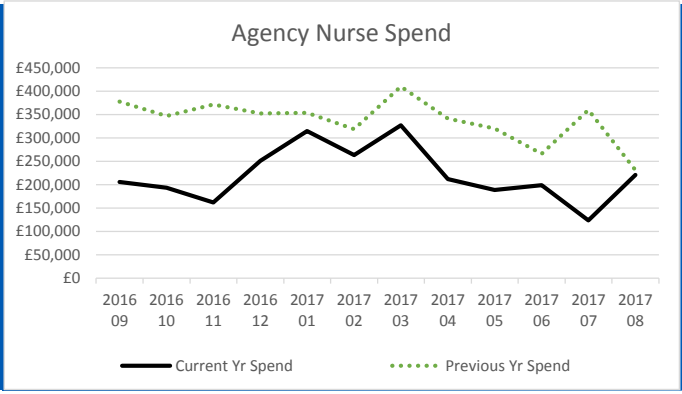
Workforce

	Description	Aggregate Position	Trend	Variation
Sickness Absence Red: Above 4.5% Amber: 4.2% to 4.5% Green: Below 4.2%	Comparing the monthly sickness absence % with the Trust Target (4.2%) previous year, and North West average	Sickness absence was 4.18% in August 2017 and the Trust target was achieved. Sickness absence has continued to reduce and is significantly lower than the same period last year.		An audit has been completed on compliance with the Trust Attendance Management Policy and a number of recommendations will be implemented including: Empowering experienced managers to undertake stage 1 reviews independently therefore freeing up Senior HR Advisors to provide additional and more timely support to less experienced managers, producing a 'Policy on a Page' and refreshing the Attendance Management Policy toolkit. The audit is going to be extended throughout September and early October in order to obtain sufficient data to report at CBU level. Stress/Anxiety/Depression remains the highest occurring reasons for absence. The Trust is currently exploring the option of training Mental Health First Aiders across the workforce to support staff.
Return to Work Red: Below 75% Amber: 75% to 85% Green: Above 85%	A review of the completed monthly return to work interviews.	Return to Work Interview compliance was 73.58% in August 2017 which is significantly below the Trust target of 85%		The completion and recording of Return to Work Interviews has formed part of the Attendance Management audit. The audit has shown that there are instances where the interview is completed but is not recorded on either ESR or E Rostering. The audit has also shown that there are instances where no interview is completed when a member of staff returns to work. Additional support and monitoring is going to be provided over October and November by the HR team prior to the 'close down' date to ensure that completed all interviews are recorded. The refreshed Attendance Management Toolkit will reinforce the importance of undertaking a return to work interview after every episode of absence. Return to Work Interview compliance is reported at divisional, CBU and ward level on a monthly basis, along with a list of outstanding interviews to be completed.
Recruitment Red: Above Target Green: On or Below Target	A measurement of the average number of days it is taking to recruit into posts. It also shows the average number of days between the advert closing and the interview (target 10) to measure if we are taking too long to complete shortlisting and also highlights the number of days for which it takes successful candidates to complete their pre-employment checks	The average total days to recruit over the last 3 months was 66.5. Whilst this is above the Trust target of 65 days, it does represent a significant reduction from previous months.		Recent feedback from applicants on the Trust recruitment process has been very positive and the Trust have improved across all measures. In addition, there has been a reduction in Staff Nurse vacancies of circa. 25%. Two further recruitment open days are planned across the coming months to build on recent successes.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

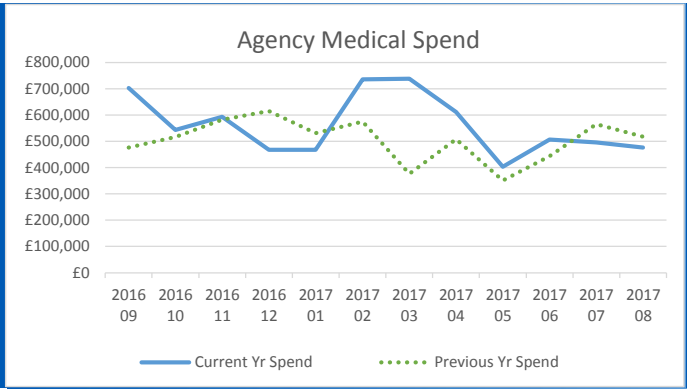
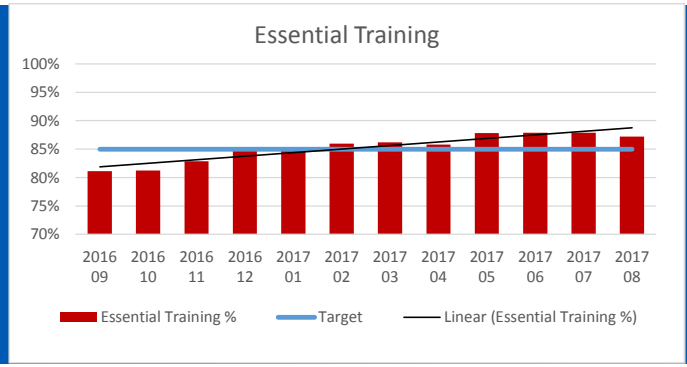
Workforce

	Description	Aggregate Position	Trend	Variation
Turnover Red: Above 15% Amber: 13% to 15% Green: Below 13%	A review of the turnover percentage over the last 12 months	Turnover reduced to 12.1% in August 2017 and the Trust target was achieved.		There has been a continuation in the downward trend for turnover, evidencing the work done to recruit and retain staff. This work will continue across all staff groups, with targeted support offered to areas experiencing a high level of turnover.
Non Contracted Pay Red: Greater than Budget Green: Less than Budget	A review of the Non-Contacted pay as a percentage of the overall pay bill year to date	Non-contracted spend remains above budget. Agency spend is the highest element of non-contracted pay at 6.6%, followed by bank spend at 3.8%		Key actions are in place to address agency spend for Nursing, Medical and Dental, and Allied Health Professionals, and are outlined below. Non-contracted pay is reviewed via the Premium Pay Spend Review Meeting.
Agency Nurse Spend Red: Greater than Previous Yr Green: Less then Previous Yr	A review of the monthly spend on Agency Nurses	There has been an increase in Nurse Agency Spend to £221k in August 2017.		The Recruitment and Retention Plan for Nursing continues to be implemented. The trust was represented at an RCN Open Day in Liverpool on 5 September 2017 and there is an ongoing social media campaign through WHH careers.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

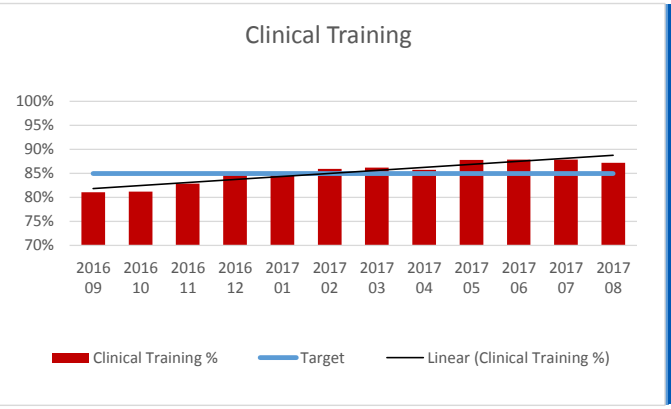
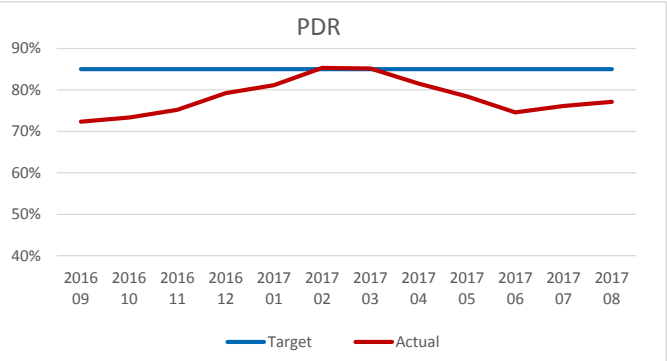
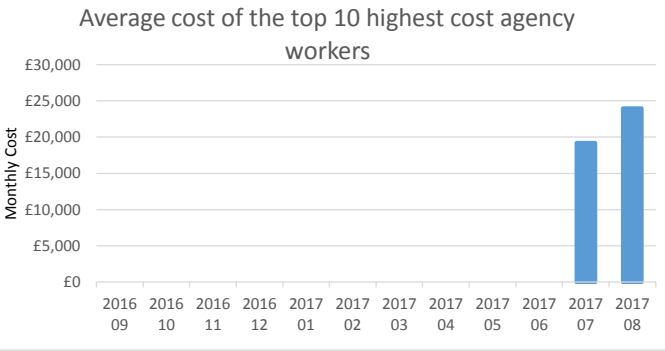
Workforce

	Description	Aggregate Position	Trend	Variation
Agency Medical Spend Red: Greater than Previous Yr Green: Less then	A review of the monthly spend on Agency Locums	Agency Medical Spend has reduced slightly to £476k in August 2017 and is lower than the spend for the same period last year.		Medical agency spend is reported to the Deputy Medical Director via the Medical HR Group. The group focus on forward planning for the medical workforce to reduce the usage of temporary medical staff. In addition, the breach form process will be amended to strengthen the challenge in place for booking which breach the price cap.
Essential Training Red: Below 70% Amber: 70% to 85% Green: Above 85%	A summary of the Essential Mandatory Training Compliance, this includes: Corporate Induction Dementia Awareness, Fire Safety Health and Safety Moving and Handling	Essential Training compliance was 88.8% in August 2017 meaning that the Trust target was achieved.		Essential Training compliance will continue to be reported at divisional, CBU and ward level, with additional monitoring and support in place for any areas with low compliance rates.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

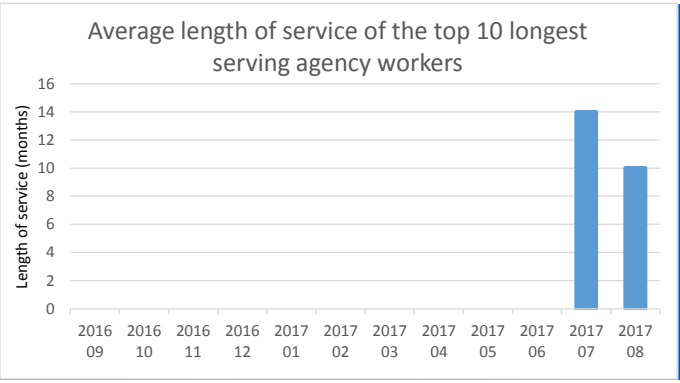
Workforce

	Description	Aggregate Position	Trend	Variation
Clinical Training Red: Below 70% Amber: 70% to 85% Green: Above 85%	**A summary of the Clinical Mandatory Training Compliance, this includes:** **Infection Control** **Resus** **Safeguarding Procedures (Adults) - Level 1** **Safeguarding Procedures (Adults) - Level 2** **Safeguarding Procedures (Children) - Level 1** **Safeguarding Procedures (Children) - Level 2** **Safeguarding Procedures (Children) - Level 3** **SEMA**	**The upward trend continues and the compliance rate for June is 87.87% which is above the trust target of 85%.**		**Clinical Training compliance will continue to be reported at divisional, CBU and ward level, with additional monitoring and support in place for any areas with low compliance rates.**
PDR Red: Below 70% Amber: 70% to 85% Green: Above 85%	**A summary of the PDR Compliance rate**	**PDR compliance was 77.13% in August 2017, which is below the Trust target of 85%.**		**There has been slight increase in PDR compliance. HR Business Partners have worked with divisional managers to put in place a 3 month recovery plan which commenced in August and the early signs are that this is having a positive effect.**
Average cost of the top 10 highest cost Agency Workers Red: Greater than previous month Green: Less than	**Average cost of the top 10 highest cost agency workers**	**The average cost of the top 10 highest cost agency workers has increased in August 2017 to £24K.**		**All of the top 10 highest cost agency workers are within the Medical and Dental staff group. This data is reported to the Deputy Medical Director via Medical HR meeting in order to ensure plans are in place to reduce spend.**

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

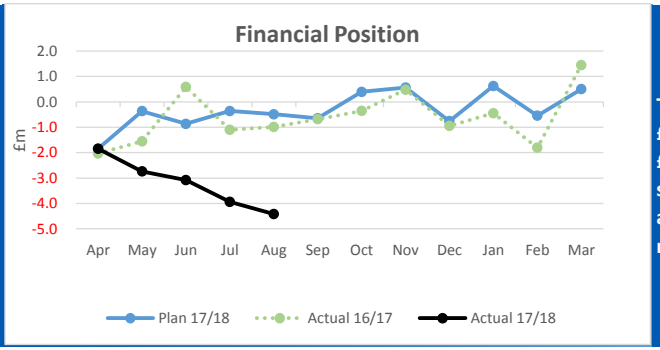
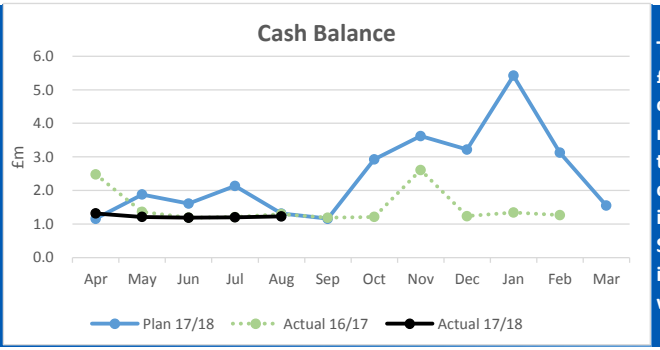
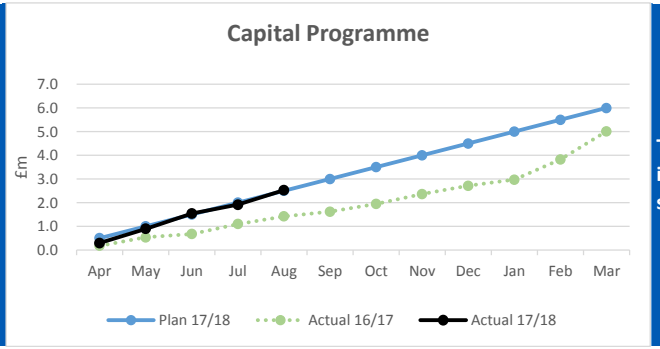
Workforce

	Description	Aggregate Position	Trend	Variation
Average length of service of the top 10 longest serving agency workers Red: Greater than previous month Green: Less than	**An average length of service (months) of the Top 10 agency workers who have been working at the trust for a minimum of 3 shifts per week for a consecutive period of 6 weeks.**	**The average length of service of the top 10 longest serving agency workers has reduced in August 2017.**		**Of the 10 workers, 6 are within the Medical and Dental staff group and this data is reported to the Deputy Medical Director via Medical HR meeting in order to ensure plans are in place to reduce usage and mitigate risk. The remaining 4 workers are Allied Health Professionals (AHPs). The usage of AHPs will be addressed as vacancies are filled following the successful recruitment outlined above.**

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

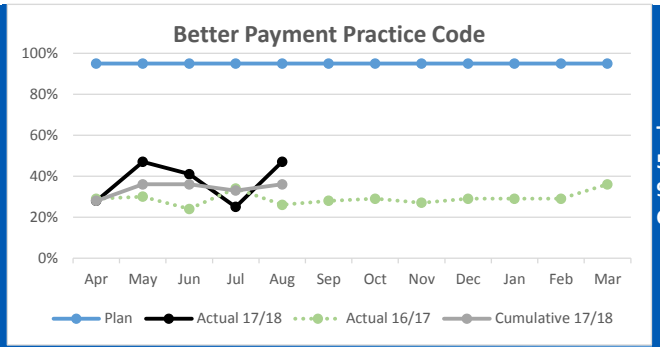
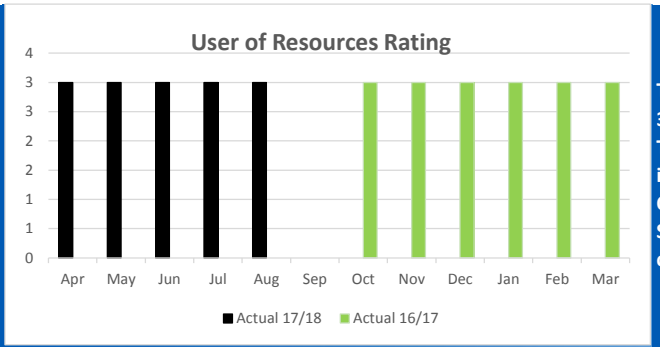
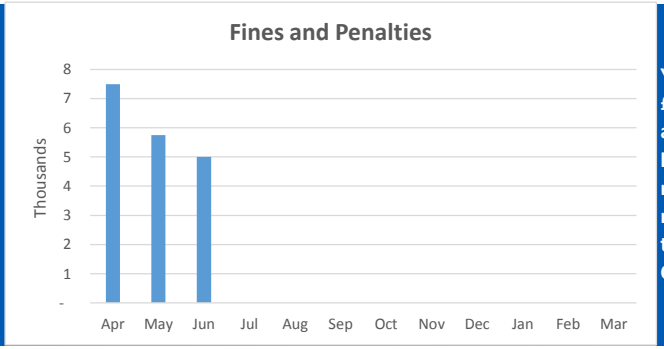
Sustainability & Mandatory Standards - Finance

	Description	Aggregate Position	Trend	Variation
Financial Position Red: Deficit Position Amber: Actual on or better than planned but still in deficit Green: Surplus Position	Surplus or deficit compared to plan	The actual deficit in the month is £0.5m which increases the cumulative deficit to £4.4m.		The cumulative deficit of £4.4m is £0.5m worse than the planned deficit of £3.9m. Forecast outturn under review - significant risks to delivery, a number of actions are being taken to address the risks.
Cash Balance Red: Less than 90% or below minimum cash balance per NHSI Amber: Between 90% and 100% of planned cash balance Green: On or better than plan	Cash balance at month end compared to plan	Under the terms and conditions of the working capital loan the Trust is required to have a minimum cash balance during the month of £1.2m. The current cash balance of £1.2m equates to circa 2 days operational cash.		The current cash balance of £1.2m is £0.1m below the planned cash balance of £1.3m but the balance of £1.2m at month end is required to comply with the terms and conditions of the working capital loan. The forecast cash position is at risk due to the financial position. Should the actions not be sufficent to improve the fianncial position the Trust will require additional cash support.
Capital Programme Red: Off plan <80% - >110% Amber: Off plan 80-90% or 101 - 110% Green: On plan 90%-100%	Capital expenditure compared to plan. The capital plan has been increased to by £1.0m to £7.0m in respect of the Department of Health funding for the implementation of A&E Primary Care Streaming.	The actual capital spend in the month is £0.6m which increases the cumulative capital spend to £2.5m.		The cumulative capital spend of £2.5m is £0.6m below the planned capital spend of £3.1m.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

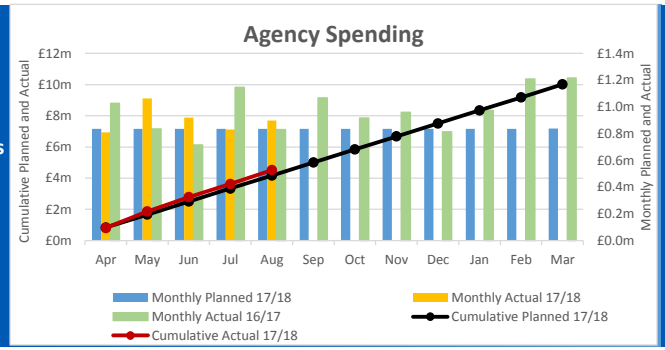
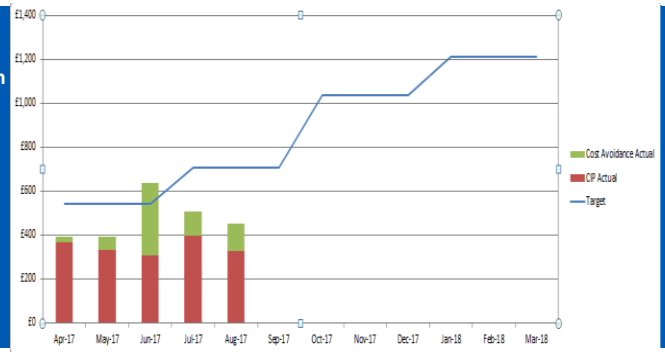
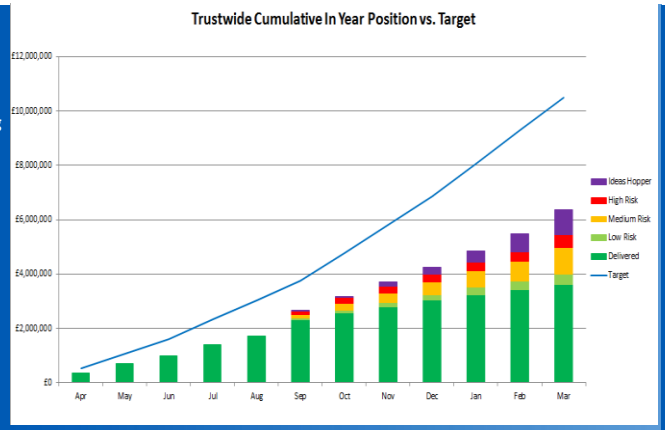
Sustainability & Mandatory Standards - Finance

	Description	Aggregate Position	Trend	Variation
Better Payment Practice Code Red: Cumulative performance below 85% Amber: Cumulative performance between 85% and 95% Green: Cumulative performance 95% or better	Payment of non NHS trade invoices within 30 days of invoice date compared to target.	In month the Trust has paid 47% of suppliers within 30 days which results in a year to date performance of 36%.		The cumulative performance of 36% is 59% below the national standard of 95%, this is due to the low cash balance. Cash is being managed on a daily basis.
Use of Resources Rating Red: Use of Resource Rating 4 Amber: Use of Resource Rating 3 Green: Use of Resource Rating 1 and 2	Use of Resources Rating compared to plan.	The current Use of Resources Rating is 3. Capital Servicing Capacity, Liquidity and I&E margin are all scored at 4, Agency Ceiling is scored at 2 and Variance to Control Total is scored at 2.		The current Use of Resources Rating of 3 is in line with the planned rating of 3. The Use of Resource Rating was introduced as an indicator by NHSI in October 2016. Therefore April 2017 - September 2017 will have no comparable previous year data.
Fines and Penalties Red: Greater than zero Green: Zero	Monthly fines and penalties	Fines and Penalties applied by commissioners year to date is £18k. Due to the reconciliation process, the Trust is informed of fines and penalties up to 2 months later than the month of activity.		Year to date the fines and penalties are £18k. The main issues are mixed sex accomodation and 24 hour discharge letters. Other fines and penalties relating to Non valid NHS number and not our patient have been excluded as these are being queried with the Commissioners.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - Board of Directors - August 2017

Sustainability & Mandatory Standards - Finance

	Description	Aggregate Position	Trend	Variation
Agency Spending Red: More than 105% of ceiling Amber: Over 100% but below 105% of ceiling Green: Equal to or less than agency ceiling.	Agency spend compared to agency ceiling	The actual agency spend in the month is £0.9m which increases the cumulative spend to £4.5m.		The cumulative agency spend of £4.5m is £0.3m (8%) above the cumulative agency ceiling of £4.2m.
Cost Improvement Programme - In year performance to date Red: 0-70% Plan delivered YTD Amber: 70-90% Plan delivered YTD Green: >90% Plan delivered YTD	Cost savings delivered year to date compared to year to date plan.	CIP savings delivered in M5 are £0.323m against the M5 target of £0.709m, a further £0.128m was delivered in cost avoidance. The YTD M5 position for CIP is £1.723m against a YTD plan of £3.037m with a further £0.66m YTD M5 delivered in cost avoidance / income recovery.		The financial impact of transformation activities was £2.383m in M5 (£1.723m CIP & £0.660m cost avoidance) this is £0.654m below the Trust M5 CIP target of £3.037m.
Cost Improvement Programme - Plans in Progress - In Year/Recurrent Red: Forecast is less than 50% of annual target Amber: Forecast is between 50% and 90% of the annual target Green: Forecast is more than 90% of the annual target	Planned improvements in productivity and efficiency - In Year & Recurrent forecast vs £10.5m target	In Year The best case forecast for Trust CIP schemes in year is £6.372m. Best case assumes full delivery of all schemes on the tracker including all hopper ideas. The worst case forecast for CIP in year is around £4.682m. Worst case assumes the risk adjusted value of all schemes on the tracker and excludes all hopper ideas. Recurrent The best case forecast for recurrent CIP is around £6.058m The worst case forecast for recurrent CIP is around £2.453m.		The worst case current in year forecast for Trust CIP schemes is £4.682m which is £5.818m below the CIP target of £10.5m. The best case for CIP in year is £6.372m which is still £4.128m below the CIP target. Best case cost avoidance of £2.893m will help mitigate the position but would still leave a bottom line shortfall of £1.235m.

Warrington & Halton Hospitals NHS Foundation Trust **Appendix 3**

Income Statement, Activity Summary and Use of Resources Ratings as at 31st August 2017

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
Operating Income									
NHS Clinical Income									
Elective Spells	2,990	2,814	-176	15,162	14,113	-1,049	36,228	36,228	0
Elective Excess Bed Days	12	3	-9	65	76	11	155	155	0
Non Elective Spells	4,894	5,271	377	24,265	25,245	979	59,452	59,452	0
Non Elective Excess Bed Days	181	104	-78	898	858	-39	2,199	2,199	0
Outpatient Attendances	2,905	2,777	-128	14,107	13,580	-527	33,774	33,774	0
Accident & Emergency Attendances	1,101	1,070	-31	5,516	5,569	53	13,066	13,066	0
Other Activity	5,281	5,558	277	26,248	27,057	809	62,999	62,999	0
Sub total	**17,364**	**17,596**	**232**	**86,261**	**86,498**	**237**	**207,873**	**207,873**	**0**
Non NHS Clinical Income									
Private Patients	9	6	-3	45	50	5	106	106	0
Other non protected	107	94	-13	535	450	-85	1,284	1,284	0
Sub total	**116**	**100**	**-16**	**580**	**499**	**-81**	**1,390**	**1,390**	**0**
Other Operating Income									
Training & Education	641	641	0	3,205	3,205	0	7,693	7,693	0
Donations and Grants	0	0	0	0	0	0	0	0	0
Sustainability & Transformation Fund	469	469	0	1,991	1,991	0	7,029	7,029	0
Miscellaneous Income	830	947	117	4,141	4,680	539	10,081	10,081	0
Sub total	**1,940**	**2,057**	**117**	**9,337**	**9,876**	**539**	**24,803**	**24,803**	**0**
Total Operating Income	**19,420**	**19,753**	**333**	**96,178**	**96,873**	**695**	**234,066**	**234,066**	**0**
Operating Expenses									
Employee Benefit Expenses	-13,738	-14,130	-392	-69,115	-70,495	-1,380	-164,359	-164,359	0
Drugs	-1,443	-1,434	9	-7,227	-6,925	302	-17,285	-17,285	0
Clinical Supplies and Services	-1,545	-1,738	-193	-7,785	-8,369	-584	-18,264	-18,264	0
Non Clinical Supplies	-2,414	-2,430	-16	-12,136	-11,969	167	-28,730	-28,730	0
Depreciation and Amortisation	-463	-445	18	-2,315	-2,227	88	-5,552	-5,552	0
Restructuring Costs	0	0	0	0	-14	-14	0	0	0
Total Operating Expenses	**-19,603**	**-20,177**	**-575**	**-98,579**	**-100,000**	**-1,421**	**-234,189**	**-234,189**	**0**
Operating Surplus / (Deficit)	**-183**	**-424**	**-242**	**-2,401**	**-3,127**	**-726**	**-123**	**-123**	**0**
Non Operating Income and Expenses									
Profit / (Loss) on disposal of assets	0	0	0	0	0	0	0	0	0
Interest Income	2	2	0	10	7	-3	26	26	0
Interest Expenses	-35	-36	-1	-173	-184	-11	-426	-426	0
PDC Dividends	-273	-23	250	-1,364	-1,114	250	-3,275	-3,275	0
Impairments	0	0	0	0	0	0	0	0	0
Total Non Operating Income and Expenses	**-306**	**-58**	**248**	**-1,527**	**-1,291**	**236**	**-3,675**	**-3,675**	**0**
Surplus / (Deficit)	**-489**	**-482**	**7**	**-3,928**	**-4,417**	**-490**	**-3,798**	**-3,798**	**0**
Depreciation on Donated and Granted Assets	12	12	0	60	62	2	141	141	0
Control Total	**-477**	**-469**	**7**	**-3,868**	**-4,356**	**-488**	**-3,657**	**-3,657**	**0**
Activity Summary	**Planned**	**Actual**	**Variance**	**Planned**	**Actual**	**Variance**	**Planned**	**Actual**	**Variance**
Elective Spells	3,351	2,983	-368	16,630	14,913	-1,717	39,931	39,931	0
Elective Excess Bed Days	59	13	-46	309	311	2	732	732	0
Non Elective Spells	3,243	3,172	-71	16,082	15,704	-378	39,402	39,402	0
Non Elective Excess Bed Days	865	434	-431	4,290	3,503	-787	10,512	10,512	0
Outpatient Attendances	28,265	27,073	-1,192	137,261	132,016	-5,245	328,622	328,622	0
Accident & Emergency Attendances	8,910	9,305	395	44,626	48,086	3,460	105,704	105,704	0
Use of Resources Ratings	**Planned Metric**	**Actual Metric**	**Variance Metric**	**Planned Metric**	**Actual Metric**	**Variance Metric**	**Planned Metric**	**Actual Metric**	**Variance Metric**
Metrics									
Capital Servicing Capacity (Times)				-0.05	-0.27	-0.22	1.43	1.43	0.00
Liquidity Ratio (Days)				-51.7	-41.3	10.4	-48.9	-48.9	0.0
I&E Margin (%)				-4.02%	-4.50%	-0.47%	-1.56%	-1.56%	0.00%
Variance from control total (%)				0.00%	-0.47%	-0.47%	0.00%	0.00%	0.00%
Agency Ceiling (%)				0.00%	8.31%	8.31%	0.00%	0.00%	0.00%
Ratings									
Capital Servicing Capacity (Times)				4	4	0	3	3	0
Liquidity Ratio (Days)				4	4	0	4	4	0
I&E Margin (%)				4	4	0	4	4	0
Variance from control total (%)				1	2	1	1	1	0
Agency Ceiling (%)				1	2	1	1	1	0
Use of Resources Rating				**3**	**3**	**0**	**3**	**3**	**0**

Warrington and Halton Hospitals NHS Foundation Trust **Appendix 3**

Statement of Financial Position as at 31st August 2017

Narrative	Audited Position as at 31/03/17 £000	Actual Position as at 31/07/17 £000	Actual Position as at 31/08/17 £000	Monthly Movement £000	Forecast Position as at 31/03/18 £000
NON-CURRENT ASSETS					
Intangible Assets	2,308	2,274	2,366	92	1,047
Property, Plant and Equipment	117,890	118,057	118,133	76	124,091
Trade and Other Receivables, non-current	991	903	912	9	1,205
Total Non-Current Assets	**121,189**	**121,234**	**121,411**	**177**	**126,343**
CURRENT ASSETS					
Inventories	3,437	3,358	3,265	(93)	3,312
Trade and Other Receivables, current	13,163	11,350	12,272	922	8,398
Cash and Cash Equivalents	1,201	1,204	1,227	23	1,555
Total Current Assets	**17,801**	**15,912**	**16,764**	**852**	**13,265**
Total Assets	**138,990**	**137,146**	**138,175**	**1,029**	**139,608**
CURRENT LIABILITIES					
Trade and Other Payables	(16,405)	(18,291)	(20,753)	(2,462)	(22,824)
Other Liabilities	(4,070)	(4,924)	(4,785)	139	(3,880)
Borrowings, current	(454)	(14,657)	(14,654)	3	(14,491)
Provisions	(279)	(247)	(246)	1	(256)
Total Current Liabilities	**(21,208)**	**(38,119)**	**(40,438)**	**(2,319)**	**(41,451)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**117,782**	**99,027**	**97,737**	**(1,290)**	**98,157**
NON-CURRENT LIABILITIES					
Borrowings, non-current	(28,152)	(13,374)	(12,394)	980	(13,562)
Provisions	(1,377)	(1,338)	(1,343)	(5)	(1,198)
Total Non Current Liabilities	**(29,529)**	**(14,712)**	**(13,737)**	**975**	**(14,760)**
TOTAL ASSETS EMPLOYED	**88,253**	**84,315**	**84,000**	**(315)**	**83,397**
TAXPAYERS' EQUITY					
Public dividend capital	87,742	87,742	87,908	166	88,742
Income and expenditure reserve	(21,967)	(25,905)	(26,386)	(481)	(27,823)
Revaluation Reserve	22,478	22,478	22,478	0	22,478
TOTAL TAXPAYERS' EQUITY	**88,253**	**84,315**	**84,000**	**(315)**	**83,397**

Warrington and Halton Hospitals NHS Foundation Trust **Appendix 3**

Cash Flow Statement For 2017/18

	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Annual
	April £000's	May £000's	June £000's	July £000's	August £000's	September £000's	October £000's	November £000's	December £000's	January £000's	February £000's	March £000's	Position £000's
CASH FLOW FROM OPERATING ACTIVITES													
Operating Surplus/(deficit)	(1,535)	(586)	(30)	(551)	(424)	(341)	699	868	(451)	929	(237)	1,536	(123)
Non-cash income and expense	463	463	381	475	445	463	463	463	463	462	462	549	5,552
Operating cash flows before movement in working capital	(1,072)	(123)	351	(76)	21	122	1,162	1,331	12	1,391	225	2,085	5,429
(Increase)/decrease in working capital	1,911	657	306	497	1,495	326	1,177	(268)	(183)	1,305	(1,966)	(1,262)	3,995
Net cash generated from/(used in) operations	839	534	657	421	1,516	448	2,339	1,063	(171)	2,696	(1,741)	823	9,424
CASH FLOW FROM INVESTING ACTIVITIES													
Interest received	1	2	1	1	2	2	2	2	2	2	3	6	26
Purchase of property, plant and equipment and investment property	(291)	(604)	(645)	(368)	(623)	(663)	(663)	(463)	(463)	(463)	(463)	(1,291)	(7,000)
Net cash generated from/(used in) investing activities	(290)	(602)	(644)	(367)	(621)	(661)	(661)	(461)	(461)	(461)	(460)	(1,285)	(6,974)
CASH FLOW FROM FINANCING ACTIVITIES													
Public dividend capital received	-	-	-	-	166	316	120	130	268	-	-	-	1,000
Public dividend capital repaid	-	-	-	-	-	-	-	-	-	-	-	-	-
Loans from DH - received	1,603	-	-	-	1,054	1,503	-	-	-	-	-	551	4,711
Loans from DH - repaid	(2,000)	-	-	-	(2,053)	-	-	-	-	-	(53)	-	(4,106)
Interest paid	(30)	(33)	(36)	(37)	(36)	(33)	(31)	(32)	(33)	(31)	(33)	(19)	(384)
Interest elements of finance leases	(3)	(4)	(3)	(2)	(3)	(3)	(3)	(4)	(4)	(4)	(4)	(5)	(42)
PDC dividend (paid)/refunded	-	-	-	-	-	(1,637)	-	-	-	-	-	(1,638)	(3,275)
Net cash generated from/(used in) financing activities	(430)	(37)	(39)	(39)	(872)	146	86	94	231	(35)	(90)	(1,111)	(2,096)
Increase/(decrease) in cash and cash equivalents	119	(105)	(26)	15	23	(67)	1,764	696	(401)	2,200	(2,291)	(1,573)	354
Cash and cash equivalents at start of period	1,201	1,320	1,215	1,189	1,204	1,227	1,160	2,924	3,620	3,219	5,419	3,128	1,201
Closing Cash and Cash equivalents less bank overdraft	1,320	1,215	1,189	1,204	1,227	1,160	2,924	3,620	3,219	5,419	3,128	1,555	1,555
Forecast cash position as per original plan	1,160	1,881	1,609	2,135	1,313	1,160	2,924	3,620	3,219	5,419	3,128	1,555	1,555
Actual cash position	1,320	1,215	1,189	1,204	1,227	1,160	2,924	3,620	3,219	5,419	3,128	1,555	1,555
Variance	(160)	666	420	931	86	-	-	-	-	-	-	-	-

Warrington and Halton Hospitals NHS Foundation Trust **Appendix 4**

2017/18 Capital Programme

Proposed Amendments

Description	Approved Programme	Approved Amendments M1 - M4	Proposed Amendments M5	Revised Programme
Trust Funded Schemes	**£000**	**£000**	**£000**	**£000**
Estates				
Backlog - Replace emergency back-up generators	300	0	0	300
Backlog - All areas, lift replacement	250	0	0	250
Staffing	169	0	8	169
Backlog - Emergency Flooring Repairs	150	0	0	150
Fire - Appleton Wing, Fire Damper Second Phase, Installation	100	0	0	100
Backlog - All Wards, upgrade sanitary facilities	100	0	(40)	100
Facilities - Security, Install Galaxy door alarm system with speech dialling link, both sites	100	0	0	100
Backlog - All areas, fixed installation wiring test	50	0	0	50
Backlog - footpath, road and car park surface repairs	150	0	0	150
Backlog - Upgrade BMS system include survey	60	0	0	60
Halton Phase 1 Replace Essential supply switchgear	80	0	0	80
Backlog - Water Safety Compliance	50	0	0	50
Backlog - Appleton Wing, replace 5 No LV changeover switches	40	0	0	40
Six Facet Survey (rolling programme done every year) to include dementia & disability	45	0	0	45
Backlog - Asbestos re-inspection & removals	30	0	0	30
Substations A, B & C Emergency Lighting	20	0	0	20
Halton Endoscopy Essential power supply to rooms 1 & 2	20	0	0	20
Backlog - Air Conditioning / Cooling Systems upgrade. Phase 1 - Survey	10	0	0	10
Warrington Wards A1-A4 & A7 Replace Emergency Bus Bar Switch	10	0	0	10
Halton and Warrington Improvements to internal and external wayfinding	10	0	6	10
Automatic sliding / entrance doors across all sites	30	0	0	30
External Fire Escapes Replace (Kendrick & Appleton)	40	0	0	40
Halton Phase 2 - Emergency lighting to Ward B4	25	0	0	25
Estates Minor Works	65	0	(40)	65
Infrastructure for IT Network - Halton		0	0	0
High Voltage Maintenance		0	0	0
Server Room UPS Alarm		0	0	0
Co2 Fire Supression System - Phase 1 Sub 1		0	0	0
Fixed Electrical Testing - A Wards		0	0	0
Changeover Switchgear - Halton Phase II		0	0	0
Fire Dampers, Ihr Fire Walls - Halton Phase II		0	0	0
Endoscopy Area (Improvement Works)		0	0	0
Wards A2 & A7 Re-instate Sluices		0	0	0
Fire Doors 1 Hr Fire Walls Halton Phase 2		0	0	0
Kendrick Wing Emergency		0	0	0
Installation of Dishwashers	0	79	0	79
Integrated Discharge Hub	0	60	0	60
Move CCU to Wrad A3	0	748	10	748
Removal of redundant chillers - Croft Wing	0	0	30	0
CMTC Compressor & Chiller Replacement	0	0	26	0
Cheshire House Refurbishment (IM&T Team)	0	0	60	0
	1,904	**887**	**60**	**2,791**
Medical Equipment				
AER Machines (4 W 2 H)	700	0	0	700
LifePak Defibrillators	82	0	0	82
Spacelabs Monitoring System	188	0	0	188
Warrington MRI Scanner (Upgrade)	800	(800)	0	0
Operating Tables	50	0	0	50
Cell Saver	15	0	0	15
Diathermy Energy Systems	9	0	0	9
ECG stress test system	32	0	0	32
Replacement Laboratory Autoclaves	0	0	0	0
Image Intensifier x 2	150	0	0	150
Mobile X Ray Machine	90	0	0	90
Anaesthetic Monitor	35	0	0	35
Diathermy Energy Systems x2	55	0	0	55
Theatre equipment - Operating Lights		0	0	0
ICU Ventilators x3	104	0	0	104
Sonosite Machine	20	(20)	0	0
New Born Hearing System	8	(8)	0	0
CTG Machines	16	(16)	0	0
CMTC CT Scanner (Deferred)		0	0	0
Spacelabs Telemetry [16/17]		0	0	0
Mammography DR System		0	0	0
Pathology - Anaerobic Cabinet		0	0	0
Radiology - DEXA Scanner (Dental) Room		0	0	0
Theatre Equip - Induction Machines		0	0	0
Theatre Equip - Operating Theatre Lights		0	0	0
Theatre Equip - Diathermy (x2)		0	0	0
Radiology - Reporting room refurbishment		0	0	0
Blood Fridge (Halton)	0	10	0	10
V60 Non-Invasive Bipap Ventilators x 2	0	0	25	0
	2,354	**(834)**	**25**	**1,520**
IM&T				
DR SAN upgrade inc. review of Warrington	156	0	0	156
Desktop refresh and developments	233	0	0	233
UPS Phase 2	38	0	0	38
CMTC resilient link (VOIP and data)	18	0	0	18
Replace anti-virus software	24	0	24	24
NHSmail 2	30	0	0	30
Network upgrade for SAN (Warrington and Halton)	38	0	0	38
Replace Ormis with Lorenzo Theatres	147	0	(147)	147
ePR optimisation	442	0	0	442
Procurement of Lorenzo work list activity	95	0	0	95
Implementation of policy app to ensure use on Windows devices	80	(80)	0	0
Medicode Licences	65	0	0	65
Virtual Servers		0	0	0
Theatres IT - ORMIS		0	0	0
VOIP		0	0	0
MOLIS		0	0	0
CostMaster Software		0	0	0
Lorenzo EPR Phase 2		0	0	0
Network Resilience - UPS Comms		0	0	0
Desktops & Tablets		0	0	0
RTT (Referral to Treatment)		0	0	0
VDI Proposal (Phase 1)	0	78	0	78
Datxi Software	0	0	0	0
	1,366	**(2)**	**(123)**	**1,364**
Contingency	**376**	**(51)**	**38**	**325**
Total (Trust funded schemes)	**6,000**	**0**	**0**	**6,000**
Externally funded schemes				
Primary Care Streaming (PDC)	0	1,000	0	1,000
Delamere Centre (Can Treat) Enhancements (Charitable)	0	84	0	84
LifePak 15 Defib x1 (HEE)	0	19	0	19
Total (Externally funded schemes)	**0**	**1,103**	**0**	**1,103**
Grand Totals	**6,000**	**1,103**	**0**	**7,103**

Calendar of Governor Meetings Jan 2018-Apr 2019

Meeting times unless notified otherwise		
16:00-18:00	Council of Governors	4:00 - 6:00
15:00-16:00	Chairman's Briefing	3:00 - 4:00
11:00-13:00	Governors Quality in Care Group	11:00 - 1:00
11:00-13:00	Governors Engagement Group	11:00 - 1:00
16:00-18:00	Governors, Chairman + NEDs	16:00-18:00

Briefings	Venues are alternative from Warrington and Halton Venues (as indicated)
INDUCTION	GOVERNOR INDUCTION DAY 07.02.17, Halton ED
QIC	ALL in Trust Conference Room, Burtonwood Wing, Warrington Hospital
GEG	Venues are alternate between Warrington AND Halton
Gov/NEDs	ALL in Trust Conference Room, Burtonwood Wing, Warrington Hospital
COG	Venues alternate between Trust Conference Room Wton and Halton Educ Centre

		Jan		Feb		Mar		Apr		May		June		July		Aug		Sep		Oct		Nov		Dec		2019 Jan		2019 Feb		2019 Mar	
Mon	1	BANK HOL																	1												Mon
Tue	2									1	QIC								2						1	BANK HOL					Tue
Wed	3									2						1			3						2						Wed
Thu	4		1		1					3						2			4		1				3						Thu
Fri	5		2		2							1				3			5		2				4		1		1		Fri
Sat	6		3		3					5		2				4			6		3		1		5		2		2		Sat
Sun	7		4		4		1			6		3		1		5		1	7		4		2		6		3		3		Sun
Mon	8		5		5		2	BANK HOL		7	BANK HOL	4		2		6		2	8		5		3		7		4		4		Mon
Tue	9	QIC	6		6		3			8		5		3		7		3	9	Gov&NEDS	6		4		8	QIC	5		5		Tue
Wed	10		7	INDUCTION HALTON	7		4			9		6		4		8		4	10		7		5		9		6		6		Wed
Thu	11		8		8	CB TCR, WTON	5			10		7		5		9		5	11		8		6		10		7		7		Thu
Fri	12		9		9		6			11		8		6		10		6	12		9		7		11		8		8		Fri
Sat	13		10		10		7			12		9		7		11		7	13		10		8		12		9		9		Sat
Sun	14		11		11		8			13		10		8		12		8	14		11		9		13		10		10		Sun
Mon	15		12		12		9			14		11		9		13		9	15		12		10		14		11		11		Mon
Tue	16	CB TCR WTON	13		13		10	CB TCR WTON		15		12	CB TCR WTON	10	CB HALTON	14		10	16		13		11	CB TCR WTON	15	CB HALTON	12		12	CB TCR WTON	Tue
Wed	17	GEG HALTON	14		14		11	GEG		16		13		11	GEG HALTON	15		11	CB HALTON	17	GEG	14		12		16		13		13		Wed
Thu	18		15	COG TCR WTON	15		12			17	COG HALTON	14		12		16	COG TCR, WTON	12		18		15	COG HALTON	13		17		14	COG TCR WTON	14		Thu
Fri	19		16		16		13			18		15		13		17		13	AMM	19		16		14		18		15		15		Fri
Sat	20		17		17		14			19		16		14		18		14		20		17		15		19		16		16		Sat
Sun	21		18		18		15			20		17		15		19		15		21		18		16		20		17		17		Sun
Mon	22		19		19		16			21		18		16		20		16		22		19		17		21		18		18		Mon
Tue	23		20		20		17			22		19		17		21		17		23		20		18		22		19		19		Tue
Wed	24		21		21		18			23		20		18		22		18		24		21		19		23		20		20		Wed
Thu	25		22	Gov * NEDS	22		19			24	BOARD TCR,WTON	21		19		23		19		25		22		20		24		21		21		Thu
Fri	26		23		23		20			25		22		20		24		20		26		23		21		25		22		22		Fri
Sat	27		24		24		21			26		23		21		25		21		27		24		22		26		23		23		Sat
Sun	28		25		25		22			27		24		22		26		22		28		25		23		27		24		24		Sun
Mon	29		26		26		23			28	BANK HOL	25		23		27	BANK HOL	23		29		26		24		28		25		25		Mon
Tue	30		27		27		24			29		26		24		28		24		30		27		25	BANK HOL	29		26		26		Tue
Wed	31	BOARD TCR WTON	28		28	BOARD TCR WTON	25			30		27		25	BOARD TCR WTON	29		25		31		28	BOARD TCR WTON	26	BANK HOL	30	BOARD TCR WTON	27		27	BOARD TCR WTON	Wed
Thu					29		26			31		28		26		30		26	BOARD TCR WTON			29		27		31		28		28		Thu
Fri					30	BANK HOL	27					29		27		31		27	BANK HOL			30		28						29		Fri
Sat					31		28					30		28				28						29						30		Sat
Sun							29							29				29						30						31		Sun
Mon							30							30				30						31								Mon
Tue														31																		Tue