

**BOARD OF DIRECTORS MEETING**

**Tuesday 2 February 2016 commencing at 3:30**

**Venue:** Institute in the Park Boardroom, Alder Hey Children's Foundation Trust

Item	Time	Items for Discussion	Owner	Board Action	Metrics	BAF Risks	Preparation
<b>Board Business</b>							
1.	3.30	<b>Apologies</b>	D Henshaw				--
2.	3.30	<b>Declarations of Interest</b>	All	Board Members to declare an interest in particular agenda items, if appropriate			--
3.	3.30	<b>Minutes of the Previous Meeting</b>	D Henshaw	To consider the minutes of the previous meeting held on <b>Tuesday 12 January 2016</b> and check for amendments and approve			Read Minutes (2015/126)
4.	3.35	<b>Matters Arising and Board Action List</b>	D Henshaw	To discuss any matters arising from previous meetings and provide updates and review where appropriate			Verbal
<b>Excellence in Quality: Are we effective? Are we safe? Are we patient centred and caring?</b>							
5.	3.40	<b>Serious Incidents Report</b>	G Core	To inform the Board of the recent serious incidents at the Trust in the last calendar month		1.1	Read Report (2015/128)
<b>Business Development/Financial Sustainability/Ensuring Good Governance: Compliance with mandatory requirements</b>							
6.	3.45	<b>Corporate Report</b>	J Stephens / J Adams/G Core/ M Swindell	To note delivery against financial , operational, HR metrics and mandatory targets within the Corporate Report for the month of December 2015		1.2	Read Corporate Report
<b>15:00 Date and Time of Next Meeting: Tuesday 1 March 2016 at 10:00am, Institute in the Park Boardroom</b>							



## BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 12<sup>th</sup> January 2016**  
Institute in the Park Boardroom at Alder Hey

<b>Present:</b>	Sir David Henshaw	Chairman	(DH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mrs C Dove	Non-Executive Director	(CD)
	Mr P Huggon	Non-Executive Director	(PH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr J Stephens	Director of Finance	(JS)
	Mrs M Swindell	Interim Director of HR & OD	(MS)
	Mr R Turnock	Medical Director	(RT)
	Mr I Quinlan	Non-Executive Director	(IQ)
<b>In Attendance:</b>	Prof M Beresford	Assoc. Director of the Board	(MB)
	Ms L Dunn	Director of Marketing and Communications	(LD)
	Mrs L Edwards	Head of Patient Experience	(LE) (Item 158)
	Mr J Gibson	External Programme	(JG) (Item 168)
	Mrs H Gwilliams	Director of Nursing	(HG)
	Mr S Kenny	Clinical Director	(SK) (Item 172)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs K Thomson	Chief Executive, Liverpool Women's FT	
	Mrs A Douglas	Scientific Director Liverpool Women's FT	(Item 173)
<b>Apologies:</b>	Miss G Core	Chief Nurse	(GC)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)

### 15/16/158 Patient Story

The Board received a presentation on Christmas 2015 at Alder Hey in the Park.

LE highlighted the number of children's characters that had attended over the Christmas period noting the positive feedback from patients and their families. Due to safeguarding and infection control concerns the characters had not been able to visit all of the wards. Planning for Christmas 2016 would be starting soon with a view to implement any checks required in supporting characters to visit more areas.

LE reported on the overwhelming level of donations received by the Trust, mainly toys and sweets, that had come in from suppliers, charities, patients' families and members of the public. The donations had been distributed daily leading up to Christmas. Due to the high number not all the donations were able to be distributed and the remainder were currently being stored in parts of the old Trust building. Donations would continue to be distributed at events through the year. It was highlighted that if there was something specific the Trust wanted to raise money for in the future an option would be to sell any remaining donations to staff. However, this would need to be accompanied by a communication to

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donors to inform them that this may be something that may occur but reassuring them that their donation was still very welcome.

As the old Trust building would not be available going forward a discussion was held regarding the storage of future donations. A few options were noted including receiving support with organising the donations from local charities and in return sending them some of the donations received. A further option would be for a toy or sweet supplier to hold an account for the Trust where donations could be given.

The Christmas light switch on had been successful and well received.

The Chair thanked LE and the teams for all their support with Christmas 2015 and going forward.

#### **15/16/159 Declarations of Interest**

None Declared.

#### **15/16/160 Minutes of the previous meeting held on 1<sup>st</sup> December 2015**

The Board reviewed the minutes of the last meeting held on Tuesday 1<sup>st</sup> December 2015.

**Resolved:** The Board approved the minutes of the previous meeting.

#### **15/16/161 Board Workshop: Future Trust Strategy**

Please see workshop output notes.

#### **15/16/162 Matters Arising and Board Action list**

LS confirmed that the report on the Trust's heart collection compiled by Sir Ian Kennedy at the request of the Board had been received in December 2015. The February 2016 Board would be a Strategic Board meeting and the report would be discussed in detail then.

LD was currently developing an Executive Visibility plan for all Board members to visit wards and departments over 2016.

PH's second term of office as Non-Executive Director was due to expire at the end of March 2016. It was agreed a celebratory lunch would be organised for PH's last board meeting as a thank you for his contribution to the Trust.

#### **15/16/163 Key Issues/Reflections**

Louise Shepherd reported on the Care Quality Commission's (CQC) inspection report that was published in December 2015; she noted that the Trust had been rated as 'Good' overall and 'Outstanding' for the caring domain. LS thanked staff for their continued hard work and commitment on behalf of the Board.

The Community Child and Adolescent Mental Health Services (CAMHS) had been reported on separately and had been rated as 'requires improvements'. RT reported on the work taking place with the teams to improve the services.

A meeting had been held in December 2015 with the Clinical Commissioning Groups (CCG) on their latest strategy. Meetings would continue to be held with the CCG to ensure children's health was included with the strategy.

The Liverpool Women's NHS Foundation Trust (LWH's) *Future Generations* Strategy, which addressed whether LWH's services would be delivered from the Royal Liverpool University site was ongoing. It was noted that the move was unlikely to provide the financial stability the Women's Hospital required going forward. The Neonatal Unit at the Trust and LWH would continue to work in partnership going forward. An item on the strategic direction for Neonatal services would be discussed in further detail later in the meeting.

Going forward further investments would be reviewed. It was highlighted that the new build Alder Hey in the park had been receiving interest from investors locally and internationally.

RT reported on the Junior Doctors' strike that had commenced today. Due to the strikes a number of cancellations had been made in outpatients and ten operations had been cancelled in Theatres.

A small picket of junior doctors and supporting Unions were standing at the front entrance of the hospital. If no resolution was agreed between the government and the British Medical Association (BMA) within the next two weeks, further strike action for a 48 hour period and then an 'all out' approach for a nine hour period would be held in February 2016.

#### **15/16/164 CQC Action Plan**

ES presented an action plan in response to the Care Quality Inspection report from December 2015 for approval.

The Community Child and Adolescent Mental Health Services (CAMHS) had been reported on separately and had been rated as 'requires improvements'. A further CQC inspection would take place to review those services in approximately six months time, subject to progress with the action plan and agreement of CQC.

Once the CQC Action plan had been approved the document would be forwarded to Simon Regan and Dave Roberts Inspectors at the CQC with regular engagement meetings being held going forward.

To further demonstrate developments within outpatients HG agreed to set up an Outpatients task group.

#### **Resolved:**

The board received and approved the CQC Action plan subject to a lead being included in each responsibility column: ES to action.

#### **15/16/165 Serious Incident Report**

HG presented the December 2015 report on the open serious incidents within the Trust noting there were currently two new serious incidents, three ongoing and one had been closed. It was noted all serious incidents logged had

commenced investigation and would continue to be monitored by the Clinical Quality Assurance Committee (CQAC).

The chair thanked HG and the teams for their progress in management of serious incidents.

**Resolved:**

- a) The Board received the serious incident report.
- b) Future serious incident reports are to be monitored by CQAC.

**15/16/166 Corporate Report - Quality Aims**

The Board considered the quality aims within the corporate report for the month ending 30<sup>th</sup> November 2016. At the end of November all patient safety indicators (excluding hospital acquired MRSA bacteraemia, C.difficile and Never Events) are on track to achieve the annual quality improvement targets.

As agreed, a small group convened to review the quality metrics section on the corporate report including representation from the information team.

Good progress has been made on patient safety and the patient experience section. As the clinical effectiveness section was originally developed with the information that was available at that time, Simon Kenny has agreed to review this section and advise on the appropriate indicators to be included.

The information team is currently working on the amendments unfortunately this could not be included in the November report. The refreshed data is expected to be presented in the December report.

**Resolved:**

The Board received the corporate report quality aims.

**15/16/167 Feedback on the move to Alder Hey in the Park**

Following on from the last meeting the Board considered a further report from the Development Director highlighting the outstanding issues and risks following the move to the new hospital.

There were a number of outstanding issues, including pitting of the floor within Theatres. Solutions were being reviewed to ensure the correct levelling of the floor. David Powell advised new flooring would be sourced and fitted if no resolution could be sourced for the current floor.

Other operational concerns had been with phone lines. The concerns raised had improved and would continue to be monitored.

Going forward a responsive system called 'Fix-it' would be implemented to support any further arising issues. The Fix-it programme was currently being discussed and progressed at the weekly Executive meetings.

**Resolved:**

The Board noted the mitigating actions and associated timescales to resolve outstanding issues and risks following the move to the new hospital.

#### **15/16/168 Programme Assurance update**

The Board considered an update report prepared by the External Programme Assurance Lead providing assurance of the key projects that comprise the change programme at Alder Hey Children's NHS Foundation Trust.

JG highlighted appendix A and the five vertical work streams to best promote world class safety, experience and clinical efficiency. JG went on to describe the proposed governance arrangements to support the next phase of the change programme; this would be a move away from a separate Programme Board, with the Board assurance committees instead taking over this function for designated projects.

The chair thanked JG and the team for their continued support on programme assurance. It was agreed that the final shape of the governance structure would be agreed at the Board strategy day in February.

#### **Resolved:**

The Board received and noted the content of the report.

#### **15/16/169 Planning for 2016/17 and beyond**

The Board considered the national report on *Delivering the Forward View: NHS planning guidance 2016 – 2021*.

LS summarised the key issues for the Trust together with the timetable; it was noted that the creation of a strategic transformation plan that is fully owned across the health economy presented a challenge to all stakeholders.

Meanwhile, the Executives were preparing the draft Operational Plan for Monitor to be submitted on 8<sup>th</sup> February. The basis of this would be presented at RBDC for approval on 27<sup>th</sup> January.

#### **Resolved:**

The Board received and noted the guidance on the development of strategic plans.

#### **15/16/170 Paediatric Rehabilitation – Specialist and Stepdown**

The Board considered the cover report and business case prepared by the Chief Operating Officer on Paediatric Rehabilitation at Alder Hey Children's NHS Foundation Trust.

JA highlighted that currently there is no formal provision for both specialist and level 2 (stepdown) inpatient paediatric rehabilitation services across the North West.

Meetings have been held with NHS England and the Liverpool Clinical Commissioning Group and an invitation was extended to the Trust to present the business case at the joint Cheshire and Merseyside Chief Officers and Finance Directors meeting. Verbal support has been received for the Trust's business

case and for the proposals to be taken through the paediatric work stream of the Vanguard project.

The outcome for the Trust's business case on Paediatric Rehabilitation is due to be confirmed in late February or early March 2016.

**Resolved:**

The Board received and noted the content of the cover report and business case and confirmed its support for the direction of travel.

**15/16/171 Congenital Heart Disease Update**

LS reported on the national review in place for a new Congenital Heart Disease (CHD) department to be established in North West England.

Alder Hey Children's NHS Foundation Trust, together with Liverpool Heart and Chest NHS Foundation Trust would be placing a joint bid to provide the CHD services. Central Manchester University Trust would also be bidding for these services.

LS was due to meet with Sir Michael Deegan, Chief Executive, Central Manchester University Trust and specialist commissioners on Thursday to discuss the business cases.

**Resolved:**

The Board received an update on the Congenital Heart Disease services and asked that the CEO continue to progress the Trust's proposals.

**15/16/172 Strategic Direction for Neonatal Services**

The Clinical Director for Surgery gave a presentation on proposed plans for one neonatal surgical service for Cheshire and Merseyside.

Currently Neonatal Services are available from Alder Hey, Liverpool Women's Hospital and Arrow Park Hospital. SK reported on the partnership working and support that is in place from both Alder Hey and Liverpool Women's.

SK outlined the benefits of all the services being available from one site. This included; babies staying with their mums, reduced time to treatment and reduced neonatal transport.

**Resolved:**

The Board received an update on the strategic direction for neonatal services and endorsed the direction of travel.

*Erica Saunders left the meeting*

**15/16/173 North West Coast Genomic Medicine Centre**

The Chair welcomed Kathryn Thomson, Chief Executive and Angela Douglas Scientific Director both from the Liverpool Women's NHS Foundation Trust.



Kathryn Thomson and Angela Douglas gave an overview of the '100,000 Genomics' project that is focused on sequencing the whole genome of patients with rare/inherited diseases and certain common cancers.

Angela Douglas went through the local delivery partnership, which includes the Trust and highlighted the requirement for the Trust to reach 121 samples by the end of January 2016. The Trust had currently carried out 63 samples. The new sample recruitment nurse Helen Fallon had commenced in post in mid-December 2015.

RT agreed to contact Helen Fallon to assess if any further support was required to meet the target by the end of the month.

Angela Douglas went through what the Genomics project means for patients, highlighting a slide showing five babies, each with a different gene causing neonatal diabetes, each baby received a different treatment and each baby survived.

Genomic medicine is now able to carry out testing that will show if a baby is carrying a gene that is likely to cause death between the ages of 40 or 50 years old. Angela Douglas advised parents would be given an option to carry out the testing and not have the results, to support further research into these genes.

Angela highlighted that currently Life Insurance policies cannot increase charges or exempt people from life insurance who are carrying this gene and no changes would be made to this until or after 2020.

The chair thanked Kathryn Thomson and Angela Douglas for their presentation.

**Resolved:**

The Board received an update on the 100,000 North West Genomics project.

**15/16/174 Integrated Assurance Report and Supporting Documents**

The Board considered the January 2016 Board Assurance Framework (BAF) report.

In the absence of ES, SI highlighted that the majority of risks on the BAF remained broadly static and a number of risks have shown significant progress against actions.

**Resolved:**

The Board noted the content of the Integrated Assurance report.

**15/16/175 Corporate Report – Operational and Financial Performance**

The Board considered the corporate report detailing the financial and operational performance for the Trust for the month ending 30 November 2016.

The 18 week referral to treatment target was achieved in month although managing pathways was more complex in Meditech version 6. The operational team continued to work with the Information Team to identify issues and resolve them.

The 4 hour A&E wait target had failed in month and for quarter 3. The Chief Operating Officer and CBU team had held a helpful meeting with the urgent care, SRG and quality contractors to discuss the causal factors and suggested mitigations.

A joint action plan has been developed which included consultant staffing until later in the evening. A review of Smithdown Road Walk-in Centre and the development of urgent care centres and the development of salaried GPs working for Alder Hey were all options. The Chairman requested that the team accelerate the action on salaried GPs.

JA updated that the December corporate report would include a more detailed description and recovery plan for failing metrics.

### **Financial Performance**

The level of activity had not increased in line with CBU recovery plans and there has been no underline increase in activity since the move to the new hospital. The level of elective under performance is £0.9 million in November 2015.

### **15/16/176 Resource and Business Development Committee: Chair's Update**

#### **Resolved:**

The Board noted the minutes from the meeting held on 28<sup>th</sup> October 2015 and the key issues report from the meeting held in December 2015.

### **15/16/177 Workforce Race Equality Standard**

The Board considered the summary of the Workforce Race Equality Metrics findings for 2015/16.

The findings were separated under two headings' staff survey data and workforce profile data.

The findings from the Workforce profile data stated the Trust's black and minority ethnic (BME) staff profile is under represented locally and nationally. Going forward a priority for the workforce objective is to increase the number of BME staff through improved partnership working in the community in relation to advertising vacancies and improved access to our volunteering and apprenticeship schemes.

#### **Resolved:**

The Board received the content of the Workforce Race Equality metrics for 2015/16.

### **15/16/178 People Strategy Update and Supporting documents**

The Board considered and noted the people strategy update report dated November 2015.

#### **Resolved:**

The Board received the content of the People Strategy.

### 15/16/179 Staff Survey – Initial results

The Board considered the staff survey 2015 initial briefing report prepared by the Acting Director of HR.

As the national staff survey timetable coincided with the hospital move, permission was granted to have a later distribution date. Due to this the timescales for responses was shorter and this is noticeable within the results. The staff survey response rate was 35% which is a total of 934 members of staff. This has gone down by 9% compared to the 2014 Staff Survey response rate of 44%. Nationally the 2015 response rate compared to 2014 has also gone down.

Improved results include the appraisal score that is now at 80%.

A further detailed report on the national staff survey results is due to be received in late February/early March and these results will be shared with staff.

The Board discussed the Executive visibility programme and the opportunity this gives for senior leaders to have discussions with staff on their concerns. LS reported on a staff surgery session he had held on Ward 4A and the positive feedback that had been received from staff.

It was agreed this would be discussed further at the Strategic Board meeting in February 2016.

**Resolved:**

- a) The Board received the content of the initial staff survey results 2015.
- b) To discuss the initial staff survey 2015 results at the Strategic Board meeting in February 2016.

### 15/16/180 Workforce and Organisational Development Committee: Chair's update

The Board noted the key issues report from the meeting held in December 2015.

**Resolved:**

The Board received the content of the Workforce and Organisational Development Committee.

### 15/16/181 Corporate Report – People Measures

The Board considered the people measures within the corporate report for the month ending 30<sup>th</sup> November 2016. MS presented an action plan on Induction, Mandatory training and sickness absence. The improved rates within Mandatory training and Induction were noted.

HR and Occupational Health are continuing to work together to improve sickness rates.

**Resolved:**

The Board received the content of the people measures within the corporate report.

**Date and Time of next meeting: - Tuesday 2<sup>nd</sup> February 2016 at 10:00am in the Institute in the Park, Large Meeting Room, Alder Hey.**

**BOARD ACTION LIST 2015-16**

Date	No	Action	Who	When	Update
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.	ALL	Ongoing	
07/07/15	2015/105	Trust Quality Report, review wrist band compliance	HG	December 2015	
07/07/15	2015/105	Trust Quality, scope project out on discharge project and bring back to the Board.	DG / JA	To form part of Phase 2 of HWWITF project	
01/12/15	Patient story	Max and his Mum to update the Board on their experiences	JT	March 2016	
01/12/15	2015/151	Campaign to be initiated to reducing A&E attendances	LD / Comms	Immediate	
12/01/16	15/16/158	To discuss the Ian Kennedy report at the Strategic Board meeting.	All	2nd February 2016	
12/01/16	15/16/165	To further demonstrate the developments within outpatients Hilda Gwillams agreed to set up an Outpatients group.	HG	-	
12/01/16	15/16/179	To discuss the initial staff survey 2015 results at the Strategic Board meeting in February 2016.	ALL	2nd February 2016	

**BOARD OF DIRECTORS**  
**Tuesday 2<sup>nd</sup> February 2016**

<b>Report of:</b>	Director of Nursing
<b>Paper Prepared by:</b>	Director of Nursing and Clinical Risk Advisor
<b>Subject/Title:</b>	Serious Incidents Requiring Investigation
<b>Background Papers:</b>	n/a
<b>Purpose of Paper:</b>	This report summarises all the open serious incidents in the Trust and identifies new serious incidents arising in the last calendar month.
<b>Action/Decision Required:</b>	For information regarding the notification and management of SIRI's.
<b>Link to:</b> ➤ <b>Trust's Strategic Direction</b> ➤ <b>Strategic Objectives</b>	<ul style="list-style-type: none"> <li>• <b>Patient Safety Aim</b> – Patients will suffer no harm in our care.</li> <li>• <b>Patient Experience Aim</b> – Patients will have the best possible experience</li> <li>• <b>Clinical Effectiveness</b> – Patients will receive the most effective evidence based care.</li> </ul>
<b>Resource Impact</b>	

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## 1. Background:

All Serious incidents requiring investigation (SIRI) are investigated using a national Root Cause Analysis (RCA) investigation.

Incidents are categorised as a Serious Incident Requiring Investigation (SIRI) using the definitions in the Trust "Management of Incidents including the Management of Serious Critical Incidents Policy". All new, on-going and closed SIRI incidents are detailed in Appendix A of this report.

Safeguarding children cases reported through StEIS are included in this report, to distinguish them they are shaded grey. Since June 2014 NHS England have additionally requested that the Trust report all Sudden Unexpected Deaths in Infancy (SUDI) and Sudden Unexpected Deaths in Childhood (SUDC) Cases onto the StEIS Database.

SIRI incidents are closed and removed from the table of on-going SIRI incidents following internal approval of the final RCA investigation report and external sign off from Liverpool CCG as lead commissioners. The SIRI incident is then transferred to the Trust SIRI Action log until all actions are completed. Progress with implementation/completion of the SIRI action plans are monitored by the Clinical Quality Assurance Group (CQAC).

## 2. SIRI performance data:

SIRI (General)														
2014			2015											
Month	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
New	3	1	1	1	4	1	0	5	0	3	2	2	2	1
Open	1	4	3	3	2	5	6	5	7	5	2	3	3	3
Closed	1	0	2	1	2	1	0	1	3	2	4	1	0	2
SIRI (Safeguarding)														
2014			2015											
Month	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
New	1	1	0	0	1	2	0	0	0	1	0	0	0	0
Open	3	4	2	0	0	1	3	0	0	0	0	0	0	0
Closed	2	0	3	2	0	0	0	3	0	0	0	0	0	0
Total closed	4	3	0	5	3	0	0	0	3	0	0	0	0	0

## 3. Comments:

The recent CQC report identified that the 'Trust Board of Directors' received limited information about serious incidents. The SIRI action log will now go to CQAC sub board committee responsible for quality.

## 4. Recommendations:

The Trust Board is asked to note new and closed incidents and progress in the management of open incidents.

**New SIRI Incidents reported between the period 01/11/2015 to 31/12/2015:**

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance	Duty of Candour/ Being Open policy implemented
RCA 155 L2 2015/16 Internal	26/11/2015	MS	Patient suffered 10x medication (teicoplanin) error repeated on 3 occasions.	Dave Walker, Medication Safety Officer	Statements and records collected, timeline produced. RCA panel meeting being arranged for February 2016.	Yes	Yes
RCA 158 L2 2015/16 StEIS 2015/38524	09/11/2015	ICS	Grade 4 extravasation injury to patient.	Cheryl Brindley, Homecare/CCNT Manager	RCA currently on hold while further evidence has been sought following first panel.	Yes	Yes
RCA 159 L2 2015/16 StEIS 2015/38632	12/12/2015	SCACC	Neonatal death. Gram negative sepsis (klebsiella): ? line origin.	Jo Minford, Consultant Surgeon	Statements and records being collected, RCA panel meeting arranged for 8 <sup>th</sup> February 2016.	Yes	Yes

**New Safeguarding investigations reported 01/11/2015 to 31/12/2015:**

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	45 working day compliance	Duty of Candour/ Being Open policy implemented
Nil							



On-going SIRI incident investigations (including those above)							
Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance	Duty of Candour/ Being Open policy implemented
RCA 145 L2 2015/16 Internal	29/10/2015	SCACC	Patient suffered burn injury as a result of chlorhexidine swab making contact with the surface of the skin	Paul Dunn, Senior Operating Practitioner and Kerry Turner, Theatre Risk and Governance Lead	Panel meeting arranged for 5 <sup>th</sup> February 2016.	Yes	Yes
RCA 136 L2 2015/16 StEIS 2015/29703	11/09/2015	CS	Delay in diagnosis of CF in patient	Paul Newland, Clinical Director	Local (Alder Hey) report completed. Progress review meeting held with NHS England on 21/01/16 and super panel (multi agency) being arranged for 26/02/16.	On track - Multi Agency RCA, 6 month timescale given by CCG	Yes
RCA 138 L2 2015/16 StEIS 2015/30744	24/09/2015	SCACC	Hospital Acquired Infection (influenza) and omission of antiviral medication, potential contribution to deterioration/death of patient	Richard Cooke, Director of Infection, Prevention & Control	RCA report completed and sent out 04/01/16.	Extended submission date agreed.	Yes

### On-going Safeguarding investigations

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	45 working day compliance	Being Open policy implemented
Nil							

### SIRI incidents closed since last report

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Outcome	Duty of Candour/Being open policy Implemented
RCA 144 L2 2015/16 StEIS 2015/34271	28/10/2015	CS	Patient over exposed to radiation	Laura Gauntlett, Lead Radiographer	RCA report completed and sent to CCG.	Yes
RCA 121 L2 2015/16 Internal	11/09/2015	MS	Delay in treatment of liver failure	Graham Lamont, Consultant Paediatric Surgeon	Case review report completed and shared with family.	Yes

### Safeguarding investigations closed since last report

Nil							
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# Corporate Report

Dec 2015

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### Is there a Governance Issue?

Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
N	N	N	N	N	N	N	N	N

### Highlights

Medications errors resulting in harm.  
Cancelled operations performance.  
Corporate Induction.

### Challenges

Two serious incidents requiring investigation.  
Utilisation rates.  
Sickness absence rates.  
Financial performance and delivery of activity plans.

### Patient Centred Services

The Trust achieved compliance with all cancer, diagnostic and 18 week RTT standards in month. Cancelled operations performance also improved in month although due to the high volume of cancellations in November the 28 day standard was not achieved. Both theatre and outpatient utilisation remain below the expected rate and work is underway across CBUs to focus upon improving this in the final Qtr of the year. The ED 4 hour standard was breached again in month although performance improved from November despite RSV attendances peaking. Overall the Trust did not achieve the standard for Qtr 3 but a clear action plan is in place to improve.

### Excellence in Quality

At the end of December all patient safety indicators (excluding hospital acquired MRSA bacteraemia, C.difficile and Never Events) are on track to achieve the annual quality improvement targets. In addition there has been 2 Serious Incidents Requiring Investigation. The clinical effectiveness indicators for patients with an estimated discharge date later than planned and patients with the long term conditions, who have an acute readmission within 28 days of discharge, have exceeded the December target. All other indicators are on track to achieve the annual target.

### Financial, Growth & Mandatory Framework

At the end of December the Trust is reporting a deficit position of £4.3m which is £1.3m behind plan. Income is behind plan by £3.2m largely relating to elective activity which is behind plan by 5% and outpatient activity which is behind by 11%. Pay budgets are £2.8m overspent relating to use of agency staffing. £1m relates to temporary staffing, the largest spend relating to nurses at £0.4m and 55 WTE over established. The Trust is £2.7m behind the CIP target after 9 months. Cash in the Bank is £18.1m. Monitor risk rating of 2 for the month.

### Great Talented Teams

Sickness shows a very slight increase, up by 0.2% and is still above target. There are also been a marginal drop in mandatory training compliance to 83.7% (down 0.3%). Corporate Induction continues an upward trend with compliance increasing by over 5%. Work continues on progressing all KPIs.

## Patient Centered Services

Metric Name	Goal	Nov 2015	Dec 2015	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	78.9 %	84.8 %	▲	
RTT: 90% Admitted within 18 weeks		100.0 %	85.5 %	▼	
RTT: 95% Non-Admitted within 18 weeks		87.9 %	86.0 %	▼	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.2 %	92.2 %	▲	
Diagnostics: Numbers waiting over 6 weeks		0	1	▲	
Average LoS - Elective (Days)		3.0	3.1	▲	
Average LoS - Non-Elective (Days)		2.5	2.6	▲	
Daycase Rate	0.0 %	74.4 %	75.4 %	▲	
Theatre Utilisation - % of Session Utilised	85.0 %	76.9 %	71.3 %	▼	
28 Day Breaches	0.0	3	10	▲	
Clinic Session Utilisation	90.0 %	75.9 %	73.4 %	▼	
DNA Rate	12.0 %	11.2 %	12.3 %	▲	
Cancelled Operations - Non Clinical - On Same Day		41	12	▼	

## Great and Talented Teams

Metric Name	Goal	Nov 2015	Dec 2015	Trend	Last 12 Months
Corporate Induction	100.0 %	91.7 %	96.8 %	▲	
PDR	90.0 %	90.1 %	90.1 %	—	
Medical Appraisal	100.0 %	97.1 %	97.1 %	—	
Sickness	4.5 %	5.6 %	5.7 %	▲	
Mandatory Training	90.0 %	84.0 %	83.7 %	▼	
Staff Survey (Recommend Place to Work)		54.1 %	38.3 %	▼	
Actual vs Planned Establishment (%)		97.6 %	97.6 %	▲	
Temporary Spend ('000s)		890	948	▲	

## Excellence in Quality

Metric Name	Goal	Nov 2015	Dec 2015	Trend	Last 12 Months
Never Events	0.0	0	0	—	
IP Survey: % Received information enabling choices about their care	90.0 %	97.3 %	90.7 %	▼	
IP Survey: % Treated with respect	90.0 %	95.2 %	95.3 %	▲	
IP Survey: % Know their planned date of discharge	60.0 %	42.9 %	34.9 %	▼	
IP Survey: % Know who is in charge of their care	92.0 %	85.7 %	76.7 %	▼	
IP Survey: % Patients involved in play and learning	66.0 %	63.1 %	56.5 %	▼	
Pressure Ulcers (Grade 2 and above)	16.0	13	13	▼	
Total Infections (YTD)	108.0	72	88	▲	
Medication errors resulting in harm (YTD)	90.0	66	69	▼	
Clinical Incidents resulting in harm (YTD)	569.0	473	508	▼	

## Financial, Growth and Mandatory Framework

Metric Name	Nov 2015	Dec 2015	Last 12 Months
CIP In Month Variance ('000s)	-451	-465	
Monitor Risk Ratings (YTD)	2	2	
Normalised I & E surplus/(deficit) In Month ('000s)	-907	-439	
Capital Expenditure YTD % Variance	-11.3 %	-7.9 %	
Cash in Bank ('000s)	17	18	

### Positive (Top 5 based on % change)

Metric Name	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Last 12 Months
Diagnostics: Numbers waiting over 6 weeks	23	41	36	17	5	5	2	0	0	0	2	0	1	
Corporate Induction					46.4%	71.4%	70.8%	85.0%	82.1%	100.0%	80.9%	91.7%	96.8%	
Cancelled Operations - Non Clinical - On Same Day	17	9	32	21	11	25	24	27	21	16	18	41	12	
Medication errors resulting in harm (YTD)	103	115	121	129	8	20	29	33	41	54	60	66	69	
Clinical Incidents resulting in harm (YTD)	609	682	749	836	70	130	212	268	319	372	418	473	508	

### Early Warning (negative trend but not failing - Top 5 based on % change)

Metric Name	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Last 12 Months
RTT: 90% Admitted within 18 weeks	90.1%	90.2%	90.1%	90.3%	90.1%	90.1%	90.7%	90.0%	90.1%	87.8%	87.3%	100.0%	85.5%	
RTT: 95% Non-Admitted within 18 weeks	95.1%	95.7%	95.1%	95.3%	95.3%	95.1%	95.2%	95.1%	93.0%	92.8%	91.0%	87.9%	86.0%	
IP Survey: % Received information enabling choices about their care	93.1%	93.2%	94.2%	94.1%	95.8%	94.3%	95.7%	95.1%	94.9%	96.7%	95.6%	97.3%	90.7%	
IP Survey: % Treated with respect	96.9%	98.4%	98.1%	99.5%	98.7%	98.6%	99.1%	98.2%	99.0%	100.0%	98.5%	95.2%	95.3%	
Actual vs Planned Establishment (%)				93.4%	91.5%	91.7%	92.6%	92.7%	92.3%	91.1%	97.8%	97.6%	97.6%	

### Challenge (Top 5 based on % change)

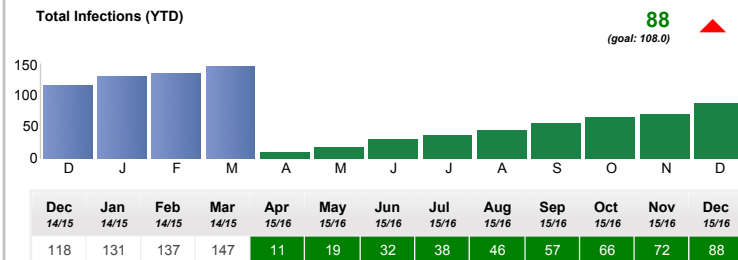
Metric Name	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Last 12 Months
Theatre Utilisation - % of Session Utilised	76.3%	80.6%	81.8%	83.5%	82.6%	82.8%	83.6%				71.4%	76.9%	71.3%	
28 Day Breaches	2	2	1	6	5	2	1	12	5	4	2	3	10	
Sickness					4.7%	4.6%	4.8%	4.5%	4.1%	4.9%	4.8%	5.6%	5.7%	
IP Survey: % Know their planned date of discharge	42.8%	43.0%	45.8%	45.0%	47.2%	57.8%	53.1%	44.4%	52.9%	58.7%	53.3%	42.9%	34.9%	
IP Survey: % Know who is in charge of their care	78.0%	84.5%	79.2%	82.3%	82.5%	82.7%	84.2%	79.0%	79.7%	88.4%	75.6%	85.7%	76.7%	

## Summary

In December the total number of alert organism hospital acquired infections is on track to achieve the annual quality improvement reduction target, however the specific annual internal and contractual targets for hospital acquired MRSA bacteraemia and C.difficile were breached in April, July, August and July respectively. It is worth noting that whilst the total number of alert organism infections has increased from 72 in November to 88 in December; 88 is a reduction of 30 compared to the number of alert organism infections in December 2014.

## Infections

### Total Infections (YTD)



### Total Infections (YTD)

**88**  
(goal: 108.0)

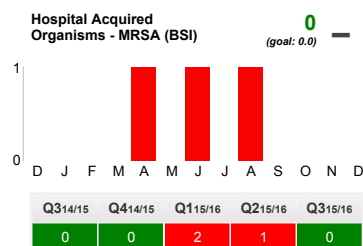
### Hospital Acquired Organisms - MRSA (BSI) (YTD)

**3**  
(goal: 0.0)

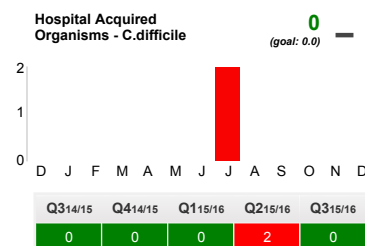
### Hospital Acquired Organisms - C.difficile (YTD)

**2**  
(goal: 0.0)

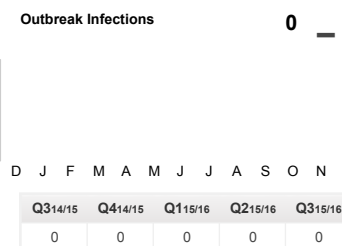
### Hospital Acquired Organisms - MRSA (BSI)



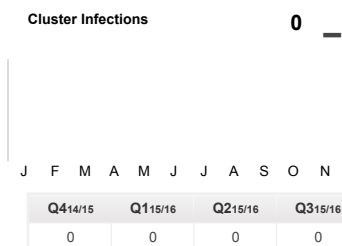
### Hospital Acquired Organisms - C.difficile



### Outbreak Infections

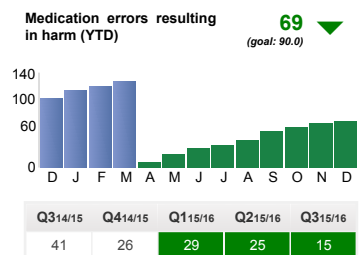


### Cluster Infections



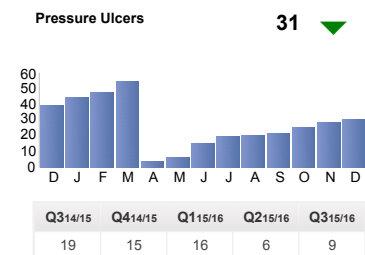
## Medication Errors

### Medication errors resulting in harm (YTD)

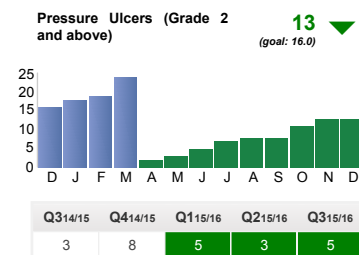


## Pressure Ulcers

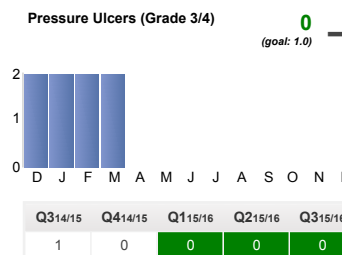
### Pressure Ulcers



### Pressure Ulcers (Grade 2 and above)



### Pressure Ulcers (Grade 3/4)





## Summary

Clinical Incidents resulting in all levels of harm and readmissions to PICU within 48 hrs are all on track to achieve the annual improvement target, with the exception of Never Events which breached in June and October. In addition there has been 2 Serious Incidents Requiring Investigation.

### Never Events

Never Events

**0**  
(goal: 0.0) —



Q414/15	Q115/16	Q215/16	Q315/16
1	1	0	1

### Incidents

Clinical Incidents resulting in harm (YTD)

**508**  
(goal: 569.0) ▼



Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
236	227	212	160	136

Clinical Incidents resulting in moderate, severe harm or death (YTD)

**16**  
(goal: 54.0) ▼



Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
14	19	10	4	2

Readmissions to PICU within 48 hrs (YTD)

**8**  
(goal: 15.0) —



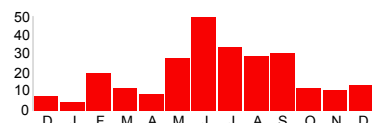
Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
4	4	2	3	3

### Paediatric Safety Scan

## Data in Revalidation


Harms

**14**  
(goal: 0.0) ▲



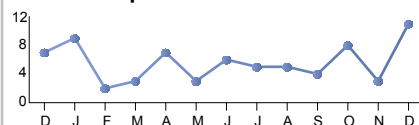
Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
21	37	87	94	37

### Serious Incidents Requiring Investigation

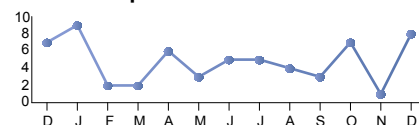
Metric Name	Nov 2015	Dec 2015	Trend	Last 12 Months
Serious Incidents Requiring Investigation (Total)	0	2	▲	

### Mortality

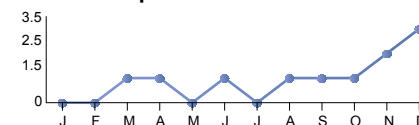
#### Deaths in Hospital



#### Deaths in Hospital - PICU



#### Deaths in Hospital - Other



## Summary

### Inpatient Survey

Metric Name	Goal	Nov 2015	Dec 2015	Trend	Last 12 Months
% Know who is in charge of their care	92.0 %	85.7 %	76.7 %	▼	
% Patients involved in play and learning	66.0 %	63.1 %	56.5 %	▼	
% Know their planned date of discharge	60.0 %	42.9 %	34.9 %	▼	
% Received information enabling choices about their care	90.0 %	97.3 %	90.7 %	▼	
% Treated with respect	90.0 %	95.2 %	95.3 %	▲	

### Friends and Family

Metric Name	Goal	Nov 2015	Dec 2015	Trend	Last 12 Months
% Recommend Trust - Children & Young People		93.8 %	89.3 %	▼	
% Recommend Trust - Overall		95.2 %	95.3 %	▲	
% Recommend Trust - Parents		96.2 %	98.3 %	▲	

### A&E Survey

No Data Available

### Outpatients Survey

No Data Available

### Complaints

Complaints - % Resolved within agreed timescales

100.0 % ▲  
90.0 %



Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
85.7%	90.5%	63.2%	59.1%	83.3%

### Breaches

Breaches of Mixed Sex Wards (Ages 8 and over)

0 —  
0.0



Q414/15	Q115/16	Q215/16	Q315/16
0	0	0	0

### CAHMS Survey

No Data Available

## Summary

The indicators for patients with an estimated discharge date later than planned and patients with long term conditions, of asthma, epilepsy, diabetes and lower respiratory disease who have an acute readmission within 28 days of discharge, have exceeded the December target. All other indicators are on track to achieve the annual target.

## Readmissions

Readmissions within 48 hrs **184** ▼  
(goal: 189.0)



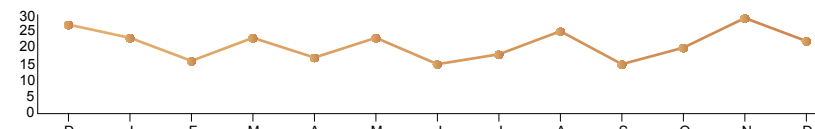
Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
60	62	55	58	71

Acute readmissions of patients with long term conditions within 28 days **41** ▼  
(goal: 9.0)



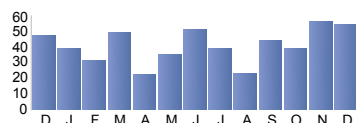
Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
17	12	9	12	20

Readmissions within 48 hrs (Non Elective)



## Admissions and Discharges

Acute Admissions with LTC **55** ▼



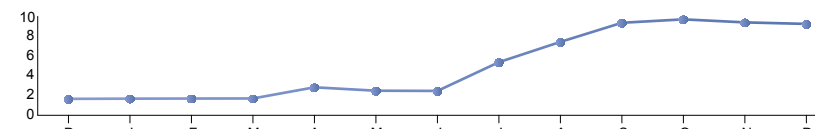
Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
147	122	111	109	152

Patients with an estimated discharge date discharge later than planned **2478** ▲  
(goal: 639.0)



Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
163	168	224	1,481	773

% of patients with an estimated discharge date discharge later than planned



## NICE Guidance Compliance

Clinical Audit - Non-compliant NICE guidance **0** —



Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
1	0	0	0	0

Clinical Audit - Partially compliant NICE guidance **0** —

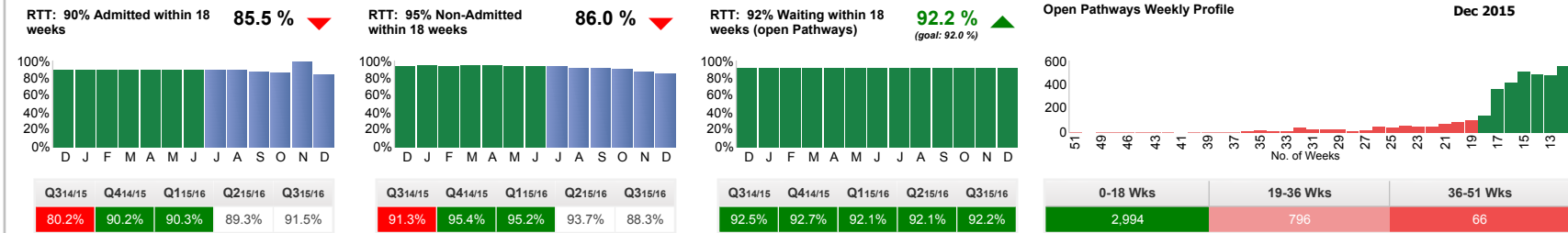


Q314/15	Q414/15	Q115/16	Q215/16	Q315/16
1	1	0	0	0

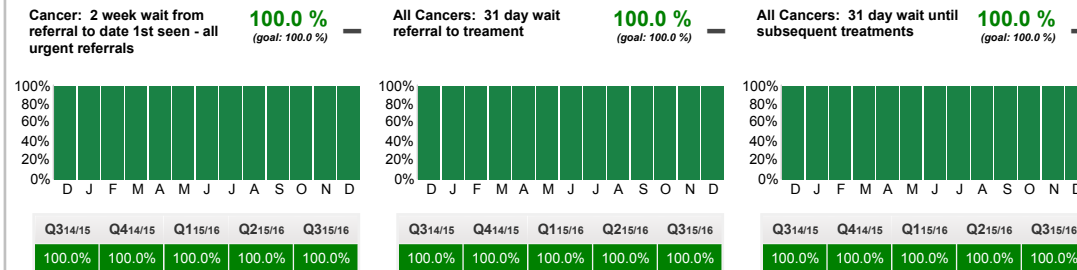
**Summary**

Following the planned reduction in activity for the hospital activity levels have increased despite emerging winter pressures. Incomplete, cancer and diagnostic standards have been achieved with the focus on patients being treated chronologically. RTT admitted/non-admitted aggregate performance has continued to deteriorate as planned with increased specialty fails. Access to services via Choose & Book platform continues within threshold and increased referrals noted compared to same point last year.

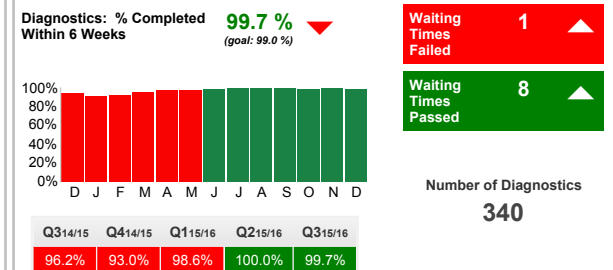
**18 Weeks**



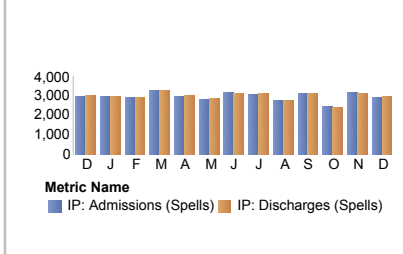
**Cancer**



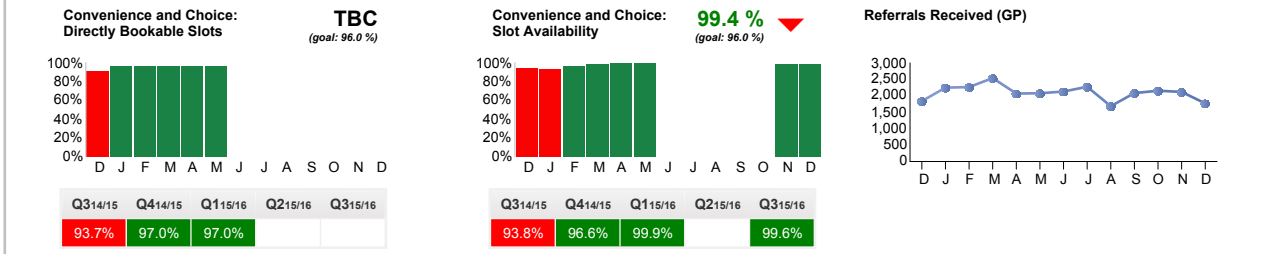
**Diagnostics**



**Admissions and Discharges**



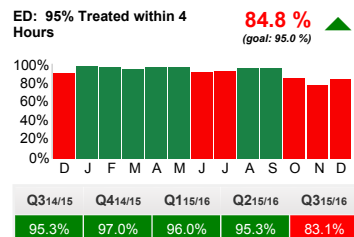
**Provider**



## Summary

Achieving the 4 hour standard has remained challenging in December, despite the level of attendances stabilising. This month saw an increase in acuity with RSV attendances peaking the week of the 21st December. This month has seen an improvement in performance with a reduction of breaches against November data of approximately 380.

## ED



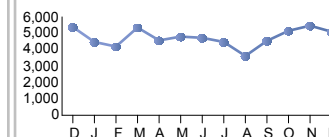
Data in Revalidation. To be released in February 2016.

## ED

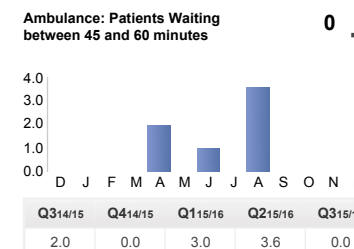
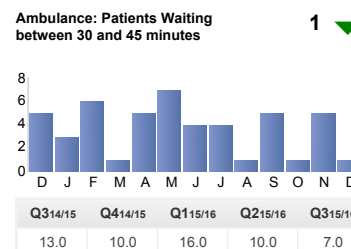
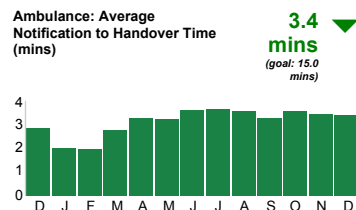
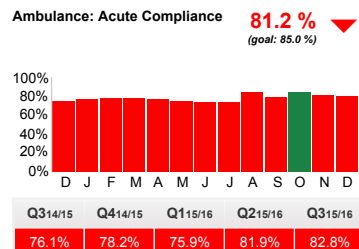
Data in Revalidation. To be released in February 2016.

### ED: Number of Attendances

**5096** Dec 2015



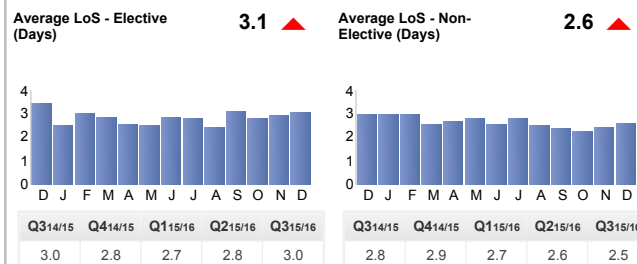
## Ambulance Services



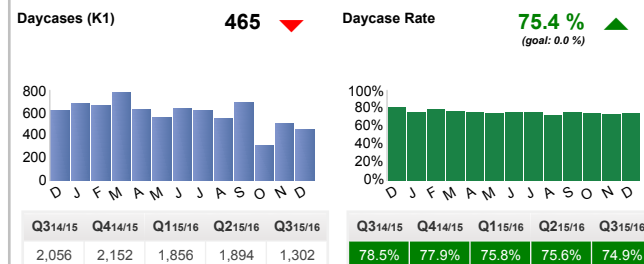
## Summary

A modest deterioration in productivity is noted for Dec however this is in line with normal seasonal variation when compared to Dec 14 identifies general improvement. LOS has increased as more complex operating has recommenced within the Trust and is expected as the long stay patients remain in over the festive period. Theatre & Out Patient Utilisation has slightly decreased from Nov and are now subject to planned interventions. Following the high volume of cancellations in Nov (primarily due to capacity challenges) we have seen this follow through to Dec.

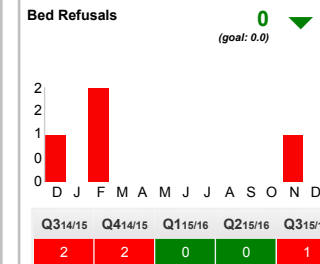
## Length of Stay



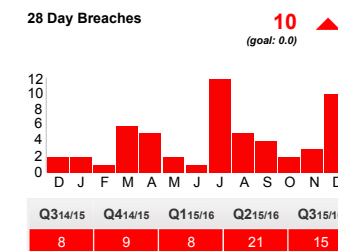
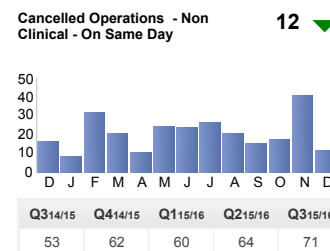
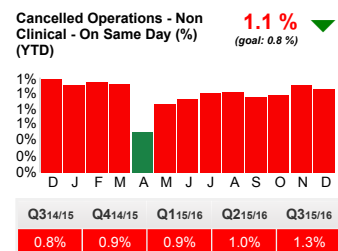
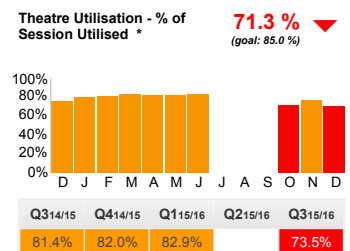
## Day Case Rate



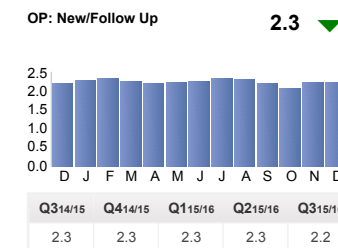
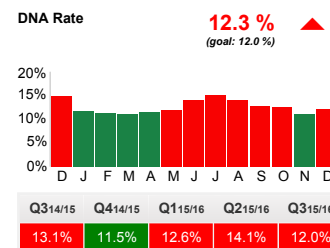
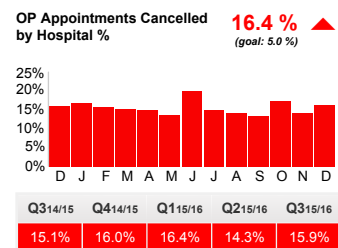
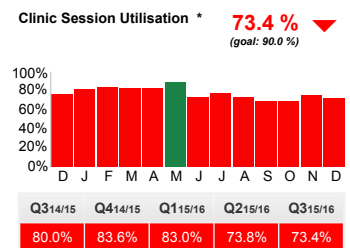
## Bed Refusals



## Theatres / Surgery



## Outpatients



\* : Data only available until the end of May

**Summary**

Audit Compliance for December 2015 28/28 100%

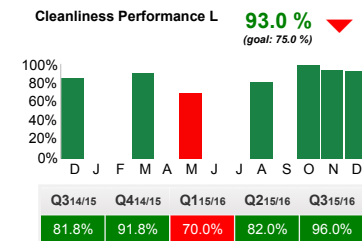
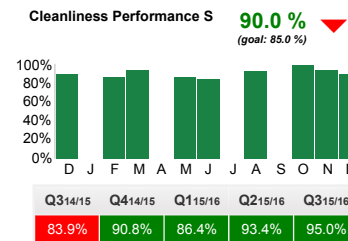
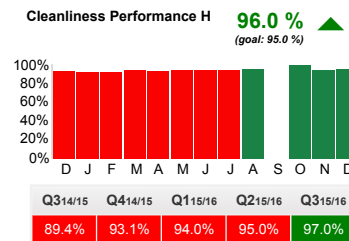
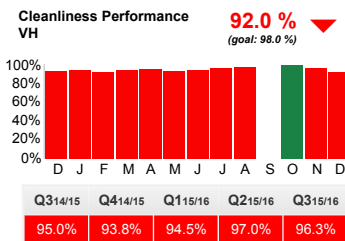
Very High Risk- Critical Care (98%) - December 92% - Very Low due to poor nursing scores of 94,90,87&86 and Dom 91 in Critical Care and very poor nursing 45, and Domestic, 86 in Oncology OutPatients

High Risk - General Wards (95%) - December 96% 1% Higher than National Standard

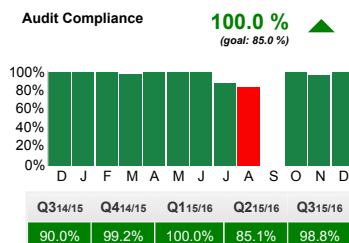
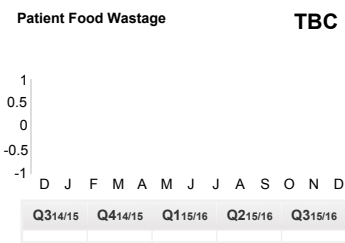
Significant Risk - Clinics (85%) - December 93% 8% higher than National Standard

Low Risk - Non Clinical (75%) 90% 15% higher than National Standard, due to increased resources in consultants offices (negotiate placing in higher risk band)

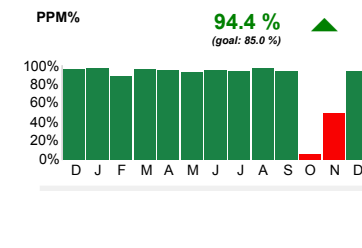
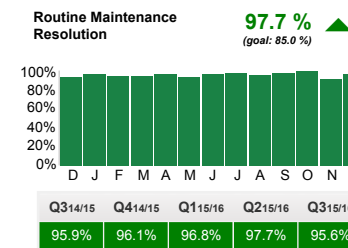
**Facilities**



**Facilities**



**Estates - Other**



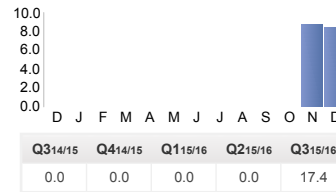
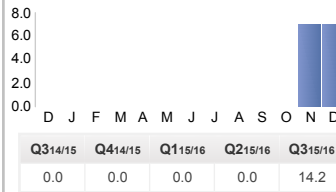
Summary

On-going weekly monitoring of waiting times - which continue to reduce in accordance with planned trajectory. We will be capturing National CAMHS dataset from January and reporting using the measures mandated in the dataset from February 2016.

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) **7.1**

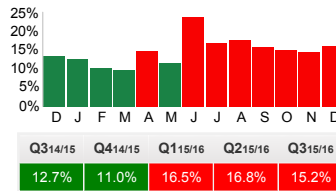
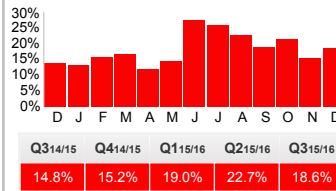
CAMHS: Avg Wait to Partnership Appt (Weeks) **8.5**



DNA Rates

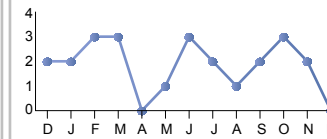
CAMHS: DNA Rate - New **18.9%** (goal: 10.0%) ▲

CAMHS: DNA Rate - Follow Up **16.2%** (goal: 14.0%) ▲

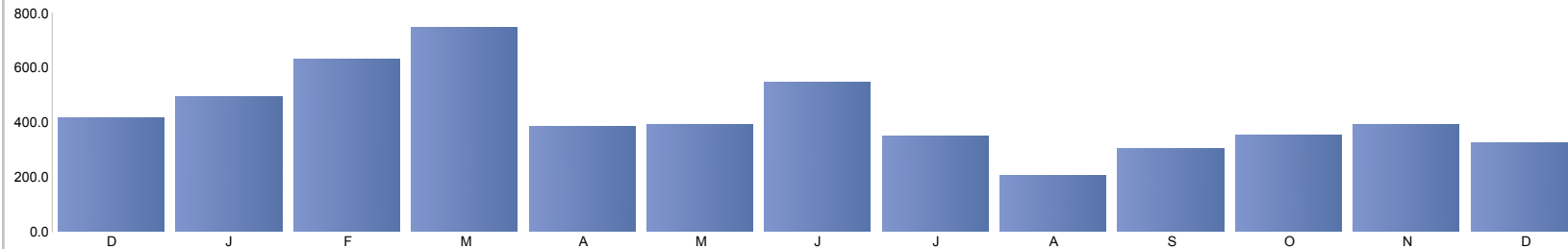


Tier 4 Admissions

CAMHS: Total Admissions to DJU **0** ▼



CAMHS: Referrals Received





## Summary

Monitor: The Trust continues to be fully compliant with its Provider Licence.  
CQC: The Trust was awarded an overall rating of 'Good' following the inspection in June 2015. It remains registered without conditions.

### Monitor - Governance Concern

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
N	N	N	N	N	N	N	N	N

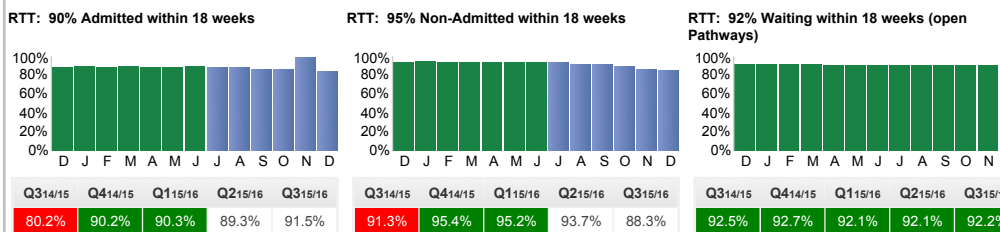
### Monitor - Risk Rating

Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
4	4	4	4	3	4	4	2	2	2	2	2

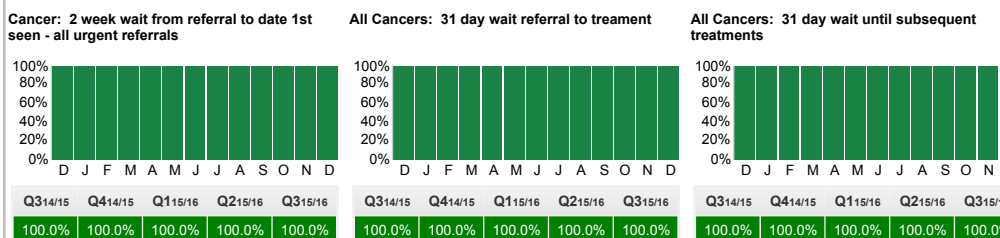
### Monitor 1 Dec 2015

Metric Name	Goal	Nov 15	Dec 15	Trend
ED: 95% Treated within 4 Hours	95.0 %	78.9 %	84.8 %	▲
RTT: 90% Admitted within 18 weeks		100.0 %	85.5 %	▼
RTT: 95% Non-Admitted within 18 weeks		87.9 %	86.0 %	▼
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.2 %	92.2 %	▲
Monitor Risk Ratings (YTD)	3.0	2	2	—
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0 %	100.0 %	100.0 %	—
All Cancers: 31 day wait referral to treatment	100.0 %	100.0 %	100.0 %	—
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	100.0 %	—
Hospital Acquired Organisms - C.difficile	0.0	0	0	—

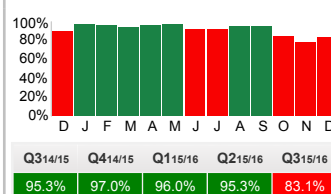
### Monitor - 18 Weeks RTT



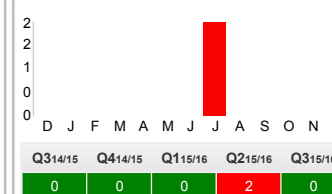
### Monitor - All Cancers



### Monitor - A&E 4 Hour Target



### Monitor - C difficile



### Monitor - Data Completeness

No Data Available

**Summary**

Sickness shows a very slight increase, up by 0.2% and is still above target. There are also been a marginal drop in mandatory training compliance to 83.7% (down 0.3%). Corporate Induction continues an upward trend with compliance increasing by over 5%. Work continues on progressing all KPIs.

**Staff Group Analysis**

**Sickness Absence (rolling 12 Months)**

Staff Group	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Last 12 Months
Add Prof Scientific and Technic	3.8%	5.3%	3.7%	3.0%	3.6%	3.9%	3.2%	1.3%	2.7%	2.8%	4.3%	4.6%	
Additional Clinical Services	10.3%	9.7%	9.8%	9.3%	7.2%	5.3%	5.7%	6.4%	6.8%	7.1%	8.2%	8.0%	
Administrative and Clerical	5.9%	5.1%	4.8%	3.7%	3.9%	3.8%	3.3%	3.1%	3.5%	4.1%	4.8%	4.6%	
Allied Health Professionals	3.1%	2.5%	1.5%	1.8%	2.4%	2.0%	1.4%	1.4%	1.3%	1.4%	2.3%	2.3%	
Estates and Ancillary	8.4%	8.7%	7.5%	5.4%	6.6%	7.1%	5.6%	4.6%	5.9%	6.2%	7.5%	10.0%	
Healthcare Scientists	4.1%	5.5%	5.3%	4.8%	5.4%	4.4%	2.8%	1.0%	0.9%	1.5%	1.6%	2.2%	
Medical and Dental	3.1%	3.0%	2.8%	2.7%	2.2%	2.6%	2.1%	1.3%	1.2%	0.8%	2.4%	2.6%	
Nursing and Midwifery Registered	6.1%	5.9%	5.5%	5.0%	4.8%	5.5%	5.8%	5.1%	6.3%	5.9%	6.3%	6.2%	
Trust Overall	6.1%	5.9%	5.4%	4.8%	4.6%	4.6%	4.4%	3.9%	4.6%	4.7%	5.5%	5.7%	

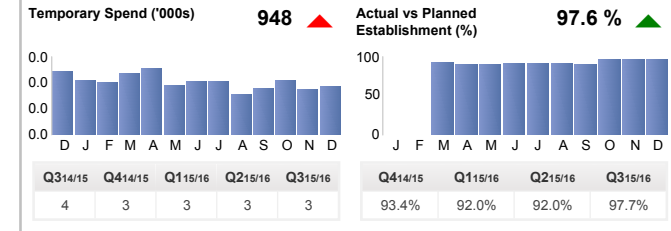
**Staff in Post FTE (rolling 12 Months)**

Staff Group	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Last 12 Months
Add Prof Scientific and Technic	198.6	197.1	183.2	184.0	184.2	186.0	178.2	182.2	191.4	169.6	173.1	173.3	
Additional Clinical Services	333.6	333.7	336.6	353.3	347.6	348.4	344.3	346.6	354.6	352.1	346.7	349.9	
Administrative and Clerical	524.9	521.9	535.3	529.0	530.6	534.0	541.7	534.7	533.7	530.1	531.9	528.2	
Allied Health Professionals	114.9	114.4	116.6	119.7	119.6	122.9	124.0	122.9	124.3	124.2	124.4	125.4	
Estates and Ancillary	142.4	141.1	141.1	145.3	146.8	147.0	148.4	147.4	152.7	168.7	170.9	174.3	
Healthcare Scientists	80.9	82.3	101.9	103.1	102.4	100.4	100.6	103.3	103.1	102.3	102.8	102.1	
Medical and Dental	224.0	232.6	232.4	232.0	227.4	225.2	228.2	228.6	229.2	228.5	230.7	234.4	
Nursing and Midwifery Registered	883.2	887.4	886.4	895.8	902.0	902.4	897.2	891.2	905.6	944.8	938.7	937.6	

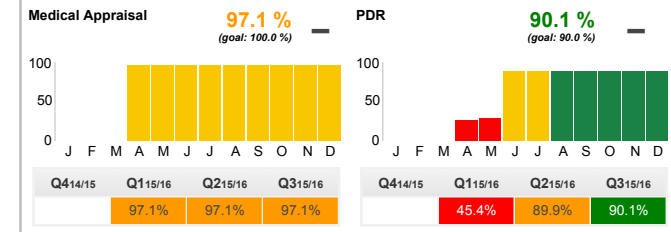
**Staff in Post Headcount (rolling 12 Months)**

Staff Group	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Last 12 Months
Add Prof Scientific and Technic	225	224	207	207	208	210	201	205	216	191	195	195	
Additional Clinical Services	393	391	394	410	406	408	404	406	416	414	409	412	
Administrative and Clerical	605	602	618	610	613	616	626	620	616	612	613	610	
Allied Health Professionals	140	142	145	148	147	152	153	151	152	153	153	154	
Estates and Ancillary	187	185	185	185	190	191	194	193	198	211	213	213	
Healthcare Scientists	89	91	112	113	112	110	111	114	114	113	113	112	
Medical and Dental	259	269	269	272	267	262	265	265	265	265	267	270	
Nursing and Midwifery Registered	1,003	1,007	1,010	1,021	1,029	1,029	1,021	1,015	1,030	1,071	1,064	1,063	

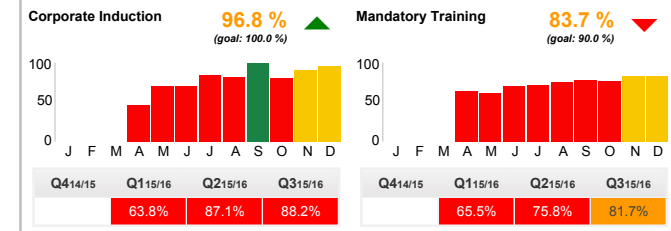
**Finance**



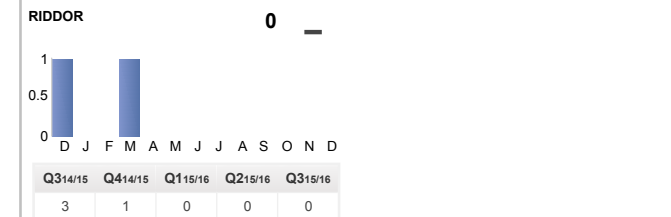
**Appraisals**



**Training**



**Health and Safety**



Operational				
Metric name	ICS	MED SPECS	NMSS	SCACC
Clinic Session Utilisation	70.4%	71.2%	73.6%	80.1%
Convenience and Choice: Slot Availability	100.0%	100.0%	99.6%	97.9%
DNA Rate (Followup Appnts)	15.1%	13.9%	10.1%	6.6%
DNA Rate (New Appnts)	17.5%	12.1%	11.8%	9.5%
Normalised I & E surplus/(deficit) In Month ('000s)	446	1,117	1,330	253
Referrals Received (GP)	543	311	649	265
Temporary Spend ('000s)	247	63	132	222
Theatre Utilisation - % of Session Utilised		71.0%	72.1%	69.6%

Patient				
Metric name	ICS	MED SPECS	NMSS	SCACC
Average LoS - Elective (Days)		4.6	2.4	2.6
Average LoS - Non-Elective (Days)	2.3	2.3	3.7	3.6
Cancelled Operations - Non Clinical - On Same Day	0	1	3	8
Daycases (K1)	1	34	141	44
Diagnostics: % Completed Within 6 Weeks		100.0%	100.0%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	1	3	39	1
OP Appointments Cancelled by Hospital %	14.8%	13.1%	18.6%	18.6%
RTT: 90% Admitted within 18 weeks		100.0%	80.4%	86.1%
RTT: 92% Waiting within 18 weeks (open Pathways)	92.3%	95.7%	90.0%	96.6%
RTT: 95% Non-Admitted within 18 weeks	86.7%	83.9%	86.0%	88.4%

Quality				
Metric name	ICS	MED SPECS	NMSS	SCACC
Cleanliness Scores	99.0%	96.5%	98.0%	92.3%
Hospital Acquired Organisms - C.difficile	0	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0
Medication Errors (Incidents)	25	20	15	82

Workforce				
Metric name	ICS	MED SPECS	NMSS	SCACC
Corporate Induction	100.0%	100.0%	100.0%	100.0%
Mandatory Training	76.6%	87.2%	86.9%	88.3%
PDR	92.2%	92.2%	80.7%	91.2%
Sickness	4.8%	5.5%	5.7%	7.1%

**Key Issues**

Increase in sickness being reviewed at departmental level. No particular 'hot spots' identified. Radiology turn around times being reviewed as part of overall review of CBU KPIs to ensure fitness for purpose. Pathology turnaround times continue impacted by systems speed issues.

**Support Required**

Information analysis support once review of KPIs undertaken within various CBU teams.

**Operational**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Theatre Utilisation - % of Session Utilised	78.4%	81.7%	86.7%	87.0%	79.0%	88.5%	85.1%				69.6%	88.3%	82.2%	
Temporary Spend ('000s)	34	53	61	20	131	66	64	80	-5	66	67	63	48	
Normalised I & E surplus/(deficit) In Month ('000s)	-1.815	-1.913	-1.806	-1.482	-1.337	-1.134	-1.228	-1.176	-1.262	-1.333	-1.068	-1.179	-1.155	
Expenditure vs Budget ('000s)		0	0	0	0	0	0	0	0	0	0	0	0	

**Patient**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	88.0%	79.0%	96.0%	96.0%	95.0%	92.0%	95.0%	96.0%	97.0%	86.0%	93.0%	96.0%	97.9%	
Imaging - % Reporting Turnaround Times - ED	70.0%	52.0%	58.0%	77.0%	67.0%	80.0%	60.0%	78.0%	70.0%	76.0%	76.0%	72.0%	100.0%	
Imaging - % Reporting Turnaround Times - Inpatients	73.0%	70.0%	74.0%	83.0%	75.0%	86.0%	79.0%	90.0%	79.0%	86.0%	93.0%	81.0%	83.0%	
Imaging - % Reporting Turnaround Times - Outpatients	100.0%	93.0%	92.0%	100.0%	98.0%	97.0%	96.0%	97.0%	97.0%	96.0%	96.0%	97.0%	98.0%	
Imaging - Waiting Times - MRI % under 6 weeks	83.5%	79.8%	86.0%	81.7%	95.0%	99.0%	96.6%	97.7%	92.5%	100.0%	100.0%	95.0%	96.0%	
Imaging - Waiting Times - CT % under 1 week	89.5%	93.0%	85.0%	83.1%	90.0%	86.6%	85.0%	89.9%	85.6%	87.9%	87.9%	88.0%	96.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	92.9%	94.4%	94.5%	94.4%	90.0%	94.2%	95.0%	91.7%	91.8%	95.4%	96.1%	95.0%	94.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	99.9%	98.4%	98.8%	97.4%	90.0%	98.8%	97.8%	99.2%	99.0%	99.6%	99.6%	92.0%	85.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	81.0%	57.9%	86.4%	81.8%	94.7%	100.0%	100.0%	88.9%	81.2%	100.0%	100.0%	88.0%	91.0%	
BME - High Risk Equipment PPM Compliance	86.0%	86.0%	86.0%	89.0%	89.0%	89.0%	89.5%	88.0%	90.5%	88.0%	87.0%	89.0%	87.0%	
BME - Low Risk Equipment PPM Compliance	77.0%	75.0%	76.0%	75.0%	75.0%	75.0%	76.0%	74.0%	79.0%	87.0%	75.0%	76.0%	78.0%	
BME - Equipment Pool - Equipment Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Pharmacy - Dispensing for Out Patients - Routine	0.0%	60.0%	61.0%	62.0%	61.0%	55.0%	49.0%	34.0%	50.0%	63.0%	59.0%	87.0%		
Pharmacy - Dispensing for Out Patients - Complex	0.0%	86.0%	82.0%	55.0%	67.0%	79.0%	73.0%	67.0%	57.0%	65.0%		100.0%	100.0%	
Comm Therapy - % 1st Contact times following Pt opt in < 12 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

**Quality**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Medication Errors (Incidents)		0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - MRSA (BSI)		0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile		0	0	0	0	0	0	0	0	0	0	0	0	
Pathology - % Turnaround times for urgent requests < 1 hr	89.2%	85.6%	88.0%	85.5%	87.6%	86.9%	82.3%	76.4%	82.0%	78.2%	71.9%	75.1%		
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%		
Reporting times for perinatal autopsies in 56 Calendar Days	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	73.0%	92.9%	98.6%	98.7%	90.9%	100.0%		

**Workforce**

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Corporate Induction				71.4%	90.0%	75.0%	100.0%	40.0%	100.0%	77.8%	100.0%	87.5%	
PDR				43.4%	44.9%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	
Sickness				3.3%	3.7%	2.9%	1.7%	2.2%	2.8%	3.3%	3.4%	4.7%	
Mandatory Training				69.4%	66.1%	77.4%	79.1%	80.5%	84.2%	80.3%	87.2%	87.2%	

**Key Issues**

CBU continues to focus on ED performance, discussions taking place with LCCG to support on-going improvements. Outpatients performance is being robustly monitored to ensure full utilisation of clinics and measure have been put in place to reduce DNAs.

**Support Required**

Management capacity still stretched due to be resolved towards end of January.

**Operational**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	70.1%	77.5%	77.1%	75.8%	75.0%	75.9%	71.7%	73.9%	69.2%	66.7%	68.2%	72.0%	70.4%	
DNA Rate (New Appts)	20.1%	14.6%	14.4%	13.9%	13.4%	17.7%	24.3%	21.0%	20.4%	17.5%	19.7%	15.0%	17.5%	
DNA Rate (Followup Appts)	14.2%	11.7%	10.6%	11.3%	13.0%	14.3%	19.7%	17.1%	15.0%	14.8%	14.2%	13.3%	15.1%	
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						100.0%	100.0%	
Referrals Received (GP)	624	640	766	735	568	621	715	636	468	647	652	645	543	
Temporary Spend ('000s)	297	228	303	322	211	197	269	186	178	203	260	232	247	
Normalised I & E surplus/(deficit) In Month ('000s)	-2,130	-2,150	-1,902	-2,191	569	608	686	334	454	534	530	692	446	

**Patient**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
RTT: 90% Admitted within 18 weeks														
RTT: 95% Non-Admitted within 18 weeks	84.0%	95.7%	93.4%	90.2%	88.6%	90.4%	95.4%	97.2%	98.5%	90.6%	92.3%	87.8%	86.7%	
RTT: 92% Waiting within 18 weeks (open Pathways)	94.8%	94.4%	93.3%	93.0%	91.2%	90.9%	92.0%	92.2%	94.0%	93.3%	93.8%	91.1%	92.3%	
Average LoS - Elective (Days)		1.00	3.86	3.50	2.50	2.40	3.00	4.25	3.20	3.50	8.00	2.25		
Average LoS - Non-Elective (Days)	2.85	2.64	2.56	2.48	2.28	2.62	2.30	2.46	1.97	2.14	2.01	1.85	2.30	
Hospital Initiated Clinic Cancellations < 6 weeks notice	6	6	5	8	2	5	12	4	2	18	46	33	1	
Daycases (K1)	0	0	1	0	0	0	0	1	0	1	1	0	1	
Cancelled Operations - Non Clinical - On Same Day	0	0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	12.9%	13.9%	14.9%	13.5%	12.4%	11.0%	18.0%	13.8%	13.5%	11.4%	14.5%	13.6%	14.8%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%					100.0%							

**Quality**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Medication Errors (Incidents)	17	19	20	24	2	4	5	5	8	12	15	23	25	
Cleanliness Scores	82.0%	96.0%	95.6%	95.7%	94.2%	96.0%	97.0%	92.5%	98.0%	96.0%		99.0%	99.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

**Workforce**

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months	
Corporate Induction				80.0%	85.7%	100.0%	66.7%	100.0%	100.0%	81.8%	100.0%	100.0%		
PDR				14.2%	19.8%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	
Sickness				4.9%	4.3%	4.6%	4.3%	3.1%	5.0%	5.3%	6.0%	4.8%		
Mandatory Training				65.4%	62.9%	71.9%	59.4%	74.4%	75.8%	76.2%	79.1%	76.6%		

**Key Issues**

Plan to improve clinic utilisation through weekly waiting times and enhanced focus on operational teams linking with booking and scheduling team at speciality level. All teams targeted to book to 100% capacity except in specific demand driven areas (Haem/Onc and Renal)

Increase in medication errors highlighted at CBU R&G Board and deep dive to be undertaken with support of pharmacy to identify trends and plan for improvement.

Improvement in sickness but CBU focus on management of sickness especially return to work interviews within teams.

**Support Required**

Pharmacy input into risk and governance meeting to address growing trend in medication errors. Addressed with pharmacy and support identified.

**Operational**

Metric Name	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Last 12 Months
Theatre Utilisation - % of Session Utilised	79.4%	79.9%	78.0%	81.4%	77.6%	83.4%	81.3%				55.8%	73.4%	71.0%	
Clinic Session Utilisation	71.4%	82.5%	80.5%	79.7%	79.9%	90.9%	70.9%	75.0%	73.7%	72.1%	70.1%	74.5%	71.2%	
DNA Rate (New Appts)	16.7%	14.6%	12.4%	13.9%	10.5%	11.7%	14.0%	15.5%	15.4%	11.4%	11.0%	12.7%	12.1%	
DNA Rate (Followup Appts)	12.7%	9.2%	10.1%	9.9%	9.7%	10.8%	10.9%	15.7%	14.1%	11.9%	14.3%	11.1%	13.9%	
Convenience and Choice: Slot Availability	100.0%	94.0%	100.0%	100.0%	100.0%	100.0%						100.0%	100.0%	
Referrals Received (GP)	299	369	346	425	400	358	367	397	264	350	329	323	311	
Temporary Spend ('000s)	125	62	89	124	107	86	66	77	66	100	74	82	63	
Normalised I & E surplus/(deficit) In Month ('000s)	-2.281	-2.679	-2.292	-2.663	1.097	716	894	1.237	915	572	722	1.180	1.117	

**Patient**

Metric Name	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	
RTT: 95% Non-Admitted within 18 weeks	96.2%	98.1%	96.4%	97.5%	97.8%	96.8%	94.3%	92.2%	88.6%	93.6%	90.5%	90.1%	83.9%	
RTT: 92% Waiting within 18 weeks (open Pathways)	91.5%	92.2%	93.3%	94.5%	95.0%	94.2%	94.8%	96.9%	95.4%	95.6%	94.0%	95.9%	95.7%	
Average LoS - Elective (Days)	3.54	3.74	3.11	4.12	3.12	2.45	3.73	3.80	3.38	2.92	3.18	3.93	4.63	
Average LoS - Non-Elective (Days)	3.30	3.08	4.10	3.02	1.88	2.85	3.07	3.59	2.77	2.18	2.73	2.58	2.30	
Hospital Initiated Clinic Cancellations < 6 weeks notice	7	2	7	5	8	2	2	13	13	16	22	8	3	
Daycases (K1)	66	83	77	73	75	69	78	60	55	74	31	72	34	
Cancelled Operations - Non Clinical - On Same Day	1	1	0	3	1	0	0	0	0	1	2	2	1	
OP Appointments Cancelled by Hospital %	14.6%	15.4%	14.4%	13.2%	16.2%	13.7%	18.2%	13.1%	12.5%	12.4%	16.4%	12.3%	13.1%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

**Quality**

Metric Name	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Last 12 Months
Medication Errors (Incidents)	24	26	29	30	3	4	7	8	9	11	13	17	20	
Cleanliness Scores	92.5%	90.5%	90.8%	96.3%	89.7%	94.3%	94.0%	97.3%	97.0%			95.5%	96.5%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	1	0	0	0	0	0	

**Workforce**

Metric Name	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Last 12 Months
Corporate Induction				0.0%	100.0%	0.0%		50.0%		100.0%	66.7%	100.0%	
PDR				64.0%	62.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	
Sickness				4.5%	3.5%	4.7%	6.2%	5.6%	6.2%	4.3%	5.7%	5.5%	
Mandatory Training				73.5%	66.0%	76.2%	81.1%	80.4%	85.8%	81.3%	86.9%	87.2%	

**Key Issues**

The key performance issue relates to inpatient and outpatient activity which is below the planned level. The CBU has developed a set of recovery actions to support improvement in this position during Quarter 4 and review progress against this weekly. In addition, the CBU has focussed on staff wellbeing through a number of focussed workshops. Staff sickness levels remain a concern and the staff temperature check suggested some continued concerns regarding systems change post move.

**Support Required**

Weekly activity information supports the management of recovery actions against plan. Ongoing support from HR and nursing leadership team to facilitate staff engagement sessions to understand the issued affecting staff wellbeing.

**Operational**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Theatre Utilisation - % of Session Utilised	76.6%	81.7%	85.1%	85.7%	85.0%	84.4%	85.8%				74.0%	77.4%	72.1%	
Clinic Session Utilisation	78.9%	80.9%	84.1%	84.7%	84.9%	89.8%	73.3%	80.2%	73.6%	69.9%	66.2%	75.3%	73.6%	
DNA Rate (New Appts)	16.1%	15.5%	12.7%	11.6%	12.1%	11.2%	12.8%	15.8%	15.2%	12.1%	10.4%	12.1%	11.8%	
DNA Rate (Followup Appts)	14.8%	10.4%	11.0%	10.8%	11.1%	10.3%	11.2%	13.0%	12.9%	12.2%	9.4%	9.0%	10.1%	
Convenience and Choice: Slot Availability	89.4%	94.6%	96.5%	98.8%	99.6%	100.0%						99.3%	99.6%	
Referrals Received (GP)	651	891	823	992	798	815	767	871	702	793	819	811	649	
Temporary Spend ('000s)	187	152	209	148	208	114	200	187	154	147	134	121	132	
Normalised I & E surplus/(deficit) In Month ('000s)	-1,771	-1,727	-1,865	-2,343	1,417	1,777	1,496	1,779	1,295	1,736	1,498	1,283	1,330	

**Patient**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
RTT: 90% Admitted within 18 weeks	88.2%	89.1%	88.5%	87.1%	86.9%	88.4%	87.9%	87.0%	86.0%	81.5%	83.0%	100.0%	80.4%	
RTT: 95% Non-Admitted within 18 weeks	96.9%	93.9%	94.4%	95.4%	96.7%	95.9%	94.9%	95.5%	94.3%	92.6%	92.8%	84.7%	86.0%	
RTT: 92% Waiting within 18 weeks (open Pathways)	91.5%	90.9%	91.3%	90.5%	90.4%	90.3%	89.8%	89.8%	89.6%	89.6%	89.9%	90.0%	90.0%	
Average LoS - Elective (Days)	2.78	2.04	2.57	2.07	2.02	1.74	2.33	2.20	1.76	2.61	2.09	2.18	2.37	
Average LoS - Non-Elective (Days)	2.30	1.98	2.23	1.34	2.04	2.53	1.89	1.94	2.08	1.74	1.96	2.33	3.66	
Hospital Initiated Clinic Cancellations < 6 weeks notice	17	7	27	22	29	20	36	19	3	51	9	49	39	
Daycases (K1)	386	413	405	460	410	358	372	351	381	418	233	317	141	
Cancelled Operations - Non Clinical - On Same Day	9	5	17	13	4	17	13	22	8	11	7	29	3	
OP Appointments Cancelled by Hospital %	18.4%	18.7%	16.1%	17.6%	15.1%	13.7%	21.1%	16.5%	15.0%	14.8%	19.2%	15.0%	18.6%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

**Quality**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Medication Errors (Incidents)		12	12	12	1	6	6	6	9	11	12	14	15	
Cleanliness Scores	95.2%	93.5%	93.0%	93.3%	92.0%	98.0%	94.2%	94.0%	94.5%	98.3%		98.7%	98.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

**Workforce**

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Corporate Induction				33.3%	77.8%	0.0%	0.0%	75.0%		88.9%	100.0%	100.0%	
PDR				44.3%	49.3%	79.7%	79.7%	80.7%	80.7%	80.7%	80.7%	80.7%	
Sickness				4.3%	4.7%	6.5%	5.8%	4.2%	3.6%	4.4%	4.7%	5.7%	
Mandatory Training				70.8%	68.4%	76.1%	78.4%	80.7%	82.2%	79.7%	86.8%	86.9%	

**Key Issues**

**Support Required**

**Operational**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months	
Theatre Utilisation - % of Session Utilised	74.5%	78.9%	75.8%	80.0%	80.3%	78.6%	80.3%					69.8%	76.2%	69.6%	
Clinic Session Utilisation	90.9%	101.8%	106.6%	92.8%	98.1%	111.4%	90.7%	83.0%	83.3%	68.6%	78.8%	84.0%	80.1%		
DNA Rate (New Appts)	13.3%	14.0%	13.5%	10.0%	13.2%	12.9%	12.2%	12.3%	8.7%	10.5%	12.3%	8.7%	9.5%		
DNA Rate (Followup Appts)	15.1%	10.7%	9.2%	11.1%	12.3%	12.5%	13.1%	12.1%	11.7%	10.8%	10.2%	8.8%	6.8%		
Convenience and Choice: Slot Availability	91.9%	85.3%	89.9%	99.2%	100.0%	100.0%						100.0%	97.9%		
Referrals Received (GP)	263	347	330	386	302	282	280	370	249	291	352	337	265		
Temporary Spend ('000s)	385	342	360	446	465	361	322	345	227	250	268	218	222		
Normalised I & E surplus/(deficit) In Month ('000s)	-4,054	-4,009	-3,989	-4,374	1	-70	-211	-133	-449	457	-267	-119	253		

**Patient**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
RTT: 90% Admitted within 18 weeks	93.2%	92.4%	94.6%	97.4%	97.8%	94.1%	96.4%	94.8%	91.6%	95.9%	91.5%	100.0%	86.1%	
RTT: 95% Non-Admitted within 18 weeks	99.7%	99.3%	99.6%	99.4%	97.0%	97.2%	97.0%	95.1%	87.7%	95.5%	83.8%	94.7%	88.4%	
RTT: 92% Waiting within 18 weeks (open Pathways)	97.8%	97.5%	97.7%	96.9%	97.1%	98.0%	97.2%	96.0%	96.1%	96.8%	97.3%	97.3%	96.6%	
Average LoS - Elective (Days)	4.79	2.77	3.39	3.05	3.20	4.29	3.02	3.50	2.36	4.28	3.36	3.22	2.58	
Average LoS - Non-Elective (Days)	3.28	4.07	3.79	3.60	4.95	3.74	3.22	4.09	3.83	4.18	2.97	4.11	3.57	
Hospital Initiated Clinic Cancellations < 6 weeks notice	1	1	1	0	0	0	3	0	5	4	1	3	1	
Daycases (K1)	164	178	164	223	135	111	169	188	103	180	56	118	44	
Cancelled Operations - Non Clinical - On Same Day	8	3	14	8	4	7	10	4	13	4	9	9	8	
OP Appointments Cancelled by Hospital %	16.9%	18.2%	19.3%	14.1%	17.8%	19.3%	25.3%	15.5%	17.6%	16.1%	22.4%	16.7%	18.6%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

**Quality**

Metric Name	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Medication Errors (Incidents)	63	73	78	86	3	14	26	35	40	51	58	67	82	
Cleanliness Scores	91.4%	93.4%	90.6%	90.8%	91.4%	95.0%	95.8%	95.5%	94.8%	96.0%		97.4%	92.2%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	1	0	1	0	1	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	1	0	0	0	0	0	

**Workforce**

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Last 12 Months
Corporate Induction				37.5%	44.4%	70.0%	80.0%	100.0%	100.0%	88.9%	75.0%	100.0%	
PDR				14.8%	17.6%	89.1%	89.1%	91.2%	91.2%	91.2%	91.2%	91.2%	
Sickness				6.8%	6.2%	6.2%	6.7%	6.2%	7.3%	6.3%	7.6%	7.1%	
Mandatory Training				64.6%	61.9%	73.6%	77.3%	83.1%	85.2%	81.3%	89.1%	88.3%	



## 3. Financial Strength

## 3.1 Trust Income &amp; Expenditure Report period ended December 2015

	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	FULL YEAR FORECAST	FULL YEAR VARIANCE
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Elective	3,316	3,097	(218)	31,872	28,726	(3,146)	43,033	40,103	(2,930)
Non Elective	2,512	2,450	(62)	21,521	20,758	(763)	28,356	27,005	(1,351)
Outpatients	1,870	1,551	(319)	17,981	15,757	(2,224)	24,293	21,862	(2,431)
A&E	450	403	(46)	3,609	3,600	(9)	4,841	4,793	(48)
Critical Care	2,163	2,073	(89)	16,119	16,167	48	21,968	21,904	(64)
Non PbR Drugs & Devices	1,517	1,611	94	13,651	13,520	(131)	18,202	17,862	(340)
Other Income	4,934	5,612	677	46,429	49,409	2,979	62,412	66,816	4,404
<b>Total Income</b>	<b>16,762</b>	<b>16,798</b>	<b>36</b>	<b>151,182</b>	<b>147,936</b>	<b>(3,246)</b>	<b>203,104</b>	<b>200,346</b>	<b>(2,758)</b>
Pay Costs	(10,751)	(11,257)	(507)	(97,406)	(100,190)	(2,785)	(129,328)	(133,463)	(4,135)
Drugs	(1,431)	(1,648)	(217)	(12,741)	(13,603)	(863)	(16,919)	(17,992)	(1,073)
Clinical Supplies	(1,232)	(1,310)	(78)	(11,612)	(11,761)	(148)	(15,394)	(15,369)	25
Other Non Pay	(2,406)	(2,108)	298	(21,498)	(19,727)	1,770	(28,861)	(26,023)	2,838
<b>Total Expenditure</b>	<b>(15,819)</b>	<b>(16,322)</b>	<b>(503)</b>	<b>(143,256)</b>	<b>(145,282)</b>	<b>(2,026)</b>	<b>(190,501)</b>	<b>(192,847)</b>	<b>(2,346)</b>
<b>EBITDA</b>	<b>943</b>	<b>476</b>	<b>(467)</b>	<b>7,926</b>	<b>2,655</b>	<b>(5,271)</b>	<b>12,603</b>	<b>7,499</b>	<b>(5,104)</b>
Capital Charges	(673)	(175)	498	(5,917)	(4,241)	1,676	(8,139)	(6,308)	1,831
Finance Income	2	6	4	34	86	52	40	94	54
Interest Expense (non-PFI/LIFT)	(84)	(84)	0	(759)	(755)	4	(1,006)	(1,000)	6
Interest Expense (PFI/LIFT)	(653)	(663)	(10)	(4,241)	(2,025)	2,217	(6,199)	(4,028)	2,171
<b>Total Financing</b>	<b>(1,408)</b>	<b>(915)</b>	<b>493</b>	<b>(10,884)</b>	<b>(6,935)</b>	<b>3,949</b>	<b>(15,304)</b>	<b>(11,242)</b>	<b>4,062</b>
<b>Normalised Surplus/(Deficit)</b>	<b>(465)</b>	<b>(439)</b>	<b>26</b>	<b>(2,958)</b>	<b>(4,280)</b>	<b>(1,323)</b>	<b>(2,701)</b>	<b>(3,743)</b>	<b>(1,042)</b>
<b>One-off normalising items</b>									
Government Grants/Donated Income	0	0	0	15,962	12,869	(3,093)	15,962	15,562	(400)
MASS/Restructuring	0	(7)	(7)	0	(7)	(7)	0	(7)	(7)
Fixed Asset Impairment	0	0	0	(68,163)	(68,163)	0	(69,840)	(71,214)	(1,374)
(Gains)/Losses on asset disposals	0	316	316	(4,741)	(4,391)	350	(4,741)	(4,212)	529
<b>Reported Surplus/(Deficit)</b>	<b>(465)</b>	<b>(130)</b>	<b>335</b>	<b>(59,900)</b>	<b>(63,972)</b>	<b>(4,073)</b>	<b>(61,320)</b>	<b>(63,614)</b>	<b>(2,294)</b>

Key Metrics	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	FULL YEAR FORECAST ACTUAL	FULL YEAR FORECAST VARIANCE
Normalised Income £000	16,764	16,805	40	151,216	148,022	(3,194)	203,144	200,440	(2,704)
Normalised Expenditure £000	(17,229)	(17,244)	(15)	(154,174)	(152,302)	1,871	(205,845)	(204,183)	1,662
Normalised Surplus/(Deficit) £000	(465)	(439)	26	(2,958)	(4,280)	(1,323)	(2,701)	(3,743)	(1,042)
WTE	2,824	2,905	(81)	2,824	2,905	(81)			
CIP £000	988	523	(465)	6,911	4,254	(2,657)	10,173	5,933	(4,240)
Cash £000	6,233	18,150	11,917	6,233	18,150	11,917			
CAPEX FCT £000	288	1,693	(1,405)	31,375	28,881	2,494	32,662	34,825	(2,164)
Risk Rating	2	2	0	2	2	0	2	2	0

Activity Volumes	IN MONTH PLAN	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE PLAN	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR PLAN	FULL YEAR FORECAST ACTUAL	FULL YEAR FORECAST VARIANCE
Elective	2,056	1,946	(110)	19,788	18,771	(1,017)	26,691	26,285	(406)
Non Elective	1,073	1,066	(7)	8,466	8,339	(127)	11,191	11,033	(158)
Outpatients	14,885	12,419	(2,466)	143,338	127,335	(16,003)	193,569	169,157	(24,412)
A&E	5,193	5,084	(109)	41,673	42,368	695	55,899	56,408	509

**3.2 Trust Balance Sheet period ended December 2015**

	2014/15 ACTUAL £'000	2015/16 PLAN £,000	ACTUAL TO DATE £,000	PREVIOUS MONTH £,000
Property, Plant and Non Current Assets	66,767	186,473	192,987	181,438
Cash and Cash Equivalents	36,048	6,816	18,150	16,628
Trade & Other Current Assets	78,070	13,730	13,608	17,394
Current Liabilities	(40,924)	(22,170)	(36,736)	(34,220)
<b>Total Assets Less Current Liabilities</b>	<b>139,961</b>	<b>184,849</b>	<b>188,009</b>	<b>181,240</b>
Non Current Provisions/Liabilities	(753)	(698)	(708)	(731)
Non Current Borrowings	(41,058)	(145,165)	(152,714)	(145,387)
<b>Total Assets Employed</b>	<b>98,150</b>	<b>38,986</b>	<b>34,587</b>	<b>35,122</b>
Financed by: Taxpayers' Equity	98,150	38,986	34,587	35,122

AGED DEBT ANALYSIS	TARGET PLAN %	ACTUAL IN MONTH %	PREVIOUS MONTH %	Explanation if more than 5%
% of Debtors > 90 days	5%	15%	17%	The actual debt over 90 days at the end of December is £506K - an improvement of £55K. There are 7 overdue invoices ranging in value from £10k to £43K. Debt over 90 days due from Liverpool Womens is now £173K (£236K November). Meetings have taken place between the Trusts to resolve this issue and some payments have been promised. Their account with us remains on hold. Salary overpayment invoices over 90 days amount to £89K. Without these debtors % over 90 days is 7%.

**3.3 Financial Sustainability Risk Rating**

2014/15 ACTUAL FSRR		2015/16 FULL YEAR FSRR	2015/16 M09 PLAN (METRIC)	ACTUAL TO DATE (METRIC)	PLAN TO DATE FSRR	ACTUAL TO DATE FSRR
4	Capital Servicing Capacity Ratio (times)	1	1	0	1	1
4	Liquidity Ratio (days)	3	-6	-13	3	2
3	I&E Margin	1	9	5	4	4
1	Variance in I&E Margin as % of Income	4	-8	-1	1	3
2	<b>Financial Sustainability Risk Rating</b>	2			2	2

	Financial criteria	Weight (%)	Metric	Rating categories**			
				1*	2***	3	4
Continuity of services	Balance sheet sustainability	25	Capital service capacity (times)	<1.25x	1.25 - 1.75x	1.75- 2.5x	>2.5x
	Liquidity	25	Liquidity (days)	<(14) days	(14)-(7) days	(7)-0 days	>0 days
Financial efficiency	Underlying performance	25	I&E margin (%)	≤(1)%	(1)- 0%	0-1%	>1%
	Variance from plan	25	Variance in I&E margin as a % of income	≤(2)%	(2)-(1)%	(1)-0%	≥0%

2015/16 Cost Improvement Programme

1. Headlines

The Month 9 CIP performance across the Trust showed an underachievement of £465k (47%) in month and an underachievement of £2,657k (38% of the target) to date. The largest variances to date are in NMSS (£516k behind target), SCACC (£688k behind target) and Med Specs (£765k behind target). The main reason for the under performance is the slippage/delay of activity related schemes. The forecast CIP achievement for the year is £6,153k leaving a gap of £4,020k. Due to the Big Move the Trust planned an in year under achievement of £4m. The figures shown are gross and have been offset by the underachievement contingency of £3m at Mth 9. The CBU's and Trust are now focussed on the full year recurrent schemes and these have now been added to the report. There is currently a £4.0m recurrent shortfall.

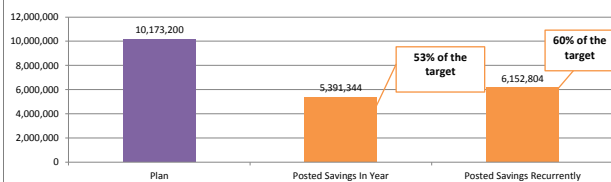
2. Performance by CBU

CBU	In Month @ December				Year to date @ December				In Year Forecast			
	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %
Other Corporate Services	3,399	1,470	(1,929)	-57%	13,369	44,035	30,667	229%	29,567	48,883	19,316	65%
Clinical Support Services	135,429	77,067	(58,362)	-43%	1,270,712	1,290,613	19,901	2%	1,726,000	1,486,935	(239,065)	-14%
Estates	9,804	41,559	31,755	324%	73,184	213,321	140,137	191%	113,000	338,000	225,000	199%
Finance & Information	17,562	13,757	(3,805)	-22%	147,286	292,403	145,118	99%	218,471	339,269	120,798	55%
Human Resources	21,749	2,137	(19,612)	-92%	220,858	45,454	(175,404)	-79%	340,109	51,863	(288,246)	-85%
Hotel	21,736	15,140	(6,596)	-30%	144,390	27,691	(116,699)	-81%	210,000	42,002	(167,998)	-80%
Integrated Community Services	181,119	79,845	(101,274)	-56%	1,121,771	459,395	(662,376)	-59%	1,659,000	734,452	(924,548)	-56%
Innovation	0	0	0	0%	0	0	0	0%	0	83,333	83,333	#DIV/0!
Medical Specialties	177,203	57,701	(119,503)	-67%	1,167,140	402,081	(765,059)	-66%	1,700,000	540,384	(1,159,616)	-68%
Neurosciences, MSK and Specialist Surgery	193,912	135,578	(58,334)	-30%	1,316,254	799,936	(516,318)	-39%	1,964,301	1,283,090	(681,211)	-35%
Operational Services	987	928	(59)	-6%	8,359	8,353	(6)	0%	17,321	11,137	(6,184)	-36%
R&D	18,333	0	(18,333)	-100%	65,000	0	(65,000)	-100%	120,000	0	(120,000)	-100%
Risk Management	955	429	(526)	-55%	7,564	3,862	(3,702)	-49%	16,430	5,149	(11,281)	-69%
Surgery, Cardiac, Critical Care, Anaesthetic	199,955	97,671	(102,284)	-51%	1,355,013	666,785	(688,228)	-51%	2,059,000	968,884	(1,090,117)	-53%
<b>Total</b>	<b>988,346</b>	<b>523,283</b>	<b>(465,063)</b>	<b>-47%</b>	<b>6,910,898</b>	<b>4,253,928</b>	<b>(2,656,970)</b>	<b>-38%</b>	<b>10,173,200</b>	<b>5,933,382</b>	<b>(4,239,818)</b>	<b>-42%</b>

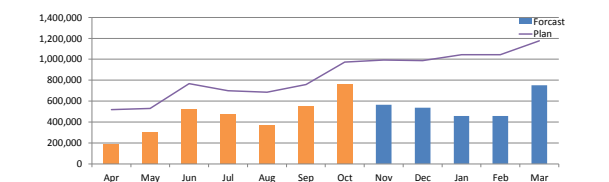
3. Performance Strategic

Theme	In Month @ December				Year to date @ December				In Year Forecast			
	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %
Improve In Hospital Activity	264,456	136,026	(128,430)	-49%	1,746,347	702,796	(1,043,551)	-60%	2,642,046	1,062,270	(1,579,776)	-60%
Improve Out of Hospital Activity	61,187	6,364	(54,823)	-90%	563,000	69,982	(493,018)	-88%	768,880	126,070	(642,810)	-84%
Improve Business Efficiency	406,770	379,920	(26,850)	-7%	2,582,147	3,473,374	891,228	35%	3,794,564	4,734,350	939,786	25%
Deliver Strategic Plan	52,833	972	(51,861)	-98%	191,500	7,776	(183,724)	-96%	350,000	10,692	(339,308)	-97%
Improve Workforce Efficiency	833	0	(833)	-100%	7,497	0	(7,497)	-100%	190,500	0	(190,500)	-100%
GAP	202,267	0	(202,267)	-100%	1,820,407	0	(1,820,407)	-100%	2,427,210	0	(2,427,210)	-100%
<b>Total</b>	<b>988,346</b>	<b>523,283</b>	<b>(465,063)</b>	<b>-47%</b>	<b>6,910,898</b>	<b>4,253,928</b>	<b>(2,656,970)</b>	<b>-38%</b>	<b>10,173,200</b>	<b>5,933,382</b>	<b>(4,239,818)</b>	<b>-42%</b>

4. Posted Savings

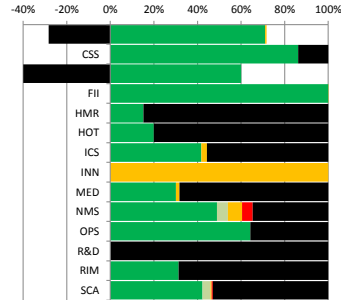


5. Risk to Delivery



6. Forecast Risk by CBU (In year)

CBU	Target	Forecast	Gap	RAG RATING				
				Green	Green/Amber*	Amber	Red	Black
Other Corporate Services	29,567	48,883	19,316	48,446	0	437	0	(19,316)
Clinical Support Services	1,726,000	1,486,935	(239,065)	1,486,935	0	0	0	239,065
Estates	113,000	338,000	225,000	338,000	0	0	0	(225,000)
Finance & Information	218,471	339,269	120,798	339,074	0	195	0	(120,798)
Human Resources	340,109	51,863	(288,246)	51,863	0	0	0	288,246
Hotel	210,000	42,002	(167,998)	42,002	0	0	0	167,998
Integrated Community Services	1,659,000	734,452	(924,548)	691,619	0	42,833	0	924,548
Innovation	0	83,333	83,333	0	0	83,333	0	(83,333)
Medical Specialties	1,700,000	540,384	(1,159,616)	510,774	0	29,610	0	1,159,616
Neurosciences, MSK and Specialist Surgery	1,964,301	1,283,090	(681,211)	960,259	99,497	127,582	95,752	681,211
Operational Services	17,321	11,137	(6,184)	11,137	0	0	0	6,184
R&D	120,000	0	(120,000)	0	0	0	0	120,000
Risk Management	16,430	5,149	(11,281)	5,149	0	0	0	11,281
Surgery, Cardiac, Critical Care, Anaesthetic	2,059,000	968,883	(1,090,117)	871,581	75,802	9,500	12,000	1,090,117
<b>Total</b>	<b>10,173,200</b>	<b>5,933,381</b>	<b>(4,239,819)</b>	<b>5,356,839</b>	<b>175,299</b>	<b>293,491</b>	<b>107,752</b>	<b>4,239,819</b>



7. Forecast Risk (Recurrent)

CBU	Target	Forecast	Gap	RAG RATING				
				Green	Green/Amber*	Amber	Red	Black
Other Corporate Services	29,567	15,352	(14,215)	15,352	0	0	0	14,215
Clinical Support Services	1,726,000	1,115,095	(610,905)	1,115,095	0	0	0	610,905
Estates	113,000	460,000	347,000	460,000	0	0	0	(347,000)
Finance & Information	218,472	493,076	274,604	493,076	0	0	0	(274,604)
Human Resources	340,109	39,551	(300,558)	39,551	0	0	0	300,558
Hotel	210,000	126,067	(83,933)	56,067	0	70,000	0	83,933
Integrated Community Services	1,659,000	593,886	(1,065,114)	593,886	0	0	0	1,065,114
Innovation	0	0	0	0	0	0	0	0
Medical Specialties	1,700,000	646,966	(1,053,034)	646,966	0	0	0	1,053,034
Neurosciences, MSK and Specialist Surgery	1,964,301	1,505,804	(458,497)	1,505,804	0	0	0	458,497
Operational Services	17,321	24,634	7,313	24,634	0	0	0	(7,313)
R&D	120,000	0	(120,000)	0	0	0	0	120,000
Risk Management	16,430	5,149	(11,281)	5,149	0	0	0	11,281
Surgery, Cardiac, Critical Care, Anaesthetic	2,059,000	1,127,181	(931,819)	1,118,181	0	9,000	0	931,819
<b>Total</b>	<b>10,173,200</b>	<b>6,152,761</b>	<b>(4,020,439)</b>	<b>6,073,761</b>	<b>0</b>	<b>79,000</b>	<b>0</b>	<b>4,020,439</b>

CBU	Target	Forecast	Gap	Green	Green/Amber*	Amber	Red	Black
Improve Out of Hospital Activity	768,880	332,887	(435,993)	332,887	0	0	0	435,993
Improve Business Efficiency	3,794,564	4,388,547	593,983	4,309,547	0	79,000	0	(593,983)
Deliver Strategic Plan	350,000	11,664	(338,336)	11,664	0	0	0	338,336
Improve Workforce Efficiency	190,500	(0)	(190,500)	0	0	0	0	190,500
GAP	2,427,210	0	(2,427,210)	0	0	0	0	2,427,210
<b>Total</b>	<b>10,173,200</b>	<b>6,152,761</b>	<b>(4,020,439)</b>	<b>6,073,761</b>	<b>0</b>	<b>79,000</b>	<b>0</b>	<b>4,020,439</b>

### 3. Financial Strength

Capital Expenditure Period ended Dec-15

	Prior Year Expenditure	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	FULL YEAR FORECAST	FULL YEAR VARIANCE
	£000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>ESTATES CAPITAL SCHEMES</b>										
<b>PLANNED CAPITAL - ESTATES</b>										
Interim & Retained Estate		125	37	88	741	497	244	1,211	1,211	0
Demolition/Decommissioning		50	43	7	150	116	34	200	380	(180)
Demolition Alder Park		0	50	(50)	224	193	31	224	217	7
Project costs associated with schemes		50	21	29	50	128	(78)	100	100	0
CDC		63	0	63	441	0	441	630	0	630
<b>PLANNED CAPITAL - ESTATES</b>		<b>288</b>	<b>152</b>	<b>136</b>	<b>1,606</b>	<b>933</b>	<b>673</b>	<b>2,365</b>	<b>1,908</b>	<b>457</b>
Research & Education Phase 1.	6,877	0	8	(8)	4,443	4,270	173	4,443	4,473	(30)
Research & Education Phase 2		0	6	(6)	900	356	544	900	900	0
<b>RESEARCH &amp; EDUCATION PHASE 1</b>	<b>6,877</b>	<b>0</b>	<b>14</b>	<b>(14)</b>	<b>5,343</b>	<b>4,626</b>	<b>717</b>	<b>5,343</b>	<b>5,373</b>	<b>(30)</b>
<b>ESTATES TOTAL CAPITAL</b>	<b>6,877</b>	<b>288</b>	<b>166</b>	<b>122</b>	<b>6,949</b>	<b>5,559</b>	<b>1,390</b>	<b>7,708</b>	<b>7,281</b>	<b>427</b>
<b>IM &amp; T CAPITAL SCHEMES</b>										
New Build IM&T	2,302	0	379	(379)	1,756	2,277	(521)	1,756	1,974	(218)
Door Access		0	0	0	400	102	298	400	130	270
CCTV & Mobile Technology	0	0	0	(0)	400	195	205	400	550	(150)
Patient Entertainment - Core	360	0	(1)	1	250	249	1	250	260	(10)
<b>NETWORKING, INFRASTRUCTURE &amp; OTHER IT</b>	<b>2,662</b>	<b>0</b>	<b>378</b>	<b>(378)</b>	<b>2,806</b>	<b>2,823</b>	<b>(17)</b>	<b>2,806</b>	<b>2,914</b>	<b>(108)</b>
Electronic Patient Record.	3,515	0	117	(117)	5,712	5,967	(255)	5,712	6,132	(420)
<b>ELECTRONIC PATIENT RECORD</b>	<b>3,515</b>	<b>0</b>	<b>117</b>	<b>(117)</b>	<b>5,712</b>	<b>5,967</b>	<b>(255)</b>	<b>5,712</b>	<b>6,132</b>	<b>(420)</b>
<b>IM &amp; T TOTAL CAPITAL</b>	<b>6,177</b>	<b>0</b>	<b>494</b>	<b>(494)</b>	<b>8,518</b>	<b>8,789</b>	<b>(271)</b>	<b>8,518</b>	<b>9,046</b>	<b>(528)</b>
<b>ALDER HEY IN THE PARK</b>										
Medical Equipment - Replacement Cycle	930	0	86	(86)	3,030	3,039	(9)	3,030	2,869	161
Medical Equipment - Project Specific Items (Patient Monitoring)		0	0	0	700	620	80	700	727	(27)
Medical Equipment - Project Specific		0	0	0	0	0	0	528	494	34
Medical Equipment - Additional Rooms.		0	27	(27)	768	532	236	768	796	(28)
Medical Equipment - Category B2 Brainlab		0	(5)	5	300	341	(41)	300	439	(139)
Drills		0	0	0	208	0	208	208	0	208
Medical Equipment B1 Charity		0	55	(55)	0	790	(790)	0	833	(833)
Hybrid Theatre		0	0	0	0	0	0	0	1,200	(1,200)
Clinical Equipment - Project Specific (Parent Beds)		0	0	0	187	226	(39)	187	226	(39)
Medical Equipment - Category B1 (Radio & Angio)	4,509	0	(1)	1	771	674	97	771	921	(150)
Non Medical Equipment - Category B2	4	0	(3)	3	329	144	185	329	144	185
Non Medical Equipment - Category C	27	0	168	(168)	2,325	3,149	(824)	2,325	2,943	(618)
Non Medical Equipment - Project Specific		0	130	(130)	246	592	(346)	246	38	208
Automated Drug Cabinets		0	0	0	333	333	0	333	333	0
Outpatients		0	5	(5)	2,772	(1,445)	4,217	2,772	(1,442)	4,214
Capital Contribution PFI		0	499	(499)	2,747	4,822	(2,075)	2,747	6,535	(3,788)
Innovation Hub		0	0	0	280	0	280	280	0	280
Site Development		0	0	0	0	0	0	0	100	(100)
Office Development		0	24	(24)	0	24	(24)	0	100	(100)
<b>ALDER HEY IN THE PARK TOTAL</b>	<b>5,470</b>	<b>0</b>	<b>986</b>	<b>(986)</b>	<b>14,996</b>	<b>13,840</b>	<b>1,155</b>	<b>15,524</b>	<b>17,256</b>	<b>(1,733)</b>
Business Intelligence		0	(5)	5	250	253	(3)	250	250	0
Other	0	0	51	(51)	662	439	223	662	992	(330)
<b>Other</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>(47)</b>	<b>912</b>	<b>692</b>	<b>220</b>	<b>912</b>	<b>1,242</b>	<b>(330)</b>
<b>CAPITAL PROGRAMME 15/16</b>	<b>18,524</b>	<b>288</b>	<b>1,693</b>	<b>(1,405)</b>	<b>31,375</b>	<b>28,881</b>	<b>2,494</b>	<b>32,662</b>	<b>34,825</b>	<b>(2,164)</b>
Technical Adjustments		(63)	0	(63)	(441)	0	(441)	(630)	0	(630)
<b>AMENDED CAPITAL PROGRAMME 15/16</b>	<b>18,524</b>	<b>225</b>	<b>1,693</b>	<b>(1,468)</b>	<b>30,934</b>	<b>28,881</b>	<b>2,053</b>	<b>32,032</b>	<b>34,825</b>	<b>(2,794)</b>

### 3. Financial Strength

#### 3.8 CBU Financial Performance Report for the period ended December 2015

		IN MONTH	IN MONTH	IN MONTH VARIANCE		YEAR TO DATE	YEAR TO DATE	YEAR TO DATE VARIANCE		Comments
		BUDGET	ACTUAL	£'000	%	BUDGET	ACTUAL	£'000	%	
		£'000	£'000	£'000	%	£'000	£'000	£'000	%	
MEDICAL SPECIALTIES	INCOME	3,342	3,539	196	6%	30,397	29,568	(828)	-3%	Overall over-performance on activity, mainly due to non-elective activity.. Under delivery on CIP.
	PAY COSTS	(1,056)	(1,124)	(68)	-6%	(9,715)	(10,199)	(483)	-5%	Overspend relates to under delivery of CIP, and high usage of bank & agency across wards
	NON PAY COSTS	(1,170)	(1,298)	(128)	-11%	(10,674)	(10,919)	(245)	-2%	High spend on P&R drugs in month, offset by overall gain on non-P&R drugs.
	<b>CONTRIBUTION</b>	<b>1,116</b>	<b>1,117</b>	<b>1</b>	<b>0%</b>	<b>10,008</b>	<b>8,450</b>	<b>(1,558)</b>	<b>-16%</b>	
DISTRICT SERVICES/CAMHS & COMMUNITY	INCOME	3,201	3,002	(199)	-6%	26,874	27,338	464	2%	IAPT income offset by expenditure. Under delivery on CIP. With additional income for Eating Disorders Liverpool CAMHS
	PAY COSTS	(2,144)	(2,303)	(159)	-7%	(18,763)	(19,848)	(1,085)	-6%	Pay overspend on Homecare packages & IAPT offset by additional income. With additional costs for locum doctors and MAU nurse cover through bank and agency
	NON PAY COSTS	(209)	(253)	(44)	-21%	(2,092)	(2,636)	(544)	-26%	Overspend relates to under delivery of CIP, IAPT expenditure, and insulin pump expenditure offset by additional income
	<b>CONTRIBUTION</b>	<b>848</b>	<b>446</b>	<b>(402)</b>	<b>-47%</b>	<b>6,019</b>	<b>4,854</b>	<b>(1,165)</b>	<b>-19%</b>	
NEUROSCIENCE, MUSCULOSKELETAL AND SPECIALIST SURGERY	INCOME	3,528	3,184	(344)	-10%	33,744	29,843	(3,901)	-12%	Income continues to be behind plan with key areas being Neurosurgery NEL, plastics, ortho, ENT and outpatients behind plan across the board. Work underway to look at forecasted plans and potential mitigations.
	PAY COSTS	(1,496)	(1,612)	(116)	-8%	(13,774)	(14,130)	(356)	-3%	Pay overspend due to temporary staffing and payments for additional sessions.
	NON PAY COSTS	(171)	(243)	(71)	-42%	(1,629)	(2,102)	(473)	-29%	Non pay over spends spread across the CBU & across several areas eg drugs costs (148k YTD), hearing aids (some of which will be offset by income), MSSE.
	<b>CONTRIBUTION</b>	<b>1,861</b>	<b>1,329</b>	<b>(532)</b>	<b>-29%</b>	<b>18,341</b>	<b>13,611</b>	<b>(4,730)</b>	<b>-26%</b>	
SURGERY, CARDIAC, ANAESTHESIA & CRITICAL CARE CBU (SCACC)	INCOME	4,683	4,307	(377)	-8%	39,293	36,207	(3,086)	-8%	Income underperforming mainly in Cardiac surgery, general surgery & Neonates), with smaller variances across the CBU. Work has been done to look at forecast activity and mitigation plans.
	PAY COSTS	(3,074)	(3,147)	(73)	-2%	(27,975)	(28,608)	(633)	-2%	Temporary staffing used to cover sickness & maternity leave. Continued use of agency in theatres.
	NON PAY COSTS	(904)	(907)	(3)	0%	(8,483)	(8,136)	347	4%	Various overspends such as drugs and Med & surg equipments which are offset with underspends in theatres.
	<b>CONTRIBUTION</b>	<b>705</b>	<b>253</b>	<b>(452)</b>	<b>-64%</b>	<b>2,835</b>	<b>(537)</b>	<b>(3,372)</b>	<b>-119%</b>	
CLINICAL SUPPORT UNIT	INCOME	862	857	(5)	-1%	7,834	7,911	77	1%	Income overperformance year to date is Radiology Non Elective
	PAY COSTS	(1,526)	(1,515)	10	1%	(13,759)	(13,609)	150	1%	Various CBU vacancies offset by pressure in Records Management Team - Agency 355k, Paperlight project
	NON PAY COSTS	(519)	(497)	22	4%	(4,497)	(5,173)	(676)	-15%	Overspending areas are drugs, FP10's, patient appliances, send away tests, Patient Services and unachieved CIP
	<b>CONTRIBUTION</b>	<b>(1,183)</b>	<b>(1,155)</b>	<b>28</b>	<b>2%</b>	<b>(10,422)</b>	<b>(10,871)</b>	<b>(449)</b>	<b>-4%</b>	
HOTEL SERVICES	INCOME	144	114	(30)	-21%	1,249	1,106	(143)	-11%	Target for LWH SLA cannot be fulfilled as Genetics have now moved off site, Car Parking and Catering underachieved
	PAY COSTS	(390)	(470)	(79)	-20%	(3,149)	(3,366)	(217)	-7%	Additional pay costs associated with the hospital move
	NON PAY COSTS	(182)	(210)	(28)	-15%	(1,652)	(2,032)	(380)	-23%	Continuing overspends in postage, Security, and provisions offset by various savings
	<b>CONTRIBUTION</b>	<b>(428)</b>	<b>(566)</b>	<b>(138)</b>	<b>-32%</b>	<b>(3,516)</b>	<b>(4,292)</b>	<b>(776)</b>	<b>-22%</b>	
ESTATES	INCOME	5	60	55	1100%	54	116	62	115%	Target for LWH SLA cannot be fulfilled as Genetics have now moved off site offset by forecast recharge to UoL for IITP
	PAY COSTS	(53)	(39)	14	26%	(571)	(474)	98	17%	Pay savings
	NON PAY COSTS	(601)	(567)	34	6%	(5,011)	(4,958)	53	1%	Saving in month due to changes in energy usage - CHP now fully functional again
	<b>CONTRIBUTION</b>	<b>(649)</b>	<b>(546)</b>	<b>103</b>	<b>16%</b>	<b>(5,528)</b>	<b>(5,316)</b>	<b>212</b>	<b>4%</b>	
RESEARCH & DEVELOPMENT	INCOME	347	357	10	3%	3,019	3,061	42	1%	Offset by Non Pay costs
	PAY COSTS	(184)	(153)	31	17%	(1,650)	(1,743)	(92)	-6%	Offset by Non Pay costs
	NON PAY COSTS	(105)	(146)	(41)	-39%	(945)	(895)	50	5%	Offset by Income
	<b>CONTRIBUTION</b>	<b>58</b>	<b>58</b>	<b>0</b>	<b>0%</b>	<b>424</b>	<b>423</b>	<b>(1)</b>	<b>0%</b>	
ALDER HEY IN THE PARK	INCOME	453	453	0	0%	5,123	5,149	26	1%	
	PAY COSTS	(161)	(250)	(88)	-55%	(2,058)	(2,079)	(22)	-1%	
	NON PAY COSTS	(42)	46	88	210%	(809)	(814)	(5)	-1%	
	<b>CONTRIBUTION</b>	<b>250</b>	<b>249</b>	<b>(1)</b>	<b>0%</b>	<b>2,256</b>	<b>2,256</b>	<b>0</b>	<b>0%</b>	
CORPORATE OTHER DEPT	INCOME	0	0	0	0%	0	(1)	(1)	0%	
	PAY COSTS	(131)	(124)	6	5%	(1,206)	(1,172)	33	3%	Various vacancies
	NON PAY COSTS	(46)	(49)	(3)	-7%	(428)	(505)	(76)	-18%	Overspends in Communications and Trust Board (Legal fees and Professional fees)
	<b>CONTRIBUTION</b>	<b>(177)</b>	<b>(173)</b>	<b>4</b>	<b>2%</b>	<b>(1,634)</b>	<b>(1,678)</b>	<b>(44)</b>	<b>-3%</b>	
FINANCE & IMT	INCOME	(4)	2	6	150%	(99)	20	118	119%	Overachievement in Finance CIP
	PAY COSTS	(280)	(307)	(27)	-10%	(2,480)	(2,404)	75	3%	Overachievement in Finance CIP
	NON PAY COSTS	(269)	(306)	(37)	-14%	(2,212)	(2,529)	(317)	-14%	Overspend mainly due to IMT computer expenditure & Telephony
	<b>CONTRIBUTION</b>	<b>(553)</b>	<b>(611)</b>	<b>(58)</b>	<b>-10%</b>	<b>(4,791)</b>	<b>(4,913)</b>	<b>(122)</b>	<b>-3%</b>	
HUMAN RESOURCES	INCOME	55	25	(30)	-55%	467	241	(226)	-48%	Income behind plan mainly due to unachieved CIP
	PAY COSTS	(140)	(146)	(6)	-4%	(1,277)	(1,261)	15	1%	Various vacancies
	NON PAY COSTS	(90)	(82)	7	8%	(791)	(685)	106	13%	Underspend in Organisational Development, who traditionally incur more expenditure later in the year
	<b>CONTRIBUTION</b>	<b>(175)</b>	<b>(203)</b>	<b>(28)</b>	<b>-16%</b>	<b>(1,601)</b>	<b>(1,705)</b>	<b>(104)</b>	<b>-6%</b>	
NURSING & QUALITY	INCOME	11	24	14	127%	96	225	129	134%	Mainly NHSLSA - Safety Improvement plan - offset Pay and Alder Hey MSc Child Nursing - offset Non Pay
	PAY COSTS	(150)	(159)	(10)	-7%	(1,290)	(1,356)	(66)	-5%	Mainly NHSLSA - Safety Improvement plan - offset Income
	NON PAY COSTS	(25)	(32)	(7)	-28%	(244)	(518)	(275)	-113%	Various overspends in Nursing Leadership, Risk Management, Patient Experience and Infection Control Department (Bioquell Pods for CBU's - ended Oct15) Alder Hey MSc Child Nursing - offset Income
	<b>CONTRIBUTION</b>	<b>(164)</b>	<b>(167)</b>	<b>(3)</b>	<b>-2%</b>	<b>(1,438)</b>	<b>(1,649)</b>	<b>(211)</b>	<b>-15%</b>	

Activity against Plan, by Specialty  
2015/16 - Month 09

		Plan (spells/ attendances)	Actual (spells/ attendances)	Variance (spells/ attendances)	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
<b>Medical Specialties CBU</b>									
Endocrinology	Elective	882	802	-80	-9%	£940	£814	£-127	-13%
Endocrinology	Non Elective	22	12	-10	-45%	£86	£79	£-7	-8%
Endocrinology	Outpatient - New	580	544	-36	-6%	£225	£211	£-14	-6%
Endocrinology	Outpatient - Follow Up	4,046	3,288	-758	-19%	£742	£610	£-132	-18%
<b>Endocrinology</b>	<b>Total</b>	<b>5,529</b>	<b>4,646</b>	<b>-883</b>	<b>-16%</b>	<b>£1,992</b>	<b>£1,713</b>	<b>£-279</b>	<b>-14%</b>
Haematology	Elective	236	260	24	10%	£434	£353	£-81	-19%
Haematology	Non Elective	163	83	-70	-46%	£481	£197	£-284	-59%
Haematology	Outpatient - New	194	161	-33	-17%	£84	£70	£-14	-17%
Haematology	Outpatient - Follow Up	1,422	1,009	-413	-29%	£303	£216	£-87	-29%
<b>Haematology</b>	<b>Total</b>	<b>2,005</b>	<b>1,513</b>	<b>-492</b>	<b>-25%</b>	<b>£1,302</b>	<b>£836</b>	<b>£-466</b>	<b>-36%</b>
Gastroenterology	Elective	1,383	1,311	-72	-5%	£1,746	£1,776	£30	2%
Gastroenterology	Non Elective	98	76	-22	-22%	£796	£505	£-291	-37%
Gastroenterology	Outpatient - New	869	747	-122	-14%	£195	£189	£-5	-3%
Gastroenterology	Outpatient - Follow Up	4,115	3,966	-149	-4%	£621	£639	£19	3%
<b>Gastroenterology</b>	<b>Total</b>	<b>6,465</b>	<b>6,100</b>	<b>-365</b>	<b>-6%</b>	<b>£3,358</b>	<b>£3,110</b>	<b>£-248</b>	<b>-7%</b>
Metabolic	Elective	0	0	0	0%			£0	0%
Metabolic	Non Elective	0	0	0	0%			£0	0%
Metabolic	Outpatient - New	44	41	-3	-8%	£17	£14	£-4	-21%
Metabolic	Outpatient - Follow Up	267	302	35	13%	£103	£116	£14	13%
<b>Metabolic</b>	<b>Total</b>	<b>311</b>	<b>343</b>	<b>32</b>	<b>10%</b>	<b>£120</b>	<b>£130</b>	<b>£10</b>	<b>8%</b>
Dermatology	Elective	16	28	12	72%	£14	£24	£10	75%
Dermatology	Non Elective	0	0	0	0%			£0	0%
Dermatology	Outpatient - New	1,547	1,129	-418	-27%	£206	£156	£-50	-24%
Dermatology	Outpatient - Follow Up	5,977	5,304	-673	-11%	£560	£505	£-55	-10%
<b>Dermatology</b>	<b>Total</b>	<b>7,540</b>	<b>6,461</b>	<b>-1,079</b>	<b>-14%</b>	<b>£780</b>	<b>£685</b>	<b>£-94</b>	<b>-12%</b>
Nephrology	Elective	1,117	664	-453	-41%	£1,134	£637	£-497	-44%
Nephrology	Non Elective	36	38	2	5%	£152	£106	£-46	-30%
Nephrology	Outpatient - New	138	186	48	34%	£16	£22	£6	35%
Nephrology	Outpatient - Follow Up	2,331	2,296	-35	-2%	£277	£272	£-4	-2%
<b>Nephrology</b>	<b>Total</b>	<b>3,622</b>	<b>3,184</b>	<b>-438</b>	<b>-12%</b>	<b>£1,579</b>	<b>£1,038</b>	<b>£-541</b>	<b>-34%</b>
Oncology	Elective	3,389	4,473	1,084	32%	£2,421	£3,762	£1,340	55%
Oncology	Non Elective	354	658	304	86%	£945	£1,445	£500	53%
Oncology	Outpatient - New	90	65	-25	-27%	£23	£17	£-6	-28%
Oncology	Outpatient - Follow Up	2,881	2,836	-45	-2%	£748	£731	£-17	-2%
<b>Oncology</b>	<b>Total</b>	<b>6,713</b>	<b>8,032</b>	<b>1,319</b>	<b>20%</b>	<b>£4,138</b>	<b>£5,954</b>	<b>£1,817</b>	<b>44%</b>
Respiratory Medicine	Elective	131	135	4	3%	£216	£200	£-16	-7%
Respiratory Medicine	Non Elective	586	676	90	15%	£629	£855	£225	36%
Respiratory Medicine	Outpatient - New	542	539	-3	-1%	£150	£161	£11	7%
Respiratory Medicine	Outpatient - Follow Up	3,528	2,863	-665	-19%	£486	£454	£-32	-7%
<b>Respiratory Medicine</b>	<b>Total</b>	<b>4,787</b>	<b>4,213</b>	<b>-574</b>	<b>-12%</b>	<b>£1,480</b>	<b>£1,669</b>	<b>£189</b>	<b>13%</b>
Rheumatology	Elective	1,500	1,357	-143	-10%	£1,439	£1,346	£-93	-6%
Rheumatology	Non Elective	13	26	13	104%	£27	£69	£42	152%
Rheumatology	Outpatient - New	435	421	-14	-3%	£66	£64	£-2	-3%
Rheumatology	Outpatient - Follow Up	1,615	1,379	-236	-15%	£244	£208	£-36	-15%
<b>Rheumatology</b>	<b>Total</b>	<b>3,563</b>	<b>3,183</b>	<b>-380</b>	<b>-11%</b>	<b>£1,776</b>	<b>£1,687</b>	<b>£-89</b>	<b>-5%</b>
<b>CBU Total</b>									
Med Spec CBU	Elective	8,654	9,030	376	4%	£8,345	£8,912	£567	7%
Med Spec CBU	Non Elective	1,261	1,569	308	24%	£3,116	£3,255	£139	4%
Med Spec CBU	Outpatient - New	4,440	3,833	-607	-14%	£982	£903	£-79	-8%
Med Spec CBU	Outpatient - Follow Up	26,180	23,243	-2,937	-11%	£4,082	£3,751	£-331	-8%
<b>Med Spec CBU</b>	<b>Total</b>	<b>40,535</b>	<b>37,675</b>	<b>-2,860</b>	<b>-7%</b>	<b>£16,525</b>	<b>£16,821</b>	<b>£296</b>	<b>2%</b>

		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
<b>ICS CBU</b>									
Accident & Emergency	Elective	1	2	1	35%	£1	£4	£2	146%
Accident & Emergency	Non Elective	602	917	315	52%	£564	£867	£303	54%
Accident & Emergency	Outpatient - New	1,857	1,263	-594	-32%	£629	£428	£-201	-32%
Accident & Emergency	Outpatient - Follow Up	200	160	-40	-20%	£68	£54	£-14	-20%
<b>Accident &amp; Emergency</b>	<b>Total</b>	<b>2,661</b>	<b>2,342</b>	<b>-319</b>	<b>-12%</b>	<b>£1,262</b>	<b>£1,353</b>	<b>£91</b>	<b>7%</b>
CAMHS	Elective	2		-2	-100%	£2		£-2	-100%
CAMHS	Non Elective	0		0	0%			£0	0%
CAMHS	Outpatient - New	1,746	2,252	506	29%			£0	0%
CAMHS	Outpatient - Follow Up	8,383	9,682	1,299	15%			£0	0%
<b>CAMHS</b>	<b>Total</b>	<b>10,132</b>	<b>11,934</b>	<b>1,802</b>	<b>18%</b>	<b>£2</b>	<b>£0</b>	<b>£-2</b>	<b>-100%</b>
Community Paediatrics	Elective	0		0	0%			£0	0%
Community Paediatrics	Non Elective	0		0	0%			£0	0%
Community Paediatrics	Outpatient - New	2,684	2,259	-425	-16%			£0	0%
Community Paediatrics	Outpatient - Follow Up	6,409	4,988	-1,421	-22%			£0	0%
<b>Community Paediatrics</b>	<b>Total</b>	<b>9,093</b>	<b>7,247</b>	<b>-1,846</b>	<b>-20%</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>0%</b>
Diabetes	Elective	0		0	0%			£0	0%
Diabetes	Non Elective	0		0	0%			£0	0%
Diabetes	Outpatient - New	13	61	48	358%	£3	£14	£11	358%
Diabetes	Outpatient - Follow Up	25	101	76	301%	£3	£13	£10	302%
<b>Diabetes</b>	<b>Total</b>	<b>39</b>	<b>162</b>	<b>123</b>	<b>321%</b>	<b>£6</b>	<b>£28</b>	<b>£21</b>	<b>329%</b>
General Paediatrics	Elective	401	326	-75	-19%	£426	£361	£-65	-15%
General Paediatrics	Non Elective	2,413	2,360	-53	-2%	£2,963	£3,104	£141	5%
General Paediatrics	Outpatient - New	3,987	3,120	-867	-22%	£754	£688	£-66	-9%
General Paediatrics	Outpatient - Follow Up	6,990	5,654	-1,336	-19%	£814	£730	£-83	-10%
<b>General Paediatrics</b>	<b>Total</b>	<b>13,790</b>	<b>11,460</b>	<b>-2,330</b>	<b>-17%</b>	<b>£4,957</b>	<b>£4,883</b>	<b>£-74</b>	<b>-1%</b>
<b>CBU Total</b>									
ICS CBU	Elective	404	328	-76	-19%	£430	£364	£-65	-15%
ICS CBU	Non Elective	3,015	3,277	262	9%	£3,527	£3,971	£444	13%
ICS CBU	Outpatient - New	10,287	8,955	-1,332	-13%	£1,386	£1,130	£-256	-18%
ICS CBU	Outpatient - Follow Up	22,008	20,585	-1,423	-6%	£885	£798	£-87	-10%
<b>ICS CBU</b>	<b>Total</b>	<b>35,714</b>	<b>33,145</b>	<b>-2,569</b>	<b>-7%</b>	<b>£6,228</b>	<b>£6,264</b>	<b>£36</b>	<b>1%</b>
A&E Attendances	A&E Attendances	41,673	42,368	695	2%	£3,609	£3,600	£-9	0%

NMSS CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
ENT	Elective	1,813	1,457	-356	-20%	£2,246	£1,779	£-467	-21%
ENT	Non Elective	207	191	-16	-8%	£413	£379	£-34	-8%
ENT	Outpatient - New	3,102	2,395	-707	-23%	£332	£257	£-75	-23%
ENT	Outpatient - Follow Up	6,063	5,413	-650	-11%	£537	£507	£-30	-6%
<b>ENT</b>	<b>Total</b>	<b>11,185</b>	<b>9,456</b>	<b>-1,729</b>	<b>-15%</b>	<b>£3,528</b>	<b>£2,922</b>	<b>£-606</b>	<b>-17%</b>
Audiology	Elective	0	0	0	0%			£0	0%
Audiology	Non Elective	0	0	0	0%			£0	0%
Audiology	Outpatient - New	5,443	5,268	-176	-3%	£517	£500	£-17	-3%
Audiology	Outpatient - Follow Up	2,130	2,369	239	11%	£203	£225	£22	11%
<b>Audiology</b>	<b>Total</b>	<b>7,574</b>	<b>7,637</b>	<b>63</b>	<b>1%</b>	<b>£720</b>	<b>£725</b>	<b>£6</b>	<b>1%</b>
Ophthalmology	Elective	447	246	-201	-45%	£429	£231	£-198	-46%
Ophthalmology	Non Elective	14	5	-9	-65%	£30	£8	£-22	-74%
Ophthalmology	Outpatient - New	2,687	2,319	-368	-14%	£395	£359	£-36	-9%
Ophthalmology	Outpatient - Follow Up	10,046	7,267	-2,779	-28%	£1,003	£776	£-228	-23%
<b>Ophthalmology</b>	<b>Total</b>	<b>13,194</b>	<b>9,837</b>	<b>-3,357</b>	<b>-25%</b>	<b>£1,858</b>	<b>£1,374</b>	<b>£-485</b>	<b>-26%</b>
Burns	Elective	58	37	-21	-37%	£147	£69	£-79	-53%
Burns	Non Elective	269	214	-55	-20%	£654	£488	£-166	-25%
Burns	Outpatient - New	275	148	-127	-46%	£53	£29	£-24	-45%
Burns	Outpatient - Follow Up	897	695	-202	-23%	£100	£80	£-21	-21%
<b>Burns</b>	<b>Total</b>	<b>1,500</b>	<b>1,094</b>	<b>-406</b>	<b>-27%</b>	<b>£955</b>	<b>£665</b>	<b>£-290</b>	<b>-30%</b>
Neurology	Elective	132	212	80	61%	£255	£457	£201	79%
Neurology	Non Elective	74	83	9	12%	£347	£602	£255	74%
Neurology	Outpatient - New	800	753	-47	-6%	£207	£210	£3	1%
Neurology	Outpatient - Follow Up	2,560	1,996	-564	-22%	£667	£556	£-111	-17%
<b>Neurology</b>	<b>Total</b>	<b>3,567</b>	<b>3,044</b>	<b>-523</b>	<b>-15%</b>	<b>£1,476</b>	<b>£1,825</b>	<b>£349</b>	<b>24%</b>
Paediatric Epilepsy	Elective	0	0	0	0%			£0	0%
Paediatric Epilepsy	Non Elective	0	0	0	0%			£0	0%
Paediatric Epilepsy	Outpatient - New	101	80	-21	-21%	£22	£18	£-5	-21%
Paediatric Epilepsy	Outpatient - Follow Up	234	183	-51	-22%	£41	£32	£-9	-22%
<b>Paediatric Epilepsy</b>	<b>Total</b>	<b>335</b>	<b>263</b>	<b>-72</b>	<b>-21%</b>	<b>£64</b>	<b>£50</b>	<b>£-14</b>	<b>-22%</b>
Neurosurgery	Elective	224	225	1	1%	£909	£1,098	£190	21%
Neurosurgery	Non Elective	267	209	-58	-22%	£1,751	£1,204	£-547	-31%
Neurosurgery	Outpatient - New	582	438	-144	-25%	£50	£39	£-11	-22%
Neurosurgery	Outpatient - Follow Up	1,950	1,953	3	0%	£170	£175	£5	3%
<b>Neurosurgery</b>	<b>Total</b>	<b>3,022</b>	<b>2,825</b>	<b>-197</b>	<b>-7%</b>	<b>£2,880</b>	<b>£2,517</b>	<b>£-363</b>	<b>-13%</b>
Oral Surgery	Elective	433	349	-84	-19%	£507	£421	£-86	-17%
Oral Surgery	Non Elective	113	84	-29	-26%	£131	£106	£-25	-19%
Oral Surgery	Outpatient - New	643	437	-206	-32%	£127	£90	£-37	-29%
Oral Surgery	Outpatient - Follow Up	1,278	606	-672	-53%	£189	£104	£-85	-45%
<b>Oral Surgery</b>	<b>Total</b>	<b>2,468</b>	<b>1,476</b>	<b>-992</b>	<b>-40%</b>	<b>£955</b>	<b>£722</b>	<b>£-233</b>	<b>-24%</b>
Paediatric Dentistry	Elective	967	717	-250	-26%	£575	£417	£-157	-27%
Paediatric Dentistry	Non Elective	10	12	2	23%	£12	£11	£0	-4%
Paediatric Dentistry	Outpatient - New	1,022	879	-143	-14%	£37	£31	£-5	-15%
Paediatric Dentistry	Outpatient - Follow Up	1,587	1,193	-394	-25%	£98	£69	£-29	-29%
<b>Paediatric Dentistry</b>	<b>Total</b>	<b>3,586</b>	<b>2,801</b>	<b>-785</b>	<b>-22%</b>	<b>£721</b>	<b>£529</b>	<b>£-192</b>	<b>-27%</b>
Orthodontics	Elective	0	1	1	0%		£1	£1	0%
Orthodontics	Non Elective	0	1	1	0%		£1	£1	0%
Orthodontics	Outpatient - New	47	26	-21	-44%	£9	£5	£-4	-42%
Orthodontics	Outpatient - Follow Up	267	206	-61	-23%	£28	£20	£-8	-27%
<b>Orthodontics</b>	<b>Total</b>	<b>313</b>	<b>234</b>	<b>-79</b>	<b>-25%</b>	<b>£36</b>	<b>£27</b>	<b>£-9</b>	<b>-25%</b>
Plastic surgery	Elective	798	673	-125	-16%	£938	£816	£-121	-13%
Plastic surgery	Non Elective	1,001	756	-245	-25%	£1,312	£1,107	£-204	-16%
Plastic surgery	Outpatient - New	2,064	1,624	-440	-21%	£276	£261	£-15	-5%
Plastic surgery	Outpatient - Follow Up	4,584	3,828	-756	-16%	£470	£415	£-56	-12%
<b>Plastic surgery</b>	<b>Total</b>	<b>8,446</b>	<b>6,881</b>	<b>-1,565</b>	<b>-19%</b>	<b>£2,996</b>	<b>£2,600</b>	<b>£-396</b>	<b>-13%</b>
Orthopaedics	Elective	949	806	-143	-15%	£2,605	£2,248	£-357	-14%
Orthopaedics	Non Elective	639	517	-122	-19%	£1,670	£1,351	£-319	-19%
Orthopaedics	Outpatient - New	6,470	5,867	-603	-9%	£935	£848	£-87	-9%
Orthopaedics	Outpatient - Follow Up	9,976	11,002	1,026	10%	£1,000	£1,093	£92	9%
<b>Orthopaedics</b>	<b>Total</b>	<b>18,034</b>	<b>18,192</b>	<b>158</b>	<b>1%</b>	<b>£6,211</b>	<b>£5,540</b>	<b>£-671</b>	<b>-11%</b>
Sleep Studies	Elective	222	135	-87	-39%	£406	£214	£-191	-47%
Sleep Studies	Non Elective	0	0	0	0%			£0	0%
Sleep Studies	Outpatient - New	0	0	0	0%			£0	0%
Sleep Studies	Outpatient - Follow Up	0	0	0	0%			£0	0%
<b>Sleep Studies</b>	<b>Total</b>	<b>222</b>	<b>135</b>	<b>-87</b>	<b>-39%</b>	<b>£406</b>	<b>£214</b>	<b>£-191</b>	<b>-47%</b>
Spinal Surgery	Elective	121	97	-24	-20%	£2,321	£2,141	£-179	-8%
Spinal Surgery	Non Elective	0	3	3	0%		£108	£108	0%
Spinal Surgery	Outpatient - New	189	241	52	28%	£32	£40	£9	28%
Spinal Surgery	Outpatient - Follow Up	652	895	243	37%	£66	£91	£24	37%
<b>Spinal Surgery</b>	<b>Total</b>	<b>961</b>	<b>1,236</b>	<b>275</b>	<b>29%</b>	<b>£2,419</b>	<b>£2,381</b>	<b>£-38</b>	<b>-2%</b>
<b>CBU Total</b>									
NMSS CBU	Elective	6,164	4,955	-1,209	-20%	£11,338	£9,894	£-1,444	-13%
NMSS CBU	Non Elective	2,594	2,075	-519	-20%	£6,320	£5,366	£-954	-15%
NMSS CBU	Outpatient - New	23,426	20,475	-2,951	-13%	£2,993	£2,689	£-304	-10%
NMSS CBU	Outpatient - Follow Up	42,223	37,606	-4,617	-11%	£4,574	£4,143	£-431	-9%
<b>NMSS CBU</b>	<b>Total</b>	<b>74,407</b>	<b>65,111</b>	<b>-9,297</b>	<b>-12%</b>	<b>£25,224</b>	<b>£22,091</b>	<b>£-3,133</b>	<b>-12%</b>

SCACC CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Cardiology	Elective	365	322	-43	-12%	£1,326	£1,239	£-88	-7%
Cardiology	Non Elective	97	108	11	11%	£508	£387	£-122	-24%
Cardiology	Outpatient - New	1,276	1,200	-76	-6%	£285	£271	£-14	-5%
Cardiology	Outpatient - Follow Up	3,410	3,331	-79	-2%	£505	£499	£-5	-1%
<b>Cardiology</b>	<b>Total</b>	<b>5,148</b>	<b>4,961</b>	<b>-187</b>	<b>-4%</b>	<b>£2,624</b>	<b>£2,395</b>	<b>£-229</b>	<b>-9%</b>
Cardiac Surgery	Elective	271	224	-47	-17%	£3,543	£2,911	£-632	-18%
Cardiac Surgery	Non Elective	98	78	-20	-20%	£2,243	£2,087	£-156	-7%
Cardiac Surgery	Outpatient - New	78	55	-23	-29%	£56	£40	£-16	-29%
Cardiac Surgery	Outpatient - Follow Up	247	175	-72	-29%	£179	£127	£-53	-29%
<b>Cardiac Surgery</b>	<b>Total</b>	<b>694</b>	<b>532</b>	<b>-162</b>	<b>-23%</b>	<b>£6,021</b>	<b>£5,164</b>	<b>£-857</b>	<b>-14%</b>
Gynaecology	Elective	14	11	-3	-22%	£14	£19	£5	40%
Gynaecology	Non Elective	0	0	0	0%			£0	0%
Gynaecology	Outpatient - New	209	171	-38	-18%	£28	£23	£-5	-18%
Gynaecology	Outpatient - Follow Up	345	318	-27	-8%	£29	£26	£-2	-8%
<b>Gynaecology</b>	<b>Total</b>	<b>568</b>	<b>500</b>	<b>-68</b>	<b>-12%</b>	<b>£71</b>	<b>£69</b>	<b>£-2</b>	<b>-3%</b>
Paediatric Surgery	Elective	1,453	1,331	-122	-8%	£2,796	£2,410	£-386	-14%
Paediatric Surgery	Non Elective	1,018	928	-90	-9%	£3,436	£3,345	£-91	-3%
Paediatric Surgery	Outpatient - New	1,662	1,511	-151	-9%	£306	£278	£-28	-9%
Paediatric Surgery	Outpatient - Follow Up	4,080	2,768	-1,312	-32%	£461	£314	£-147	-32%
<b>Paediatric Surgery</b>	<b>Total</b>	<b>8,213</b>	<b>6,538</b>	<b>-1,675</b>	<b>-20%</b>	<b>£6,999</b>	<b>£6,347</b>	<b>£-652</b>	<b>-9%</b>
Urology	Elective	1,383	1,531	148	11%	£1,566	£1,609	£43	3%
Urology	Non Elective	28	20	-8	-28%	£129	£72	£-57	-44%
Urology	Outpatient - New	969	806	-163	-17%	£155	£136	£-19	-12%
Urology	Outpatient - Follow Up	2,056	1,709	-347	-17%	£191	£192	£1	1%
<b>Urology</b>	<b>Total</b>	<b>4,435</b>	<b>4,066</b>	<b>-369</b>	<b>-8%</b>	<b>£2,041</b>	<b>£2,010</b>	<b>£-32</b>	<b>-2%</b>
Neonatology	Elective	1	4	3	170%	£11	£25	£13	117%
Neonatology	Non Elective	185	91	-94	-51%	£1,553	£759	£-794	-51%
Neonatology	Outpatient - New	0	0	0	0%			£0	0%
Neonatology	Outpatient - Follow Up	0	0	0	0%			£0	0%
<b>Neonatology</b>	<b>Total</b>	<b>186</b>	<b>95</b>	<b>-91</b>	<b>-49%</b>	<b>£1,564</b>	<b>£783</b>	<b>£-781</b>	<b>-50%</b>
Paediatric Intensive Care	Elective	95	11	-84	-88%	£204	£51	£-153	-75%
Paediatric Intensive Care	Non Elective	145	166	21	14%	£410	£1,220	£810	198%
Paediatric Intensive Care	Outpatient - New	60	98	38	63%	£44	£73	£28	63%
Paediatric Intensive Care	Outpatient - Follow Up	382	496	114	30%	£264	£364	£100	38%
<b>Paediatric Intensive Care</b>	<b>Total</b>	<b>682</b>	<b>771</b>	<b>89</b>	<b>13%</b>	<b>£922</b>	<b>£1,708</b>	<b>£786</b>	<b>85%</b>
<b>CBU Total</b>									
SCACC CBU	Elective	3,582	3,434	-148	-4%	£9,460	£8,264	£-1,196	-13%
SCACC CBU	Non Elective	1,571	1,391	-180	-11%	£8,279	£7,869	£-410	-5%
SCACC CBU	Outpatient - New	4,253	3,841	-412	-10%	£875	£820	£-54	-6%
SCACC CBU	Outpatient - Follow Up	10,521	8,797	-1,724	-16%	£1,628	£1,522	£-106	-7%
<b>SCACC CBU</b>	<b>Total</b>	<b>19,926</b>	<b>17,463</b>	<b>-2,463</b>	<b>-12%</b>	<b>£20,242</b>	<b>£18,476</b>	<b>£-1,766</b>	<b>-9%</b>

Clinical Support CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Radiology	Elective	983	1,024	41	4%	£1,294	£1,292	£-3	0%
Radiology	Non Elective	26	27	1	6%	£225	£297	£72	32%
<b>Radiology</b>	<b>Total</b>	<b>1,009</b>	<b>1,051</b>	<b>42</b>	<b>4%</b>	<b>£1,519</b>	<b>£1,588</b>	<b>£69</b>	<b>5%</b>

Trust wide		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Trust wide	Elective	19,788	18,771	-1,017	-5%	£30,867	£28,726	£-2,141	-7%
Trust wide	Non Elective	8,466	8,339	-127	-2%	£21,466	£20,758	£-708	-3%
Trust wide	Outpatient - New	42,406	37,104	-5,302	-13%	£6,236	£5,543	£-694	-11%
Trust wide	Outpatient - Follow Up	100,931	90,231	-10,700	-11%	£11,169	£10,214	£-955	-9%
<b>Trust wide</b>	<b>Total</b>	<b>171,591</b>	<b>154,445</b>	<b>-17,147</b>	<b>-10%</b>	<b>£69,738</b>	<b>£65,240</b>	<b>£-4,499</b>	<b>-6%</b>
A&E Attendances	A&E Attendances	41,673	42,368	695	2%	£3,609	£3,600	£-9	0%