

**Meeting of the Board of Directors  
HELD IN PUBLIC  
Friday 3 February 2017 at Liverpool Women's Hospital at 1000  
Board Room**

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time	CQC Fundamental Standard	BAF Risk
2017/							
	Thank you to Staff				1000 10mins		
025	Apologies for absence & Declarations of interest	Receive apologies	Verbal	Chair		-	-
026	Meeting guidance notes	To receive the meeting attendees' guidance notes	Written guidance	Chair		R17 – Good Governance	-
027	Minutes of the previous meetings held on 6 <sup>th</sup> January 2017	Confirm as an accurate record the minutes of the previous meetings	Written	Chair	1010 05mins	R17 – Good Governance	-
028	Action Log and matters arising	Provide an update in respect of on-going and outstanding items to ensure progress	Written/verbal	Chair		R17 – Good Governance	-
029	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	1015 10mins	R17 – Good Governance	All
030	Chief Executive Report	Report key developments and announce items of significance not elsewhere	Paper	Chief Executive	1025 10mins	R17 – Good Governance	All
<b>BOARD ASSURANCE</b>							
031	National Maternity Review update	Report key developments and actions arising from the National Maternity review	Presentation	Director of Nursing and Midwifery Deputy / Interim Head of Midwifery	1035 15mins	R12 – Safe Care and Treatment	1b&c

Item no. 2017/	Title of item	Objectives/desired outcome	Process	Item presenter	Time	CQC Fundamental Standard	BAF Risk
032	Chair's Report from the Governance and Clinical Assurance Committee	Receive assurance and any escalated risks	Written	Committee Chair	1050 20mins	R17 – Good Governance	1 & 3
033	Chair's Report from the Putting People First Committee	Receive assurance and any escalated risks	Written	Committee Chair		R17 – Good Governance	3a & 4
034	Chair's Report from the Finance Performance and Business Development Committee	Receive assurance and any escalated risks	Written	Committee Chair		R17 – Good Governance	5 a - f
035	Chair's Report from the Audit Committee	Receive assurance and any escalated risks	Written	Committee Chair		R17 – Good Governance	All
<b>TRUST PERFORMANCE</b>							
036	Performance Report period 8, 2016/17	Review the latest Trust performance report and receive assurance	Written	Associate Director of Operations	1110 10mins	R12&18: Safe R17 – Good Governance	3a
037	Finance Report period 8, 2016/17	To note the current status of the Trusts financial position	Written	Director of Finance	1120 10mins	R17 – Good Governance	5
<b>TRUST STRATEGY</b>							
038	Future Generations Update	To brief the Board on progress and risks	Verbal	Chief Executive	1130 10mins	All	All
<b>BOARD GOVERNANCE</b>							
039	Board Assurance Framework & Corporate Risk Register	To review the strategic risks	written	Trust Secretary/Director of Nursing and Midwifery	1140 10mins	R17 – Good Governance	All
<b>BOARD GOVERNANCE</b>							
040	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	1150 5mins	R17 – Good Governance	All

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time	CQC Fundamental Standard	BAF Risk
2017/							
<b>HOUSEKEEPING</b>							
041	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	Meeting ends 1200	-	-

Date, time and place of next meeting Friday 3 March 2017

### Meeting to end at 1200

1200-1215 15mins	Questions raised by members of the public observing the meeting on matters raised at the meeting.	To respond to members of the public on matters of clarification and understanding.	Verbal	Chair
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## Board of Directors

Minutes of the meeting of the Board of Directors  
held public on Friday 06 January 2017 at 1000 hrs  
in the Boardroom, Liverpool Women's Hospital, Crown Street

### PRESENT

<b>Mr Robert Clarke</b>	Chair
<b>Mr Ian Haythornthwaite</b>	Non-Executive Director/Vice Chair
<b>Mr Tony Okotie</b>	Non-Executive Director/SID
<b>Mr Ian Knight</b>	Non-Executive Director
<b>Mr Phil Huggon</b>	Non-Executive Director
<b>Dr Susan Milner</b>	Non-Executive Director
<b>Ms Jo Moore</b>	Non-Executive Director
<b>Mrs Kathryn Thomson</b>	Chief Executive
<b>Mrs Michelle Turner</b>	Director of Workforce & Marketing
<b>Dr Andrew Loughney</b>	Medical Director
<b>Mrs Vanessa Harris</b>	Director of Finance
<b>Mrs Dianne Brown</b>	Director of Nursing & Midwifery
<b>Mr Jeff Johnston</b>	Director of Operations

### IN ATTENDANCE

<b>Mr Colin Reid</b>	Trust Secretary
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For Agenda item 01

<b>Fiona Lemmens</b>	Liverpool CCG Clinical Director - Urgent and Emergency Care
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### APOLOGIES

<b>Mr David Astley</b>	Non-Executive Director
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The Chair welcomed members of the public who were observing the Board meeting.

#### 01 **Future Generations Update - Liverpool Clinical Commissioning Group Review of women's and neonatal services - Pre Consultation Business Case**

The Chair welcomed Fiona Lemmens, Liverpool Clinical Commissioning Group Clinical Director for Urgent and Emergency Care to the meeting to present the Liverpool Clinical Commissioning Group (CCG) Review of Women's and Neonatal services – Draft Pre Consultation Business Case. He advised that due to the nature of the presentation members of the public may wish to ask questions on the and he would allow this during a short period after the presentation.

Fiona Lemmens presented the update on the Review of services at Liverpool Women's and outlined the process the CCG had followed from when it started the process in March 2016, following the finalisation of the Future Generations strategy the Trust had developed since 2014, including the Trust listening events during the summer of 2015.

Fiona Lemmens advised that the review was being delivered in partnership with the South Sefton and Knowsley CCG's and advised that with the Trust, Aintree University Hospital, Alder Hey Children's Hospital and the Royal Liverpool and Broadgreen University Hospitals were fully engaged and involved in the process. She reported that the process of assessing different options had been 'clinically-led' – driven by midwives, nurses, doctors and clinicians from Liverpool Women's and other local NHS organisations, including the Aintree, the Royal and Alder Hey and following the review of options, a six week period of engagement with the public on the case for change took place as the Pre-Consultation Business Case (PCBC) was developed.

Fiona Lemmens explained that the views gathered during the engagement were used to develop the four options for the future of women's and neonatal services and these options together with a preferred option have been set out in the draft PCBC which would be published following her presentation today. Fiona Lemmens explained the four options as being: relocate women's and neonatal services to a new hospital building on the same site as the new Royal Liverpool Hospital; relocate women's and neonatal services to a new hospital building on the same site as Alder Hey Children's Hospital; make major improvements to Liverpool Women's Hospital on the current Crown Street site; and make smaller improvements to Crown Street and reported that the detailed assessment of the options had led to a 'preferred option' of a new building for women's and neonatal services on the same site as the new Royal Liverpool Hospital.

Fiona Lemmens advised that the draft PCBC presented all four options to give the public an understanding of the different issues that had been reviewed and detailed why the preferred option had been arrived at. Fiona Lemmens went on to explain that all four options required significant capital investment and that it was recognised that only the preferred option delivered the clinical case for change, the other three did not and this is articulated in the draft PCBC.

Fiona Lemmens advised that due to the requirement for capital funding NHS England and NHS Improvement had requested further work to develop detailed plans for capital funding, to show how funding could be secured, and that investment would demonstrate value for money. Fiona Lemmens reported that there was recognition that securing capital funding would be a challenge in the current environment of constrained NHS resources and that there was also a need to reflect on the findings of the broader neonatal review, which was expected to report in spring 2017.

Fiona Lemmens advised that once the work on finance and neonatal services was completed, the draft PCBC would be finalised, and submitted to NHS England, following which, if NHS England was assured about the financial component of the proposal, local authorities in Liverpool, Knowsley and Sefton would be asked to approve the decision to go out to public consultation. No final decision would be taken without first considering the views gathered during a public consultation and advised that the earliest date the public consultation could commence would be June 2016 due to the mayoral elections taking place in the spring.

The Chair thanked Fiona Lemmens for her presentation and sought comments from the Board, and referring to the process was commented that any delay had a material impact on the Trust in terms of its sustainability and consequential regulatory action. The Director of Nursing and Midwifery advised that the Trust needed at all times to look at the safety of its patients using the services and what impact the delays would have on the provision of services. She recognised and fully supported the need to move to a new site in order to deliver the clinical case for change; however with any delay there was a need to find interim clinical solutions and work arounds in order to keep patients safe. Tony Okotie agreed with the comments of the Director of Nursing and Midwifery and felt that it was important that the CCG moved towards the preferred option as quickly as possible as it was the only option that met the clinical case for change.

The Medical Director commented on the draft PCBC reporting that at all stages in the process and before the process was started with the Trust's Future Generations Strategy; clinicians, doctors, nurses and midwives had all been supportive of the need to move to a new site that would provide the best possible quality of care to patients. He felt that the work of the CCG assurance process came to the same conclusion. The Medical Director recognised that the building on Crown Street had been purpose built for the provision of women and neonatal services in the 1990s and held a special place in the heart for a lot of people; however the building would not be able to deliver the needs of women and babies in the future. He felt that the building could still be used for low risk NHS work; however it was clear that for following the review women and neonatal services could not be done on an isolated site and therefore imperative that the preferred option was only right and appropriate to future proof the services.

Ian Haythornthwaite made the comment that it was important not to lose sight that any delays in the process impacted on the Trust and its financial position referring to the Chairs comment earlier and advised that delays would almost certainly result in additional financial support from the Department of Health through distressed financing which would in turn incur additional scrutiny. The Chief Executive recognised the concern and reported on the discussions she and the Director of Finance had with NHS Improvement, in seeking their support to get a strategic solution. She explained that there was recognition that if the Trust needed to remain on the Crown Street longer than previously anticipated then there would be a need for additional capital funding to support the provision of services. The Chief Executive in communicating the case for change advised that it was important that the Trust raise with the clinical leads in NHS England and NHSI the clinical case for change so that any solution found was the right one.

The Chief Executive reported on the considerable amount of briefing of staff over the last few days on the publication of the draft PCBC and the preferred option and advised that staff was fully supportive of the clinical case for change and preferred option.

The Chair referring back to the presentation asked for clarification why all four options had been included in the draft PCBC rather than just having the preferred option. Fiona Lemmens advised that this was a deliberate decision as one of the most asked questions from the public had been why can't the services remain on the crown street site and make the site safe. She explained that the draft PCBC provides details of the options considered and set out the reasons behind why the options did or did not meet the clinical case for change. Fiona Lemmens also felt that including the four options in the draft PCBC allowed for further consultation with the public in the clinical reasons for identifying the preferred option.

The Medical Director commented that in the current economic climate decisions were made on whether the finance was available. He felt it was important to note that the process undertaken over the last nine months related to what was required clinically, in the best interest of service users. He felt that although money was an important factor it needed to fit around the clinical need.

The Chair summarised the discussion and recognised the Board support for the publication of the draft PCBC and the preferred option contained within it. He thanked Fiona Lemmens for her presentation and asked that the CCG and NHS England move as quickly as it can to public consultation.

The Chair adjourned the meeting so that members of the public and media present could ask questions.

The meeting was adjourned whilst a 15 minute Q&A session took place on the publication of the draft PCBC.

The Chair opened up the second part of the meeting and welcomed members of the public, media and Governors who had stayed.

### **Thank You's**

The Director of Operations introduced Angela Douglas, Scientific Director, Genetics Department. He explained that the Genetics service received a successful outcome from the Genetics Laboratories Accreditation Inspection for ISO 15189, by the UKAS Accreditation Inspectors, that took place on 7<sup>th</sup> and 8<sup>th</sup> September 2016. There was demonstrable evidence of the implementation of the requirements of ISO 15189 into management and technical documentation and systems, the assessment team recommended the accreditation to ISO 15189:2012 which was accepted. The Director of Operations advised that this was a fantastic achievement by the Genetics Laboratory Team.

The Director of Nursing and Midwifery introduced Sharon Owens ER Manager and advised the Board that Sharon always goes above and beyond to provide visible and dynamic leadership of the Emergency Room. The Director of Nursing and Midwifery explained that with the leadership the emergency room continued to be successful in delivering all key performance indicators and advised that with the relocation of ER there was absolutely no impact on service delivery. The Director of Nursing and Midwifery advised that Sharon in stepping in and role modelling the right leadership values and behaviours supports the delivery of clinical care to fill shifts and therefore reducing cost and need for bank.

The Board echoed the thanks on behalf of the Trust, Angela Douglas and the Genetics team and Sharon Owens for the work they do.

02 **Apologies** – as above.

**Declaration of Interests** – None

03 **Meeting guidance notes**

The Board noted the meeting guidance notes.

04 **Minutes of previous meeting held on Friday 2 December 2016**

The minutes of the meeting held on 2 December 2016 were approved, subject to minor typographical amendments.

05 **Matters arising and action log.**

The Board noted that all actions were either complete, on the agenda or to be reported at a future meeting.

06 **Chair's Report**

The Chair provided a brief verbal report.

**CQC mock inspection:** The Chair reported that in June this year the Trust would be undertaking CQC style mock inspections in December 2016. He advised that the mock inspection went ahead and thanked everyone who took part. The Chair reported that it was a great turn out, with Directors, governors, clinical staff and non-clinical staff all working so closely together. The findings of the inspection were being assessed and an action plan was being developed which would be reviewed by the Board Governance and Clinical Assurance Committee (GACA). The Board would receive progress through the GACA Chairs Report. The Chair noted that the Trust intends to run these exercises twice a year which would benefit both staff and patients.

**Long Service Awards:** The Chair advised that he had attended the event on 12 December at which 20

staff from across a wide range of disciplines received their award from him. He understood that a total of over 610 years' service was being awarded.

**Council of Governors Meeting:** The Chair reported that he had received a resignation from one public Governor from the 'rest of England and Wales' constituency.

The Board noted the Chair's update report.

#### 07 **Chief Executive's report**

The Chief Executive presented her Report and highlighted a number of matters contained within it.

Ian Haythornthwaite referring to the date of 2017 in "Outpatients – Patient flow and self-check in system", asked when in 2017 new system will be installed and in operation. The Director of Operations advised that the current anticipated date was April 2017.

The Board noted the Chief Executive Report.

#### 08 **Report from the Charitable Funds Committee**

Tony Okotie introduced the paper and reported that at the last Board meeting he had advised that the Annual Report and Accounts of the Charity would be presented to the Board for approval as Corporate Trustee. He advised that the paper also included an update on the focus of the Charity over the last 6 months and asked the Director of Workforce and Marketing if she would highlight any of the key activities. The Director of Workforce and Marketing referred to the report and explained the process that had taken place in merging the two main hospital charities, the Newborn Appeal and the Kitty Appeal. She explained that work was underway to develop a single strategy for the one charity under the banner "Liverpool Women's Charity". With regards to income from donations and fundraising the Charity had seen an increase by 75% in the first six months of the year compared to the same period last year, with a significant increase in on-line giving. The Director of Workforce and Marketing advised that one of the key promotional areas being addressed was the overhaul of the Trust website which would allow promotion of the Charity on its own webpage.

The Chair thanked the Director of Workforce and Marketing for the update which was noted.

Referring to the Annual Report and Accounts the Chair welcomed Victoria Brennand, the Trust's Charities Financial Accountant to the meeting to respond to questions on the accounts. He advised the Board that the Annual report and Accounts had been reviewed by the Charitable Funds Committee that comprised of both Non executive, Executive directors and senior managers at the Trust. It was the Charitable Funds Committee's recommendation that they are accepted by the Board so that they can be submitted to the Charitable Commissioners by 31 January 2017.

The Board discussed the Annual Report and Accounts and made a number of observations in terms of content of the Annual Report, the investment profile and benchmarking. Following discussion the Chair asked that the Board approve the Annual report and Account and letters of representation and authorise him to sign both documents on behalf of the Corporate Trustee.

*The Board, having received the recommendation from the Charitable Funds Committee, approved the Annual Report and Accounts for the year ended 31<sup>st</sup> March 2016 and letter of representation contained within the Report.*

#### 09 **Serious Incidents Report**

The Director of Nursing and Midwifery presented the Serious Incidents Report and explained the Report's purpose was to provide the Board with an understanding of its responsibilities regarding Serious Incidents, the current key themes within Serious Incidents and show evidence of how serious



incident investigations makes a difference leading to improvement. The report was taken as read and the Chair asked for comments.

Ian Haythornthwaite referring to the theme “failure to act on test results” asked what was being done to ascertain why this was happening. The Director of Nursing and Midwifery advised on the outcomes of the investigations and reported that GACA would be discussing the all the “themes” reported in the paper and would look at whether there should be a deep dive investigation undertaken. Regarding the theme “poor outcomes following MAU Attendance”, the Director of Nursing and Midwifery advised that the busyness of MAU had created a situation which had resulted in errors.

Tony Okotie referred to the increased number of SIs reported in 2016/17 against the previous year’s and asked why there was such a magnitude of increase. In response the Director of Nursing and Midwifery advised that the increase was due to better reporting of SIs by clinicians and welcomed this approach. The Chief Executive supported the comments of the Director of Nursing and Midwifery and advised that it showed a healthy culture, with tolerance levels of clinicians heightened, explaining that incidents were reported first and then de-escalated if it was found not to be an incident providing full capture. The Medical Director explained that there was a clear process of capturing incidents which allowed for themes to be identified and ultimately allowing for improvements to be made from the learning’s from the incidents. He felt that with improved processes, reporting would increase as would the number of de-escalations. The Medical Director also felt that some of the SIs reported had arisen due care that could not be provided because the Trust was on a standalone site.

Phil Huggon felt that the Report provided clear insight into the incidents and supported the need for the Board to see it on a quarterly basis. He felt that the Board needed to be assured that the process of reporting and the learning from each SI has embedded in the Trust. Referring to only three themes identified, Phil Huggon asked whether this was correct. Susan Milner noting the small number of SIs recognised that it would be difficult to define trends as it would with larger numbers.

Ian Knight referred to the earlier discussion on the number of de-escalated incidents, asked that future reports include the number of de-escalated incidents; he further asked that the Report include a section on learning from incidents.

The Board discussed what assurances were required recognising that SIs were reported through the Governance Structure up to GACA and into Board. It was felt that one of the main assurances the Board wanted to see was the effectiveness of lessons learned from incidents resulting in improvements in care to patients.

The Board agreed to receive SI quarterly reports and noted that the key themes identified in the Report were being appropriately managed. The Board further noted the process of reporting had improved however required additional assurance of the effectiveness of lessons learned.

The Chair asked that the Director of Nursing and Midwifery include in future quarterly SI reports to the Board the matters identified in the discussion.

*Action 2017/009: the Director of Nursing and Midwifery include in future quarterly SI reports to the Board the matters identified and provide a Serious Incidents Quarterly Report the next to be presented on 7 April 2017.*

#### 010 **Quality, Operational Performance report Period 8 2016/17**

The Director of Operations presented the Performance Dashboard and reported that of the 33 indicators reported, 8 had been RAG rated red. The Director of Operations explained sickness absenteeism had seen an increase in rates over the Christmas period and reported that the majority

of sickness over that period related to short term such as gastrointestinal problems. Staffing levels had been impacted; however assurance was given that all areas remained within the appropriate staffing levels.

Referring to “Epidural not given for non-clinical reasons”, the Director of Operations advised that this continued to be an outlier and he did not expect the Trust would be able to deliver against the planned target. He advised that this metric had been discussed at length in previous meeting and explained that it was a locally identified metric set by the Trust. He expected that when all the metrics were reviewed for future reporting this metric may not be in the final set for Board approval in March.

The Director of Operations presented reported on the emerging concerns that was reported firstly in November 2016 advised that 18 Week RTT for Genetics was at 81% and due to both capacity and demand would struggle to achieve the 92% target rate in the coming months. He explained that the aggregate level was reported to NHS Improvement and for the past four months the aggregate rate had been between 92.2% and 92.9%. The Director of Operations reported that there was a risk that if Genetics performance deteriorates and/or that other areas such as Gynaecology begin to experience problems with capacity, the Trust could fail to attain the 92% in the coming months.

The Chair thanked the Director of Operations for his presentation noting the risk of non-delivery of 18 weeks RTT which he asked that the Executive continue to keep under constant review. Referring to the content of the new report he asked that additional narrative is included on actions were in place to address where the Trust was not delivering against targets.

The Chair referring to maternity triage, asked why an improvement had been made given previous reports had shown poor performance. The Director of Operations advised that improvements in workflows being introduced and also the introduction of a new manager had allowed for improvements to be made. He further advised that additional consultant presence on MAU with dedicated time had also increased improved performance in the metric. The Director of Operations advised that the metric did have a propensity to peaks and troughs and could not give an indication on when the target would be delivered, noting that this metric was set by the Trust.

The Board reviewed the Quality and Operational Performance Report and recognised the work being done to address emerging concerns and non-compliant indicators.

*Action 2017/010: the Director of Operations to bring to the Board at its March meeting a template performance report for future reporting of agreed metrics, both prescribed metrics and those required locally by the Trust.*

#### 011 **Financial Report & Dashboard Period 8 2016/17**

The Director of Finance presented the Finance Report and financial dashboard for month 8, 2016/17 and reported that Trust was reporting a monthly deficit of £0.69m against a deficit plan of £0.696m which was a negative variance of £0.006m for the month. Cumulatively the Trust was slightly ahead of plan by £0.027m. She advised that following a detailed review in month 8 the Trust was on target to deliver its annual control total of £7m deficit assuming receipt of the full £2.8m Sustainability and Transformation Funding (STF). The Director of Finance advised that without the STF the true nature of the deficit was £9.8m.

The Board discussed the status of the financial position of the rust and the requirements to deliver CIP both this and the next finance year. Ian Haythornthwaite referring to the external view of the Trust, felt that there was continued support from the regulator surrounding the management of the Trust’s financial position. He felt that the Executive had done exceptionally well to control the financial integrity of the Trust, whilst recognising that the Trust continued to have pressures going

forward.

The Chair thanked the Director of Finance for her report which was noted.

**Review of risk impacts of items discussed**

The Board noted the risks had been discussed during the meeting and the main issue was the related to the delivery of the SI report and the potential non-delivery of 18 weeks RTT.

**Any other business & Review of meeting**

None.

Conduct of the meeting was very good with good challenge, scrutiny and assurance provided. The Chair felt that there was contribution from all members of the Board.

**Date and time of next meeting**

3 February 2016

TRUST BOARD  
Action Plan

Meeting date	Minute Reference	Action	Responsibility	Target Dates	Status
6 Jan 2017	2017/010	The Director of Operations to bring to the Board at its March meeting a template performance report for future reporting of agreed metrics, both prescribed metrics and those required locally by the Trust.	Director of Operations	3 March 2017	Action ongoing
6 Jan 2017	17/009	The Director of Nursing and Midwifery include in future quarterly SI reports to the Board the matters identified in the discussion.	Director of Nursing and Midwifery	Next report 7 April 2017	Action ongoing
4 Nov 2016	16/278	Director of Nursing and Midwifery to provide an update to the board on progress made against the action plan regarding the implementation of the National Maternity Review in February 2017.	Director of Nursing and Midwifery	February 2017	See agenda item 2017/031.  An update presentation will be provided to the Board on 3 February 2017 with a formal paper presented to the Board at the 3 March 2017 meeting  <b>Action ongoing.</b>
7 Oct 2016	16/255	The Executive Team to review the risks identified in the BAF and bring back a proposal on whether the risks can be grouped or consolidated.	Trust Secretary/Executive	<del>February 2017</del> April 2017	This action has now been superseded following the findings of the CQC mock inspection reported through GACA. A complete review of the BAF has been commissioned that would take into account not only the consolidation of the risks on the BAF (these have continued to be reviewed by the Committees) but also to consider structural changes to the way the BAF reports and manages the risks and its relationship with the Corporate Risk Register. The Executive with the support of the Chair has commissioned an external review of the BAF to make it fit for purpose and accessible by the Board, Board committees and staff.  <b>Action ongoing.</b>

Agenda item no:	17/030							
Meeting:	Board of Directors							
Date:	3 February 2017							
Title:	Chief Executive's Report							
Report to be considered in public or private?	Public							
Where else has this report been considered and when?	N/A							
Reference/s:	N/A							
Resource impact:	-							
What is this report for?	Information	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Escalation	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
Which Board Assurance Framework risk/s does this report relate to?	All							
Which CQC fundamental standard/s does this report relate to?	Reg 17: good Governance							
What action is required at this meeting?	To receive and note the report.							
Presented by:	Kathryn Thomson, Chief Executive							
Prepared by:	Colin Reid, Trust Secretary							

This report covers (tick all that apply):

<b>Strategic objectives:</b>			
To develop a well led, capable motivated and entrepreneurial workforce			<input checked="" type="checkbox"/>
To be ambitious and efficient and make best use of available resources			<input checked="" type="checkbox"/>
To deliver safe services			<input checked="" type="checkbox"/>
To participate in high quality research in order to deliver the most effective outcomes			<input checked="" type="checkbox"/>
To deliver the best possible experience for patients and staff			<input checked="" type="checkbox"/>
<b>Other:</b>			
Monitor compliance	<input checked="" type="checkbox"/>	Equality and diversity	
Operational plan		NHS constitution	

<b>Publication of this report (tick one):</b>	
This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	✓
This report will not be published under the Trust's Publication Scheme due to exemptions under S21 of the Freedom of Information Act 2000, because the information contained is reasonably accessible by other means	
This report will not be published under the Trust's Publication Scheme due to exemptions under S22 of the Freedom of Information Act 2000, because the information contained is intended for future publication	
This report will not be published under the Trust's Publication Scheme due to exemptions under S41 of the Freedom of Information Act 2000, because such disclosure might constitute a breach of confidence	
This report will not be published under the Trust's Publication Scheme due to exemptions under S43(2) of the Freedom of Information Act 2000, because such disclosure would be likely to prejudice the commercial interests of the Trust	

In this briefing for the Board I aim to summarise recent and relevant information which relates to:

Firstly, in **Section A**, news and developments within the Trust itself that is not already reported elsewhere.  
Secondly, in **Section B**, news and developments within the immediate health and social care economy.  
Thirdly, in **Section C**, other news and developments within the wider national health and social care economy, including regulatory developments.

Further information is available on request on any of the topics covered by the report.

Kathy Thomson.  
**Chief Executive.**

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## SECTION A - INTERNAL

**CQC Mock Inspections:** Dates for the diary- the next CQC Mock Inspections are provisionally set for Monday 8th, Tuesday 9th and Wednesday 10th of May. There'll be a morning and afternoon session each day. Results will be fed back through Effectiveness Senate and GACA .

**Flu Campaign:** There was a 76% take up rate for clinical staff.

**Olympic Brainz Monitor:** Thanks to the Alice Hiley Memorial Trust Liverpool Women's is the only hospital in Merseyside and Cheshire to have an Olympic Brainz Monitor. The Alice Hiley Memorial Trust donated the ground breaking piece of equipment to Liverpool Women's Neonatal Unit. The Monitor which costs £16k will benefit many newborn babies at Liverpool Women's Hospital. The Alice Hiley Memorial Trust was established in memory of baby Alice who was born at Liverpool Women's in July 2010. Alice lived for only six hours after she was born with a rare congenital disorder. Ever since, Alice's parents Heather & Andrew, and grandparents Anne & Roger, have worked tirelessly to ensure her memory lives on by raising money and setting up the Alice Hiley Memorial Trust. The Alice Hiley Memorial Trust raises money to fund equipment to help other babies born with life-threatening conditions, it also supports the families of babies requiring special medical care in the North West. In 2011 they purchased a Giraffe Incubator at a cost of £14,600 for the Neonatal Unit and to date they have raised a spectacular £32k+, benefiting many babies across the North West.

**National Awards:** Congratulations to Angela Douglas for being shortlisted for the Innovation Champion Award at the 2017 North West Coast Research and Innovation Awards. The winners will be announced at a prestigious event hosted by medical journalist and broadcaster, Lawrence McGinty on 9 February.

**Dedicated to Excellence:** The 2017 Dedicated to Excellence Awards will take place on Thursday, 13th April 2017, at the Marriott Hotel, Liverpool. We have 8 categories this year:

- Dedicated to Innovation and Improvement (clinical)
- Dedicated to Innovation and Improvement (non-clinical)
- Dedicated to Working together (team working and partnerships)
- Dedicated to Research
- Dedicated to Patients and their Families
- Dedicated to Patient Safety
- Mentor of the Year
- Learner of the Year

There will also be:

- Employee of the Year
- Team of the Year

- Volunteer of the Year
- Foundation Award

## SECTION B - LOCAL

### **5 Boroughs Partnership to deliver children's health services in Sefton**

Following a successful tender process, from 1 April 2017, 5 Boroughs Partnership NHS Foundation Trust will be the new provider of the 0 to 19 Healthy Child Programme in Sefton.

Building on the current work to improve the health and wellbeing of children and families in the borough, the programme will include the provision of health visiting, a new enhanced service to support vulnerable families, and school nursing across Sefton.

## SECTION C – NATIONAL

**NHS Confederation:** NHS Confederation has appointed Niall Dickson as its new chief executive. The appointment will add enormous value to the Confederation, and the health and care sector, at a crucial time for the NHS and its partners. Niall Dickson, most recently the chief executive of the General Medical Council, will help ensure the NHS Confederation remains the first port-of-call when the health service needs a voice, binding in the highest levels of experience and influence across the full spectrum of health and care services. Before his time at the GMC, he was the chief executive of The King's Fund and was for many years the BBC's social affairs editor. Niall Dickson brings with him a diverse range of skills and experience including superb leadership, a strong record of innovation and delivery, and a raft of invaluable contacts and carefully nurtured relationships in key areas. He will take up his role with us on 1 February.



<b>Agenda item no:</b>	2017/038		
<b>Meeting:</b>	Board of Directors		
<b>Date:</b>	3 February 2017		
<b>Title:</b>	Month 9 2016/17 Finance Report		
<b>Report to be considered in public or private?</b>	Public		
<b>Where else has this report been considered and when?</b>	n/a		
<b>Reference/s:</b>	Operational Plan and Budgets 2016/17 Operational Plan 2017/18 – 2018/19		
<b>Resource impact:</b>	-		
<b>What is this report for?</b>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>	<b>Escalation</b> <input type="checkbox"/>
			<b>Assurance</b> <input checked="" type="checkbox"/>
<b>Which Board Assurance Framework risk/s does this report relate to?</b>	5a, 5b		
<b>Which CQC fundamental standard/s does this report relate to?</b>			
<b>What action is required at this meeting?</b>	To note the Month 9 financial position		
<b>Presented by:</b>	Vanessa Harris – Director of Finance		
<b>Prepared by:</b>	Jenny Hannon - Deputy Director of Finance		

This report covers (tick all that apply):

<b>Strategic objectives:</b>			
To develop a well led, capable motivated and entrepreneurial workforce			
To be ambitious and efficient and make best use of available resources			✓
To deliver safe services			
To participate in high quality research in order to deliver the most effective outcomes			
To deliver the best possible experience for patients and staff			
<b>Other:</b>			
Monitor compliance	✓	Equality and diversity	
Operational plan	✓	NHS constitution	

<b>Publication of this report (tick one):</b>	
This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	✓
This report will not be published under the Trust's Publication Scheme due to exemptions under S21 of the Freedom of Information Act 2000, because the information contained is reasonably accessible by other means	
This report will not be published under the Trust's Publication Scheme due to exemptions under S22 of the Freedom of Information Act 2000, because the information contained is intended for future publication	
This report will not be published under the Trust's Publication Scheme due to exemptions under S41 of the Freedom of Information Act 2000, because such disclosure might constitute a breach of confidence	
This report will not be published under the Trust's Publication Scheme due to exemptions under S43(2) of the Freedom of Information Act 2000, because such disclosure would be likely to prejudice the commercial interests of the Trust	

## 1. Executive Summary

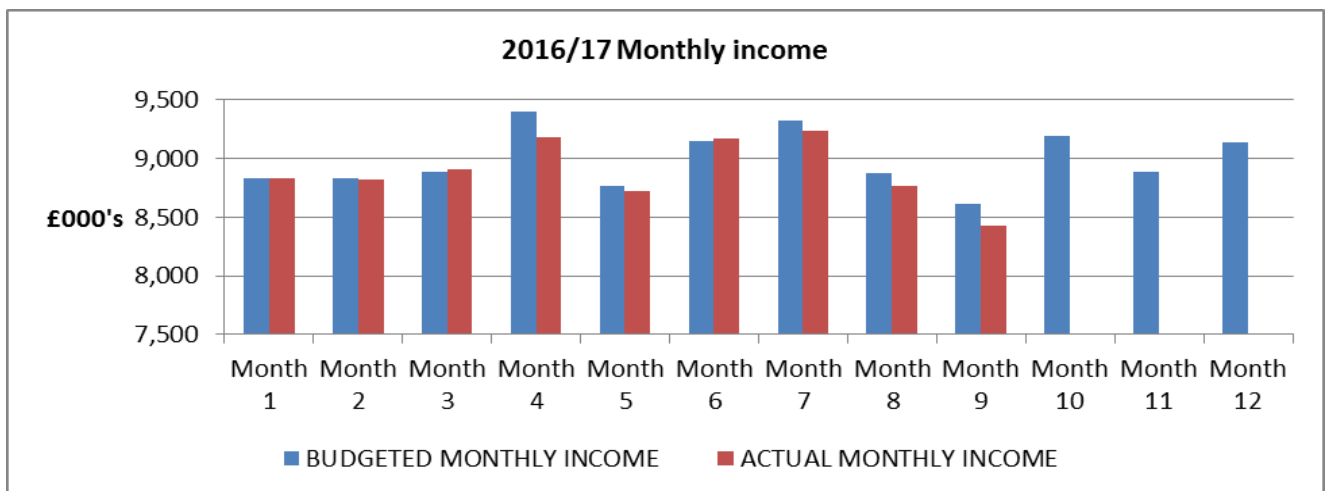
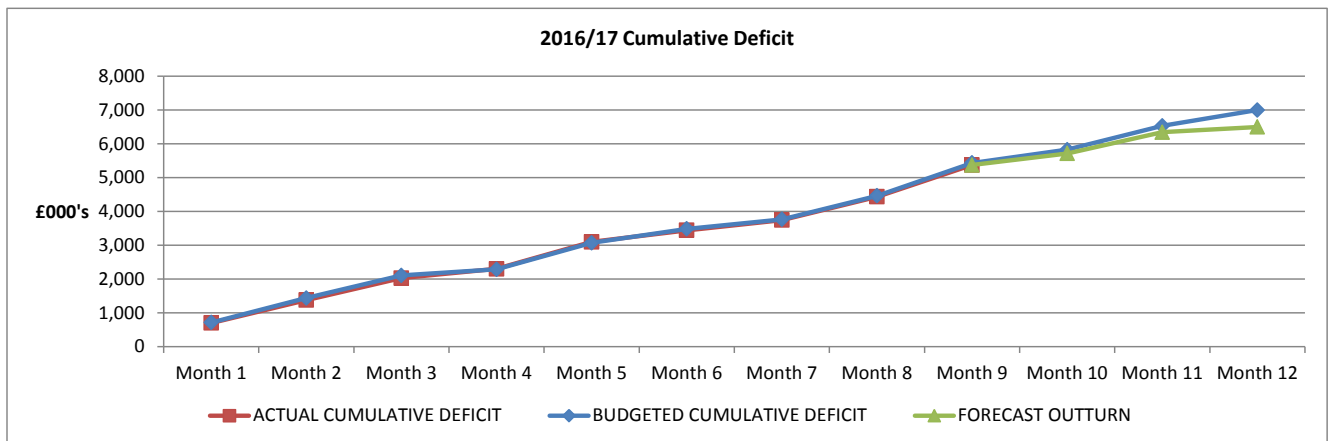
The 2016/17 budget was approved at Trust Board in April 2016. This set out a deficit of £7m for the year (as per the control total set out by NHS Improvement), an FSRR<sup>1</sup> of 2 and a cash shortfall of £7.7m. This planned position assumes receipt in full of £2.8m Sustainability and Transformation Funding (STF).

At Month 9 the Trust is reporting a monthly deficit of £0.945m against a deficit plan of £0.971m which is a positive variance of £0.026m for the month. Cumulatively the Trust is ahead of plan by £0.057m on a year to date budget of £5.43m deficit.

The Trust is on track to deliver the overall 2016/17 control total. Following a detailed review at Month 9 the Trust is now in a position to improve the forecast deficit to £6.5m.

## 2. Summary 2016/17 Financial Position

At Month 9 the Trust is reporting a £5.37m deficit against a plan of £5.43m and is forecasting a £6.5m deficit for the year as summarised below.



In month income remains below plan predominantly as a result of the Hewitt Fertility Centre shortfall.

<sup>1</sup> Now replaced by the Use of Resources Rating under the Single Oversight Framework

The Trust has agreed a fixed level of income for the rest of the financial year with Liverpool, St Helens and Knowsley CCGs.

Pay expenditure overall remains below budget predominantly due to vacancies across a number of services including neonates, Hewitt Centre and genetics.

Non-pay expenditure is forecast to be above plan predominantly due to the non-delivery of CIP in gynaecology/theatres.

### **3. Service Review**

#### **Maternity**

Maternity Services remain on track to out-perform budget in 2016/17. Deliveries are the main driver of income out-performance, which is being partly offset by activity-related expenditure.

#### **Gynaecology and Theatres**

Gynaecology activity is forecast to be ahead of plan overall, predominantly across general gynaecology. However, agency costs in theatres and the non delivery of CIP in year more than offset this. Both theatres agency and CIP are under scrutiny by the Turnaround and Transformation Committee to ensure the required levels of delivery in 2017/18.

#### **Neonates**

Neonates is forecast to outperform budget following the receipt of non-recurrent monies from Health Education England and an improvement in the Welsh income position.

#### **Hewitt Fertility Centre (HFC)**

The HFC financial position remains impacted by three key issues

- a) Deterioration of the North West business
- b) Non-delivery of the Kings Joint Venture contribution (CIP scheme) and subsequent losses
- c) Slippage in the delivery of the recovery plans

The financial impact to date is a net £1.1m behind plan with a projected £1.3m full year shortfall. The position includes some mitigations already put in place and takes into account the further loss of planned activity and the share of a loss in relation to the Kings Joint Venture.

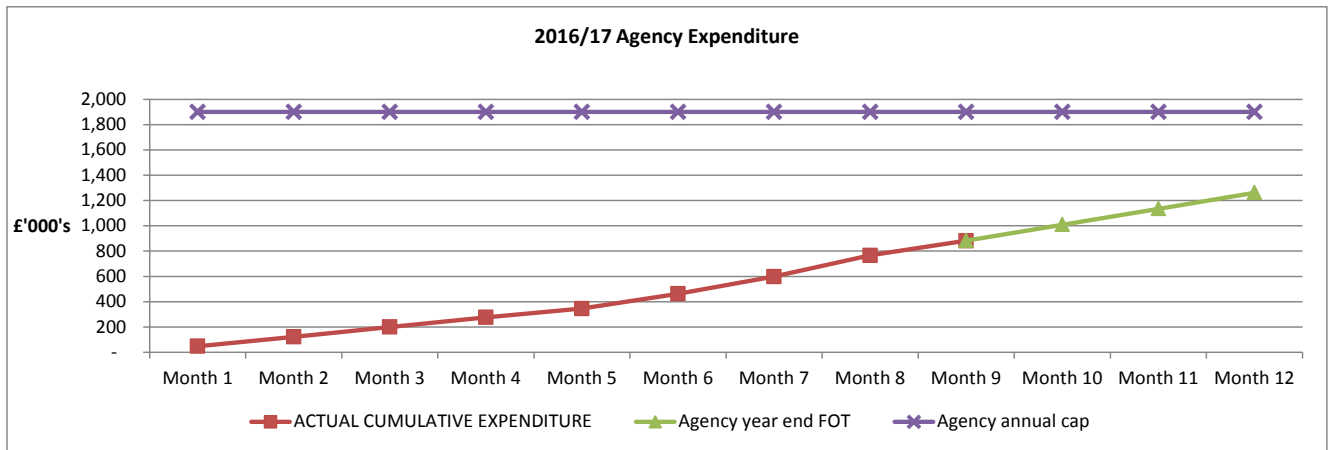
HFC is currently being scrutinised by Non-Executive Director-chaired Hewitt Oversight Board, and additional turnaround support has been pointed towards this area.

#### **Genetics**

Genetics income is behind plan year to date as a result of underperformance on the 100,000 genomes contract and decreased lab activity due to staff shortages. However, some of the income shortfall is offset by a reduction in pay costs, and the ongoing impact of vacancies. It is expected that some of this income will be recovered in the latter part of the year.

### **4. Agency Spend**

The chart below illustrates the level of agency spend against budget and in terms of the agency cap set for the Trust.



The Trust remains the third highest performing in the North region in terms of meeting the agency caps set by NHSI.

## 5. Forecast Outturn and Out-Performance of 2016/17 Control Total

Following detailed review at Month 9, it is forecast that the Trust will outperform the control total by £0.5m. This is as a result of;

- A more certain income position as noted above
- A review of the Trust's holiday pay provision
- A reduction in bank and agency spend following the ongoing implementation of e-roster

The movement in the forecast since Month 8 is summarised as follows:

	£m
<b>Forecast Deficit at Month 8</b>	<b>(7.0)</b>
Improvement in income forecast	0.3
Release of holiday pay provision	0.1
Reduction in bank and agency spend forecast	0.1
<b>Forecast Deficit at Month 9</b>	<b>(6.5)</b>

The improvements to the position are on a non-recurrent basis in year arising from 'one off' gains, and do not impact on the following year's plans, or are already part of the Trust's future CIP plans.

NHS Improvement have informed the Trust of a national incentive scheme whereby, if a Trust can deliver a financial position better than its planned control total, it can apply for STF incentive funding. This means that for every £1 delivered over and above the control total the Trust will receive £1 additional revenue from the STF incentive fund. Whilst this funding is aimed at improving the bottom line financial position of the Trust, it is received in the form of cash which is of benefit to the Trust.

This impacts on the deficit as follows:

	£m
<b>Control Total Deficit</b>	<b>(7.0)</b>
Trust Forecast Improvement	0.5
STF incentive matched revenue	0.5
<b>Forecast Overall Trust Deficit 16/17</b>	<b>(6.0)</b>

The above position has been notified to NHSI as part of the monthly and quarterly returns.

## **6. CIP Delivery**

The Trust has an annual CIP target in 2016/17 of £2m, which represents c2% of the Trust's income. This is made up of ten schemes and has been transacted through the ledger as part of budget setting.

Under-delivery of the ten identified CIP schemes is £1m for the full year. This arises from two schemes each valued at £0.5m, Hewitt Fertility Centre Growth and Theatre/Inpatient redesign. Non-recurrent mitigations at a Trust level are in place and significant focus has been placed in these two areas to minimise the impact on future years.

## **7. Cash and borrowings**

During 2015/16 the Trust was in receipt of £5.6m Interim Revenue Support from the Department of Health (DH). This is in addition to £5.5m of ITFF capital funds previously drawn down in relation to the Hewitt Fertility expansion and which is now in the process of being repaid at a principle sum of £0.6m per annum.

The Trust's financial plan for 2016/17 indicated a further requirement for cash of £7.7m. The Trust has been utilising a pre-arranged DH working capital facility, and at month 9 had drawn down £3.0m in cash support from this.

On 17 January 2017 NHSI indicated that those trusts on track to deliver their control total in the Month 9 forecast position would be eligible for a decrease in the interest rate levied from 3.5% to 1.5% by converting the working capital facility into interim revenue support. The Trust has applied for the conversion with a view to this taking place on 30 January 2017.

The cash balance as at the end of Month 9 was £4.5m.

## **8. BAF Risk**

As a result of the improvement in the forecast position it is recommended that the BAF risk 5aii in relation to the non-achievement of the 2016/17 control total should be reduced.

This currently stands at 20 (probable and catastrophic) and it is proposed that this be reduced to 15 (possible and catastrophic).

## **9. Conclusion & Recommendation**

The Board are asked to note the Month 9 financial position, the improved forecast and the availability of STF incentive funding.

The Board are also asked to approve the conversion of the Trust's working capital facility to interim revenue support.

## Appendix 1 – Board pack



Board Finance Pack  
M9.xlsx

## Appendix 2 - Single Oversight Framework - Use of Resources Rating

USE OF RESOURCES RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
<b>CAPITAL SERVICING CAPACITY (CSC)</b>				
(a) EBITDA + Interest Receivable	(480)	(767)	(400)	(517)
(b) PDC + Interest Payable + Loans Repaid	1,881	1,701	2,712	2,387
<b>CSC Ratio = (a) / (b)</b>	<b>(0.26)</b>	<b>(0.45)</b>	<b>(0.15)</b>	<b>(0.22)</b>
<b>NHSI CSC SCORE</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
Ratio Score 1 => 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 =< 1.25				
<b>LIQUIDITY</b>				
(a) Cash for Liquidity Purposes	(5,285)	(4,723)	(8,924)	(8,924)
(b) Expenditure	81,167	80,855	108,297	107,573
(c) Daily Expenditure	301	299	301	299
<b>Liquidity Ratio = (a) / (c)</b>	<b>(17.6)</b>	<b>(15.8)</b>	<b>(29.7)</b>	<b>(29.9)</b>
<b>NHSI LIQUIDITY SCORE</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
Ratio Score 1 => 0 2 = (7) - 0 3 = (14) - (7) 4 =< (14)				
<b>I&amp;E MARGIN</b>				
Deficit (Adjusted for donations and asset disposals)	5,425	5,371	6,992	6,500
Total Income	(80,305)	(80,395)	(107,387)	(107,045)
<b>I&amp;E Margin</b>	<b>-6.76%</b>	<b>-6.68%</b>	<b>-6.51%</b>	<b>-6.07%</b>
<b>NHSI I&amp;E MARGIN SCORE</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
Ratio Score 1 => 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 < (-1%)				
<b>I&amp;E MARGIN VARIANCE FROM PLAN</b>				
I&E Margin (Actual)		-6.68%		-6.07%
I&E Margin (Plan)		-6.76%		-6.51%
<b>I&amp;E Variance Margin</b>	<b>0.00%</b>	<b>0.07%</b>	<b>0.00%</b>	<b>0.44%</b>
<b>NHSI I&amp;E MARGIN VARIANCE SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Ratio Score 1 => 0% 2 = (1) - 0% 3 = (2) - (1)% 4 =< (2)%				
Note: NHSI assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year to date budget. This is because NHSI recognise the fact that an organisation would not "plan" to have a variance from plan and have not applied a calculated ratio to the budgeted columns of this metric.				
<b>AGENCY SPEND</b>				
YTD Providers Cap	1,443	1,443	1,924	1,924
YTD Agency Expenditure	450	879	600	1,260
	<b>-68.81%</b>	<b>-39.08%</b>	<b>-68.81%</b>	<b>-34.51%</b>
<b>NHSI AGENCY SPEND SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Ratio Score 1 =< 0% 2 = 0% - 25% 3 = 25% - 50% 4 => 50%				
<b>Overall Use of Resources Risk Rating</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

Note: scoring a 4 on any of the metrics will lead to a financial override score of 3.

# **LIVERPOOL WOMEN'S NHS FOUNDATION TRUST**

## **FINANCE REPORT: M9**

**YEAR ENDED 31 MARCH 2017**

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## Contents

- 1 NHS Improvement Ratios
- 2 Income & Expenditure
- 3 Expenditure
- 4 Service Performance
- 5 Balance Sheet

USE OF RESOURCES RISK RATING	YEAR TO DATE		YEAR	
	Budget	Actual	Budget	FOT
<b>CAPITAL SERVICING CAPACITY (CSC)</b>				
(a) EBITDA + Interest Receivable	(480)	(767)	(400)	(517)
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<b>NHSI CSC SCORE</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
Ratio Score 1 = > 2.5 2 = 1.75 - 2.5 3 = 1.25 - 1.75 4 = < 1.25				
<b>LIQUIDITY</b>				
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<b>NHSI LIQUIDITY SCORE</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
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<b>NHSI I&amp;E MARGIN SCORE</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
Ratio Score 1 = > 1% 2 = 1 - 0% 3 = 0 - (-1%) 4 = < (-1%)				
<b>I&amp;E MARGIN VARIANCE FROM PLAN</b>				
I&E Margin (Actual)		-6.68%		-6.07%
I&E Margin (Plan)		-6.76%		-6.51%
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<b>NHSI I&amp;E MARGIN VARIANCE SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Ratio Score 1 = > 0% 2 = (1) - 0% 3 = (2) - (1)% 4 = < (2)%				
Note: NHSI assume the score of the I&E Margin variance from Plan is a 1 for the whole year and year to date budget. This is because NHSI recognise the fact that an organisation would not "plan" to have a variance from plan and have not applied a calculated ratio to the budgeted columns of this metric.				
<b>AGENCY SPEND</b>				
YTD Providers Cap	1,443	1,443	1,924	1,924
YTD Agency Expenditure	450	879	600	1,260
	<b>-68.81%</b>	<b>-39.08%</b>	<b>-68.81%</b>	<b>-34.51%</b>
<b>NHSI AGENCY SPEND SCORE</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Ratio Score 1 = < 0% 2 = 0% - 25% 3 = 25% - 50% 4 = > 50%				
<b>Overall Use of Resources Risk Rating</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

Note: scoring a 4 on any of the metrics will lead to a financial override score of 3.

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST  
INCOME & EXPENDITURE: M9  
YEAR ENDED 31 MARCH 2017

2

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
<b>Income</b>									
Clinical Income	(8,035)	(7,849)	(186)	(75,425)	(75,371)	(54)	(100,881)	(100,351)	(531)
Non-Clinical Income	(584)	(583)	(1)	(5,254)	(4,705)	(550)	(7,006)	(6,694)	(312)
<b>Total Income</b>	<b>(8,618)</b>	<b>(8,432)</b>	<b>(187)</b>	<b>(80,680)</b>	<b>(80,076)</b>	<b>(604)</b>	<b>(107,887)</b>	<b>(107,045)</b>	<b>(842)</b>
<b>Expenditure</b>									
Pay Costs	5,613	5,497	115	50,513	49,801	711	67,352	66,297	1,055
Non-Pay Costs	2,235	2,225	10	19,924	20,323	(399)	26,638	26,968	(330)
CNST	1,192	1,192	0	10,730	10,730	0	14,307	14,308	(1)
<b>Total Expenditure</b>	<b>9,040</b>	<b>8,914</b>	<b>126</b>	<b>81,167</b>	<b>80,855</b>	<b>312</b>	<b>108,297</b>	<b>107,573</b>	<b>724</b>
<b>EBITDA</b>	<b>422</b>	<b>483</b>	<b>(61)</b>	<b>487</b>	<b>779</b>	<b>(292)</b>	<b>410</b>	<b>528</b>	<b>(119)</b>
<b>Technical Items</b>									
Depreciation	375	322	53	3,375	3,211	165	4,500	4,217	284
Interest Payable	35	10	25	315	217	98	420	232	188
Interest Receivable	(1)	(1)	0	(7)	(12)	4	(10)	(12)	2
PDC Dividend	140	131	9	1,260	1,178	82	1,680	1,543	137
Profit / Loss on Disposal	0	0	0	0	0	0	0	0	0
<b>Total Technical Items</b>	<b>549</b>	<b>462</b>	<b>87</b>	<b>4,943</b>	<b>4,594</b>	<b>349</b>	<b>6,590</b>	<b>5,980</b>	<b>611</b>
<b>(Surplus) / Deficit</b>	<b>971</b>	<b>945</b>	<b>26</b>	<b>5,430</b>	<b>5,373</b>	<b>57</b>	<b>7,000</b>	<b>6,508</b>	<b>492</b>

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST  
EXPENDITURE: M9  
YEAR ENDED 31 MARCH 2017

3

EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
<b>Pay Costs</b>									
Board, Execs & Senior Managers	337	338	(1)	3,035	3,036	(0)	4,047	4,024	23
Medical	1,271	1,210	60	11,436	11,174	261	15,248	14,715	533
Nursing & Midwifery	2,504	2,430	74	22,535	21,885	650	30,047	29,137	911
Healthcare Assistants	391	359	32	3,518	3,506	12	4,691	4,671	21
Other Clinical	543	506	36	7,470	7,167	304	6,513	6,039	474
Admin Support	159	163	(4)	1,430	1,500	(71)	1,906	1,999	(93)
Corporate Services	358	375	(17)	639	654	(16)	4,299	4,452	(153)
Agency & Locum	50	115	(65)	450	879	(429)	600	1,260	(660)
<b>Total Pay Costs</b>	<b>5,613</b>	<b>5,497</b>	<b>115</b>	<b>50,513</b>	<b>49,801</b>	<b>711</b>	<b>67,352</b>	<b>66,297</b>	<b>1,055</b>
<b>Non Pay Costs</b>									
Clinical Supplies	732	729	3	6,634	6,691	(56)	8,858	8,908	(49)
Non-Clinical Supplies	622	628	(6)	5,357	5,756	(398)	7,203	7,616	(413)
CNST	1,192	1,192	0	10,730	10,730	0	14,307	14,308	(1)
Premises & IT Costs	415	407	8	3,737	3,718	19	4,983	4,969	15
Service Contracts	466	461	5	4,195	4,159	37	5,594	5,476	118
<b>Total Non-Pay Costs</b>	<b>3,428</b>	<b>3,417</b>	<b>10</b>	<b>30,654</b>	<b>31,053</b>	<b>(399)</b>	<b>40,945</b>	<b>41,276</b>	<b>(331)</b>
<b>Total Expenditure</b>	<b>9,040</b>	<b>8,914</b>	<b>126</b>	<b>81,167</b>	<b>80,855</b>	<b>312</b>	<b>108,297</b>	<b>107,573</b>	<b>724</b>

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST  
BUDGET ANALYSIS: M9  
YEAR ENDED 31 MARCH 2017

4

INCOME & EXPENDITURE £'000	MONTH			YEAR TO DATE			YEAR		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	FOT	Variance
<b>Maternity</b>									
Income	(3,323)	(3,317)	(6)	(30,454)	(31,019)	565	(40,771)	(41,416)	645
Expenditure	1,698	1,680	18	15,283	15,506	(224)	20,378	20,677	(299)
<b>Total Maternity</b>	<b>(1,625)</b>	<b>(1,637)</b>	<b>12</b>	<b>(15,172)</b>	<b>(15,513)</b>	<b>341</b>	<b>(20,393)</b>	<b>(20,739)</b>	<b>345</b>
<b>Gynaecology</b>									
Income	(1,853)	(1,841)	(12)	(17,991)	(18,616)	625	(23,965)	(24,635)	670
Expenditure	879	902	(23)	7,914	8,334	(419)	10,554	11,103	(549)
<b>Total Gynaecology</b>	<b>(974)</b>	<b>(939)</b>	<b>(35)</b>	<b>(10,076)</b>	<b>(10,282)</b>	<b>206</b>	<b>(13,411)</b>	<b>(13,532)</b>	<b>120</b>
<b>Theatres</b>									
Income	(42)	(31)	(11)	(378)	(363)	(15)	(504)	(488)	(16)
Expenditure	608	636	(28)	5,473	5,812	(339)	7,298	7,722	(424)
<b>Total Theatres</b>	<b>566</b>	<b>605</b>	<b>(39)</b>	<b>5,095</b>	<b>5,449</b>	<b>(354)</b>	<b>6,794</b>	<b>7,234</b>	<b>(440)</b>
<b>Neonatal</b>									
Income	(1,409)	(1,439)	30	(12,681)	(12,435)	(247)	(16,908)	(16,935)	28
Expenditure	997	1,022	(25)	8,975	8,806	169	11,967	11,814	153
<b>Total Neonatal</b>	<b>(412)</b>	<b>(417)</b>	<b>5</b>	<b>(3,707)</b>	<b>(3,629)</b>	<b>(78)</b>	<b>(4,941)</b>	<b>(5,121)</b>	<b>180</b>
<b>Hewitt Centre</b>									
Income	(837)	(636)	(201)	(8,776)	(7,264)	(1,512)	(11,874)	(10,005)	(1,869)
Expenditure	728	687	41	6,595	6,150	445	8,805	8,187	618
<b>Total Hewitt Centre</b>	<b>(109)</b>	<b>51</b>	<b>(160)</b>	<b>(2,181)</b>	<b>(1,114)</b>	<b>(1,067)</b>	<b>(3,069)</b>	<b>(1,818)</b>	<b>(1,250)</b>
<b>Genetics</b>									
Income	(594)	(602)	8	(5,356)	(5,158)	(198)	(7,143)	(6,830)	(313)
Expenditure	446	418	29	4,018	3,822	196	5,358	5,104	254
<b>Total Genetics</b>	<b>(148)</b>	<b>(185)</b>	<b>37</b>	<b>(1,338)</b>	<b>(1,336)</b>	<b>(2)</b>	<b>(1,785)</b>	<b>(1,726)</b>	<b>(59)</b>
<b>Clinical Support</b>									
Income	(24)	(18)	(5)	(220)	(230)	11	(291)	(297)	6
Expenditure	733	700	33	6,595	6,466	128	8,793	8,600	193
<b>Total Clinical Support</b>	<b>709</b>	<b>681</b>	<b>28</b>	<b>6,375</b>	<b>6,236</b>	<b>139</b>	<b>8,502</b>	<b>8,303</b>	<b>199</b>
<b>Corporate &amp; Trust Technical Items</b>									
Income	(536)	(547)	11	(4,824)	(4,992)	168	(6,432)	(6,440)	8
Expenditure	3,500	3,331	168	31,257	30,553	704	41,735	40,345	1,390
<b>Total Corporate</b>	<b>2,964</b>	<b>2,785</b>	<b>179</b>	<b>26,433</b>	<b>25,562</b>	<b>872</b>	<b>35,303</b>	<b>33,906</b>	<b>1,397</b>
<b>(Surplus) / Deficit</b>	<b>971</b>	<b>945</b>	<b>26</b>	<b>5,430</b>	<b>5,373</b>	<b>57</b>	<b>7,000</b>	<b>6,508</b>	<b>492</b>

BALANCE SHEET £'000	YEAR TO DATE		
	Opening	M09 Actual	Movement
<b>Non Current Assets</b>	<b>70,529</b>	<b>69,539</b>	<b>(990)</b>
<b>Current Assets</b>			
Cash	3,225	4,490	1,265
Debtors	4,302	7,049	2,747
Inventories	326	283	(43)
<b>Total Current Assets</b>	<b>7,853</b>	<b>11,822</b>	<b>3,969</b>
<b>Liabilities</b>			
Creditors due < 1 year	(8,056)	(13,987)	(5,931)
Creditors due > 1 year	(1,748)	(1,756)	(8)
Commercial loan	(10,794)	(13,489)	(2,695)
Provisions	(2,392)	(2,110)	282
<b>Total Liabilities</b>	<b>(22,990)</b>	<b>(31,342)</b>	<b>(8,352)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>55,392</b>	<b>50,019</b>	<b>(5,373)</b>
<b>Taxpayers Equity</b>			
PDC	36,610	36,610	0
Revaluation Reserve	10,019	10,019	0
Retained Earnings	8,763	3,390	(5,373)
<b>TOTAL TAXPAYERS EQUITY</b>	<b>55,392</b>	<b>50,019</b>	<b>(5,373)</b>