

Bolton NHS Foundation Trust – Board Meeting 30 August 2018

Location: Ingleside

Time: 0930 – 1130

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
09.30	1.	Welcome and Introductions	Chairman	verbal	
	2.	Apologies for Absence	Trust Sec.	Verbal	Apologies noted
	3.	Declarations of Interest	Chairman	Verbal	To note any declarations of interest in relation to items on the agenda
	4.	Minutes of meeting held 26 July 2018	Chairman	Minutes	To approve the previous minutes
	5.	Action sheet	Chairman	Action log	To note progress on agreed actions
	6.	Matters arising	Chairman	Verbal	To address any matters arising not covered on the agenda
	7.	Chairman's Report	Chairman	Verbal	To receive a report on current issues
	8.	CEO Report including reportable issues	CEO	Report	To receive a report on any reportable issues including but not limited to SIs, never events, coroner reports and serious complaints
Safety Quality and Effectiveness					
10.00	9.	Quality Assurance Committee Chair Report	QA Chair	Verbal	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
10.10	10.	Workforce Assurance Committee – Chair Report	CEO	Report	CEO to provide a summary of assurance from the Workforce Assurance Committee and to escalate any items of concern to the Board
10.20	11.	Urgent Care Delivery Board Chair Report –	CEO	Report	To receive a report on the Urgent Care Delivery Board
10.30	12.	Performance Report	Chief Executive	Report	To receive
11.10	13.	Any other business			
Questions from Members of the Public					
	14.	To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting.			

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
Resolution to Exclude the Press and Public					
11.15		To consider a resolution to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted			

Meeting Board of Directors Meeting – Part One

Time 09.00

Date 26 July 2018

Venue Boardroom Royal Bolton Hospital

Present:-

Mr D Wakefield	Chairman	
Mr A Thornton	Non-Executive Director/Deputy Chair	AT
Dr J Bene	Chief Executive	JB
Mrs T Armstrong-Child	Director of Nursing	TAC
Mr A Ennis	Chief Operating Officer	AE
Ms A Gavin Daley	Non-Executive Director	AGD
Mr S Hodgson	Medical Director	SH
Ms B Ismail	Non-Executive Director	BI
Mrs J Njoroge	Non-Executive Director	JN
Mr M North	Non-Executive Director	MN
Mrs A Walker	Director of Finance	AW
Mr J Mawrey	Director of Workforce	JM

In attendance:-

Mrs E Steel	Trust Secretary	ES
Mrs S Martin	Director of Strategic Transformation	
Mrs B Williams	Clinical Lead	
Ms V Claire	Head of Midwifery	
Ms N Etchells	Midwifery matron	

Apologies

Mr A Duckworth, Mrs J Njoroge, Mr R Mundon

Welcome and Introductions

The Chairman welcomed Board members and attendees to the meeting.
Introductions were made

1. Patient Story

MH attended the Board to share his story of rehabilitation following an

amputation performed because of complications arising from an old compound fracture.

MH suffered a serious below knee fracture in 1999 and after a bad fall in 2014 with increasing pain and eventual break down of scar tissue. MH was eventually diagnosed with osteomyelitis which he later found had been dormant since 2004 and scheduled for an amputation in early 2018. The initial date set for surgery was cancelled as a result of operational pressures but this was eventually performed with a successful outcome and uneventful recovery. Although MH understood the reasons for the delay to his surgery the extended wait meant he continued to experience severe pain and had the psychological impact of waiting for a major procedure.

During MH's short stay in hospital he described the nursing staff as brilliant but the food not good. MH was discharged home with a treatment plan of physiotherapy; he followed his treatment plan and described the physiotherapy staff as brilliant but was critical of the commitment of his fellow patients. MH also noted that many patients experienced delays as a result of patient transport services.

MH progressed well with his rehabilitation, his wife took video recordings which he used to analyse and improve his gait to good effect – he suggested that other patients could potentially benefit from video or mirrors for visual feedback. A greater variety of terrain to practice walking on would also be a benefit although the ramp leading up to N block was felt to be too steep for those with mobility problems.

MH recognised the benefits of family support to motivate patients and suggested that greater use could be made of patient advocated to share experiences and motivate others through their rehabilitation.

The Chairman apologised on behalf of the Trust and wider NHS for the delay to his surgery and the other aspects of care which could have been better. A number of points from the story were identified for action which would be picked up through the patient story action plan overseen by the PEIP Committee.

In response to a question about potential missed opportunities for earlier treatment, the Medical Director advised that osteomyelitis can remain dormant for many years.

Resolved: The Board thanked MH for taking the time to share his story.

FT/18/61 AE to check on environmental issues raised, other issues to be captured through patient experience team

3. Declarations of Interest

Mr J Mawrey	Non-Executive Director iFM Bolton
Ms B Ismail	Non-Executive Director iFM Bolton Councillor Bolton Local Authority (item 1)
Mrs E Steel	Company Secretary iFM Bolton

4. Minutes of The Board Of Directors Meetings Held 28 June 2018

The minutes of the meetings held on 28 June 2018 were approved as a true and accurate reflection of the meeting subject to:

- An amendment to show that the June Workforce Assurance Committee meeting was chaired by the Director of Nursing/Deputy CEO.

5. Action Sheet

The action sheet was updated to reflect progress made to discharge the agreed actions.

6. Matters Arising

There were no matters arising.

7. Chairman's Report

The Chairman began his verbal update on key issues affecting the Trust by congratulating the Director of Nursing/Deputy CEO on her recent honorary doctorate and the offer of a place on the aspiring CEO programme.

Pressures in the Trust's A&E department have continued; further detail to be provided later in the meeting.

Following approval at the Trust's June Board meeting, John Coyne started in post as the new Executive Chair of iFM Bolton and chaired his first meeting of the iFM Board earlier in the week.

The Chairman reminded Board members that it was to be the last Board meeting for the Medical Director before his retirement from the Board. He reflected on the achievements he had made during his tenure and the benefits of a steady and competent Medical Director in ensuring the Trust has good clinical engagement with an open and honest culture to promote a focus on clinical safety.

Board members joined with the Chairman in thanking Steve Hodgson for his contribution to the work of the Trust.

8. Chief Executive report

The Chief Executive highlighted key points from her written report:

- The NHSI quarterly review meeting focused on operational performance for A&E and RTT. NHSI appeared reassured by the actions in place and the trust remains in segment 2 of the Single Oversight Framework. NHSI are aware that A&E remains a challenge and the operational inconsistency is a particular concern. A recent ECIP table top exercise was undertaken to look at leadership, actions and behaviours; the exercise which used real data showed one team to have clear direction and line of control while the 2nd team demonstrated less control and had a more chaotic approach to decision making. Board members discussed the implications of these exercises which highlighted the need for support in A&E. ECIP are supporting the Trust with work around the team

dynamic and work to standardise decision making and other processes in A&E.

- The NHS 70th anniversary was celebrated within the Trust and through attendance at national events culminating in the Trust Summer Fair on 7th July 2018.
- The Exec team are continuing to engage with partners - within the Bolton locality on the development of an integrated care partnership and with NW sector partner organisations on future opportunities for collaboration.
- External regulatory visits from the HSE and the General Pharmaceutical council provided generally satisfactory assurance.

Board Assurance Framework

Board members noted the risks on the summary BAF – in response to a question about the sepsis actions the Medical Director advised that the focus was on strengthening the ability to diagnose and start treatment for sepsis in A&E – a report is scheduled to QA Committee in August 2018.

Resolved: the Board noted the CEO report.

9. Quality Assurance Committee Chair Report

Mr Thornton presented his report as Chair of the Quality Assurance Committee and highlighted the discussion points from the meeting which provided assurance or highlighted risks:

- Clinical Governance and Quality Committee Chair Report - Two red items escalated – the number of red and amber SI actions and compliance with NICE quality standards. The Committee are undertaking a piece of work to review committees reporting into Clinical Governance Committee with a view to reducing the number of committees if appropriate.
- Quality Account Priority – Reduction in medication errors. The Chief Pharmacist attended to provide a report on the new Quality Account Priority to reduce the omission of clinical medicines. Initial actions in the plan have been implemented and quarterly updates will be provided on performance against the plan.
- The Chief Pharmacist also provided an update on discharge medication and the challenges to timely TTOs. The Committee discussed the potential role of prescribing pharmacists and agreed the need for balance to ensure junior doctors did not lose this experience. Board members discussed the provision of discharge medication. The Chief Operating Officer advised that timely prescribing of TTOs is part of SAFER but the competing pressures on junior doctors mean it is often left to the last minute. The role of prescribing pharmacists is being trialled on assessment areas.
- The Quarterly Pressure Ulcer report and a presentation from the tissue viability nurse provided assurance that there is a strong team and robust actions.
- The Falls quarterly report was noted - 5.03 falls per 1000 bed days reported in June against a target of 5.3 and a national rate of 6.63.
- The Committee received an update provided on actions to address temperature control issues in maternity and neonatal areas. Two rooms

are to be kept at a higher temperature and where possible be used for pre term babies

- Following previous reports provided following the CQC review of radiology reporting in Portsmouth, an update was provided on median and maximum waits and incidents reported in response to radiology reporting delays. The Committee remained concerned and requested a further follow up in three months by which stage it was hoped that additional national benchmarking information would be available

Resolved: The Board noted the report from the Chair of the Quality Assurance Committee.

10. **Finance and Investment Committee Chair Report**

In Mr Duckworth's absence, the Director of Finance presented the Finance and Investment Committee Chair's report and highlighted the discussion points from the meeting which provided assurance or highlighted risks:

Performance at the end of month 3 is a year to date deficit of £1.4m, this is £0.1m above plan largely as a result of balance sheet flexibility. The Trust achieved some PSF for the quarter but lost out on A&E related PSF payments.

ICIP performance is £1.4m behind plan and remains a concern

The month end cash balance is £7.0m which is £3.1m better than plan.

Capital spend is ahead of plan with £2.6m incurred against a plan of £2.1m.

Agency spend remains a concern, performance for the year to date is £2.2m against a NHSI target of £1.7m. A revised agency plan for 2018/19 for £8m has been submitted to and approved by NHSI however performance will continue to be monitored against the £5.9m cap.

The F&I Committee discussed the impact of the Agenda for Change pay award, the Department of Health have produced a document explaining how additional funding to meet the increase will be allocated. It is clear that the allocation for Bolton will not meet the full risk, it is estimated that the level of risk to the Trust is in the range of £400k - £800k.

The Committee also received the new procurement kpi report and an update on the financial position across GM. A verbal update was provided on developments in relation to working with Bolton University on a new education facility, an outline business case will be submitted for Board approval in due course.

Board members discussed the underlying financial performance and agreed that a robust recovery plan to address the challenges of ICIP performance and control of agency spend was required.

The Director of Finance advised that the Department of Health methodology to calculate the impact of the pay award used the assumed head count from the Trust operational plan. The Trust are engaged in ongoing discussions with the commissioner with both organisations fully briefed on each other's position

The Board discussed the implications of the pay deal for iFM Bolton, although not confirmed, national indications are that an allocation will be made for staff who TUPE transferred under Agenda for Change but not for all staff. The impact of this potentially divisive award will therefore remain a significant risk for iFM Bolton.

Resolved: The Board noted the report from the Finance and Investment Committee and the risks escalated.

FT/18/62

JM and BI to discuss further regarding A4C increase and impact on iFM staff

11. Workforce Assurance Committee Chair Report

The Chief Executive presented the Chair report from the July meeting of the Workforce Assurance Committee and highlighted the following areas from within the report:

- The Committee received the first draft of the Workforce and OD Strategy
- Sickness absence update, strong performance within Integrated Care but further work required in other divisions to ensure policy compliance and reach trajectory.
- Updates provided on plans for resilience and mindfulness training and for team appraisals.
- Divisional workplans provided a good level of detail and assurance that divisions are working on long term workforce plans.
- The analysis of temporary staffing report provided an update on actions being taken to reduce expenditure on locum and agency. Committee members discussed the report and agreed the need to maintain focus to achieve the ICIP and NHSI targets.

Board members discussed the impact of long term sickness; the Director of Workforce advised that this was a key area of focus with an increase in actions including stage four meetings if appropriate to enable staff with long term health issues to leave employment.

In response to a question about apprentice opportunities, the Director of Workforce advised that the number of apprentice posts had increased.

Resolved: The Board noted the report from the Workforce Assurance Committee

FT/18/63

JM to provide MN with details of apprenticeships

12. Urgent Care Delivery Board Chair Report

The Chief Operating Officer presented the report from the Urgent Care Delivery Board and highlighted the discussion points from the meeting which provided assurance or highlighted risks to delivery of the nine high impact workstreams.

- Work is still required to reduce the number of stranded and super stranded patients, within the FT this is being micro managed at patient level.
- NWAS are now starting to use alternative pathways and are working with primary and community services to develop these alternatives.
- The CCG have published the specification for streaming, the FT are now working to meet this spec and will be ready from December.

- The FT shared the seasonal plan with commissioners and discussed the cost implications estimated to be £4.3m to address everything within the plan.

Board members asked for further information on the actions to address stranded and super-stranded patients. The Chief Operating Officer advised that there were currently 10 patients in the Trust needing repatriation to Wigan and annual leave for school holidays had impacted on reablement capacity and packages of care.

Board members spent some time discussing the two workstreams to address streaming and to address stranded patients. Non-Executive members of the Board expressed concern that plans discussed so far did not give the assurance or confidence that the planned actions would have the required impact either on reducing length of stay or on diverting patients at the front door. In view of these concerns an update on the seasonal plan was requested.

Resolved: The Board noted the report from the Chair of the Urgent Care Delivery Board.

FT/18/64

brief update on Seasonal plan

13. Nurse Staffing Report

The Director of Nursing presented the nurse staffing report to provide an overview of the current staffing position and the ongoing actions to ensure safe and sustainable staffing levels are achieved.

The Director of Nursing highlighted the following key points from within her report:

- Although there has been a constant rate of new starters this is offset by a similar number of leavers resulting in an overall slight increase in the vacancy rate compared to June 2017.
- An enhanced care team has been developed to deliver one to one care differently, an evaluation of this will be included in the next report but early findings indicate improved patient experience and more effective use of resources.
- The new equality and diversity lead will support the nursing team to better understand how we recruit and retain staff from all areas of the community.
- The Elective Care Division has appointed to a number of ICU vacancies but remain non-compliant with three core standards for ICU staffing.
- The new Head of Midwifery has started in post in the Family Care Division, she has undertaken an initial review of staffing and will be looking to develop a staffing model with flexibility for high acuity
- Staffing levels on the neonatal unit are monitored in accordance with the British Association of Perinatal Medicine (BAPM) to ensure safe and appropriate care.

In response to a question about the impact of band 3 discharge co-ordinators, the Director of Nursing advised that this being evaluated and results would be

reviewed in the division and incorporated in the next update.

In response to a question about the frequency of the staffing report, the Director of Nursing advised that the provision of a six monthly report was in line with national guidance, on a practical level staffing is reviewed four times a day and flexed if required to address any local issues. The six monthly report gives an accurate reflection of the position.

Board members discussed the implications of the data provided within the report and agreed the value of an exit interview process to look at any themes from those leaving the organisation. The Director of Workforce advised that a new Leadership Framework had been developed to set out opportunities for career development.

Resolved: The Board noted the six monthly nurse staffing report.

FT/18/65

share leadership framework with Board

14. Maternity Update

Representatives of the Family Care division attended to provide an update on the delivery of maternity services to the Trust in the context of the national and local strategy (slides appended to minutes)

The National Maternity Strategy set a range of goals to be achieved through the provision of better, safer care including an objective to half the rate of stillbirths, neonatal and maternal deaths and brain injuries occurring during or soon after birth by 2025 and to achieve a 20% reduction by 2020.

The maternity team developed a detailed “saving babies lives” action plan to meet this objective with actions including work to reduce smoking in pregnancy, risk assessment and surveillance for foetal growth restriction and raising awareness of reduced foetal movements.

The presentation included graphs of the key indicators aligned to these objectives.

Board members discussed the metrics provided including the rate of induction of labour and the reasons for and implications of induction recognising that there are advantages and disadvantages to both the technocratic and sociological models of childbirth.

In response to a question from the Medical Director about the rate of emergency and elective caesarean sections Ms Etchells advised that the rate of elective sections is lower than the national benchmark.

Board members discussed future measures to promote the services provided in Bolton

FT/18/66

Still birth report - data check if rolling average or actual

15. Performance Report

The Chief Executive presented the performance report.

Members of the Executive team responded to questions on the area of the report within their portfolio, the following key points were noted:

Quality and Safety

- The Director of Nursing confirmed that the review of non-concordance by patients at risk of pressure ulcers had been completed and the results would be reviewed at the next tissue viability meeting.
- The Medical Director confirmed that sepsis screening is an area of focus, there was an improvement in quarter one but more work is still needed to improve screening and antibiotic provision.
- In response to a question about E Coli infection rates, the Director of Nursing advised that the Trust will be starting an rca process, it was agreed that a report should be provided for the QA committee to include any themes and a briefing on how cases are apportioned.
- Board members expressed concern with regard to the low response rate for antenatal friends and family feedback, the Director of Nursing agreed and advised that the Division have been tasked to address this and have actions in place including the use of hand held devices.
- Board members reflected on the metrics reported on the maternity dashboard in the context of the presentation from the team. Board members agreed that the different professional perspectives could cause confusion with regard to what is best practice in terms of C Section and rates of induction – this could be addressed by including benchmark comparisons.

Operational

- In response to a question regarding the access target for fractured neck of femur, the Chief Operating Officer advised that although the Trust have not been meeting the target, there is evidence of good outcome measures – a report will be presented to the QA Committee to provide assurance.
- The CCG have requested a review of the TIA service, as previously discussed the target will not be fully achieved without collaboration however some issues relate to systems and processes within the Trust's control. Further discussion will be required with commissioners to agree how the service is delivered. The Chief Executive advised that all patients who present in A&E with a TIA diagnosis are given aspirin but the delay being seen within a specialist TIA clinic may result in lost opportunities to prevent stroke. Board members agreed that further assurance should be provided in the form of a retrospective audit of outcomes – this should be presented to the QA Committee and then to Board.
- As discussed within the report from the Urgent Care Board, there have been some delays to transfer of care as a result of capacity issues within social care – the Urgent Care Board have requested action to address this

Resolved: Board members noted the Board Performance Report and agreed the following actions.

FT/18/67

briefing on E Coli infections to QA committee

FT/18/68

update on fracture neck of femur - evidence of good outcome measures to QA Committee

FT/18/69

Report to QA Committee on stroke and TIA service including retrospective audit

16. Well Led Review – completion of actions

The Trust Secretary reminded Board members that in line with best practice Deloitte LLP had undertaken a Well Led review in 2017 using the Monitor framework. The results of the review had been shared with the Board in a development session facilitated by Deloitte LLP and an action plan had been agreed.

Progress against the agreed actions had been overseen by the Executive team with the majority of actions completed in 2017. The few remaining actions had since been completed with the appointment of James Mawrey as Director of Workforce and the implementation of the new performance dashboard.

Resolved: The Board noted the completion of the Well Led Review action plan.

17. Director Lead Roles

The Trust Secretary presented a report detailing all areas where the Trust is required to have either an Executive or a Non-Executive lead.

Board members were asked to note that the new Medical Director Francis Edwards would take up the role of Responsible Officer after completion of his RO training on September 19th and 20th. He would continue as the named Responsible Officer until this time with cover available from the RO at WWL if required during his annual leave.

Resolved: the Board noted the report and approved the appointment of Francis Edwards as Responsible Officer with effect from September 21st 2018.

18. Any other business

No other business.

19. Questions from Members of the Public

No questions submitted.

Date and Time of Next Meeting

30 August 2018

Resolved: to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

July 2018 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/18/65	26/07/2018	Staffing report	share leadership framework with Board	JM	Jul-18	complete
FT/18/52	28/06/2018	In patient survey	TAC to follow up on the issue of nurses waiting in the pharmacy queue	TAC	Aug-18	pharmacy team looking at this and working with iFM to consider options - complete
FT/18/63	26/07/2018	Workforce Assurance Committee Chair report	JM to provide MN with details of apprenticeships	JM	Aug-18	email - complete
FT/18/64	26/07/2018	Urgent Care Board Chair report	brief update on Seasonal plan	AE	Aug-18	agenda item
FT/18/70	26/07/2018	SI report ophthalmology	report to be revised in view of comments	SH?	Aug-18	agenda item
FT/18/55	28/06/2018	RTT update	within performance report give consideration to how we measure the Trust element of the pathway	AE/BI	Aug-18	verbal update
FT/18/51	28/06/2018	In patient survey	to understand if there is a digital option for patient survey	TAC	Aug-18	verbal update
FT/18/53	28/06/2018	Cancer report	within performance report give consideration to how we measure the Trust element of the pathway	AE/RH	Aug-18	verbal update
FT/18/66	26/07/2018	maternity presentation	Still birth report - data check if rolling average or actual	family division	Aug-18	verbal update
FT/18/62	26/07/2018	F & I Committee Chair report	JM and BI to discuss further regarding A4C increase and impact on iFM staff	JM/BI	Aug-18	
FT/18/31	26/04/2018	Data Security	update on plans for full implementation	AE	Sep-18	update on EPR implementation
FT/18/56	28/06/2018	Workforce Annual Report	Workforce Assurance Committee to discuss implications of age profile and staff leaving after 1 - 5 years	JM/JB	Sep-18	
FT/18/57	28/06/2018	Workforce Annual Report	Workforce Assurance Committee to discuss implications of flexible working	JM/JB	Sep-18	
FT/18/47	28/06/2018	F & I Committee Chair report	Committee to request an update on benchmark performance against Carter procurement metrics	AW	Sep-18	
FT/18/50	28/06/2018	Mortality Report	Update to Board on the application of technology for patient care within the Trust	SH?	Sep-18	
FT/18/58	28/06/2018	Workforce Annual Report	quarterly Friends and Family update to WAC with themes escalated to Board through Chair report	JM	Sep-18	
FT/18/61	26/07/2018	Patient Story	AE to check on environmental issues raised, other issues to be captured through patient experience team	AE	Sep-18	
FT/18/67	26/07/2018	Performance report	briefing on E Coli infections to QA committee	DIPC	Sep-18	
FT/18/68	26/07/2018	Performance report	update on fracture neck of femur - evidence of good outcome measures to QA Committee	AE	Sep-18	
FT/18/69	26/07/2018	Performance report	Report to QA Committee on stroke and TIA service including retrospective audit	AE	Sep-18	
FT/17/92	26/10/2017	Board Assurance Framework	Audit Committee to discuss potential to revise report to include a projected score if actions have desired effect	ES	Oct-18	date changed to align with BAF presentation to Board
FT/18/38	31/05/2018	Patient Story	six month update on Patrick's story to QA committee	complete	agenda item	due overdue not due

Agenda Item No

Meeting	Board of Directors
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Date	30 August 2018
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Title	Chief Executive Update
Executive Summary	<p>The Chief Executive update includes a summary of key issues since the previous Board meeting, including but not limited to:</p> <ul style="list-style-type: none"> • NHS Improvement update • Stakeholder update • Reportable issues log <ul style="list-style-type: none"> ○ Coroner communications ○ Never events ○ SIs ○ Red complaints • Board Assurance Framework summary

Previously considered by	
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Next steps/future actions	To note			
	Discuss		Receive	
	Approve		Note	✓
	For Information	✓	Confidential y/n	n

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	✓	To be well governed	✓
Valued Provider	✓	To be financially viable and sustainable	✓
Great place to work	✓	To be fit for the future	✓

Prepared by	Esther Steel Trust Secretary	Presented by	Jackie Bene Chief Executive
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1. Awards and recognition

There has been a delay in announcing the winners of team/employee of the month, the winners for the May and June are as follows:

May 2018

Team of the Month - Neonatal Unit

Employee of the Month - Vanessa Howarth, Apprentice Clerical Officer, Health Records

June 2018

Team of the Month – Orthopaedic Interface Service Bolton One

Employee of the Month – Lynda Jordan – Housekeeper M4/M5

2. Stakeholders

2.1 **NHSI/NHSE**

Control Total – further to discussion at the May and June Board meetings the revised control total was submitted to NHSI.

NHS 10 year plan

On 18th June the Prime Minister set out a funding settlement for the NHS in England for the next five years. In return, the NHS has been asked to set out a long term plan for the future of the NHS by Autumn, setting out ambitions for improvement over the next decade, and plans to meet them over the five years of the funding settlement.

The Prime Minister set a number of priorities for the 10 year plan. They include:

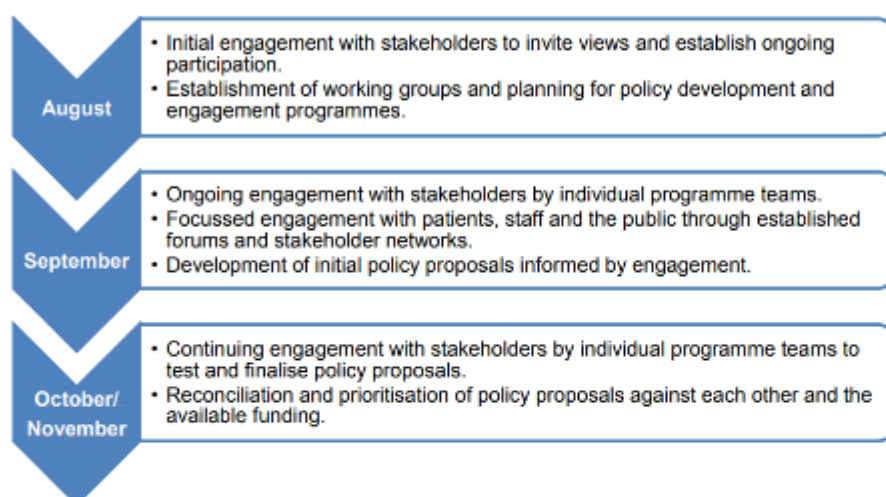
- “getting back on the path to delivering agreed performance standards – locking in and further building on the recent progress made in the safety and quality of care
- transforming cancer care so that patient outcomes move towards the very best in Europe
- better access to mental health services, to help achieve the government’s commitment to parity of esteem between mental and physical health
- better integration of health and social care, so that care does not suffer when patients are moved between systems
- focusing on the prevention of ill-health, so people live longer, healthier lives”

The government also set the NHS five financial tests to show how the service will put the service onto a more sustainable footing. Those tests are:

1. “improving productivity and efficiency
2. eliminating provider deficits
3. reducing unwarranted variation in the system so people get the consistently high standards of care wherever they live
4. getting much better at managing demand effectively
5. making better use of capital investment”

Working groups are now being established, bringing together local and national system leaders, partners and stakeholders, to shape the final plan.

The indicative timeline for the production of the plan is shown below:



Health Education England

Health Education England (HEE) has developed a strategic framework to ensure it remains committed to the values of diversity and inclusion for the next four years (2018-22).

HEE will use its influence with stakeholders to further diversity and inclusion within medical and clinical education and the wider healthcare system. The Trust WRES will be presented to the Board in September.

National Surveys

The National Cancer patient's experience survey results are due to be published in August. The national Urgent and Emergency Care survey will be carried out in September, and the survey for Children and Young People will sample from patients using our services in November and December. Reports on the outcome of each of these will be reviewed through the QA Committee.

2.2 Greater Manchester

The leadership team for Greater Manchester Shared Services (GMSS) has now been established. The Theme 4 Executive has approved the establishment of and agreed the hosting criteria for a shared services organisation, the organisation will be hosted by a GM NHS organisation and will provide HR, finance, procurement and IM&T services

2.3 North West Sector

Exec to Exec meetings with WWL have continued, the two teams met on 31st July 2018 and are scheduled to meet again on 22nd August.

2.4 Bolton

We have continued to engage with partners in the Local Authority and CCG. I am chairing the steering group charged with developing the proposed governance/operational models for the future Bolton Partnership Board.

2.5 iFM Bolton

The recent NHS pay award has caused some unrest within iFM, this has been covered in local media and will be discussed further in the iFM Board meeting – FT Board members will be updated as required.

2.6 Health and Safety

The HSE concerns/enforcement letter with microbiology have now been closed. Arrangements are in place to continue to support Microbiology with embedding and keeping in place the work.

Reportable Issues Log

Issues occurring between 20/07/18 and 20/08/18

3.1 Serious Incidents and Never events

Two serious incidents have been reported since the last Board meeting, these relate to a failure to arrange follow up reports and an incident within theatres.

3.2 Red Complaints

No red rated complaints received

3.3 Whistleblowing

Nothing to report

3.4 Media issues

The Trust received some adverse national media coverage relating to the coroner's review of a neonatal death – Board members previously received the SI report into this case. As referred to previously, there has also been some local media coverage of potential industrial dispute amongst iFM staff.

4 Board Assurance Framework

The Board Assurance Framework has been developed to provide the Board with assurance with regard to the actions in place to ensure achievement of the objectives in the 2017/19 Operational Plan.

The risk score – the product of the likelihood of failing to achieve and the impact of a failure to achieve each objective is reviewed monthly in alignment with the production of the performance report.

For objectives given a score of 16 and higher, the full Board Assurance Framework sets out the risks to achieving the objective, the controls and assurance in place to mitigate the risks and the actions required where there are gaps in controls or assurance. A summary of this is provided on the following page.

	Trust Wide Objective	Lead	I	L	Aug	June	May	April	Key Risks/Issues	Key action	Oversight
1.1	Reduce healthcare acquired infections	DON as DIPC	4	4	- 16	16	16	16	Sub-optimal of robust clinical engagement with Antimicrobial Stewardship.	Implementation of all key actions from the IPC review – July 2018	IPC committee
1.2.1a	For our patients to receive safe and effective care (pressure ulcers)	DON	5	2	- 10	10	10	10	No identified risks, sharing, learning arrangements robust.	Maintain current governance arrangements and enhance ward based training (calibrated to releasing staff safely)	QAC and Harm Free Care
1.2.1b	For our patients to receive safe and effective care (falls)	DON	5	3	- 15	15	15	15	Sub-optimal adoption of all preventative falls measures consistently	Implemented updated Falls Action Plan	QAC and Harm Free Care
1.2.2	For our patients to receive safe and effective care (mortality reduction)	MD	4	4	- 16	16	16	16	Escalation of ill patients, Increase in HSMR/RAMI	Roll out mortality review process Drive further improvement in ward observation KPI's Ensure Patient Track Oversight Group delivers on action plan Deliver on Quality Account 2017/18 sepsis actions (March 2019)	Mortality reduction
1.4	Staff and staff levels are supported	DoW	4	4	20	16	20	20	Recruitment, limited pool of staff Staffing for escalation areas Sickness rates esp within AACD	Recruitment workplan in place overseen through Workforce Assurance Committee Targeted actions to reduce sickness absence New Workforce Strategy to be approved by the Board in September 2018	IPM Workforce Workforce committee
2.1	To deliver the NHS constitution, achieve Monitor standards and contractual targets	COO	4	5	- 20	20	20	20	Late decisions in A/E Beds coming up late Lower discharges at weekends Staffing in key departments Urgent Care pressure and increased demand on Diagnostic and Elective work	Urgent Care programme plan SAFER ECIP support Enhanced pathways as part of the new streaming model commences Oct 2018	Urgent care prog board System Sustainability Board
4.1	Service and Financial Sustainability	DOF	5	4	- 20	20	20	20	Healthier Together Access to Transformation Fund Delivery of cost improvement plans Lack of workforce leading to agency costs Impact of GM theme work Fragmentation of commissioning Organisational change NHS funding settlement Efficiency requirements	Develop Estates Master Planning Implement Capital planning process – RIBA Implement Develop strategic approach to cost improvement Locality plan delivery Joint system savings approach LCO Development Strategic financial planning for 5 year timeframe	IPM F&I comm System groups:-System Board Strategic Estates group HWBE
4.4	Compliance with NHS improvement agency rules	DoW	4	4	- 16	16	16	16	Sickness absence Workforce shortage Gaps in rotas	Additional admin support for wards. Ongoing recruitment Targeted actions to address sickness absence	IPM Workforce comm
5.4	Achieving sustainable services through collaboration within the NW sector	CEO	5	4	- 20	20	20	20	Estates and IT challenges Healthier Together/GM devolution	Ongoing discussions with WWL – paper planned for September Board	Board F&I
5.5	Supporting the urgent care system	COO							Intermediate care delays Late bed availability Delayed transfer/discharge of medically well patients Lack of Social Care Capacity	Estates improvements to A&E – Phase 2 (new resuscitation and ambulance triage) expected completion Nov 2018, Phase 3 (increased triage/consultation rooms and new reception/ wait area) expected Dec 2018 Further work with Community services on discharge to assess/home based care	Urgent care prog board

Committee/Group Chair's Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	18 July 2018	Date of next meeting:	15 Aug 2018
Chair:	Andrew Thornton	Parent Committee:	Board of Directors
Members present/attendees:	A Thornton, J Bene, F Andrew, A Gavin Daley, A Ennis, M Forshaw, R Sachs, E Steel. Representation from the four clinical divisions	Quorate (Yes/No):	Yes
		Key Members not present:	T Armstrong Child, J Mawrey

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story – Families Division		The Family Care division shared a positive feedback provided from a lady who had recently given birth to a son in Central Delivery Suite. Although an overall positive story describing an “amazing experience” with inspirational staff the division have identified some learning points around communicating with women and their partners when surgical intervention is required	Story noted
Clinical Governance and Quality Committee Chair Report		Progress made on the number of outstanding SI actions. Further discussion planned to agree most appropriate forum for review of NICE adoption. No issues escalated	Never event assurance framework to next QA Committee meeting
Divisional Quality Report – Acute Adult		First iteration of new format report with summary to highlight key areas and “even better if” section. The Committee were assured that the division had good awareness of the challenges and a strong focus on the actions to address	The Committee discussed and noted both reports and also spent some time discussing the new format recognising that the QA committee need sufficient detail to provide assurance. Agreed to run new format reports until December and then review
Divisional Quality Report – Integrated Care		Strong report providing assurance that integration is becoming embedded and good progress has been made in all areas	

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Quality Account Priority – Sepsis		The Committee discussed the data provided and the limitations of the prevalence audit sample size.	Further assurance to be provided in next quarterly report by inclusion of ICNARC* data which will provide data on the point at which sick patients were escalated. * Intensive Care National Audit and Research Centre
Annual Complaints report		Comprehensive report providing assurance that complaints are being managed effectively. The Trust had an overall reduction in complaints in 2017/18 with no cases referred to the ombudsman	Report to be received at Board (September 2018)
Performance Report/dashboard		Received for information	
Patient Experience, Inclusion and Partnership Committee		No risks escalated	
Mortality Committee		Meeting not quorate RAMI 89.97%, SHMI 106.7.	
Risk Management Committee		Corporate risk register being developed, this will be reviewed in October and then shared with Audit Committee alongside the BAF. Escalated fire safety issues at Darley Court, concerns communicated to local authority – awaiting a response. Ongoing work with Roche in relation to an SI investigation	
Comments			
Risks Escalated			

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board
Date of Meeting:	17 th August 2018	Date of next meeting:	20 th September 2018
Chair:	Jackie Bene	Parent Committee:	Trust Board
Members present/attendees:	J Bene, , Annette Walker, C Sheard, A Ennis, F Andrews, E Steel, R Sachs all clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	T Armstrong Child, J Mawrey

Key Agenda Items:	RAG	Key Points	Action/decision
Workforce & Organisational Development Strategy (Draft)		Draft strategy received by Committee members, further work to be undertaken before presentation to Board in September	
Sickness/Absence Management (standing item)		Sickness increased in July to 5.05%. Particular pressures within HCA workforce and in Acute Adult division. The Committee spent some time discussing actions being taken to reach trajectory	Review policy Clarification of return to work interview recording
Analysis of Temporary Staff Usage and Spend		Month on month spend not reducing at the desired rate. Actions are underway but not achieving the required financial impact. Committee members discussed the dilemma of balancing safety and cost and agreed the need to focus on recruitment, retention and reduction of sickness.	Continued focus on the actions to reduce agency spend
WRES		The report presented a mixed picture with some improvements but a lot of areas where further improvement is required including appointment of BME staff to senior positions	Actions to be reviewed. Report to be presented to Board in September
Workforce Dashboard		The Committee noted the dashboard.	

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Comments

- Board approval will be sought on the Workforce & Organisational Development Strategy in September

Risks escalated

- Agency spend remains an ongoing risk

No assurance – could have a significant impact on quality, operational or financial performance;
Moderate assurance – potential moderate impact on quality, operational or financial performance
Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Name of Committee/Group:	Bolton Urgent Care Delivery Board	Report to:	Bolton FT Trust Board
Date of Meeting:	14 th August 2018	Date of next meeting:	10 th July 2018
Chair:	Jackie Bene	Parent Committee:	Bolton System Resilience Board
Apologies:		Quorate (Yes/No):	Y

Key Agenda Items:	Assurance Yes/No	Lead	Key Points	Action/decision
System Response to Black Escalation July 2018	Yes	All partners	Shared the learning from Black in July – slow escalation by BFT and lack of robust responsiveness from system partners	All agree to revise escalation processes and revisit the actions from the WWL visit last year to put in place all the learning.
Exception Reports				
(a) NWAS conveyance from Care Homes	Partial	NWAS/ CCG	Immedicare in most homes but compliance not full. Attendances and admissions beginning to slow.	Agreed to wait for September data before decoding to extend or terminate contract.
(b) Stranded patients	Partial	BFT	Some good progress on medically optimised and DeTOC but red to green and SAFER not fully embedded.	All agreed to revisit the actions from the WWL visit last year to put in place all the learning.
(c) Trusted Assessment – CHC and Care Homes	Yes	CCG/LA	Good progress being made	
Mental Health Capacity and Demand	Partial/No	GMMHT	Inadequate bed provision across GM – 25% rise in demand upon last year (9% rise in Bolton)	Bed capacity being addressed by GM commissioners BFT and GMMMH to work together on safer and legal solutions to accommodate patients whilst waiting for a bed

Committee/Group Chair's Report

IMC Demand and Capacity Modelling	Yes/partial	BFT	Modelling shows that Four Seasons can be closed without great impact on system but there is risk – approximately 12 beds	Due to risk an immediate meeting required to discuss how monies diverted from FS can support increased community capacity
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Integrated Summary Dashboard - July 2018

Executive Summary



Bolton

NHS Foundation Trust

Trust Objective	RAG Distribution	Total
Quality and Safety		
Harm Free Care		18
Infection Prevention and Control		9
Mortality		4
Patient Experience		16
Maternity		12
Operational Performance		
Access		10
Productivity		12
Cancer		7
Community		6
Workforce		
Sickness, Vacancy and Turnover		3
Organisational Development		6
Agency		3
Finance		
Finance		5
Use of Resources		
Clinical Services		
People		
Clinical Support Services		
Corporate Services, Procurement, Estates & Facilities		
Finance		
Appendices		
Heat Maps		

Understanding the Report

This summary report shows the latest and previous position of selected indicators, as well as a year to date position, and a sparkline showing the trend over the last 12 months.

RAG Status

	Indicator is underperforming against the plan for the relevant period (latest, previous, year to date)
	Indicator is performing against the plan (including equal to the plan) for the relevant period (latest, previous, year to date)

Trend

	The direction of travel of the indicator value between the previous and latest period is downwards, and this is undesirable with respect to the plan
	The direction of travel of the indicator value between the previous and latest period is upwards, and this is undesirable with respect to the plan
	The indicator value has not changed between the previous and latest period
	The direction of travel of the indicator value between the previous and latest period is downwards, and this is desirable with respect to the plan
	The direction of travel of the indicator value between the previous and latest period is upwards, and this is desirable with respect to the plan

Integrated Summary Dashboard - July 2018

Quality and Safety

Harm Free Care

Falls
Inpatient falls resulting in harm have reduced from two in June to one in July. The July fall was unpreventable.

Pressure Ulcers:
Pressure ulcers acquired in the hospital setting met trajectory this month.

Pressure ulcers acquired in the community increased, with the number of Category 2 and Category 4 pressure ulcers being over trajectory. There were no lapses in care for any of the Category 4 pressure ulcers.

The ICS division have completed the audit of non-concordance, and will be sharing the detail of this over the next few months

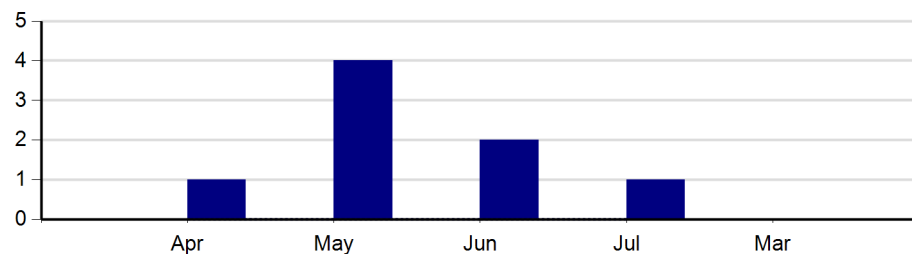
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
6 - Compliance with preventative measure for VTE	>= 95%	96.7%	Jul-18			>= 95%	95.4%	Jun-18		>= 95%	96.3%		95.4 - 98.6%	
9 - Never Events	= 0	0	Jul-18			= 0	0	Jun-18		= 0	1		0 - 1	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	4.72	Jul-18			<= 5.30	5.03	Jun-18		<= 5.30	5.02		4.72 - 7.30	
14 - Inpatient falls resulting in Harm (Moderate +)	= 0	1	Jul-18			= 0	2	Jun-18		= 0	8		0 - 4	
15 - Acute Inpatients acquiring pressure damage (grd 2)	<= 6.0	6.0	Jul-18			<= 6.0	10.0	Jun-18		<= 24.0	35.0		2.0 - 15.0	
16 - Acute Inpatients acquiring pressure damage (grd 3)	<= 0.5	0.0	Jul-18			<= 0.5	1.0	Jun-18		<= 2.0	2.0		0.0 - 2.0	
17 - Acute Inpatients acquiring pressure damage (grd 4)	= 0.0	0.0	Jul-18			= 0.0	0.0	Jun-18		= 0.0	0.0		0.0 - 0.0	
18 - Community patients acquiring pressure damage (grd 2)	<= 7.0	10.0	Jul-18			<= 7.0	5.0	Jun-18		<= 28.0	36.0		2.0 - 12.0	
19 - Community patients acquiring pressure damage (grd 3)	<= 4.0	3.0	Jul-18			<= 4.0	3.0	Jun-18		<= 16.0	22.0		0.0 - 10.0	
20 - Community patients acquiring pressure damage (grd 4)	<= 1.0	3.0	Jul-18			<= 1.0	0.0	Jun-18		<= 4.0	4.0		0.0 - 3.0	

Integrated Summary Dashboard - July 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
21 - Total Pressure Damage due to lapses in care	<= 6	7	Jul-18	●	→	<= 6	7	Jun-18	●	<= 22	25	●	2 - 13	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	91.8%	Q1 2018/19	●	↑	>= 90%	88.7%	Q4 2017/18	●	>= 90%	91.8%	●	77.0 - 91.8%	
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	90.0%	Q1 2018/19	●	↑	>= 90%	83.3%	Q4 2017/18	●	>= 90%	90.0%	●	65.0 - 100.0%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	77.9%	Jul-18	●	↓	>= 80%	79.8%	Jun-18	●	>= 80%	78.2%	●	76.8 - 83.8%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	75.6%	Jul-18	●	↓	>= 72.5%	85.9%	Jun-18	●	>= 72.5%	82.8%	●	74.6 - 87.7%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Jul-18	●	→	= 100%	100.0%	Jun-18	●	= 100%	100.0%	●	100.0 - 100.0%	
88 - KPI Audits linked to Bolton System of Accreditation (BOSCA)	>= 85%	91.7%	Jul-18	●	↓	>= 85%	92.8%	Jun-18	●	>= 85%	91.9%	●	89.7 - 92.9%	
91 - All Serious Incidents investigated and signed off within 60 days	= 100%	100.0%	Jul-18	●	→	= 100%	100.0%	Jun-18	●	= 100%	100.0%	●	100.0 - 100.0%	

Exceptions

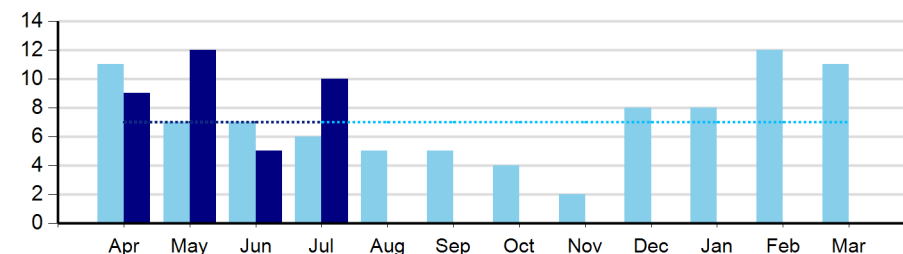
14 - Inpatient falls resulting in Harm (Moderate +)



2017/18 - Actual 2017/18 - Plan 2018/19 - Actual 2018/19 - Plan

	Apr	May	Jun	Jul	Mar
17/18					0
18/19	1	4	2	1	

18 - Community patients acquiring pressure damage (grd 2)

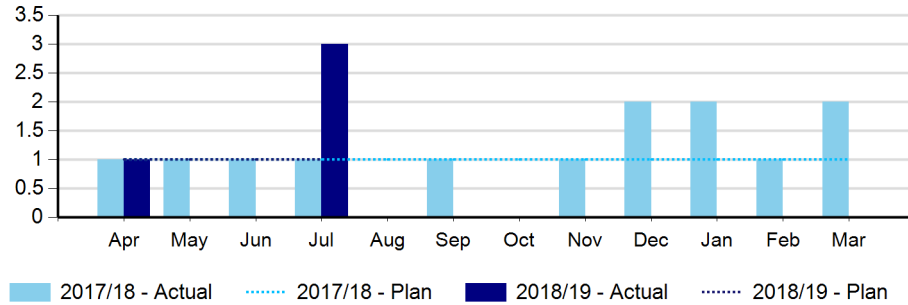


2017/18 - Actual 2017/18 - Plan 2018/19 - Actual 2018/19 - Plan

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	11.0	7.0	7.0	6.0	5.0	5.0	4.0	2.0	8.0	8.0	12.0	11.0
18/19	9.0	12.0	5.0	10.0								

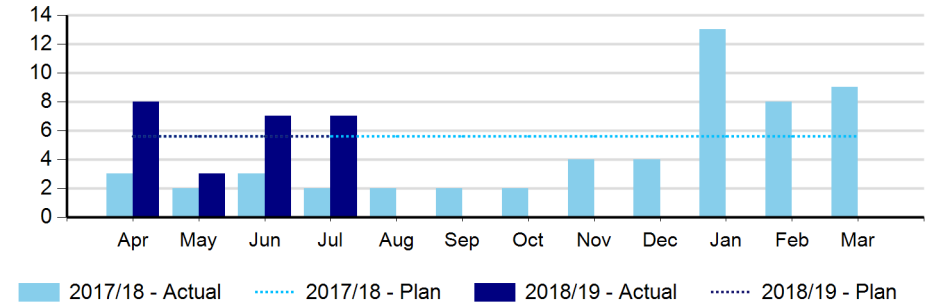
Integrated Summary Dashboard - July 2018

20 - Community patients acquiring pressure damage (grd 4)



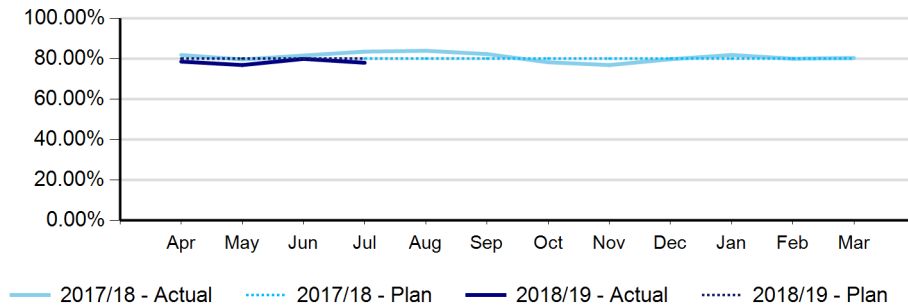
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.0	1.0	1.0	1.0	0.0	1.0	0.0	1.0	2.0	2.0	1.0	2.0
18/19	1.0	0.0	0.0	3.0								

21 - Total Pressure Damage due to lapses in care



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	3	2	3	2	2	2	2	4	4	13	8	9
18/19	8	3	7	7								

30 - Clinical Correspondence - Inpatients %<1 working day



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	81.8%	79.5%	81.5%	83.4%	83.8%	82.2%	78.1%	76.8%	79.7%	81.8%	79.9%	80.3%
18/19	78.5%	76.8%	79.8%	77.9%								

Integrated Summary Dashboard - July 2018

Infection Prevention and Control

There have been four Trust apportioned CDT cases in July – a total of six cases against a year end trajectory of no more than 18 cases. All of the cases have been reviewed at the CDT Harm Free Care Panel; two were assessed as having lapses of care and are performance cases, the other two had no lapses in care and are not considered to be performance cases. There have been a total of three cases with lapses of care which are considered performance cases to the end of July.

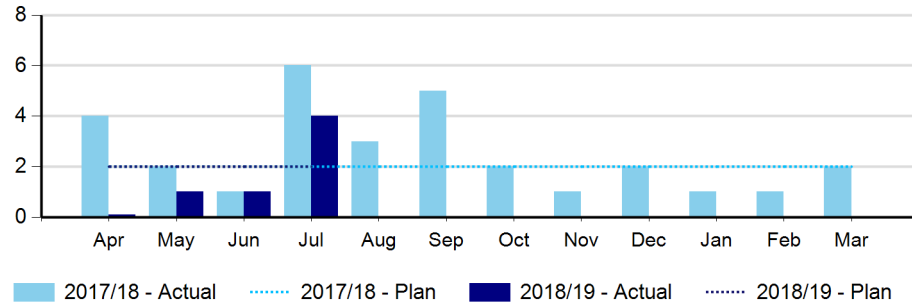
There has been a Hospital Onset MRSA bacteraemia in July. The post-infection review is currently ongoing.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
215 - Total Trust apportioned C. diff infections	<= 2	4	Jul-18			<= 2	1	Jun-18		<= 8	6		0 - 6	
216 - Total performance C. diff infections	<= 2	4	Jul-18			<= 2	1	Jun-18		<= 8	6		0 - 4	
217 - Total Hospital-Onset MRSA BSIs	= 0	1	Jul-18			= 0	0	Jun-18		= 0	1		0 - 1	
218 - Total Trust apportioned E. coli BSI	<= 3	1	Jul-18			<= 3	5	Jun-18		<= 12	8		0 - 7	
219 - Blood Culture Contaminants (rate)	<= 3%	4.8%	Jul-18			<= 3%	3.8%	Jun-18		<= 3%	4.0%		2.5 - 7.0%	
199 - Compliance with antibiotic prescribing standards	<= 95%	86.0%	Q1 2018/19			<= 90%	85.5%	Q4 2017/18		<= 95%	86.0%		84.8 - 86.0%	
304 - Total Trust apportioned MSSA BSIs	<= 1.3	1.0	Jul-18			<= 1.3	0.0	Jun-18		<= 5.2	7.0		0.0 - 4.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	<= 1	1	Jul-18			<= 2	2	Jun-18		<= 4	5		0 - 2	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Jul-18			= 0	0	Jun-18		<= 1	0		0 - 1	

Integrated Summary Dashboard - July 2018

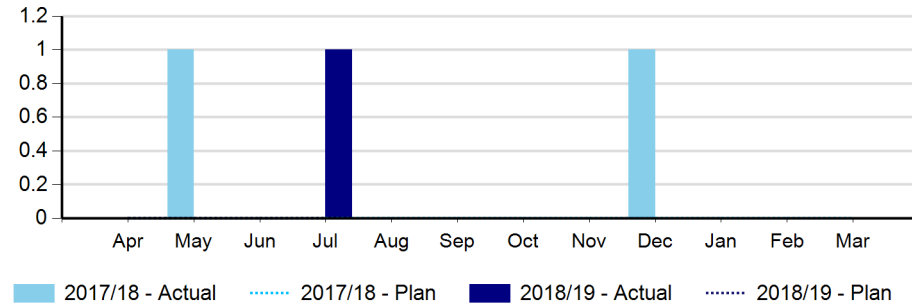
Exceptions

215 - Total Trust apportioned C. diff infections



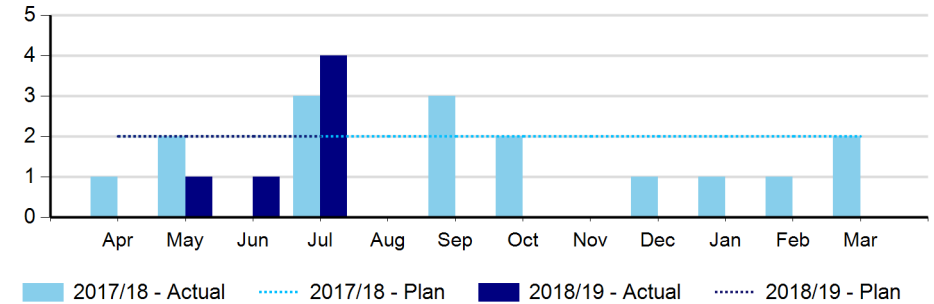
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4	2	1	6	3	5	2	1	2	1	1	2
18/19	0	1	1	4								

217 - Total Hospital-Onset MRSA BSIs



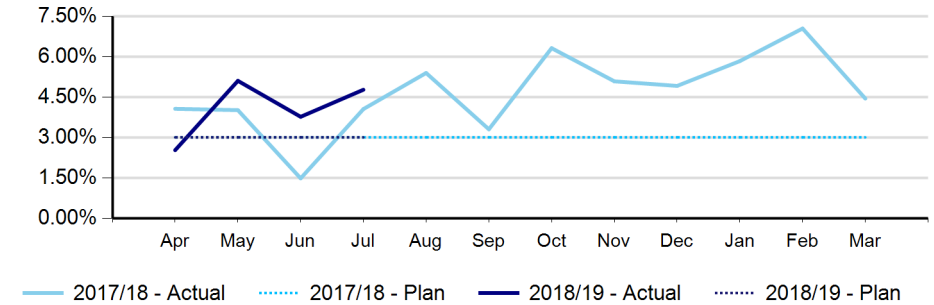
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	1	0	0	0	0	0	0	1	0	0	0
18/19	0	0	0	1								

216 - Total performance C. diff infections



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1	2	0	3	0	3	2	0	1	1	1	2
18/19	0	1	1	4								

219 - Blood Culture Contaminants (rate)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.1%	4.0%	1.5%	4.1%	5.4%	3.3%	6.3%	5.1%	4.9%	5.8%	7.0%	4.4%
18/19	2.5%	5.1%	3.8%	4.8%								

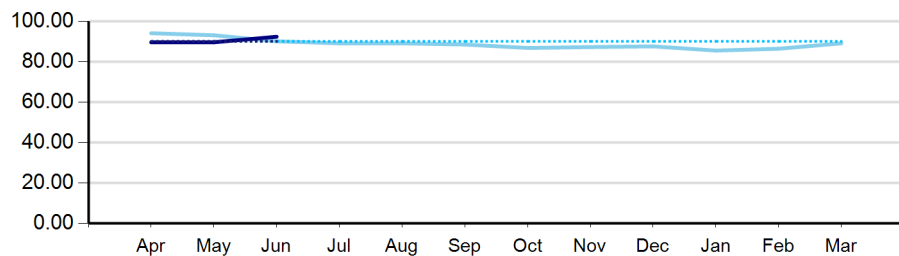
Integrated Summary Dashboard - July 2018

Mortality

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
3 - National Early Warning Scores to Gold standard	>= 85%	94.4%	Jul-18	●	↓	>= 85%	96.0%	Jun-18	●	>= 85%	93.6%	●	87.2 - 96.7%	
10 - Risk adjusted Mortality (ratio) (1 mth in arrears)	<= 90	92.3	Jun-18	●	↑	<= 90	89.5	May-18	●	<= 90	92.3	●	85.4 - 92.3	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 1.000	105.220	Q3 2017/18	●	↓	<= 1.000	106.200	Q2 2017/18	●	<= 1.000			105.220 - 106.200	
12 - Crude Mortality %	<= 2.9%	1.9%	Jul-18	●	↓	<= 2.9%	2.3%	Jun-18	●	<= 2.9%	2.0%	●	1.6 - 3.1%	

Exceptions

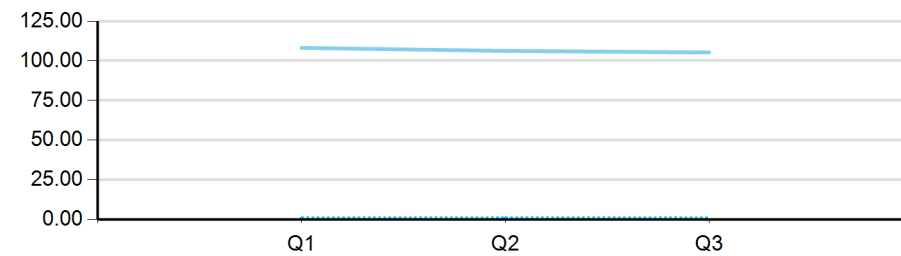
10 - Risk adjusted Mortality (ratio) (1 mth in arrears)



— 2017/18 - Actual 2017/18 - Plan — 2018/19 - Actual 2018/19 - Plan

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	94.0	93.0	90.0	89.0	89.0	88.4	86.7	87.2	87.5	85.4	86.3	89.0
18/19	89.5	89.5	92.3									

11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)



— 2017/18 - Actual 2017/18 - Plan

	Q1	Q2	Q3
17/18	108.100	106.200	105.220

Integrated Summary Dashboard - July 2018

Patient Experience





















Antenatal FFT response rate remains low. The head of midwifery is currently reviewing the process and an improvement plan is being developed

A&E FFT response rates remain above 20% trajectory at 20.3%. This is as a result of the SMS text message sent to adult patients and the drive within paediatric A&E to improve the response rates. It is expected that response rates should continue to improve.

Complaints response rate 93% against a trajectory of 95%
This relates to one complaint being over the time scale.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
200 - A&E Friends and Family Response Rate	>= 20%	20.3%	Jul-18			>= 20%	20.6%	Jun-18		>= 20%	17.3%		12.4 - 20.6%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	90%	Jul-18			>= 90%	90%	Jun-18		>= 90%	88%		83 - 91%	
80 - Inpatient Friends and Family Response Rate	>= 30%	31.0%	Jul-18			>= 30%	33.6%	Jun-18		>= 30%	34.5%		29.3 - 37.5%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	96.8%	Jul-18			>= 90%	97.4%	Jun-18		>= 90%	96.7%		95.7 - 97.8%	
81 - Maternity Friends and Family Response Rate	>= 15%	21.0%	Jul-18			>= 15%	19.0%	Jun-18		>= 15%	23.4%		18.0 - 35.7%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	93.7%	Jul-18			>= 90%	94.4%	Jun-18		>= 90%	96.0%		93.7 - 97.9%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	3.8%	Jul-18			>= 15%	1.7%	Jun-18		>= 15%	4.9%		1.7 - 28.8%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	100.0%	Jul-18			>= 90%	88.9%	Jun-18		>= 90%	98.0%		88.9 - 100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	25.3%	Jul-18			>= 15%	24.9%	Jun-18		>= 15%	28.7%		17.8 - 34.7%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	88.5%	Jul-18			>= 90%	93.1%	Jun-18		>= 90%	93.8%		88.5 - 97.8%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	19.9%	Jul-18			>= 15%	18.0%	Jun-18		>= 15%	25.8%		18.0 - 44.4%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	92.5%	Jul-18			>= 90%	93.2%	Jun-18		>= 90%	95.4%		91.7 - 98.1%	

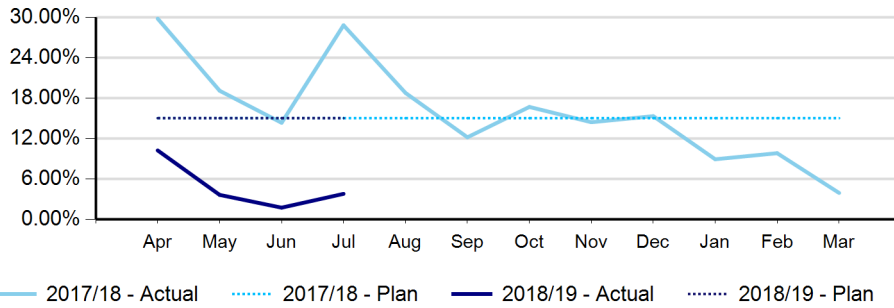
Integrated Summary Dashboard - July 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	36.5%	Jul-18			>= 15%	36.4%	Jun-18		>= 15%	37.5%		7.9 - 44.6%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	97.4%	Jul-18			>= 90%	96.5%	Jun-18		>= 90%	97.9%		88.2 - 99.5%	
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Jul-18			= 100%	100.0%	Jun-18		= 100%	99.0%		96.6 - 100.0%	
90 - Complaints responded to within the period	>= 95%	93.3%	Jul-18			>= 95%	90.0%	Jun-18		>= 95%	94.9%		87.0 - 100.0%	

Integrated Summary Dashboard - July 2018

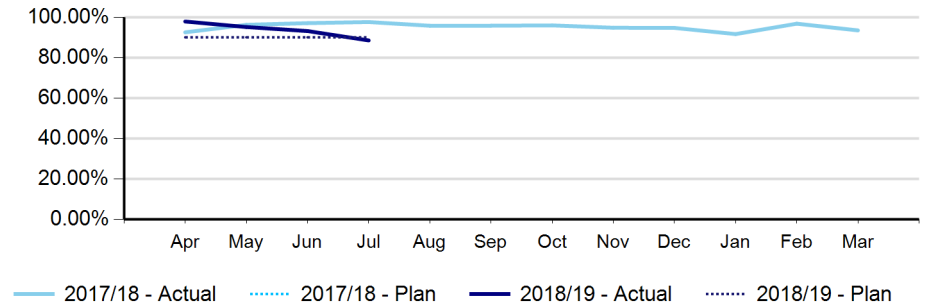
Exceptions

82 - Antenatal - Friends and Family Response Rate



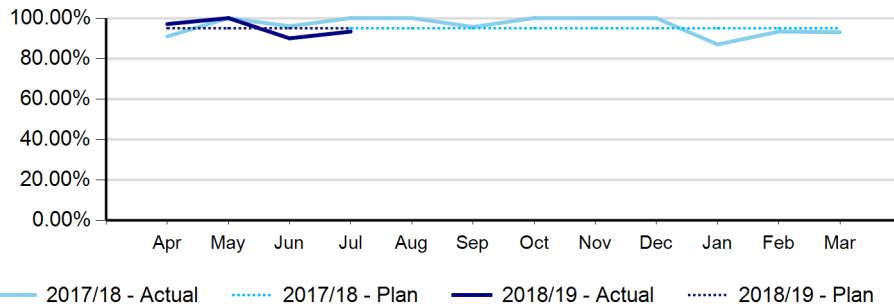
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29.8%	19.1%	14.3%	28.8%	18.8%	12.2%	16.7%	14.4%	15.3%	8.9%	9.8%	3.9%
18/19	10.2%	3.6%	1.7%	3.8%								

243 - Birth Friends and Family Test - Satisfaction %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.5%	96.2%	97.0%	97.6%	95.7%	95.7%	95.9%	94.7%	94.7%	91.6%	96.7%	93.4%
18/19	97.8%	95.1%	93.1%	88.5%								

90 - Complaints responded to within the period



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	90.9%	100.0%	96.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	87.0%	93.3%	93.0%
18/19	97.1%	100.0%	90.0%	93.3%								

Integrated Summary Dashboard - July 2018

Maternity

Ongoing service improvement work around these metrics continues. A full and comprehensive update will be provided to Trust Board at the end of the year.

% Completed Bookings by 12+6 weeks

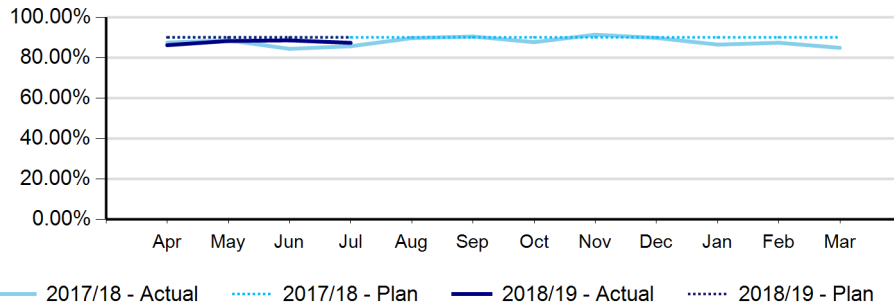
Improvements have been seen in specific areas and this will be replicated and rolled out further to the other teams.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
22 - Maternity - Stillbirths	<= 4	1	Jul-18	●	→	<= 4	1	Jun-18	●	<= 16	5	●	1 - 4	
23 - Maternity - 3rd/4th degree tears	<= 3%	1.6%	Jul-18	●	↓	<= 3%	3.2%	Jun-18	●	<= 3%	2.3%	●	1.6 - 4.2%	
201 - Total births	>= 500	514	Jul-18	●	↑	>= 500	482	Jun-18	●	>= 2,000	1,936	●	386 - 561	
202 - 1:1 care in labour	>= 95.0%	99.0%	Jul-18	●	↑	>= 95.0%	98.8%	Jun-18	●	>= 95.0%	99.1%	●	97.4 - 99.5%	
203 - Booked 12+6	>= 90%	87.3%	Jul-18	●	↓	>= 90%	88.5%	Jun-18	●	>= 90%	68.8%	●	84.8 - 91.3%	
204 - Inductions of labour	<= 35%	42.6%	Jul-18	●	↑	<= 35%	40.4%	Jun-18	●	<= 35%	40.0%	●	32.2 - 45.3%	
205 - Normal deliveries	>= 63.0%	55.4%	Jul-18	●	↓	>= 63.0%	57.6%	Jun-18	●	>= 63.0%	58.4%	●	54.5 - 65.6%	
208 - Total C section	<= 25.5%	30.3%	Jul-18	●	↑	<= 25.5%	25.9%	Jun-18	●	<= 25.5%	27.7%	●	25.7 - 30.4%	
210 - Initiation breast feeding	>= 65%	68.5%	Jul-18	●	↓	>= 65%	71.3%	Jun-18	●	>= 65%	69.3%	●	64.5 - 71.8%	
211 - Maternal admissions to ICU	= 0	1	Jul-18	●	↑	= 0	0	Jun-18	●	= 0	1	●	0 - 1	
213 - Maternity complaints	<= 5	3	Jul-18	●	→	<= 5	3	Jun-18	●	<= 20	11	●	2 - 3	
214 - New claims	= 0	0	Jul-18	●	↓	= 0	2	Jun-18	●	= 0	3	●	0 - 2	

Integrated Summary Dashboard - July 2018

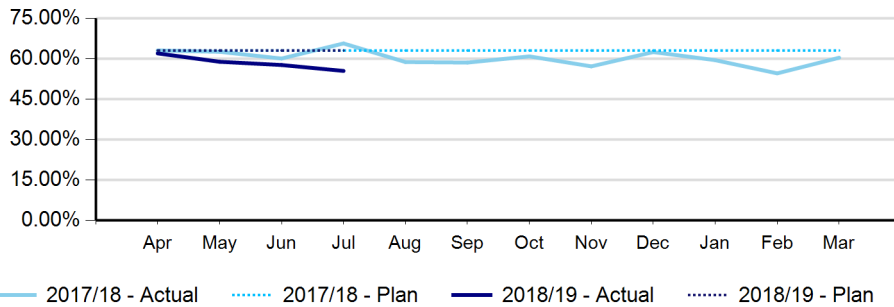
Exceptions

203 - Booked 12+6



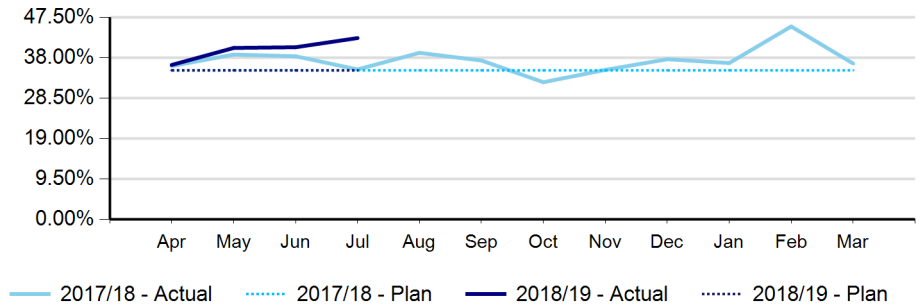
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87.4%	88.5%	84.3%	85.6%	89.6%	90.4%	87.6%	91.3%	89.7%	86.4%	87.3%	84.8%
18/19	86.1%	88.2%	88.5%	87.3%								

205 - Normal deliveries



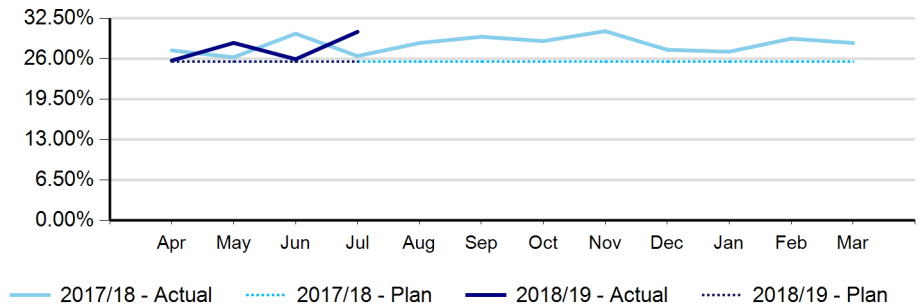
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	63.0%	62.5%	60.0%	65.6%	58.7%	58.5%	60.8%	57.1%	62.4%	59.4%	54.5%	60.3%
18/19	61.9%	58.8%	57.6%	55.4%								

204 - Inductions of labour



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	36.0%	38.7%	38.3%	35.2%	39.1%	37.3%	32.2%	35.1%	37.6%	36.7%	45.3%	36.6%
18/19	36.3%	40.3%	40.4%	42.6%								

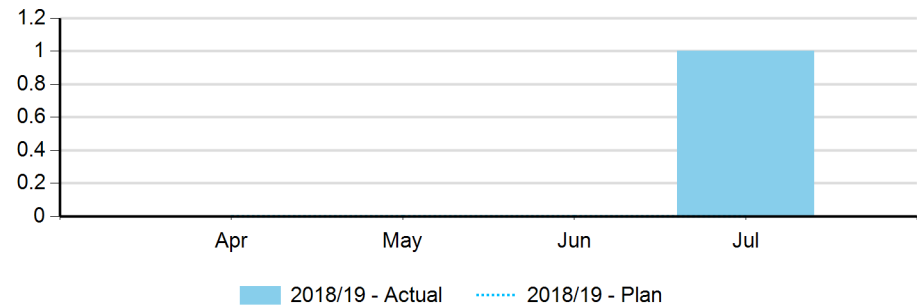
208 - Total C section



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	27.3%	26.2%	30.0%	26.4%	28.5%	29.5%	28.8%	30.4%	27.4%	27.1%	29.2%	28.5%
18/19	25.7%	28.5%	25.9%	30.3%								

Integrated Summary Dashboard - July 2018

211 - Maternal admissions to ICU



	Apr	May	Jun	Jul
18/19	0	0	0	1

Integrated Summary Dashboard - July 2018

Operational Performance

Access

Fractured Neck of Femur

Performance has improved this month although still below the threshold, work continues with Divisions and audit has demonstrated good outcomes for patients bench marked nationally despite adverse wait times.

RTT

Progress continues to be made and the Trust continues to follow the recovery plan agreed with the CCG. Waiting lists are reducing overall, but trajectory off for 92% by end of September by 1%. The Trust is working with the CCG on alternative plans.

There were 10 breaches 52 week breaches in July of which six related to patient choice. The remaining 4 breaches arose as a result of data quality issues. The trust has investigated and no harm arose as a result of these breaches. The intensive support team are due to visit the Trust next month and this should help identify areas for improvements.

TIA

Performance has seen a significant improvement this month although still below threshold. Discussions for a commissioning solution, probably on a Sector basis is needed. The Trust does not have the staff to meet the standard fully, internally.

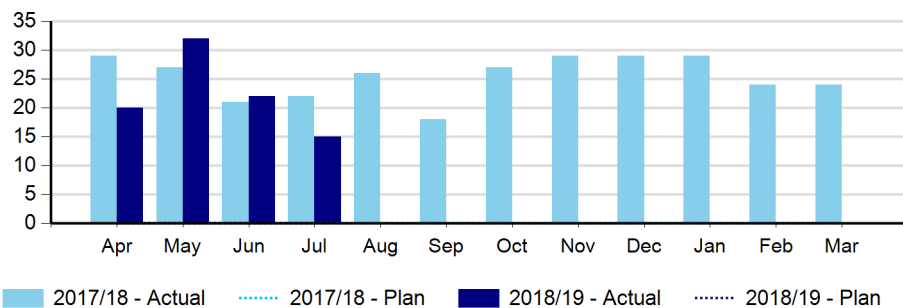
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	= 0	15	Jul-18			= 0	22	Jun-18		= 0	89		15 - 32	
8 - Same sex accommodation breaches	= 0	13	Jul-18			= 0	11	Jun-18		= 0	48		4 - 18	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	62.5%	Jul-18			>= 75%	55.6%	Jun-18		>= 75%	66.1%		55.6 - 88.6%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	90.3%	Jul-18			>= 92%	90.0%	Jun-18		>= 92%	89.6%		87.2 - 92.5%	
42 - RTT 52 week waits (incomplete pathways)	= 0	10	Jul-18			= 0	2	Jun-18		= 0	20		0 - 10	
53 - A&E 4 hour target	>= 95%	84.1%	Jul-18			>= 95%	86.0%	Jun-18		>= 95%	84.1%		76.9 - 88.0%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0%	10%	Jul-18			= 0%	7%	Jun-18		= 0%	10%		7 - 17%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0%	2%	Jul-18			= 0%	2%	Jun-18		= 0%	2%		2 - 14%	
72 - Diagnostic Waits >6 weeks %	<= 1%	0.5%	Jul-18			<= 1%	0.6%	Jun-18		<= 1%	0.6%		0.3 - 9.5%	

Integrated Summary Dashboard - July 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	83.3%	Jul-18	●	↑	= 100%	11.1%	Jun-18	●	= 100%	23.6%	●	0.0 - 83.3%	

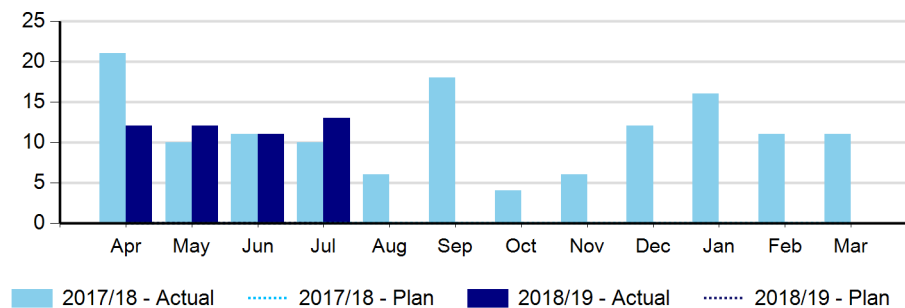
Exceptions

7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29	27	21	22	26	18	27	29	29	29	24	24
18/19	20	32	22	15								

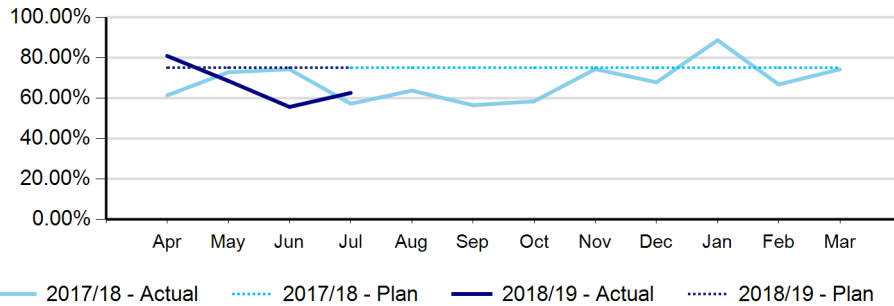
8 - Same sex accommodation breaches



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	21	10	11	10	6	18	4	6	12	16	11	11
18/19	12	12	11	13								

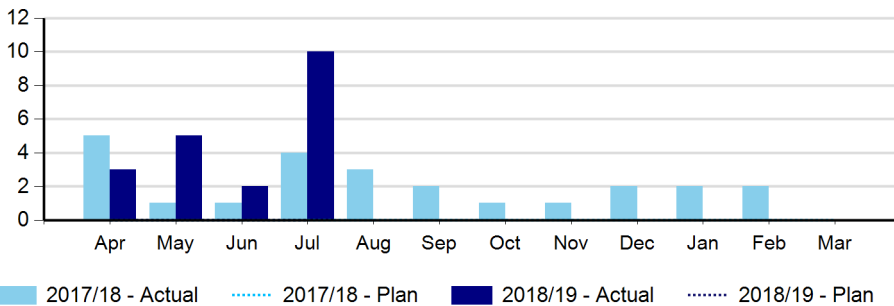
Integrated Summary Dashboard - July 2018

26 - Patients going to theatre within 36 hours of a fractured Neck of Femur



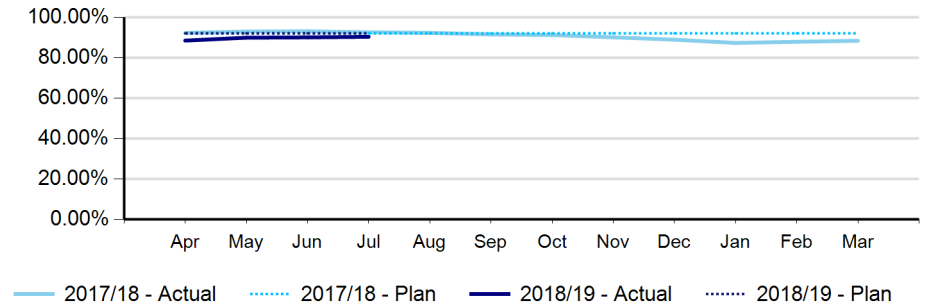
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	61.3%	72.7%	74.2%	57.1%	63.6%	56.4%	58.3%	74.3%	67.7%	88.6%	66.7%	74.2%
18/19	80.8%	68.4%	55.6%	62.5%								

42 - RTT 52 week waits (incomplete pathways)



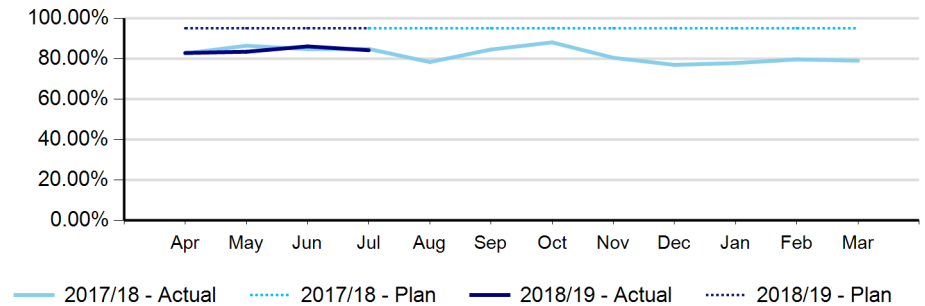
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5	1	1	4	3	2	1	1	2	2	2	0
18/19	3	5	2	10								

41 - RTT Incomplete pathways within 18 weeks %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.2%	87.8%	88.3%
18/19	88.4%	89.8%	90.0%	90.3%								

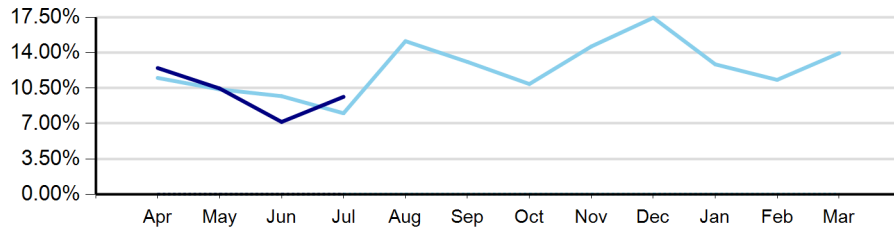
53 - A&E 4 hour target



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	82.5%	86.3%	84.6%	84.7%	78.3%	84.5%	88.0%	80.4%	76.9%	77.8%	79.5%	78.9%
18/19	82.7%	83.4%	86.0%	84.1%								

Integrated Summary Dashboard - July 2018

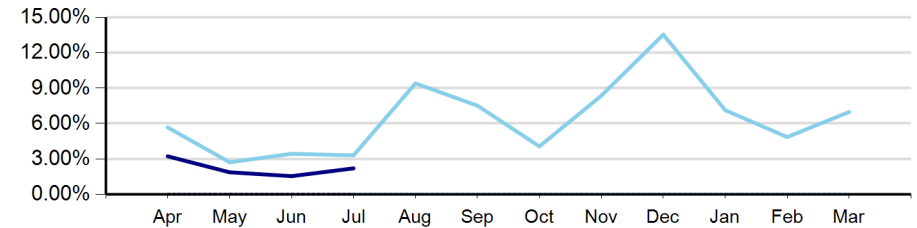
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)



— 2017/18 - Actual 2017/18 - Plan — 2018/19 - Actual 2018/19 - Plan

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12%	10%	10%	8%	15%	13%	11%	15%	17%	13%	11%	14%
18/19	12%	10%	7%	10%								

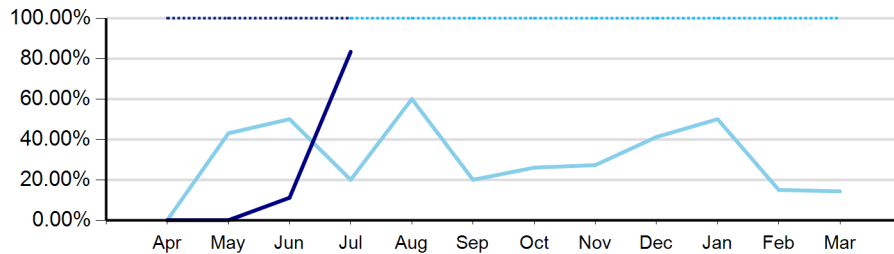
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)



— 2017/18 - Actual 2017/18 - Plan — 2018/19 - Actual 2018/19 - Plan

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	6%	3%	3%	3%	9%	8%	4%	8%	14%	7%	5%	7%
18/19	3%	2%	2%	2%								

27 - TIA (Transient Ischaemic attack) patients seen <24hrs



— 2017/18 - Actual 2017/18 - Plan — 2018/19 - Actual 2018/19 - Plan

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0%	43.0%	50.0%	20.0%	60.0%	20.0%	26.0%	27.3%	41.2%	50.0%	15.0%	14.3%
18/19	0.0%	0.0%	11.1%	83.3%								

Integrated Summary Dashboard - July 2018

Productivity

Stranded patients

July saw a dip in performance along with those patients with a length of stay of 21 days or over. Reduction in length of stay and this target is a key action for the seasonal plan and will remain a weekly focus at the System Resilience Group.

Discharges by 12 and 4

Both of these targets were achieved in July which is a significant improvement and should help to ease the pressure on beds and improve A&E performance.

Operations cancelled on the day

Cancellations increased again in July due to the urgent care pressure, however operations rebooked saw a significant improvement from the previous month.

Elective Length of Stay (LOS)

Elective LOS saw a significant increase in month as a result of a number of longer length of stay patients being discharged in month.

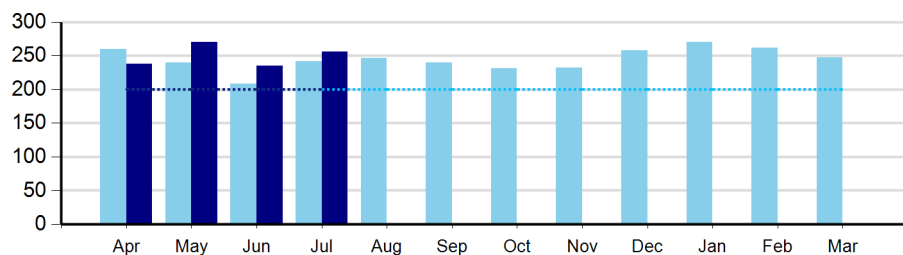
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
56 - Stranded patients	<= 200	256	Jul-18			<= 200	235	Jun-18		<= 200	256		231 - 270	
307 - Stranded Patients - LOS 21 days and over	<= 69	108	Jul-18			<= 69	81	Jun-18		<= 69	108		78 - 108	
57 - Discharges by Middy	>= 30%	30.6%	Jul-18			>= 30%	28.6%	Jun-18		>= 30%	29.4%		25.9 - 33.1%	
58 - Discharges by 4pm	>= 70%	70.0%	Jul-18			>= 70%	68.1%	Jun-18		>= 70%	68.3%		62.6 - 70.0%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	11.7%	Jun-18			<= 13.5%	12.8%	May-18		<= 13.5%	12.3%		11.7 - 13.4%	
60 - Daycase Rates	>= 80%	89.8%	Jul-18			>= 80%	88.4%	Jun-18		>= 80%	89.2%		77.2 - 91.6%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	2.0%	Jul-18			<= 1%	1.4%	Jun-18		<= 1%	1.5%		0.9 - 2.1%	
62 - Cancelled operations re-booked within 28 days	= 100%	94.0%	Jul-18			= 100%	63.6%	Jun-18		= 100%	81.8%		63.6 - 100.0%	
64 - Delayed Transfers Of Care - GM Methodology (% occupied bed days delayed - phased reduction)	<= 3.3%	2.0%	Jul-18			<= 3.3%	3.0%	Jun-18		<= 3.3%	2.6%		2.0 - 7.5%	
65 - Elective Length of Stay (Discharges in month)	<= 2.0	2.8	Jul-18			<= 2.0	2.2	Jun-18		<= 2.0	2.4		2.1 - 2.9	

Integrated Summary Dashboard - July 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
66 - Non Elective Length of Stay (Discharges in month)	<= 3.7	3.7	Jul-18			<= 3.7	4.0	Jun-18		<= 3.7	3.8		3.7 - 4.2	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	91.3%	Jun-18			>= 80%	66.7%	May-18		>= 80%	77.8%		53.3 - 91.3%	

Exceptions

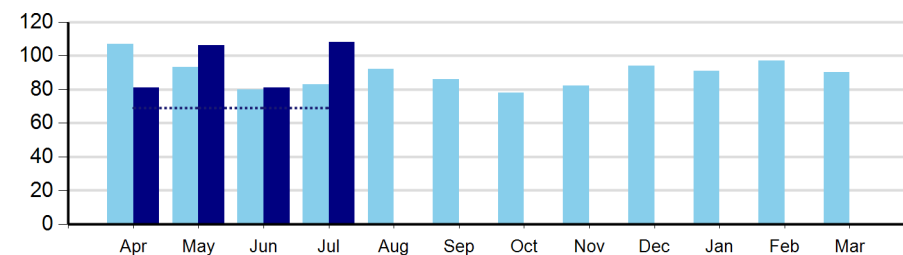
56 - Stranded patients



2017/18 - Actual 2017/18 - Plan 2018/19 - Actual 2018/19 - Plan

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	260	240	208	242	246	240	231	232	258	270	262	247
18/19	238	270	235	256								

307 - Stranded Patients - LOS 21 days and over

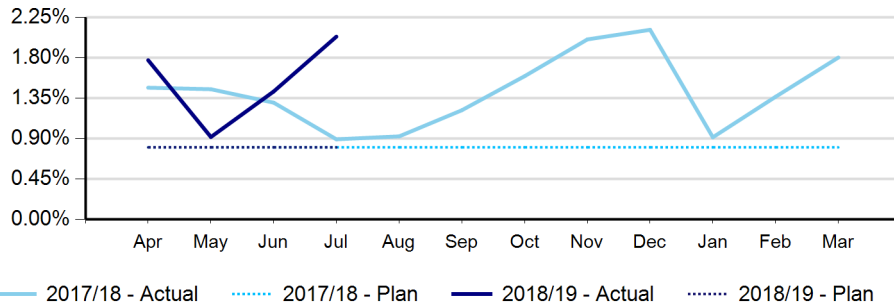


2017/18 - Actual 2017/18 - Plan 2018/19 - Actual 2018/19 - Plan

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	107	93	80	83	92	86	78	82	94	91	97	90
18/19	81	106	81	108								

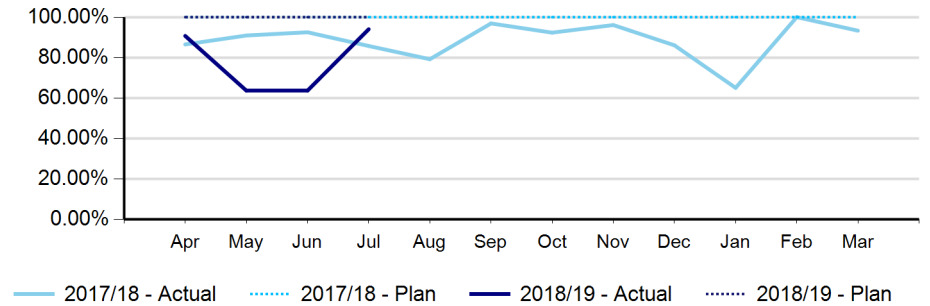
Integrated Summary Dashboard - July 2018

61 - Operations cancelled on the day for non-clinical reasons



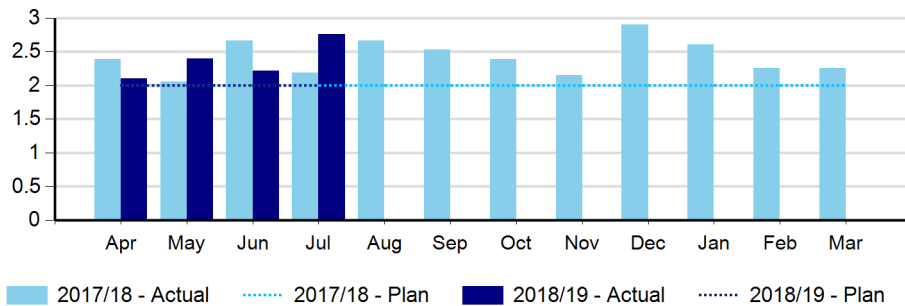
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.5%	1.4%	1.3%	0.9%	0.9%	1.2%	1.6%	2.0%	2.1%	0.9%	1.4%	1.8%
18/19	1.8%	0.9%	1.4%	2.0%								

62 - Cancelled operations re-booked within 28 days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86.5%	90.9%	92.5%	85.7%	79.2%	96.9%	92.3%	96.1%	86.0%	65.0%	100.0%	93.3%
18/19	90.7%	63.6%	63.6%	94.0%								

65 - Elective Length of Stay (Discharges in month)






































	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2.4	2.0	2.7	2.2	2.7	2.5	2.4	2.1	2.9	2.6	2.3	2.3
18/19	2.1	2.4	2.2	2.8								

Integrated Summary Dashboard - July 2018

Cancer

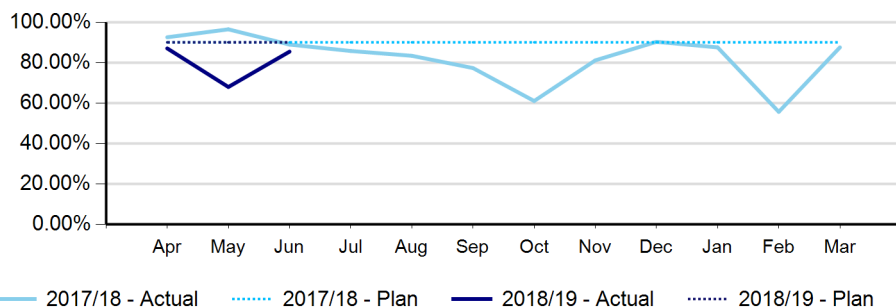
Cancer performance remains strong although not without its challenges. The exceptions are 62 day screening which is below target but saw an improvement of over 17% in performance for June and two week wait (breast symptomatic) which although red has seen a significant improvement in performance of over 14% in June.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
46 - 62 day standard % (1 mth in arrears)	>= 85%	93.6%	Jun-18			>= 85%	88.9%	May-18		>= 85%	91.1%		87.2 - 94.8%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	85.4%	Jun-18			>= 90%	67.9%	May-18		>= 90%	79.0%		55.6 - 90.2%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	100.0%	Jun-18			>= 96%	100.0%	May-18		>= 96%	99.7%		97.8 - 100.0%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Jun-18			>= 94%	100.0%	May-18		>= 94%	100.0%		90.9 - 100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Jun-18			>= 98%	100.0%	May-18		>= 98%	100.0%		100.0 - 100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	97.2%	Jun-18			>= 93%	93.6%	May-18		>= 93%	95.4%		93.6 - 98.3%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	70.6%	Jun-18			>= 93%	56.1%	May-18		>= 93%	53.9%		21.8 - 89.9%	

Integrated Summary Dashboard - July 2018

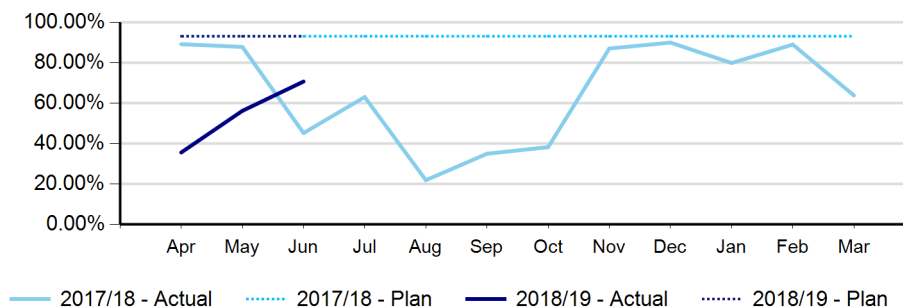
Exceptions

47 - 62 day screening % (1 mth in arrears)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.5%	96.4%	88.9%	85.7%	83.3%	77.3%	61.0%	81.1%	90.2%	87.5%	55.6%	87.5%
18/19	87.0%	67.9%	85.4%									

52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89.1%	87.7%	45.1%	62.9%	21.8%	34.9%	38.1%	86.9%	89.9%	79.8%	88.9%	63.7%
18/19	35.5%	56.1%	70.6%									

Integrated Summary Dashboard - July 2018

Community

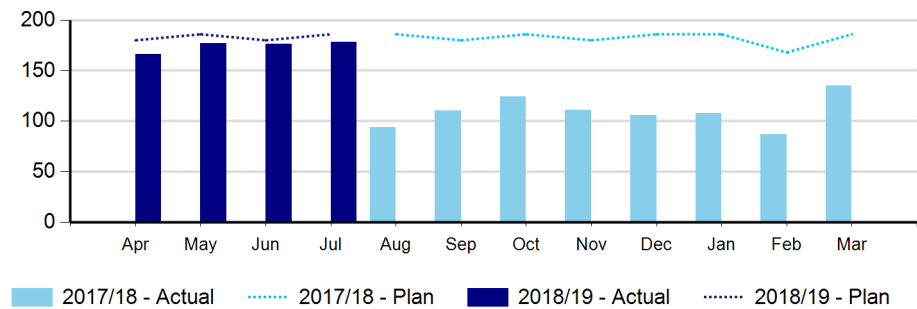
Community performance against the metrics although largely red has seen some improvements from previous months, admission avoidance are above threshold, DTOC numbers have remained static, medically optimised numbers have reduced although medically optimised days have increased slightly.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
225 - Admission Avoidance	>= 166	174	Jul-18			>= 166	147	Jun-18		>= 664	642		117 - 174	
226 - Home First (deflections from A&E)	>= 186	178	Jul-18			>= 180	176	Jun-18		>= 732	697		87 - 178	
227 - Length of Stay - Darley Court	<= 28	26	Jul-18			<= 28	25	Jun-18		<= 112	101		20 - 31	
228 - DTOC Numbers	<= 15	19	Jul-18			<= 15	19	Jun-18		<= 15	19		19 - 24	
230 - Medically Optimised Numbers	<= 50	59	Jul-18			<= 50	64	Jun-18		<= 200	250		52 - 75	
231 - Medically Optimised Days	<= 209	426	Jul-18			<= 209	391	Jun-18		<= 836	1,633		344 - 472	

Integrated Summary Dashboard - July 2018

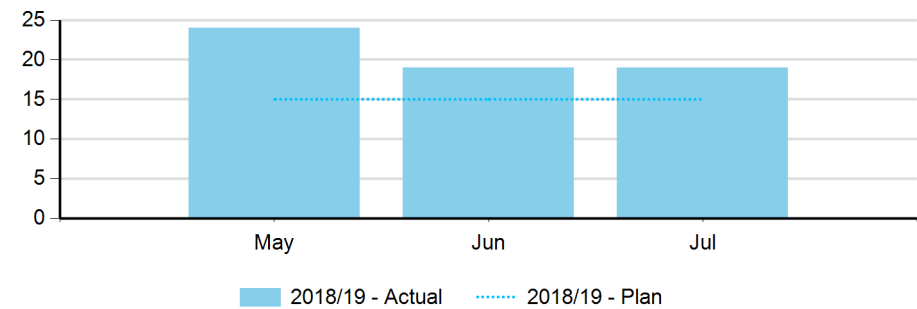
Exceptions

226 - Home First (deflections from A&E)



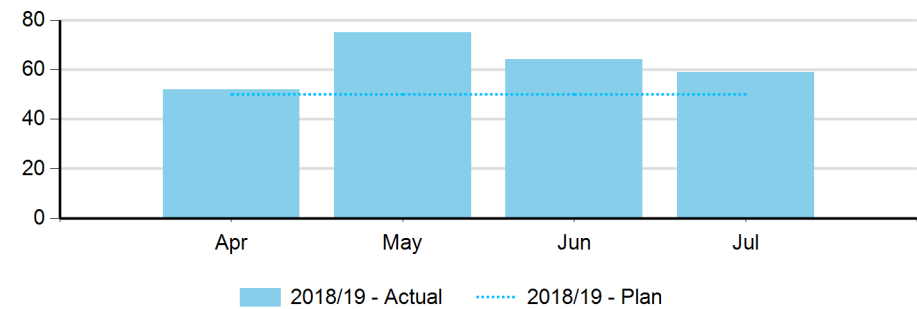
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18					94	110	124	111	106	108	87	135
18/19	166	177	176	178								

228 - DTOC Numbers



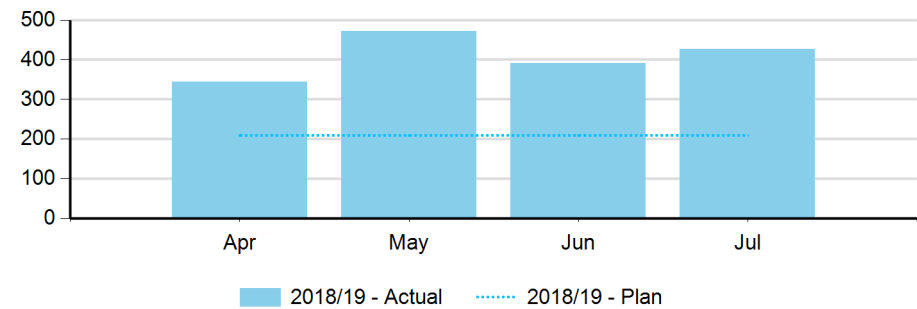
	May	Jun	Jul
18/19	24	19	19

230 - Medically Optimised Numbers



	Apr	May	Jun	Jul
18/19	52	75	64	59

231 - Medically Optimised Days



	Apr	May	Jun	Jul
18/19	344	472	391	426

Integrated Summary Dashboard - July 2018

Workforce

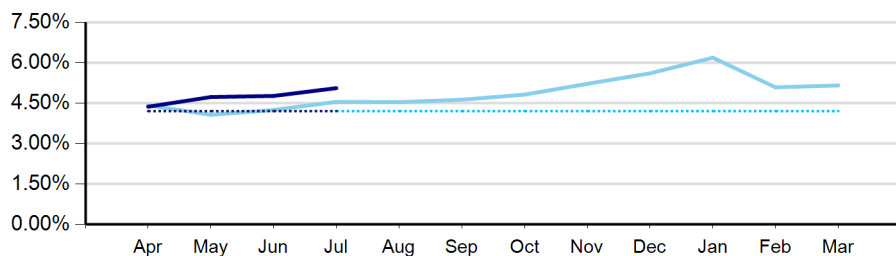
Sickness, Vacancy and Turnover

Sickness absence rate currently sits at 5.05% (July 2018). Actions are in place, overseen by Workforce Assurance Committee to bring sickness absence levels back in line with the planned trajectory. Board members will note that whilst the overall vacancy rate may be positive (when benchmarked) there are pockets of 'hard to fill' posts within the organisation that cause ongoing pressures. The full details of these 'hard to fill' vacancies, along with actions being taken are regularly discussed at the Workforce Assurance Committee and progress is being made in key areas.

Outcome Measure	Latest					Previous					Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG		Plan	Actual	RAG	Range	Trend
117 - Sickness absence level - Trust	<= 4.2%	5.1%	Jul-18			<= 4.2%	4.8%	Jun-18			<= 4.2%	4.7%		4.4 - 6.2%	
120 - Vacancy level - Trust	<= 6%	5.0%	Jul-18			<= 6%	5.3%	Jun-18			<= 6%	4.9%		-0.2 - 5.3%	
121 - Turnover	8 - 10%	9.6%	Jul-18			8 - 10%	9.4%	Jun-18			8 - 10%	9.5%		9.4 - 11.3%	

Exceptions

117 - Sickness absence level - Trust



— 2017/18 - Actual 2017/18 - Plan — 2018/19 - Actual 2018/19 - Plan

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.4%	4.1%	4.2%	4.5%	4.5%	4.6%	4.8%	5.2%	5.6%	6.2%	5.1%	5.2%
18/19	4.4%	4.7%	4.8%	5.1%								

Integrated Summary Dashboard - July 2018

Organisational Development

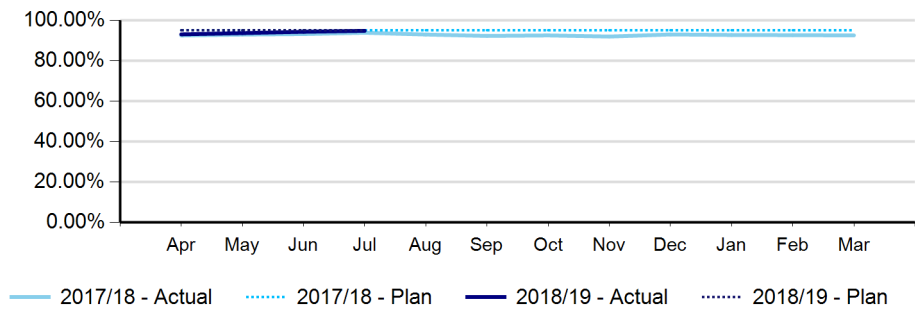
The Workforce Assurance Committee received a paper at the May meeting on the measures to be taken to drive up appraisal levels. Appraisal rate for July is 85% which is the highest since May 2016. Both Mandatory and Statutory training continue to show an improving position from the previous month which is critical during summer months.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
37 - Staff completing Statutory Training	>= 95%	94.7%	Jul-18			>= 95%	94.2%	Jun-18		>= 95%	93.9%		91.9 - 94.7%	
38 - Staff completing Mandatory Training	>= 85%	92.1%	Jul-18			>= 85%	91.3%	Jun-18		>= 85%	91.0%		88.7 - 92.1%	
39 - Staff completing Safeguarding Training	>= 95%	95.6%	Jul-18			>= 95%	95.6%	Jun-18		>= 95%	95.0%		91.8 - 95.6%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	85.0%	Jul-18			>= 85%	83.4%	Jun-18		>= 85%	84.3%		80.3 - 85.0%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	71.0%	Q1 2018/19			>= 66%	72.0%	Q4 2017/18		>= 66%			71.0 - 72.0%	
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	82.0%	Q1 2018/19			>= 80%	83.0%	Q4 2017/18		>= 80%			82.0 - 85.0%	

Integrated Summary Dashboard - July 2018

Exceptions

37 - Staff completing Statutory Training



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.4%	92.8%	93.1%	93.8%	92.9%	92.2%	92.4%	91.9%	92.9%	92.6%	92.6%	92.5%
18/19	93.0%	93.6%	94.2%	94.7%								

Integrated Summary Dashboard - July 2018

Agency

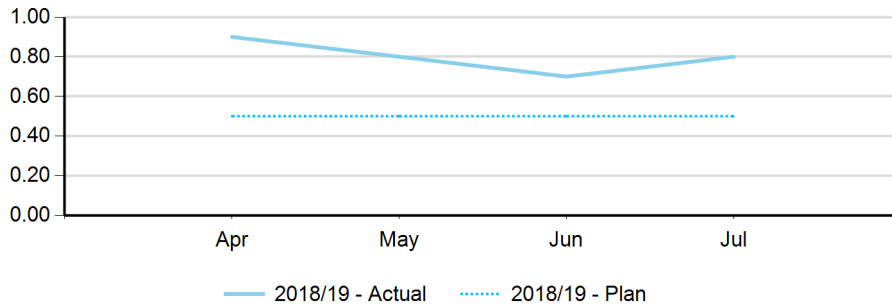
Whilst there has been a reduction in both nursing and medical agency spend in month compared to the previous month (£33k and £76k respectively) performance against plan remains a concern. Detailed reporting on spend against the forecast trajectory and the projected decreases as a result of the enabling actions (i.e. the impact of the closure of the escalation wards; Predicated/known 'fill rates' for vacancies causing agency pressures and sickness absence rates) is being provided at Trust and Divisional level.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
198 - Trust Annual ceiling for agency spend (£m)	<= 0.50	0.80	Jul-18			<= 0.50	0.70	Jun-18		<= 2.00	3.20		0.70 - 0.90	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.10	0.28	Jul-18			<= 0.10	0.31	Jun-18		<= 0.40	1.30		0.30 - 3.02	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.20	0.40	Jul-18			<= 0.20	0.50	Jun-18		<= 0.80	1.50		0.30 - 2.09	

Integrated Summary Dashboard - July 2018

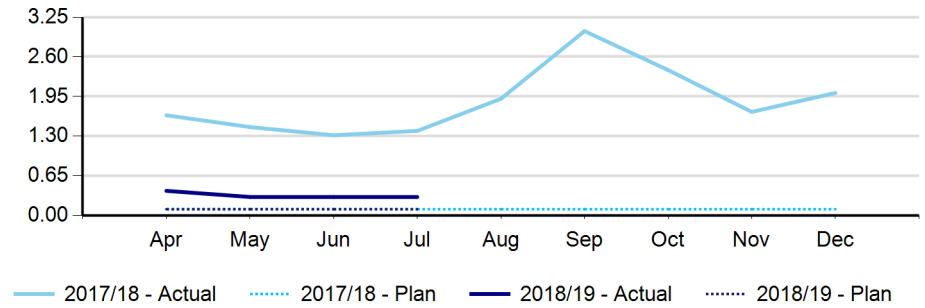
Exceptions

198 - Trust Annual ceiling for agency spend (£m)



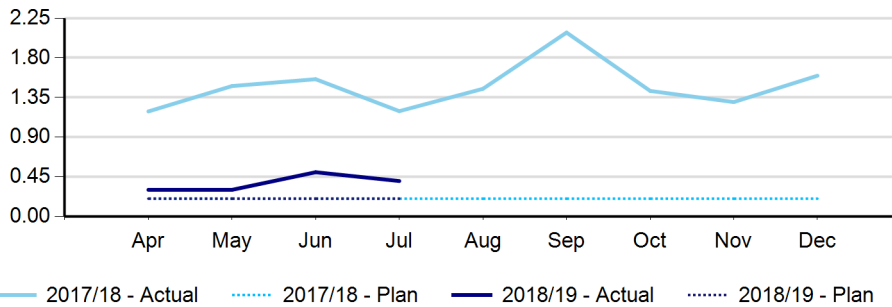
	Apr	May	Jun	Jul
18/19	0.90	0.80	0.70	0.80

111 - Annual ceiling for Nursing Staff agency spend (£m)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
17/18	1.64	1.45	1.31	1.38	1.91	3.02	2.38	1.69	2.01
18/19	0.40	0.30	0.30	0.30					

112 - Annual ceiling for Medical Staff agency spend (£m)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
17/18	1.19	1.48	1.56	1.19	1.45	2.09	1.42	1.30	1.60
18/19	0.30	0.30	0.50	0.40					

Integrated Summary Dashboard - July 2018

Finance

Finance

The Trust has a year to date deficit of £1.8m when PSF and impairments are excluded from the position; £0.1m worse than plan. Against the control total the Trust has a surplus of £0.1m; £0.5m less than plan.

There were no additional non recurrent Balance Sheet adjustments released into the position.

Agency costs are at £3.1m against a year to date NHSI target of £2.3m.

ICIPs at £1.7m are £1.5m below plan for the year.

The month end cash balance is £16.0m which is better than plan by £8.4m this month.

Year to date capital spend is £4.9m which is £1.5m above the capital plan. This is largely as a result of slippage from 2017/18 being spent in the first few months of the financial year.

The Trust Use of Resource Rating is 2 as at the end of Month 4 which is on plan.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
220 - Control Total (£ millions)	>= -0.3	-0.3	Jul-18			>= -0.5	0.7	Jun-18		>= -1.8	-1.8		-1.2 - 2.3	
221 - Provider Sustainability Fund (£ millions)	>= 0.7	0.7	Jul-18			>= 0.6	0.1	Jun-18		>= 2.4	1.9		0.1 - 0.7	
222 - Capital (£ millions)	<= 1.4	2.3	Jul-18			<= 0.7	1.0	Jun-18		<= 3.4	4.9		0.5 - 2.9	
223 - Cash (£ millions)	>= 7.6	16.0	Jul-18			>= 3.9	7.0	Jun-18		>= 7.6	16.0		7.0 - 16.0	
224 - Use of Resources	<= 2	2	Jul-18			<= 2	3	Jun-18		<= 2	2		2 - 4	

Integrated Summary Dashboard - July 2018

Use of Resources

Clinical Services

The use of resources information is derived from the model hospital data. The Board will note that the data is not always the most recent. Relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red.

Outcome Measure	Latest					Previous				Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
175 - Pre-procedure non-elective bed days	<= 1	2	Q4 2017/18			<= 1	2	Q3 2017/18		1 - 2	
176 - Pre-procedure elective bed days	<= 0.133	0.147	Q4 2017/18			<= 0.133	0.167	Q3 2017/18		0.147 - 0.224	
177 - Emergency readmissions (30 days)	<= 7%	7.5%	Q4 2017/18			<= 7%	8.6%	Q3 2017/18		7.5 - 9.1%	
178 - Did not attend (DNA) rate	<= 7%	8.9%	Q4 2017/18			<= 7%	8.9%	Q3 2017/18		8.9 - 9.1%	

Integrated Summary Dashboard - July 2018

People

The use of resources information is derived from the model hospital data. The Board will note that the data is not always the most recent. Relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red.

Outcome Measure	Latest					Previous				Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
179 - Staff retention rate		89.3%	Apr-18		↓	>= 85.61%	90.0%	Mar-18	●	88.9 - 90.4%	
180 - Sickness absence rate	<= 4.38%	5.5%	Mar-18	●	↓	<= 4.98%	5.6%	Feb-18	●	4.8 - 6.5%	
181 - Pay cost per weighted activity unit (WAU) - £	<= 2,157	2,348	Mar-17	●	↑		2,268	Mar-16			
182 - Doctors cost per WAU - £	<= 526	424	Mar-17	●	↑		412	Mar-16			
183 - Nurses cost per WAU - £	<= 718	961	Mar-17	●	↑		920	Mar-16			
184 - Allied health professionals cost per WAU (community adjusted) - £	<= 845	1,144	Mar-17	●	↑		1,095	Mar-16			

Integrated Summary Dashboard - July 2018

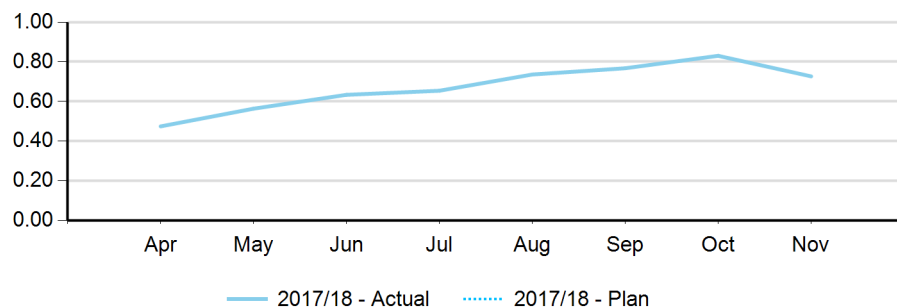
Clinical Support Services

The use of resources information is derived from the model hospital data. The Board will note that the data is not always the most recent. Relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red.

Outcome Measure	Latest					Previous				Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
185 - Top 10 medicines – percentage delivery of savings target	>= 111.13	0.73	Nov-17			>= 106.39	0.83	Oct-17		0.65 - 0.83	
186 - Overall cost per test	<= 1.96	1.65	Mar-17			<= 2.12	2.48	Mar-16			

Exceptions

185 - Top 10 medicines – percentage delivery of savings target

















	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
17/18	0.47	0.56	0.63	0.65	0.74	0.77	0.83	0.73

Integrated Summary Dashboard - July 2018

Corporate Services, Procurement, Estates & Facilities











The use of resources information is derived from the model hospital data. The Board will note that the data is not always the most recent. Relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red.

Outcome Measure	Latest					Previous				Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
187 - Non-pay cost per WAU	<= £1,301	£1,139.4	Mar-17			<= £1,320	£918.4	Mar-16			
188 - Finance cost per £100 million turnover	<= £670,512	£578,035.5	Mar-17								
189 - Human resources cost per £100 million turnover	<= £874,010	£790,402.9	Mar-17								
190 - Procurement Process Efficiency and Price Performance	<= 56.55	72.90	Q4 2016/17								
191 - Estates cost per square metre	<= £327	£273	Mar-17			<= £337	£269	Mar-16			

Integrated Summary Dashboard - July 2018

Finance

The use of resources information is derived from the model hospital data. The Board will note that the data is not always the most recent. Relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red.

Outcome Measure	Latest					Previous				Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
192 - Capital service capacity		2	Feb-18				2	Jan-18		1 - 2	
193 - Liquidity (days)		-10	Feb-18				-14	Jan-18		-15 - -10	
194 - Income and expenditure margin		1%	Feb-18				1%	Jan-18		-1 - 1%	
195 - Distance from financial plan		-1%	Feb-18				-1%	Jan-18		-1 - 1%	
196 - Distance from agency spend		65%	Feb-18				64%	Jan-18		17 - 65%	

Board Assurance Heat Map - District Nursing Domiciliary - July 2018

INDICATORS	Avondale and Chorley old Road	Brightmet & Little Lever	Crompton merged with Egerton & Dunsar		Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westhoughton	Evening Service	Total
Safety Express Programme Harm Free Care (%)	97.92%	98.00%	94.37%		96.67%	100.00%	100.00%	96.67%	94.44%	89.47%	97.92%		
Total Monthly New pressure Ulcers (Grade 2+)(Lapse in Care + No Lapse in Care)	2	2	2		2	1	1	3	2		1		16
Total Monthly New pressure Ulcers (Grade 2+) (No Lapse in Care only)	2	2	2		1	1		2	2		1		13
High Dependency Patients (40 Minutes >)													0
Medium Dependency Patients (21 Mins >)													0
Low Dependency Patients (< 20 mins)													0
Number of Home Visits (from Lorenzo) **	25	15	92		66	238	232	67	173	258	54	1475	2695
Monthly KPI Audit % (Revised Buddy Assessed Audit)	95.20%	79.03%	88.62%		94.82%	96.15%	99.06%	91.14%	97.69%	93.33%	97.68%	89.58%	92.94%
BoSCA - Bolton Safe Care Accreditation	92.00%	NA	87.01%		70.04%	92.09%	94.57%	84.48%	84.48%	NA	84.04%	84.42%	85.90%
Current Budgeted WTE	11.64	12.92	16.00	8.13	18.24	7.11	13.15	17.13		9.13	11.09	19.96	144.50
Actual WTE In-Post	12.04	13.52	16.50	7.53	16.73	8.11	13.91	20.43		8.61	6.60	17.40	141.39
Actual WTE Worked	12.15	13.54	17.51	8.15	16.05	7.84	13.51	19.66		8.01	6.73	18.48	141.62
Pending Appointment Current Budgeted Vacancies (WTE)					1.0			1				1.81	7.80
												3.09	3.09
Sickness (%) June 2018	7.32%	2.16%	0.40%	0.54%	1.85%	0.00%	12.09%	0.85%		0.66%	1.01%	5.81%	3.42%
Substantive Staff Turnover Headcount (rolling average 12 months)	0.00%	10.00%	14.29%	0.00%	0.00%	0.00%	0.00%	16.67%		12.50%	75.00%	9.09%	10.53%
12 month Appraisal	92.3%	95.0%	76.9%	85.7%	85.0%	88.9%	100.0%	85.0%		93.8%	75.0%	96.70%	89.5%
12 month Statutory Training	97.44%	100.00%	88.46%	95.24%	97.50%	100.00%	100.00%	95.04%		98.89%	89.58%	97.31%	96.40%
Number of complaints received													0
Total Incidents reported on Safeguard (see end total column)	5	0	0	0	22	6	4	11	12	0	1	4	65