Bolton NHS Foundation Trust – Board Meeting 26th July 2018

Location: Boardroom   **Time: 0900 – 12 noon**

Time		Topic	Lead	Process	Expected Outcome
09.00		Patient Story (elective care)	CEO	Presentation	To approve
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 28 June 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					
09.40	9.	Quality Assurance Committee Chair Report	QA Chair	Report	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
	10.	Finance and Investment Committee – Chair Report	FC – Chair	verbal	FC Chair to provide a summary of assurance from the F&I Committee and to escalate any items of concern to the Board
	11.	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
	12.	Urgent Care Delivery Board Chair Report –	CEO	Report	To receive a report on the Urgent Care Delivery Board
10.20	13.	Nurse Staffing Report	DoN	Report	
10.40	14.	Maternity update	HoM/DoN	Presentation	

Coffee

11.15	15.	Performance Report	Chief Executive	Report	To receive
Governance					
11.40	16.	Well Led Review – completion of actions	Trust Secretary	Report	
11.50	17.	Director lead roles	Trust Secretary	Report	
Reports from Sub-Committees (for information)					
	18.	Any other business			
Questions from Members of the Public					
	19.	To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting.			
Resolution to Exclude the Press and Public					
12.00	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				

Lunch –Spring into action 100 day outbrief (Education Centre).

This session will include:

- The ED story so far - presentation from the ED improvement event during the week

- Out-brief presentations from divisional leads and front line staff on their SAFER

- Posters to Share and Learn

- Recognition for teams/individuals who have performed well in line with the Spring into Action aims

- Lunch in the lounge

Meeting	Board of Directors Meeting – Part One	
Time	09.00	
Date	28 June 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 Allan Duckworth	Non-Executive Director	AD
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:-

Mr R Mundon	Director Strategy WWL	RM
Mrs E Steel	Trust Secretary	ES
Ms S Long	Chief Officer NHS Bolton CCG *(for item 1)*	
Mr T Oakman	Chief Executive Bolton Council *(for item 1)*	

Apologies

No apologies received

Welcome and Introductions

The Chairman welcomed Board members and attendees to the meeting.

Introductions were made

1. ### Integrating Health and Care for Bolton

Tony Oakman Chief Executive Bolton Council and Sue Long, chief Officer NHS

Bolton CCG in attendance for this item.

Dr Bene introduced the stakeholder partners and described the journey towards health and social care integration to maximise opportunities for health promotion and service provision through the delivery of joined up services and commissioning. All stakeholders have agreed the benefits of working as a single team making shared decisions to ensure the best use of the Bolton pound for the people of Bolton. Shared commissioning will be a key factor in focusing on the wider determinants for health to make a real difference to people's lives. The parties involved accept that this will not be straightforward but agree that this is the right thing to do for the people of Bolton.

Board members were given the opportunity to ask questions on the proposed partnership, in the discussion that followed the three system leaders confirmed their commitment to working with colleagues to enable redesign of services for health and social care. Board members recognised the potential challenge of double running during the transformational stage of operation and the challenge of developing appropriate governance arrangements and addressing the cultural changes that will be required to support the changes.

Board members agreed that increased collaboration using robust evidence based shared commissioning would be the right thing for the people of Bolton.

Resolved:

- the Board agreed the strategic approach and approach described in the report and agreed to sign up to a Memorandum of Understanding on the basis of this approach

- The Board agreed the milestones set out in section 4 and 6 of the report

- The Board agreed to receive further updates on the implementation of the components to deliver an integrated health and social care system.

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 31 May 2018

The minutes of the meetings held on 31 May 2018 were approved as a true and accurate reflection of the meeting subject to a change to show the Deputy COO in attendance and an amendment to item 9 on page 4 (final wording to be confirmed by the Director of Nursing)

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 introduced Martin North new None Executive Director to his first Board meeting.

The Chairman provided a verbal update on key issues affecting the Trust

National Financial Settlement - Following the announcement of a significant financial settlement for the NHS, further information has not yet been provided with regard to the distribution and although additional funding will be welcome no assumptions can be made with regard to these funds

Accident and Emergency – four hour performance is improving however results continue to lack consistency and the pace of improvement is not as the Trust would like.

NHS 70 – The Trust has a number of events lined up to celebrate this milestone including a Summer Fair on June 7th and 70 job swaps.

8.   **Chief Executive report**

The Chief Executive highlighted key points from her written report:

- The CIO Philippa Winter has reached the final shortlist of three for CIO of the year.

- At the Urgent Care escalation meeting the focus was on planning capacity for winter 2018/19; the modelling of activity available supports our own modelling and the need to focus on reducing length of stay and stranded patients.

- The Director of Quality Governance will lead a self-assessment against the findings of the Gosport review panel, this will be reported through the QA Committee to allow the members of the QA Committee to assess the review and determine if any further assurance or retrospective reviews are required.

- An update on collaborative working with WWL will be provided within the part two Board meeting

- One new SI and one red complaint have been reported since the last Board meeting, these will be investigated in accordance with the policy

Board members noted the significant risks stated on the Board Assurance Framework and discussed the rationale for the score attributed to agency. The Executive team agreed to take the comments in to account when next reviewing the score.

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 - Positive assurance from divisional reports, stillbirth report, and nutrition group report. No significant risks escalated but some areas with potential moderate risks including mortuary breaches, facilitating safer discharge with medicines and responding to actions in SI reports

- Divisional Quality Reports – Elective Care and Family Care - provided a clear overview of areas of challenge and assurance that actions are in place to address issues The format of the divisional reports will be changed from the next round of reporting to map against the CQC Insight reports

- Inpatient Survey Results - Agenda item later in the meeting, the Committee noted the actions required but in the main were assured by the mainly positive report which it was felt should be promoted.

- Infection Control External Review - Proactive external review commissioned to review the Trust's process for managing the risk of C. difficile. The actions in response to the report include increasing the frequency of Infection Control Committee meetings.

- Radiology Reporting - Update provided following a report provided in response to a CQC review in Portsmouth. The Committee had some concerns with regard to reporting times and although no incidents have been reported a follow up report has been requested to provide assurance

- CNST report - Committee members reviewed the declaration and challenged the evidence provided to assure themselves with regard to the declaration. The report is included within the Board pack and the Committee were happy to recommend approval.

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

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

Mr Duckworth presented his report as Chair of the Finance and Investment Committee and highlighted the discussion points from the meeting which provided assurance or highlighted risks:

Finance Report – A disappointing month with underperformance against the control total and a lack of progress on priority areas and a risk that PSF targets could be missed. The overall cash position has improved but cash and balance sheet strength are still regarded as key risk areas for the year. A whole series of actions have been put in place as part of the recovery plan, the escalation framework is being redesigned and divisions are required to submit formal recovery plans. PSF achievement has been added as a new risk and the Finance and Investment Committee have asked for demonstration of improvement/mitigations by the end of quarter one.

Capital Plan – The Committee agreed the proposed process for prioritisation of the 2018/19 capital programme, some concern was expressed that the internally

generated element of funding will be at risk if full year targets are not achieved.

Agency spend – Committee members expressed concern that more progress had not been made and requested a follow up report to provide assurance that agency spend would be controlled.

ICIP – strong concern was expressed at the lack of progress and the limited assurance that the ICIP programme would be achieved. The Committee requested action to accelerate the programme.

Procurement report – the independent report was generally positive but provided some recommendations for improvements. The Board agreed that it would be useful to seek further assurance on procurement performance through benchmarking against the Carter procurement metrics.

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

FT/18/47	Committee to request an update on benchmark performance against Carter procurement metrics

11. <u>Workforce Assurance Committee Chair Report</u>

The Chief Executive presented the Chair report from the Workforce Assurance Committee and highlighted the key points from the meeting:

Sickness absence – remains a standing agenda item and a key focus for the committee. Action agreed to ensure compliance with the policy.

Occupational Health review – further clarity required with regard to shared governance arrangements, quarterly reports to be provided with the next one to include information on the effectiveness of interventions.

Freedom to Speak up Guardian – Although the staff survey indicates that staff feel able to raise concerns very few issues are escalated to the Freedom to Speak up Guardian. Review of the process to be considered and Director of workforce to become the executive lead.

Board discussion focused on the ongoing actions to reduce agency spend linking the debate within the Workforce Assurance Committee to the discussions within the Finance and Investment Committee and the risk on the Board Assurance Framework. The Director of Workforce advised board members that work is being done on the hard to fill posts which in time should result in a reduction in agency use. The item was RAG rated green on the Chair report as the Committee were assured that a plan is in place.

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

FT/18/48	Action for Workforce Assurance Committee to seek assurance on actions to reduce agency spend and to understand ICIP programme

12 <u>Urgent Care Delivery Board Chair Report</u>

The Chief Executive presented her report from the Urgent Care Delivery Board

and highlighted the discussion points from the meeting which provided assurance or highlighted risks:

The analysis of pre hospital activity showed high A&E attendance and NWAS activity in May 2018 and demonstrated potential opportunities for actions to address frequent attenders. Action was also agreed to work with NWAS to divert patients to more appropriate alternatives.

The ECIP analysis of 50 ambulance arrivals identified that 30% of the patients could have been managed in alternative pre hospital pathways with action agreed to undertake further work on the community offer.

The front door streaming audit of 113 A&E attendees demonstrated an opportunity to stream more patients away from ED.

The RAID pathway audit identified the positive impact of speedy mental health assessment in A&E. Work is in progress to develop a "safe and sober" unit.

Board members discussed the theme of pre hospital activities and the establishment of pathways for streaming. The impact of NWAS decisions on attendances was recognised as a factor outside the Trust's control with a perception that night time motorway closures are resulting in an increased number of ambulance arrivals at RBH

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

| FT/18/49 | JB to feedback to hub on perceived impact of night time motorway closures on ambulance arrivals |

13.   Mortality Update

The Medical Director presented his six monthly update on Trust performance against mortality indicators. Despite previous concerns that removing ambulatory care from the admissions denominator would have a statistical impact the Trust's mortality position remained stable throughout 2017/18.

The mortality review process for reviewing and learning from adult inpatient deaths has been rolled out across the trust, this has led to an increase in the number of cases reviewed as serious incidents but a lower than predicted number of deaths deemed avoidable – 0.65% against a predicted 4 – 5%.

Board members discussed the increase in the crude mortality rate which the medical director advised was largely as a result of the impact of a long winter on the frail elderly. Board members also discussed the mortality review process and the lower than predicted number of deaths deemed avoidable.

In response to a question, the Medical Director advised that progress was being made with the implementation of patient track and hand held devices.

Resolved: the Board noted that this was the Medical Director's last Mortality Report before his planned retirement. Board members thanked the Medical Director for his contribution to this important area of patient safety.

| FT/18/50 | Update to Board on the application of technology for patient care within the Trust |

14. **Inpatient Survey**

The Director of Nursing presented the results of the 2017 inpatient survey. Overall the Trust performed better than others in 48 of 63 metrics with an improvement on the previous year in 47 of the 63 metrics.

The themes of discharge processes and information for patients have been identified for focused improvement work and follow up through the PEIP Committee.

Board members agreed that overall the results were pleasing however concern was expressed with regard to the validity of the survey in view of the low response rate. The Director of Nursing agreed that the response rate was disappointing however the results triangulate with other information gained from other sources including through the friends and family test.

Board members discussed the results and the key topics of communication and discharge process recognising that both issues have cropped up in previous surveys and should be a high priority. New actions to reduce length of stay including a pilot of ward based pharmacy technicians to dispense discharge medication should result in reductions to length of stay and improvements to this measure.

Resolved: Board members noted the report and proposed actions agreed that while the results were good there would always be room for improvement.

FT/18/51	to understand if there is a digital option for patient survey

FT/18/52	TAC to follow up on the issue of nurses waiting in the pharmacy queue

15. **Cancer performance update**

The Chief Operating Officer presented a report summarising the Trust's performance in 2017/18 against the national standards and to inform the Board of the impact of anticipated changes to performance following a change to national policy and methodology.

The Trust has previously performed well against the cancer targets but the new policy will result in a 2 – 3% loss in performance. The new national allocation policy which will be implemented for quarter 2 results will also make it more difficult to predict performance as multi-centre pathways will only be determined after a patient has been treated.

GM initially refused to adopt the new policy and along with London have lodged an appeal.

Resolved: Board members noted the implications of the change and the likely impact, while all Board members supported any steps to shorten patient pathways they noted the Chief Operating Officer's concerns about the impact this would have on the Trust's performance. Board members agreed that consideration should therefore be given to how the Trust provides assurance with regard to the elements of the pathway within its control.

FT/18/53	within performance report give consideration to how we measure the Trust element of the pathway

16.   RTT Update

The Chief Operating Officer reminded Board members that following discussion of performance against the RTT trajectory at the May Board the Board had requested an update to include the potential impact of cancellations on the delivery of backlog clearance. He advised Board members that he was confident that the pathway was working effectively and although the risk of cancellations was acknowledged as a potential risk it was not felt to be a significant issue.

The Trust is involved in ongoing discussions with the CCG who have been supportive of actions to reduce the backlog and there was confidence that this would be achieved by the end of September 2018. Discussions with the CCG also include plans for future opportunities for innovation, alternative pathways and community support.

Board members discussed the proposed options for the reduction of the backlog and noted that while option three (a combination of internal and external staff) would be used in practice the majority of work would be undertaken by internal staff.

Resolved: board members noted the update o actions to deliver RTT backlog clearance

FT/18/54	updates to be provided through the performance report

FT/18/55	within performance report give consideration to how we measure the Trust element of the pathway

17.   TIA update

The Chief Operating Officer provided an update on the sector approach to TIA patients in response to a question raised at the May 2018 Board meeting.

National guidelines state that patients with a suspected Transient Ischaemic Attack (TIA) should be seen within 24 hours in a neurovascular clinic or acute stroke unit. Although there are elements that the Trust can improve, the solution to this issue needs to be the development of a sector based service to provide a 24/7 service.

Resolved: Board members noted the update and supported the need for continued partnership to meet the target.

18.   Sickness Absence Report

The Director of Workforce provided an update on the actions taken to reduce sickness absence and improve attendance including a trajectory as previously requested towards the achievement of no more than 4.2% sickness absence.

This remains the highest priority for the Workforce team who have worked alongside divisions to implement actions.

Board members noted the detail in the report and the link between agency use, absence rates and vacancy levels particularly in hard to fill posts which is the main factor in agency use.

The Chief Executive confirmed that the Workforce Assurance committee receive a detailed breakdown of all workforce metrics and in discussion recognise the link between health and wellbeing and sickness absence.

Resolved: the Board noted the update on sickness absence and noted the actions taken to support a reduction

19   **Workforce Annual Report**

The Director of Workforce presented the Workforce Annual Report - a summary of key workforce and organisational development metrics to articulate the progress being made towards achieving workforce targets.

In discussion, the following points were made:

- In response to a question about the shift to higher bands, the Director of Workforce advised that for some posts a conscious decision had been made to move from band 5 to band 6 to enhance as a recruitment opportunity.

- Board members discussed the age profile of Trust employees with 30% of employees aged over 50 – the Director of Workforce confirmed that this data is reflected in the divisions workforce plans, the Director of Nursing confirmed that this is similar to the national profile.

- Board members noted that 45% of staff are employed on a part-time basis and discussed the implications of flexible working agreeing after some debate that it would be useful to understand the implications of flexible working.

- While there was a view that the time to recruit compared well with private sector organisations Board members acknowledged that concerns had been raised at the away day with regard to the impact of delays on the appointment to key posts.

Resolved: Board members noted the Workforce Annual Report and agreed the actions below

FT/18/56	Workforce Assurance Committee to discuss implications of age profile and staff leaving after 1 - 5 years

FT/18/57	Workforce Assurance Committee to discuss implications of flexible working

FT/18/58	quarterly Friends and Family update to WAC with themes escalated to Board through Chair report

20   <u>**NHS Staff Survey**</u>

The Director of Workforce provided an update on the actions planned and taken in response to the 2017 staff survey.

Resolved: board members noted the actions taken and agreed that this should continue to be overseen through the Workforce Operational Committee.

<u>**Performance Report**</u>

The Chief Executive presented the new format 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 advised that NHSI pressure ulcer guidance should enable the Trust to seek assurance from benchmarking data with other trusts.

Good performance has been made with regard to performance against the c, diff threshold; some additional infections have been added to the performance report in line with best practice.

In response to a question regarding metrics on the maternity dashboard, the Director of Nursing advised that as a specialist centre it was recognised that the number of complex deliveries would potentially be higher and the plan was adjusted to reflect this.

Operational

The Chief Operating Officer advised that eight patients on the current waiting list have waited more than 52 weeks for their procedure, this has been raised with divisions and each case has undergone an rca to identify actions required to progress.

In response to a question about late night transfers and mixed sex accommodation the Chief Operating Officer advised that the mixed sex breaches occurred within HDU/ICU and involved patients who were deemed clinically fit for step down. The adverse impact of late night transfers was recognised, there is also new guidance which states that patients should not be moved after 72 hours. These issues were discussed with the divisions at IPM.

In response to a question about A&E performance the Chief Operating Officer confirmed that although he was more optimistic about achieving the target there was still work to be done and the Trust continue to work with ECIP to drive improvement. A&E activity has increased and patients are arriving later in the day and in surges which creates a challenge for the department.

The financial implication of not achieving A&E performance will be approximately £0.5m for Q1 and £700k for Q2.

There have been challenges to the achievement of the two week breast cancer target, although the Board were assured that the risks are small the Trust is an outlier for this metric and action is required.

Finance

The Director of Finance advised that performance for the first two months of 2018/19 had been disappointing putting the first PSF payment at risk. The Trust is spending on capital and the Use of Resources rating has been recalibrated to 4. Financial performance to be discussed further in the scheduled NHSI review meeting.

Performance against the ICIP target is behind plan and although £15m of plans have been identified there is not yet confidence that this will be converted to real savings, Board members acknowledged the challenge of continuing to achieve year on year savings and agreed that a transformational mind set was needed to realise opportunities.

Board members discussed the potential distribution of additional funding and the potential impact of the Agenda for Change pay award.

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update on financial forecast at end of Q1

Workforce

Resolved: Board members noted the Board Performance Report.

22. **Trust Seasonal Plan**

The Chief Operating Officer provided an update on seasonal reliance planning for 2018/19 including a review of improvements implemented in 2017/18. Analysis identifies the main factors impacting on performance as bed occupancy and overcrowding in A&E. Actions in the plan for 2018/19 have been divided into front – preventing attendance and admission, middle – in hospital processes and back – safe transfers of care/discharge.

In discussing the plans for 2018/19, the following key points were made:

- Streaming is critical, diverting one third of the 300 – 400 patients per day would make a significant difference and improve the experience of patients and staff within the ED. Work is underway with colleagues and partner organisations to develop appropriate pathways for mental health, primary care and frailty.
- Improving flow requires earlier discharges and allows earlier bed availability.
- Admissions avoidance has more impact than reducing length of stay, more work including more communication and engagement is needed to support patients in their own homes.

Concern was expressed that one of the factors adding to the pressures in 2017/18 was the impact of the high number of flu cases. The Chief Executive advised that the chance of the same level of flu cases was unlikely. The Director of Nursing advised that the risk of infections such as Norovirus was taken into consideration with plans made for containment and contingency.

Board members discussed the proposed actions and risks and although it was recognised that a considerable amount of work had been undertaken there was still a degree of nervousness about the delivery of the plan.

The Chief Operating Officer advised that Board members would have an opportunity to participate in the feedback session planned at the end of the 100 day "Spring into Action" event during the lunchtime recess of the July board meeting.

Resolved: Board members noted the update on seasonal planning for 2018/19.

23. **Governance Declarations**

The Trust Secretary presented the declarations required for condition FT4 (8)

Board members reviewed the statements, the risks to compliance with each statement and the mitigating actions and controls in place.

Taking each of the six statements by turn Board members agreed that they were happy to declare compliance with the corporate governance declarations.

Board members also confirmed that they were satisfied that during 2017/18 a programme of training had been provided for the Governors to equip them with the skills and knowledge required to undertake their role.

Resolved: Board members approved the governance declarations for June 2018.

24. **CNST**

The Chair of the Quality Assurance Committee confirmed that as reported in his Chair report, the QA committee had reviewed the paper and supporting evidence and were happy to recommend approval to the Board. The Director of Nursing confirmed that as executive lead she had also reviewed the evidence and was confident that the evidence provided was an accurate reflection of the maternity governance arrangements.

The newly appointed Head of Midwifery and the Deputy Medical Director attended to respond to any questions relating to the submission. The Head of Midwifery confirmed that one of her first actions on appointment had been to review the submission and she was assured that the declaration was accurate. The divisional leads thanked Marie Higgin of the PMO (also in attendance) for her support in preparing the submission.

Resolved: Board members reviewed the submission and agreed that they were satisfied with the evidence provided.

25. **Any other business**

No other business.

26. **Questions from Members of the Public**

No questions submitted.

Date and Time of Next Meeting

26 July 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.

June 2018 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/18/23	26/04/2018	Patient Story	Discuss plans for SCBU environment at Strategic Estates Board	JB	Jun-18	agenda item at Strategic Estates - complete
FT/18/16	29/03/2018	Discharge medication	update report on discharge medication to the QA committee	SH	Jul-18	agenda item at QA - complete
FT/18/25	26/04/2018	Access to Bolton Care Record	Action for QA Committee to look at actions to address Junior Doctor access to Bolton Care Record	AE	Jul-18	agenda item at QA - complete
FT/18/54	28/06/2018	RTT update	updates to be provided through the performance report	AE	Jul-18	Performance report
FT/18/60	28/06/2018	SI report 113510	report to be revised to reflect debate	SH	Jul-18	complete - report revised
FT/17/96	30/11/2017	Performance report	TAC to provide update on trajectory to achieve recommended fill rate	TAC	Jul-18	Nurse staffing report - agenda item
FT/18/05	25/01/2018	Nurse staffing report	next report to include further information on retention/attrition	TAC	Jul-18	Nurse staffing report - agenda item
FT/18/48	28/06/2018	Workforce Assurance Chair report	Action for Workforce Assurance Committee to seek assurance on actions to reduce agency spend and to understand ICIP programme	JM/JB	Jul-18	verbal update
FT/18/49	28/06/2018	Urgent Care Chair report	JB to feedback to hub on perceived impact of night time motorway closures on ambulance arrivals	JB	Jul-18	verbal update
FT/18/59	28/06/2018	Performance report	update on financial forecast at end of Q1	AW	Jul-18	Financial forecast update - agenda item
FT/17/117	21/12/2017	Equality and Diversity	update on E,D&I	TAC	Jul-18	verbal update on appointment of new ED lead - agree date for a report back
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	Performance report
FT/18/51	28/06/2018	In patient survey	to understand if there is a digital option for patient survey	TAC	Aug-18	
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	
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	
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/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	ES	Oct-18	

Key

complete	agenda item	due	overdue	not due

Agenda Item No: 08

Meeting	Board of Directors

Date	26 July 2018

Title	Chief Executive Update

Executive Summary	The Chief Executive update includes a summary of key issues since the previous Board meeting, including but not limited to:
	
	• NHS Improvement update
	
	• Stakeholder update
	
	• Reportable issues log
	    o Coroner communications
	    o Never events
	    o SIs
	    o Red complaints
	
	• Board Assurance Framework summary

Previously considered by	

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

All information provided in this written report was correct at the close of play 18/07/2018 a verbal update will be provided during the meeting if required

1. **Awards and recognition**

Not confirmed at the time of reporting – verbal update to be provided

2. **Stakeholders**

2.1 **NHSI/NHSE**

Quarterly Review Meeting

The quarterly review meeting with NHSI took place on 29th June 2018, NHSI have written to confirm the outcome of discussions and have confirmed that the Trust remain in segment 2 of the Single Oversight Framework. Discussions focused on operational performance against the A& E four hour target, actions to reduce agency spend and overall financial performance. No additional actions were requested and the next review meeting will be in approximately three months' time.

NHS pay deal

As previously discussed both in Board and in the Finance and Investment Committee, staff on Agenda for Change pay scales will receive the agreed uplift in their July pay with back pay to follow in August pay packets.

NHS 70th Anniversary

As reported in my previous report the Trust participated in a number of events to celebrate the 70th anniversary of the NHS. Members of staff attended services at Westminster Abbey and York Minster and one of our phlebotomists was invited to attend a reception at Downing Street to recognise staff with over 40 years' service.

Wards and departments held their own celebrations on the day and we ended the week with our Summer Fair which was a success despite having to compete with a World Cup quarter final. We are continuing our recognition of this important milestone with 70 job swaps, job swaps so far have included the Director of Workforce working a shift as a catering assistant, the Medical Director joining the gardening team and the Trust Secretary working a shift as a domestic.

2.2 **North West Sector**

Following the presentation at our last meeting on ongoing progress with agreed areas of collaboration our next Exec to Exec meeting with colleagues from WWL is scheduled for 31st July 2018

2.3 **Bolton**

Further to discussions at the May and June Board meetings we have continued to engage with partners in the Local Authority and CCG to develop the governance arrangements for the future Integrated Care Partnership.

2.4 **Health and Safety Executive**

Further to the HSE enforcement notice, all actions were responded to with evidence of completion by 29th June 2018. The HSE gave informal and positive feedback on the 13th July 2018 with a small number of further queries to respond to. This is being managed by the Divisional Direct of Operations for Elective Care and the Director of Quality Governance in his capacity as Chair of the Health & Safety Committee. These further queries are not seen as difficult and will be addressed by 31st July 2018. evidence will be shared with the HSE demonstrating compliance and reviewed at the Group Health & Safety Committee in August 2018**.**

2.5 **GPHC**

Bolton NHS FT has two pharmacies registered with the GPhC. An unscheduled inspection of registerable activities (sale of over the counter medicines, private prescriptions/emergency supplies and supply to the hospice) took place on 27th June 2018 of the Bolton One Pharmacy only.

The Bolton One Pharmacy was rated satisfactory. As defined by the GPhC this means the pharmacy "achieves the majority of standards, but may require some improvement action to address minor issues and some individual standards may not be met".

An action plan to address the issues will be developed and escalated through Divisional Governance to CG&Q.

Reportable Issues Log

Issues occurring between 20/06/18 and 20/07/18

3.1   Serious Incidents and Never events

Three serious incidents have been reported since the last Board meeting, these relate to an unexpected admission to NNU, a failure to follow up an appointment and a physical assault on Staff. The incidents will be investigated in accordance with the policy.

3.2   Red Complaints

No red rated complaints received

3.3   Whistleblowing

Nothing to report

3.4   Media issues

NHS 70 – BBC Manchester broadcast a three hour programme live from the Maternity Unit, celebrating the anniversary.

Bolton News published an article on the collaboration between health and social care following the presentation to organisations on the future development of an Integrated Care Partnership.

The Trust received some adverse media coverage relating to an incident in A and E which is currently being investigated.

4   <u>Board Assurance Framework</u>

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.

A full review of the BAF will be undertaken during July and August, the Risk Management Committee are also considering whether additional assurance could be provided through a Corporate Risk Register.

	Trust Wide Objective	Lead	I	L		June	May	April	Feb	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. Areas for improvement identified in external review in March 2018	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	3	-	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	⬇	16	20	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 August 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 implementation 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	Board paper June 2018 on collaboration Exec to Exec and Board to Board with WWL Q2	Board F&I
5.5	Supporting the urgent care system	COO	4	4	⬇	16	20	20	20	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

All information provided in this written report was correct at the close of play 18.07.2018.18 a verbal update will be provided during the meeting if required

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

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, A Gavin Daley, A Ennis, J Mawrey. Representation from the four clinical divisions	Quorate (Yes/No):	Yes
		Key Members not present:	T Armstrong Child, S Hodgson

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story – Elective Care		The Elective Care division shared a story of the rehabilitation of an amputee and the benefits he realised as a result of the physiotherapy provided	Story noted
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. Ongoing piece of work to review committees reporting into Clinical Governance Committee	Actions in place to provide assurance for the red items – feedback to be through the Clinical Governance Report in August
Quality Account Priority – Reduction in medication errors		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	Quarterly updates to be provided on performance against the plan
Update on discharge medication		Briefing on the challenges to timely completion of Ascribe summaries provided. The Committee also discussed other actions including prescribing pharmacists and the input of pharmacy technicians which have contributed to an improvement in timely discharges	Report noted, actions agreed to pick up on learning points for junior doctors
Pressure Ulcer – quarterly report		Quarterly report and a presentation from the tissue viability nurse. Assured that there is a strong team and robust actions. Rated amber as above target for Q1	To continue with quarterly updates

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

Committee/Group Chair's Report

Falls quarterly report	🟩	5.03 falls per 1000 bed days reported in June against a target of 5.3 and a national rate of 6.63. Progress and new actions noted and four days in the last quarter with no falls	Report noted
Neonatal and maternity temperature control issues	🟧	Update provided on actions to address temperature control issues in maternity and neonatal areas. Two rooms to be kept at a higher temperature and where possible to be used for pre term babies	Further update in six months to report on effectiveness of actions
Radiology reporting	🟧	Following previous reports 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
Actions to address junior doctors access to Bolton Care Record (FT/18/25)	🟩	Action requested at Board following a lunchtime walk about has been completed	
CQC insight report	🟧	Review of metrics include on the CQC insight report	Quarterly updates to be provided governance team and divisions to continue to monitor on a monthly basis
Patient Experience, Inclusion and Partnership Committee	🟩	No risks escalated	
Mortality Committee	🟧	SHMI 106 RAMI 89.5 HSMR CUSUM rose over 4 winter month	Report noted
Risk Management Committee	🟧	Red risk alerted from Health and Safety Committee – further work being undertaken for IOSH and COSH training	Verbal follow up from latest Health and Safety meeting – good progress now being made with IOSH and COSH
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

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board
Date of Meeting:	21st June, 2018	Date of next meeting:	21tst June 2018
Chair:	Jackie Bene	Parent Committee:	Trust Board
Members present/attendees:	J Bene, J Mawrey, T Armstrong Child, C Sheard, A Ennis, E Steel all clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	Annette Walker, Steve Hodgson

Key Agenda Items:	RAG	Key Points	Action/decision
Workforce & Organisational Development Strategy (Draft)		• Strategy was well received and it was noted that the WOD is a key document that draws together strategically all that the Trust does to attract, retain, support and reward is people to meet priorities.	Actions agreed:- • Engagement to take place with wider organisation. The intention is for the Strategy to be approved at the next WAC before final sign off at the Trust Board in September.
Sickness/Absence Management (standing item)		• WAC noted sickness absence rate currently sits at 4.76% (June, 2018). Performances against trajectories set were reviewed at both Trust and Divisional level. • Benchmark position improving that said significant work required to deliver 4.2% by September. Noted that strong performance in ICS, thought further work required in other Divisions.	Agreed actions: • Divisions to review compliance with policy and with particular reference to return to work process. • Workforce team to review support measures in place for those staff that are absent due to bereavement.

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

Committee/Group Chair's Report

Resilience and Mindfulness	🟩	• Details provided of resilience programme that will be launched in Septembers. Noted that workplace resilience programmes are preventative and forward facing, aiming to build resilience before those bumps in the road occur. • Evaluation of how the programme will be measured was discussed and assurance given that this will be both at an individual, departmental and corporate level.	Agreed that:- • Programme supported and full evaluation to take place at Workforce Operational Committee with escalation to WAC.
Team appraisal	🟧	• Update provided on the pilot implementation of team appraisals in Family Division. • Clear evidence that pilot was well received and all Divisions encouraged to explore further. • Discussed that Appraisal rate in the 'summer period' should/must be higher than currently detailed.	Agreed that:- • Trajectories for appraisal compliance to be set at both Trust and Divisional level.
Divisional Workforce Plan	🟧	• All Divisions produced very comprehensive workforce plans. All focused on ensuring enough staff, with the right skills and values to be able to provide excellent patient-centred care, now and in the future. Where gaps were identified mitigating actions were presented.	Actions agreed:- • Reports noted. Quarterly Updates to Committee
Pharmacy Deep Dive	🟧	• This was the second standing item on 'Workforce Challenges - Deep dive'. • Strong progress being made in this area. Discussions ensued on potential workforce challenges moving forward and how Pharmacy can greater support flow agenda.	Agreed that:- • The Workforce Operational Committee was asked to receive a report in September on the workforce planning & education enabling work required. Update then escalated via Chairs report

🟥	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

Analysis of Temporary Staff Usage and Spend		• Report received that sets out the enabling actions that have been taken to support a reduction in Agency spend, together with the projected decreases as a result of these actions. Specifically the impact of the closure of the Escalation Wards; Predicated/known 'fill rates' for vacancies causing Agency pressures; Reductions in sickness absence rates which are driving up agency spend and finally the savings as a result of increased agency controls. • Committee noted that the NHSI plan had been revised which outlined delivery of £8m Agency spend for 18/19	Agreed actions: • Standing time on this agenda
ICIP Workforce Workstreams		• Update the Committee on current delivery of Workforce related workstreams.	Actions agreed • Report noted
Workforce Dashboard		• The Committee noted the dashboard. Key matters arising from the dashboard had been discussed previous papers	Agreed that • Paper noted
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;	Please complete to highlight the key discussion points of the meeting using the key
Moderate assurance – potential moderate impact on quality, operational or financial performance	to identify the level of assurance/risk to the Trust
Assured – no or minor impact on quality, operational or financial performance	

Committee/Group Chair's Report

NHS
Bolton
NHS Foundation Trust

Name of Committee/Group:	Urgent Care Delivery Board	Report to:	Board of Directors
Date of Meeting:	10th July 2018	Date of next meeting:	14th August 2018
Chair:	Su Long	Parent Committee:	Board of Directors
Members Present:		Quorate (Yes/No):	Yes
		Key Members not present:	Jackie Bene

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Ambulance conveyance	A	NWAS	• Number of ambulances arriving – where potential alternatives could be available	• NWAS to work with community to develop alternatives – 3/12
Stranded/super stranded	R	BFT/ CCG/LA	• No significant evidence of fall in numbers • GM announced focus on stranded – 40% by September 2018 and 35% by March 2019	• Work with ECIP on stranded • Divisional focus at FT • Support from LA • Review NHS England advice 3/12
Streaming	G	FT	• CCG published spec for streaming	• FT working case to meet new spec from December
Trust seasonal plan	A	FT/CG	• FT shared the seasonal plan • CCG noted costs and asked for further discussion	• FT/CCG to meet and discuss • CCG to obtain costs from the providers
Launch of new 111 service	G	CCG	• 111 launch new digital service including triage	• Monitor roll out and impact
Comments				
Risks escalated				

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

Agenda Item No 13

Meeting	Board of Directors

Date	26th July 2018

Title	Staffing Paper – Comprehensive Overview
Executive Summary • *Why is this paper going to the Board* • *To summarise the main points and key issues that the Board should focus on including risk, compliance priorities, cost and penalty implications, KPI's, Trends and Projections, conclusions and proposals*	This report provides the Board with a comprehensive update on nurse and midwifery staffing, mainly focusing within the bed base areas. An overview of the current staffing position and the work that has been taken and continues to be taken to ensure staffing levels are safe and sustainable is also outlined.

Previously considered by *Name of Committee/working group and any recommendation relating to the report*	

Next steps/future actions *Clearly identify what will follow a Board decision i.e. future KPI's, assurance requirements*	Staffing will continue to be presented on a monthly basis at board the ward heatmaps. A comprehensive update on progress of activity outlined within this report will be presented to board January 2019.

Discuss	✓	Receive	
Approve	✓	Note	

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	Marie Forshaw, Deputy Director of Nursing Contributions from Divisional Nurse Directors, Acute Adult, Elective, Families and Integrated Community Services, Governance Team & Workforce	Presented by	Trish Armstrong-Child, Director of Nursing and Midwifery

Board of Directors – 26ᵗʰ July 2018

Comprehensive Staffing Paper Update

1   Purpose

This report provides the Board with a comprehensive update on nurse and midwifery staffing, mainly focusing within the bed base areas within the Trust and includes an overview of the current staffing position and the work that has been taken and continues to be taken to ensure staffing levels are safe and sustainable.

2   Background

Since 2013 the Board has consistently reviewed its current staffing establishment and significant investment has been made into a variety of nursing establishments. The majority of investment has been made within our inpatient areas and has been based on NICE guidance (Inpatient staffing 2014 and Maternity services 2015), professional judgement, the enhanced care project and consideration of quality indicators. The Trust also participated in the Lord Carter Review in 2015.

This approach was reinforced by a joint communication from the Care Quality Commission, NHS England, Chief Nursing Officer and NHS Improvement that was sent to Trusts Chief Executives in October 2015. This letter outlined a shared view that providers should approach the need to ensure safe, quality care for patients on a sustained financially stable basis. Whilst reinforcing the need to use guidance and best practice. The importance of professional judgement, taking into account other disciplines contribution to providing direct care was advised. In response to this the organisation has continued to undertake systematic establishment reviews of areas and these will be highlighted later within the paper. In addition further staffing reviews have taken place.

However, despite the intense focus on staffing levels, nurse recruitment and retention remains a challenge and continues to be highlighted as a significant organisational risk on the Trusts Board Assurance Framework (BAF).

3   Current Position

The charts below (Table 1, Graph 1) provide a breakdown of our UNIFY fill rate data that we collect and submit externally on a monthly basis (January to June 2018 inclusive) for our inpatient areas. It shows a percentage of the Planned v Actual staffing levels for both the Day and Night shifts split by registered and unregistered.

January to June 2018 has shown a slight decrease in the average fill rates for both registered & unregistered staff compared to the last staffing paper received at Trust Board in January 2018. One of the main contributors to this was the Trust opening additional capacity to manage winter pressures.
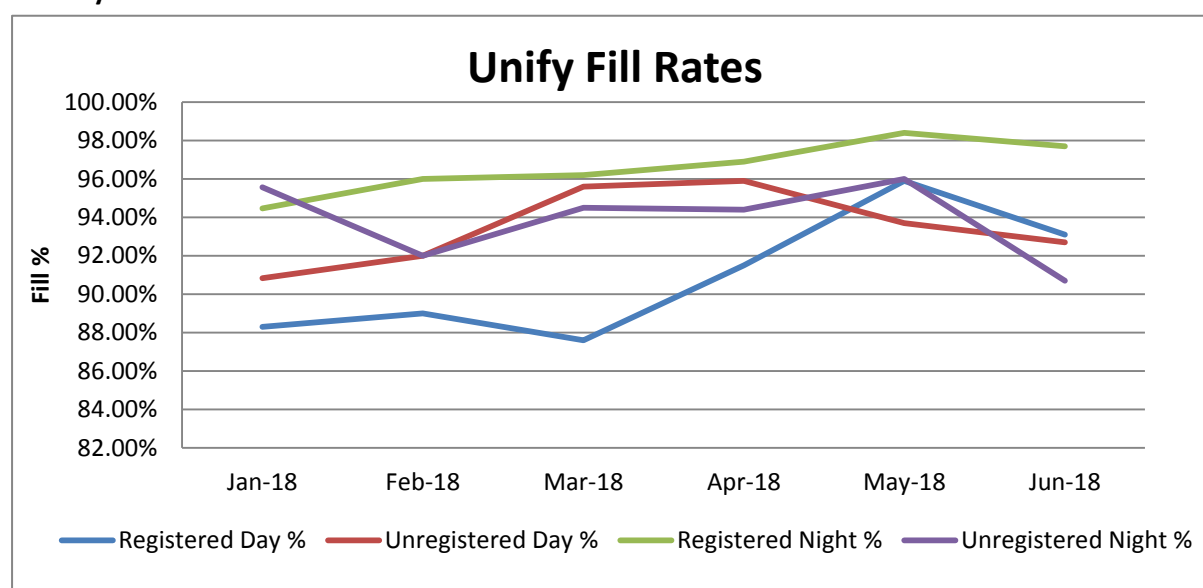
Table 1

Percentage fill rate – Unify Submission

Month	Registered Day %	Unregistered Day %	Registered Night %	Unregistered Night %
Jan-18	88.30%	90.83%	94.46%	95.56%
Feb-18	89.00%	92.00%	96.00%	92.00%
Mar-18	87.60%	95.60%	96.20%	94.50%
Apr-18	91.50%	95.90%	96.90%	94.40%
May-18	95.90%	93.70%	98.40%	96.00%
Jun-18	93.10%	92.70%	97.70%	90.70%
Average	90.90%	93.45%	96.61%	93.86%

Graph 1
January-June 2018 Fill Rates

4   Vacancies

The graphs show that the number of new starters have remained consistent throughout the period apart from April which saw a peak in recruitment for Nursing staff.

This is attributed to the recruitment of Newly Qualified Nurses (March cohort).

The figures show an average of 10 Nurses and 4 HCA new starters per month (ward only). Unfortunately this is offset against an average of 5 Nursing and 6 HCA leavers per month.

At the end of June 2018 there was a total of 68.73 WTE Qualified Nurse vacancies on the Wards compared to 66.12 WTE vacancy in June 2017.

At the end of June 2018 there was a total of 28.06 WTE HCA vacancies on the Wards compared to 28.47 WTE vacancy in June 2017.

Since January the following recruitment events have been held:
General Recruitment Day - 03 March 2018
HCA Recruitment Day - 17 April 2018
Newly Qualified Recruitment Day - 23 June 2018

Through the Trusts recruitment campaigns in April and June there are approx 70 Nurses (high number of September cohort) and 25 HCAs who have received job offers and have either started or are currently progressing through the pre employment recruitment process.

The next recruitment campaign is planned for September to attract newly qualified nurses who will graduate in March 2019. A predicted forecast for the divisions is provided later in this report.

Graph 2
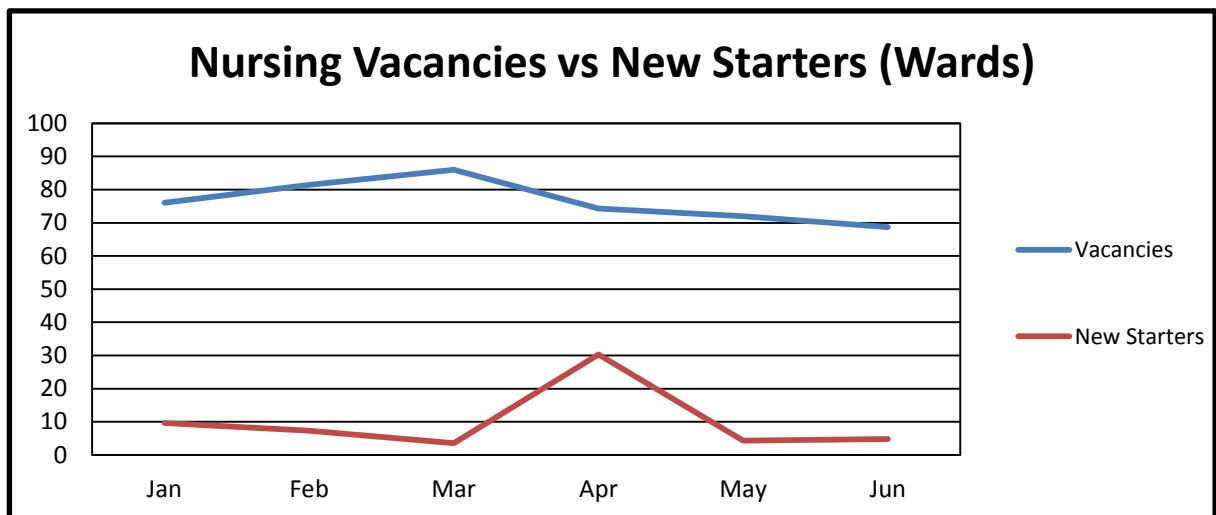
Graph 3
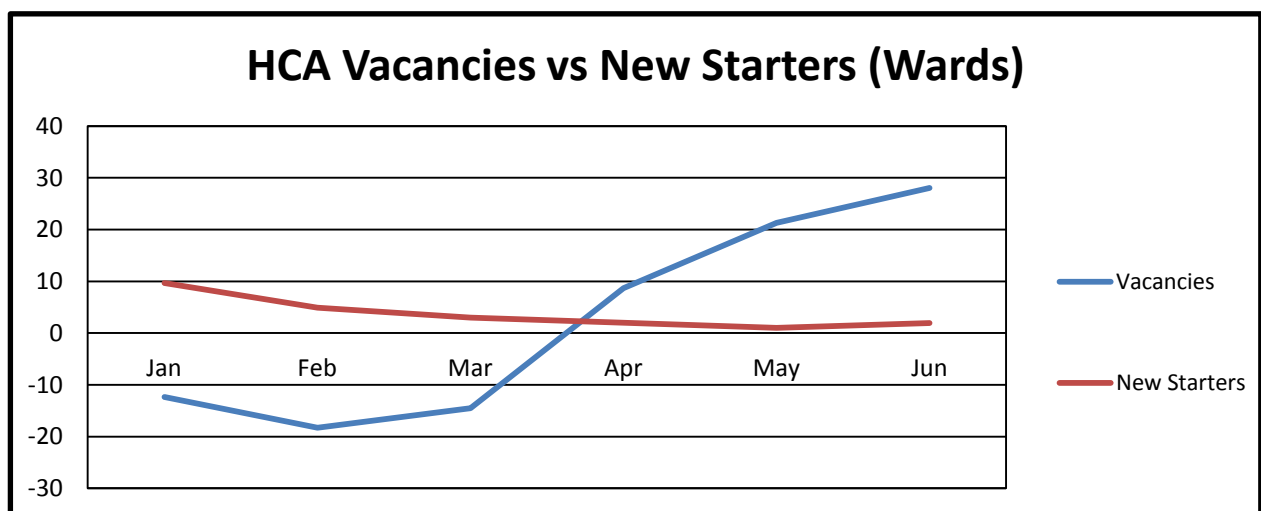
5 **Recruitment and Retention**

Since January 2018, there have been a number of ongoing recruitment and retention initiatives to support the trust with recruitment and retention. These include:

- Meeting with Employee Service Manager to discuss adverts and all nursing vacancies.

- Meetings with Divisional Matrons and Associate Divisional Nurses to discuss vacancies on Trac system, and resolve any delays.

- Bespoke adverts for wards and departments.

- Professional lead supporting Ward Managers and Matrons with recruitment.

- Focused work with the Ward Managers and Matrons on hard to recruit areas with regard to development opportunities available.

- Implementation of Rotational posts within Adult Acute and Elective Care Divisions.

- Working with Communications to promote the Trust as a great place to work through social media.

- Successful nurse recruitment events held in the Education Centre in March and June. Further ones planned for September 2018 and March 2019.

- Monthly informal drop in sessions for all newly qualified staff with Professional Lead and Chaplain.

- Promotion of Internal staff transfer scheme to ward managers.

- We now have 22 International Nurses in the Trust, 16 have passed their OSCE (Objective Structured Clinical Examination) and have commenced on their Preceptorship. The other 6 Nurses are at various stages of their OSCE. Changes at a national level in the OSCE now mean that any nurses who fail an element only have to repeat that element rather than the full exam.

- Newly qualified commenced in the Trust in March from a cohort of 52 nurses.

- There are 17 Bolton student Nurses due to qualify in January 2019, Interviews have taken place and 12 nurses have been offered posts. The remaining nurses will be interviewed in July.

- Recruitment and Retention Task and Finish group commenced in March , this includes both Nursing and Allied Health Professionals and representation from Education and Workforce

6   Temporary Staffing

When staffing numbers fall below agreed staffing levels there are systems and processes in place that allows Managers to fill gaps with temporary staffing. The Trust's Temporary Staffing is managed in house within the Human Resource Department. Graphs 4&5 demonstrate our current fill rates against requests.

Graph 4
Bank and Agency Fill Rate - RN
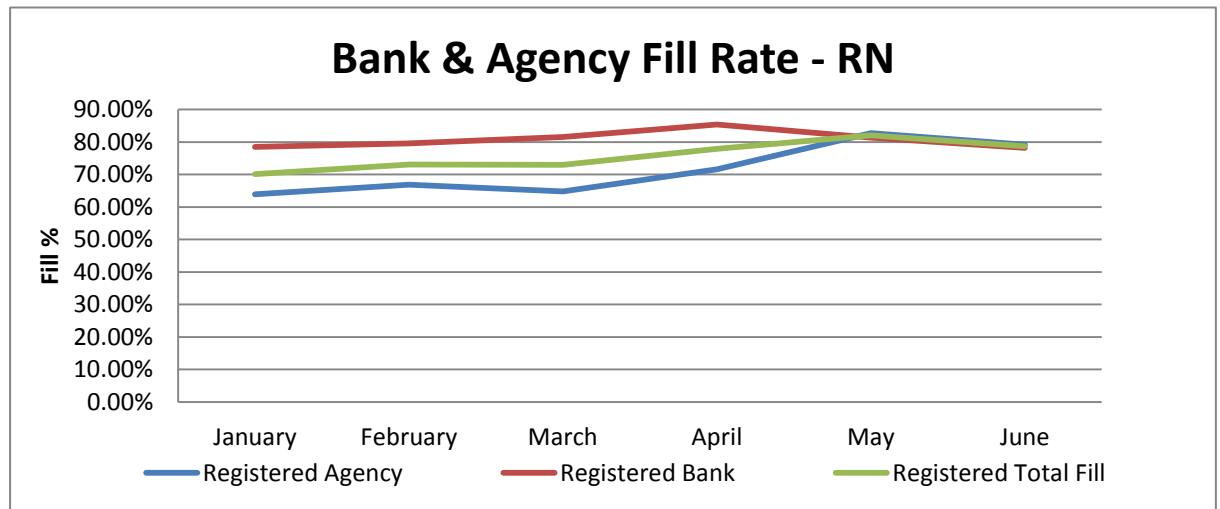
Graph 5

Bank and Agency Fill Rate - HCA
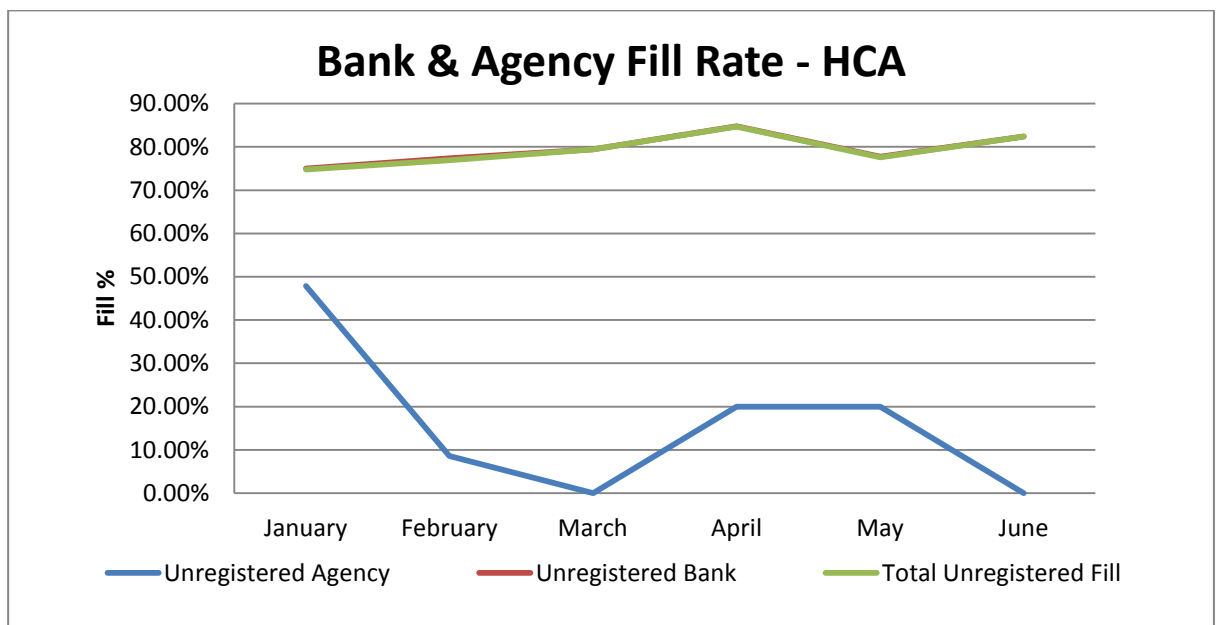
7   Staffing & Skill Mix Reviews Update by Division

7.1   Acute Adult Division Staffing Establishment Review

The Division continues to review staffing on a six monthly basis. This supports recommendations from national best practice recommendations related to regular review of staffing establishments. Establishment reviews are undertaken using a range of metrics including patient acuity (dependency) data, staff skill mix requirements (including multi-disciplinary staff provision), patient safety data and professional judgement. This is done in conjunction with clinical staff, finance and business managers.

Summary of actions taken January – June 2018

- Lead Matron for recruitment and retention identified with clear objectives related to reducing turnover and vacancy levels
- Lead Matron for staff engagement to support staff retention, inclusion and development
- Workforce Divisional Committee convened to focus on forward view of Divisional needs

Staffing Reviews

Ward Based areas

All ward based areas have had a nurse staffing reviews undertaken. Findings have evidenced that the previous uplift (January 2018) of 8.25wte band 5 posts to band 6 to support leadership was a reasonable measure following a workforce review of skill mix and band 5 nurse recruitment which will be discussed further in the paper. Previous uplifts for HCA (Jan 2018) on wards D3 and D4 were evaluated as positively impacting on quality indicators so sustained. The decision was taken to uplift ward C2 1wte HCA in line with other complex care areas and in view of performance on key quality metrics. This will be evaluated the next staffing review. The review identified opportunities related to delivering care differently for patients requiring enhanced care which are discussed under innovation.

Other staffing reviews commenced in reporting period:

- Specialist nurses Heart Failure team job planning
- Out of Hours nursing Team

As part of wider service re-design staffing re modelling commenced for:

- Accident and Emergency as part of streaming and new build work-stream
- Acute Medical Unit as part of streaming work
- Frailty pathways as part of collaboration with community services as part of NHS elect Programme
- Respiratory care
- Diabetes nursing services

Initiatives and Innovation

Enhanced Care

The number of HCA nurses has been invested in across the division by 33wte over 2 years in order to respond to changing care needs and particularly those people who require 1-1 support. Recent staffing reviews and the introduction of a secondment Enhanced Care Lead has identified options of delivering 1-1 care differently using a pooled staffing model where staffing resources are used effectively to prioritise 1-1 care and also provide bespoke therapy sessions that promote physical and mental activity for individuals and groups of patients. As a test of change 3 HCA wte posts have been redirected from ward based areas to the Enhanced Care team. Evaluation will be presented in the next staffing paper, however interim findings suggest strong correlation between quality, patient and staff experience and effective use of resources.

Other initiatives:

- A formal programme of education supported by the University of Bolton for Acute Care for nurses available in September 2018 commissioned to reduce RN turnover in admission areas, D1, D2 and CDU.
- Commencement of rotational nursing posts across the division to support retention
- Review of engagements including social media to interact differently with staff to support retention and inclusion of all staff
- #TeamGastro MDT in reach initiative to support education and retention on Ward C3 – nurse consultants and alcohol nurses to support staff.
- Programme of events to promote "joy" in the workplace and inclusion
- Exit Interviews for staff moves within the division to identify trends
- Further flexible working arrangements to incentivise recruitment

Additional Roles

Trainee Nurse Associates

The Division has posts in Emergency care, Respiratory and Complex Care for 8 Nurse Associates who qualify in January 2019 as part of cohort 1. A further 3 commenced training in April and 5 are expected to commence training in September 2018. Posts have been identified in assessment areas, respiratory as part of delivering level one bed provision and complex care as part of service redesign.

Advanced Practitioners

Business cases are in progressions for funding for ANP trainee role in Gastroenterology providing in reach to ward areas. Further opportunities identified in Diabetes, Assessment areas and Respiratory Care which will be taken forward as part of pathway redesign.

Other

In February a trial of band 3 discharge co-ordinators was commenced to look improving discharge processes, timeliness of discharge, patient experience and additional support to ward staff. This role is currently being evaluated.

Workforce Analysis

Turnover

There has been an over-all 4.6% reduction in turnover across the division between January (14.9%) and June (10.3%), however for June nursing staff groups turnover for RN and HCA combined was 5.9% which is below both divisional and trust (9.48%) average. Staff FFT scores within the division has increased in quarter and sickness rates (5.53%) are on a downward trend. Early findings are indicative that initiatives in place are beginning to positively impact on retention and staff experience, however the divisional acknowledges there is significant focus required in order to further improve performance and retain staff. In particular, once all posts are recruited to there are specific retention concerns related to ward C3 and CDU and D2. There are a range of interventions in place to support leadership, education, buddy arrangements and staff engagement.

Predicted Vacancy Position

The table below identifies the impact that turnover and batch recruitment (as student nurses qualify) will have on over-all vacancies by March 2019. Predictive modelling has identified that turnover reduction is key but also there is a requirement to promote the division as an attractive place to work for experienced registered nurses, in order to mitigate future vacancy gap. This is further compounded by the requirement to staff extra capacity in times of seasonal demand. The division is working closely with workforce teams/corporate nursing team on both branding and educational offers in job adverts for established posts. It also supports the case of strengthened senior nurse leadership given all new job offers currently are newly qualified nurses.

Established Areas

Vacancy Levels	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Recruitment							22			9		
Turnover					3	3	3	3	3	3	3	3
Net Vacancy	34.71	35.05	38.29	36.02	39.02	42.02	23.02	26.02	29.02	23.02	26.02	29.02

Contingency Area Requirements

There is a requirement for 26 registered nurses to support extra bed bases as part of winter contingency which is not included in over-all vacancy figures. The division have separately commenced band 5 and 6 recruitment in preparation for an additional requirements in winter months. There are currently 7 RN WTE recruited for contingency areas and all HCA posts have been filled.

Staffing Profile

Data identifies that 27% of the nursing workforce are eligible for retirement and 26% are aged between 18 and 30. This further supports the case for recruitment and retention incentives to support attrition rates. The division and workforce are working collaboratively to influence this at trust level.

Nursing age Profile	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71 Years	Grand Total
Acute Adult Care Division	4	69	150	96	78	105	110	128	66	33	5	1	845

Whilst there is some understanding of the profile of staff diversity, work is required to ensure that equal opportunities and staff experience are routinely evaluated and understood for our diverse range of staff. Work is now being undertaken with the trusts newly appointed Equality and Diversity lead to better understand how we support and retain staff and will be presented in the next report.

7.2   Elective Care Division Staffing Establishment Review

The Division continues to review staffing on a six monthly basis. This supports recommendations from national best practice recommendations related to regular review of staffing establishments. Establishment reviews are undertaken using a range of metrics including patient acuity (dependency) data, staff skill mix requirements (including multi-disciplinary staff provision), patient safety data and professional judgement. This is done in conjunction with clinical staff, finance and business managers.

The Elective Care division is very diverse with over 19 specialties. The registered and unregistered nursing workforce is spread across most of these, however for the purpose of this report the staffing groups have been limited to:

- All ward areas
- ITU
- HDU
- Theatres
- Outpatient areas
- Endoscopy

Summary of actions taken since the January 2018 review:
Enhanced care provision across all wards
- Previous reports have identified that additional resource was needed to fund an increase in the HCA establishment to provide enhanced care. The resource was added as permanent HCA cover on E4 for enhanced care. Following review of acuity levels and higher number of enhanced care patients on E3 the staffing review undertaken in June 2018 has recommended that this resource is moved on a permanent to E3.

Quality and Safety

- In February recruitment of additional band 6 RNs commenced for F3. This was in order to provide increased leadership and additional clinical skills. This recruitment has now taken place and we have seen improvements in F3 in relation to quality, safety and workforce leadership. There is significantly improved engagement and 4 newly qualified band 5 nurses are due to commence in September.

- In February a trial of band 3 discharge coordinators was commenced to look improving discharge processes, timeliness of discharge, patient experience and additional support to ward staff. This has proved a success and a business case is now being prepared in order to continue. This provides workforce opportunities for our unregistered staff.

- Three Ward Managers and Matrons across Elective have successful in gaining secondments into new roles and promotions. The division has supported these in order to create opportunities to retain staff, develop staff that have demonstrated leadership ability and also contribute to our plans for succession planning.

Additional Roles

The division currently has the following TNAs that are being supported through practice:

January 2017 cohort x 3
April 2018 cohort x 4
September 2018 cohort x 2

The aim was to recruit 10 in total in 2018, however we have only been successful in recruiting 6. This is due to internal staff not meeting criteria at interview. Work is ongoing with the central team in OD&L to look at TNA recruitment across the organisation moving forward.

In addition the division has also been successful in securing funding from HENW for a further 4 Trainee Advanced Practitioners. These have been allocated as follows:

- Ophthalmology (total will be 2)
- Urology
- 2 for General Surgery (total will be 4)

The development of these roles is crucial to the patient pathway transformation across Bolton and regionally into Greater Manchester.

Full review of Critical Care staffing utilising guidance from Core Standards for Intensive care units and findings from the peer review of Critical Care units.

- In recent peer reviews, the intensive care unit has currently been none compliant with three core standards for Intensive Care Units in relation to nursing staff. This has been a recurrent recommendation for the last 3 years.
- To date we still remain none complaint with these standards. The peer review undertaken in May 2018 describes that the division is taking steps to address these concerns. The division has commenced working on staffing models that

demonstrate a more integrated approach incorporating the critical care network guidance.

- There has been substantial staff turnover on ITU within a 12 month period, this has culminated in 8 RNs leaving the organisation, 2 taking flexible retirement and decreasing hours and 2 staff taking career breaks. A successful recruitment campaign has been completed over recent months. This is unprecedented, but is also reflective of the lack of development opportunities into band 6 and band 7 posts on the unit. The new staffing proposals will attempt to create also further development and leadership opportunities for staff and provide a staffing resolution that is fit for the future. In addition due to retirement there has recently been change in the band 7 management structure and an introduction of an additional band 6 governance role.

Staffing review June 2108
We have committed to undertaking a focused approach to reviewing staffing in a responsive way this is achieved by undertaking a weekly staffing meeting and a monthly roster approval meeting. A daily staffing meeting has also been introduced working alongside the adult acute division to ensure staffing levels are optimal. In May and June of this year a full staffing review of all ward areas, ITU and HDU has been undertaken to ensure that the current workforce is still responsive and appropriate to meet patient's needs.

The findings of that review are as follows:
- Resource to deliver enhanced care on ward E4 needs moving to ward E3. This is due to patient dependency. It has been reinforced by the data collected from safecare demonstrating that E3 utilises significantly more enhanced care than E4 and the patient acuity is higher on a daily basis.
- Additional RN resource is required on F4 on Saturday and Sunday. They are currently established for 3 RNs (early and late). Due to the high turnover of the patient group, participation on a shared on call system for ENT and Urology, activity does not decrease at weekend. Therefore it is suggested that the establishment should be 4 RNs (early and late). This is the same as Mon-Fri cover.
- Leadership across wards is challenging and there is little development opportunity for staff. The division has held a band 7 away day, nominated staff for the Mary Seacole leadership programme and the trust in house leadership programme. Furthermore there are now plans for a band 6 development programme.
- There is a large ratio of newly qualified nurses and in experienced staff nurses. In September we will be taking on 16 newly qualified nurses across 6 ward areas.
- In order to provide increased support, develop clinical skills and contribute to staff retention, the division is proposing to uplift 4x band 5 nurses. By doing this we will have 3x band 6s per ward, allowing one band 6, 12 hours a day, 7 days a week.
- Trauma and Orthopaedics have developed a rotational post for RNs and HCAs where they can rotate through trauma, elective and Out Patients. This is to develop the workforce and ensure that we have the skills required to provide flexibility.
- HDU and ITU are recruiting new staff into flexible rotational posts through the units. This will create a pool of staff who once appropriately trained can flex and care for level 2 or level 3 patients.

- Theatres are working across GM to develop a more cohesive theatre practitioner course to address the needs of depleted theatre practitioner numbers.
- Endoscopy have developed and will continue to train and upskill unregistered staff to undertake specific roles in endoscopy to provide greater workforce flexibility and sustainability.

Workforce analysis

Continuous recruitment is a top priority for the division. In the 6 month period January - June 2018 we have experienced high turnover, greater than 10%, in the following areas:

Registered	Unregistered
G4	G5
Breast Unit	G3
ICU	E3
HDU	Pre-Op assessment
General Out Patients	HDU

Further analysis of the workforce also highlights concerns over an aging workforce with an inability to recruit at the same speed as those retiring. The figures below demonstrate the WTE numbers of the workforce over the age of 50:

	Registered	Unregistered
Age 50 +	104 WTE	82 WTE
Age 60+	23 WTE	48 WTE

In order to retain our experienced workforce we are offering flexible retirement opportunities, flexible working, fixed term contracts, rotation into other departments, reduction in shift patterns such as nights and the ability to retire and return on bank only contracts.

As with other divisions the ability to maintain the pace of recruitment to turnover presents a challenge which results in a continuous vacancy as demonstrated below.

Predicted Vacancies

Vacancy levels	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Recruitment (WTE)				2.00	16.0	2.00				10.0
Turnover (WTE)			3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Net Vacancy (WTE)	14.8	12.7	15.7	16.7	3.7	4.7	7.7	10.7	13.7	6.7

The 16 recruits shown for March actually start in September however due to supervisory status and induction we will only see the impact on our vacancies in October.

Work is now being undertaken with the trusts newly appointed Equality and Diversity lead to better understand how we support and retain staff and will be presented in the next report. A clear focus and recruitment and retention strategy is required in order to ensure that the workforce is representative of the patient groups that we deliver care to.

7.3   **Family Care Division Staffing Establishment Review**

The Division continues to review staffing on a six monthly basis. This supports recommendations from national best practice recommendations related to regular review of staffing establishments. Establishment reviews are undertaken using a range of metrics including patient acuity (dependency) data, staff skill mix requirements (including multi-disciplinary staff provision), patient safety data and professional judgement. This is done in conjunction with clinical staff, finance and business managers.

Maternity

The new Head of Midwifery came into post in May 2018. This was an external appointment and appendix 1 outlines the initial review that she has recently undertaken and more comprehensive review will be ongoing.

7.4   *Children's Services*

Neonatal services
Staffing levels on the Neonatal Unit are monitored in accordance with national standards agreed by the British Association of Perinatal Medicine 2011(BAPM). These standards provide staff: pt ratios based on acuity: 1:1 for intensive care, 1:2 for high dependency care and 1:4 for special care and a supernumerary shift coordinator (band 7) in charge.

These are the gold standards to which all neonatal units aspire to achieve however few units actually achieve them. Bolton NNU is within the Greater Manchester Neonatal Network which is within the Northwest Neonatal Operational Delivery Network.

The table below displays Bolton BAPM compliance between the period Jan – June during 2017 compared to 2018.

Month	Jan	Feb	Mar	Apr	May	June	Av
2018 BAPM	103.9%	102.9%	99.4%	99.8%	101.3%	100.8%	101%
2017 BAPM	93.1%	96.2%	92.3%	95.4%	92.9%	96.4%	94.3%

The neonatal escalation policy provides clarity on the process for managing variation in staffing levels in order to ensure safe and appropriate care of infants. The Family Care Division continues to monitor this on a daily basis and the trends are monitored monthly via IPM, in addition to reporting monthly on the Heat map. The Neonatal ODN also monitors and reports on staffing levels.

There are currently 5 WTE band 5s recruited but not yet in post. Recruitment remains challenging, the Trust recruitment day initiatives have been very successful for neonates. Pre and post re student nurses on placements enhance the resource for recruitment. Dependent on previous experience new starters are provided a

comprehensive local induction package. Over the course of the last 12 months there was a peak in staff turnover, feedback through exit interview indicated that there was room for improvement with the model for staff induction, some alterations were made with a positive result.

Staff turnover over the last 6 months has been 16%. On resignation staff are encouraged to complete an exit interview. The most common reason for resignation being travel and securing a job closer to home, promotion, emigration and a change in job career. The Bolton Foundation Staff Survey reported that 74% of staff would recommend working within the family division.

There are 2 trainee ANNPs that will complete their training Dec 18 /Jan 19, these will be a welcome addition to the ANNP team. The ANNP team work on the tier 1 medical rota on NNU. The Family Division have been successful in a bid to secure funding from HEE for 2 further ANNP trainees. These will be recruited internally providing further opportunity for development and promotion within the nursing team.

The neonatal outreach team consist of 4.25 WTE registered nurses, they provide a 7 day service, and turnover within this team has increased over the last 12 months due to 2 members of the team retiring. Replacements have been sourced internally thus providing a wider range of development opportunities.

Staffing levels on both the Neonatal and Children's Units are monitored daily and reviewed twice weekly reviewed twice weekly by the Matrons, DND and OBM. Nurses can either be transferred to alleviate staffing pressures where possible or bank is used to fill the gaps.

Acute Paediatrics

Within the acute paediatric setting there are recommended staffing ratios are based on age of the child and acuity. These have been set by RCN as 1:3 for age 2 and under, 1:4 for age 3 and over. The department is also required to meet standards for a Paediatric Critical Care Unit (PCCU, in essence this is the new name for paediatric high dependency) of 1:2 and a supernumerary nurse supervisor. With regards the Registered Children's Nurse (RCN) standards these are aspirational. At Bolton our agreed ratios are 1:5 regardless of age – using professional judgment. It is important to note that the Registered Children's Nurses (RCNs) are supported by an infrastructure of advanced paediatric nurse practitioners, health care assistants, assistant practitioners and play specialists. This adds additional available skills and knowledge. With regards the PCCU standard of 1:2 and supernumerary supervisor this is met the vast majority of the time.

It is widely recognised that within the acute paediatric setting acuity is busier in the Winter months. We have Winter and Summer models of staffing which are monitored and reviewed on a rolling basis. To summarise more annual leave is allocated in Summer along with all mandatory training, appraisals and all other training is focussed within the Summer months. During the Winter months, there is no or limited training depending on new recruits and annual leave is reduced. This model has facilitated a more robust Winter plan which has reduced the risk with regards PCCU.

The PCCU offer is being reviewed across Greater Manchester (GM) as PCCU is not commissioned appropriately outside of the Central Children's Hospital. PCCU is a challenge to staff during peak times of activity, however, this has been supported by additional CCG funding this winter (2017-18) to offer resilience and maintain patient safety.

Following feedback from the CQC inspection in 2016 the staffing levels for acute paediatric in Bolton were reviewed in comparison with other Trusts. This demonstrated that the staffing levels at Bolton FT were favorable and as outlined above are supported by the infrastructure of advanced paediatric nurse practitioners, health care assistants, assistant practitioners and play specialists.

Nationally Children's nursing is increasingly challenged by a lack of suitably trained RCNs. At Bolton senior nurses and managers are working collaboratively with paediatric colleagues both locally and nationally with regards future workforce planning.

Additional Posts

There are 2 band 6 nurses who will complete their Advanced Paediatric Nurse Practitioners in August 2018.This will increase the band 8A establishment by 1.7WTE, budget allocation will be adjusted to accommodate this. The increased APNP team will facilitate an improved Winter / Summer staffing model which will further enhance the quality and safety of the children in our care.

A further imminent change is the recruitment of a band 7 paediatric governance and education co-ordinator. This is following the successful introduction of this post in neonates.

Trust recruitment day initiatives have been very successful for acute paediatrics, there are 2 new Band 5 recruits starting in September in time for Winter. There is some vacancy within the band 4 line, we currently have 4 staff enrolled on the new Training Nursing Associate (TNA) programme, once qualified these Nursing Associates will support F5 (SSPAU) and E5 day case unit.

Staff turnover over the last 6 months has been 10.5%. All staff have the opportunity to feedback through the exit interview. The reasons usually given are around work / life balance and lack of opportunity/promotion prospects. We anticipate that the initiatives and development opportunities previously described that are taking place within the acute paediatric team will have a positive influence on staff retention.

7.5   Integrated Community Services Division Staffing Establishment Review

The Division continues to review staffing on a six monthly basis. This supports recommendations from national best practice recommendations related to regular review of staffing establishments. Establishment reviews are undertaken using a range of metrics including patient acuity (dependency) data, staff skill mix requirements (including multi-disciplinary staff provision), patient safety data and professional judgement. This is done in conjunction with clinical staff, finance and business managers.

This section will give a comprehensive update on registered nursing and HCA staffing, within the Integrated Community Services Division. This includes current staffing position including vacancies, recruitment and retention.

Equality and Diversity profile

The ICS Division currently employs 448 registered nurses and non-registered HCA staff across 23 services. With regards to the gender of the staff 411 are female and 37 are male. No staff have identified themselves as gender neutral. The age profile of the staff is as follows:

ICSD Age profile of Registered Nurses and HCAs staff June 2018

	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	over 71
age range	17	36	44	40	52	69	94	65	21	8	2
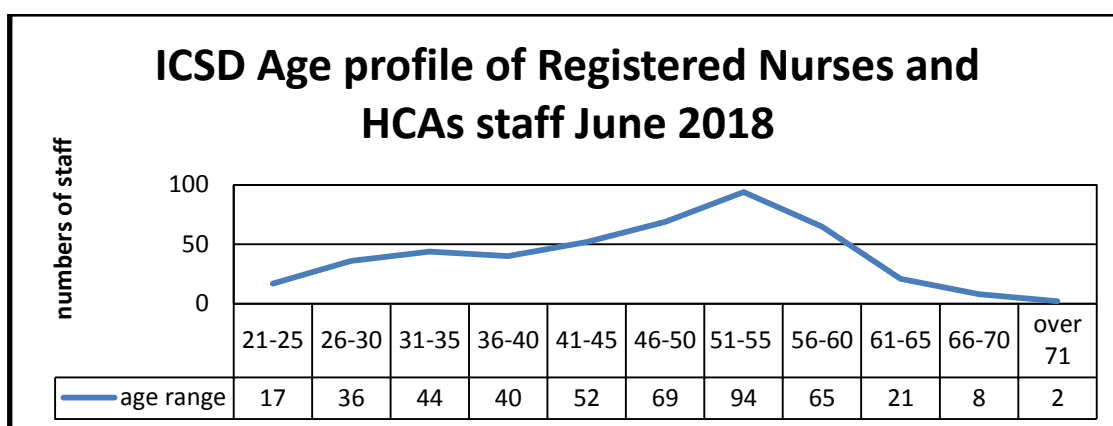
This age profile demonstrates that 50% of the Registered Nurses and HCAs staff in the ICS Division are currently aged between 46 and 60 and 21% of staff are aged over 56 years old. Therefore there is a plan to identify when staff are planning to retire and analyse when vacancies are likely to occur to be able to forecast this.

The Division is aware that the age profile of some posts within the specialist nursing workforce within Anticoagulation and Bladder and Bowel services will require future developing and maintaining of clinical skill sets of staff within these services which will be reviewed with further collaboration with partner services in DVT clinic and urology respectively.

Work is now being undertaken with the trusts newly appointed Equality and Diversity lead to better understand how we support and retain staff and will be presented in the next report.

Recruitment and retention

Vacancies

There was 31.36 wte vacancies within the division in May 2018. 7.89 wte were nursing, 5.5 wte physiotherapy, 5.6 wte Occupational Therapy, 9 wte Health improvement practitioners, 2.65 band 3 and 0.66 band 2.

The graph below demonstrates the vacancies by band and profession:

ICSD Vacancies May 2018

	B7 nursing	B6 nursing	B5 nursing	B6 Physio	B5 physio	B6 OT	B3 HIP	B3 dietetics	B3 HCA	B2 HCA
wte number	1	3.33	3.56	4.3	1.2	5.66	9	1	1.65	0.66
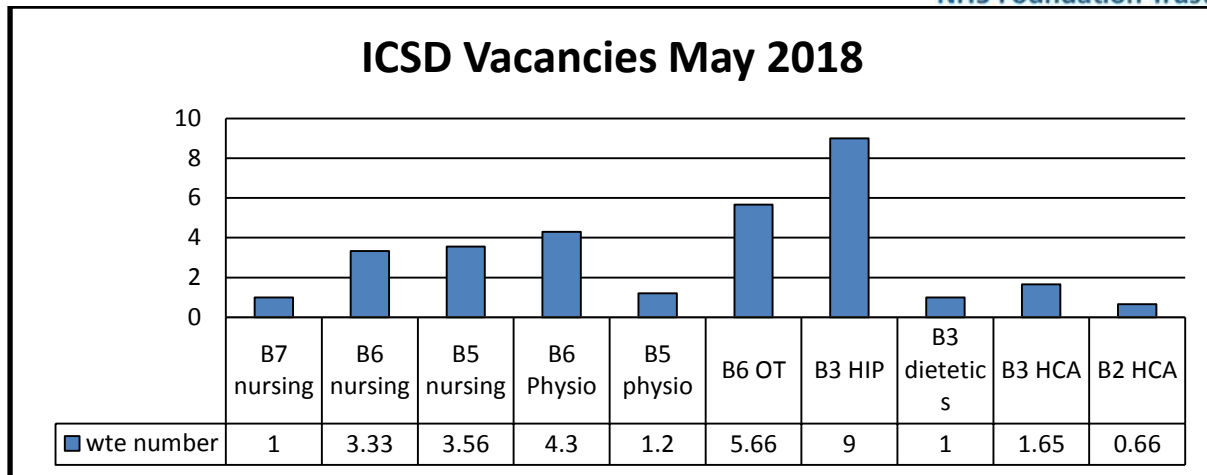
The vacancies are in the following services:
- IMC residential
- Neuro Rehabilitation Long Term conditions team,
- Falls and community Therapy
- Dietetics,
- Integrated Neighbourhood Team
- Community Flow team
- IMC at Home
- Health Improvement Practitioners
- DN Evening and Night Service.

Recruitment to Registered Nursing and HCA posts in the District Nursing Evening and Night Service has been previously challenging but the current situation has much improved with one part time band 6, 2 part time band 5 and 1 HCA posts now vacant.

There are no Registered Nursing, AHP or HCA vacancies in the following services:
- District Nursing
- Learning Disabilities
- IV Therapy team
- Speech and language therapy,
- Asylum seeker and homeless and vulnerable teams,
- Anticoagulant services,
- Oral Health.
- Home First

The number of leavers between January and June 2018 was 25 which equates to 19.5 wte.

ICSD Numbers of starters/leavers
Jan - June 2018

	Starters registered	Leavers registered	Starters Non-registered	Leavers Non-registered
numbers of staff	8	16	12	9
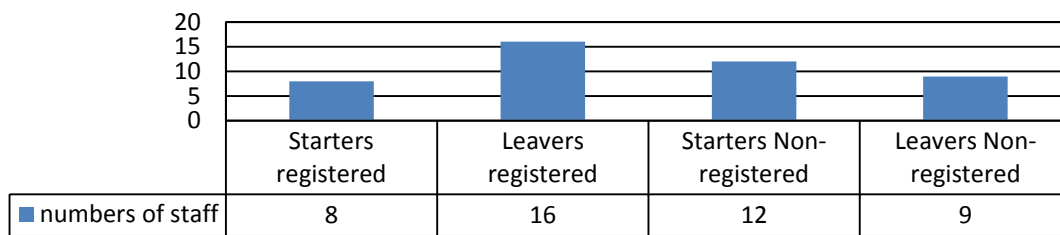
The numbers of newly qualified staff recruited to the Division between January 2018 and May 2018 is 12 and there have been no leavers. Two of the newly qualified staff asked for moves between services/teams and this was able to be accommodated so they remain within the ICS Division.

The following graph demonstrates the number of years in service for Registered Nurses and HCA staff within the services that are in the ICS Division:

ICSD Years in service by number of staff
June 2018

	<1	1<5	5<10	10<15	15<20	20<25	25<30	over 30
number of staff	39	160	61	82	57	22	13	14
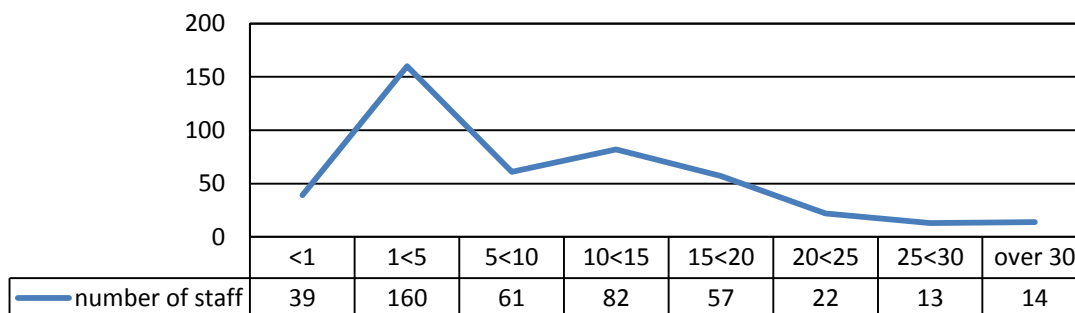
Forecasting

There is a plan to implement scheduling software in the District Nursing Service which should realise efficiencies by time being saved such as:
- Supported sensible geographical working
- Safer/ efficient patient allocation
- Real time sit rep
- Real-time patient dependency (time related)
- Support nursing staff with admin tasks- ie mileage/ Lorenzo – automatic recording.

Additional Roles

Qualified Community Specialist Practitioner (CSP) recruitment continues to be difficult which is similar nationally. The division continues to support ongoing secondment to the CSP programme as per external resource allocation from HEE.

Two Trainee Advanced Practitioners have been recruited to commence the course in September 2018. The Workforce Development Lead and Acting DND are working with colleagues across the Trust and external organisations to identify and develop training opportunities.

There are four Trainee Associate Nurses due to qualify from within the Division in January 2018 and there will be four Associate Nurse Posts available.

Future numbers of Trainee Associate Nurses required within the Division has been forecasted at six for next year's intakes. The Trainee Associate Nurses are supernumerary for one day a week attending college and one day a week in clinical practice.

8   **Acuity and Dependency**

The organisation uses a variety of tools and methods to match staffing to acuity. It is important that not one tool is considered in isolation but triangulated through a variety of methods available and are outlined below. It is important to note that any tool used to assess is always used in tandem with professional judgement.

Care hours per patient day (CHPPD)

The Chief Nursing Officer advised in June 2018 that the Secretary of State has determined that monthly CHPPD data will be published at trust and ward level on My NHS and NHS Choices from September 2018 2. For Community and mental health trusts from publication will be January 2019 The publication of CHPPD will replace the current staff fill rates dataset from those dates. Monthly CHPPD data, has been collected for acute and acute specialist trusts since April 2016 and for mental health and community health trusts since April 2018.

CHPPD was introduced as a measure for the deployment of nursing, midwifery and healthcare support staff on acute and acute specialist inpatient wards in the February 2016.

This programme is aligned with the 10 commitments of Leading Change, Adding Value (NHS England 2016), specifically commitment nine, to "have the right staff in the right places and at the right time" to achieve the triple aim of better outcomes, better patient and staff experiences, and better use of resources.

CHPPD is now the national principal measure of nursing, midwifery and healthcare support staff deployment on inpatient wards. Alongside clinical quality and safety outcomes measures, CHPPD can be used to identify unwarranted variation and support delivery of high quality, efficient patient care.

CHPPD is a composite of registered nursing staff and health care support worker input hours. Both are recorded separately in this dataset and further additions to the healthcare team (e.g Nursing Associates) will be recorded as a new data point, not amalgamated with others.

This notification of the publication seeks to ensure you have appropriate systems and processes in place for the assurance of quality data being recorded and reported.

Table 5

	Care Hours Per Patient Day (CHPPD)		
	Registered midwives/ nurses	Care Staff	Overall
July	5.5	4.0	9.6
August	5.4	4.1	9.5
September	5.4	4.1	9.5
October	5.6	4.1	9.7
November	5.0	3.5	8.4
December	6.0	4.2	10.2
Average	5.49	3.99	9.48

SafeCare

SafeCare is an end-to-end software solution that is fully integrated with the current Healthroster system across the Trust. SafeCare provides the Trust with the ability to make just-in-time changes on the ground. The graph below provides a six month overview of the total hours required v worked.

Graph 6
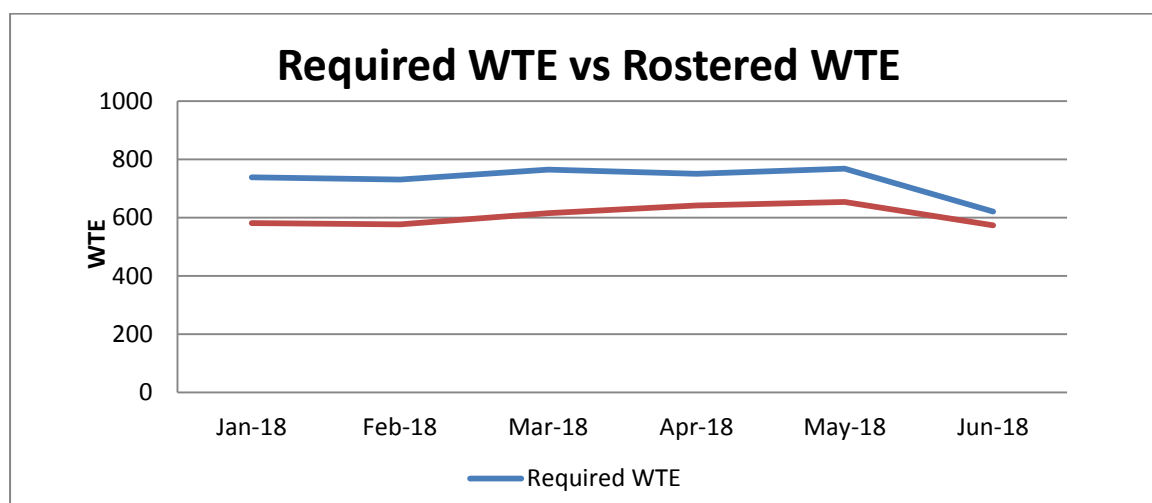
9 **Processes of Governance and Escalation for Safe Staffing**

As previously highlighted, nurse staffing remains a significant risk within our wards, departments and community settings. To manage this risk effectively, the organisation has several assurance processes in place to enable appropriate daily oversight and is able to take appropriate action. Outlined below are several embedded processes to ensure tight operational grip.

Staffing Meetings

The Divisions hold a staffing meeting twice weekly to review rostered staffing levels for the week ahead, and the weekend to identify any areas of concern and solutions to address any

concerns raised. The meeting is chaired by the Divisional Nurse Director and is supported by the Workforce team. The meeting also functions as a forum to review draft rotas for approval, and at review to highlight any suggestions for amendment before rosters are published. Registered Nurse shifts for the fortnight ahead are escalated to temporary staffing during these meetings. On a day to day basis, the Division identifies a Matron of the Day to review staffing levels for that day, and the 48hrs ahead to identify any staffing shortfalls and to move staff between clinical areas to address staffing concerns. As part of this daily review, Matrons refer to the electronic roster to review rostered staff, and the SafeCare system to identify the number of patients who require additional supervision. Following the review of electronic systems, the Matron of the Day visits all Ward areas to discuss patient acuity and dependency, and to review the level of care that patients who need additional supervision require, so that decisions about staff movement between areas is informed by this.

Staffing gaps are highlighted at Corporate Bed Meetings, and support from other Divisions is requested and provided as able.

This will be reviewed and evaluated over the coming months to ensure the balance between patient safety and cost effectiveness is assured.

Incident Reporting

Work has continued across the organisation to encourage staff to feel confident and safe to report any incident or concern regarding staffing or training via the safeguard system. The Trust is in the top 25% of incident reporters nationally, as reported by the NRLS, and anecdotal assessments, based on reporting figures within the organisation, indicate that this position is likely to be held in the next published report. The ability of staff to report incidents, and their understanding of what to report is assessed as part of the Bolton Scheme of Care Accreditation (BoSCA). Appendix 2 provides an overview of all staffing incidences reported between January – June 2018.

10   **Conclusion**

Safe staffing levels impact on the ability of nursing and midwifery staff to provide high quality care. As with previous reports, the Trust continues to carry a number of nursing vacancies. This is reflected in the Trust Board Assurance Framework (BAF) and the Division's Risk Registers.

Trust-wide recruitment continues across all areas supported by the Professional Lead for Nursing Workforce.

There is a real need for a clear recruitment and retention strategy and this has recently been developed following the appointment of the new HR Director.

Reviews of staffing numbers and skill mix will continue to be ongoing and any changes will be based on triangulation of acuity, current quality indicators and outcomes and professional judgement, whilst taking into account any available national guidance.

11   Recommendation

The Board is asked to note the report. Support the direction of travel currently being taken particularly in relation to recruitment and ongoing establishment reviews.

Finally, the Board is also asked to recognise and commend the work and efforts of the entire nursing and midwifery workforce who are committed to, and continue to deliver safe and effective care whilst working in a challenging environment.

Appendix 1

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Midwifery Staffing Review
July 2018

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<u>**INTRODUCTION**</u>

The new Head of Midwifery took up post in May 2018 and has undertaken an initial staffing review within Maternity Services.

Background

On considering the midwifery workforce at Bolton NHS Foundation Trust, the Head of Midwifery has taken into consideration the Bolton "Better Care Together - our quality improvement strategy 2017-2020"; the vision to reduce mortality, prevent harm, enhance the patient and carer experience and creating a continuous learning culture along with the impact of local and national drivers which affect and influence the modelling of the midwifery and maternity support workforce.

Jeremy Hunt, the former Secretary of State for Health, had recently announced plans to train an additional 3,000 more midwives over the next four years to support the national maternity safety ambitions, starting with an extra 650 student midwives in 2019 – an increase of 25%.

The former Secretary of State also announced steps to develop a nationally defined role and competency framework for maternity support workers (MSWs) and to identify new training routes and clearer pathways into midwifery. He also pledged that more women will benefit from receiving continuity of carer throughout pregnancy, birth and the postnatal period.

While the evidence is clear that this is the best way to provide safe and high quality care for women and their babies – the additional midwives who start training next year will not be qualified and working in our maternity services until 2022. So the priority for Bolton NHSF Trust maternity services must be continuing to ensure every woman has a named midwife during pregnancy and receives one to one care in labour, and then move on to implementation of full continuity of carer for women. Currently 98.5% of women receive 1:1 midwifery care in our birth settings.

Although our The Birthrate Plus® indicator is around the optimum of 1:27-28, anecdotally instances have described staffing challenges on occasion, therefore the Head of Midwifery has focused on having the right staff. Therefore, the Head of Midwifery has focused the 2018-2019 workforce paper on having the right staff with the right skills working in the right place at the right time, and will begin to consider options of models for full continuity of carer in order to achieve the first step change of 20% of women booked onto a continuity of carer pathway by March 2019.

<u>**LOCAL DRIVERS**</u>

1.1 Birth Rate at Bolton

1.2 The birth rate at Bolton NHS FT has been decreasing over the past 12 months and achieved 5600 by the end of June 2018 (see graph 1).

   1.2.1   Based on bookings the projected birthrate will be around 5650 by December 2018.
   1.2.2   Around 220 births were forecast for Ingleside Birth Centre in its first year.
   1.2.3   It has been reported at Bolton that although the numbers of births are decreasing the acuity is increasing; particularly for women being diagnosed with diabetes.

1.2.4   The Head of Midwifery is looking to implement an IT solution on Delivery suite which will monitor the acuity of women measured against staffing resource available

Graph 1

Bolton NHS Foundation Trust
Predicted No. of Deliveries
May 18 - November 18

Legend:
— Predicted No. of Deliveries   — Previous Year Average (same period)   - - Lower Range (-2%)   - - Upper Range (+2%)
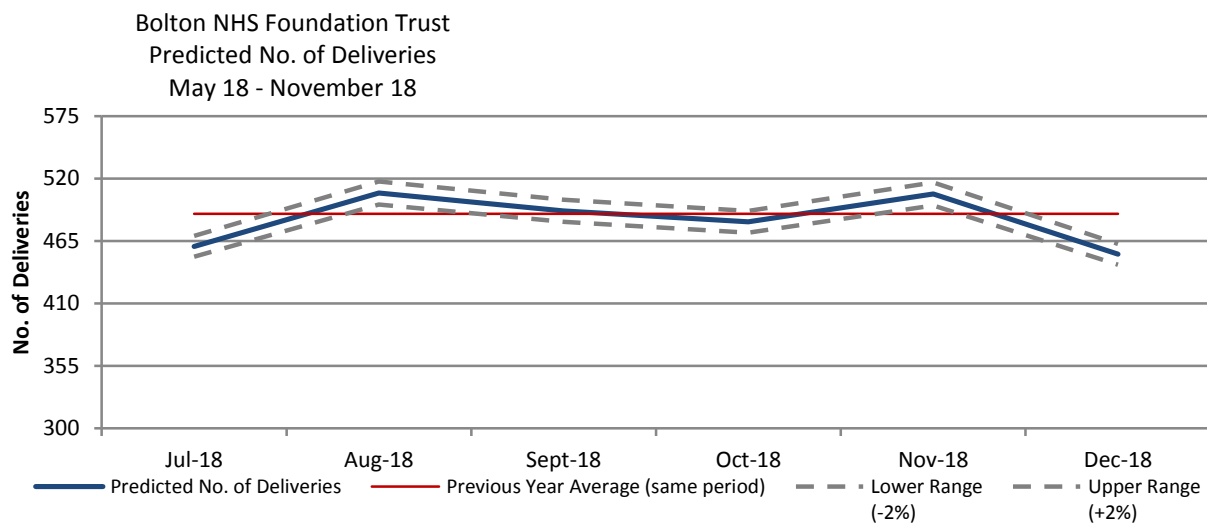
1.3   Birthrate Plus®

1.3.1   Birthrate Plus® is the only nationally endorsed tool for calculating maternity staffing levels. The Birthrate Plus® methodology is based on an assessment of clinical risk and the needs of women and their babies during labour, delivery and the immediate post-delivery period, utilising the accepted standard of 1 midwife to 1 woman, in order to determine the total midwife hours, and therefore staffing required, to deliver midwifery care to women across the whole maternity pathway using NICE guidance and acknowledged best practice.

1.3.2   At its simplest Birthrate Plus® can provide any given service with a recommended ratio of clinical midwives to births in order to assure safe staffing levels.

1.3.3   A composite workforce figure includes:

I.   Numbers of midwives required for hospital and community workloads, taking into account additional midwives needed for births at home and in FMUs.

II.   A percentage addition for sickness, study and leave allowances. There is no standardised percentage recommended by Birthrate Plus® however, benchmarking suggests a range of between 17.5 - 25% is normal, at Bolton this figure is 23%.

III.   An adjustment for skill mix. Birthrate Plus® makes a distinction between midwives who provide direct clinical care and those employed in management, development and governance roles, essential to the safe running of the service but not directly involved in clinical care of women. The Birthrate Plus® ratio is based only on clinical staff.

1.4   In 2003 a ratio of 1:28 was derived from 54 studies in England. This means that taken overall to provide safe high quality maternity services, the NHS in England needs 1 clinical midwife for every 28 births. More recent evidence from Birthrate Plus® suggests that with changing

patterns of care this ratio could now be 1:29.5, suggesting slightly fewer midwives are required overall.

- A mean national ratio of 35 births per WTE community midwives for free standing Midwife Led Units (FMUs) (such as Ingleside) and homebirths.

- For community services activity only (not involving birth): 96 births (cases) per WTE midwife.

Birthrate Plus® Methodology at Bolton NHSF Trust

Clinically facing is defined as those categorised in code 3003

Bolton Birthrate Plus May 2018

Description	Establishment Month 2	Contracted Month 2	Worked Month 2
Midwife Band 8a	3.00	3.00	3.00
Midwife Band 7	27.39	23.00	22.50
Midwife Band 6	186.15	161.57	153.25
Midwife Band 5	0.00	14.16	14.15
Bank	0.00	0.00	6.17
Maternity Support Workers	5.20	5.00	5.00
Total	**221.74**	**206.73**	**204.07**

12 month rolling number of **deliveries**	5671
In-month deliveries	475

M2 Birth Rate + actual Figure (Rolling)	1:27.4

M2 Birth Rate + actual Figure (In-Month)	1:27.6

1:28 WTE requirement	202.54
1:29 WTE requirement	195.55

2   Maternity Sickness

Maternity sickness June 2017- May 2018

2.1 In June 2018, sickness was recorded as 7.14% of maternity registered staff and 10.79% of unregistered staff. This is clearly unsustaintable and the targets have now been set to reduce sickness for these staff groups to 4%. The Head of Midwifery has instigated individual weekly meetings with ward managers and the HR Business Partner to work closely to ensure the sickness policy is being adhered to and more can be done to support staff to resume working more quickly following absence.

2.2 Sickness will become a key area of scrutiny at the monthly Directorate Surgery commencing in August 2018.

2.3 Maternity staff turnover June 2017- April 2018 (average 6.78%)

Month	%
June 2017	5.42
July	6.02
August	5.42
September	6.34
October	5.97
November	6.23
December	6.91
January 2018	7.49
February	8.73
March	9.28
average	6.78

There is limited information available to advise on the reasons why maternity staff decide to leave the Family Care Division. Although a variety of methods are used to encourage staff to complete exit questionnaires, it is reported there is not much take up to do so. The Human Resources team are in the process of introducing that when the manager completes the SimpleSAF terminating form a prompt is flagged to remind them to carry out the exit interview with them.

This is not robust enough in order to retain staff. There requires being a local strategy implemented from recruitment through to maintaining retention in order to understand why staff want to leave and solutions put in place to retain them.

3 Appropriate Skill Mix

3.1 Midwifery Support from HCAs and MSWs

The focus over the last few years has been on investment in the midwifery workforce, the unregistered workforce has not increased to match investment; this issue now requires to be addressed in line with Birthrate Plus® recommendations.

The Postnatal ward, Antenatal Clinic, Antenatal Day Assessment Unit and the Community Teams require MSWs in the funded establishment and with further implementation of "Better Births" the investment in MSWs will enhance the care women and their families receive. The support workers will make a significant improvement in the care provision and the support women receive on the postnatal ward.

3.2 Support workers are an asset to any hospital and community service and within maternity can support the qualified midwives in a variety of care settings.

3.3 Antenatal Clinic (ANC) and Antenatal Day Assessment Unit (ANDU)

    3.3.1   The current model within ANC and ANDU requires a comprehensive review. The maternity operational Business Manager, the matron for ANC/ANDU and the ANC/ANDU manager have been tasked with process mapping the current service and to redesign this service to meet current and future requirements and to match this against what skill mix is needed to deliver this.

3.4 Delivery Suite:

The requirement is to cover the Maternity Triage and alongside (the Birth Suite) and freestanding Midwifery Led Unit (Ingleside). Supporting the midwives to maintain the flows within the Delivery Suite and onto Ward M3/4.

3.5 Community Services:

Maternity Services nationally are undergoing significant change as they implement the recommendations within 'Better Births'. Community midwives should be working in small teams of 5-6 providing personalised continuity of care for a designated caseload of women.

The community MSWs requirement is to support 'Better Births' initiative and to support the midwives with postnatal care delegating some tasks from community midwife to the MSW. This would involve undertaking new born blood spots, postnatal clinic, infant feeding support and Public Health messages such as smoking cessation support and weight management

This model in line with the principles of Better Births (2016) enables community midwives to provide holistic care, ensuring that safeguarding and essential Public Health issues are identified and addressed for all women in a sensitive, consistent and timely manner.

The value of integrating MSWs within the community midwifery teams is highlighted in the Better Births (2016) as means to expand the workforce, improve continuity and maximising positive experiences for women. MIDWIFERY 2020 also outlined several key messages

around the public health role of the maternity support worker, well placed to work with women throughout pregnancy, birth and into the first weeks of family life.

4   Maternity Bleepholder role (The Helicopter)

To ensure the maternity services operate safely and effectively with the correct deployment of staff in the right place at the right time with the right skills there will be the implementation of the maternity bleepholder role, 24 hours a day/7 days a week. This is anticipated to commence August 2018.

This will be a senior midwife of band 7 and above who will be rostered on to the bleep rota known as 'the helicopter bleep'. This midwife will be the 'go to person' and will be in charge for the duration of her shift and will have the overarching view of the maternity services at that time. Her priority will be to ensure patient flows, to free up blockages and to check ANNB failsafes are adhered to. There will be an electronic written handover sent to the Head of Midwifery, deputy HOM and matrons 3 times a day highlighting any maternity red flags breached. There will be a verbal handover to the on-coming bleepholder

5   Midwifery Outreach team

There are 7 midwives who are aligned to the 5 community midwifery teams. The 7 midwives are known as the midwifery outreach team and care for the most vulnerable women in that locality. Each of these midwives is managed by the community team leader for that area.

The Head of Midwifery will look to bring this team under the leadership and management of the Consultant Midwife as the Consultant Midwife is leading on the introduction of full continuity of carer, and it is precisely this cohort of women and their babies who will gain the most protection from the continuity model

6   Ingleside Free standing Midwife Led Unit

The workforce model that has been implemented to cover Ingleside and has been in operation since April 2018 will be formally evaluated over the next few months.

7   Conclusion

There is a significant piece of work to be done by the Head of Midwifery in reviewin and considering staffing and skill mix across Maternity Services. A full and comprehensive update will be included in the next staffing report.

APPENDIX 2
Staffing Problems/Training Issues Incidents by Month

There were a total of 397 (an increase of n=76 19% from previous 6 month review and an increase of n=118 29% of the same period last year) incidents reported under the "Cause Group of Staffing Problems/Training Issues" on the Trust Safeguard Incident Reporting system during the 6 month period 1.1.18 to 30.6.18.

For the purposes of this report which focuses mainly on nursing/midwifery staffing issues, some departments have been excluded.

A summary graph of incidents reported by month is shown below:-

Cause Group of Staffing Problems / Training Issues
Summary of Incidents Reported by Month Jan 18 - June 18
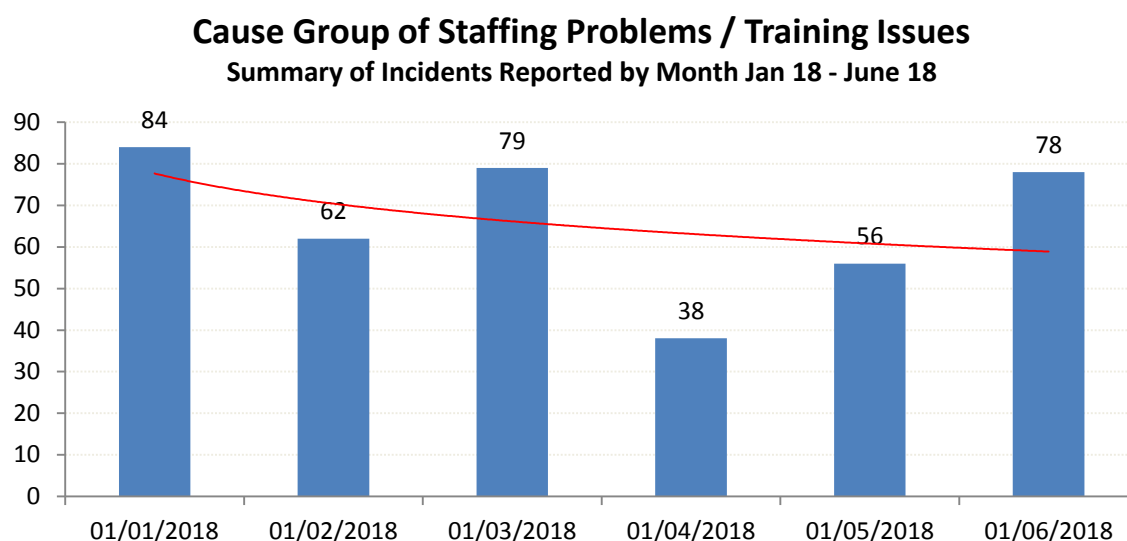
There was a reporting average of 70 incidents a month, with April showing a sharp decrease in reporting incidents in comparison to the same period last year. The average for the same time period last year was 45 incidents a month. There was increases on every month from the same period last year accept for April in which there was a small reduction.

Staffing Problems/Training Issues by Division

Cause Group of Staffing Problems / Training Issues
Summary of Incidents Reported by Division Jan 18 - June 18
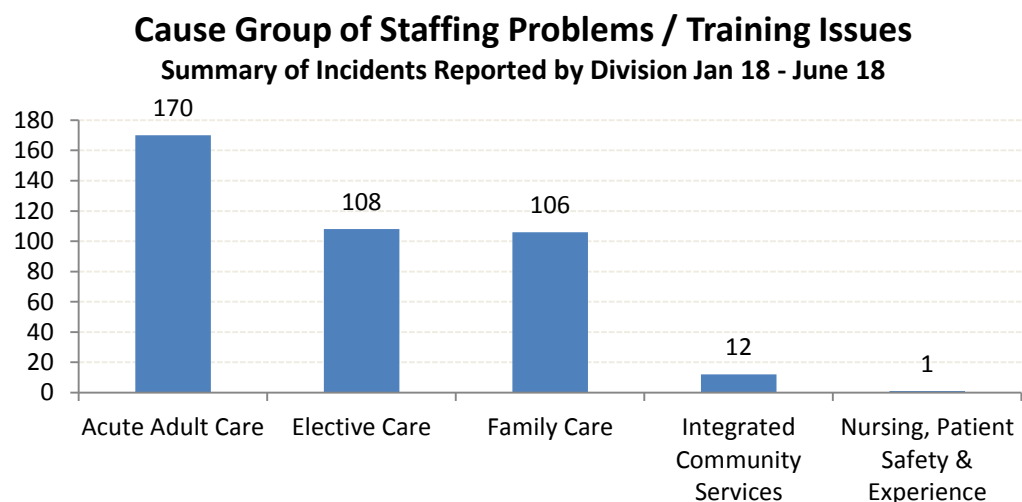
There were increases across all division from the previous last 6 month review with Acute Adult remaining the highest reporting division for staffing related incidents – reporting 170 (an increase

n=13 8%) incidents during the period January to June 2018. The largest increase within the clinical divisions from the previous last 6 months was Integrated Community Services with a 42% (n=5) increase. The biggest contributor to the increase has been shown as "lack of suitably trained / skilled staff" and "Training issues".

In comparison to the same period last year increases where shown across all clinical divisions

Division	Jan – June 2017	Jan – June 2018	Increase of N=	Increase of %
Acute Adult	166	170	4	2%
Elective Care	63	108	45	42%
Family Care	47	106	59	56%
ICS	3	12	9	75%

Staffing Problems/Training Issues by top 10 reporting departments

Cause Group of Staffing Problems / Training Issues
Summary of Incidents Reported by Top 10 reported departments Jan 18 - June 18
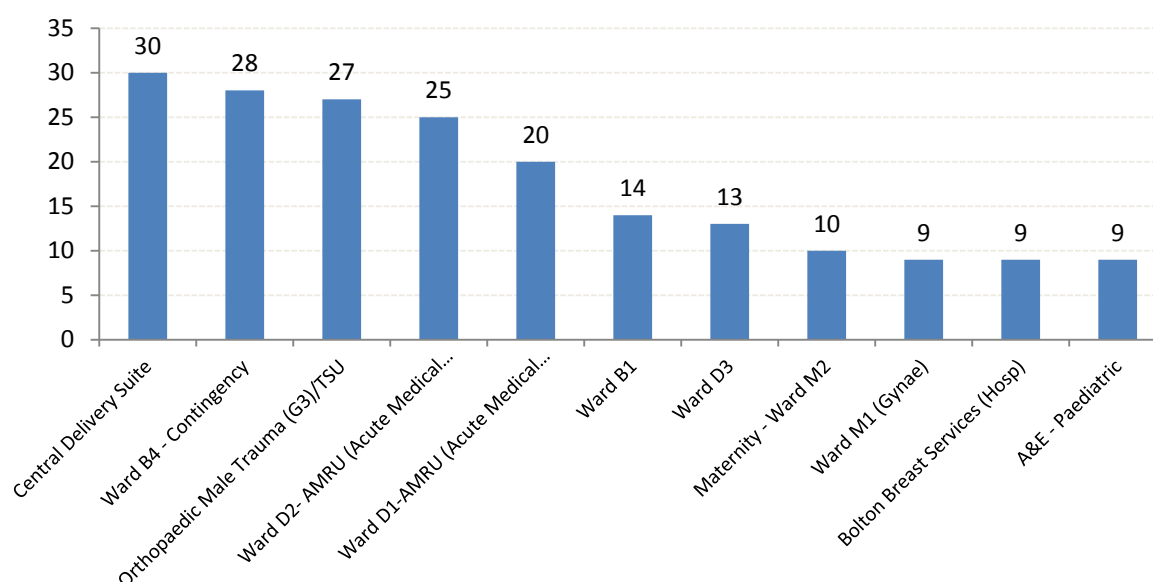
Cause Group of Staffing Problems / Training Issues
Summary of Incidents Reported by Cause Jan 18 - June 18

Bar chart showing incident counts by cause:

Cause	Count
Lack Of Suitably Trained / Skilled...	198
Training Issue For Staff	39
Delay Of Regular Checks For...	29
Competency Of Staff Member	25
Non-Attendance For Shift	19
Unable To Take Break	16
Less Than 2 Registered Nurses	15
Escalation Policy Initiated	14
Delay/Difficulty Obtaining Clinical...	11
Recruitment Issues	9
Unable To Prov Contin 1:1 Care In...	7
Delayed/Cancelled Time Critical...	4
Delay>30 Mins Btwn...	4
Del>2hrs Btwn Admission -...	3
Mandatory Training - Non-...	3
Delay >30 Mins - Provision Of...	1

Integrated Summary Dashboard - June 2018

Executive Summary

NHS
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

⬇ (red)	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
⬆ (red)	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
➡ (grey)	The indicator value has not changed between the previous and latest period
⬇ (green)	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
⬆ (green)	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

Quality and Safety

Harm Free Care

Falls
Inpatient falls resulting in harm has reduced from four in May to two in June. One was unpreventable, and one was preventable. Following a full data review of falls per 1000 bed days June's position is 5.03 falls compared against 5.11 in May. The post of falls nurse is currently being recruited to, and will focus on key themes relating to recording of lying and standing blood pressure and continence management.

Pressure Ulcers - Hospital
The number of patients acquiring category 2 pressure ulcers in the hospital increased in June. The Trust is showing over trajectory for pressure ulcers, with pressure ulcers occurring in both Acute Adult and Elective Care divisions. In addition, there was a Category 3 pressure ulcer in hospital, this was attributed to a medical device, the care provided for the patient was of a high standard, and there were no lapses in care for this pressure ulcer.

Total pressure damage due to lapses in care (whole organisation)
The number of patients developing pressure ulcers that were attributed to lapses in care remains higher than trajectory for this month. The divisions are reviewing the processes in place to address this.
The ICS division are about to sign off terms of reference relating to deeper reviews around pressure ulcers. At the beginning of August the Division are writing a paper following analysis of the data and results of an audit of the management of non concordance in patients taking place this month.

Sepsis – The data for quarter one will be updated and available in August.

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%	95.4%	Jun-18	🟢	⬇️	>= 95%	97.2%	May-18	🟢	>= 95%	96.2%	🟢	95.4 - 98.6%	
9 - Never Events	= 0	0	Jun-18	🟢	⬇️	= 0	1	May-18	🔴	= 0	1	🔴	0 - 1	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	5.03	Jun-18	🟢	⬇️	<= 5.30	5.11	May-18	🟢	<= 5.30	5.12	🟢	3.48 - 7.30	
14 - Inpatient falls resulting in Harm (Moderate +)	= 0	2	Jun-18	🔴	⬇️	= 0	4	May-18	🔴	= 0	7	🔴	0 - 4	
15 - Acute Inpatients acquiring pressure damage (grd 2)	<= 6.0	10.0	Jun-18	🔴	⬆️	<= 6.0	6.0	May-18	🟢	<= 18.0	29.0	🔴	2.0 - 15.0	
16 - Acute Inpatients acquiring pressure damage (grd 3)	<= 0.5	1.0	Jun-18	🔴	➡️	<= 0.5	1.0	May-18	🔴	<= 1.5	2.0	🔴	0.0 - 2.0	
17 - Acute Inpatients acquiring pressure damage (grd 4)	= 0.0	0.0	Jun-18	🟢	➡️	= 0.0	0.0	May-18	🟢	= 0.0	0.0	🟢	0.0 - 0.0	

Integrated Summary Dashboard - June 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
18 - Community patients acquiring pressure damage (grd 2)	<= 7.0	5.0	Jun-18	🟢	⬇	<= 7.0	12.0	May-18	🔴	<= 21.0	26.0	🔴	2.0 - 12.0	
19 - Community patients acquiring pressure damage (grd 3)	<= 4.0	3.0	Jun-18	🟢	⬇	<= 4.0	10.0	May-18	🔴	<= 12.0	19.0	🔴	0.0 - 10.0	
20 - Community patients acquiring pressure damage (grd 4)	<= 1.0	0.0	Jun-18	🟢	➡	<= 1.0	0.0	May-18	🟢	<= 3.0	1.0	🟢	0.0 - 2.0	
21 - Total Pressure Damage due to lapses in care	<= 6	7	Jun-18	🔴	⬆	<= 6	3	May-18	🟢	<= 17	18	🔴	2 - 13	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	88.7%	Q4 2017/18	🔴	⬆	>= 90%	86.0%	Q3 2017/18	🔴	>= 90%			77.0 - 88.7%	
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	83.3%	Q4 2017/18	🔴	⬇	>= 90%	100.0%	Q3 2017/18	🟢	>= 90%			65.0 - 100.0%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	79.9%	Jun-18	🔴	⬆	>= 80%	76.8%	May-18	🔴	>= 80%	78.4%	🔴	76.8 - 83.8%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	86.5%	Jun-18	🟢	⬆	>= 72.5%	86.1%	May-18	🟢	>= 72.5%	85.9%	🟢	75.4 - 88.2%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Jun-18	🟢	➡	= 100%	100.0%	May-18	🟢	= 100%	100.0%	🟢	100.0 - 100.0%	
88 - KPI Audits linked to Bolton System of Accreditation (BOSCA)	>= 85%	92.8%	Jun-18	🟢	⬆	>= 85%	91.6%	May-18	🟢	>= 85%	92.0%	🟢	89.7 - 92.9%	
91 - All Serious Incidents investigated and signed off within 60 days	= 100%	100.0%	Jun-18	🟢	➡	= 100%	100.0%	May-18	🟢	= 100%	100.0%	🟢	100.0 - 100.0%	

19 July 2018

Exceptions

14 - Inpatient falls resulting in Harm (Moderate +)

2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
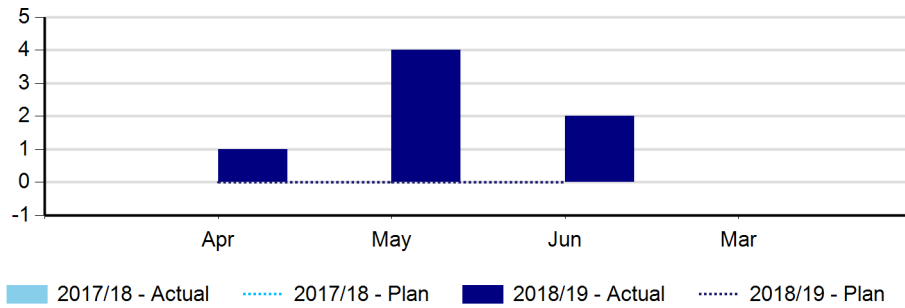
	Apr	May	Jun	Mar
17/18				0
18/19	1	4	2	

15 - Acute Inpatients 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	3.0	4.0	5.0	7.0	2.0	5.0	3.0	3.0	13.0	15.0	13.0	5.0
18/19	13.0	6.0	10.0									

16 - Acute Inpatients acquiring pressure damage (grd 3)

2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
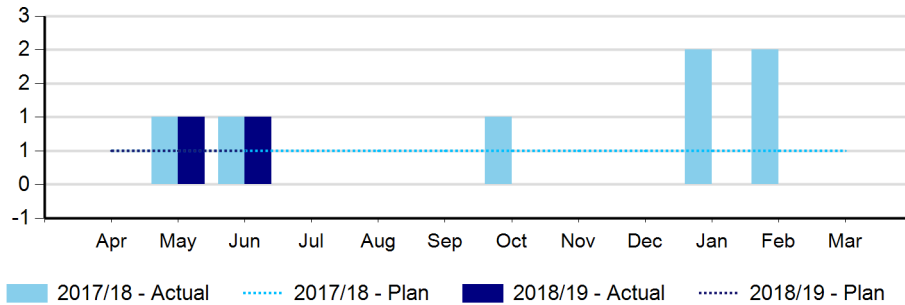
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0	1.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	2.0	2.0	0.0
18/19	0.0	1.0	1.0									

21 - Total Pressure Damage due to lapses in care

2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
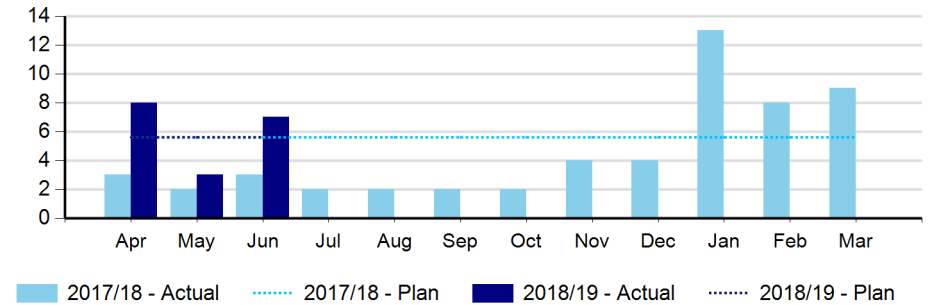
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	3	2	3	2	2	2	2	4	4	13	8	9
18/19	8	3	7									

Integrated Summary Dashboard - June 2018

28 - Emergency patients screened for Sepsis (quarterly)
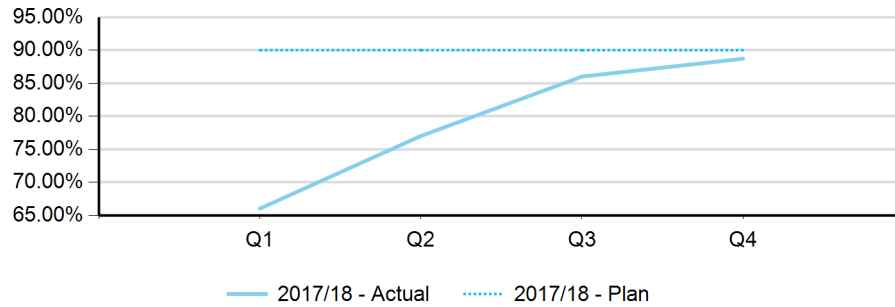
	Q1	Q2	Q3	Q4
17/18	66.0%	77.0%	86.0%	88.7%

29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)
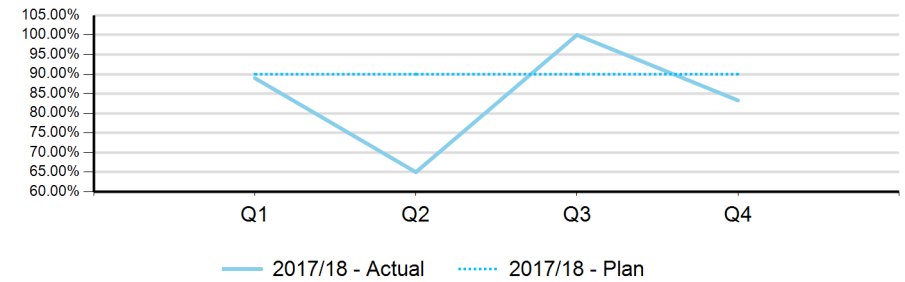
	Q1	Q2	Q3	Q4
17/18	89.0%	65.0%	100.0%	83.3%

30 - Clinical Correspondence - Inpatients %<1 working day
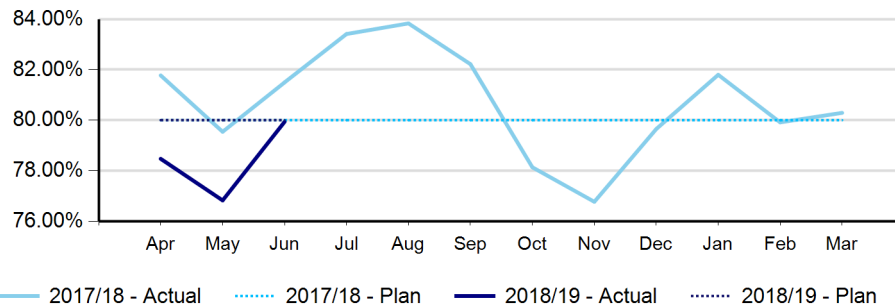
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	81.8%	79.5%	81.5%	83.4%	83.8%	82.2%	78.1%	76.8%	79.7%	81.8%	79.9%	80.3%
18/19	78.5%	76.8%	79.9%									

Integrated Summary Dashboard - June 2018

Infection Prevention and Control

There has been one Trust apportioned CDT case in June – a total of two cases against a year end trajectory of no more than 18 cases. This case has been reviewed at the CDT Harm Free Care Panel and assessed as being a non-performance case as no causal lapses in care were identified.

There have been no MRSA bacteraemias for the year – the last Hospital Onset case was 04/12/17.

There were no Trust apportioned MSSA cases in June.

MSSA, Pseudomonas aeruginosa and Klebsiella spp. bloodstream infections have been added to the Heatmap in line with best practice. A target of matching or reducing the number of cases compared to 2017/18 has been set.

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	1	Jun-18	🟢	➡	<= 2	1	May-18	🟢	<= 6	2	🟢	0 - 6	
216 - Total performance C. diff infections	<= 2	1	Jun-18	🟢	➡	<= 2	1	May-18	🟢	<= 6	2	🟢	0 - 3	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Jun-18	🟢	➡	= 0	0	May-18	🟢	= 0	0	🟢	0 - 1	
218 - Total Trust apportioned E. coli BSI	<= 3	5	Jun-18	🔴	⬆	<= 3	0	May-18	🟢	<= 9	7	🟢	0 - 8	
219 - Blood Culture Contaminants (rate)	<= 3%	3.8%	Jun-18	🔴	⬇	<= 3%	5.1%	May-18	🔴	<= 3%	3.8%	🔴	1.5 - 7.0%	
199 - Compliance with antibiotic prescribing standards	<= 90%	85.5%	Q4 2017/18	🟢	⬆	<= 90%	84.8%	Q3 2017/18	🟢	<= 90%			84.8 - 85.6%	
304 - Total Trust apportioned MSSA BSIs	= 0	0	Jun-18	🟢	⬇	<= 1	4	May-18	🔴	<= 2	6	🔴	0 - 4	
305 - Total Trust apportioned Klebsiella spp. BSIs	<= 2	2	Jun-18	🟢	⬆	<= 1	0	May-18	🟢	<= 3	4	🔴	0 - 2	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Jun-18	🟢	➡	<= 1	0	May-18	🟢	<= 1	0	🟢	0 - 1	

19 July 2018

Exceptions

218 - Total Trust apportioned E. coli BSI
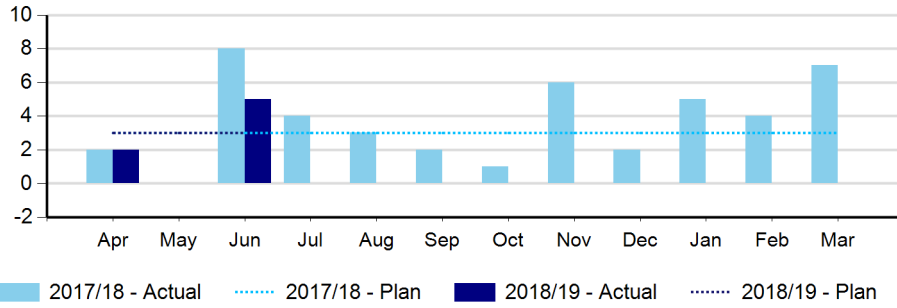
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2	0	8	4	3	2	1	6	2	5	4	7
18/19	2	0	5									

219 - Blood Culture Contaminants (rate)
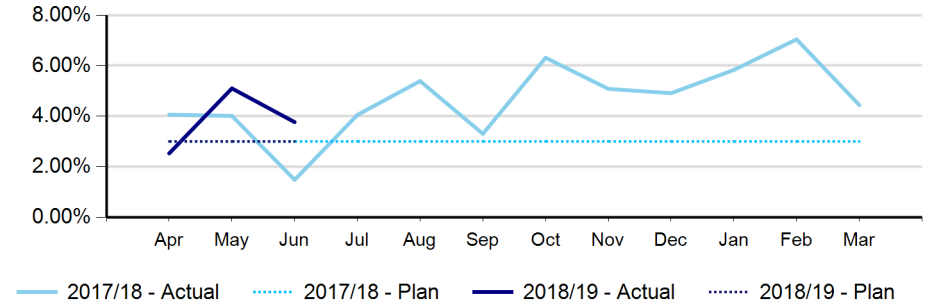
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.1%	4.0%	1.5%	4.1%	5.4%	3.3%	6.3%	5.1%	4.9%	5.8%	7.0%	4.4%
18/19	2.5%	5.1%	3.8%									

Integrated Summary Dashboard - June 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%	96.0%	Jun-18	🟢	🔻	>= 85%	96.7%	May-18	🟢	>= 85%	93.3%	🟢	87.2 - 96.7%	
10 - Risk adjusted Mortality (ratio) (1 mth in arrears)	<= 90	89.0	Mar-18	🟢	🔺	<= 90	86.3	Feb-18	🟢	<= 90			85.4 - 90.0	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 1.000	106.200	Q2 2017/18	🔴	🔻	<= 1.000	108.100	Q1 2017/18	🔴	<= 1.000			106.200 - 106.200	
12 - Crude Mortality %	<= 2.9%	2.2%	Jun-18	🟢	🔺	<= 2.9%	1.9%	May-18	🟢	<= 2.9%	2.0%	🟢	1.6 - 3.1%	

Exceptions

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

——— 2017/18 - Actual   ········ 2017/18 - Plan
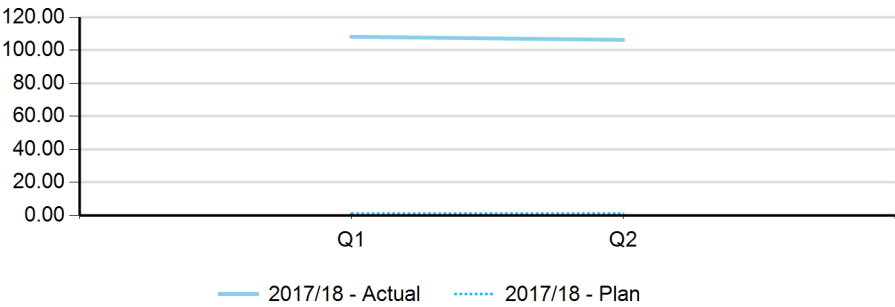
	Q1	Q2
17/18	108.10 0	106.20 0

Integrated Summary Dashboard - June 2018

Patient Experience

Antenatal FFT response rate has dropped to 1.7% against a trajectory of 15%
There continues to be some discrepancy between antenatal and postnatal returns which are received through the community midwifery team. This has resulted in an under reporting for antenatal with antenatal responses being reported under postnatal. This was also an issue in June and it was expected that this would be resolved. The Division are working to rectify this and response rates should start to recover by 31st July 2018.

A&E FFT response rates above 20% trajectory at 20.6%
There has been a positive result for A&E response rates in June achieving over the 20% trajectory. 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 90% against a trajectory of 95%
There were three complaints that breached the 35 working day target in June. These cases were complex and required a further review before issue shortly after the target date. The root cause of the delays has been investigated by the Patient Experience Manager and Governance Leads to establish what could be done to avoid this in future in line with Trust policy and best practice. The current position is that there have been no breaches in 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
200 - A&E Friends and Family Response Rate	>= 20%	20.6%	Jun-18	🟢	⬆	>= 20%	13.3%	May-18	🔴	>= 20%	16.2%	🔴	12.4 - 20.6%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	90%	Jun-18	🟢	⬆	>= 90%	84%	May-18	🔴	>= 90%	87%	🔴	83 - 91%	
80 - Inpatient Friends and Family Response Rate	>= 30%	33.6%	Jun-18	🟢	⬇	>= 30%	35.7%	May-18	🟢	>= 30%	35.6%	🟢	24.5 - 37.5%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	97.4%	Jun-18	🟢	⬆	>= 90%	96.6%	May-18	🟢	>= 90%	96.7%	🟢	95.7 - 97.8%	
81 - Maternity Friends and Family Response Rate	>= 15%	19.0%	Jun-18	🟢	⬇	>= 15%	27.4%	May-18	🟢	>= 15%	24.3%	🟢	18.0 - 35.7%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	94.4%	Jun-18	🟢	⬇	>= 90%	97.0%	May-18	🟢	>= 90%	96.7%	🟢	94.1 - 97.9%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	1.7%	Jun-18	🔴	⬇	>= 15%	3.6%	May-18	🔴	>= 15%	5.2%	🔴	1.7 - 28.8%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	88.9%	Jun-18	🔴	⬇	>= 90%	100.0%	May-18	🟢	>= 90%	97.5%	🟢	88.9 - 100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	24.9%	Jun-18	🟢	⬇	>= 15%	34.7%	May-18	🟢	>= 15%	30.0%	🟢	17.8 - 34.7%	

Integrated Summary Dashboard - June 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	93.1%	Jun-18	🟢	⬇️	>= 90%	95.1%	May-18	🟢	>= 90%	95.4%	🟢	91.6 - 97.8%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	18.0%	Jun-18	🟢	⬇️	>= 15%	29.6%	May-18	🟢	>= 15%	28.0%	🟢	18.0 - 44.4%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	93.2%	Jun-18	🟢	⬇️	>= 90%	95.4%	May-18	🟢	>= 90%	96.1%	🟢	91.7 - 98.1%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	36.4%	Jun-18	🟢	⬇️	>= 15%	44.6%	May-18	🟢	>= 15%	37.8%	🟢	7.9 - 44.6%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	96.5%	Jun-18	🟢	⬇️	>= 90%	99.5%	May-18	🟢	>= 90%	98.1%	🟢	88.2 - 99.5%	
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Jun-18	🟢	➡️	= 100%	100.0%	May-18	🟢	= 100%	98.7%	🔴	95.8 - 100.0%	
90 - Complaints responded to within the period	>= 95%	90.0%	Jun-18	🔴	⬇️	>= 95%	100.0%	May-18	🟢	>= 95%	95.2%	🟢	87.0 - 100.0%	

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Integrated Summary Dashboard - June 2018

Exceptions

82 - Antenatal - Friends and Family Response Rate
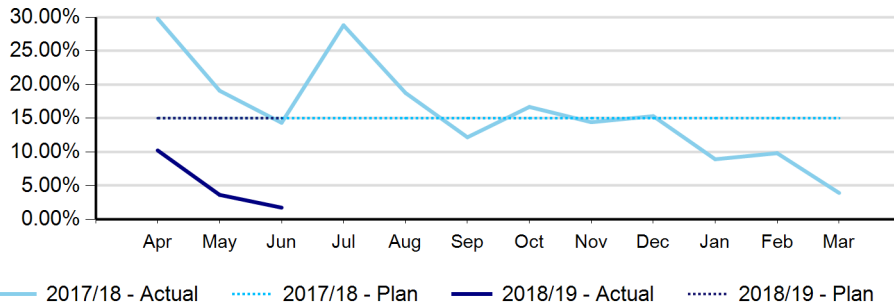
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29.8%	19.1%	14.3%	28.8%	18.8%	12.2%	16.7%	14.4%	15.3%	8.9%	9.8%	3.9%
18/19	10.2%	3.6%	1.7%									

242 - Antenatal Friends and Family Test - Satisfaction %
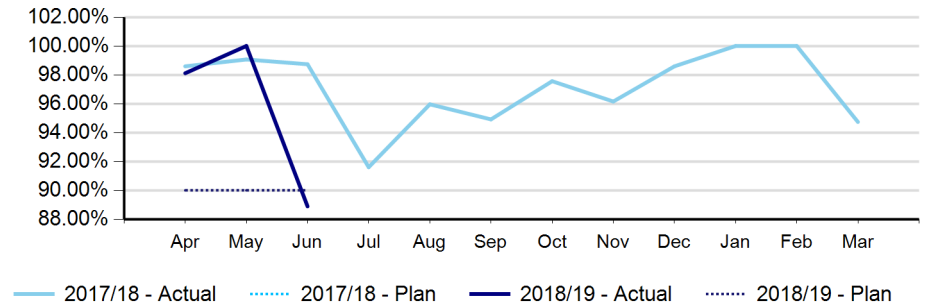
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	98.6%	99.1%	98.7%	91.6%	96.0%	94.9%	97.6%	96.2%	98.6%	100.0%	100.0%	94.7%
18/19	98.1%	100.0%	88.9%									

90 - Complaints responded to within the period
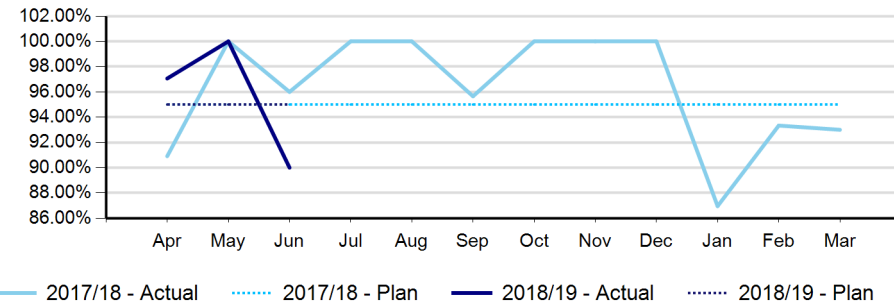
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	90.9%	100.0%	96.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	87.0%	93.3%	93.0%
18/19	97.1%	100.0%	90.0%									

Maternity

Maternity 3rd/4th degree tears - performance has deteriorated from last month's performance and is now over the threshold at 3.2%.

Booked 12+6 - Overall compliance for June was 89.2% which is an improvement of 1.2% on the previous month. This has been achieved through targeted 12+6 meetings and robust review of the data (10 patients removed from the breach list). Of the 500 bookers, 446 were seen in 12+6, 54 of which were late presenters which were out of the control of the service. There is a plan to introduce early bird appointment for all bookers, which should assist with the 12+6 late booker issues.

Inductions of labour has remained broadly the same as the previous month. 'Improving Babies Lives' has led to an increased rate of inductions. A snapshot audit has been undertaken around this.

Total C sections improved this month and is now only marginally above the threshold.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
22 - Maternity - Stillbirths	<= 4	1	Jun-18	🟢	⇨	<= 4	1	May-18	🟢	<= 12	4	🟢	1 - 4	
23 - Maternity -3rd/4th degree tears	<= 3%	3.2%	Jun-18	🔴	⬆	<= 3%	2.5%	May-18	🟢	<= 3%	2.5%	🟢	1.8 - 4.2%	
201 - Total births	<= 500	482	Jun-18	🟢	⬇	<= 500	489	May-18	🟢	<= 1,500	1,422	🟢	386 - 561	
202 - 1:1 care in labour	>= 95.0%	98.4%	Mar-18	🟢	⬇	>= 95.0%	98.8%	Feb-18	🟢	>= 95.0%			97.4 - 99.2%	
203 - Booked 12+6	>= 90%	88.8%	Jun-18	🔴	⬆	>= 90%	88.1%	May-18	🔴	>= 90%	63.0%	🔴	84.3 - 91.3%	
204 - Inductions of labour	<= 35%	40.4%	Jun-18	🔴	⬆	<= 35%	40.3%	May-18	🔴	<= 35%	39.0%	🔴	32.2 - 45.3%	
205 - Normal deliveries	>= 63.0%	57.6%	Jun-18	🔴	⬇	>= 63.0%	58.8%	May-18	🔴	>= 63.0%	59.4%	🔴	54.5 - 65.6%	
208 - Total C section	<= 25.5%	25.9%	Jun-18	🔴	⬇	<= 25.5%	28.5%	May-18	🔴	<= 25.5%	26.7%	🔴	25.7 - 30.4%	
210 - Initiation breast feeding	>= 65%	71.3%	Jun-18	🟢	⬆	>= 65%	66.6%	May-18	🟢	>= 65%	68.2%	🟢	64.5 - 71.8%	
211 - Maternal admissions to ICU	= 0	0	Jun-18	🟢	⇨	= 0	0	May-18	🟢	= 0	0	🟢	0 - 0	
213 - Maternity complaints	<= 5	3	Jun-18	🟢	⬆	<= 5	2	May-18	🟢	<= 15	8	🟢	2 - 3	

Thursday, July 19, 2018

Integrated Summary Dashboard - June 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
214 - New claims	= 0	2	Jun-18	🔴	⬆	= 0	1	May-18	🔴	= 0	3	🔴	0 - 2	

Exceptions

23 - Maternity -3rd/4th degree tears

2017/18 - Actual   2017/18 - Plan   2018/19 - Actual   2018/19 - Plan
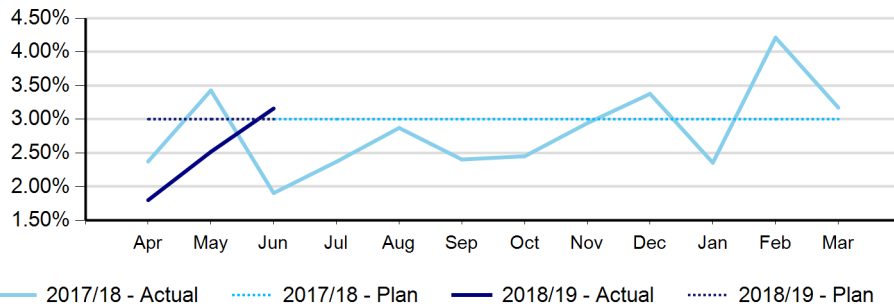
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2.4%	3.4%	1.9%	2.4%	2.9%	2.4%	2.4%	2.9%	3.4%	2.4%	4.2%	3.2%
18/19	1.8%	2.5%	3.2%									

203 - Booked 12+6

2017/18 - Actual   2017/18 - Plan   2018/19 - Actual   2018/19 - Plan
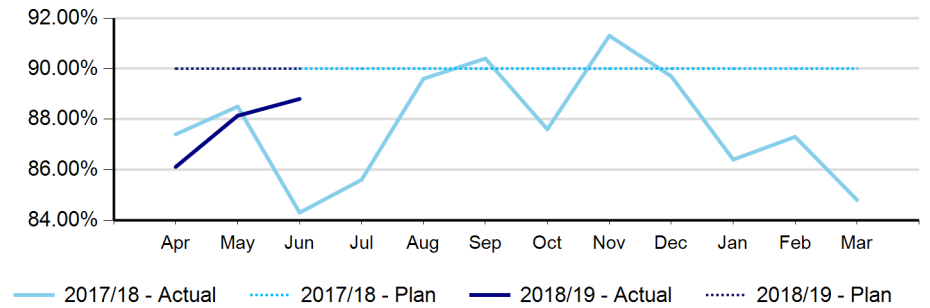
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87.4%	88.5%	84.3%	85.6%	89.6%	90.4%	87.6%	91.3%	89.7%	86.4%	87.3%	84.8%
18/19	86.1%	88.1%	88.8%									

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Integrated Summary Dashboard - June 2018

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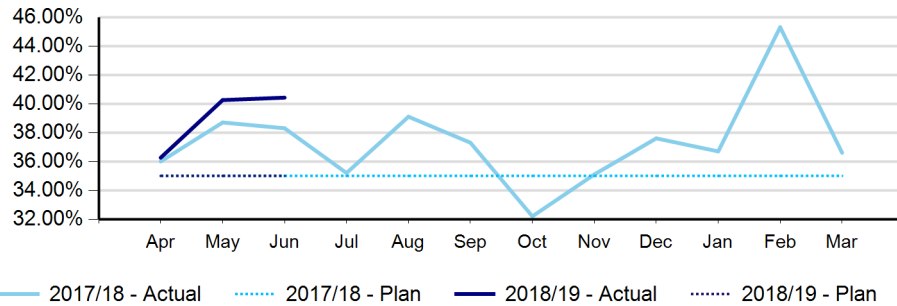
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	36.0%	38.7%	38.3%	35.2%	39.1%	37.3%	32.2%	35.1%	37.6%	36.7%	45.3%	36.6%
18/19	36.3%	40.3%	40.4%									

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%									

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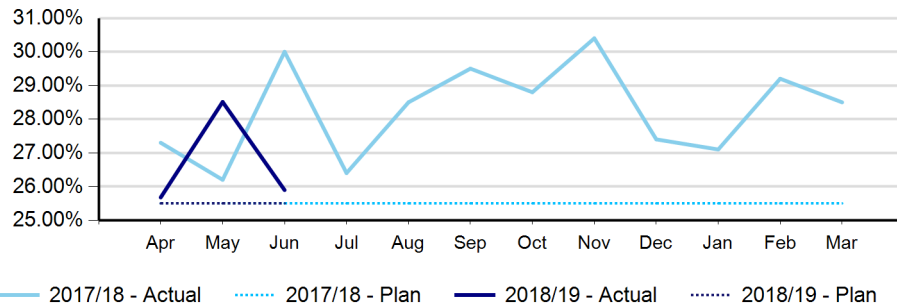
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	27.3%	26.2%	30.0%	26.4%	28.5%	29.5%	28.8%	30.4%	27.4%	27.1%	29.2%	28.5%
18/19	25.7%	28.5%	25.9%									

214 - New claims
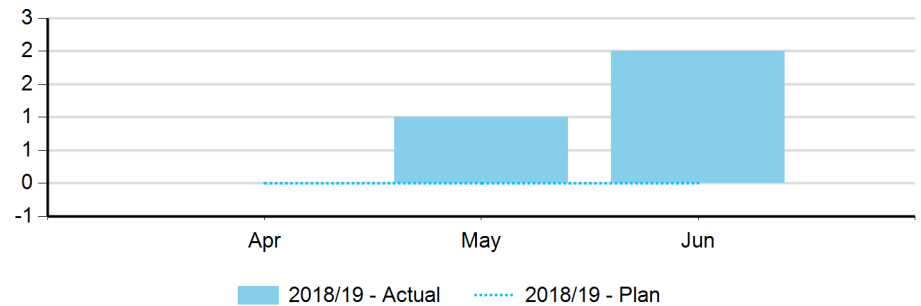
	Apr	May	Jun
18/19	0	1	2

19 July 2018

Operational Performance

Access

Fractured Neck of Femur
The Division have been asked to develop a more robust plan for increased performance against this target, evidence from national benchmarking identifies the Trust as an outlier. The plan will be monitored through IPM.

RTT
Slow progress continues to be made and the Trust continues to follow the recovery plan agreed with the CCG.

TIA
The Adult Acute Division has an internal recovery plan in place, the CCG have raised a contractual delivery issue, but recognise that 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	22	Jun-18	🔴	⬇	= 0	32	May-18	🔴	= 0	74	🔴	18 - 32	
8 - Same sex accommodation breaches	= 0	11	Jun-18	🔴	⬇	= 0	12	May-18	🔴	= 0	35	🔴	4 - 18	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	55.6%	Jun-18	🔴	⬇	>= 75%	68.4%	May-18	🔴	>= 75%	67.0%	🔴	55.6 - 88.6%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	90.0%	Jun-18	🔴	⬆	>= 92%	89.8%	May-18	🔴	>= 92%	89.4%	🔴	87.2 - 93.0%	
42 - RTT 52 week waits (incomplete pathways)	= 0	2	Jun-18	🔴	⬇	= 0	5	May-18	🔴	= 0	10	🔴	0 - 5	
53 - A&E 4 hour target	>= 95%	86.0%	Jun-18	🔴	⬆	>= 95%	83.4%	May-18	🔴	>= 95%	84.0%	🔴	76.9 - 88.0%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0%	7%	Jun-18	🔴	⬇	= 0%	10%	May-18	🔴	= 0%	10%	🔴	7 - 17%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0%	2%	Jun-18	🔴	⬇	= 0%	2%	May-18	🔴	= 0%	2%	🔴	2 - 14%	
72 - Diagnostic Waits >6 weeks %	<= 1%	0.6%	Jun-18	🟢	⬆	<= 1%	0.3%	May-18	🟢	<= 1%	0.6%	🟢	0.3 - 9.5%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	11.1%	Jun-18	🔴	⬆	= 100%	0.0%	May-18	🔴	= 100%	3.7%	🔴	0.0 - 60.0%	

19 July 2018

Integrated Summary Dashboard - June 2018

Exceptions

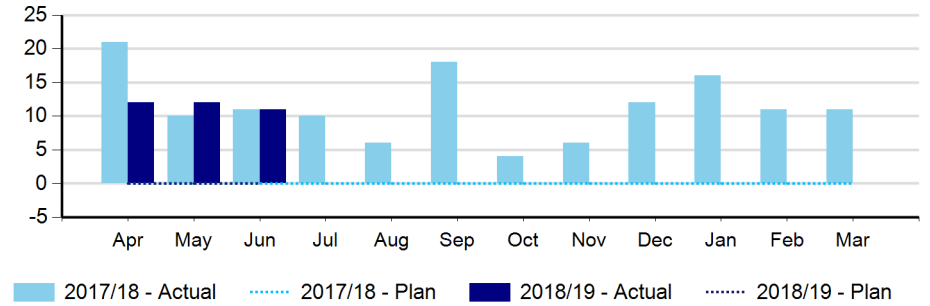### 7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)

Legend: 2017/18 - Actual · 2017/18 - Plan · 2018/19 - Actual · 2018/19 - Plan
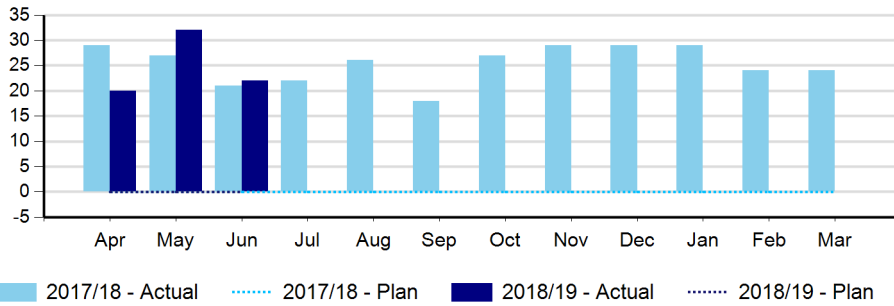
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29	27	21	22	26	18	27	29	29	29	24	24
18/19	20	32	22									

8 - Same sex accommodation breaches

Legend: 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	21	10	11	10	6	18	4	6	12	16	11	11
18/19	12	12	11									

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

Legend: 2017/18 - Actual · 2017/18 - Plan · 2018/19 - Actual · 2018/19 - Plan
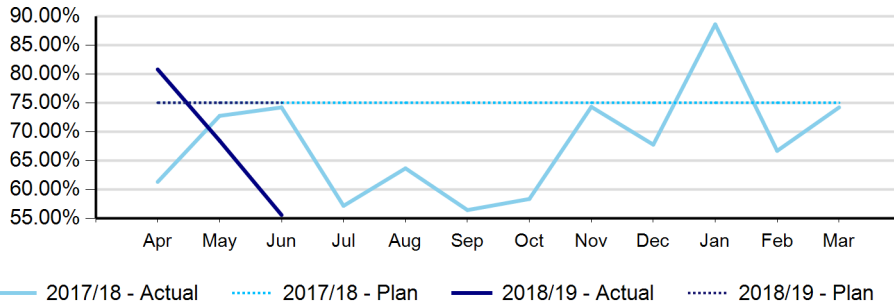
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	61.3%	72.7%	74.2%	57.1%	63.6%	56.4%	58.3%	74.3%	67.7%	88.6%	66.7%	74.2%
18/19	80.8%	68.4%	55.6%									

41 - RTT Incomplete pathways within 18 weeks %

Legend: 2017/18 - Actual · 2017/18 - Plan · 2018/19 - Actual · 2018/19 - Plan
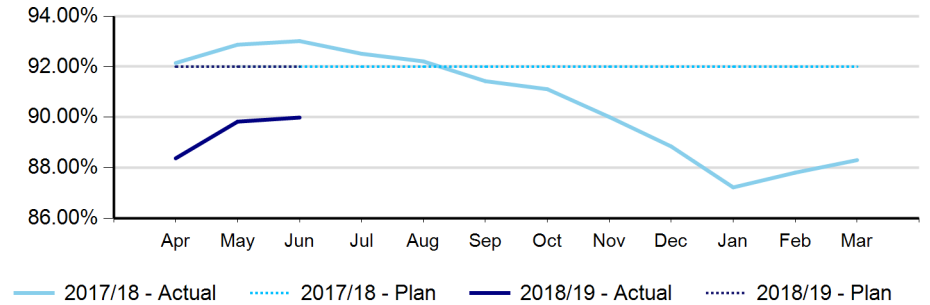
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.2%	87.8%	88.3%
18/19	88.4%	89.8%	90.0%									

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42 - RTT 52 week waits (incomplete pathways)

Legend: 2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
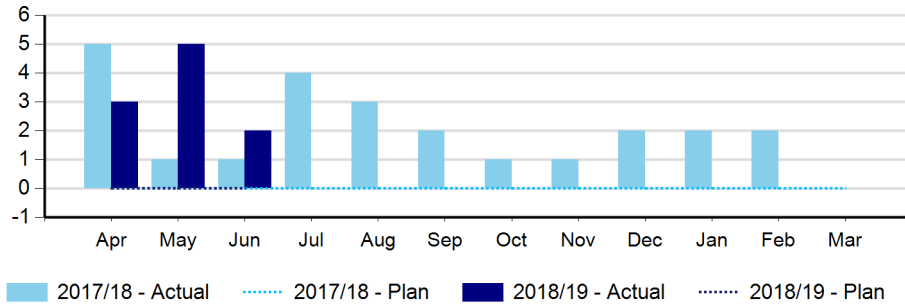
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5	1	1	4	3	2	1	1	2	2	2	0
18/19	3	5	2									

53 - A&E 4 hour target

Legend: 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	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%									

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

Legend: 2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
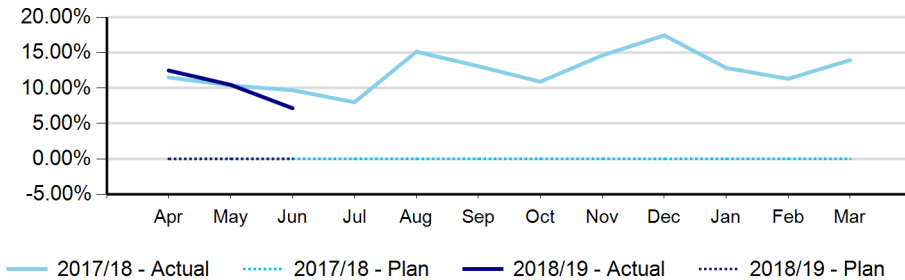
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12%	10%	10%	8%	15%	13%	11%	15%	17%	13%	11%	14%
18/19	12%	10%	7%									

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

Legend: 2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
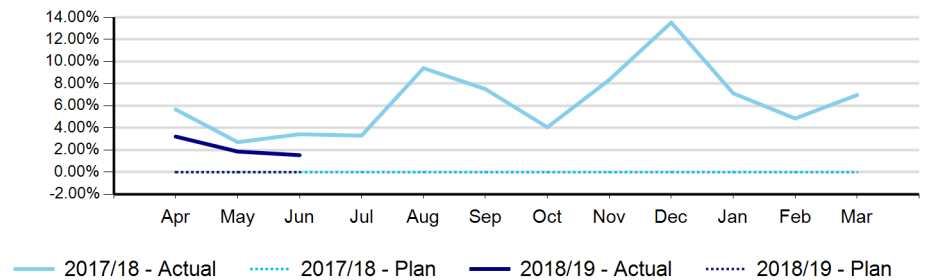
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	6%	3%	3%	3%	9%	8%	4%	8%	14%	7%	5%	7%
18/19	3%	2%	2%									

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

Legend: 2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
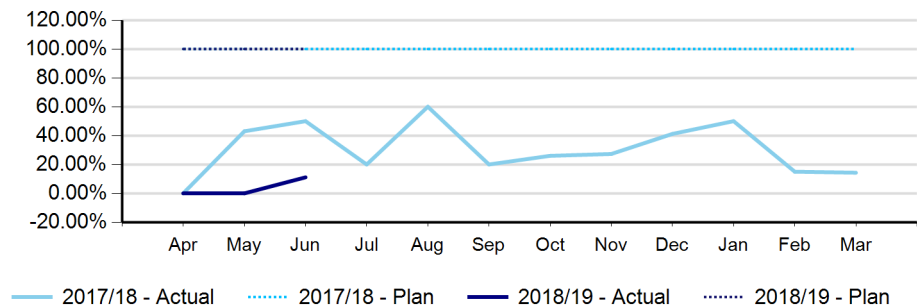
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0%	43.0%	50.0%	20.0%	60.0%	20.0%	26.0%	27.3%	41.2%	50.0%	15.0%	14.3%
18/19	0.0%	0.0%	11.1%									

19 July 2018

Productivity

Stranded patients
Progress is being made to meet the target set by GM of no more than 40% (average = 200) of patients over 7 days. Reduction of 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.

Operation cancelled on the day
Cancellations were slightly up in the month due to urgent care pressure. The Elective Division have now released capacity for more day case capacity as a result of the opening of the new endoscopy unit, which should improve performance.

Non Elective LOS
The LOS rise has put pressure on bed occupancy and adversely affected performance against the 4 hour standard. The adult acute division took action with medical teams which should see this position reverse through July.

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	236	Jun-18	🔴	⬇	<= 200	271	May-18	🔴	<= 200	236	🔴	208 - 271	
307 - Stranded Patients - LOS 21 days and over	<= 69	82	Jun-18	🔴	⬇	<= 69	107	May-18	🔴	<= 69	82	🔴	78 - 107	
57 - Discharges by Midday	>= 30%	28.6%	Jun-18	🔴	⬆	>= 30%	28.2%	May-18	🔴	>= 30%	29.1%	🔴	25.9 - 33.1%	
58 - Discharges by 4pm	>= 70%	68.1%	Jun-18	🔴	⬆	>= 70%	67.1%	May-18	🔴	>= 70%	67.9%	🔴	62.6 - 69.2%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	13.2%	May-18	🟢	⬆	<= 13.5%	12.4%	Apr-18	🟢	<= 13.5%	12.8%	🟢	11.7 - 13.4%	
60 - Daycase Rates	>= 80%	88.6%	Jun-18	🟢	⬇	>= 80%	90.0%	May-18	🟢	>= 80%	89.1%	🟢	77.2 - 91.6%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	1.2%	Jun-18	🔴	⬆	<= 1%	0.9%	May-18	🔴	<= 1%	1.3%	🔴	0.9 - 2.1%	
62 - Cancelled operations re-booked within 28 days	= 100%	75.0%	Jun-18	🔴	⬆	= 100%	63.6%	May-18	🔴	= 100%	79.6%	🔴	63.6 - 100.0%	
64 - Delayed Transfers Of Care - GM Methodology (% occupied bed days delayed - phased reduction)	<= 3.3%	3.0%	Jun-18	🟢	⬆	<= 3.3%	2.9%	May-18	🟢	<= 3.3%	2.8%	🟢	2.4 - 7.5%	
65 - Elective Length of Stay (Discharges in month)	<= 2.0	2.2	Jun-18	🔴	⬇	<= 2.0	2.4	May-18	🔴	<= 2.0	2.2	🔴	2.1 - 2.9	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.7	4.0	Jun-18	🔴	⬆	<= 3.7	3.7	May-18	🟢	<= 3.7	3.9	🔴	3.7 - 4.2	

Thursday, July 19, 2018

Integrated Summary Dashboard - June 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	66.7%	May-18	🔴	⬇	>= 80%	77.3%	Apr-18	🔴	>= 80%	71.4%	🔴	53.3 - 90.9%	〰

Exceptions

56 - Stranded patients
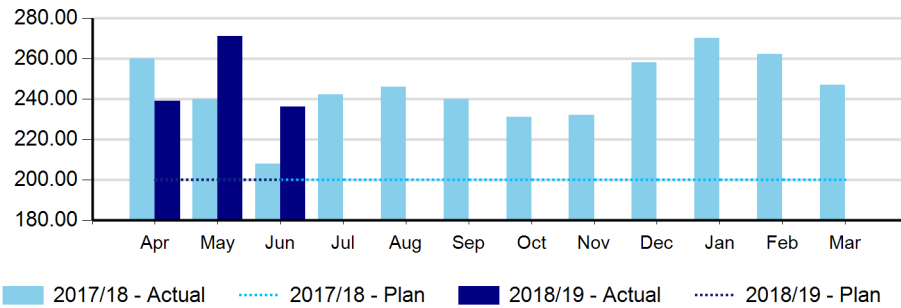
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	260	240	208	242	246	240	231	232	258	270	262	247
18/19	239	271	236									

307 - Stranded Patients - LOS 21 days and over
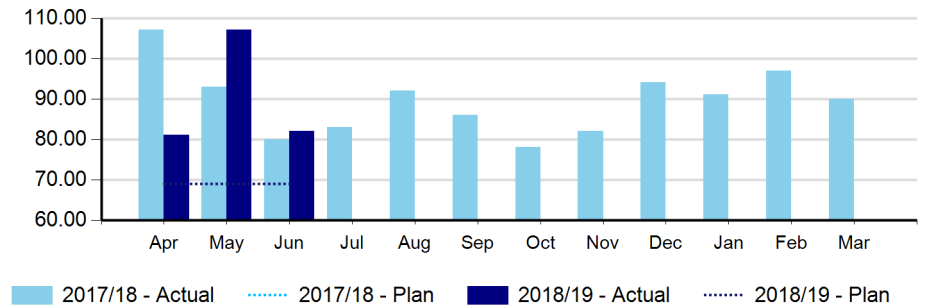
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	107	93	80	83	92	86	78	82	94	91	97	90
18/19	81	107	82									

19 July 2018

57 - Discharges by Midday
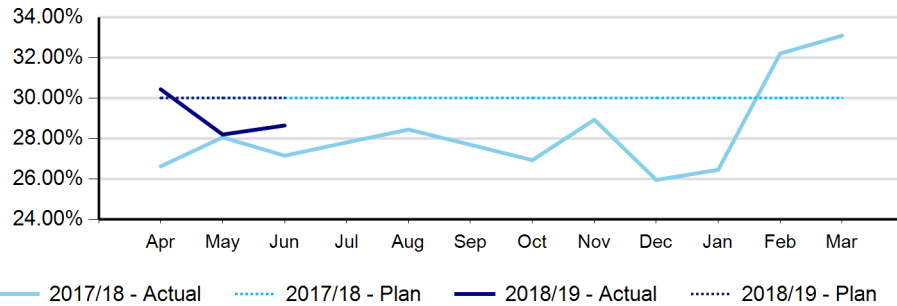
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	26.6%	28.1%	27.1%	27.8%	28.4%	27.7%	26.9%	28.9%	25.9%	26.4%	32.2%	33.1%
18/19	30.4%	28.2%	28.6%									

58 - Discharges by 4pm
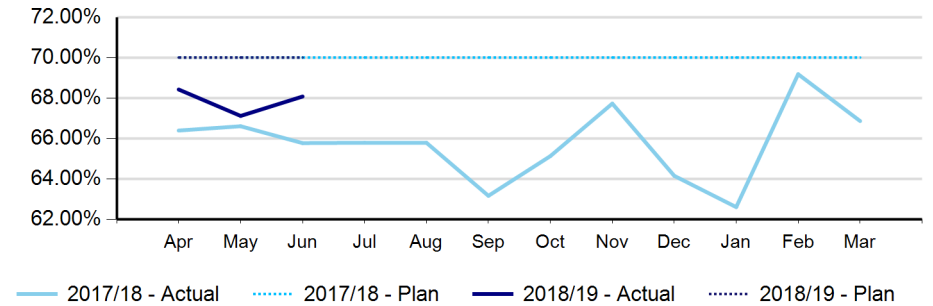
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	66.4%	66.6%	65.8%	65.8%	65.8%	63.2%	65.1%	67.7%	64.1%	62.6%	69.2%	66.9%
18/19	68.4%	67.1%	68.1%									

61 - Operations cancelled on the day for non-clinical reasons
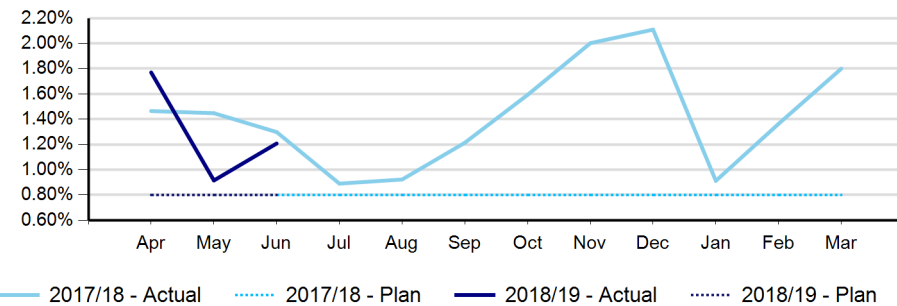
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.5%	1.4%	1.3%	0.9%	0.9%	1.2%	1.6%	2.0%	2.1%	0.9%	1.4%	1.8%
18/19	1.8%	0.9%	1.2%									

62 - Cancelled operations re-booked within 28 days
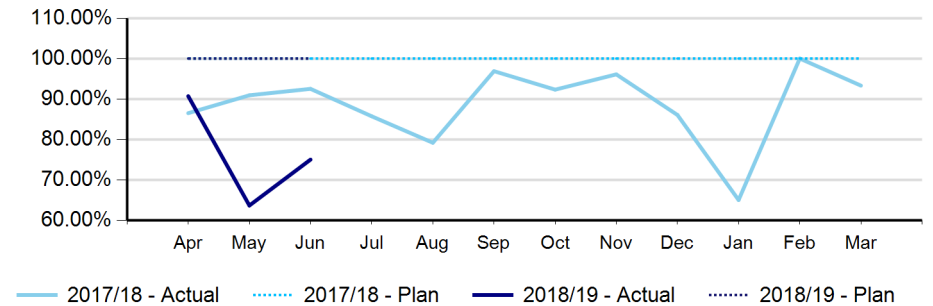
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86.5%	90.9%	92.5%	85.7%	79.2%	96.9%	92.3%	96.1%	86.0%	65.0%	100.0%	93.3%
18/19	90.7%	63.6%	75.0%									

19 July 2018

Integrated Summary Dashboard - June 2018

65 - Elective Length of Stay (Discharges in month)

Legend: 2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
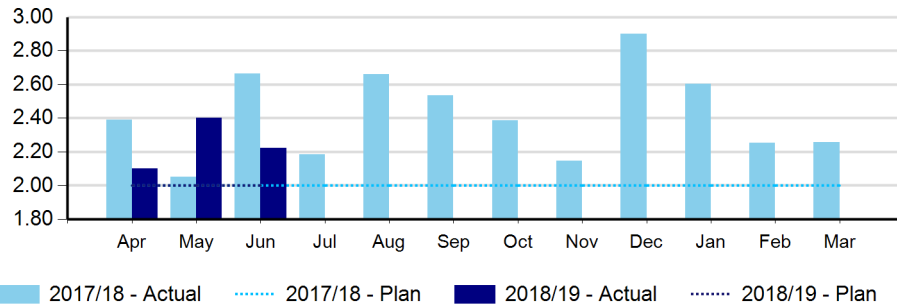
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2.4	2.0	2.7	2.2	2.7	2.5	2.4	2.1	2.9	2.6	2.3	2.3
18/19	2.1	2.4	2.2									

66 - Non Elective Length of Stay (Discharges in month)

Legend: 2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
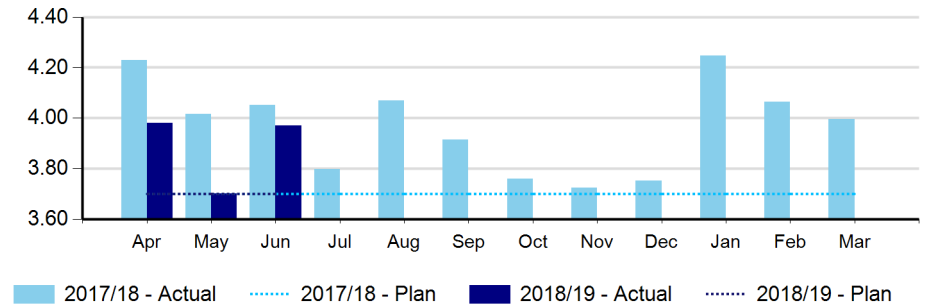
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.2	4.0	4.1	3.8	4.1	3.9	3.8	3.7	3.8	4.2	4.1	4.0
18/19	4.0	3.7	4.0									

73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)

Legend: 2017/18 - Actual | 2017/18 - Plan | 2018/19 - Actual | 2018/19 - Plan
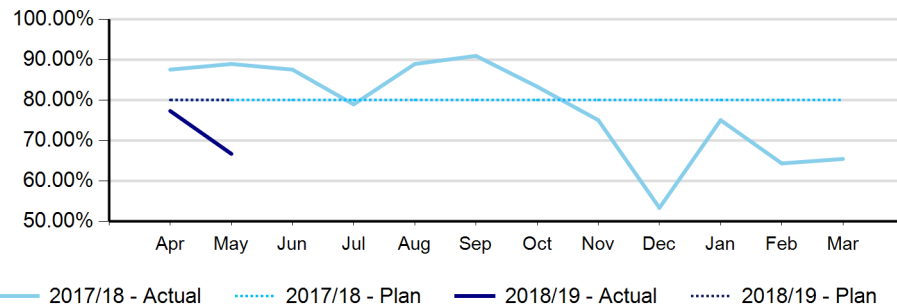
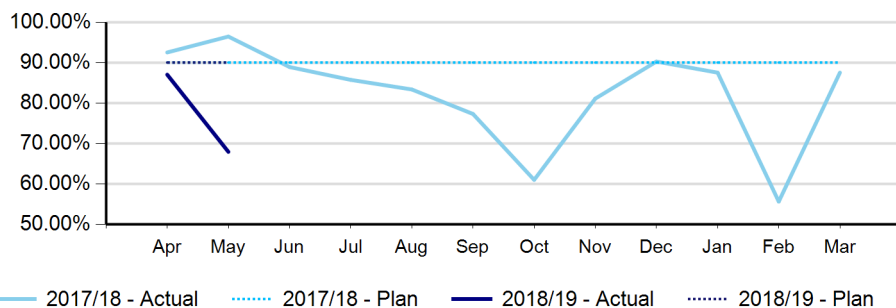|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87.5%	88.9%	87.5%	78.9%	88.9%	90.9%	83.3%	75.0%	53.3%	75.0%	64.3%	65.4%
18/19	77.3%	66.7%										

19 July 2018

Cancer

Cancer performance remains strong although not without its challenges. The exceptions are 62 day screening which is below target and saw almost a 20% reduction in performance for May and two week wait (breast symptomatic) which although red has seen a significant improvement in performance of over 20% in May and recovers the previous drop seen in April.

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%	88.9%	May-18	🟢	⬇	>= 85%	90.2%	Apr-18	🟢	>= 85%	89.5%	🟢	87.2 - 94.8%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	67.9%	May-18	🔴	⬇	>= 90%	87.0%	Apr-18	🔴	>= 90%	76.5%	🔴	55.6 - 90.2%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	100.0%	May-18	🟢	⬆	>= 96%	99.0%	Apr-18	🟢	>= 96%	99.5%	🟢	97.8 - 100.0%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	May-18	🟢	➡	>= 94%	100.0%	Apr-18	🟢	>= 94%	100.0%	🟢	90.9 - 100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	May-18	🟢	➡	>= 98%	100.0%	Apr-18	🟢	>= 98%	100.0%	🟢	100.0 - 100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	93.6%	May-18	🟢	⬇	>= 93%	95.3%	Apr-18	🟢	>= 93%	94.5%	🟢	93.6 - 98.6%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	56.1%	May-18	🔴	⬆	>= 93%	35.5%	Apr-18	🔴	>= 93%	46.2%	🔴	21.8 - 89.9%	

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%										

52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)
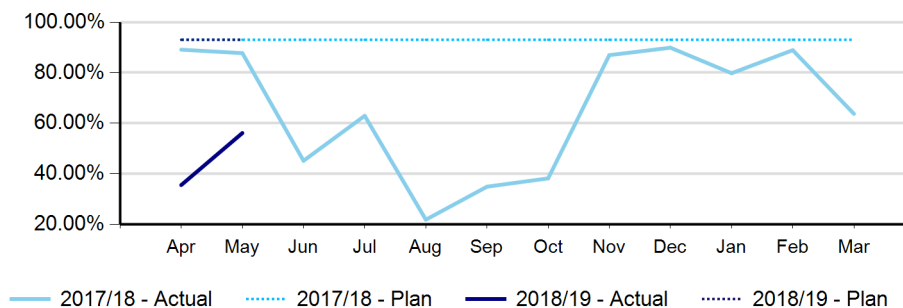
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89.1%	87.7%	45.1%	62.9%	21.8%	34.9%	38.1%	86.9%	89.9%	79.8%	88.9%	63.7%
18/19	35.5%	56.1%										

# Integrated Summary Dashboard - June 2018

Community

Community performance against the metrics although largely red has seen some improvements from previous months, for DTOC number and also medically optimised numbers and again by association medically optimised days.

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	147	Jun-18	🔴	⬇	>= 166	161	May-18	🔴	>= 498	468	🔴	117 - 184	
226 - Home First (deflections from A&E)	>= 180	176	Jun-18	🔴	⬇	>= 186	177	May-18	🔴	>= 546	519	🔴	87 - 177	
227 - Length of Stay - Darley Court	<= 28	25	Jun-18	🟢	⬇	<= 28	25	May-18	🟢	<= 84	75	🟢	20 - 31	
228 - DTOC Numbers	<= 15	19	Jun-18	🔴	⬇	<= 15	24	May-18	🔴	<= 15	19	🔴	19 - 24	
230 - Medically Optimised Numbers	<= 50	64	Jun-18	🔴	⬇	<= 50	75	May-18	🔴	<= 150	191	🔴	52 - 75	
231 - Medically Optimised Days	<= 209	391	Jun-18	🔴	⬇	<= 209	472	May-18	🔴	<= 627	1,207	🔴	344 - 472	

Exceptions

225 - Admission Avoidance
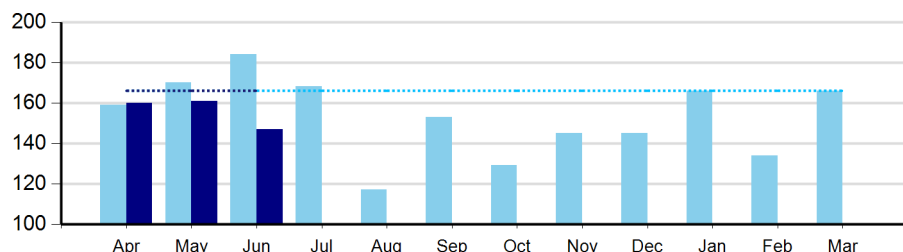
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	159	170	184	168	117	153	129	145	145	166	134	166
18/19	160	161	147									

226 - Home First (deflections from A&E)
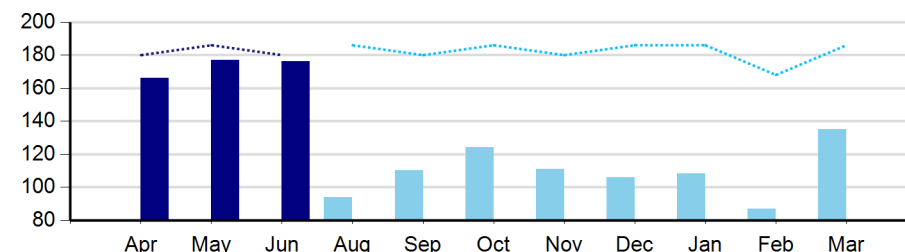
	Apr	May	Jun	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18				94	110	124	111	106	108	87	135
18/19	166	177	176								

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Integrated Summary Dashboard - June 2018

228 - DTOC Numbers
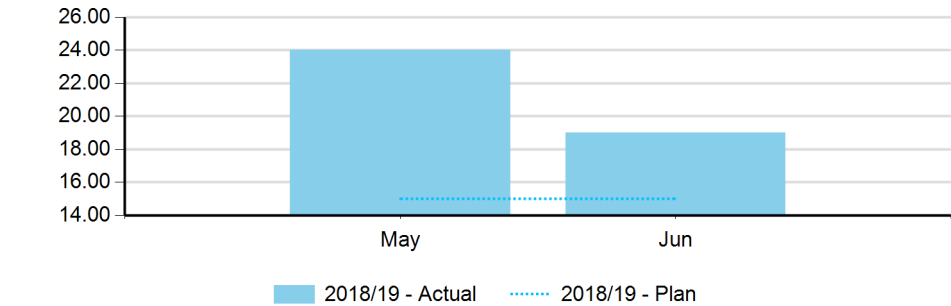
	May	Jun
18/19	24	19

230 - Medically Optimised Numbers
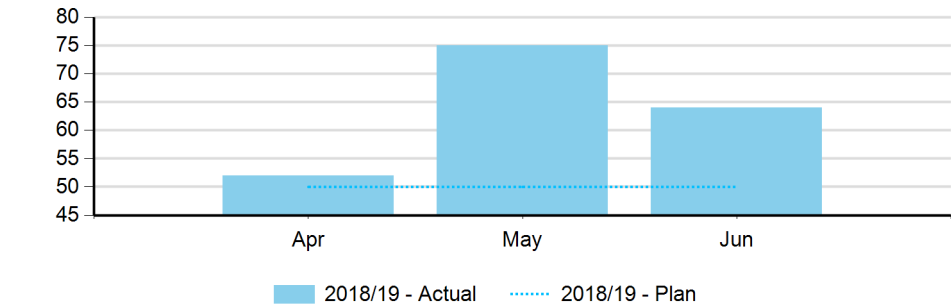
	Apr	May	Jun
18/19	52	75	64

231 - Medically Optimised Days
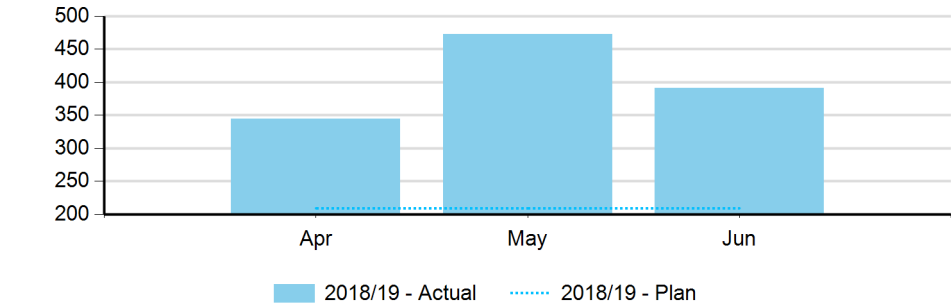
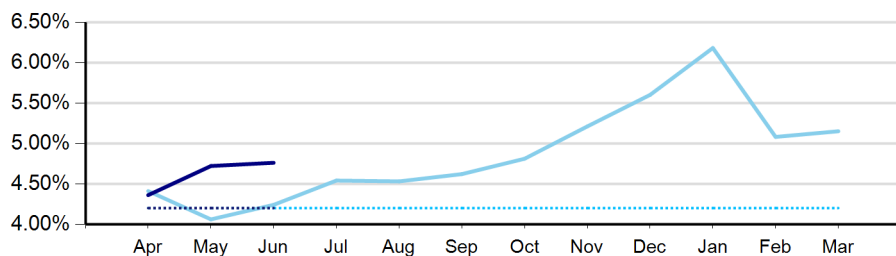|	Apr	May	Jun
18/19	344	472	391

19 July 2018

Workforce

Sickness, Vacancy and Turnover

Sickness absence rate currently sits at 4.78% (June 2018). Trajectories to deliver 4.2% were included within a separate Board paper last month and the Trust remains within these trajectories. 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%	4.8%	Jun-18	🔴	⬆	<= 4.2%	4.7%	May-18	🔴	<= 4.2%	4.6%	🔴	4.2 - 6.2%	〜
120 - Vacancy level - Trust	<= 6%	5.3%	Jun-18	🟢	⬆	<= 6%	4.2%	May-18	🟢	<= 6%	4.8%	🟢	-0.2 - 5.3%	〜
121 - Turnover	8 - 10%	9.4%	Jun-18	🟢	⬇	8 - 10%	9.5%	May-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

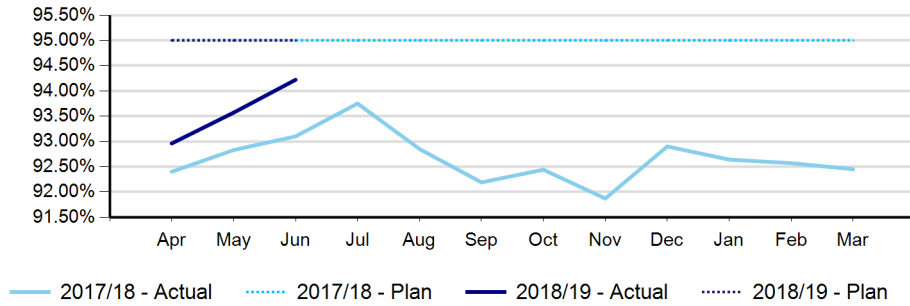|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.4%	4.1%	4.2%	4.5%	4.5%	4.6%	4.8%	5.2%	5.6%	6.2%	5.1%	5.2%
18/19	4.4%	4.7%	4.8%									

Organisational Development

The Workforce Assurance Committee received a paper at the last meeting on the measures that will be taken to drive up appraisal levels. This paper included the need to ensure improvements in the quality of appraisal and ensuring that staff feel valued. As with sickness absence rates it was agreed that Trust and Divisional appraisal trajectories would be set and monitored accordingly by the Committee. Both Mandatory and Statutory training are showing an improving position from last 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%	94.2%	Jun-18	🔴	⬆	>= 95%	93.6%	May-18	🔴	>= 95%	93.6%	🔴	91.9 - 94.2%	
38 - Staff completing Mandatory Training	>= 85%	91.3%	Jun-18	🟢	⬆	>= 85%	90.7%	May-18	🟢	>= 85%	90.6%	🟢	88.7 - 91.3%	
39 - Staff completing Safeguarding Training	>= 95%	95.6%	Jun-18	🟢	⬆	>= 95%	94.6%	May-18	🔴	>= 95%	94.8%	🔴	91.8 - 95.6%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	83.4%	Jun-18	🔴	⬇	>= 85%	84.3%	May-18	🔴	>= 85%	84.1%	🔴	80.0 - 84.5%	
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 - June 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%									

101 - Increased numbers of staff undertaking an appraisal
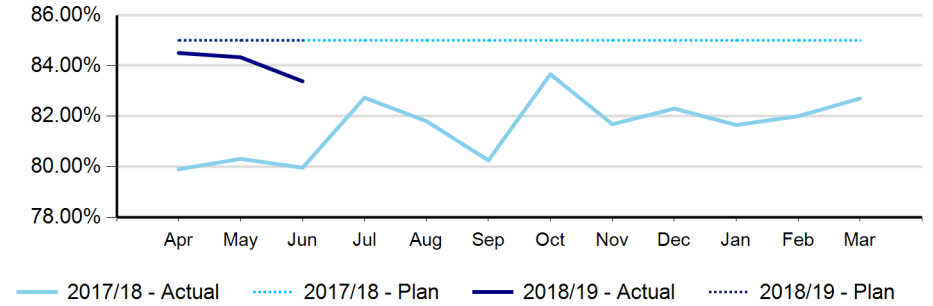
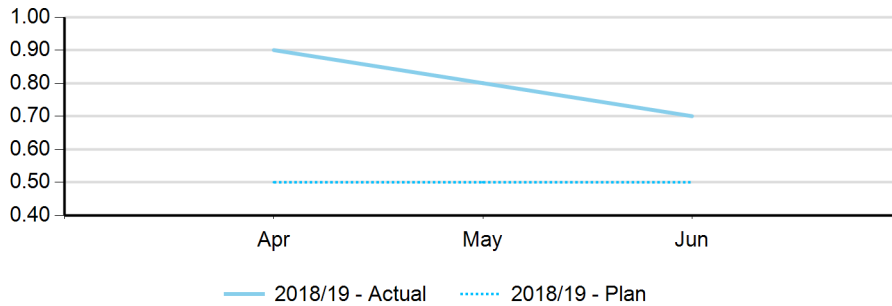|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	79.9%	80.3%	80.0%	82.7%	81.8%	80.3%	83.7%	81.7%	82.3%	81.7%	82.0%	82.7%
18/19	84.5%	84.3%	83.4%									

19 July 2018

Agency

The on going Divisional dependency on Agency Spend remains a significant concern for the Trust. A further update has been provided to the Finance Committee that sets out more of a 'helicopter view' on the enabling actions that have been taken to support a reduction in Agency spend, together with the projected decreases as a result of these actions. Specifically the impact of the closure of the escalation wards; Predicated/known 'fill rates' for vacancies causing agency pressures; reductions in sickness absence rates which are driving up agency spend and finally the savings as a result of increased agency controls.

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)	<= 0.5	0.7	Jun-18	🔴	⬇	<= 0.5	0.8	May-18	🔴	<= 1.5	2.4	🔴	0.7 - 0.9	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.1	0.3	Jun-18	🔴	➡	<= 0.1	0.3	May-18	🔴	<= 0.3	1.0	🔴	0.3 - 3.0	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.2	0.5	Jun-18	🔴	⬆	<= 0.2	0.3	May-18	🔴	<= 0.6	1.1	🔴	0.3 - 2.1	

19 July 2018

Integrated Summary Dashboard - June 2018

Exceptions

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

— 2018/19 - Actual   ⋯⋯ 2018/19 - Plan

	Apr	May	Jun
18/19	0.9	0.8	0.7

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

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
17/18	1.2	1.5	1.6	1.2	1.4	2.1	1.4	1.3	1.6
18/19	0.3	0.3	0.5						

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

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
17/18	1.6	1.4	1.3	1.4	1.9	3.0	2.4	1.7	2.0
18/19	0.4	0.3	0.3						

19 July 2018

Finance

Finance

There is a year to date deficit at the end of month 3 of £1.4m (excluding Provider Sustainability Fund (PSF) and impairments) which is £0.1m better than the control total. The improvement is largely as a result of the release of £0.7m of non recurrent balance sheet review items. ICIP delivery is £0.8m, which is £1.4m worse than plan. PSF of £1.2m has been assumed year to date, which is worse than plan. The under-performance is due to the non achievement of the A&E target.

The Trust capital plan for the year is £20.7m. The Trust incurred capital expenditure of £1m in June. The year to date spend is £2.6m against a plan of £2.1m.

The Trust overall risk rating for Use of Resources was a 3 in June compared to a plan of 2. The individual metrics for capital service metric cover, I&E margin and variance and agency are all behind plan 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
220 - Control Total (£ millions)	>= -£0.5	£0.7	Jun-18	🟢	⬆	>= -£0.5	-£1.2	May-18	🔴	>= -£1.5	-£1.4	🟢	-£1.2 - £2.3	
221 - Provider Sustainability Fund (£ millions)	<= £0.6	£0.1	Jun-18	🟢	⬇	<= £0.6	£0.6	May-18	🟢	<= £1.8	£1.3	🟢	£0.1 - £0.6	
222 - Capital (£ millions)	<= £0.7	£1.0	Jun-18	🔴	⬇	<= £0.7	£1.1	May-18	🔴	<= £2.1	£2.6	🔴	£0.5 - £2.9	
223 - Cash (£ millions)	>= £3.9	£7.0	Jun-18	🟢	⬇	>= £6.7	£10.0	May-18	🟢	>= £17.3	£24.4	🟢	£7.0 - £10.0	
224 - Use of Resources	<= 2	3	Jun-18	🔴	⬇	<= 3	4	May-18	🔴	<= 2	3	🔴	3 - 4	

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Exceptions

222 - Capital (£ millions)
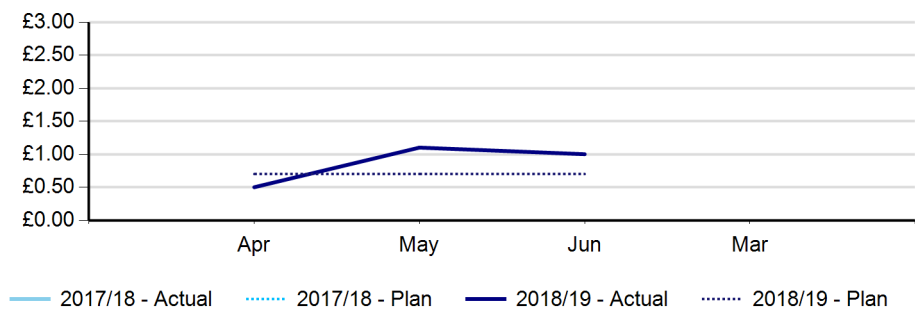
	Apr	May	Jun	Mar
17/18				£2.9
18/19	£0.5	£1.1	£1.0	

224 - Use of Resources
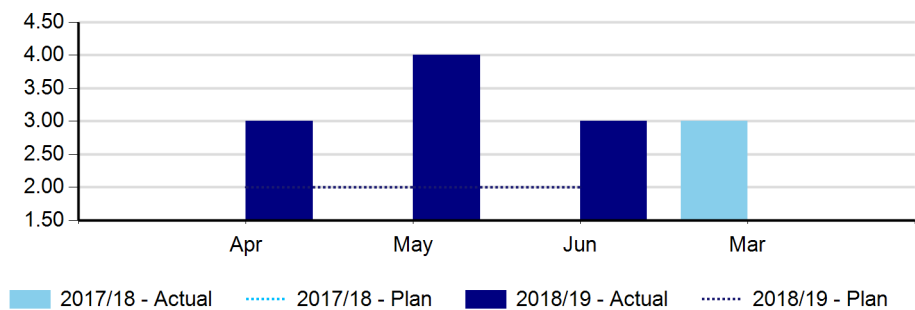
	Apr	May	Jun	Mar
17/18				3
18/19	3	4	3	

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Integrated Summary Dashboard - June 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	Jan-18	🔴	⬆️	<= 1	2	Oct-17	🔴	1 - 2	
176 - Pre-procedure elective bed days	<= 0.133	0.147	Jan-18	🔴	⬇️	<= 0.133	0.167	Oct-17	🔴	0.147 - 0.224	
177 - Emergency readmissions (30 days)	<= 7%	7.5%	Jan-18	🔴	⬇️	<= 7%	8.6%	Oct-17	🔴	7.5 - 9.1%	
178 - Did not attend (DNA) rate	<= 7%	8.9%	Jan-18	🔴	⬇️	<= 7%	8.9%	Oct-17	🔴	8.9 - 9.1%	

Integrated Summary Dashboard - June 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			
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG
179 - Staff retention rate	>= 85.61	90.0	Mar-18	🟢	⬇	>= 85.66	90.4	Feb-18	🟢
180 - Sickness absence rate	<= 498.00%	5.6%	Feb-18	🟢	⬇		6.5%	Jan-18	
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	

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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.

	Latest					Previous			
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG
185 - Top 10 medicines – percentage delivery of savings target	>= 111.13	0.73	Nov-17	🔴	⬇	>= 106.39	0.83	Oct-17	🔴
186 - Overall cost per test	<= 1.964	1.650	Mar-17	🟢	⬇	<= 2.120	2.480	Mar-16	🔴

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Integrated Summary Dashboard - June 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	Plan (Latest)	Actual (Latest)	Period (Latest)	RAG (Latest)		Plan (Previous)	Actual (Previous)	Period (Previous)	RAG (Previous)
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	Mar-17	🔴					
191 - Estates cost per square metre	<= £327	£273	Mar-17	🟢	⬆️	<= £337	£269	Mar-16	🟢

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Integrated Summary Dashboard - June 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 - score		2	Feb-18		→		2	Jan-18			2 - 4	
193 - Liquidity (days) - score		3	Feb-18		→		3	Jan-18			3 - 4	
194 - Income and expenditure margin - score		1	Feb-18		↓		2	Jan-18			1 - 3	
195 - Distance from financial plan - score		3	Feb-18		→		3	Jan-18			1 - 3	
196 - Distance from agency spend - score		4	Feb-18		→		4	Jan-18			2 - 4	

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Board Assurance Heat Map - Hospital - June 2018

Acute Division: B1 (Frailty Unit)–H3 (Stroke Unit) · Elective Division: HDU–UU (daycare) · Families Division: E5 (Paed HDU and Obs)–NICU

Category	INDICATOR	Darley Court	AED-Adults	AED-Paeds	B1 (Frailty Unit)	A4	B2	B3	B4	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	H3 (Stroke Unit)	HDU	ICU	E3	E4	F3	F4	G3/TSU	G4/TSU	G5	DCU (daycare)	EU (daycare)	H2 (daycare)	UU (daycare)	E5 (Paed HDU and Obs)	F5	M1 and Assessment	EPU	M2	CDS	M3 (Birth Suite)	M4/M5	NICU	Total	Trend
Beds	Total Beds (April 2018)	30			23	22	10	21	0	25	26	26	27	10	14	26	22	27	27	24	10	8	25	23	25	23	24	24	16	12	9	11	4	38	7	17	6	26	15	5	44	38	770	
Infection Prevention Control	Hand Washing Compliance % (Self Assessed)	100.0%	95.0%	100.0%	80.0%	100.0%		90.0%	Closed	85.0%	100.0%	90.0%	100.0%	100.0%	85.0%	90.0%	95.0%	95.0%	100.0%	95.0%	100.0%	100.0%	75.0%	100.0%	85.0%	90.0%	95.0%	100.0%	95.0%	85.0%	100.0%	90.0%	100.0%	100.0%		95.0%		100.0%	90.0%	100.0%	100.0%	95.0%	95.6%	
Infection Prevention Control	Environment Audit Compliance %	91.0%	82.0%	100.0%	96.0%	86.0%		86.0%	83.0%	83.0%	91.0%	91.0%	100.0%	100.0%	95.0%	100.0%	91.0%	87.0%	95.0%	73.0%	100.0%	100.0%	83.0%	91.0%	95.0%	100.0%	91.0%	82.0%	96.0%	95.0%	100.0%	94.0%	86.0%	100.0%		96.0%		100.0%	73.0%	95.0%	91.0%	100.0%	92.2%	
Infection Prevention Control	Mattress Audit Compliance %	100.0%			non return	100%		49%	Closed	100%	100%	100%	100%	non return	100%	100%	non return	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		non return		100%		100%	100%	100%	100%	100%	98.0%	
Infection Prevention Control	C - Diff	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Infection Prevention Control	*New* MSSA BSIs	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Infection Prevention Control	MRSA acquisitions	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Harm Free Care	Safety Express Programme Harm Free Care (%)	96.2%			90.9%	90.9%		100.0%	Closed	100.0%	95.7%	100.0%	100.0%	85.7%	100.0%	100.0%	95.5%	100.0%	100.0%	95.8%	100.0%	100.0%	95.8%	94.4%	100.0%	100.0%	95.8%	100.0%	100.0%	non return	non return	non return	non return	100.0%		100.0%	100.0%	100.0%	100.0%	non return	100.0%	100.0%	96.9%	
Harm Free Care	All Inpatient Falls (Safeguard)	16	2	0	6	1		2	2	10	2	7	6	0	2	4	6	0	3	0	0	0	3	2	2	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	79	
Harm Free Care	Harms related to falls (moderate and above)	1	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Harm Free Care	VTE Assessment Compliance				0.0%	100.0%		0.0%	0.0%	91.7%	100.0%	84.5%	50.0%	96.5%	95.1%	93.8%		94.4%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	97.9%	69.2%	85.5%	96.1%	99.4%	87.0%	99.4%	98.9%	92.3%			92.4%	96.6%	100.0%	95.0%	100.0%	96.6%		97.2%	
Harm Free Care	Monthly New pressure Ulcers (Grade 2)	0	0	0	1	2		0	1	0	2	1	0	0	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0		0		0	0	0	0	0	10	
Harm Free Care	Monthly New pressure Ulcers (Grade 3)	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0	0	0	1	
Harm Free Care	Monthly New pressure Ulcers (Grade 4)	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0	0	0	0	
Harm Free Care	PU due to lapses in care	0	0	0	1	2		0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		0		0	0	0	0	0	6	
Audit	Monthly KPI Audit %	98.0%	95.2%		91.3%	93.4%		84.8%		77.7%	85.8%	94.9%	81.4%	96.0%	92.4%	94.5%	88.1%	92.5%	80.6%	84.3%	100.0%	100.0%	93.2%	87.8%	91.6%	94.3%	72.3%	95.8%	98.5%					98.9%		94.5%		97.1%	78.8%	98.9%	98.6%	98.4%	91.5%	
Audit	Bolton System of Care Accreditation (BoSCA)	87.1%			64.0%	75.7%		70.3%		69.1%	72.7%	76.2%	59.6%	90.2%	79.7%	85.7%	73.0%	92.2%	90.4%	84.3%	92.0%	96.9%	84.7%	90.6%	82.5%	80.5%	90.3%	80.7%	90.7%					90.1%		79.9%		92.0%	78.1%	79.8%	81.6%		82.0%	
Patient Experience	Friends and Family Response Rate	100.0%	17.7%	25.3%	23.8%	43.3%		30.6%	10.5%	49.4%	45.0%	42.9%	13.3%	60.0%	41.5%	30.0%	20.0%	58.0%	36.8%	62.1%	77.8%	77.8%	43.9%	46.9%	20.8%	18.6%	18.3%	29.2%	38.3%	41.4%	42.8%	43.4%	70.8%	29.6%	2.0%	11.9%	non return	1.7%	non return	24.9%	18.0%	65.2%	35.7%	
Patient Experience	Friends and Family Recommended Rate	100.0%	88.1%	93.2%	100.0%	96.2%		100.0%	100.0%	92.7%	96.3%	95.2%	100.0%	100.0%	94.3%	95.8%	93.3%	96.1%	90.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	91.7%	97.0%	97.8%	94.2%	100.0%	100.0%	100.0%	96.8%	non return	88.9%	non return	93.1%	93.2%	100.0%	96.6%	
Patient Experience	Number of complaints received	0	2	2	0	1		0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0	2	0	2	1	1	1	0	0	0	0	0		1	0	1		1	1	0	18	
Governance	SIs in Month	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2	
Governance	Total Incidents	34	40	9	29	13		34	19	17	24	16	17	6	26	67	48	15	22	10	17	15	12	21	25	22	40	11	10	12	14	6	5	9	8	7	1	72	40	8	25	61	887	
Governance	Harms related to Incidents (Moderate and above)	1	0	0	0	0		0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	5	
Staff Development	Appraisals	94.8%	85.8%	85.8%	79.0%	83.9%		75.6%		56.8%	90.2%	77.1%	68.4%	84.4%	73.3%	88.2%	87.9%	77.5%	80.6%	67.6%	86.1%	94.7%	73.5%	73.8%	88.9%	65.4%	92.9%	83.8%	44.4%	93.8%	94.3%	83.3%	93.8%	96.0%		59.3%		74.6%			85.7%	80.6%	80.6%	
Staff Development	Statutory Training	96.94%	93.69%	93.69%	83.91%	93.49%		92.93%		89.84%	92.28%	89.92%	84.50%	97.30%	80.22%	86.82%	86.52%	95.99%	91.80%	91.76%	97.29%	97.98%	91.67%	91.61%	96.89%	92.13%	94.37%	92.31%	95.16%	94.95%	94.26%	96.90%	100.00%	95.4%		94.59%		92.6%			99.01%	92.9%	92.9%	
Staff Development	Mandatory Training	95.1%	76.30%	76.30%	77.5%	78.1%		82.6%		75.5%	81.2%	75.8%	74.3%	82.6%	67.2%	74.0%	70.9%	83.9%	81.3%	81.0%	81.7%	82.5%	75.0%	74.7%	92.8%	82.2%	78.3%	76.8%	76.7%	84.5%	95.6%	77.9%	94.9%	95.3%		80.7%		71.3%			98.7%	81.0%	81.0%	
Staffing & Workforce	% Qualified Staff (Day)				89.0%	101.1%		89.5%		96.1%	91.4%	92.7%	91.8%	102.2%	100.4%	94.4%	95.0%	98.7%	88.9%	90.3%	89.0%	97.1%	98.7%	100.6%	77.6%	100.8%	77.5%	101.7%	84.5%					92.6%		88.1%		85.1%	86.8%	93.2%	98.6%	98.2%	93.1%	
Staffing & Workforce	% Qualified Staff (Night)				101.7%	100.0%		105.4%		100.0%	100.0%	96.7%	100.8%	100.0%	100.3%	98.7%	100.3%	112.1%	102.2%	101.7%	89.8%	95.0%	102.2%	96.8%	94.4%	123.5%	100.2%	100.0%	82.4%					82.4%		100.2%		90.0%	90.8%	85.2%	83.5%	99.4%	97.9%	
Staffing & Workforce	% un-Qualified Staff (Day)				87.0%	95.1%		88.1%		95.8%	96.3%	97.1%	93.8%	109.9%	94.8%	85.3%	70.3%	80.4%	98.1%	108.2%	96.7%	78.3%	90.7%	81.6%	88.1%	105.9%	113.2%	92.8%	104.5%					130.4%		82.8%		80.8%	79.7%	78.3%	84.9%	-	92.7%	
Staffing & Workforce	% un-Qualified Staff (Night)				106.7%	101.1%		101.0%		97.7%	100.3%	98.3%	100.8%	100.0%	103.3%	70.8%	59.7%	76.7%	101.8%	107.8%	23.3%	46.4%	81.0%	69.2%	100.0%	111.4%	97.5%	97.5%	114.3%					81.2%		114.3%		98.3%	81.0%	93.0%	96.7%	-	90.7%	
Staffing & Workforce	Current Budgeted WTE (From Ledger)	43.38	135.12		38.03	32.83	40.69	43.34		33.71	41.23	42.69	40.69	26.93	19.97	50.82	40.30	38.51	38.47	36.15	39.58	55.02	30.21	35.52	37.79	30.21	44.49	44.49	18.07	27.06	52.39	43.87	15.88	66.01		25.72						106.59	1,415.76	
Staffing & Workforce	Actual WTE In-Post (From Ledger)	39.93	134.43		32.72	28.76	38.31	43.11		31.93	40.12	34.99	38.31	25.69	17.12	47.22	34.25	34.50	33.32	34.57	35.92	51.68	30.79	38.39	34.88	26.55	38.71	35.20	14.97	26.47	49.14	45.32	14.52	63.67		21.53						97.84	1314.86	
Staffing & Workforce	Actual Worked (From Ledger)	42.32	138.03		41.76	37.36	41.89	47.39		37.43	43.45	41.35	41.89	26.15	19.61	52.80	44.10	42.40	42.15	39.20	36.93	54.09	36.13	42.25	43.94	36.66	51.29	47.54	17.23	28.73	51.91	44.79	14.96	64.47		25.95						95.52	1471.67	
Staffing & Workforce	Sickness (%) (June)	9.12%	4.32%	4.32%	9.57%	8.80%		9.72%		5.96%	4.99%	7.24%	5.17%	2.29%	4.63%	3.72%	10.83%	3.54%	10.92%	10.48%	1.53%	3.63%	4.50%	9.73%	14.81%	11.29%	12.93%	9.71%	7.02%	8.56%	6.74%	5.46%	0.92%	4.94%		5.87%		7.64%			4.10%		6.91%	
Staffing & Workforce	Current Budgeted Vacancies (WTE) - (Budgeted wte -actual wte in post -Pending appt)	3.45	-4.31	0.00	5.31	4.07	2.38	0.23		-0.22	1.11	6.70	0.38	1.24	0.85	2.68	5.05	4.01	4.15	1.58	3.66	2.42	-0.58	-2.87	0.91	3.66	1.98	9.29	1.30	0.59	3.25	-1.45	0.36	-0.26		4.19						7.75	72.86	
Staffing & Workforce	Pending Appointment		5						15	2		1	2		2	0.92	1		1			0.9		2		3.8			1.8				1	2.6				7.5				1		
Staffing & Workforce	Substantive Staff Turnover Headcount (rolling average 12 months)	13.3%	10.8%	10.8%	12.2%	8.6%		14.0%		13.2%	9.1%	20.0%	7.0%	9.1%	20.0%	5.8%	10.5%	5.3%	15.4%	5.0%	11.1%	22.2%	21.2%	12.2%	12.5%	6.3%	22.0%	13.6%	10.5%	6.1%	9.9%	6.7%	0.0%	14.5%		6.9%		10.6%			12.9%	11.4%	11.4%	

Bolton NHS Foundation Trust

Bolton NHS NHS Foundation Trust

Board Assurance Heat Map - District Nursing Domiciliary - June 2018

INDICATORS	Avondale and Chorley old Road	Breightmet & Little Lever	Crompton	Egerton & Dunscar	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 (%)	94.64%	95.16%	98.65%	98.21%	100.00%	100.00%	96.43%	97.50%	97.14%	94.29%	88.89%		95.50%
Total Monthly New pressure Ulcers (Grade 2+)(Lapse in Care + No Lapse in Care)	1		1		2	1		3					8
Total Monthly New pressure Ulcers (Grade 2+) (No Lapse in Care only)	1		1		1	1		3					7
High Dependency Patients (40 Minutes >)	389	290	514		516	184	284		383	346	158		3064
Medium Dependency Patients (21 Mins >)	1146	1394	1404		1015	520	1066		1211	1190	701		9647
Low Dependency Patients (< 20 mins)	289	529	587		543	548	673		860	265	509		4803
Number of Home Visits (from Lorenzo) **	88	52	6	41	114	190	178	116	134	317	149	1370	2755
Monthly KPI Audit % (Revised Buddy Assessed Audit)	97.00%	98.93%	96.47%	non return	96.79%	99.66%	98.79%	99.03%	98.85%	92.50%	96.55%	93.15%	97.07%
BoSCA - Bolton Safe Care Accreditation	92.00%	82.20%	81.42%	90.54%	85.89%	92.09%	94.57%	84.48%	84.48%	91.64%	84.04%	84.42%	87.31%
Current Budgeted WTE													0.00
Actual WTE In-Post													0.00
Actual WTE Worked													0.00
Pending Appointment													7.80
Current Budgeted Vacancies (WTE)													0.00
Sickness (%) May 2018	9.29%	9.82%	0.78%	0.00%	4.09%	8.17%	7.80%	4.74%		6.84%	11.73%	3.57%	5.47%
Substantive Staff Turnover Headcount (rolling average 12 months)	0.00%	11.11%	9.09%	0.00%	0.00%	0.00%	0.00%	8.33%		16.67%	75.00%	9.09%	9.47%
12 month Appraisal	90.0%	94.1%	90.0%	85.7%	94.7%	100.0%	91.7%	95.0%		91.7%	100.0%	96.80%	92.3%
12 month Statutory Training	100.00%	100.00%	90.83%	95.24%	97.37%	100.00%	93.06%	97.52%		96.97%	91.67%	97.31%	96.14%
Number of complaints received	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Incidents reported on Safeguard (see end total column)	5	0	0	0	17	2	4	2	15	0	4	3	52

19/07/201810:05

Agenda Item No: 16

Meeting	Board of Directors

Date	26 July 2018

Title	Well Led Review
Executive Summary	In 2017, the Trust commissioned Deloitte LLP to undertake a Well Led Review. This review was commissioned in line with the Monitor/NHSI framework and in accordance with good corporate governance
	Board members contributed to a self-assessment against the framework and participated in a development session where Deloitte LLP provided feedback on their findings.
	An action plan was agreed to address the actions identified in the review with progress against the action plan overseen by the Executive team. The majority of actions were completed in 2017 with the final actions completed in May 2018 with the introduction of the new performance dashboard

Previously considered by	Executive Directors

Next steps/future actions	Board members are asked to note the completion of all the Well Led review recommendations.
	The Board should look to commission a further externally facilitated review of effectiveness between September 2019 and Feb 2020.

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	Esther Steel

No	Recommendation	Response/Actions	Lead	Due	RAG
1	To help provide a clearer picture of the Trust's strategic priorities for the wider workforce, produce and widely communicate a 'plan on a page' style document which brings together the key priorities for Bolton FT from the Operational Plan, Locality Plan and other key strategic plans.	Plan on a page completed – JB to continue work to communicate the strategy	JB	complete	
2	There is an acknowledged need to develop aligned, more granular workforce plans at service and divisional level to support implementation of the Clinical Services and People strategies.	Development of Workforce & OD Strategy currently being undertaken with Strategy aiming to seek Board approval in August, 2018. Notwithstanding all Divisions have presented their Workforce plans to Workforce Assurance committee	JM	April 18	
3a	Consider using a scenario planning approach when presenting and discussing strategic issues which involve significant external uncertainties, outside of the Board's control.	Recommendation noted – scenario approach used to consider future Estate masterplan – will be used as appropriate for future strategic discussions	JB	ongoing	
3b	Consideration should also be given to separating more transactional items in Part 2 of the Board from those which are more strategic in nature to improve the strategic focus of debate around these items.	Revised Board agenda to give clear separation between part two transactional items and part two strategic discussions	ES/DW	Complete	
4	The Board should continue to seek to increase the diversity of its composition, particularly through future NED appointments, to more closely reflect that of the local population.	Complete – new NED appointed, proactive approach to ensure the advert reached all areas of the population enabled the appointment of a high calibre NED who will bring legal skills to the board and increase diversity	DW/ES	Aug 2017	
5	More formal assurance reporting in relation to succession planning and resilience for each Executive position should be provided to the Board via the Remunerations and Nominations Committee.	Remuneration Committee to receive an annual report on Executive team structure and succession planning. Deloitte review of Exec portfolios and succession plans discussed at Remuneration Committee. Annual report on structure and succession planning added to Remuneration Committee workplan	JB	April 2018	
6	Evaluate staff feedback on the revised appraisal process to ensure it remains effectively calibrated to foster alignment of individual objectives to corporate objectives.	Update and review of appraisal been taken to Workforce Assurance Committee. Recognised that further work required in line with launch of Workforce & OD Strategy which is planned to seek Board approval in August	JM	April 18	

7	Refresh workforce assurance structures, and strengthen the workforce committee to include attendance from the whole Executive Team. We also recommend that lines of reporting for this committee are clarified, such that it reports assurance on the workforce agenda directly to the Board.	Agreed creation of new Exec led Workforce Assurance Committee reporting directly to the Board – complete Workforce Assurance committee established	JB	Oct 2017	
8	Review the triumvirate leadership structure to ensure clarity of roles and accountabilities. A potential option to address this would be to have both the DND and HoD report into the DDO from a line management perspective.	Director of Nursing to lead to empower the DNDs and develop model behaviours and expectation of equal partnership Action complete, revised structure approved	TAC	April 2018	
9	Explore opportunities for targeted training and development aimed at the OBM tier of operational managers, to build capability and resilience in this hard to recruit to area. This should include further work to enable OBMs to work across or outside of their divisional boundaries to gain insight into the challenges faced by other areas, and encourage collaborative working.	Agreed that apprenticeships may provide opportunities for development of this group of staff. OD department developing Chartered Manager Apprenticeship – action complete	AE	April 2018	
10	Consider amending the IPM framework to make workforce a separate, distinct domain, thus more clearly giving it parity of esteem within the accountability and performance management structure with performance, finance and quality.	Workforce now reported separately as a domain in IPM		Complete	
11.1	Continue the work to develop the new governor handbook	Complete – new handbook issued	ES	Oct 2017	
11.2	and provide ongoing training and development for the Council of Governors	Three year rolling training programme to be reviewed to take account of the training needs of both new and experienced governors Action complete training programme in place	ES	April 2018	
12	Reintroduce an overview dashboard to preface the content of the IPR to provide an 'at a glance view' of key performance metrics and to increase ease of triangulation of the information presented within the IPR.	New dashboard and performance report from month 1 2018/19	RH	May 2018	
13	Introduce directional indicators into the Board Assurance Heat map to indicate where areas have improved or deteriorated in	Incorporated in new performance report	RH	April 2018	

	performance since the previous report.				
14	Review the structure and nature of the service provided by the Trust's Business Intelligence function, to ensure that it effectively supports the divisions to provide them with information and analysis to better support planning and decision making. Consideration should be given to implementing a business partnering model in this area, to bring the business intelligence team closer to the divisions.	Review of Business Intelligence to be undertaken Action complete – internal audit advisory report	AW	April 2018	
15	Work to further standardise the presentation and format of the divisional performance reports to ensure greater alignment to the content and style of the IPR, and also to introduce; Increased use of graphical and visual analysis in areas of variance from target or trajectory; Further use of narrative to support interpretation of the data provided; and greater use of benchmarking, both within and across divisions	Review of performance report New performance report format approved by Board during Board away day in April 2018. To be in use for month one data to May Board	TAC	April 18	

Agenda Item No : 17

Meeting	Board of Directors

Date	26th July 2018

Title	Board Champions and nominated leads (from August 1st 2018)

Executive Summary	Over the last few years within the NHS, there has been an increasing focus on the designation of Board Champions and nominated leads designed to engender board level commitment and focus around key areas of service development or delivery.
	The attached list is a summary of the statutory and other guidance setting out a requirement for a Champion or Board lead.
	The list has been reviewed and updated to reflect changes to Board membership

Previously considered by	Board of Directors December 2017

Next steps/future actions	For the board to note changes and to formally approve the appointment of the new Medical Director Francis Andrew as the Trust's Responsible Officer			
	Discuss		Receive	
	Approve	✓	Note	✓
	For Information		Confidential y/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	Esther Steel Trust Secretary

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
Accountable Officer	The NHS Act 2006 designates the chief executive of an NHS foundation trust as the accounting officer.	The accounting officer has responsibility for the overall organisation, management and staffing of the NHS foundation trust and for its procedures in financial and other matters.	Chief Executive	Dr Jackie Bene
Caldicott Guardian	Health Service Circular: HSC 1999/012 The NHS IM&T Security Manual (Section 18.4)	To oversee all procedures affecting access to person-identifiable health data.	Medical Director	Francis Andrew
SIRO	Information Governance Toolkit	Leading and fostering a culture that values, protects and uses information for the success of the organisation and benefit of its customers Owning the organisation's overall information risk policy and risk assessment processes and ensuring they are implemented consistently by IAOs Advising the Chief Executive or relevant accounting officer on the information risk aspects of his/her statement on internal controls Owning the organisation's information incident management framework	Chief Operating Officer	Andy Ennis
Director of Infection Prevention and Control	Health & Social Care Act 2008 – Code of Practice on the prevention and control of infection and related guidance.	Be responsible for the Trust's Infection Prevention and Control Team (IP&CT). Oversee local control of infection policies and their implementation. Be a full member of IP&CT and regularly attend its Infection	Director of Nursing	Trish Armstrong Child

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		Prevention and Control meetings. Assess the impact of all existing and new policies on Healthcare Associated Infections (HCAI) and make recommendations for change. Oversee the production of an annual report and release it publicly.		
Responsible Officer for revalidation	The Medical Profession (Responsible Officers) (Amendment) Regulations 2013	Statutory role in medical regulation. Accountable for the local clinical governance processes, focusing on the conduct and performance of doctors. Duties include evaluating a doctor's fitness to practise, and liaising with the GMC over relevant procedures. Ensure that the organisation has appropriate systems for appraising the performance and conduct of doctors.	Medical Director	Francis Andrew
Safeguarding Vulnerable Adults	Mental Capacity Act Mental Health Act	Liaising with the Trust's safeguarding leader on a regular basis and participate in awareness raising activities. Liaising with the Trust's lead for overseeing the mechanisms in place to identify and cater for patients with Learning Disabilities. Liaising with the Trust's Dementia Lead to encourage the Trust to operate as a dementia friendly hospital and participate in awareness	Director of Nursing	Trish Armstrong Child

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		raising activities as appropriate.		
Safeguarding Children	Department of Health working together to safeguard children 2010	Act as Board Champion for all safeguarding issues.	Director of Nursing	Trish Armstrong Child
	Children Act 2004 section 11, duty to safeguard and promote welfare	Inform Board of level of assurance re compliance with safeguarding regulations.		
	Children Act 2004 section 13, statutory partners in the local safeguarding children board			
	Children Act 1989 section 27, help with children in need	To act as the Trust's safeguarding ambassador for the local safeguarding children's board.		
	Children Act 1989 section 47, help with enquiries about significant harm.	Ensure that safeguarding systems are robust and appropriately monitored.		
		Ensure that any gaps in compliance are addressed resulting in improvements to safeguarding of vulnerable children.		
		Demonstrate strong leadership for all safeguarding issues.		
		Respond to national policy proposals.		
Whistleblowing	Public Interest Disclosure Act 1998 (PIDA)	To act as a voice for whistleblowing management and related issues at Board meetings and ensure that any implications arising from items discussed have been considered and appropriately addressed.	NED	Bilkis Ismail
	NHS Constitution			
	Freedom to Speak Up Review (2015)			
		To gain assurance that the Trust has in place effective and robust whistleblowing management procedures and response systems.		
		To work closely with the Workforce		

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		Director and the Freedom to Speak up Guardian with regard to monitoring whistleblowing. To be recognised as one of the channels for members of staff to raise their concern with.		
Board level lead for maternity services	National Maternity Review: Better Births (2016)	Routinely monitor information about quality, including safety, and take necessary action. Promote a culture of learning and continuous improvement to maximise quality and outcomes from their services.	Director of Nursing	Trish Armstrong Child
End of Life Care – Executive Director	National Care of the Dying Audit Round 4 2014 Neuberger Review. More Care: Less Pathway. 2013 LACDP. One Chance to get it Right. 2014 National Hospitals End of Life Care Audit 2015 CQC Inspection Framework: NHS Acute Hospitals 2016	Take responsibility for and champion End of Life Care at Board level. Ensure End of Life Care within the Trust, and provided by the Trust, is appropriately monitored. Demonstrate strong leadership and role model for all Trust staff regarding End of Life Care. Assess the impact of all existing and new policies on End of Life Care and make recommendations for change. Recognise the impact of the perception of poor end of life care on bereaved families and provides Board assurance that complaints and incidents are dealt with in a way that reduces this impact.	Director of Nursing	Trish Armstrong Child

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
End of Life Care – Non Executive Director	National Care of the Dying Audit Round 4 2014 Neuberger Review. More Care: Less Pathway. 2013 LACDP. One Chance to get it Right. 2014 National Hospitals End of Life Care Audit 2015 CQC Inspection Framework: NHS Acute Hospitals 2016	To have specific responsibility of care of the dying, focusing on the dying patient, their relatives and carers and reviewing how End of Life Care is provided. Support , and where necessary challenge, the Executive Director for End of Life Care Act as a patient, family and public voice & ensure that the patient, family and public perspective is considered in all End of Life Care related discussions and Board level scrutiny. Provide scrutiny to the monitoring of End of Life Care, oversight for End of Life complaints, and the handling of the bereaved within the Trust.	Non-Executive	Ann Gavin Daley
Authorisation of Authorised Officers in relation to Section 120 of the Criminal Justice and Immigration Act 2008	Section 120 of the Criminal Justice and Immigration Act 2008	The procedure for the authorising of authorised officers is not laid out in the act, but it is recommended that authorisation of officers is made in writing by a person at board level in the NHS body They should have assurance as part of this process that the authorised officers and appropriate NHS staff are suitably trained and competent to carry out their roles.	Chief Operating Officer	Andy Ennis
Equality and Diversity	Equality Act 2010 - Public Sector Duty The Workforce Race Equality Standard	To act as a Board champion to set an example and demonstrate that the Board is committed to promoting equality.	Director of Workforce NED Champion	James Mawrey Bilkis Ismail

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		To challenge and promote the E&D agenda in the Trust. Act as a voice at Board meetings for the E&D agenda.		
Accountable executive for security	Sec of State Direction to NHS Bodies on Security Management Measures 2004	To be the accountable person for security at an Executive Level within the NHS Trust. To promote security management policy, culture and measures.	Chief Operating Officer	Andy Ennis
Counter Fraud Champion	Directions to NHS bodies on counter fraud measures 2004. To champion the counter fraud message throughout the Trust.	To monitor the effective discharge of the counter fraud function in relation to compliance with the Secretary of State Directions. To promote counter fraud measures.	Director of Finance	Annette Walker
Designated Individual responsible for the application of the Human Tissue Act	Section 18 of the Human Tissue Act	Key role in implementing the requirements of the Human Tissue Act. They have the primary (legal) responsibility under Section 18 of the Human Tissue Act to secure: - that suitable practices are used in undertaking the licensed activity; - that other persons working under the licence are suitable and; - That the conditions of the licence are complied with.	Medical Director	Francis Andrew
Lead for Ionising Radiation Medical Exposure Regulations	IRMER	Board level responsibility for compliance with IRMER guidance	Medical Director	Francis Andrew

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
(IRMER)				
Procurement	Government Better Procurement, Better Value, Better Care 2013	To act as a voice for procurement related matters at Board meetings and ensure that any implications arising from items discussed have been considered and appropriately addressed. To gain assurances that the Trust has in place an effective and robust procurement strategy.	Chair of Finance Committee	Allan Duckworth
Freedom to speak up guardian	Freedom to speak up: whistleblowing policy for the NHS (2016)	The guidance states that the FTSU Guardian will be acting in a genuinely independent capacity and will be appointed by and work alongside the trust board, along with members of the executive team, to help support the trust to become a more open, transparent place to work The FTSU Guardian must be entirely independent of the executive team so they are able to challenge senior members of staff as required. Must be a highly visible individual who spends the majority of their time with the front line staff, developing a culture which encourages people to speak up using the local procedures. They must also ensure that staff who speak up are treated fairly through any investigation or review	Deputy Director of Governance	Angela Wendzicha

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
Accountable Officer for Emergency Planning	Civil Contingencies Act/HASC 2012The Civil Contingencies Act 2004. NHS Emergency Planning guidelines. Health & Social Care Act 2012.	To provide the Board with levels of assurance for emergency preparedness, planning and response as appropriate. To act as Board Champion for all emergency planning matters for staff and patients. Ensure strategic review of the Trust's emergency planning occurs.	Chief Operating Officer Head of Emergency Planning	Andy Ennis James Tunn
Accountable Officer for Controlled Drugs	Part 2 of The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (SI (2013/373)).	establish and operate, appropriate arrangements for securing the safe management and use of controlled drugs Establish and operate appropriate arrangements for monitoring and auditing the management and use of controlled drugs.	Chief Pharmacist	Steve Simpson
Guardian of Safe Working The guardian is a senior person, independent of the management structure within the organisation, for whom the doctor in training is working and/or the organisation by whom the doctor in training is employed.	part of the new Junior Doctors contract	The guardian is responsible for protecting the safeguards outlined in the 2016 TCS for doctors and dentists in training. The guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and /or employer, as appropriate; and will provide assurance to the trust board or equivalent body that doctors' working hours are safe.	Guardian of Safe Working	Madu Onduwike