

# Bolton NHS Foundation Trust – Board Meeting 29 November 2018

**Location: Boardroom**

**Time: 0900**

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
09.00		Patient Story	DoN		For the Board to hear a recent patient story to bring the patient into the room (Press and public may be excluded to preserve confidentiality)
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 25 <sup>th</sup> October 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
<b>Safety Quality and Effectiveness</b>					
09.45	9.	Quality Assurance Committee Chair Report 21 November 2018	QA Chair	Report	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
09.50	10.	Finance and Investment Committee – Chair Report - 20 November 2018	FC – Chair	Report	FC Chair to provide a summary of assurance from the F&I Committee and to escalate any items of concern to the Board
09:55	11.	Urgent Care Delivery Board Chair Report and seasonal plan update	CEO/COO	Report	To receive a report on the Urgent Care Delivery Board
10.00	12.	RTT update	COO	Report	
10.15	13.	Integrated Performance Report	Exec team	Report	To receive for information

Time		Topic	Lead	Process	Expected Outcome
Governance					
10.35	14.	Charitable Fund Annual Report and Accounts	Trust Secretary	Report	To receive the annual report and accounts from the Bolton NHS FT Charitable Fund
Reports from Sub-Committees (for information)					
	15.	Any other business			
Questions from Members of the Public					
	16.	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					
10.45	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				

**Coffee**

**Meeting** Board of Directors Meeting – Part One

**Time** 09.00

**Date** 25 October 2018

**Venue** Boardroom RBH

**Present:-**

Mr D Wakefield	Chairman	DW
Dr J Bene	Chief Executive	JB
Dr F Andrews	Medical Director	FA
Mrs T Armstrong-Child	Director of Nursing	TAC
Dr M Brown	Non-Executive Director	MB
Mr A Duckworth	Non-Executive Director	AD
Mr A Ennis	Chief Operating Officer	AE
Ms B Ismail	Non-Executive Director	BI
Mrs J Njoroge	Non-Executive Director	JN
Mr M North	Non-Executive Director	MN
Mrs S Martin	Director of Strategic Transformation	SM
Mr J Mawrey	Director of Workforce	JM
Mrs A Walker	Director of Finance	AW

**In attendance:-**

Mrs E Steel	Trust Secretary	ES
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**Apologies**

Mr A Thornton

**Patient Story**

Z attended to share his experience of the service provided by the Health Trainers after the “Big Bolton Health-check” identified an increased risk of developing diabetes.

Z used the education and support to develop a healthier lifestyle and to reduce his risk factors and continues to self-monitor. Z has since become an advocate for the role and is now employed within the health trainer team.

Z discussed the tools used to communicate with the community and advised that one thing that could be beneficial would be an increase in leaflets in other languages.

### **Welcome and Introductions**

The Chairman welcomed Board members and attendees to the meeting.

Introductions were made

### **3. Declarations of Interest**

Miss B Ismail                                      Non-Executive Director iFM Bolton

Mr J Mawrey                                        Non-Executive Director iFM Bolton

Mrs E Steel                                         Company Secretary iFM Bolton

### **4. Minutes of The Board Of Directors Meetings Held 27 September 2018**

The minutes of the meetings held on 27 September 2018 were approved as a true and accurate reflection of the meeting subject to the following changes:

- A correction to the list of attendees to show Dr Malcolm Brown in attendance
- A revision to the wording on page 8 first bullet point to state “*The number of re-opened cases has reduced*”

### **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 gave a verbal update on key issues impacting on the business of the Trust

- In agreement with the Council of Governors he would now be remaining in post till the end of March 2018, the process to appoint a new Chair would be recommenced in January 2019.
- The Chairman extended a bit thank you to all those who had helped to keep services running during the recent industrial action.
- Good progress has been made with regard to performance against the A&E target, staff were thanked for their efforts and urged to keep up the good work.
- In a recent statement, the Secretary of State for Health and Social Care announced £240m investment in social care, a crackdown on the closure

of community hospitals and a lowering of the age for cancer screening. There will also be a push on IT investment and a move to talk about people rather than patients

FT/18/92

Briefing to provide understanding of implications of changes to the cancer screening age threshold.

## 8. **Chief Executive report**

The Chief Executive highlighted key points from her written report; Board members noted the update and agreed it would be useful to receive a more detailed update on partnership working to the December Board.

Board members noted the summary Board Assurance Framework and in response to a question about the likelihood of a long term solution to social care sector challenges the CEO advised that locally the work on integration is bringing the health and social care agenda together and will in time support a more effective social care sector. There is evidence that pathways are improving as the whole system approach develops however the aging demographic and changes to family structures is such that this continues to be a challenge in many parts of the world.

**Resolved:** the board noted the CEO update.

FT/18/93

Update on partnership working

## 9. **Quality Assurance Committee Chair Report**

In Mr Thornton's absence, the Chief Executive presented the Chair report from the Quality Assurance Committee and highlighted the discussion points from the meeting which provided assurance or highlighted risks:

- A recent report following an on-site assessment by the Human Tissue Authority identified a number of actions with the main issue being capacity. The Trust will be investing to address these recommendations.
- An analysis of deaths coded as pneumonia is underway following a recent outlier alert – findings will be reported back to the QA Committee
- The Risk Management Committee escalated a concern with regard to violence and aggression towards staff, actions to address this and support staff will be taken forwards through the security group. GMMH have been asked to undertake a review of practice in A&E to provide assurance that we do all we can to de-escalate situations.

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

## 10. **Finance and Investment Committee**

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:

- The Trust has a year to date deficit of £2.3m when PSF and impairments are excluded, this is £0.03m better than plan.
- There has been a slight improvement in agency spend but the level and pace remains disappointing.
- Divisional performance with regard to agency expenditure and ICIP achievement remains a concern.
- The pay awards including the recent iFM settlement pose a further risk to the achievement of the plan
- No risks were escalated in the three Chair reports received by the F&I Committee however there were some concerns with regard to the A&E development with regard to delay and overspend. The Committee were assured that this is being addressed through the Strategic Estates Board.
- The F&I Committee received an update on Use of Resources and requested a further paper to provide a detailed understanding of performance against these metrics.
- The Committee received details of the BCMS business case – this is scheduled for further discussion on the part two Board agenda.
- The Committee received an update on IT provision to the CCG; this provided assurance in terms of the Trust's ability to deliver but Committee members felt more detail was needed to demonstrate longer term financial viability including an adequate risk premium.

In response to a question regarding the 2019 pay settlement the Director of Finance advised that she would receive further information at the Finance Director network meeting and would provide an update to the F&I Committee

**Resolved:** the Board noted the update from the Chair of the Finance and Investment Committee and the escalated risks.

## 11. **Workforce Assurance Committee Chair Report**

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

- Following on from Board action FT/18/76 it was noted that the Trust's turnover benchmarks as 10<sup>th</sup> out of 26 NW NHS organisations – a retention task force has been established to ensure all possible measures are taken.
- The Committee remain concerned with regard to the current arrangements for Occupational Health provision. The terms of reference for the Joint Collaboration Board have been amended to include the Director of Workforce but further evidence is required to provide assurance that the service meets the needs of the Trust.
- Good progress has been made with both medical and nursing recruitment with an overall reduction in the number of vacancies.
- Some progress has been made on reducing agency expenditure; this will remain a standing item on the agenda.

- The GMC survey identified a mixed picture with some areas of concern and some strong services.

Board members noted the report and agreed it was good to see progress; questions were raised to clarify the relationship between the dashboard metrics and the RAG rating of the Chair report. The Chief Executive confirmed that although performance was still rated as red the committee were assured that there was awareness of the hot spots and felt the right actions were being taken with some green shoots of recovery. Early data for September also showed a further slight reduction,

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

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### **Urgent Care Delivery Board Chair Report**

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

- The Urgent Care Board discussed the investment in additional capacity to support the winter plan
- Initial costing of the potential benefits of a safe and sober unit does not demonstrate value for money. Board members discussed the potential benefits of a scheme and discussed the practicalities recognising that such an offer would not need to be open 24/7.

The Chief Operating Officer advised that he had more confidence in the system support and ownership and was more confident than in previous years with regard to the capacity to deliver the 90% performance target

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

13.

### **Seasonal Plan Update**

The Chief Operating Officer shared a system self-assessment for winter 2018/19 with Board members to provide assurance with regards to the level of plans in place for Bolton.

- The system is in a stronger place than in 2017/18, length of stay has been reduced by 0.3 day and as a result there are very few outliers and additional winter beds have not yet been opened.
- Admissions avoidance activity is also having an impact with an average of four patients per day offered a more appropriate alternative
- An observation was made that although performance has improved there is still a pattern of increased breaches between 7.00 pm and 10.00 pm. The Chief Operating Officer advised that shift patterns were being revised to match activity patterns
- The Elective care division have planned for a reduction in non-urgent work, cancer surgery and urgent surgery will continue.
- Actions to reduce the number of medically optimised patients including continued work on SAFER and red to green will continue.

Resolved: The Board noted the Seasonal Plan update and requested monthly updates to continue to provide assurance with regards to actions and performance against the target.

FT/18/94

AE to agree format to provide a monthly update on performance to implement seasonal plan

**14. Infection Control Annual Report**

The Director of Nursing presented the Infection Control Annual Report and advised that the report which had previously been presented to the Quality Assurance Committee provides a summary of Infection Prevention and Control activities for the year 2017/18.

The overview and the external review conducted during 2017/18 provide some assurance with regard to the systems in place but further improvements could still be made; the key to strong infection control practices is good staff engagement and collaborative working with primary care.

In response to a question about E Coli the Medical director advised that this is primarily a Bolton health economy issue, actions for the trust are required in relation to medical devices. E coli is less transmissible than MRSA and C difficile and detailed surveillance continues.

In response to a question regarding the level of surgical site infection assurance provided from small sample rates the Director of Nursing advised that this is an evolving area and the team are committed to improving surveillance.

In 2017 flu testing and the provision of a rapid diagnosis meant that 40% of patients were safely discharged home once a diagnosis of influenza was made.

The water outlet issue has now been addressed, all taps in NICU and ICU have been replaced in accordance with the latest building regulations and the IPC team are assured that the risk has been reduced.

**Resolved:** The board noted the Infection Control Annual Report.

**15. Safeguarding Annual Report**

The Director of Nursing presented the annual Safeguarding Report; Board members noted that this had previously been presented to the QA Committee.

The report provides a summary of the activity and arrangements for children and adult safeguarding across Bolton to provide assurance that the Trust is fulfilling its duties and responsibilities in this respect.

The Trust is a key player within the health economy with representation on both the adult and children's safeguarding boards. The report highlights achievements during the year including recognition for the implementation of Child Protection Information System (CP-IS)

Board members thanked the director of Nursing for a comprehensive report, in response to a question about the support systems in place; the Director of Nursing advised that she had confidence in the system for referrals although the increase in the number of referrals was a concern.



Board members discussed the identification of abuse including FGM and slavery and the measures taken to increase awareness and reporting.

Resolved: board members received the Annual Safeguarding Report and agreed it provided assurance with regard to the processes in place.

## **16. Performance Report**

The Chief Executive presented the performance report.

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

### **Quality and Safety**

- The rca for the one category four ulcer in community reported as a lapse in care identified a missed opportunity for an intervention.
- Compliance with antibiotic prescribing standards is below plan – further work is required to ensure all prescribers specify start and finish times for antibiotic prescriptions
- A&E has been identified as a hot spot for blood culture contaminants; this has not resulted in cross contamination or harm to patients.
- In response to a question about mortality rates the Medical Director advised that as discussed in the QA Committee, review of deaths coded as pneumonia was underway.
- The Board noted the low level of responses to Friends and Family test within A&E and discussed how feedback is requested. The Director of Nursing advised that the team are looking at ways to increase the response rate.

### **Operational**

- The Chief Operating Officer advised that the number of transfers between 11.00pm and 6.00am is still high; divisions have been asked to look at ways to prevent these transfers which have an adverse impact on patient experience.
- Although eight patients are identified as having waited more than 52 weeks for treatment there is not a waiting list – these patients have gone over the 52 week point having declined offers of dates. Further information will be provided in the RTT paper scheduled for presentation to the November Board.
- Beds are being made available earlier in the day; the stranded patient metric has been revised to take out areas such as the neonatal unit.
- Performance against the cancer access target remains strong with recent benchmarking showing the Trust as number one in the country for the 62 day target. The continued increase in referrals and success of screening campaigns create a challenge with regard to capacity.

### **Workforce**

- There has been a slight reduction in the overall sickness absence rate and targeted interventions are now being focused on recognised hot spot areas.
- In response to a question about turnover rate the Director of Workforce agreed to consider setting a target rather than a range to strive to be the

best

## **Finance**

Performance covered in the Finance and Investment Committee Chair report

**Resolved:** Board members noted the Board Performance Report

### **17. Use of Resources update**

Work is ongoing to reconcile the Model Hospital Data with current performance metrics. Preparation for the use of Resources inspection continues and will include a presentation from NHSI with regard to their expectations – to be delivered to the Exec team on Monday 29<sup>th</sup> October.

### **18 Board Assurance Framework and Corporate Risk Register**

The Trust Secretary advised that a Corporate Risk Register had been developed to sit alongside the Board Assurance Framework. This would contain risks deemed as having a significant corporate impact or those outside the control of the divisions. These risks had previously been recorded on divisional and directorate risk registers.

The Board Assurance Framework and the Corporate Risk Register were scheduled for debate at the November meeting of the Audit Committee.

### **19. Digital Trust Progress Update**

Members of the EPR implementation team attended to provide an update on the progress of the Digital Trust programme.

The written report provided an update on digital enablement, EPR implementation, the upgrade of infrastructure and the mobilisation of the workforce.

In response to a question about the actions taken to ensure the development is kept current, the team advised that clinical involvement is seen as essential for the design. 13 stakeholder groups are now in place to engage clinicians from all divisions and disciplines in ensuring development is current and aligned with pathways and processes.

The EPR governance structure has been aligned with relevant Trust forums and the Chief Nursing Informatics Officer sits on the Professional Advisory Group (PAG) to ensure anything with EPR relevance is captured.

Non-Executive Directors asked if the focus on EPR was having an adverse impact on any area of work, the team advised that the integration of new systems takes time staff aspirations need to be managed as responses to requests can take time. With regard to the potential impact of winter pressures the team advised that they recognised the pressures and had developed the timescale accordingly to minimise the impact on staff – progress is currently on track.

The Director of Nursing asked if a detailed PID was in place setting out key milestones and requirements, the Deputy CIO advised that this would be signed off at the November Transformation Board

Mrs Njoroge confirmed that as a member of the Digital Board she is assured with regard to progress.

Resolved: The Board noted the update on the digital programme and commended the team for currently being on track and within allocated resources.

**20. Any other business**

No other business.

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

No questions submitted.

**Date and Time of Next Meeting**

28 November 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.

**October 2018 Board actions**

Code	Date	Context	Action	Who	Due	Comments
FT/18/83	27/09/2018	RTT	Update to October Board meeting	AE	Nov-18	agenda item
FT/18/68	26/07/2018	Performance report	update on fracture neck of femur - evidence of good outcome measures to QA Committee	FA	Nov-18	QA Committee Chair report - complete
FT/18/94	25/10/2018	Urgent Care	AE to agree format to provide a monthly update on performance to implement seasonal plan	AE	Nov-18	verbal update alongside report from Urgent Care Board
FT/18/97	25/10/2018	Ward visit - pharmacy	JM to look at action to reduce delays in processes prior to HR aspect of recruitment	JM	Nov-18	verbal update
FT/18/98	25/10/2018	Ward visit M1	TAC to pick up actions to address issues identified on ward visit	TAC	Nov-18	verbal update
FT/18/80	27/09/2018	Audit Committee Chair report - Payroll audit	Report back through audit committee to provide assurance that robust arrangements in place to close employee access to systems at end of employment	JM	Dec-18	agreed that would be taken through Workforce Assurance Committee
FT/18/92	25/10/2018	Chair update	Briefing to provide understanding of implications of cancer screening	AE	Dec-18	
FT/18/38	31/05/2018	Patient Story	six month update on Patrick's story to QA committee	ES	Dec-18	
FT/18/86	27/09/2018	Freedom to Speak up	report back in December	JM	Dec-18	
FT/18/79	27/09/2018	Patient Story	PEIP to consider actions to address issues raised with regard to carer accommodation and transition services	TAC	Dec-18	verbal update
FT/18/93	25/10/2018	CEO update	Update on partnership working	JB	Dec-18	
FT/18/95	25/10/2018	ward visit lab meds	deep dive paper on lab meds challenges to Risk Management Committee	AE	Dec-18	
FT/18/81	27/09/2018	Audit Committee Chair report - Payroll audit	Internal Audit plan - review IT security arrangements - segregation of duties and reconciliation of staff list and email accounts	AW	Jan-19	
FT/18/90	27/09/2018	Ward visits	Execs to consider potential options to support wards with storage issues	Execs	Jan-19	
FT/18/96	25/10/2018	ward visit lab meds	Lab medicine team to continue to be engaged in future reviews/ strategy discussions with regard to the future sustainability of the service	SM	Feb-19	

Key

complete	agenda item	due	overdue	not due
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**Agenda Item No: 8**

<b>Meeting</b>	Board of Directors
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<b>Date</b>	26 November 2018
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<b>Title</b>	Chief Executive Update
<b>Executive Summary</b>	<p>The Chief Executive update includes a summary of key issues since the previous Board meeting, including but not limited to:</p> <ul style="list-style-type: none"> <li>• NHS Improvement update</li> <li>• Stakeholder update</li> <li>• Reportable issues log <ul style="list-style-type: none"> <li>○ Coroner communications</li> <li>○ Never events</li> <li>○ SIs</li> <li>○ Red complaints</li> </ul> </li> <li>• Board Assurance Framework summary</li> </ul>

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

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

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

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

Gemma Faulkner one of our General and Colorectal surgeons received the Investigator of the Year award at the GMC CRM Research Awards 2018. Our Sexual Health team also received runners up award in the Research Debut category.

Denise Leck from Theatre Recovery has been awarded the Pain Link Nurse of the Year 2018 award.

## **2. Stakeholders**

### **2.1 CQC**

The formal announced element of our CQC Well Led inspection will take place between 8<sup>th</sup> and 10<sup>th</sup> January 2019. CQC will also undertake some unannounced inspections of core services during December/January.

### **2.2 NHSI**

NHSI will be undertaking their Use of Resources inspection of the Trust on 27<sup>th</sup> November 2018. The outcome of this review will contribute to the CQC Well Led review.

### **Planning guidance**

The approach to planning was issued by NHSE 16th October 2018. The letter outlines the planning timetable, the payment reforms, the approach to incentive and sanctions, the need to align provider and commissioner plans and governance. The letter is appended to this report.

### **Subsidiary Guidance**

NHS Improvement (NHSI) has published an addendum to its transactions guidance, detailing its regulatory approach to wholly owned subsidiaries. This follows a consultation carried out by the regulator last month. The new rules come into effect immediately and apply to both NHS trusts and foundation trusts.

- The creation of all wholly owned subsidiaries (WOSs), and 'material changes' to existing WOSs, are now reportable to NHSI.
- Trusts will be required to submit board-approved business cases detailing the proposals, the underlying financial projections and inherent risks to the regulator.
- An NHSI panel review will deem whether a planned WOS is 'significant' or 'material' based on the inherent risks of the proposal. The outcome of this review will determine what level of oversight and review NHSI will next seek from a trust.
- NHS trusts will also need to demonstrate that its WOS proposal will generate additional income. This will involve a further submission to the Department of Health and Social Care (DHSC).
- A WOS proposal deemed as 'material' will require the submission of a trust board certification confirming that the board has satisfied itself in relation to the inherent risks.
- A 'significant' WOS proposal will require a board certification alongside a more detailed review covering four key domains: strategy, transaction execution, quality and finance.
- Once the detailed review of a 'significant' WOS proposal is complete, NHSI will assign a risk rating which will determine how much NHSI oversight it will be subject to as it proceeds.

### **2.3 Greater Manchester**

A written update on Healthier Together has been provided for consideration within the part two Board meeting

### **2.4 North West Sector**

A written update has been provided for consideration within the part two Board meeting

## **2.5 Bolton**

Work to develop the partnership governance arrangements for the Integrated Care Partnership continues.

## **2.6 iFM Bolton**

An update will be provided in our Part two meeting.

### **Reportable Issues Log**

Issues occurring between 18/10/18 and 25/11/18

### **3.1 Serious Incidents and Never events**

We have reported one serious incident since the last Board meeting

### **3.2 Red Complaints**

No red rated complaints were received in the reporting period

### **3.3 Regulation 28 Reports**

No regulation 28 reports

### **3.3 Whistleblowing**

Nothing to report

### **3.4 Media issues**

There have been a number of positive media stories recently including coverage on Granada reports for the donation of two electric cars to transport paediatric patients to theatre – this also received considerable social media coverage.

## **4 Board Assurance Framework**

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

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

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

The full Board Assurance Framework was reviewed at the November Audit Committee and is on the Board agenda for information.

The risks 1.1 and 1.2.1 have been reduced – the heat map provides assurance of the reduction in harms to patients.

A new Board Assurance Framework will be developed alongside the new Strategic Plan – a Board Development session has been scheduled for 17<sup>th</sup> December to develop this plan.

	Trust Wide Objective	Lead	I	L		Nov	Sept	Aug	June	Key Risks/issues	Key action	Oversight
1.1	Reduce healthcare acquired infections	DON as DIPC	4	3	↓	12	16	16	16	clinical engagement with Antimicrobial Stewardship.	Implementation of all key actions from the IPC review <b>Infection Control Annual Report noted at October Board</b>	IPC committee
1.2.1a	For our patients to receive safe and effective care (pressure ulcers)	DON	4	2	↓	8	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	4	3	↓	12	15	15	15	Sub-optimal adoption of all preventative falls measures consistently	Implemented updated Falls Action Plan	QAC and Harm Free Care
1.2.2	For our patients to receive safe and effective care (mortality reduction)	MD	4	4	-	16	16	16	16	Escalation of ill patients,  Increase in HSMR/RAMI	Roll out mortality review process Drive further improvement in ward observation KPI's Ensure Patient Track Oversight Group delivers on action plan Deliver on Quality Account 2017/18 sepsis actions (March 2019)	Mortality reduction
1.4	Staff and staff levels are supported	DoW	4	5	-	20	20	20	16	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 approved by the Board in September 2018	IPM Workforce Workforce committee
2.1	To deliver the NHS constitution, achieve Monitor standards and contractual targets	COO	4	5	-	20	20	20	20	Late decisions in A/E Beds coming up late Lower discharges at weekends Staffing in key departments Urgent Care pressure and increased demand on Diagnostic and Elective work	Urgent Care programme plan SAFER ECIP support Enhanced pathways as part of the new streaming model commences Dec 2018	Urgent care prog board  System Sustainability Board
4.1	Service and Financial Sustainability	DOF	4	4	↓	16	20	20	20	<b>new NHS financial architecture implementation in 19/20</b> <b>poor estates condition and backlog maintenance IFM contract</b> 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	<b>development of system based working and joint control totals</b> <b>development of integrated care organisation</b> <b>Development of major internal transformation programmes</b> Strategic financial planning for 5 year timeframe <b>strengthen IFM contract management processes</b> Develop Estates Master Planning Implement Capital planning process – RIBA implementation	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	Dir Strat.	5	4	-	20	20	20	20	Estates and IT challenges Healthier Together/GM devolution	<b>Ongoing discussions with WWL – paper on the part two Board agenda</b>	Board F&I



5.5	Supporting the urgent care system	COO								Intermediate care delays Late bed availability Delayed transfer/discharge of medically well patients Lack of Social Care Capacity	Estates improvements to A&E – Phase 2 <b>new resuscitation completed Nov 2018</b> and ambulance triage expected completion Dec 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
			4	4	-	16	16	16	16			



To:  
CCG AO  
Trust CE

CC:  
NHS Improvement and England Regional Directors  
NHS Improvement and England Regional Finance Directors

**NHS Improvement  
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[www.improvement.nhs.uk](http://www.improvement.nhs.uk)

**Publications Gateway Reference 08559**

16 October 2018

## **Approach to planning**

The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4% - and so we now have enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

To secure the best outcomes from this investment, we are overhauling the policy framework for the service. For example, we are conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning. This will equip us to develop plans that also:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

This letter outlines the approach we will take to operational and strategic planning to ensure organisations can make the necessary preparations for implementing the NHS Long Term Plan.

Collectively, we must also deliver safe, high quality care and sector wide financial balance this year. Pre-planning work for 2019/20 is vitally important, but cannot distract from operational and financial delivery in 2018/19.

## **Planning timetable**

We have attached an outline timetable for operational and strategic planning; at a high-level. During the first half of 2019-20 we will expect all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan. This will give you and your teams sufficient time to consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement; and to engage with patients, the public and local stakeholders before finalising your strategic plans.

Nonetheless, it is a challenging task. We are asking you to tell us, within a set of parameters that we will outline with your help, how you will run your local NHS system using the resources available to you. It will be extremely important that you develop your plans with the proper engagement of all parts of your local systems and that they provide robust and credible solutions for the challenges you will face in caring for your local populations over the next five years. Individual organisations will submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative. Organisations, and their boards / governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies. These will also create the year 1 baseline for the system strategic plans, helping forge a strong link between strategic and operational planning. We will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.

We are currently developing the tools and materials that organisations will need to respond to this, and the timetable sets out when these will be available.

## **Payment reform**

A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which we will publish in early December 2018. A number of principles underpinning the financial architecture have been agreed to date, and we wanted to take this opportunity to share these with you.

Last week we published a document on [‘NHS payment system reform proposals’](#) which sets out the options we are considering for the 2019/20 National Tariff.

In particular, we are seeking your engagement on proposals to move to a blended payment approach for urgent and emergency care from 2019/20. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model. The document will also ask for your views on other areas, including price relativities, proposed changes to the Market Forces Factor and a proposed approach to resourcing of centralised procurement. As in

previous years, these proposals would change the natural 'default' payment models; local systems can of course continue to evolve their own payment systems faster, by local agreement.

We believe that individual control totals are no longer the best way to manage provider finances. Our medium-term aim is to return to a position where breaking even is the norm for all organisations. This will negate the need for individual control totals and, in turn, will allow us to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. We intend to begin this process in 2019/20.

However, we will not be able to move completely away from current mechanisms until we can be confident that local systems will deliver financial balance. Therefore, 2019/20 will form a transitional year, in which we will set one year, rebased, control totals. These will be communicated alongside the planning guidance and will take into account the impact of distributional effects from any policy changes agreed post engagement in areas such as price relativities, the Market Forces Factor and national variations to the tariff.

In addition to this, we will start the process of transferring significant resources from the provider sustainability fund into urgent and emergency care prices. The planning guidance will include further details on the provider and commissioner sustainability funds for 2019/20.

### **Incentives and Sanctions**

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.

The approach to quality premium for 2019/20 is also under review to ensure that it aligns to our strategic priorities; further details will be available in the December 2018 planning guidance.

### **Alignment of commissioner and provider plans**

You have made significant progress this year in improving alignment between commissioner and provider plans in terms of both finance and activity. This has reduced the level of misalignment risk across the NHS. We will need you to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider; and our new combined regional teams will help you with this. We would urge you to begin thinking through how best to achieve this, particularly in the context of the proposed move to blended payment model for urgent and emergency care.

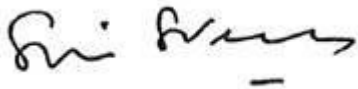
### **Good governance**

We are asking all local systems and organisations to respond to the information set out in this letter with a shared, open-book approach to planning. We expect boards and governing bodies to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable.

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018. In the meantime, commissioners and providers should work together during the autumn on aligned, profiled demand and capacity planning. Please focus, with your local partners, on making rapid progress on detailed, quality impact-assessed efficiency plans. These early actions are essential building blocks for robust planning, and to gauge progress we will be asking for an initial plan submission in mid-January that will be focussed on activity and efficiency (CIP / QIPP) planning with headlines collected for other areas.

Thank you in advance for your work on this.

Yours sincerely



Simon Stevens  
Chief Executive  
NHS England



Ian Dalton  
Chief Executive  
NHS Improvement

## Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
<b>Operational planning</b>	
Publication of <ul style="list-style-type: none"> <li>• CCG allocations for 5 years</li> <li>• Near final 2019/20 prices</li> <li>• Technical guidance and templates</li> <li>• 2019/20 standard contract consultation and dispute resolution guidance</li> <li>• 2019/20 CQUIN guidance</li> <li>• Control totals for 2019/20</li> </ul>	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
<b>Strategic planning</b>	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019

## Committee/Group Chair's Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	21 November 2018	Date of next meeting:	19 December 2018
Chair:	Andrew Thornton	Parent Committee:	Board of Directors
Members present/attendees:	A Thornton, T Armstrong Child, S Martin, J Mawrey. Representation from the four clinical divisions	Quorate (Yes/No):	No
		Key Members not present:	J Bene, M Brown,

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story – Elective		The Sister from ENT outpatients shared a story to illustrate the steps taken to accommodate a patient with special needs – a number of adjustments were made by members of the team to ensure their service was delivered to meet the needs of the patient	Story noted and actions commended
Clinical Governance and Quality Committee Chair Report		Report noted – good progress made with addressing previously highlighted risks.	
Acute Adult Quarterly report Integrated Care Quarterly report		Both reports were of a very high standard and highlighted continued improvement in the quality of care delivered throughout the Trust	
Quality Account priority –Sepsis		The report highlighted a downward trend in sepsis mortality and a positive trend in other metrics associated with the sepsis improvement plan. ICNARC data added to the report shows a reduction in the severity of sepsis symptoms on admission to critical care – felt to be a good indicator of early identification and action.	
Pressure Ulcer update		Continued improvement in hospital and community performance with a 28% reduction in the number of ulcers associated with a lapse in care.	
Falls update		Continued improvement in metrics for the number of falls and the level of harm from falls	For the next report, the team will look to correlate evidence of the positive impact of distraction therapy.

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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

Fracture neck of femur update		As requested by Board members a review was provided giving assurance that despite being an outlier in the time before surgery the Trust perform well on other metrics particularly with regard to early mobilisation and discharge	Assured that the delay to theatre does not have an adverse impact on outcome
Draft diagnostic on RTT performance		NHSI diagnostic noted with eight key areas identified for focus and good feedback on practices	NHSI assured that good processes are in pace to manage RTT PTL
Cancer patient experience survey		Overall positive report but some areas identified for further work.	
Bowel screening actions		Update provided on the actions taken since previous report in June 2018. 21 of the 24 recommendations have been addressed and good progress made towards completing the final three	Follow up report for assurance that all completed
Quality Dashboard and heatmap		noted	
Review of regulation 28 letters		Review undertaken in response to an increase in regulation 28 letters from the coroner. No concerns but a number of actions identified.	Actions agreed for enhanced pre inquest process
CQC insight report		Provided for information/intelligence rather than assurance	In future the detail behind the report to be reviewed through clinical governance and exception reported to the QA Committee
Maternity update		The maternity team shared a presentation on key metrics in advance of presenting to the CCG Board	The QA Committee were assured that a robust governance framework is in place within the division and improvements have been made to some key metrics including a reduction in still births and an increase in smoking cessation
Patient Experience, Inclusion and Partnership Committee		Report noted no concerns escalated	
Mortality Committee		SHMI increased to 108.7. Good progress made with review of pneumonia cases	

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## Committee/Group Chair's Report

Risk Management Committee		Good report received on actions to reduce Ophthalmology risks. Noted risk escalated from paediatric risk register (NWTs unable to meet 3 hour standard due to staffing challenges)	
IT and Information Committee		Report noted	
Comments			
<b>Risks Escalated</b>			

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(Version 2.0 August 2018, Review: July 2020)

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	20 <sup>th</sup> November 2018	Date of next meeting:	22 <sup>nd</sup> January 2019
Chair:	Allan Duckworth	Parent Committee:	Board of Directors
Members Present:	A Duckworth, A Walker, S Martin, B Ismail, A Ennis	Quorate (Yes/No):	Yes
		Key Members not present:	J Bene, D Wakefield

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Finance Report (Month 7)		Director of Finance	<p>Key points noted from the Finance &amp; Activity Report:</p> <ul style="list-style-type: none"> <li>the Trust has a year to date deficit of £3.7m when PSF and impairments are excluded from the position, which is £1.4m worse than plan;</li> <li>against the total plan the Trust has a surplus of £0.1m, which is £2.6m less than plan;</li> <li>there were no additional non-recurrent Balance Sheet adjustments released into the position;</li> <li>agency costs are at £5.3m against a year to date NHSI target of £3.6m;</li> <li>ICIPs at £4.5m are £2.5m below plan for the year;</li> <li>the month end cash balance is £11.0m which is better than plan by £3.4m this month;</li> <li>year to date capital spend is £11.5m which is £3.3m above the capital plan; and,</li> <li>the Trust's Use of Resource Rating is 3 as at the end of Month 7, which is worse than plan.</li> </ul> <p>ICIP performance remains well below plan with the low level of risk adjusted schemes still a concern.</p> <p>Favourable variances on non-pay expenditure are now eroding, reflecting ICIP profile.</p> <p>Cap Ex is on track to achieve plan subject to cash flow constraints and will be reviewed after Christmas.</p>	<p>The latest forecast indicates a full year outturn somewhere between mid case and mid case plus (nearer to mid case plus).</p> <p>The key material risk for the year remains Divisional performance/ICIP delivery.</p> <p>Agency spend continues to be well above plan and NHSI targets. Some improvement is noted but the level and pace of this remains disappointing despite significant efforts reported.</p> <p>Divisional forecasts still exceed Trust plans by a significant amount, reflecting poor ICIP achievement.</p> <p>Ongoing concerns regarding agency spend and ICIP delivery now extended to include a potential impact on next year's plans.</p>

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## Committee/Group Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Finance Report (Month 7) continued			<p>NHSI/NHSE are fully briefed on the levels of risk and are working with the Trust to explore opportunities to improve the position.</p> <p>Positive progress has been made with the CCG regarding additional income.</p>	<p>The risk remains high that forward PSF targets may be missed.</p> <p>Potential pay award risks remain.</p> <p>Cash and UoR ratings are still regarded as key risks.</p>
Monthly Forecasting Process		Director of Finance	<p>The Committee received a paper setting out a proposed new approach to year end forecasting.</p> <p>The paper presented was acknowledged as being rather light on detail but further detail was provided verbally in the meeting regarding the comprehensive processes that will underpin the proposed approach.</p> <p>The Committee confirmed its support of the principle of moving towards a process of continuous financial planning, but asked that monthly reporting be extended to include appropriate tracking of forecast movements and actions etc to ensure F&amp;I Committee and Board are fully informed.</p> <p>Assurance was sought to ensure that Exec and Divisional Managers have bought-in to the proposal and will receive adequate training.</p>	<p>The Committee approved the adoption of this new approach to forecasting but suggested some additional schedules would be required in the finance report to enable Finance &amp; Investment Committee and Board members to track movements in the forecast together with appropriate action plans and commentary.</p>

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## Committee/Group Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Approach to Planning		Director of Finance	<p>The Committee received a letter from NHS Improvement and NHS England detailing the proposed approach to planning based on the new 5 year revenue budget settlement for the NHS 2019/20 to 2023/24.</p> <p>Further information was also presented verbally to help explain the proposed approach but a lack of detail prevented any meaningful assessment of its potential impact on Bolton FT at this stage.</p> <p>It was noted that a significant potential benefit over the longer term may arise from a consolidation of current PSF into tariffs, but this is unlikely to happen in full from 2019/20.</p> <p>Further details are expected in December.</p>	<p>Further details are expected in December at which point the Finance Director has been asked to distil the key elements of the new approach into a summary paper and to highlight in particular those areas that will impact upon the Trust.</p> <p>Due to timescales the Board will be consulted regarding an appropriate staged approval process for 2019/20.</p>
Chair Report from CRIG		Director of Finance	<p>The Committee received the Chair report from the CRIG meeting held on 13<sup>th</sup> November.</p> <p>One item was escalated to the Finance &amp; Investment Committee. This related to previously unplanned expenditure on an Electronic Document Management System. It was explained that this was not included in the original business case for EPR. Following lengthy discussion the Committee agreed that there was an urgent need to understand why this item was excluded from the original business case for EPR and why the situation has now changed. A Board paper should be prepared to provide this information and a full explanation as a matter of urgency.</p>	<p>The Committee recommends that the Board should be asked to consider a variation to the EPR business case.</p> <p>In order to facilitate this process a detailed paper will be prepared.</p>

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## Committee/Group Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Chair Report from the Strategic Estates Board		Director of Finance	<p>The Committee received the Chair report from the Strategic Estates Board meeting held on 14<sup>th</sup> November.</p> <p>Two risks were escalated as follows:</p> <p><b>Maternity refurbishment</b> – the business case has now reached £10.2m against an original budget of £6m. Clearly this represents a fundamental change in magnitude and the Committee has asked that the Strategic Estates Board urgently reviews the situation with a view to providing a full explanation of the increased costs, why this has come about and what options are available to meet strategic objectives.</p> <p><b>A&amp;E overspend £1.7m</b> – verbal assurance was provided that additional controls have now been implemented that will significantly improve project spending management in the future. Notwithstanding this verbal assurance, the Committee has asked the Strategic Estates Board to provide formal assurance as to the nature and effectiveness of these additional measures as soon as possible.</p>	<p>Strategic Estates Board to:</p> <ul style="list-style-type: none"> <li>undertake an urgent review of the maternity refurbishment business case and provide a full explanation of the increased costs, why this has come about and what options are available to meet strategic objectives; and,</li> <li>provide formal assurance as to the nature and effectiveness of additional control measures that are now in place to significantly improve project spending management in the future.</li> </ul>
Use of Resources Assessment – Update		Director of Finance	This report was provided in line with a request at October's meeting and is based on the actual submission.	A further report will be provided following the assessment, i.e. after the CQC report is received.
Tender Update		Director of Strategic Transformation	There were no new updates to report.	Noted.

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## Committee/Group Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Assurance Report on the Provision of IT Services to Bolton CCG		Director of Finance	<p>The Committee noted the additional assurance provided but did not feel the paper was comprehensive enough in terms of highlighting the levels of financial and non-financial benefits that will accrue to the Trust and to consider if these include adequate risk reward.</p> <p>Previously expressed concerns regarding potential longer term risks (eg including possible stranded costs on future termination) also require further consideration although it was noted that this aspect will be covered by the consultant/lawyer who is developing a full service contract.</p>	<p>Finance Director to provide a further paper summarising clearly the financial costs and benefits that will accrue to the Trust alongside the non-financial/strategic benefits in order to facilitate informed judgement as to whether there is sustainable financial viability including adequate risk reward.</p> <p>The paper should also cover potential longer term risks should the contract be terminated (e.g. stranded costs).</p>
<b>Comments</b>				
<b>Risks escalated for 2018/19</b> <ul style="list-style-type: none"> <li>Divisional Performance: Forecasts/ICIP identification and delivery/Pay Costs (agency) - key material risks for the year</li> <li>PSF Achievement (A&amp;E and Financial)</li> <li>Pay Awards: (AfC) – potential funding shortfall; medical pay awards; the recent iFM settlement</li> <li>Cash and UoR ratings (especially potential cash constraints under mid case forecasts)</li> <li>CapEx delivery (in particular if cash constrained)</li> <li>GM Integrated Care Control Total: risk for 18/19 capped at £263k, but longer term risks are more uncertain</li> </ul> <b>Other Matters Escalated</b> <ul style="list-style-type: none"> <li>Board to consider appropriate staged approval process for 2019/20 Plans (due to timescales involved)</li> <li>Board to consider a proposed variation to the previously approved EPR Business Case once a comprehensive explanatory paper has been produced to facilitate this.</li> </ul>				

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## Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

Name of Committee/Group:	Urgent & Emergency Care Board	Report to:	Board of Directors
Date of Meeting:	Tuesday 13 <sup>th</sup> November 2018	Date of next meeting:	Tuesday 11 <sup>th</sup> December 2018
Chair:	Su Long	Parent Committee:	Board of Directors
Members Present:	All System representatives present except NWAS.	Quorate (Yes/No):	Yes
		Key Members not present:	Dr Jackie Bene

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Social Care Winter Funding	Green	A Crook	<ul style="list-style-type: none"> <li>£1.4m into Local Authority for winter.</li> <li>Various schemes to maintain people in own homes.</li> </ul>	<ul style="list-style-type: none"> <li>Start ASAP for 16 weeks.</li> </ul>
Mental Health Diversion	Amber	S Edmondson G Baker	<ul style="list-style-type: none"> <li>Recognition that the diversion for low risk is better.</li> </ul>	<ul style="list-style-type: none"> <li>Meeting set up for action and review.</li> </ul>
LOS Review Discharge Pathways Audit	Green	I Khan	<ul style="list-style-type: none"> <li>Papers received on LOS review in Hospital.</li> <li>Key outcome that data within the norms.</li> </ul>	<ul style="list-style-type: none"> <li>Review by over 65's.</li> </ul>
Comments				
Risks escalated				

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<b>Meeting</b>	Board of Directors
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<b>Date</b>	Thursday 29 <sup>th</sup> November 2018
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<b>Title</b>	RTT Performance
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<b>Executive Summary</b>	To provide information on the current RTT position within the Trust, and the factors impacting performance.
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<b>Previously considered by</b>	N/A
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<b>Next steps/future actions</b>	Future update to be reported to Trust Board			
	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	Lisa Galligan-Dawson, Deputy Divisional	Presented by	Andy Ennis, Chief Operating Officer
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## **18 Week Referral to Treatment (RTT)**

### **Purpose of the Paper**

The purpose of this paper is to provide the Trust's Board with information on performance against the national Referral to Treatment (RTT) standard, the factors influencing the performance and the actions currently being undertaken. In addition, the paper provides a summary of the key actions needed to enable delivery of the Incomplete standard. Achievement of the Incomplete standard includes the total patients on the admitted and non-admitted PTL.

### **Background**

#### **The RTT Rules**

The 18 week referral to treatment (RTT) standard applies to consultant led elective pathways (except Genito-urinary medicine and maternity services). The target sets a maximum time of 18 weeks from the point of initial referral up to the start of any treatment necessary for all patients who want it, and for whom it is clinically appropriate.

Up until October 2015 there were three RTT standards. Admitted performance, Non-admitted performance and the Incomplete performance. Since the National guidance changed Trusts are only required to report on the Incomplete Standard (the Admitted, and Non-admitted standard are still monitored internally). When describing delivery of RTT, it is the Incomplete standard that is referred to. This can be described as:

"92% of patients on Incomplete pathways to be waiting less than 18 weeks".

#### **Performance Summary & Planning Guidance**

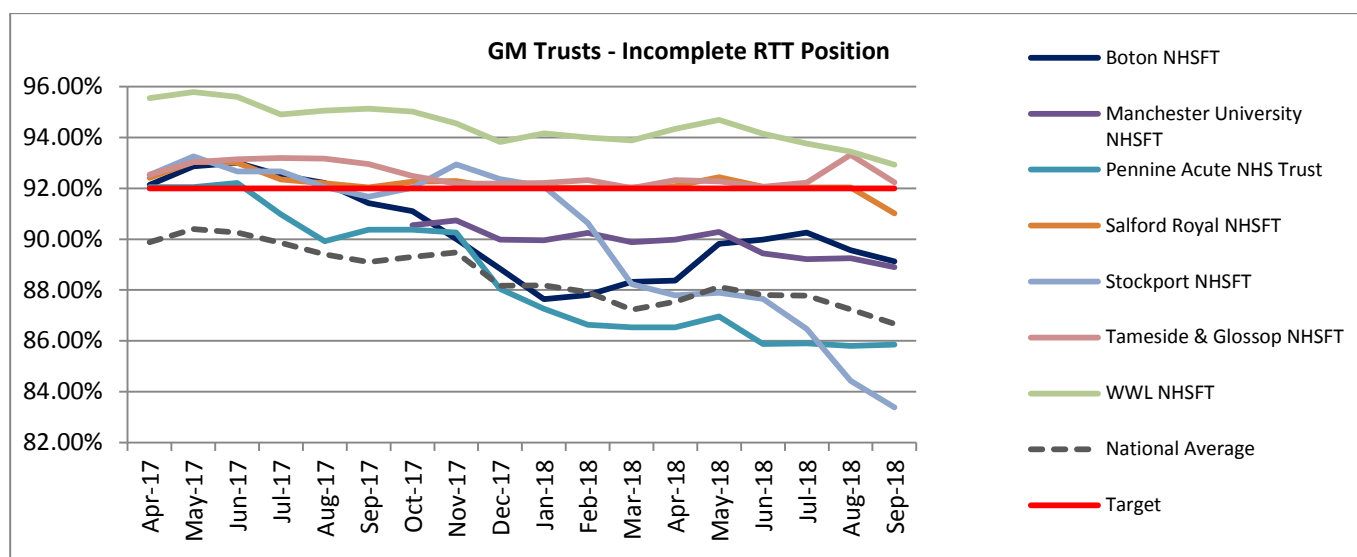
Nationally there has been deterioration in the performance of the 18 week Incomplete standard (92%). This is as a result of urgent care pressures, workforce challenges and increased demand. The Trust has failed to deliver the standard since September 2017.

In recognition of the challenges faced the recent joint NHS England and NHS Improvement planning guidance does not stipulate adherence to the 92% Incomplete standard. Instead it states that the RTT waiting list should be no higher in March 2019 than it was in March 2018. The total PTL size in March 2018 was 22812.

## Current Position

### Regional & National RTT Incomplete Position

The RTT position for all GM providers, and the national average, has worsened since April 2017 whilst the PTL size has universally grown. Bolton's RTT performance has dropped by 3% (which is slightly better than the national average), and the PTL size has increased by over 11%. With the exception of January and February 2018, Bolton's RTT performance has been above the national average for the past 18 months.



### GM Trust PTL and RTT Performance

#### Incomplete RTT Position

	Apr-17	Sep-18	Dif +/-
Bolton NHSFT	92.14%	89.12%	-3.02%
Manchester University NHSFT*	90.56%	88.90%	-1.66%
Pennine Acute NHS Trust	92.04%	85.85%	-6.20%
Salford Royal NHSFT	92.41%	91.01%	-1.40%
Stockport NHSFT	92.53%	83.38%	-9.15%
Tameside & Glossop NHSFT	92.54%	92.24%	-0.30%
WWL NHSFT	95.55%	92.93%	-2.61%
National Average	89.89%	86.67%	-3.22%

\*Benchmark position from Oct 17

#### PTL Size

	Apr-17	Sep-18	Dif +/-	% Dif
Bolton NHSFT	20,340	22,663	2323	11.42%
Manchester University NHSFT**	69,800	78,966	9166	13.13%
Pennine Acute NHS Trust	31,123	42,286	11163	35.87%
Salford Royal NHSFT	36,876	44,149	7273	19.72%
Stockport NHSFT	19,847	25,362	5515	27.79%
Tameside & Glossop NHSFT	11,912	13,234	1322	11.10%
WWL NHSFT	17,362	19,967	2605	15.00%

\*\*Combination of Central Manchester and UHSM Apr 17 PTL size

## Trust RTT Incomplete position

The Trust position in October 2018 was 89.36% against the Incomplete standard of 92%.

Activity Type	Period	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total RTT Incomplete Performance	2016/2017	95.5%	95.4%	94.9%	94.4%	93.1%	92.9%	93.5%	93.7%	92.5%	92.1%	92.1%	92.6%
	2017/2018	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.6%	87.8%	88.3%
	2018/2019	88.4%	89.8%	90.0%	90.3%	89.6%	89.1%	89.4%					
	Year on year	-4.1%	-3.3%	-3.3%	-2.4%	-2.9%	-2.5%	-1.7%					

The Trust position began to decline in 2016. The year started with monthly achievement of over 95%, with the last 4 months of the financial year achieving the target, but with performance at just over 92%; a drop of 3%.

## Productivity & Efficiency

The Trust generally performs well compared to peer, in terms of productivity and efficiency benchmarking. This includes new to follow up ratios, number of cases on a theatre list, number of patients seen in an outpatient clinic. GIRFT reports received for T&O, General Surgery and ENT were all favourable and confirmed the specialties were working productively.

It is accepted that there will be the ability to continue to improve on productivity and efficiency but there are no specialties highlighted as outliers in comparison to peers. This was evidenced through the Capacity & Demand exercise undertaken last year, using benchmarking data from CHKS.

## Activity against Plan

The table below demonstrates the activity delivered by key RTT specialties against the Trust's plan. The activity delivered as part of the RTT backlog reduction programme is shown separately.

Activity - 6 months only. April to September 2018

Specialty	Activity type	Plan	Actual	over / (under) activity delivery	over / (under) activity delivery analysis	
					RTT activity	underlying contract delivery
T&O	Admitted	1,309	1,365	56	57	(1)
	Non admitted	16,039	16,495	456	139	317
General Surgery	Admitted	3,067	3,975	908	67	841
	Non admitted	9,193	9,148	(46)	73	(119)
Plastic Surgery	Admitted	348	388	40	77	(37)
	Non admitted	1,669	1,779	109	53	56
Ophthalmology	Non admitted	23,828	25,976	2,149	584	1,565
Gynaecology	Admitted	669	620	(48)	8	(56)
	Non admitted	9,001	9,504	503	28	475
Cardiology	Non admitted	13,912	14,798	887	85	802
ENT	Non admitted	9,466	9,389	(77)	995	(1,072)
Oral Surgery	Non admitted	3,625	3,870	245	7	238

With the exception of ENT all specialties are over performing against the plan, even when the RTT backlog reduction activity is removed.

### Factors Impacting RTT Performance

There are a number of factors impacting the Trust's ability to deliver the RTT standard. Capacity & Demand mismatch is the key reason.

### Capacity & Demand

The capacity and demand modelling was last completed in full in November 2017. The following information is based on 2017/18 data, which is used to forecast the year 2018/19. \*6 month data, extrapolated up to give 12 month average. The next review of Capacity and demand is planned for 2019.

The outcome of the C&D modelling was:

Specialty	New Demand (Referrals - Removals) Apr – Sept 17	New Core Capacity – Apr – Sept 17	Diff between New Core Capacity and Demand	Follow-up Demand Apr – Sept 17	Follow-up Core Capacity Apr – Sept 17	Diff between Core Capacity and Demand	IP/DC Demand including Planned patients Apr – Sept 17	IP / DC Elective Core Capacity Apr – Sept 17	Diff between IP/DC Core Capacity and Demand
Breast Surgery	4332	3654	-678	4787	3402	-1385	552	463	-89
Cardiology	2971	2322	-649	5392	5876	484			
Colorectal Surgery	3057	1944	-1113	3869	3558	-311	938	928	-10
Dermatology	5006	5144	138	6292	6286	-6			
Ent	5892	4798	-1094	10140	10235	95	1370	1559	189
Gastroenterology	3788	2212	-1576	7743	5390	-2353			
Gynaecology	3996	4146	150	3104	3322	218	836	865	29
Ophthalmology	10773	7369	-3404	33843	28886	-4957	6940	6804	-136
Oral Surgery	3580	2780	-800	3439	3182	-257	670	581	-89
Orthopaedic Interface Service	8115	8169	54	747	1536	789			
Paediatric Surgery	609	567	-42	269	315	46	142	133	-9
Plastic Surgery	777	875	98	1160	1428	268	688	648	-40
Rheumatology	1900	1717	-183	8185	8447	262			
Trauma & Orthopaedics	2945	2832	-113	4267	4144	-123	1798	1721	-77
Upper Gastrointestinal Surgery	2193	1655	-538	1145	1099	-46	1030	789	-241
Urology	2334	1926	-408	3893	3374	-519	802	625	-177
Vascular Surgery	1180	1296	116	1334	1881	547	182	139	-43

It is clear to see from the data that there are significant capacity shortfalls across a number of key specialties. It is important to recognise that this information represents the overall capacity and demand in specialties; which will include non-RTT patients. Non-RTT patients can include nurse led activity, patients who have already had their first treatment and are being followed up afterwards, and those being seen following emergency attendance.

All surgical specialties identified in the table above have a gap between the demand for Elective inpatient and Day case Surgery and the core capacity available. For example Breast Surgery have a core capacity for 463 Inpatient / Day case surgeries and the demand in the period was for 552 inpatient/Day case surgeries, therefore a shortfall in core capacity for 89 surgeries.

There are significant challenges in Breast Surgery, Colorectal Surgery, ENT, Gastroenterology, Ophthalmology, Upper GI, T&O, Oral Surgery and Urology.

There are further capacity challenges at sub specialty level in a number of areas. For example T&O; there is a significant shortfall in Lower Limb and Trauma capacity. In the same way that urgent cancer referrals lead to longer waits for routine patients, the shortfall in Trauma capacity regularly results in Elective theatre lists being converted to Trauma, to meet the emergency demand.

The shortfall in Urology pertains to a consultant vacancy which at present they are unable to fill.

The Capacity & Demand exercise has been completed a number of consecutive years, and there have been ongoing capacity deficits in the following areas:

Total Outpatient Referrals	Period	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total/ Year End	Diff
Breast Surgery	2016/2017	448	452	496	403	376	394	396	443	330	431	450	488	5107	
	2017/2018	335	374	413	372	343	388	425	457	309	445	397	448	4706	-7.9%
	2018/2019	450	487	472	489	449	458	533						5722	21.6%
	Year on year	34.3%	30.2%	14.3%	31.5%	30.9%	18.0%	25.4%							
	Year on year YTD	34.3%	32.2%	25.6%	27.0%	27.8%	26.1%	26.0%							
Colorectal Surgery	2016/2017	359	350	349	342	373	345	363	395	310	370	313	418	4287	
	2017/2018	337	411	433	420	358	379	419	409	326	367	344	394	4597	7.2%
	2018/2019	371	454	379	423	400	375	451						4891	6.4%
	Year on year	10.1%	10.5%	-12.5%	0.7%	11.7%	-1.1%	7.6%							
	Year on year YTD	10.1%	10.3%	1.9%	1.6%	3.5%	2.7%	3.5%							
Orthopaedic Interface Service	2016/2017	763	734	740	670	698	743	697	619	575	676	697	782	8394	
	2017/2018	807	975	911	919	891	770	779	789	638	715	736	820	9750	16.2%
	2018/2019	831	915	938	863	798	832	872						10370	6.4%
	Year on year	3.0%	-6.2%	3.0%	-6.1%	-10.4%	8.1%	11.9%							
	Year on year YTD	3.0%	-2.0%	-0.3%	-1.8%	-3.5%	-1.8%	0.0%							
Upper Gastrointestinal Surgery	2016/2017	187	187	208	165	190	186	203	193	158	198	177	199	2251	
	2017/2018	145	128	152	159	166	157	175	169	136	188	165	187	1927	-14.4%
	2018/2019	189	182	136	177	173	132	162						1973	2.4%
	Year on year	30.3%	42.2%	-10.5%	11.3%	4.2%	-15.9%	-7.4%							
	Year on year YTD	30.3%	35.9%	19.3%	17.1%	14.3%	9.0%	6.4%							
Urology	2016/2017	302	315	356	340	260	324	342	309	291	347	264	383	3833	
	2017/2018	264	302	286	291	321	277	308	298	272	287	304	325	3535	-7.8%
	2018/2019	309	313	332	306	352	286	324						3809	7.8%
	Year on year	17.0%	3.6%	16.1%	5.2%	9.7%	3.2%	5.2%							
	Year on year YTD	17.0%	9.9%	12.0%	10.2%	10.1%	9.0%	8.4%							
<b>New Outpatients</b>															
Diff between core capacity and demand		15/16	16/17	17/18											
	Breast Surgery	-998	-1328	-1098											
	Colorectal Surgery	-1299	-1172	-1113											
	Upper Gastrointestinal Surgery	-196	-289	-538											
	ENT	-977	-927	-1094											
	Oral Surgery	-673	-604	-800											
	Ophthalmology	-1986	-3437	-3405											

\*Year on year compares month against month for 18/19 compared to 17/18

\* Year on year YTD compares the full year up until the latest data available for 18/19. (April to October)

In addition to the shortfalls in capacity against demand last year, the following information on referrals demonstrates an upward trend in demand. There is also an increase in the number of urgent and suspected cancer referrals being received. Clinically, these patients are prioritised over routine referrals. As specialties are unable to create enough additional capacity for all patients, RTT patients wait longer as they are lower clinical priority. The data below includes referrals from all CCGs.

## Referrals

Activity Type	Period	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Growth
Total Outpatient Referrals	2016/2017	11053	10987	11387	10809	10868	10812	10937	11151	9507	10764	10355	11982	130612	
	2017/2018	9763	11198	11091	10995	10235	10365	11363	11458	8681	10824	10070	11556	127599	-2.3%
	2018/2019	10946	11723	11104	11498	10917	9783	11542						132879	4.1%
	Year on year	12.1%	4.7%	0.1%	4.6%	6.7%	-5.6%	1.6%							
	Year on year YTD	12.1%	8.1%	5.4%	5.2%	5.5%	3.7%	3.3%							
Total Referrals per Working Day	2016/2017	526	549	518	515	494	491	521	507	475	489	518	521	510	
	2017/2018	542	533	504	524	465	494	517	521	457	492	504	550	509	-0.4%
	2018/2019	547	558	529	523	496	489	502						521	2.4%
	Year on year	0.9%	4.7%	4.9%	-0.2%	6.7%	-0.9%	-2.8%							
	Year on year YTD	0.9%	2.8%	3.5%	2.5%	3.3%	2.6%	1.8%							
Outpatient Referrals Made GP and Other - 2WW	2016/2017	731	797	773	748	756	725	755	812	657	772	750	861	9137	
	2017/2018	658	808	819	804	788	769	857	858	605	786	736	899	9387	2.7%
	2018/2019	822	969	913	965	968	880	1055						11266	20.0%
	Year on year	24.9%	19.9%	11.5%	20.0%	22.8%	14.4%	23.1%							
	Year on year YTD	24.9%	22.2%	18.3%	18.8%	19.6%	18.7%	19.4%							

\*Year on year compares month against month for 18/19 compared to 17/18

\* Year on year YTD compares the full year up until the latest data available for 18/19. (April to October)

Referrals were down in 2017/18 due to Easter period in April 2017 and in March in 2018. Referrals per working day demonstrates the demand more accurately and 16/17 compared to 17/18 shows demand as static.

Demand for T&O is expected to be down, as referrals now come through an interface service. Referrals to the interface service have increased (but it is noted that there is still market share loss due to the waiting times); the interface service only refer patients specifically for surgery or with complex conditions on to the T&O consultants. The pathway is designed to make best use of consultant resource.

4 Business cases for the following specialties have been approved and will help address the capacity deficit. However, the lead in time for implementation due to the recruitment could be up to 12 months:

- General Surgery Consultant
- Orthopaedic Lower Limb consultant
- Ophthalmology – Medical and Nursing
- Endoscopy - Nursing

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### **Additional factors impacting Performance**

There are a number of additional factors which when added together have impacted RTT performance.

#### **Junior Doctors strike.**

In 2016 there was a national junior doctors strike. As a result, urgent work and emergency cases were prioritised, and as a result the Trust lost 855 new slots and 573 follow up slots; a total of 1428 units of clinic activity. In addition, there were 85 elective procedures cancelled. Over a period of time, the loss of activity has impacted on the RTT performance.

#### **Change of Contract**

In April 2016 the Trust changed from a Payments by Result (PbR) contract to an Aligned Incentive Contract (AIC) with its main CCG (Bolton CCG). There are many benefits to the contracting arrangements, but there is no direct and immediate additional income associated with delivering extra activity. Previously, if there was growth in backlog, or the waiting time to first attendance had increased the Trust was able to offset the costs of delivering this performance related activity with income. As this is no longer the case with the AIC contract, any additional activity provided is focussed only on clinical need, as all WLI delivered is at premium rate and is a cost pressure to the Trust.

#### **Urgent Care Pressures**

Nationally, there has been a focus on Urgent Care, particularly over the winter of 2016/17 and 2017/18 with mandated elective down time of 4 weeks. This resulted in a number of pre-planned cancellations, which would not be recorded in the cancellation figures below, as well as lists cancelled prior to patients being booked to them. Given the requirement to have a protected environment for Orthopaedic joint cases, the elective downtime for this specialty was 6 weeks. As a result of the planned down time, elective surgical pathways which use inpatient beds were all delayed. I.e. Patients currently being treated at 30 weeks, were treated at 34 weeks, Orthopaedic patients at 36 weeks, were treated at 42 weeks.

This has resulted in the elongation of pathways for all surgical patients, which has not been recovered.

The Trust saw 1576 cancellations in 2017/18. 686 were as a result of bed pressures.

The trust saw 734 cancellations in 2018/19 (Apr - Sep) 219 were as a result of bed pressures.

(This includes patients cancelled on the day and those placed on 'standby' the day prior and who did not get admitted for their treatment).

The Trust has opened additional Day Care beds with the aim of reducing the number of patients cancelled due to bed pressures.

## Data Quality

Over recent years, the Trust has lost some of its organisational knowledge in relation to RTT. In addition, there is a significant gap in training. As a result, there are data quality issues impacting RTT. These include patients added to RTT pathways that should be excluded, and incorrect clock stops. Both of these could impact on performance.

Work on improving knowledge and training commences in November 2018 with the support of NHSI.

## 52 Week Breaches

In 2018/19 there has been an increase in the number of 52 week breaches.

The Trust does not have a waiting list containing patients over 52 weeks; but there have been patients treated beyond their 52 week breach date. In some instances this is due to pathway delays and capacity (time to first appointment, time to surgery). Some of the patients who have been treated after their 52 week breach date could have been treated before 52 weeks, but declined these earlier treatment dates.

In a number of instances, patients breaching 52 weeks have only been identified through validation due to the start date of the 18 week pathway being recorded incorrectly when patient attended an appointment or had treatment.

In 2018/19 (YTD) there have been 39 reportable 52 week breaches. On some occasions breaches of the standard are recorded on 'incomplete pathways' before a patient receives their treatment. Once they are treated, this is also recorded as a breach of the standard and would be recorded against either 'admitted' or 'non-admitted' performance. The 39 breaches of the 52 weeks standard equates to a total of 22 patients.

The Trust is currently performing poorly on 52 weeks breaches compared to most other Trusts in GM.

### GM 52 Week Breach Summary

	17/18 Total	18/19 YTD	17/18 Monthly Avg	18/19 Monthly Avg
Bolton NHSFT	24	39	2.00	6.50
Manchester University NHSFT**	227	760	18.99	126.67
Pennine Acute NHS Trust	7	113	0.58	18.83
Salford Royal NHSFT	5	0	0.36	0
Stockport NHSFT	11	25	0.92	4.17
Tameside & Glossop NHSFT	1	0	0.08	0
WWL NHSFT	6	0	0.50	0

\*\*Combination of Manchester University NHSFT, Central Manchester and UHSM

YTD is Apr - Sep 18



## Actions Taken to Recover the RTT Position

Over the course of the year there have been a number of key actions taken to help recover the RTT position.

### Backlog Reduction

The Trust, in conjunction with the CCG agreed a programme of additional activity in key specialties with the aim of reducing the backlog. Over the course of 5 months activity was delivered to stop an additional 1243 outpatient pathways, and an additional 225 inpatient pathways. In line with agreement with the CCG, some additional activity was also delivered focussing on high risk follow up patients as opposed to RTT pathways.

Overall, 1468 additional pathway clocks were stopped in this time period. All of these patients would have breached their 18 week pathway by 31.10.18. Performance without these additional clock stops would have dropped to 85.42%.

### Current RTT Position

	Under 18 Weeks	Over 18 Weeks	Total	%	PTL Size 31/03/18	Diff
Current October RTT Position	20276	2415	22691	89.36%	22812	-0.5%
Position Minus Backlog	20637	3522	24159	85.42%	22812	5.9%

Whilst the programme of backlog reduction work was welcomed; this was reliant on goodwill and adhoc activity which is neither operationally or financially sustainable. There was an impact on the plan due to consultant annual leave and sickness in August and the ability to deliver all the additional activity required, and resulted in less inpatient activity taking place than planned.

### Delivery of Additional Activity

Despite cost pressures the Trust regularly delivers a number of Waiting List Initiatives (WLIs) across key specialties to help reduce the impact of capacity deficits, and to manage key pressures in specialties (including urgent and cancer patients).

360 additional Waiting List Initiatives have been undertaken April – September 2018. These sessions are often covered using goodwill, and all of them are delivered at premium spend.

The cost of delivering these additional sessions has been £403,225. As the Waiting List initiative are expected to continue for the remainder of the financial year, the cost is expected to be £806,451 for the full year (6 months actuals, extrapolated in to full year effect, assuming no change to pay rates or level of activity). These costs exclude the specific RTT Backlog Reduction Programme of work.

## Cost of WLI Delivery

			12 month estimate	
		6 month activity (excl. RTT and SARC)	Sessions	Cost £
T&O	Inpatient	8	16	33,537
	Outpatient	7	14	44,976
General Surgery	Inpatient	13	26	54,498
	Outpatient	55	110	83,444
Plastic Surgery	Inpatient	3	6	7,220
	Outpatient	1	2	1,517
Breast	Inpatient	45	89	186,552
	Outpatient	117	234	177,508
Ophthalmology	Outpatient	26	52	64,336
ENT	Outpatient	5	10	9,759
Oral Surgery	Inpatient	3	6	5,855
	Outpatient	13	26	25,373
Urology	Inpatient	31	62	62,000
	Outpatient	33	67	49,875
<b>TOTAL</b>	<b>Inpatient</b>	<b>103</b>	<b>205</b>	<b>349,664</b>
	<b>Outpatient</b>	<b>257</b>	<b>515</b>	<b>456,787</b>
				<b>806,451</b>

It should be noted that these are the key specialty costs; this does not include significant costs in Radiology, covered with premium pay and outsourcing, and other support services – Administration and Clerical Services, Laboratory Medicine, Pharmacy etc.

## Collaborative Work

In October 2018 the Trust undertook its first joint lists in the specialty of Trauma & Orthopaedics, working in collaboration with Wrightington, Wigan and Leigh (WWL). Additionally, from November 2018 the Trust has delivered an additional surgical list per week at Leigh for General Surgery.

The T&O list now being undertaken at WWL originally ran at Bolton. The list is being trialled in a cold site to help assess the impact on productivity and effectiveness, and to give some much needed additional capacity to treat Trauma patients at Bolton, in the vacated theatre list. The outcome of the trial will be considered at the end of March 2019.

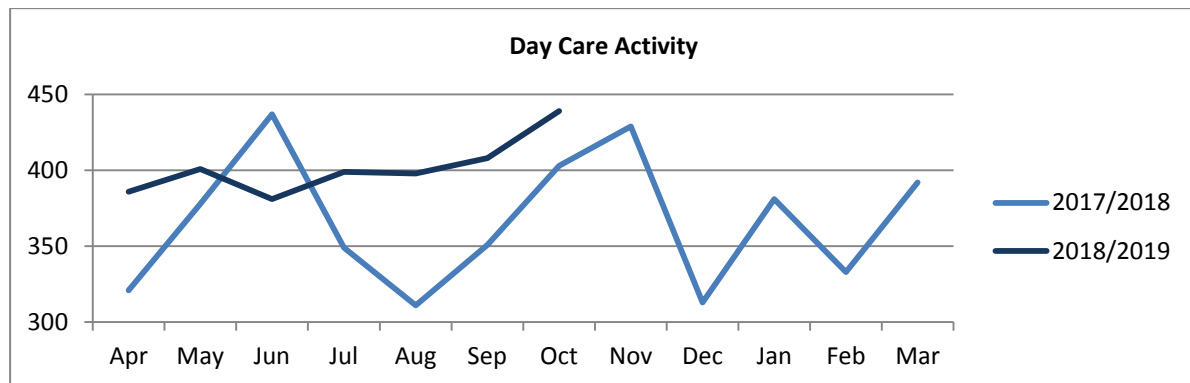
The General Surgery theatre list is additional capacity being delivered through WLI presently. The outcome of the trial will be considered at the end December 2018.

## Expansion of Day Care beds

Space vacated by the Endoscopy department, when they moved to the new unit has been used to expand the number of day care beds.

In addition, the department has increased its working hours in order to maximise the number of patients who can be accommodated in the department, who ordinarily would have needed to use an Inpatient bed; thus being at risk of cancellation and reducing the overall number of elective patients who would have been treated.

Day Care Unit have accommodated 2812 patients YTD 2018/19 compared to 4398 in 2017/18 (2550 Apr – Oct). This is a year to date increase of 262 admissions (10.3%). It is reasonable to assume that given urgent care pressures, these additional patients would have been cancelled.



#### Service Improvement Initiatives

The Trust, in conjunction with the CCG, has opened the virtual eye service at Waters Meeting. This will create an additional 2500 slots per annum and is an initiative introduced to help reduce the capacity deficit.

The Trust is working with NHSI in terms of RTT Improvement and plans to commence a programme of work from November 2018. Additionally the Trust is engaged with the Four Eyes consultancy to maximise productivity and efficiency in theatres.

#### What can we achieve

Despite delivering additional activity in the backlog reduction programme. The number of patients moving from under 18 weeks to over 18 weeks increased. Some of the reasons that recovery was not as expected, include:

- 309 of the new outpatient appointments planned in Ophthalmology as part of the backlog reduction programme (which would have delivered a minimum of 260 clock stops) were converted to follow up appointments. This was in agreement with the CCG to address clinical risk. This reduced the number of clock stops expected.
- Theatres / anaesthetics staffing has impacted on the ability to deliver the volume of admitted activity (operations / procedures) detailed in the original plan (which is guaranteed to stop the 18 week clock). The plan also assumed the delivery of theatre lists at Leigh Infirmary from July, which did not commence until November 18.

- The number of cancellations had been higher than expected in the 3 months where additional RTT surgical activity was planned (June, July, August) during the backlog reduction programme. The project plan included expected cancellations of 292; the actual cancellations were 385; an additional 93 above the projected figures.

Of the 385 cancellations impacting the project period, there were 147 cancellations in T&O predominantly as a result of trauma demand and 109 of the cancellations were as a result of bed pressures. The remaining cancellations were a combination of non-clinical reasons, but unprecedented amounts of sickness and emergency leave in theatres and anaesthetics were contributory factors.

Cancellations can result in patients over 18 weeks continuing to be untreated (backlog) or patients who were to be treated in time becoming over 18 weeks (added to the backlog).

Although there has been a recent increase in day care beds, this has not fully mitigated against the number of cancellations as a result of bed pressures.

- The Trust has seen a significant increase in 2ww suspected cancer referrals (20%), and subsequently some planned RTT patients have been postponed to deal with the clinically urgent patients referred on these pathways.

### Delivering RTT in Core Capacity

The specialties highlighted in green would be able to deliver 92% incomplete standard based on core capacity. Those highlighted in red would not be able to achieve.

Inclusive of regular WLIs, the same specialties fail to achieve. This is because the underlying capacity gap is too great. The additional WLIs simply reduce the deficit, but do not eliminate it.

<b>Bolton NHS Foundation Trust</b> <b>RTT/Stages of Treatment Data</b> <b>Based on data from C&amp;D in 2017/18 (April to September 2017 extrapolated up to 12 months)</b>										
<b>New</b>										
	Demand		Core Capacity				Core Capacity and Regular WLI			
Specialty	New Outpatient Demand (Referrals - Removals)	New Outpatient Core Capacity (patients)	Gap between Outpatient Core Capacity and Demand	Wait to First New Outpatient Appointment (weeks)	Wait to First New Outpatient Appointment Milestone Wait (weeks)	Increase in Patients on Outpatient Waiting List per Week (not just RTT applicable)	Regular New Outpatient WLI (patients)	Gap between Outpatient Core Capacity + Regular WLI and Demand	Wait to First New Outpatient Appointment with Regular WLI included (weeks)	Increase in Patients on Outpatient Waiting List per Week (not just RTT applicable)
Breast Surgery	4332	3654	-678	5.2	2.0	13	576	-102	4.5	2
Cardiology	2971	2322	-649	16.5	6.0	12		-649	16.5	12
Colorectal Surgery	3057	1944	-1113	11.2	6.0	21	864	-249	7.8	5
Dermatology	5006	5144	138	11.5	6.0	-3		138	11.5	-3
Ent	5892	4798	-1094	12.3	6.0	21		-1094	12.3	21
Gastroenterology	3788	2212	-1576	17.2	6.0	30		-1576	17.2	30
Gynaecology	3996	4146	150	7.6	6.0	-3		150	7.6	-3
Ophthalmology	10773	7369	-3404	17.5	8.0	65		-3404	17.5	65
Oral Surgery	3580	2780	-800	12.4	6.0	15		-800	12.4	15
Orthopaedic Interface Service	8115	8169	54	10.2	2.0	-1		54	10.2	-1
Paediatric Surgery	609	567	-42	11.7	6.0	1		-42	11.7	1
Plastic Surgery	777	875	98	8.4	6.0	-2		98	8.4	-2
Rheumatology	1900	1717	-183	11.6	6.0	4		-183	11.6	4
Trauma & Orthopaedics	2945	2832	-113	3.0	4.0	2		-113	3.0	2
Upper Gastrointestinal Surgery	2193	1655	-538	9.7	6.0	10		-538	9.7	10
Urology	2334	1926	-408	13.3	6.0	8	204	-204	12.1	4
Vascular Surgery	1180	1296	116	10.8	6.0	-2		116	10.8	-2

Follow-Up					
	Demand	Core Capacity		Core Capacity and Regular WLI	
Specialty	Follow-Up Outpatient Demand (based in Demand*New to Follow-Up Ratio)	Follow-Up Outpatient Core Capacity (patients)	Gap between Follow-Up Core Capacity and Demand	Regular Follow-Up WLI (patients)	Gap between Follow-Up Core Capacity + Regular WLI and Demand
Breast Surgery	4787	3402	-1385	348	-1037
Cardiology	5392	5876	484		484
Colorectal Surgery	3869	3558	-311	564	253
Dermatology	6292	6286	-6		-6
Ent	10140	10235	95		95
Gastroenterology	7743	5390	-2353		-2353
Gynaecology	3104	3322	218		218
Ophthalmology	33843	28886	-4957		-4957
Oral Surgery	3439	3182	-257		-257
Orthopaedic Interface Service	747	1536	789		789
Paediatric Surgery	269	315	46		46
Plastic Surgery	1160	1428	268		268
Rheumatology	8185	8447	262		262
Trauma & Orthopaedics	4267	4144	-123		-123
Upper Gastrointestinal Surgery	1145	1099	-46		-46
Urology	3893	3374	-519	168	-351
Vascular Surgery	1334	1881	547		547

Elective - Inpatient/Daycase													
	Demand	Core Capacity					Core Capacity and Regular WLI				Inpatient/ Daycase Waiting List		
Specialty	Elective Demand including Planned Patients Due	Elective Core Capacity (patients)	Gap between Elective Core Capacity and Demand	Wait to Elective Inpatient/ Daycase (weeks)	Wait to Elective Inpatient/ Daycase Milestone Wait (weeks)	Increase in Patients on Inpatient/ Daycase Waiting List per Week (not just RTT applicable)	Regular Elective WLI (patients)	Gap between Elective Core Capacity + Regular WLI and Demand	Wait to Elective Inpatient/ Daycase with Regular WLI included (weeks)	Increase in Patients on Inpatient/ Daycase Waiting List per Week (not just RTT applicable)	Previous Inpatient/ Daycase WL Size - 05/11/17 (not just RTT applicable)	Current Inpatient/ Daycase WL Size - 04/11/18 (not just RTT applicable)	Diff
Breast Surgery	552	463	-89	6.7	4.0	2	12	-77	6.6	1	66	60	-6
Colorectal Surgery	938	928	-10	9.3	6.0	0		-10	9.3	0	162	166	4
Ent	1370	1559	189	4.4	6.0	-4		189	4.4	-4	198	133	-65
Gynaecology	836	865	29	15.6	6.0	-1		29	15.6	-1	207	259	52
Ophthalmology	6940	6804	-136	2.5	6.0	3		-136	2.5	3	475	325	-150
Oral Surgery	670	581	-89	11.5	6.0	2		-89	11.5	2	170	129	-41
Paediatric Surgery	142	133	-9	13.7	6.0	0		-9	13.7	0	42	35	-7
Plastic Surgery	688	648	-40	10.7	6.0	1		-40	10.7	1	102	133	31
Trauma & Orthopaedics (inc loss to Tra)	1798	1721	-77	9.7	6.0	1		-77	9.7	1	320	321	1
Upper Gastrointestinal Surgery	1030	789	-241	21.7	6.0	5		-241	21.7	5	328	329	1
Urology	802	625	-177	16.1	6.0	3	288	111	11.0	-2	187	194	7
Vascular Surgery	182	139	-43	9.4	6.0	1		-43	9.4	1	35	25	-10

### Delivering RTT in winter during Urgent Care Pressures

Given the current capacity and demand gaps it will not be possible to meet the RTT 92% incomplete standard over the winter period.

However, to deliver the planning guidance criteria of existing list size (no bigger on 31 March 2019 compared to 2018) the Trust would need to continue to remove 8500 patients from the PTL per month. To do this, it would need to deliver activity at the same rate as April–September 2018. Over this period, the Trust has prevented further deterioration of the RTT Incomplete Standard with the delivery of additional activity, and the backlog reduction programme of work, and the PTL size is marginally less than in March 2018. This will crudely equate to backlog reduction costs, and run rate costs for April–Sept 2018 including all WLI's.

Any additional activity lost during the winter period as a result of urgent care pressures needs to be re-provided in terms of activity numbers.

### **Eliminating 52 week breaches**

In order to eliminate 52 week breaches, the Trusts pre-designed Milestone wait targets need to be delivered. This includes investment to reduce the time to first appointment, diagnostics and all stages of treatment.

Additionally, the Trust needs to simultaneously deliver backlog clearance at a rate to prevent further backlog growth.

### **Reducing the number patients over 40 weeks**

Delivering the Milestone wait targets will also reduce the number of patients waiting over 40 weeks.

The backlog reduction work focussed on the longest waiting patients, and as a result the number of patients currently waiting over 40 weeks has reduced in Month 7.

Activity Classification	Fiscal Month/Year	1	2	3	4	5	6	7	8	9	10	11	12
RTT Incomplete Pathways Over 40 Weeks	2017/2018	37	32	30	24	32	32	35	37	45	58	68	94
	2018/2019	95	97	126	113	107	141	66					

### **Delivering 92% Incomplete**

In order to remain static, the Trust needs to remove 8500 patients from the PTL per month. To deliver 92%, the Trust would need to reduce the backlog by a further 600, (and continuously deliver the 8500 removals).

However, the Trust has only been able to remain static due to the volume of WLI's being delivered and all the additional activity delivered through the backlog reduction work.

Therefore, this level of activity is required for the remainder of the year, just to remain static. This will be challenging to deliver as additional activity has already ceased due to funding restrictions (with the exception of Ophthalmology), there is the Christmas period, and planned elective down time to support urgent care pressures.

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### **Next Steps**

The Trust is commencing with recruitment to the 4 funded business cases, which will significantly reduce the gap between capacity and demand in these areas.

Waiting list initiatives are currently continuing in the Ophthalmology service. However, no further additional RTT activity is currently being delivered.

The Trust will continue to deliver service improvement initiatives, including Waters meeting virtual eye clinics, and increased day case bed capacity.

### **Conclusion**

Recommendations are to continue to work towards fully matching capacity and demand. In the interim premium rate WLIs are unavoidable, and funding additional RTT activity across all key specialties is essential.

For the Trust to deliver the planning guidance (PTL size to be no greater than it was 31.03.18) it will need to deliver the same level of activity it did from April to September 2018 in the remainder of the financial year. This will need to include any activity lost during the elective down time, any lost due to pressures in urgent care, and recouping reductions in additional activity in the current months.

# Integrated Summary Dashboard - October 2018

## Executive Summary



**Bolton**

NHS Foundation Trust

Trust Objective	RAG Distribution	Total
<b>Quality and Safety</b>		
Harm Free Care		19
Infection Prevention and Control		9
Mortality		4
Patient Experience		16
Maternity		12
<b>Operational Performance</b>		
Access		11
Productivity		12
Cancer		7
Community		6
<b>Workforce</b>		
Sickness, Vacancy and Turnover		3
Organisational Development		6
Agency		4
<b>Finance</b>		
Finance		5
<b>Use of Resources</b>		
Clinical Services		4
People		6
Clinical Support Services		2
Corporate Services, Procurement, Estates & Facilities		5
Finance		5
<b>Appendices</b>		
Heat Maps		

## Understanding the Report

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

### RAG Status

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

### Trend

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



## Integrated Summary Dashboard - October 2018

### Quality and Safety

#### Harm Free Care

##### Falls

The quarterly falls report (Quarter two) will be presented at November's Quality Assurance Committee. There has been a sustained reduction in inpatient falls month on month since April when there were 5.22 falls per 1000 bed days. The October figure is 3.60 falls per 1000 bed days with a cumulative figure to date of 4.48 falls per 1000 bed days. The Trust target is 5.3.

##### Pressure Ulcers

Pressure Ulcers were presented at the November Quality Assurance Committee, where improvements were noted.

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%	95.9%	Oct-18			>= 95%	97.3%	Sep-18		>= 95%	96.6%		95.4 - 97.8%	
9 - Never Events	= 0	0	Oct-18			= 0	1	Sep-18		= 0	2		0 - 1	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	3.60	Oct-18			<= 5.30	3.97	Sep-18		<= 5.30	4.48		3.60 - 7.30	
14 - Inpatient falls resulting in Harm (Moderate +)	= 0	1	Oct-18			= 0	0	Sep-18		= 0	11		0 - 4	
15 - Acute Inpatients acquiring pressure damage (grd 2)	<= 6.0	5.0	Oct-18			<= 6.0	4.0	Sep-18		<= 42.0	48.0		3.0 - 15.0	
16 - Acute Inpatients acquiring pressure damage (grd 3)	<= 0.5	0.0	Oct-18			<= 0.5	0.0	Sep-18		<= 3.5	3.0		0.0 - 2.0	
17 - Acute Inpatients acquiring pressure damage (grd 4)	= 0.0	0.0	Oct-18			= 0.0	0.0	Sep-18		= 0.0	0.0		0.0 - 0.0	
18 - Community patients acquiring pressure damage (grd 2)	<= 7.0	3.0	Oct-18			<= 7.0	4.0	Sep-18		<= 49.0	50.0		2.0 - 12.0	

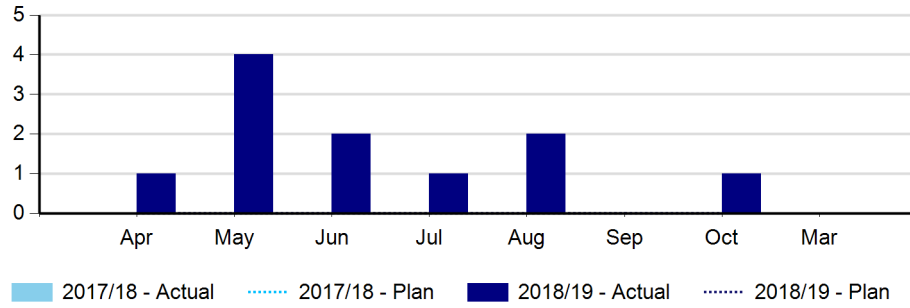
## Integrated Summary Dashboard - October 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
19 - Community patients acquiring pressure damage (grd 3)	<= 4.0	3.0	Oct-18			<= 4.0	1.0	Sep-18		<= 28.0	29.0		1.0 - 10.0	
20 - Community patients acquiring pressure damage (grd 4)	<= 1.0	1.0	Oct-18			<= 1.0	1.0	Sep-18		<= 7.0	6.0		0.0 - 3.0	
21 - Total Pressure Damage due to lapses in care	<= 6	4	Oct-18			<= 6	5	Sep-18		<= 39	38		2 - 13	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	90.1%	Q2 2018/19			>= 90%	91.8%	Q1 2018/19		>= 90%	91.0%		86.0 - 91.8%	
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	90.0%	Q2 2018/19			>= 90%	90.0%	Q1 2018/19		>= 90%	90.0%		83.3 - 100.0%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	80.7%	Oct-18			>= 80%	80.2%	Sep-18		>= 80%	78.8%		76.7 - 81.8%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	78.7%	Oct-18			>= 72.5%	73.2%	Sep-18		>= 72.5%	79.4%		73.0 - 87.7%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Oct-18			= 100%		Sep-18		= 100%	98.3%		90.0 - 100.0%	
88 - KPI Audits linked to Bolton System of Accreditation (BOSCA)	>= 85%	91.7%	Oct-18			>= 85%	91.7%	Sep-18		>= 85%	91.8%		89.7 - 92.8%	
91 - All Serious Incidents investigated and signed off by the Board of Directors within 60 days	= 100%	33.3%	Oct-18			= 100%	0.0%	Sep-18		= 100%	30.0%		0.0 - 100.0%	
312 - All Serious Incidents investigated and signed off by the Board of Directors within 60 days but within an agreed extension period	= 100%	100.0%	Oct-18			= 100%	100.0%	Sep-18		= 100%	95.0%		50.0 - 100.0%	

# Integrated Summary Dashboard - October 2018

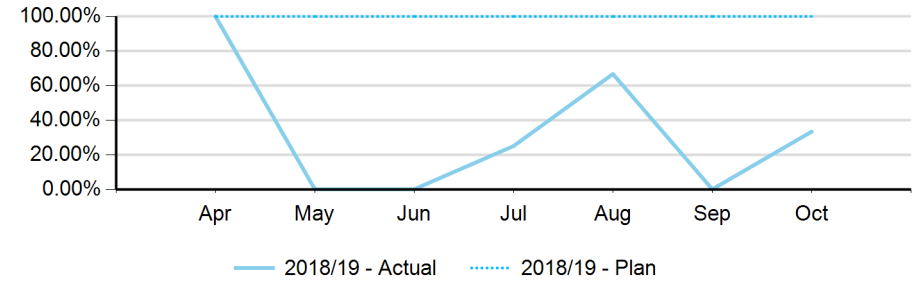
## Exceptions

14 - Inpatient falls resulting in Harm (Moderate +)



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

91 - All Serious Incidents investigated and signed off by the Board of Directors within 60 days



	Apr	May	Jun	Jul	Aug	Sep	Oct
18/19	100.0%	0.0%	0.0%	25.0%	66.7%	0.0%	33.3%

## Integrated Summary Dashboard - October 2018

### Infection Prevention and Control

There has been a focused push on training and standardising the blood culture collection process with AED which we anticipate a reduction in reported cases over the coming months. A second piece of work reviewing the systems by which blood cultures are collected outside of A&E has now commenced with a view to assessing the provision of training and methods of undertaking the procedure.

MSSA cases have matched the numbers at the end of Quarter three as seen for all of 2017/18. Real time root cause analysis of hospital onset MSSA cases is now undertaken to identify lessons to improve outcome and reduce the likelihood of further cases. These will be monitored at the HCAI Harm Free Care Panels which had previously only overseen CDT cases and overseen by the IPC Committee.

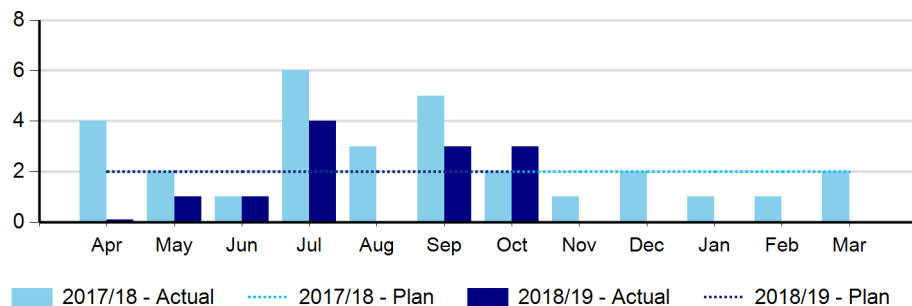
The antibiotic prescribing audit was not undertaken in Quarter two. The IPC Committee has been assured that Quarter three and four audits will be undertaken.

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	3	Oct-18			<= 2	3	Sep-18		<= 14	12		0 - 4	
216 - Total performance C. diff infections	<= 2	1	Oct-18			<= 2	3	Sep-18		<= 14	10		0 - 4	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Oct-18			= 0	0	Sep-18		= 0	1		0 - 1	
218 - Total Trust apportioned E. coli BSI	<= 3	4	Oct-18			<= 3	2	Sep-18		<= 22	21		0 - 7	
219 - Blood Culture Contaminants (rate)	<= 3%	6.5%	Oct-18			<= 3%	6.8%	Sep-18		<= 3%	5.0%		2.5 - 7.0%	
199 - Compliance with antibiotic prescribing standards	>= 95%	86.0%	Q1 2018/19			>= 90%	85.5%	Q4 2017/18		>= 95%	86.0%		84.8 - 86.0%	
304 - Total Trust apportioned MSSA BSIs	<= 1.3	4.0	Oct-18			<= 1.3	1.0	Sep-18		<= 9.1	15.0		0.0 - 4.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	= 0	1	Oct-18			<= 1	0	Sep-18		<= 5	6		0 - 2	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Oct-18			= 0	0	Sep-18		<= 1	1		0 - 1	

# Integrated Summary Dashboard - October 2018

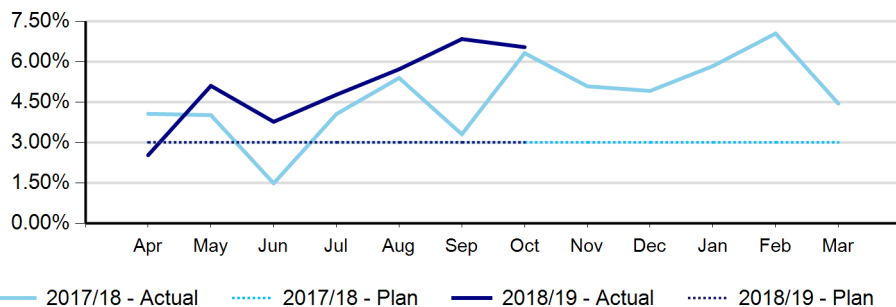
## Exceptions

215 - Total Trust apportioned C. diff infections



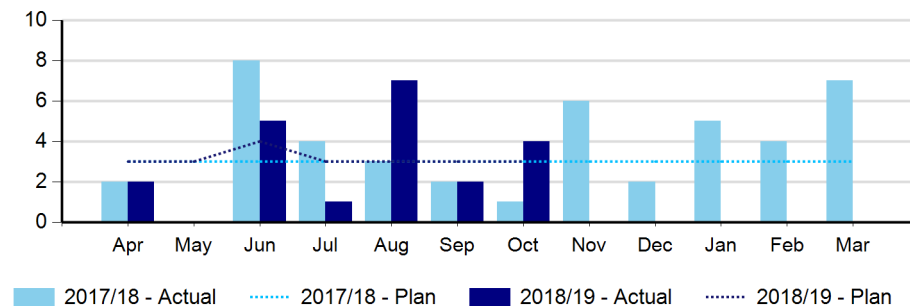
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4	2	1	6	3	5	2	1	2	1	1	2
18/19	0	1	1	4	0	3	3					

219 - Blood Culture Contaminants (rate)



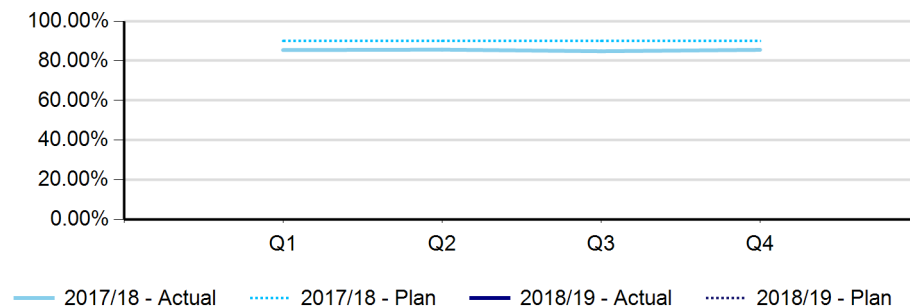
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.1%	4.0%	1.5%	4.1%	5.4%	3.3%	6.3%	5.1%	4.9%	5.8%	7.0%	4.4%
18/19	2.5%	5.1%	3.8%	4.8%	5.7%	6.8%	6.5%					

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	1	7	2	4					

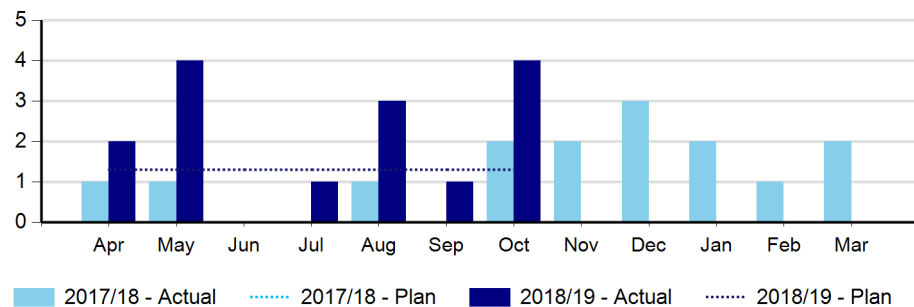
199 - Compliance with antibiotic prescribing standards



	Q1	Q2	Q3	Q4
17/18	85.4%	85.6%	84.8%	85.5%
18/19	86.0%			

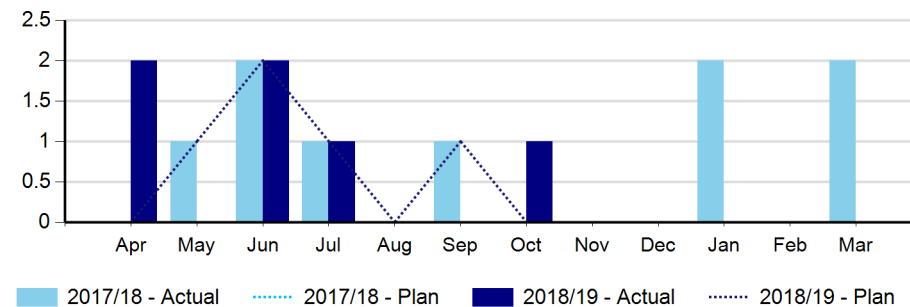
## Integrated Summary Dashboard - October 2018

304 - Total Trust apportioned MSSA BSIs



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.0	1.0	0.0	0.0	1.0	0.0	2.0	2.0	3.0	2.0	1.0	2.0
18/19	2.0	4.0	0.0	1.0	3.0	1.0	4.0					

305 - Total Trust apportioned Klebsiella spp. BSIs



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

# Integrated Summary Dashboard - October 2018

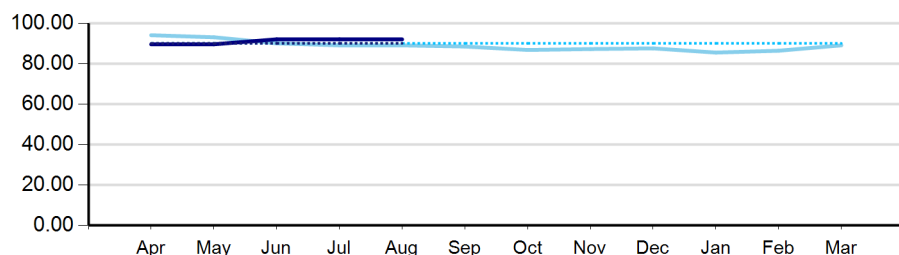
## Mortality

The latest published SHMI data is for quarter four 2017/18 and shows a slight rise compared to the previous quarter but this is not significant. The Mortality Board are aware of this rise and an internal investigation is taking place, focusing on respiratory, in particular pneumonia, where deaths are above the expected levels. August 2018 is the latest published data available in relation to RAMI.

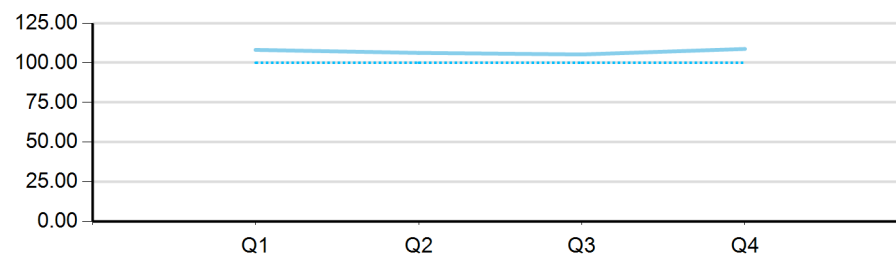
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
3 - National Early Warning Scores to Gold standard	>= 85%	95.0%	Oct-18			>= 85%	87.1%	Sep-18		>= 85%	91.6%		85.1 - 96.7%	
10 - Risk adjusted Mortality (ratio) (1 mth in arrears)	<= 90	92.0	Aug-18			<= 90	92.0	Jul-18		<= 90	92.0		85.4 - 92.0	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 100.000	108.700	Q4 2017/18			<= 100.000	105.220	Q3 2017/18		<= 100.000			105.220 - 108.700	
12 - Crude Mortality %	<= 2.9%	2.0%	Oct-18			<= 2.9%	2.2%	Sep-18		<= 2.9%	2.0%		1.9 - 3.1%	

## Exceptions

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



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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	94.0	93.0	90.0	89.0	89.0	88.4	86.7	87.2	87.5	85.4	86.3	89.0
18/19	89.5	89.5	92.0	92.0	92.0							

	Q1	Q2	Q3	Q4
17/18	108.10	106.20	105.22	108.70

## Integrated Summary Dashboard - October 2018

### Patient Experience

#### A&E Friends and Family

The response rates for October fell below the target at 16.4% and was again mainly as a result of a reduction in paediatric responses. There has been an increased focus within the department and a number of innovative methods to encourage and collect FFT will be in place by the end of November with the aim to increase response rates in November and December.

#### Maternity Friends and Family

There has been an increase in response rates against all touch points as a result of increased focus by the teams. The department will continue to focus on sustaining the response rates.

#### Complaints response rates

There was 100% response rate achieved in October and training for staff continues on a rolling basis.

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%	16.4%	Oct-18			>= 20%	16.6%	Sep-18		>= 20%	17.4%		12.5 - 20.6%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	89.8%	Oct-18			>= 90%	90.2%	Sep-18		>= 90%	89.1%		83.3 - 91.1%	
80 - Inpatient Friends and Family Response Rate	>= 30%	32.7%	Oct-18			>= 30%	30.7%	Sep-18		>= 30%	33.2%		30.7 - 37.5%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	96.7%	Oct-18			>= 90%	96.3%	Sep-18		>= 90%	96.6%		95.7 - 97.4%	
81 - Maternity Friends and Family Response Rate	>= 15%	40.0%	Oct-18			>= 15%	32.7%	Sep-18		>= 15%	30.0%		18.0 - 43.6%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	96.4%	Oct-18			>= 90%	95.3%	Sep-18		>= 90%	96.2%		93.4 - 97.9%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	29.5%	Oct-18			>= 15%	20.6%	Sep-18		>= 15%	14.6%		1.7 - 31.5%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	98.1%	Oct-18			>= 90%	95.9%	Sep-18		>= 90%	97.3%		88.9 - 100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	50.2%	Oct-18			>= 15%	33.0%	Sep-18		>= 15%	32.7%		18.0 - 50.2%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	97.6%	Oct-18			>= 90%	90.9%	Sep-18		>= 90%	94.7%		88.5 - 97.8%	

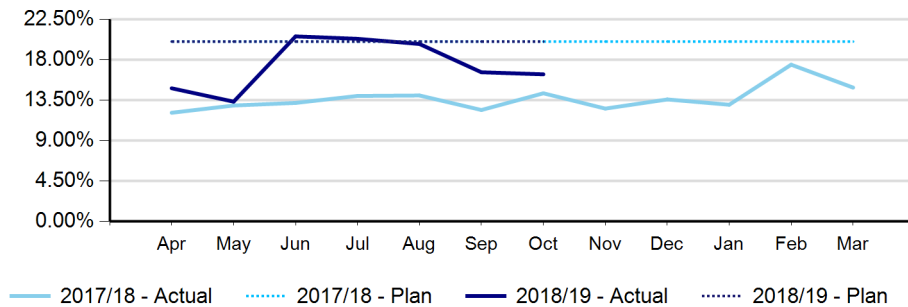


## Integrated Summary Dashboard - October 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	28.0%	Oct-18	<span style="color: green;">●</span>	<span style="color: red;">↓</span>	>= 15%	34.4%	Sep-18	<span style="color: green;">●</span>	>= 15%	29.8%	<span style="color: green;">●</span>	18.0 - 44.5%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	90.4%	Oct-18	<span style="color: green;">●</span>	<span style="color: red;">↓</span>	>= 90%	96.4%	Sep-18	<span style="color: green;">●</span>	>= 90%	94.7%	<span style="color: green;">●</span>	90.4 - 98.1%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	51.4%	Oct-18	<span style="color: green;">●</span>	<span style="color: green;">↑</span>	>= 15%	45.6%	Sep-18	<span style="color: green;">●</span>	>= 15%	46.0%	<span style="color: green;">●</span>	7.9 - 75.1%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	96.8%	Oct-18	<span style="color: green;">●</span>	<span style="color: red;">↓</span>	>= 90%	98.3%	Sep-18	<span style="color: green;">●</span>	>= 90%	98.0%	<span style="color: green;">●</span>	88.2 - 99.5%	
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Oct-18	<span style="color: green;">●</span>	<span style="color: gray;">→</span>	= 100%	100.0%	Sep-18	<span style="color: green;">●</span>	= 100%	99.4%	<span style="color: red;">●</span>	96.6 - 100.0%	
90 - Complaints responded to within the period	>= 95%	100.0%	Oct-18	<span style="color: green;">●</span>	<span style="color: green;">↑</span>	>= 95%	95.2%	Sep-18	<span style="color: green;">●</span>	>= 95%	94.8%	<span style="color: red;">●</span>	87.0 - 100.0%	

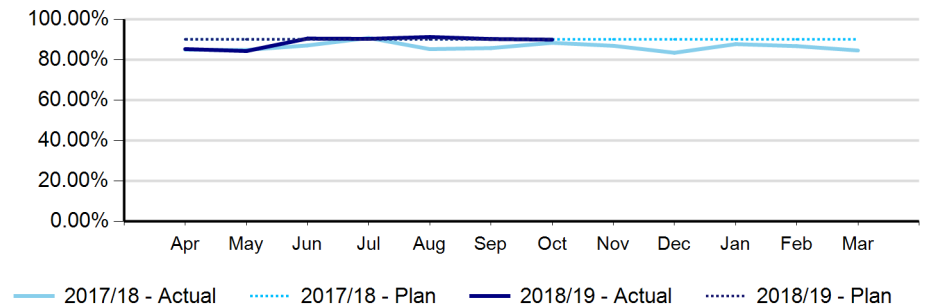
### Exceptions

200 - A&E Friends and Family Response Rate



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12.1%	12.9%	13.2%	13.9%	14.0%	12.4%	14.2%	12.5%	13.6%	13.0%	17.4%	14.9%
18/19	14.8%	13.3%	20.6%	20.3%	19.7%	16.6%	16.4%					

294 - A&E Friends and Family Satisfaction Rates %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	84.8%	84.7%	87.0%	90.7%	85.1%	85.7%	88.3%	86.8%	83.3%	87.6%	86.6%	84.5%
18/19	85.2%	84.2%	90.4%	90.2%	91.1%	90.2%	89.8%					

## Integrated Summary Dashboard - October 2018

### Maternity

The CCG visited the Maternity service on Wednesday 21st November. This enabled the senior leadership team of the Families Division to outline, current performance against national benchmarks and aspirations, current challenges and future ambitions. Specifically the Maternity service is able to demonstrate positive actions to deliver the Saving Babies Lives goals that has seen a reduction in stillbirth rates for the Trust. Staffing figures show a small number of vacancies with a clear plan to over recruit to provide service resilience.

The service has in place robust arrangements for the review of incidents, capture and sharing of learning – demonstrated by the evolution and improvement of guidelines and protocols. The service is conducting a consultant staffing review to ensure the better provision of senior presence in all parts of the Maternity service – this is due to be completed by the of December 2018. A cultural survey results show positive scores for a number of key metrics including 91% of staff reporting that they would feel safe being treated here as a patient. The Executive Lead for Maternity services has requested a review of the metrics that the Board of Directors view to ensure these offer an accurate overview of the service.

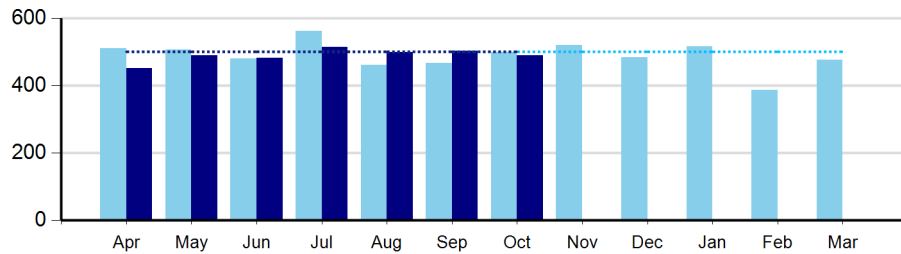
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
22 - Maternity - Stillbirths	<= 4	2	Oct-18			<= 4	2	Sep-18		<= 28	10		1 - 3	
23 - Maternity - 3rd/4th degree tears	<= 3%	2.7%	Oct-18			<= 3%	2.0%	Sep-18		<= 3%	2.3%		1.6 - 4.2%	
201 - Total births	>= 500	488	Oct-18			>= 500	502	Sep-18		>= 3,500	3,424		386 - 519	
202 - 1:1 Midwifery care in labour	>= 95.0%	98.0%	Oct-18			>= 95.0%	99.8%	Sep-18		>= 95.0%	99.0%		97.4 - 99.8%	
203 - Booked 12+6	>= 90%	82.8%	Oct-18			>= 90%	87.2%	Sep-18		>= 90%	76.4%		82.8 - 91.3%	
204 - Inductions of labour	<= 35%	37.6%	Oct-18			<= 35%	40.3%	Sep-18		<= 35%	39.9%		32.2 - 45.3%	
205 - Normal deliveries	>= 63.0%	57.2%	Oct-18			>= 63.0%	59.6%	Sep-18		>= 63.0%	58.5%		54.5 - 62.4%	
208 - Total C section	<= 25.5%	29.1%	Oct-18			<= 25.5%	27.6%	Sep-18		<= 25.5%	28.1%		25.7 - 30.4%	
210 - Initiation breast feeding	>= 65%	69.5%	Oct-18			>= 65%	72.5%	Sep-18		>= 65%	69.7%		64.5 - 72.5%	
211 - Maternal admissions to ICU	= 0	2	Oct-18			= 0	0	Sep-18		= 0	3		0 - 2	

# Integrated Summary Dashboard - October 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
213 - Maternity complaints	<= 5	0	Oct-18	<span style="color: green;">●</span>	↓	<= 5	3	Sep-18	<span style="color: green;">●</span>	<= 35	17	<span style="color: green;">●</span>	0 - 3	
214 - New claims	= 0	2	Oct-18	<span style="color: red;">●</span>	↑	= 0	0	Sep-18	<span style="color: green;">●</span>	= 0	7	<span style="color: red;">●</span>	0 - 2	

## Exceptions

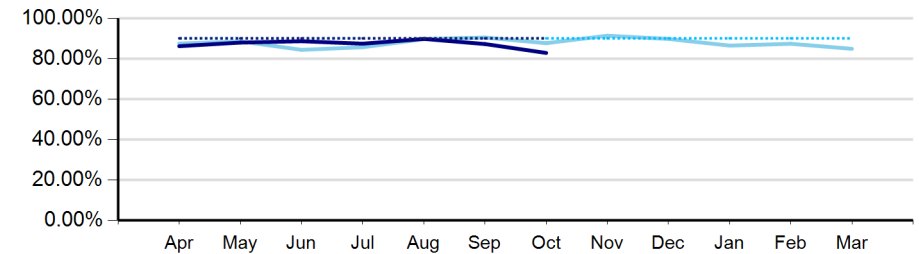
201 - Total births



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	510	505	480	561	461	465	498	519	483	515	386	475
18/19	451	489	482	514	498	502	488					

203 - Booked 12+6

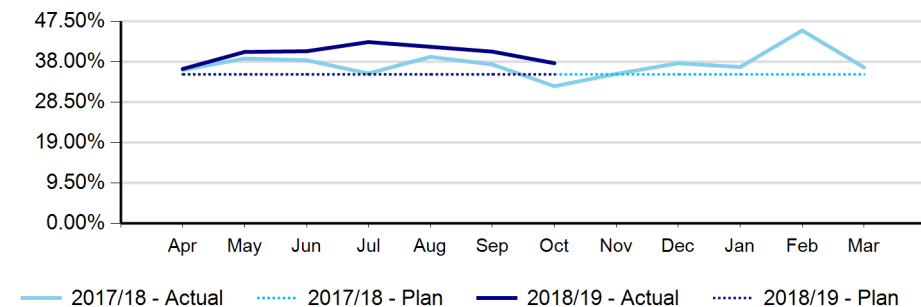


2017/18 - Actual    2017/18 - Plan    2018/19 - Actual    2018/19 - Plan

	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%	87.9%	88.6%	87.3%	89.7%	87.2%	82.8%					

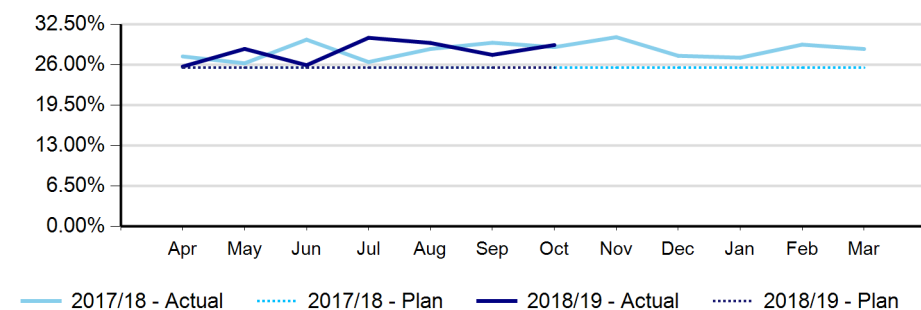
## Integrated Summary Dashboard - October 2018

204 - Inductions of labour



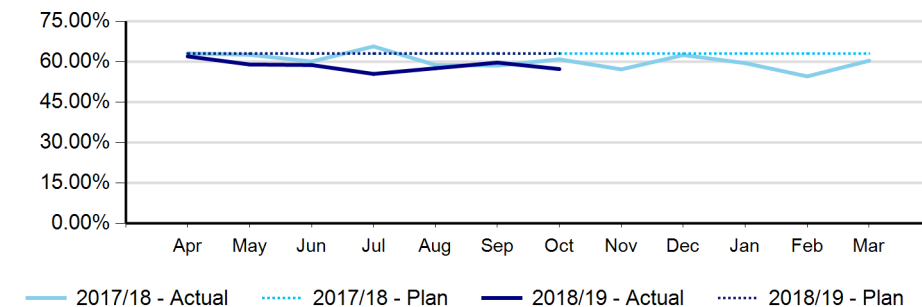
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	36.0%	38.7%	38.3%	35.2%	39.1%	37.3%	32.2%	35.1%	37.6%	36.7%	45.3%	36.6%
18/19	36.3%	40.3%	40.4%	42.6%	41.5%	40.3%	37.6%					

208 - Total C section



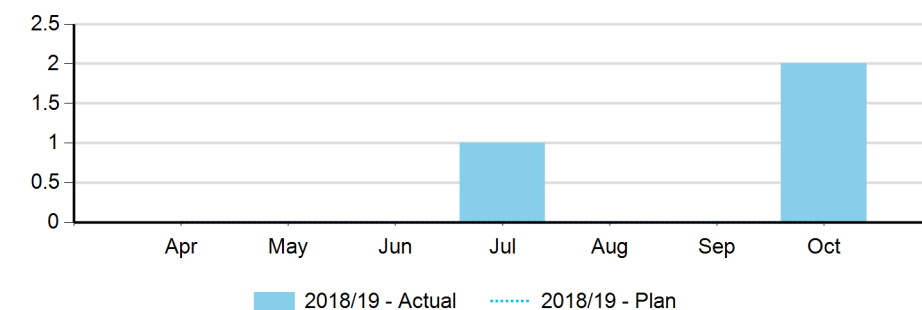
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	27.3%	26.2%	30.0%	26.4%	28.5%	29.5%	28.8%	30.4%	27.4%	27.1%	29.2%	28.5%
18/19	25.7%	28.5%	25.9%	30.3%	29.5%	27.6%	29.1%					

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%	58.9%	58.7%	55.4%	57.5%	59.6%	57.2%					

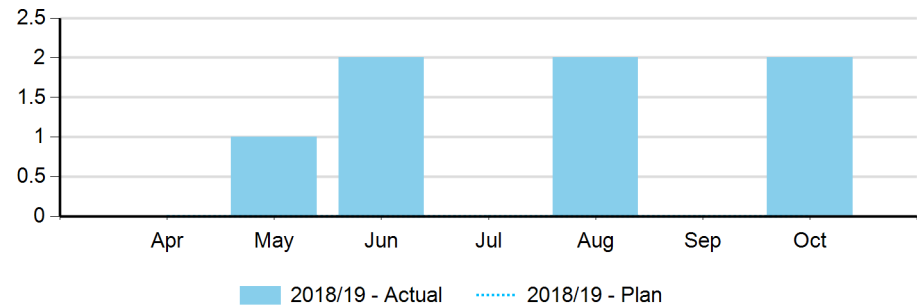
211 - Maternal admissions to ICU



	Apr	May	Jun	Jul	Aug	Sep	Oct
18/19	0	0	0	1	0	0	2

# Integrated Summary Dashboard - October 2018

214 - New claims



	Apr	May	Jun	Jul	Aug	Sep	Oct
18/19	0	1	2	0	2	0	2

## Integrated Summary Dashboard - October 2018

### Operational Performance

#### Access

Transfers between 11pm and 6am has decreased in October, the Task and Finish Group that was set up, continue to work on this issue.

Despite seeing an improvement in October, 36 hours to theatre for fractured neck of femur patients has continued to be a challenge, six patients out of 21 failed the standard this month. The Trust is using the help of the Intensive Support Team to undertake a check and challenge of capacity and demand within orthopaedics and will continue to work with the CCG regarding the need for additional capacity.

RTT – the backlog reduction programme has continued in all relevant specialities. It is unlikely the Trust can achieve the 92% standard this year. A new indicator relating to the 18 week waiting list has been added to the Trust Board report this month to monitor national guidance on ensuring the overall waiting list does not grow in comparison to March 2018. This shows that current wait size is lower than March 2018.

A&E 4 hour target – October saw a positive performance of 91.3%, which is the highest performance since October 2015. Work continues within all the Divisions to improve patient flow with particular emphasis on discharges and reducing length of stay.

Diagnostics have remained under the 1% standard, however, there continues to be considerable pressure to achieve this standard particularly within Endoscopy. A business case has been developed to expand the service in order to cope with the increasing demand.

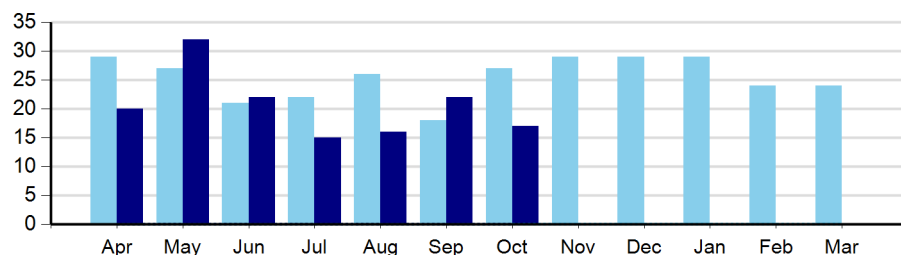
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	= 0	17	Oct-18			= 0	22	Sep-18		= 0	144		15 - 32	
8 - Same sex accommodation breaches	= 0	4	Oct-18			= 0	2	Sep-18		= 0	68		2 - 16	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	71.4%	Oct-18			>= 75%	66.7%	Sep-18		>= 75%	65.7%		55.6 - 88.6%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	89.4%	Oct-18			>= 92%	89.1%	Sep-18		>= 92%	89.5%		87.2 - 91.1%	
42 - RTT 52 week waits (incomplete pathways)	= 0	4	Oct-18			= 0	8	Sep-18		= 0	42		0 - 10	
314 - RTT 18 week waiting list	<= 22,812	22,691	Oct-18			<= 22,812	22,663	Sep-18		<= 22,812	22,691		22,344 - 23,052	
53 - A&E 4 hour target	>= 95%	91.3%	Oct-18			>= 95%	87.1%	Sep-18		>= 95%	86.1%		76.9 - 91.3%	

## Integrated Summary Dashboard - October 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0%	4%	Oct-18	<span style="color: red;">●</span>	↓	= 0%	6%	Sep-18	<span style="color: red;">●</span>	= 0%	8%	<span style="color: red;">●</span>	4 - 17%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	0.35%	Oct-18	<span style="color: red;">●</span>	↓	= 0.00%	1.07%	Sep-18	<span style="color: red;">●</span>	= 0.00%	1.55%	<span style="color: red;">●</span>	0.35 - 13.54%	
72 - Diagnostic Waits >6 weeks %	<= 1%	0.8%	Oct-18	<span style="color: green;">●</span>	↓	<= 1%	0.9%	Sep-18	<span style="color: green;">●</span>	<= 1%	0.7%	<span style="color: green;">●</span>	0.3 - 9.5%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	10.0%	Oct-18	<span style="color: red;">●</span>	→	= 100%	10.0%	Sep-18	<span style="color: red;">●</span>	= 100%	19.2%	<span style="color: red;">●</span>	0.0 - 83.3%	

### Exceptions

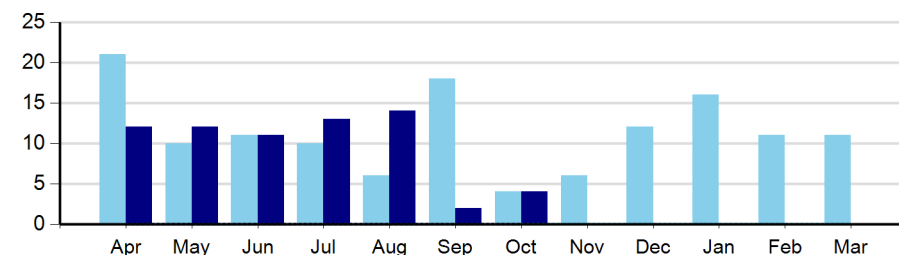
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



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	15	16	22	17					

8 - Same sex accommodation breaches

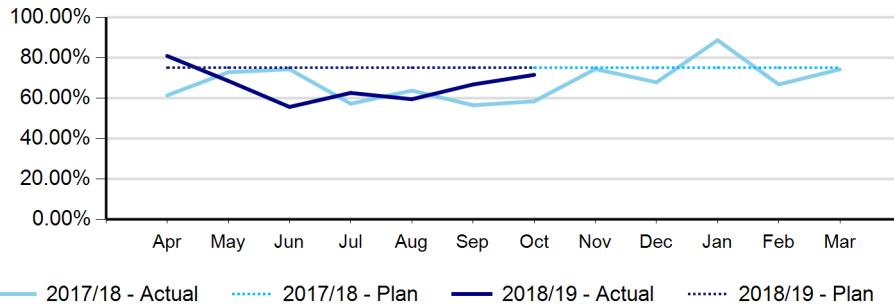


2017/18 - Actual 2017/18 - Plan 2018/19 - Actual 2018/19 - Plan

	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	13	14	2	4					

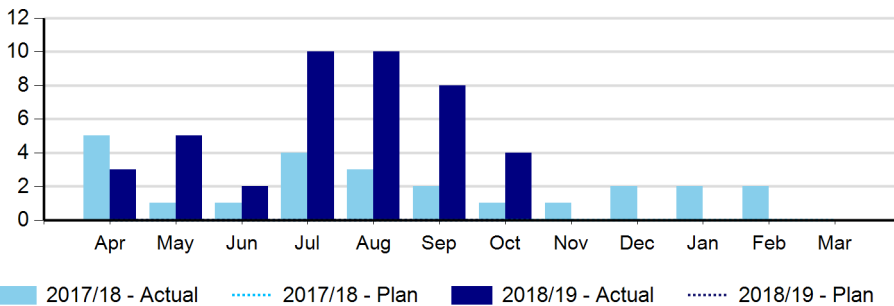
## Integrated Summary Dashboard - October 2018

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



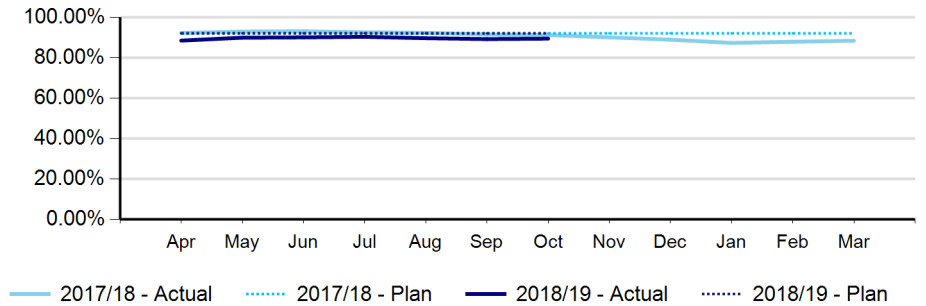
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	61.3%	72.7%	74.2%	57.1%	63.6%	56.4%	58.3%	74.3%	67.7%	88.6%	66.7%	74.2%
18/19	80.8%	68.4%	55.6%	62.5%	59.4%	66.7%	71.4%					

42 - RTT 52 week waits (incomplete pathways)



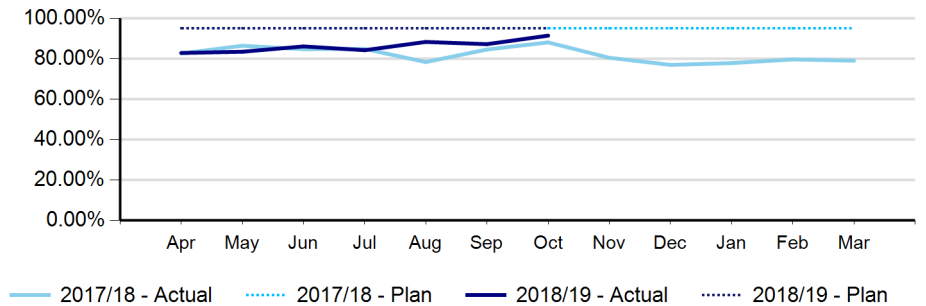
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5	1	1	4	3	2	1	1	2	2	2	0
18/19	3	5	2	10	10	8	4					

41 - RTT Incomplete pathways within 18 weeks %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.2%	87.8%	88.3%
18/19	88.4%	89.8%	90.0%	90.3%	89.6%	89.1%	89.4%					

53 - A&E 4 hour target

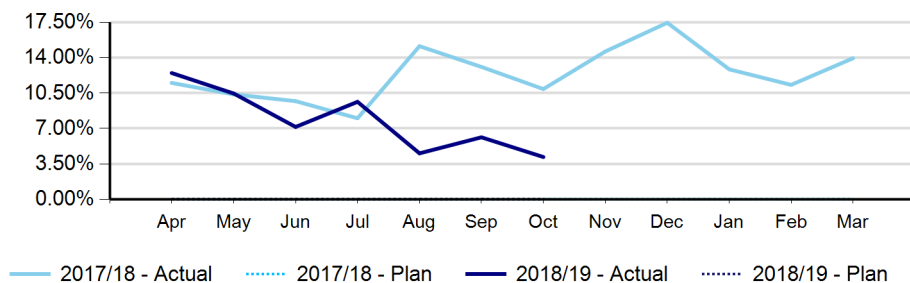


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	82.5%	86.3%	84.6%	84.7%	78.3%	84.5%	88.0%	80.4%	76.9%	77.8%	79.5%	78.9%
18/19	82.7%	83.4%	86.0%	84.1%	88.2%	87.1%	91.3%					

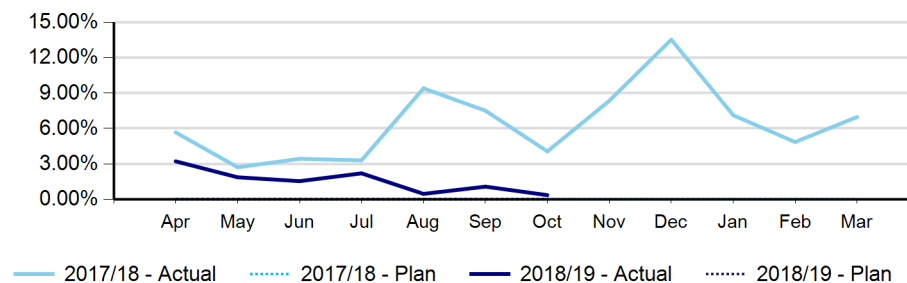


## Integrated Summary Dashboard - October 2018

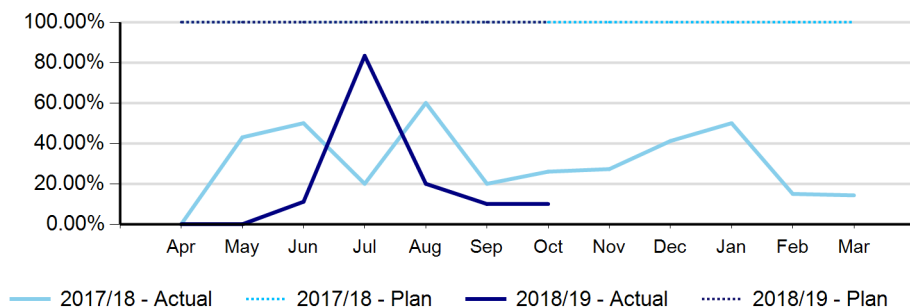
**70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)**



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



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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0%	43.0%	50.0%	20.0%	60.0%	20.0%	26.0%	27.3%	41.2%	50.0%	15.0%	14.3%
18/19	0.0%	0.0%	11.1%	83.3%	20.0%	10.0%	10.0%					

## Integrated Summary Dashboard - October 2018

### Productivity

The methodology relating to calculation of stranded and super stranded patients was changed in October to reflect the guidance issued by NHS Improvement. Work continues in the Divisions to ensure that clinicians are well sighted on their longest patients along with an escalation meeting to ensure there is robust challenge around the reasons for the longest staying patients.

DTOC has reduced this month from 2.8% in September to 2.1% in October, and remains under the target set by Greater Manchester of 3.3%.

Length of stay shows a decrease this month of 0.3 days, which is the second month this indicator has reduced, and is in line with our winter plan of overall reduction of 0.3; this positive movement improves patient flow and assists the ongoing demand for beds across the Trust.

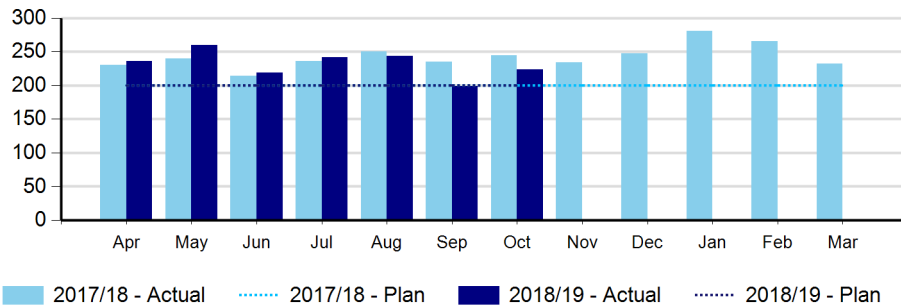
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
56 - Stranded patients	<= 200	223	Oct-18			<= 200	199	Sep-18		<= 200	223		199 - 281	
307 - Stranded Patients - LOS 21 days and over	<= 69	76	Oct-18			<= 69	82	Sep-18		<= 69	76		66 - 93	
57 - Discharges by Midday	>= 30%	27.5%	Oct-18			>= 30%	28.5%	Sep-18		>= 30%	28.7%		25.9 - 33.1%	
58 - Discharges by 4pm	>= 70%	68.1%	Oct-18			>= 70%	64.3%	Sep-18		>= 70%	67.7%		62.6 - 70.0%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	11.5%	Sep-18			<= 13.5%	12.9%	Aug-18		<= 13.5%	12.3%		11.5 - 13.1%	
60 - Daycase Rates	>= 80%	87.4%	Oct-18			>= 80%	87.0%	Sep-18		>= 80%	88.5%		82.4 - 91.6%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	1.5%	Oct-18			<= 1%	1.8%	Sep-18		<= 1%	1.6%		0.9 - 2.1%	
62 - Cancelled operations re-booked within 28 days	= 100%	87.5%	Oct-18			= 100%	88.1%	Sep-18		= 100%	86.1%		63.6 - 100.0%	
64 - Delayed Transfers Of Care - GM Methodology (% occupied bed days delayed - phased reduction)	<= 3.3%	2.1%	Oct-18			<= 3.3%	2.8%	Sep-18		<= 3.3%	2.5%		1.9 - 7.5%	
65 - Elective Length of Stay (Discharges in month)	<= 2.0	2.1	Oct-18			<= 2.0	2.4	Sep-18		<= 2.0	2.4		2.1 - 2.9	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.7	3.5	Oct-18			<= 3.7	3.8	Sep-18		<= 3.7	3.8		3.5 - 4.2	

## Integrated Summary Dashboard - October 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%	94.7%	Sep-18	<span style="color: green;">●</span>	<span style="color: green;">↑</span>	>= 80%	88.9%	Aug-18	<span style="color: green;">●</span>	>= 80%	81.3%	<span style="color: green;">●</span>	53.3 - 94.7%	

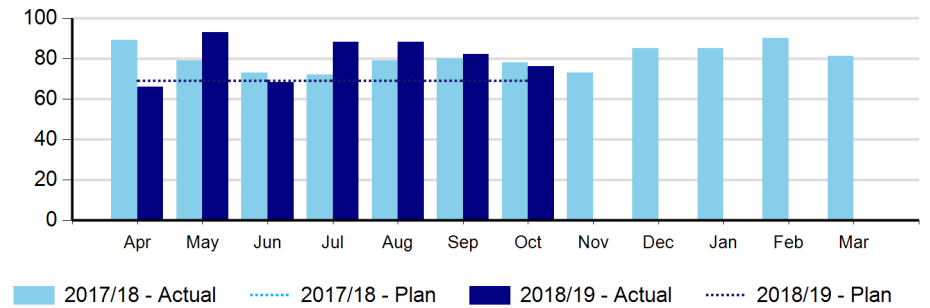
### Exceptions

56 - Stranded patients



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	230	240	214	236	250	235	244	234	247	281	265	232
18/19	236	260	219	242	243	199	223					

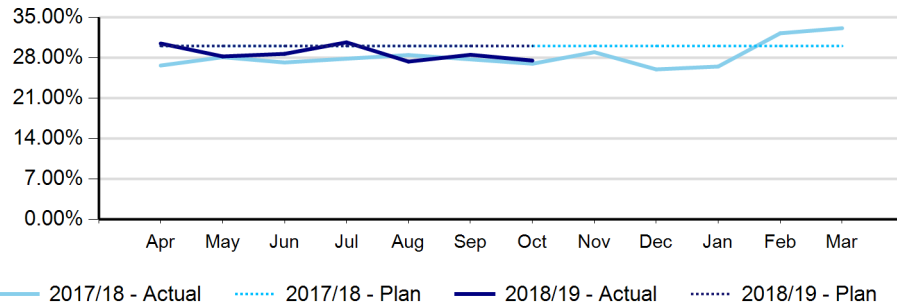
307 - Stranded Patients - LOS 21 days and over



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89	79	73	72	79	80	78	73	85	85	90	81
18/19	66	93	68	88	88	82	76					

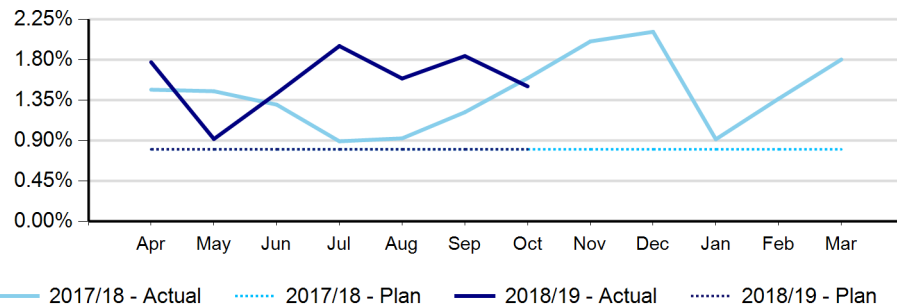
## Integrated Summary Dashboard - October 2018

57 - Discharges by Midday



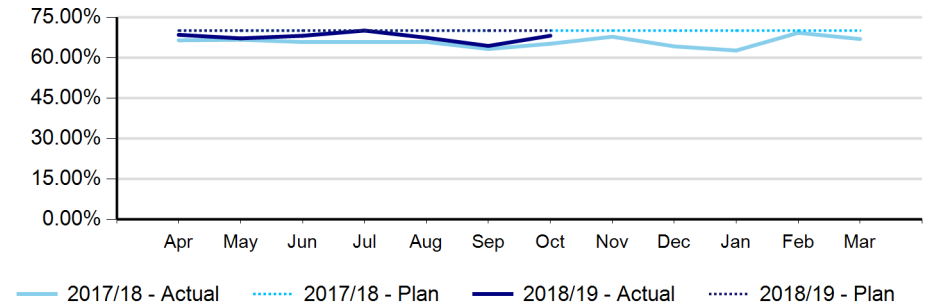
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	26.6%	28.1%	27.1%	27.8%	28.4%	27.7%	26.9%	28.9%	25.9%	26.4%	32.2%	33.1%
18/19	30.4%	28.2%	28.6%	30.6%	27.3%	28.5%	27.5%					

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



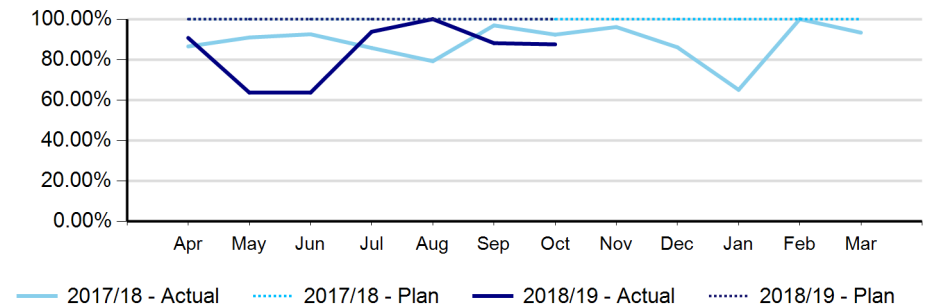
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.5%	1.4%	1.3%	0.9%	0.9%	1.2%	1.6%	2.0%	2.1%	0.9%	1.4%	1.8%
18/19	1.8%	0.9%	1.4%	2.0%	1.6%	1.8%	1.5%					

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%	70.0%	67.3%	64.3%	68.1%					

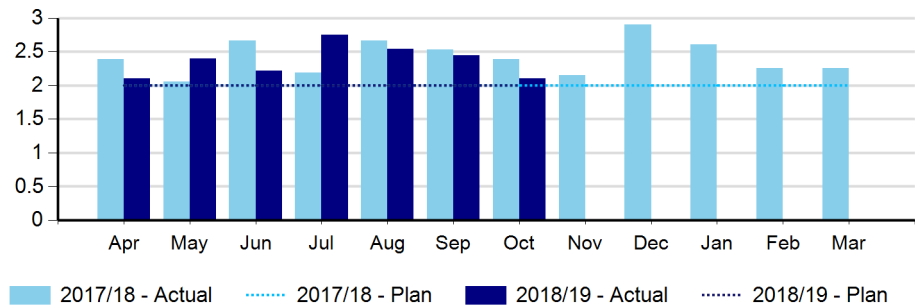
62 - Cancelled operations re-booked within 28 days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86.5%	90.9%	92.5%	85.7%	79.2%	96.9%	92.3%	96.1%	86.0%	65.0%	100.0%	93.3%
18/19	90.7%	63.6%	63.6%	93.8%	100.0%	88.1%	87.5%					

# Integrated Summary Dashboard - October 2018

65 - Elective Length of Stay (Discharges in month)



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

## Integrated Summary Dashboard - October 2018

### Cancer

In September 2018, the Trust continued to deliver the 62 day referral to treatment cancer standard.

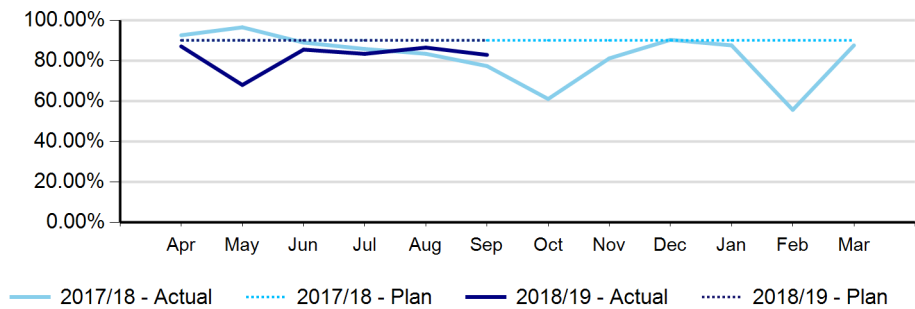
All other standards were also achieved, with the exception of 62 day screening.

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%	85.8%	Sep-18			>= 85%	92.1%	Aug-18		>= 85%	91.1%		85.8 - 95.4%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	82.8%	Sep-18			>= 90%	86.4%	Aug-18		>= 90%	81.6%		55.6 - 90.2%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	100.0%	Sep-18			>= 96%	100.0%	Aug-18		>= 96%	99.9%		99.0 - 100.0%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Sep-18			>= 94%	100.0%	Aug-18		>= 94%	100.0%		92.9 - 100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Sep-18			>= 98%	100.0%	Aug-18		>= 98%	100.0%		100.0 - 100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	97.1%	Sep-18			>= 93%	97.9%	Aug-18		>= 93%	96.3%		93.6 - 98.3%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	94.8%	Sep-18			>= 93%	93.7%	Aug-18		>= 93%	75.0%		35.5 - 95.0%	

# Integrated Summary Dashboard - October 2018

## Exceptions

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.5%	96.4%	88.9%	85.7%	83.3%	77.3%	61.0%	81.1%	90.2%	87.5%	55.6%	87.5%
18/19	87.0%	67.9%	85.4%	83.3%	86.4%	82.8%						

# Integrated Summary Dashboard - October 2018

## Community

Admission avoidance continues to remain above the threshold and will be an area of focus as a key element of the winter plan is a reduction in admissions.

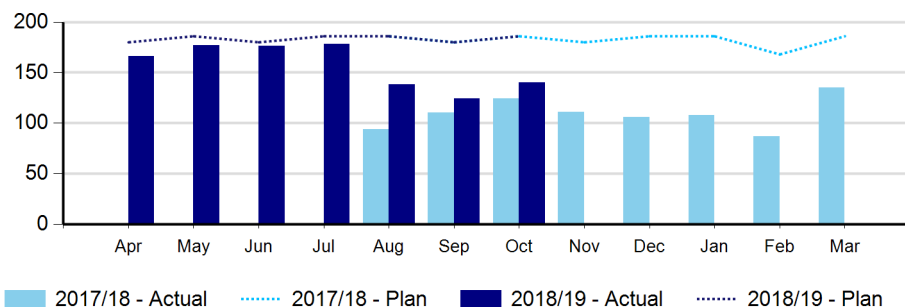
Length of stay is beginning to fall as part of a focused piece of work within the Division.

While DTOC and medically optimised remain above the plan, a noteworthy reduction took place in October.

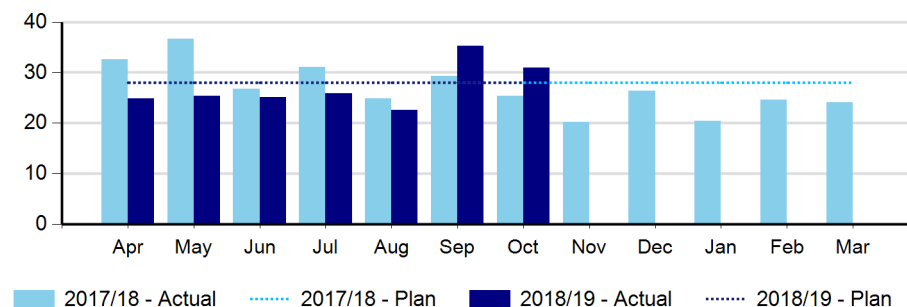
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
225 - Admission Avoidance	>= 166	234	Oct-18			>= 166	192	Sep-18		>= 1,162	922		0 - 234	
226 - Home First (deflections from A&E)	>= 186	140	Oct-18			>= 180	124	Sep-18		>= 1,284	1,099		87 - 178	
227 - Length of Stay - Darley Court	<= 28	31	Oct-18			<= 28	35	Sep-18		<= 196	190		20 - 35	
228 - DTOC Numbers	<= 15	18	Oct-18			<= 15	28	Sep-18		<= 15	18		16 - 28	
230 - Medically Optimised Numbers	<= 50	64	Oct-18			<= 50	86	Sep-18		<= 350	479		52 - 86	
231 - Medically Optimised Days	<= 209	430	Oct-18			<= 209	790	Sep-18		<= 1,463	3,487		344 - 790	

## Exceptions

226 - Home First (deflections from A&E)



227 - Length of Stay - Darley Court

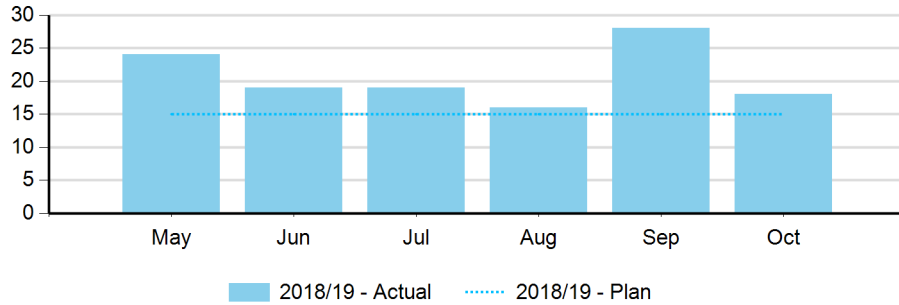




## Integrated Summary Dashboard - October 2018

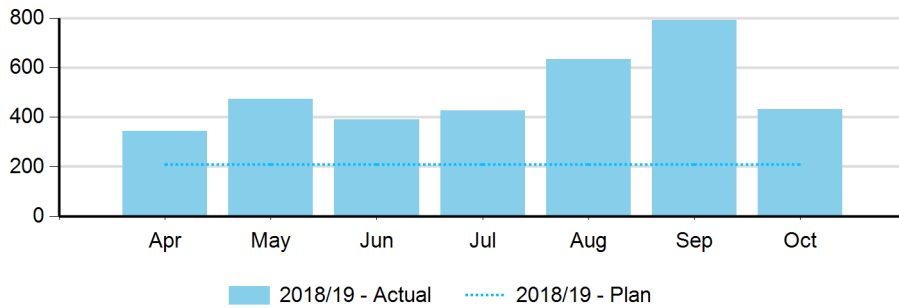
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18					94	110	124	111	106	108	87	135
18/19	166	177	176	178	138	124	140					

228 - DTOC Numbers



	May	Jun	Jul	Aug	Sep	Oct
18/19	24	19	19	16	28	18

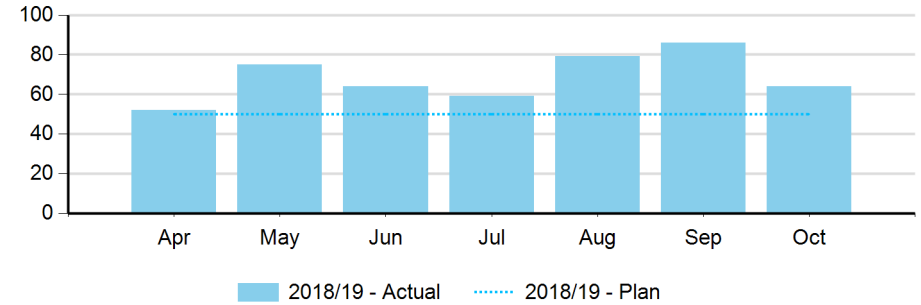
231 - Medically Optimised Days



	Apr	May	Jun	Jul	Aug	Sep	Oct
18/19	344	472	391	426	634	790	430

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	33	37	27	31	25	29	25	20	26	20	25	24
18/19	25	25	25	26	23	35	31					

230 - Medically Optimised Numbers



	Apr	May	Jun	Jul	Aug	Sep	Oct
18/19	52	75	64	59	79	86	64

### Workforce

#### Sickness, Vacancy and Turnover

Despite the extensive work being undertaken on managing sickness there has been an increase in the sickness rate in October 2018 when compared to last month. This upward 'in month' trend is being experienced by a number of other trusts, although Bolton's sickness rate continues to benchmark high. Adult Acute is the only division to demonstrate an 'in month' decrease in sickness absence levels. Elective Care has increased from 4.89% to 5.26%, ICS and Families both saw an increase in sickness rate. Additional clinical services (incl HCAs and Therapy Assistants) has decreased from 7.88% to 7.44% but remains the staff group with the highest sickness rate.

Colleagues are reminded that the Trust launched the pilot Attendance Matters scheme on 1st October, 2018, which has a single reporting process and telephone line, 7 days a week for all absences for staff in the pilot areas (Adult Acute and ICS). Within the month the team have handled 2274 calls, the team made 6 fast track referrals to the staff physio therapy team, signposted the mental health drop in sessions and provided direct advice to 35 employees in relation to reason for absence from our attendance matters nurse. The Workforce Assurance Committee will be receiving a full evaluation of the Attendance Matters Team in Quarter four.

Stress and anxiety remains the top absence reason in terms of calendar days lost and further work is being undertaken in this area, for example the Trust has recently increased the number of mental well-being sessions being offered and we are discussing with OH potential offering a telephone mental well-being appointment for those off sick and unable to get into work.

A task and finish group has met to further review the reasons for the high sickness absence within the additional clinical services staffing group and listening sessions have been arranged with this group to further understand their issues.

Recruitment and Retention - Positive work continues on both nursing and medical recruitment. Currently the vacancy rate is 4.14%. Elective have 1.78 WTE ward level nursing vacancies and Adult Acute have 23.47 WTE.

Medical recruitment remains strong – a large number of Consultant and Middle Grade Doctors commenced in October and November, which include 'hard to fill' specialities such as Acute Medicine, General Surgery, Histopathology, and Obs & Gynae. There does remain 'hard to fill' medical posts in Dermatology, Haematology, and Urology (we are looking at options to fill these in addition to standard recruitment, such as using headhunting agencies), and A&E (the Trust is currently re-advertising).

Recruitment into Allied Health Professions roles was strong in month, with 7 FTE Physiotherapists and 4.65 Occupational Therapists commencing employment. We have worked hard to ensure that we appoint newly qualified nurses as they complete their studies with appointments already secured for both the January and March 2019 intakes – we have a calendar in place to ensure we make appointments for further intakes in 2019 and 2020.

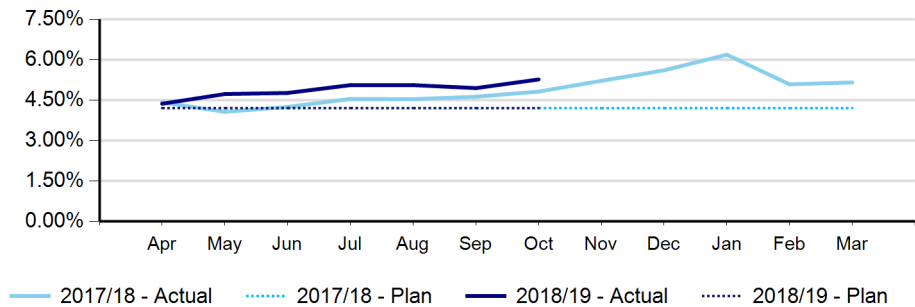
In December the Workforce Assurance Committee will be receiving an update from the Retention Group. This paper will include a revised KPI for turnover which will be based on the top 20% of employers in the North West. Colleagues will be aware that the Trust turnover as of September 2018 was 9.52% in comparison to 10.62% in September 2017.

# Integrated Summary Dashboard - October 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
117 - Sickness absence level - Trust	<= 4.2%	5.3%	Oct-18			<= 4.2%	4.9%	Sep-18		<= 4.2%	4.9%		4.4 - 6.2%	
120 - Vacancy level - Trust	<= 6%	4.1%	Oct-18			<= 6%	3.5%	Sep-18		<= 6%	4.6%		-0.2 - 5.3%	
121 - Turnover	8 - 10%	9.2%	Oct-18			8 - 10%	9.5%	Sep-18		8 - 10%	9.6%		9.2 - 10.6%	

## Exceptions

### 117 - Sickness absence level - Trust



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.4%	4.1%	4.2%	4.5%	4.5%	4.6%	4.8%	5.2%	5.6%	6.2%	5.1%	5.2%
18/19	4.4%	4.7%	4.8%	5.1%	5.1%	4.9%	5.3%					

## Integrated Summary Dashboard - October 2018

### Organisational Development

Additional support has been put in place to help divisions achieve their statutory, mandatory and safeguarding training targets. This has included increasing capacity on face to face courses, scheduling extra courses and targeted communications to managers asking them to plan ahead and identify staff that are due training in December and January and book them on courses in October and November. This enhanced support has resulted in an increase in statutory and safeguarding activity levels. Disappointingly mandatory training shows a decrease despite the efforts that have been made.

There has also been a slight decrease in our appraisal completion rate in October (85.2%) compared to the previous month which was 85.5%. However, our appraisal completion rate remains just above our target of 85%. We will continue to promote the new team appraisals and support managers to enable them to prioritise and complete appraisals.

The Staff Friends and Family Test quarter two results show a slight increase in the percentage of staff that would recommend the Trust to family and friends if they needed care or treatment but disappointingly a slight decrease in the percentage of staff that would recommend the Trust as a place to work. However, both results are above the Trust's target level.

The NHS National Staff Survey remains open until 30 November 2018. 1250 staff across the Trust, selected at random, have been invited to participate in the survey. As at 21 November the Trust has achieved an overall response rate of 41% which is slightly above the national average for acute trusts.

Staff are continually being encouraged to take part in the survey as part of our new #SpeakUp internal communications campaign. In the meantime we are continuing to work in partnership with divisions to develop and implement interventions that will enhance staff engagement. This has included running the innovative Self Care Programme which was initially available to staff working in urgent care but due to the positive response from participants the programme has been opened up to staff in elective care and HCAs.

We have also implemented the refreshed Freedom to Speak Up approach, launched a series of listening sessions with HCAs in Adult Acute which will then be rolled out across other divisions, and arranged the first 'Big Conversation' event with BME staff which will be held in December. Plans are underway to start using the Go Engage tool from February 2019 onwards which will help us to identify the things that will make the biggest difference and the impact of our staff engagement work.

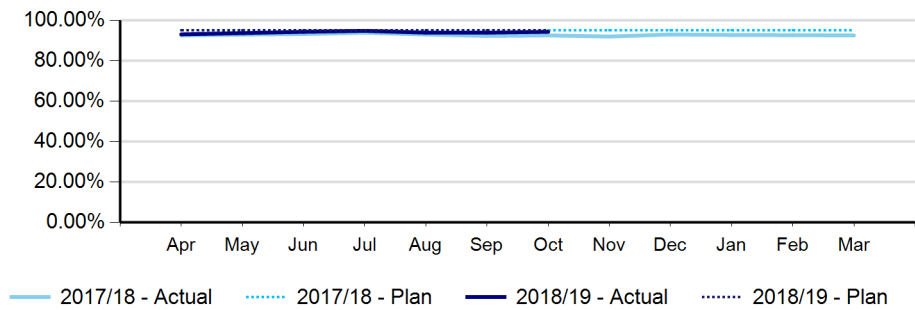
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
37 - Staff completing Statutory Training	>= 95%	94.2%	Oct-18			>= 95%	93.8%	Sep-18		>= 95%	93.9%		91.9 - 94.7%	
38 - Staff completing Mandatory Training	>= 85%	91.6%	Oct-18			>= 85%	92.5%	Sep-18		>= 85%	91.4%		89.2 - 92.5%	
39 - Staff completing Safeguarding Training	>= 95%	95.4%	Oct-18			>= 95%	94.8%	Sep-18		>= 95%	95.0%		91.8 - 95.6%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	85.2%	Oct-18			>= 85%	85.5%	Sep-18		>= 85%	85.0%		81.7 - 87.1%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	70.0%	Q2 2018/19			>= 66%	71.0%	Q1 2018/19		>= 66%			70.0 - 72.0%	

Integrated Summary Dashboard - October 2018

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	83.0%	Q2 2018/19			>= 80%	82.0%	Q1 2018/19		>= 80%			82.0 - 83.0%	

Exceptions

37 - Staff completing Statutory Training



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

## Integrated Summary Dashboard - October 2018

### Agency

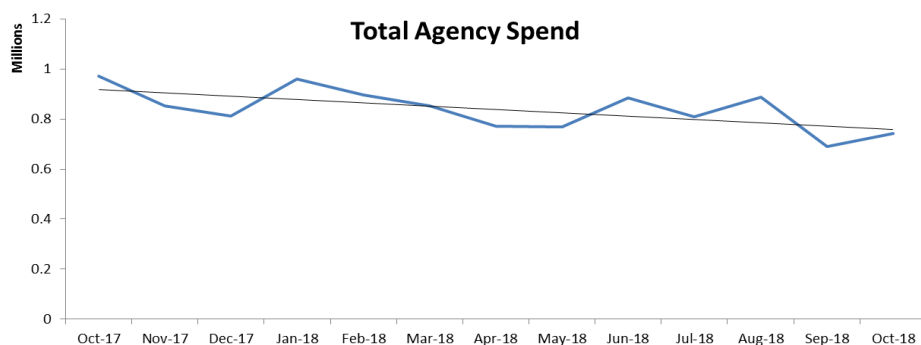
Colleagues will note there has been an increase in agency spend when compared to the previous month from £588k in September to £743k in October. When compared to last year, the Trust reported agency spend in September 2017 as £1,163k and October 2017 as £971k. The Trust is currently £416k above the internally set agency forecast (as per the annual plan).

As noted in the last meeting the majority of agency spend is due to vacancies (65%), with the main pressures being in nursing and medical agency usage. Agency spend in Elective increased from £175,777 to £198,152 (main drivers for this increase being medical spend in Anaesthetics, Medical and AHP spend in Radiology) and in Acute from £350,388 to £410,259 (main drivers for this increase being nursing spend in A&E, nursing spend in Cardiology, and medical spend in Haematology).

There continues to be agency spend for senior posts in IFM (YTD - £83k) which impact on the group position.

Significant work is being undertaken on reducing agency spend to the lowest possible level, whilst ensuring a safe level of service. This includes enhanced recruitment activity, a sharp focus on sickness absence and improved operational controls – these details are included in the Agency Report which comes to the Workforce Assurance Committee (standing item).

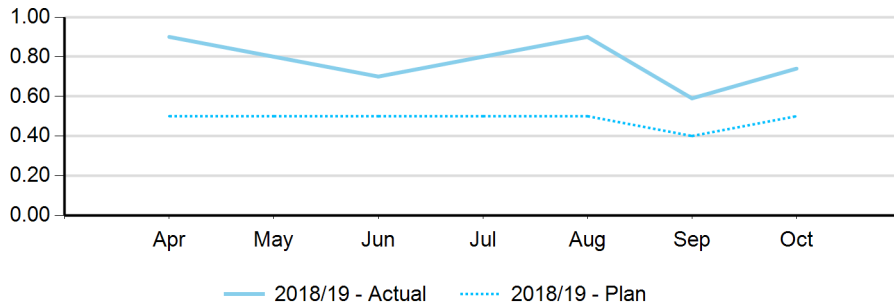
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
198 - Trust Annual ceiling for agency spend (£m)	<= 0.50	0.74	Oct-18			<= 0.40	0.59	Sep-18		<= 3.40	5.43		0.59 - 0.90	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.10	0.30	Oct-18			<= 0.10	0.28	Sep-18		<= 0.70	2.16		0.28 - 0.40	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.20	0.29	Oct-18			<= 0.20	0.30	Sep-18		<= 1.40	2.59		0.29 - 0.50	
311 - Revised agency forecast plan (£m)	<= 0.61	0.74	Oct-18			<= 0.57	0.59	Sep-18		<= 4.85	5.27		0.59 - 0.89	



# Integrated Summary Dashboard - October 2018

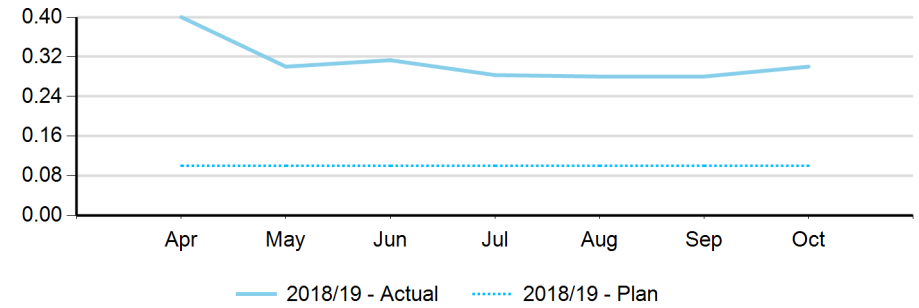
## Exceptions

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



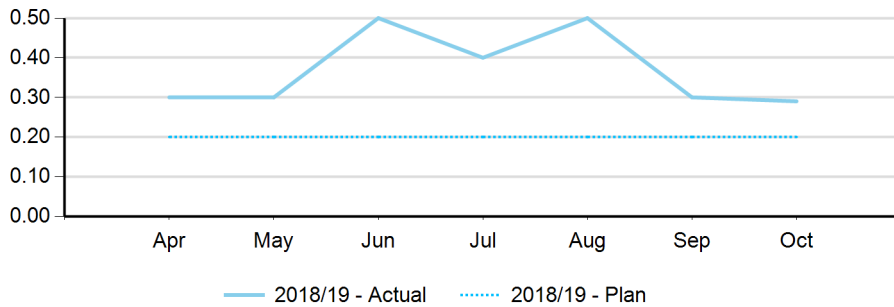
	Apr	May	Jun	Jul	Aug	Sep	Oct
18/19	0.90	0.80	0.70	0.80	0.90	0.59	0.74

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



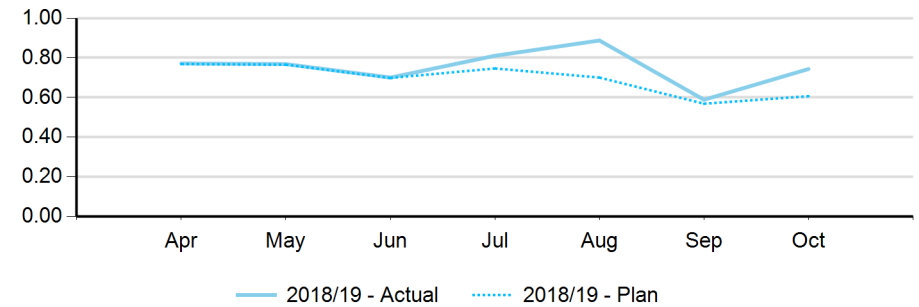
	Apr	May	Jun	Jul	Aug	Sep	Oct
18/19	0.40	0.30	0.31	0.28	0.28	0.28	0.30

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



	Apr	May	Jun	Jul	Aug	Sep	Oct
18/19	0.30	0.30	0.50	0.40	0.50	0.30	0.29

311 - Revised agency forecast plan (£m)



	Apr	May	Jun	Jul	Aug	Sep	Oct
18/19	0.77	0.77	0.70	0.81	0.89	0.59	0.74

## Integrated Summary Dashboard - October 2018

### Finance

#### Finance

The Trust has a year to date deficit of £3.7m when PSF and impairments are excluded from the position; £1.4m worse than plan.

Against the control total the Trust has a surplus of £0.1m; £2.6m less than plan.

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

Agency costs are at £5.3m against a year to date NHSI target of £3.6m.

ICIPs at £4.5m are £2.5m below plan for the year.

The month end cash balance is £11.0m which is better than plan by £3.4m this month.

Year to date capital spend is £11.5m which is £3.3m above the capital plan.

The Trust Use of Resource Rating is 3 as at the end of Month 7 which is worse than plan.

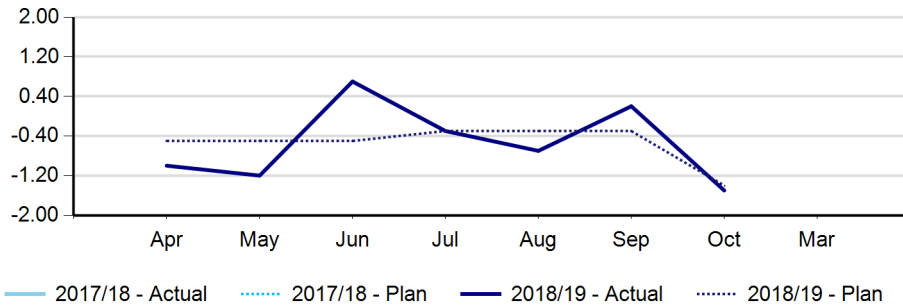
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
220 - Control Total (£ millions)	>= -1.4	-1.5	Oct-18			>= -0.3	0.2	Sep-18		>= -3.8	-3.8		-1.5 - 2.3	
221 - Provider Sustainability Fund (£ millions)	>= 1.1	1.1	Oct-18			>= 0.7	0.1	Sep-18		>= 4.9	3.8		0.1 - 1.1	
222 - Capital (£ millions)	<= 2.1	4.2	Oct-18			<= 1.7	1.7	Sep-18		<= 8.6	11.7		0.5 - 4.2	
223 - Cash (£ millions)	>= 6.9	11.0	Oct-18			>= 7.0	10.4	Sep-18		>= 6.9	11.0		7.0 - 16.0	
224 - Use of Resources	<= 2	3	Oct-18			<= 2	2	Sep-18		<= 2	3		2 - 4	



# Integrated Summary Dashboard - October 2018

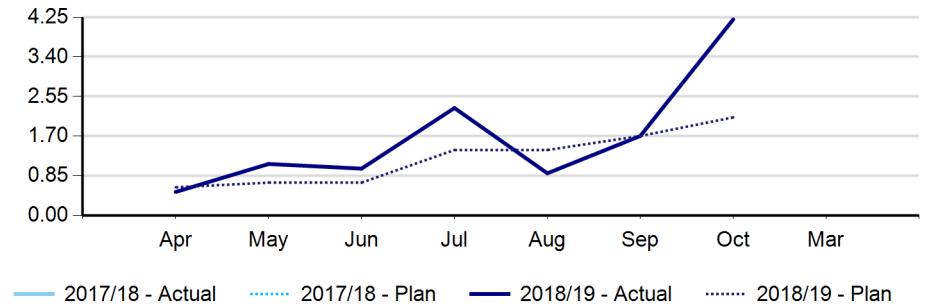
## Exceptions

220 - Control Total (£ millions)



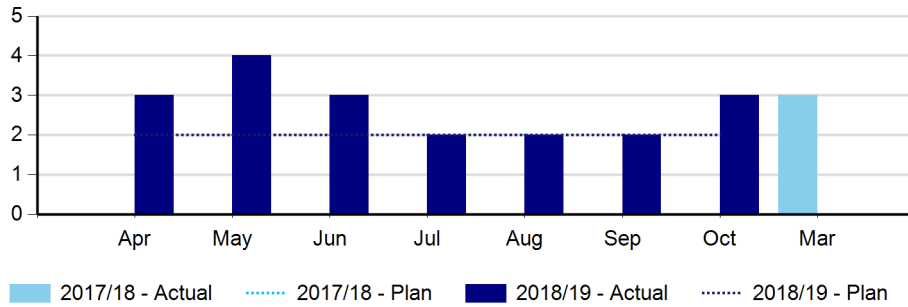
	Apr	May	Jun	Jul	Aug	Sep	Oct	Mar
17/18								2.3
18/19	-1.0	-1.2	0.7	-0.3	-0.7	0.2	-1.5	

222 - Capital (£ millions)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Mar
17/18								2.9
18/19	0.5	1.1	1.0	2.3	0.9	1.7	4.2	

224 - Use of Resources



	Apr	May	Jun	Jul	Aug	Sep	Oct	Mar
17/18								3
18/19	3	4	3	2	2	2	3	

## Integrated Summary Dashboard - October 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, however 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, this was agreed at QAC March 18, a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager will meet to review in Q3 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

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	1	Q1 2018/19			<= 1	2	Q4 2017/18		1 - 2	
176 - Pre-procedure elective bed days	<= 0.110	0.110	Q1 2018/19			<= 0.133	0.147	Q4 2017/18		0.110 - 0.167	
177 - Emergency readmissions (30 days)	<= 8%	8.2%	Q1 2018/19			<= 7%	7.5%	Q4 2017/18		7.5 - 8.6%	
178 - Did not attend (DNA) rate	<= 7%	8.7%	Q1 2018/19			<= 7%	8.9%	Q4 2017/18		8.7 - 8.9%	

## Integrated Summary Dashboard - October 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, however 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, this was agreed at QAC March 18, a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager will meet to review in Q3 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

Outcome Measure	Latest					Previous				Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
179 - Staff retention rate		87.8%	Jul-18		→		87.8%	Jun-18		87.6 - 90.4%	
180 - Sickness absence rate		5.0%	Jun-18		↓		5.0%	May-18		5.0 - 6.5%	
181 - Pay cost per weighted activity unit (WAU) - £	<= 2,157	2,348	Mar-17	●	↑		2,268	Mar-16			
182 - Doctors cost per WAU - £	<= 526	424	Mar-17	●	↑		412	Mar-16			
183 - Nurses cost per WAU - £	<= 718	961	Mar-17	●	↑		920	Mar-16			
184 - Allied health professionals cost per WAU (community adjusted) - £	<= 89	106	Mar-17	●	↑		99	Mar-16			

## Integrated Summary Dashboard - October 2018

### Clinical Support Services















The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however 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, this was agreed at QAC March 18, a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager will meet to review in Q3 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

Outcome Measure	Latest					Previous				Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
185 - Top 10 medicines – percentage delivery of savings target	= 100.0%	72.6%	Nov-17			= 100.0%	83.0%	Oct-17		72.6 - 83.0%	
186 - Overall cost per test	<= 1.96	1.65	Mar-17			<= 2.12	2.48	Mar-16			

## Integrated Summary Dashboard - October 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, however 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, this was agreed at QAC March 18, a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager will meet to review in Q3 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

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

## Integrated Summary Dashboard - October 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, however 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, this was agreed at QAC March 18, a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager will meet to review in Q3 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

Outcome Measure	Latest					Previous				Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
192 - Capital service capacity		2	Sep-18		↑		2	Aug-18		1 - 2	
193 - Liquidity (days)		-4	Sep-18		↓		-3	Aug-18		-15 - -3	
194 - Income and expenditure margin		0%	Sep-18		↑		0%	Aug-18		-1 - 1%	
195 - Distance from financial plan		-1%	Sep-18		→		-1%	Aug-18		-1 - -1%	
196 - Distance from agency spend		42%	Sep-18		↑		42%	Aug-18		31 - 65%	

Board Assurance Heat Map - Hospital - October 2018																																														
					Acute Division																	Elective Division												Families Division												
INDICATOR		Target	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)	Ingleside	M4/M5	NICU	Total	
Beds	Total Beds (October 2018)		30			23	22	0	21	0	25	10	26	27	10	14	26	22	27	27	24	10	8	25	25	25	23	24	24	16	12	9	11	4	38	7	17	6	26	15	5		44	38	746	
Infection Prevention Control	Hand Washing Compliance % (Self Assessed)	G>=100%, A>=80% B>=80%, R>=80%, S>=80% G>=94.9%, A>=95%	90.0%	90.0%		95.0%	100.0%		85.0%		85.0%	100.0%	100.0%		80.0%	90.0%	90.0%		95.0%	100.0%	95.0%	100.0%	100.0%		90.0%	100.0%	100.0%		100.0%	95.0%	100.0%		100.0%		90.0%	100.0%		100.0%		100.0%		100.0%	95.0%	96.9%		
	Environment Audit Compliance %		96.0%	83.0%	83.0%	78.0%	92.0%		91.0%		87.0%	96.0%	83.0%	92.0%	96.0%	79.0%	96.0%	88.0%	96.0%	91.0%	75.0%	100.0%	100.0%	100.0%	100.0%	88.0%	83.0%	92.0%	83.0%	100.0%	100.0%	95.0%	100.0%		95.0%		100.0%	100.0%		100.0%	75.0%	100.0%		100.0%	95.0%	92.6%
	Mattress Audit Compliance %	Yes=G, No Return=White	100.0%			100%	100%				87%	100%	100%		100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%		100%		100%	100%		100%	100%		100%	100%	99.4%
	C - Diff		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	1
	NewMSSA BSIs		0	0	0	0	0	0		0		1	1	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	0	0	0		0	1	4	
	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	
Harm Free Care	Safety Express Programme Harm Free Care (%)	95%	100.0%			87.0%	100.0%		94.4%		100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	12.5%	100.0%	92.6%	96.0%	100.0%	100.0%	100.0%	93.5%	91.3%	100.0%	95.2%	100.0%	100.0%	100.0%					100.0%		100.0%	100.0%	90.0%	100.0%	100.0%		100.0%	100.0%	96.3%	
	All Inpatient Falls (Safeguard)	0	3	1	0	5	7		5		2	5	2	2	0	0	8	3	3	2	4	0	0	2	1	1	2	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0		0	0	60
	Harms related to falls (moderate and above)		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	0	0	0	0	0		0	0	1		
	VTE Assessment Compliance	95%				50.0%	0.0%		100.0%		100.0%	100.0%	95.6%		98.4%	100.0%	96.7%	96.8%	100.0%	95.2%	96.2%	100.0%	100.0%	96.7%	97.4%	76.3%	83.9%	98.75%	97.33%	93.01%		99.8%	94.88%	100.0%			99.8%	99.1%	100.0%	100.0%	96.6%	75.0%	100.0%		95.9%	
	Monthly New pressure Ulcers (Grade 2)	0	0	0	0	0	0		1		0	0	0	1	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	5		
	Monthly New pressure Ulcers (Grade 3)	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		
	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			
	PU due to lapses in care	0	0	0	0	0	0		1		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	0	0	0		0	0	2		
Audit	Monthly KPI Audit %	R>=80%, A>=80% B>=80%, G>=80%, S>=80%, G>=94.9%, A>=95%	96.4%	94.4%	85.2%	93.1%	non return		86.5%		87.7%	83.5%	93.9%	91.6%	97.7%	86.5%	92.3%	92.8%	85.4%	89.5%	non return	100.0%	100.0%	90.6%	99.4%	94.3%	95.2%	87.6%	99.7%	95.0%	98.1%	100.0%	93.8%	98.3%		97.4%		non return		92.6%	97.1%	100.0%		73.0%	100.0%	93.2%
	Bolton System of Care Accreditation (BoSCA)		91.0%			63.3%	90.2%		70.3%		81.0%	72.7%	76.2%	74.3%	90.2%	72.1%	85.7%	73.7%	93.6%	87.3%	91.1%	92.0%	96.9%	76.1%	90.4%	85.2%	78.5%	90.8%	91.3%	90.7%					90.7%		79.6%		90.5%	82.8%	81.5%		83.5%	76.1%	83.5%	
Patient Experience	Friends and Family Response Rate	30%	100.0%	19.1%	6.9%	7.0%	41.4%		16.7%		58.6%	46.4%	30.0%	16.1%	41.2%	23.3%	31.3%	27.0%	28.0%	70.1%	54.3%	10.0%	33.3%	32.7%	54.2%	30.2%	27.2%	21.2%	32.3%	23.8%	36.0%	29.1%	54.1%	22.2%	31.4%	4.7%	34.7%		29.5%	35.7%	50.2%		28.0%	63.6%	32.7%	
	Friends and Family Recommended Rate	97%	100.0%	89.2%	91.2%	100.0%	93.3%		100.0%		95.1%	96.9%	96.3%	77.0%	100.0%	94.1%	87.1%	100.0%	96.4%	97.6%	100.0%	100.0%	100.0%	97.0%	100.0%	96.4%	94.8%	100.0%	96.8%	100.0%	96.1%	95.1%	88.2%	100.0%	97.4%	100.0%	97.6%		98.1%	98.3%	97.6%		90.4%	100.0%	96.7%	
	Number of complaints received	0	0	4	0	0	0		0		0	0	0	0	0	0	1	1	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	13	
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	0	0		0	0	0	
	Total Incidents		13	35	15	20	29		42	1	23	23	28	28	7	14	56	37	19	16	15	22	18	12	20	25	12	25	25	8	33	7	1	3	19	7	9	1	8	68	9	8	20	71		
	Harms related to Incidents ( Moderate and above)		0	0	0	0	0		0		0	1	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	0	4	
Staff Development	Appraisals	85%	96.4%	84.3%	76.7%	85.7%		87.8%		91.4%	100.0%	85.7%	71.9%	86.2%	68.2%	80.4%	75.8%	89.2%	73.7%	97.2%	100.0%	93.0%	68.0%	88.9%	79.5%	64.5%	82.2%	94.7%	100.0%	76.5%	87.9%	89.4%	100.0%		96.1%		76.0%		84.3%		88.7%	85.5%				
	Statutory Training	95%	98.77%	93.82%	83.41%	92.00%		91.33%		78.71%	93.88%	90.59%	85.46%	97.51%	86.43%	90.83%	92.21%	87.59%	92.22%	91.76%	98.64%	97.96%	94.84%	95.30%	94.70%	90.13%	94.69%	96.73%	100.00%	93.90%	93.74%	93.73%	100.00%		97.5%		97.19%		91.8%		97.24%	93.2%				
	Mandatory Training	85%	98.3%	75.69%	72.2%	80.7%		78.6%		64.7%	81.0%	78.3%	76.7%	83.2%	76.8%	78.2%	78.5%	77.2%	83.2%	83.2%	83.3%	82.5%	82.8%	80.7%	90.1%																					

Board Assurance Heat Map - District Nursing Domiciliary - October 2018												
INDICATORS	Avondale and Chorley old Road	Brightmet & Little Lever	Crompton merged with Egerton & Dunsar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westhoughton	Evening Service	Total
Safety Express Programme Harm Free Care (%)	100.00%	98.04%	90.91%	96.91%	100.00%	100.00%	95.65%	97.50%	93.75%	97.73%		97.20%
Total Monthly New pressure Ulcers (Grade 2+)(Lapse in Care + No Lapse in Care)	1	0	3	2	0	0	0	0	1	0		7
Total Monthly New pressure Ulcers (Grade 2+) (No Lapse in Care only)	?	0	2	1	0	0	0	0	1	0		4
High Dependency Patients (40 Minutes >)												0
Medium Dependency Patients (21 Mins >)												0
Low Dependency Patients (< 20 mins)												0
Number of Home Visits (from Lorenzo) **	35	38	114	87	207	120	31	215	109	127	1744	2827
Monthly KPI Audit % (Revised Buddy Assessed Audit)	97.06%	96.31%	94.50%	95.10%	98.21%	98.35%	non return	98.17%	96.12%	97.17%	95.52%	96.65%
BoSCA - Bolton Safe Care Accreditation	92.00%	97.90%	87.01%	70.04%	92.09%	94.57%	81.87%	81.87%		91.61%	84.52%	87.35%
Current Budgeted WTE	11.64	12.92	24.13	18.24	7.11	13.15	17.13		9.13	11.09	19.96	144.50
Actual WTE In-Post	13.04	13.52	20.63	15.2	8.11	13.91	19.77		9.61	6.6	18.62	139.00
Actual WTE Worked	12.327	13.52	22.30	15.45	8.16	13.89	19.05		9.54	6.6	19.92	140.75
Pending Appointment	0.8			1.0			2			1.6	0.6	6.00
Current Budgeted Vacancies (WTE)				2.30			1.00				1.88	5.18
Sickness (%) September 2018	0.87%	0.66%	4.71%	8.92%	2.06%	0.00%	5.32%		11.59%	0.00%	0.46%	4.11%
Substantive Staff Turnover Headcount (rolling average 12 months)	8.51%	5.85%	5.66%	10.26%	0.00%	0.00%	4.43%		15.48%	34.29%	6.25%	8.06%
12 month Appraisal	100.0%	100.0%	100.0%	93.3%	100.0%	93.3%	90.0%		92.9%	90.0%	93.90%	94.2%
12 month Statutory Training	94.87%	100.00%	92.42%	96.88%	100.00%	100.00%	93.39%		98.89%	100.00%	99.05%	97.34%
Number of complaints received	0	0	0	0	1	0	0	0	0	0	0	1
Total Incidents reported on Safeguard (see end total column)	9	0	0	11	3	4	5	12	0	1	2	47





# **Bolton NHS Charitable Fund Annual Report Year ending 31<sup>st</sup> March 2018**



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## Chairman's Statement

I am delighted to introduce the 2017/18 annual report for Bolton NHS foundation Trust Charitable Funds.

The Trust continues to receive generous support from individuals and groups, including our staff, families who have used our services and the wider public across Bolton. This support has come in many forms, from collecting through events and donations to participating in some quite extraordinary challenges. Over the past year, through your hard work, commitment and support we have raised over £213,000. In addition to this we have received legacy donations bringing our total income for the year to £249,000.

As Trustees, it is important that we ensure the money received through your generosity is invested wisely, I am delighted to report that this year we have invested over £500,000 to enhance and improve patient care. Further detail on where our money came from and how it has been invested is included within this report.

In early 2017, we launched a new appeal – “Special Care for Special Babies, this appeal has been established to raise funds to enhance our neonatal unit and in particular to improve the facilities for families of the babies under our care, more information on both these funds is provided within this report.

We also continued to raise funds for our “Donate one for Dementia” appeal, this appeal will continue to run to raise funds to ensure that our wards and departments are accessible to people who are living with dementia.

On behalf of the Charitable Funds Committee, can I once again take this opportunity to thank all our supporters, fundraisers and volunteers for their hard work, commitment and continued generosity throughout the year. It is difficult to list all the organisations and individuals who have helped us during the year, apologies if you are not mentioned within this report it does not mean we are not incredibly grateful for your hard work and support.

I would also like to recognise the work of Neal Chamberlain who acted as Chair of the Charitable Fund Committee from September 2014 – September 2017.

David Wakefield

Chairman Bolton NHS Foundation Trust

Chair of Charitable Funds Committee

## Reference and Administrative Details

The Bolton NHS Charitable Fund, registered charity number 1050488, is administered and managed by the corporate trustee – Bolton NHS Foundation Trust. The NHS Foundation Trust Board of Directors has delegated responsibility for the on-going management of funds to the Charitable Funds Committee which administers the funds on behalf of the corporate trustee.

The Charity's annual accounts for the year ended 31st March 2018 have been prepared by the Corporate Trustee in accordance with the Charities Act 2011 and the Statement of Recommended Practice (SORP): Accounting and Reporting by Charities published in 2005.

The Charity's accounts include all the separately established funds for which the Bolton NHS Foundation Trust is the sole beneficiary.

The main Charity, the Bolton NHS Charitable Fund, was entered on the central register of charities on 20th October 1995, as Bolton Hospitals NHS Trust Endowment Fund and renamed by supplemental deeds on 5th October 2005, 5th June 2009 and 13th September 2011. In March 2018, the Charity comprised 117 individual funds - the notes to the accounts distinguish the types of fund held and disclose separately all material funds.

Charitable funds received by the Charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990 and these funds are held on trust by the corporate body.

The members of the Board of Directors who served during the year were:

<b>Chairman</b>	David Wakefield
<b>Non-Executive Directors</b>	Neal Chamberlain (Chair of the Charitable Fund Committee until 30/09/17) Jackie Njoroge Allan Duckworth Ann Gavin Daley Mark Harrison Andrew Thornton Bilkis Ismail (from 01/09/17)
<b>Executive Directors</b>	
Chief Executive	Jackie Bene
Director of Nursing/Deputy CEO	Trish Armstrong Child
Chief Operating Officer	Andy Ennis
Medical Director	Steve Hodgson
Dir Strategy and OD	Mark Wilkinson (to 02/07/17)
Finance Director/Deputy CEO	Simon Worthington (to 30/06/17)
Finance Director	Annette Walker (from 17/07/17)

The names of those persons who served as agents for the corporate trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990 were as follows:

Mr N Chamberlain	Chair Non-Executive Director
Mr D Wakefield	Chairman Bolton NH Foundation Trust
Mr A Duckworth	Non-Executive Director
Mr S Worthington	Director of Finance
Mrs P Lee	Governor (to 30/09/17)
Mr J Ramsay	Governor (to 30/09/17)
Mrs J Roberts	Staff Governor

### **Principal Office**

Finance Department  
Dowling House  
The Royal Bolton Hospital  
Minerva Road  
Farnworth  
Bolton  
BL4 0JR  
Tel: 01204 390184

### **Principal Charitable Funds' Staff** (employed by Bolton NHSFT)

#### **Administration and Accounting**

Esther Steel	Associate Director Corporate Governance
Karen Sharples	Finance Manager

#### **Fundraising**

Andy Lee	Fundraiser
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### **Principal Professional Advisers: -**

#### **Bankers**

Royal Bank of Scotland  
Bolton Central Branch  
46 – 48 Deansgate  
Bolton  
BL1 1BH

#### **Solicitors**

Hempsons Solicitors  
Portland Tower  
Portland Street  
Manchester  
M1 3LF

#### **Auditor**

KPMG LLP  
Statutory Auditor Chartered  
Accountants  
St James' Square  
Manchester  
M2 6DS

## Structure Governance and Management

### Appointment of Trustees

The Trustees of the Charity are the Executive and Non-Executive Directors of the Foundation Trust. Non-Executive Directors are appointed by the Foundation Trust Council of Governors; Executive Directors are appointed by the Non-Executive Directors through the Nomination and Remuneration Committee. Training for the trustees is provided by both the Foundation Trust and the Charity.

### Structure of funds

The charity has three special purpose funds:

As at March 2017, the Trust had 117 individual funds relating to individual wards and departments.

Ward managers and Heads of Department manage funds at a local level and all expenditure is authorised in accordance with the Trust's Standing Financial Instructions, Standing Orders and Charitable Fund Procedures.

The Charitable Funds Committee acts on behalf of the Corporate Trustee and is responsible for the overall management of the Charitable Fund. Key duties of the Charitable Funds Committee include:

- Controlling, managing and monitoring the use of funds
- Providing support, guidance and encouragement for fundraising activities
- Ensuring that "best practice" is followed in the conduct of all its affairs.
- Providing updates to the Board of Directors on the activity, performance and risks of the charity.

### Risk Management

The major risks to which the Charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. Current investment practice represents a low risk in terms of receiving interest on its investment. The position is reviewed on an annual basis. Systems and procedures are also regularly reviewed to ensure controls remain appropriate. Internal audit reviews, performed by the Internal Auditors of the Trust, will be undertaken on a cyclical basis.

The Trustee is satisfied that systems are in place to mitigate exposure to identified risks.

### Investment Policy

The majority of funds are held in a Special Interest Bearing Account (SIBA)

### Reserves Policy

The policy of the Trustee is to apply, wherever possible and without delay, all funds to charitable purposes within the Trust. Expenditure is approved only where sufficient funds are available.

## Objectives and Activities

### Objective

Our objective is not to fund patient care, but to enhance and improve it, providing funding for projects that are over and above those served by NHS funding.

We aim to increase both income and expenditure of funds for the primary purpose of enhancing the patient experience within the Trust which includes:

- Improvements to the internal and external environments
- Providing additional services
- Enhanced staff training and development
- Purchasing new equipment
- Research and development

In 2017/18 the generosity of our donors enabled us to spend £529,000 on enhancing the experience of our patients, this included £402,000 on new equipment plus additional investment in the refurbishment and care of buildings, amenities and research.

In setting the objectives and activities of the Charity, the Trustees have given due consideration to the Charity Commission's published guidance on public benefit.

### Mission Statement

"Through the receipt of donations, legacies, fundraising activities and appeals, the Bolton NHS Charitable Fund will further improve the provision of high quality patient care, specialist training and education for staff and the provision of amenities for both patients and staff which are not fully covered or supported by central NHS funds."

### Activities

We continue to be supported by many individuals, community groups, charities and institutions. A range of individuals and groups have held events to raise funds for their chosen cause.

### Where our funds came from

In 2017/18 the Charitable Fund received over £200,000 from donations £36,000 from legacies and £4,000 return on investments.



## Fundraising Highlights

### Third Party Fundraising

We have had an increase in third party fundraising and with our generous supporters and staff setting up a whole host of different events to raise money for many different departments across the trust.

### Memorial Garden

During 2017/18, we completed a new memorial garden to provide a place of peace and tranquillity where those who have lost a baby can remember and celebrate their babies life. This work was supported by a number of organisations including but not limited to Groundwork, Tesco bags of help and Marks and Spencers Bolton. We have also had some amazing support from families for who this is a very special project to remember their own babies. We continue to be thankful for the support we have received for this project and will provide a full update on the completion of the garden in next year's report.

The focal point of the garden is a sculpture commissioned by completion open to final year arts students.



Victoria Lynch, creator of the new sculpture, in the memorial garden

## **Special Care for Special Babies – campaign launched 2017**

The birth of a baby should be a joyful thing, but when a newborn is very sick or premature, those first days or weeks can be a time of huge anxiety and stress.

Although we have expert care and great equipment in our special care and neonatal units, unfortunately we don't have the spacious and calm environment that we would like for our families to be with their baby.

But we have a vision to change that. We want to refurbish our units, make more space, provide more attractive décor and create bespoke rooms for mums to feed their babies, families to visit and for some parents to stay overnight.

Our vision is ambitious - but won't be cheap. To achieve what we want for these families and their little babies – who come to us from across Greater Manchester --- will cost around a million pounds and we need your help to raise it.

We have launched an appeal called “Special Care for Special Babies”. There are lots of ways in which you can give your support, whether you are an individual, a family or group, or maybe you belong to a school, business or organisation that can help.

So many families have been touched by the difficult situation of having a baby who needs extra special care. Please help them.



## **Donate £1 for Dementia**

Our Donate one for Dementia campaign continued during 2017/18, we also continued to invest the funds raised to enhance the environment on our frailty unit and to provide some very simple but effective investment on all wards. All wards now have a clock with large numerals that show the time and also the day and date, wards and departments also each have a box of items for distraction and reminiscence therapy. Evidence shows that these relatively simple items can make a big difference to these patients in our care.



## **Facebook**

If you want to keep in touch with the work of the Charitable Fund, please “like” our Facebook page. Regular updates on our activities and events are posted on this page with posts reaching up to 1,500 people.

## Statement of Trustees' Responsibilities

Under the trust deed of the Charity and Charity Law, the trustees are required to prepare financial statements for each financial year which show a true and fair view of the state of affairs of the Charity and the excess of income over expenditure.

In preparing these financial statements, the trustees are required to: -

- select suitable accounting policies and then apply them consistently
- make judgements and estimates that are reasonable and prudent
- state whether the recommendations of the Statement of Recommended Practice (SORP) ('Accounting and Reporting by Charities: Recommended Practice (Feb 2005)') have been followed, subject to any material departures disclosed and explained in the financial statements
- state whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statement on the going concern basis unless it is inappropriate to presume that the Charity will continue its activities
- ensure the accounts comply with current statutory requirements, the requirements of the Charity's governing document and the requirements of the charity SORP

The trustees are required to act in accordance with the trust deed of the Charity, within the framework of Trust Law. They are responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the Charity at that time, and enable the trustees to ensure that any statements of accounts comply with the requirements of regulations under that provision. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the Charity and to prevent and detect fraud and other irregularities.

These financial statements were approved by the trustees on 29/11/18 and were signed on its behalf by: -

David Wakefield  
Chair of Bolton NHS Foundation Trust

Annette Walker  
Director of Finance

**Bolton NHS Charitable Fund**

**Statement of Financial Activities for the year ended 31st March 2018**

	Note	Restricted Funds £000	Un-Restricted Funds £000	Endowment Funds £000	Total Funds 2018 £000	Total Funds 2017 £000
<b>Incoming Resources:</b>						
<b>Incoming resources from generated funds:</b>						
Voluntary income:	3					
Donations		17	196	0	213	195
Legacies		0	36	0	36	903
<b>Sub total voluntary income</b>		<b>17</b>	<b>232</b>	<b>0</b>	<b>249</b>	<b>1,098</b>
<b>Activities for generating funds:</b>						
Fundraising events		0	0	0	0	0
Investment income	4	1	3	0	4	7
<b>Total incoming resources</b>		<b>18</b>	<b>235</b>	<b>0</b>	<b>253</b>	<b>1,105</b>
<b>Resources Expended</b>						
<b>Costs of generating funds:</b>						
Fundraising Cost	10	0	0	0	0	29
<b>Sub total cost of generating funds</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>
<b>Charitable activities:</b>						
	7					
Purchase of new equipment		36	366	0	402	635
New building, refurbishment & care		0	1	0	1	7
Staff education & welfare		38	29	0	67	150
Patient welfare & amenities		9	48	0	57	136
Research		0	0	0	0	0
Other		0	2	0	2	22
<b>Sub total direct charitable expenditure</b>		<b>83</b>	<b>446</b>	<b>0</b>	<b>529</b>	<b>950</b>
<b>Other resources expended</b>						
Miscellaneous		1	5	0	6	2
Governance Costs	6	0	20	0	20	19
<b>Total resources expended</b>		<b>84</b>	<b>471</b>	<b>0</b>	<b>555</b>	<b>1,000</b>
Net incoming/(outgoing) resources before transfers		(66)	(236)	0	(302)	105
Gross transfer between funds						
<b>Net incoming/(outgoing) resources before other recognised gains and losses</b>		<b>(66)</b>	<b>(236)</b>	<b>0</b>	<b>(302)</b>	<b>105</b>
Realised and unrealised gains/(losses) on investment assets			0	0	0	0
<b>Net movement in funds</b>		<b>(66)</b>	<b>(236)</b>	<b>0</b>	<b>(302)</b>	<b>105</b>
Reconciliation of Funds						
Total Funds brought forward		422	1,138	109	1,669	1,564
<b>Total Funds carried forward</b>		<b>356</b>	<b>902</b>	<b>109</b>	<b>1,367</b>	<b>1,669</b>

**Bolton NHS Charitable Fund**

**Balance Sheet for the year ended 31st March 2018**

	Note	Restricted Funds £000	Un-Restricted Funds	Endowment Funds £000	Total Funds 2018 £000	Total Funds 2017 £000
<b>Current assets:</b>	11					
Debtors		0	2	0	2	3
Short Term Investments & deposits		354	928	109	1,391	1,803
Cash at bank and in hand		10	0	0	10	10
<b>Total Current Assets</b>		<u>364</u>	<u>930</u>	<u>109</u>	<u>1,403</u>	<u>1,816</u>
<b>Liabilities</b>	12					
Creditors falling due within one year		(7)	(29)	0	(36)	(147)
<b>Net current assets or liabilities</b>		<u>357</u>	<u>901</u>	<u>109</u>	<u>1,367</u>	<u>1,669</u>
<b>Total assets less current liabilities</b>		357	901	109	1,367	1,669
<b>Net assets or liabilities</b>		<u>357</u>	<u>901</u>	<u>109</u>	<u>1,367</u>	<u>1,669</u>
<b>The funds of the charity:</b>						
Endowment funds		0	0	109	109	109
Un Restricted funds		0	902	0	902	1,138
Restricted income funds		356	0	0	356	422
<b>Total charity funds</b>		<u>356</u>	<u>902</u>	<u>109</u>	<u>1,367</u>	<u>1,669</u>

The notes at pages 14 to 22 form part of these accounts

Signed:

Name: Annette Walker

Date: \_\_\_\_\_

# **Bolton NHS Charitable Fund**

## **Statement of Cash flow for the year ended 31st March 2018**

	2018 £000	2017 £000
<b>Net movement in funds for the reporting period (as per the statement of financial activities)</b>	<b>(302)</b>	<b>105</b>
<b>Adjustments for:</b>		
Depreciation charges		
Dividends, interest and rents from investments	(4)	(7)
Loss/(profit) on the sale of fixed assets		
(Increase)/decrease in stocks		
(Increase)/decrease in debtors	1	1
Increase/(decrease) in creditors	(111)	52
<b>Net Cash provided by (used in) operating activities</b>	<b>(416)</b>	<b>151</b>
<b>Cash Flows from investing activities:</b>		
Dividends, interest and rents from investments	4	7
Proceeds from the sale of property, plant and equipment	0	0
Purchase of property, plant and equipment		
Proceeds from sale of investments	0	0
<b>Net cash provided by (used in) investing activities</b>	<b>4</b>	<b>7</b>
<b>Cash flows from financing activities:</b>		
Repayments of borrowing	0	0
Cash inflows from new borrowing	0	0
Receipt of endowment		
<b>Net cash provided by (used in) financing activities</b>	<b>0</b>	<b>0</b>
<b>Change in Cash and cash equivalents in the reporting period</b>	<b>(412)</b>	<b>158</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>	<b>1,813</b>	<b>1,655</b>
<b>Change in cash and cash equivalents due to exchange rate movements</b>	<b>0</b>	<b>0</b>
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>1,401</b>	<b>1,813</b>

## **Notes on the accounts**

### **1. Accounting Policies**

#### **(a) Basis of preparation**

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The trust constitutes a public benefit entity as defined by FRS 102.

The Trustees consider that there are no material uncertainties about the Trust's ability to continue as a going concern.

#### **(b) Reconciliation with previous Generally Accepted Accounting Practice**

In preparing the accounts, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 restatement of comparative items was needed [no restatements were required relating to the previous year's accounts].

#### **(c) Income and Endowments**

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Donations, are recognised when the Charity has been notified in writing of both the amount and settlement date. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period. Gifts in kind are valued at estimated fair market value at the time of receipt.

Legacy gifts are recognised on a case by case basis following the granting of probate when the administrator/executor for the estate has communicated in writing both the amount and settlement date. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title to the asset having been transferred to the charity.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank. Dividends are recognised once the dividend has been declared and notification has been received of the dividend due. This is normally upon notification by our investment advisor of the dividend yield of the investment portfolio.



#### **(d) Expenditure Recognition**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated or apportioned to the applicable expenditure headings. For more information on this attribution refer to note (e) below.

Grants payable are payments made to third parties in the furtherance of the charitable objects of the Charity. In the case of an unconditional grant offer this is accrued once the recipient has been notified of the grant award. The notification gives the recipient a reasonable expectation that they will receive the one-year or multi-year grant. Grants awards that are subject to the recipient fulfilling performance conditions are only accrued when the recipient has been notified of the grant and any remaining unfulfilled condition attaching to that grant is outside of the control of the Charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty as to the timing of the grant or the amount of grant payable.

The provision for a multi-year grant is recognised at its present value where settlement is due over more than one year from the date of the award, there are no unfulfilled performance conditions under the control of the Charity that would permit the Charity to avoid making the future payment(s), settlement is probable and the effect of discounting is material. The discount rate used is the average rate of investment yield in the year in which the grant award is made. This discount rate is regarded by the trustees as providing the most current available estimate of the opportunity cost of money reflecting the time value of money to the Charity.

Grants are only made to related or third party NHS bodies and non NHS bodies in furtherance of the charitable objects of the funds. A liability for such grants is recognised when approval has been given by the Trustee. The NHS Foundation Trust has full knowledge of the plans of the Trustee, therefore a grant approval is taken to constitute a firm intention of payment which has been communicated to the NHS Foundation Trust, and so a liability is recognised.

#### **(e) Allocation of overhead, support and governance costs**

Overhead and support costs have been allocated as a direct cost or apportioned on an appropriate basis (see note 6) between Charitable Activities and Governance Costs. Once allocation and/or apportionment of overhead and support costs has been made the remainder is apportioned to funds on a transactional basis.

Governance costs comprise of all costs incurred in the governance of the charity. These costs include costs related to statutory audit together with an apportionment of overhead and support costs.

**(f) Expenditure on raising funds**

The costs of raising funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The expenditure on raising funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for events and the costs for the fundraiser's salary, this is recharged to the charity by the Foundation Trust.

**(g) Expenditure on Charitable Activities**

Costs of charitable activities include grants made, governance costs and an apportionment of overhead and support costs as shown in note 7.

**(h) Irrecoverable VAT**

Irrecoverable VAT is charged against the category of resources expended for which it is incurred.

**(i) Funds structure**

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified as an endowment fund, where the donor has expressly provided that only the income of the fund may be applied, or as a restricted income fund where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The major funds held within these categories are disclosed in note 15.

**(j) Fixed asset investments**

Investments are stated at market value as at the balance sheet date. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

The Charity does not acquire put options, derivatives or other complex financial instruments.

The main form of financial risk faced by the charity is that of volatility in equity markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

**(k) Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or purchase date if later). Realised and unrealised gains and losses are combined in the Statement of Financial Activities.

**(l) Going Concern**

In preparing these accounts the Corporate Trustee has considered the future activities of the Charity and consider it to be a going concern.

**(m) Transfer of Funds from NHS Bodies**

There have been no transfers in 17/18 from NHS bodies.

**Note 2. Related party transactions**

The Bolton NHS Foundation Trust receives grants from Bolton NHS Charitable Fund, the Foundation Trust is the Corporate Trustee of the Charity (note 8).

The members of the Charitable Funds Committee are detailed below :-

Mr Neal Chamberlain	-Non-Executive Director of the Bolton NHS Foundation Trust
Mr David Wakefield	-Non-Executive Director of the Bolton NHS Foundation Trust
Mrs Annette Walker	-Director of Finance of the Bolton NHS Foundation Trust
Mrs Pauline Lee	-Governor of the Bolton NHS Foundation Trust
Mr Jack Ramsay	-Governor of the Bolton NHS Foundation Trust
Mrs Janet Roberts	-Staff Governor of the Bolton NHS Foundation Trust

None of the above have received honoraria, emoluments or expenses from the charity for the year ended 31st March 2018.

During the year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Bolton NHS Charitable Fund.

### 3. Analysis of voluntary income

	Restricted Funds	Un-Restricted Funds	Endowment Funds	Total Funds 2018 £000	Total Funds 2017 £000
	£000	£000	£000	£000	£000
<u>Donations</u>					
Breast Fund		16		16	24
Neonatal & Paediatric Services Fund		10		10	17
General Purposes Fund		29		29	17
Cancer Services		7		7	11
Critical Care Fund		8		8	12
Special Care for Special Babies		76		76	0
Other Funds (89)	16	51		67	114
<b>Sub total</b>	<b>16</b>	<b>197</b>	<b>0</b>	<b>213</b>	<b>195</b>
<u>Legacies</u>					
RBH General Purposes		30		30	69
Elderly Medicine		0		0	272
Cardiology		2		2	551
Other Funds (111)	0	4		4	11
<b>Sub total</b>	<b>0</b>	<b>36</b>	<b>0</b>	<b>36</b>	<b>903</b>
<b>Total</b>	<b>16</b>	<b>233</b>	<b>0</b>	<b>249</b>	<b>1,098</b>

### 4. Analysis of Investment income

Gross income earned from:	2018 Held in UK £000	2017 Held in UK £000
Dividend income from Stocks & Shares	0	0
Income from Investments	0	0
Interest from Bank Account	4	7
<b>Total</b>	<b>4</b>	<b>7</b>

## 5. Investment management fee

The cost of managing the investment portfolio for 2018 was £0 (2017: £0).

## 6. Allocation of support costs and overheads

Allocation and apportionment to Governance Costs	2018 Total £'000	Allocated to Governance £'000	Residual for Apportionment £'000	Basis of Apportionment
Salaries & related costs	35	14	21	Fixed and transactional
Bank Charges	0	0		
Statutory External Audit	6	6		Governance
<b>Total</b>	<b>41</b>	<b>20</b>	<b>21</b>	

## 7. Analysis of charitable expenditure

The charity undertook direct charitable activities and made available grant support to the Bolton Hospital NHS Bolton Hospital NHS Foundation Trust in support of donated assets.

	Activities undertaken directly £'000	Grant Funded activity £'000	Support Costs £'000	2018 Total £'000
Purchase of new equipment	205	197	12	414
New building, refurbishment & care	1		1	2
Staff education & welfare	67		3	70
Patient welfare & amenities	57		3	60
Research	0		0	0
Fundraising	0		1	1
Miscellaneous	6			6
Other	2		0	2
<b>Total</b>	<b>338</b>	<b>197</b>	<b>20</b>	<b>555</b>

## 8. Analysis of grants

The charity does not make grants to individuals. All grants are made to the Bolton NHS Foundation Trust in the form of donated assets.

## 9. Transfers between funds

No transfers were made between restricted and endowment funds.

## 10. Analysis of fundraising events

There have been no fundraising events.

## 11. Analysis of current assets

Debtors under 1 year	2018	2017
	Total £000	Total £000
Accrued Income & Aged Debt	2	3
<b>Total</b>	<b>2</b>	<b>3</b>
Analysis of cash and deposits	2018	2017
	Total £000	Total £000
R.B.S. Special Interest Bearing Account	1,391	1,803
Royal Bank of Scotland -Current Account	10	10
<b>Total</b>	<b>1,401</b>	<b>1,813</b>
<b>Total Current Assets</b>	<b>1,403</b>	<b>1,816</b>

## 12. Analysis of current liabilities and long term creditors

Creditors under 1 year	2018	2017
	Total	Total
	£000	£000
Other creditors	9	126
Accruals	27	21
<b>Total</b>	<b><u>36</u></b>	<b><u>147</u></b>

## 13. Contingencies

The Trust has no contingent liabilities or assets.

## 14. Commitments

The trustees recognise that they have commitments for goods or services that have yet to be received for £254,244.01

## 15. Analysis of charitable funds

<b>Material Funds</b>	Balance b/fwd £000	Income £000	Resources Expended £000	Gains & Losses £000	Fund c/fwd £000
RBH General Purposes	103	58	(69)		92
Coronary Care Fund	15	0	(1)		14
Thoracic Medicine Fund	53	0	(24)		29
Cardiology	737	12	(252)		497
Elderly Medicine	223	2	(82)		143
Special Care for Special Babies	4	76	(4)		76
Other Funds (89)	<u>425</u>	<u>105</u>	<u>(123)</u>	<u>0</u>	<u>407</u>
	<b><u>1,560</u></b>	<b><u>253</u></b>	<b><u>(555)</u></b>	<b><u>0</u></b>	<b><u>1,258</u></b>

The General Purposes Fund receives donations from donors who have not expressed a preference as to how the funds should be spent, these funds are used by the trustees for any charitable purpose(s) related to the Royal Bolton Hospital. This year the General Purposes Fund has purchased Two Emergency Trolleys with Pressure Care Mattress, Portering Chair, NuYork Standard Manual Recliner

The Coronary Care Unit receives many donations from grateful patients and also from legacies, funds are mainly used to purchase medical equipment for the unit.

The Thoracic Medicine department treats and cares for adult patients with respiratory disease. This includes rapid diagnosis of conditions such as lung cancer, treatment and care of long term conditions such as Chronic Obstructive Pulmonary Disease and Asthma, public health management of T.B. and palliative care of patients at the end of their disease. The department is a busy area with a strong multi-disciplinary team that aims to continue to develop respiratory services to meet the needs of the people in Bolton and lead in respiratory care. This year the department have purchased six Efficia CM100 with cuffs and sensor, Freeway Drip Pole and Stand.

The Cardiology Department receives many donations from grateful patients and also from legacies, funds are mainly used to purchase equipment for the department. This year the department has purchased a Finapress Nova Monitoring System, Pagewriter TC70 Cardiograph, Vivid E95 Ultrasound, A05 2010 Plus Dual Docking Station and 24 Hour Recorder

## 17. Post balance sheet events

There have been no post balance sheet events that require disclosure.