Bolton NHS Foundation Trust – Board Meeting 31 January 2019

Location: Boardroom **Time: 0900**

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
09.00		Patient Story (acute adult division)	DoN		For the Board to hear a recent patient story to bring the patient into the room (Press and public to 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 20 December 2018	Chairman	Minutes	To approve the previous minutes
	5.	Action sheet	Chairman	Action log	To note progress on agreed actions
	6.	Matters arising	Chairman	Verbal	To address any matters arising not covered on the agenda
	7.	Chairman's Report	Chairman	Verbal	To receive a report on current issues
	8.	CEO Report including reportable issues	CEO	Report	To receive a report on any reportable issues including but not limited to SIs, never events, coroner reports and serious complaints
Safety Quality and Effectiveness					
09.45	9.	Quality Assurance Committee Chair Report 16 January 2019	QA Chair	Report	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
	10.	Finance and Investment Committee – Chair Report - 22 January 2019	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
	11.	Workforce Assurance Committee – Chair Report –18th January 2019	CEO	Report	CEO to provide a summary of assurance from the Workforce Assurance Committee and to escalate any items of concern to the Board
	12.	Urgent Care Delivery Board Chair Report –	CEO	Report	To receive a report on the Urgent Care Delivery Board
10.15	13.	Six monthly nurse staffing report	DoN	Report	To receive for assurance

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
10.30	14.	Integrated Performance Report	Exec team	Report	To receive for information
11.00	15.	Impact of changes to Cancer Monitoring	COO	Report	To receive and discuss
	16.	Any other business			
Questions from Members of the Public					
	17.	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					
11.15	To consider a resolution to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted				

Coffee

Meeting	Board of Directors Meeting – Part One
Time	09.00
Date	20 December 2018
Venue	Boardroom RBH

Present:-

Mr A Thornton,	Non-Executive Director/Vice Chair (Chair)	AT
Dr J Bene	Chief Executive	JB
Dr F Andrews	Medical Director	FA
Mrs T Armstrong-Child	Director of Nursing	TAC
Mr A Duckworth	Non-Executive Director	AD
Mr A Ennis	Chief Operating Officer	AE
Ms B Ismail	Non-Executive Director	BI
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

Two observers in attendance

Apologies

Mr D Wakefield

Declarations of Interest

Mrs E Steel Company Secretary iFM Bolton

1. Patient Story

The Board heard from a patient who had received long term support to live with HIV.

The Board noted the impact of the services provided and commended the team for their work in this area.

3. Minutes of The Board Of Directors Meetings Held 29 November 2018

The minutes of the meetings held on 29 November 2018 were approved as a true and accurate reflection of the meeting.

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.

8. Chief Executive report

The Chief Executive highlighted key points from her written report;

National guidance on the approach NHS organisations should take in planning for a no deal Brexit has urged organisations not to stockpile drugs and equipment and to await further guidance. A working group has been established to consider the specific risks to the Trust and to ensure business continuity plans provide effective mitigation.

Board members agreed that it would be beneficial to receive a briefing on the plans and contingencies being developed for a no deal Brexit with a further paper for the Audit Committee in February.

Board Assurance Framework – The board noted the updates to the BAF scores – The Director of Finance advised that the reduction of risk 4.1 to a score of 16 reflected the current position – all scores were reviewed regularly and updated in light of any new information. In the case of risk 4.1 the impact of not achieving the financial plan is felt to be significant rather than catastrophic and was therefore reduced from 5 to 4.

Resolved: the board noted the CEO update.

Dr Bene and Ms Ismail left the meeting

FT/18/108	Written briefing on Brexit implications - also to Feb Audit Committee

9. Quality Assurance Committee Chair Report

Mr Thornton presented a verbal Chair report from the Quality Assurance Committee held on 19th December 2019 highlighting the discussion points from the meeting which provided assurance or highlighted risks:

The Elective Care Quarterly report and Family Care Quarterly reports received positive feedback, Divisions expressed concern that the reports take a significant amount of time to prepare however Committee members value the assurance and level of detail provided

Radiology – follow up report on actions taken following review of Radiology reporting provided assurance that delays to CT and MRI had not had a detrimental impact on patients. Further work on going to provide similar

assurance for plain film

Update on lab medicine environmental audits provided for information in response to a questions raised at a previous meeting

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

10. Workforce Assurance Committee Chair Report

The Workforce Director presented the Chair report from the meeting of the Workforce Assurance Committee held on 11th December 2018 and highlighted the discussion points from the meeting which provided assurance or highlighted risks:

Committee members discussed the reduction in agency spend but noted with concern that this had not resulted in the planned ICIP delivery. Discussion focused on the actions being taken including recruitment into hard to fill posts and tighter management controls and divisions were asked to review further any measure that could be made to reduce agency spend without compromising quality.

Sickness absence remains a standing item and the committee were pleased to note that the implementation of Attendance Matters appears to be having an impact.

The Guardian of Safe Working presented his update on the measures in place to give assurance that doctors in training are safely rostered and their working hours are complaint with the terms of the junior doctor contract.

In response to a question about agency spend, the Director of Workforce agreed to email Board members to confirm expenditure in November.

Resolved: the board noted the Workforce Assurance Committee Chair report

11. Audit Committee Chair Report

The Chair of the Audit Committee presented the Chair's report from the meeting held on 22nd November 2018:

The Committee noted the update on the progress report and approved proposed changes to the Internal Audit Plan to ensure an allocation of audit days to focus on processes related to agency staffing.

The follow up report on waste management provided assurance that completion of some actions had reduced the overall risk rating however there were concerns that one of the high risk actions assigned to iFM had not been completed.

Board members discussed the pros and cons of an iFM Audit Committee – whilst all were in agreement that strong oversight was required for iFM Audit not all Board members agreed that this should be through a separate Audit Committee. It was agreed that this would be determined as part of the wider piece of work on iFM governance.

Resolved: the Board noted the Audit Committee Chair report.

12 **Urgent Care Delivery Board Chair Report**

The Chief Operating Officer presented the report from the Urgent Care Delivery Board and highlighted the discussion points from the meeting which provided assurance or highlighted risks to delivery of the nine high impact workstreams. System plans for Christmas and New Year have been developed including extended GP opening hours and additional reablement packages. Elements of the A&E build have been delayed and while it is still hoped that the ambulance handover bay will be completed the work on minors and resus has been delayed by one month.

The ECIST summary provided positive assurance with regard to the engagement from the Bolton system in improvement work.

Capacity issues in the care home sector has led to an increase in stranded patients, performance against the four hour target for December is 81% - an improvement on December 2017 but not at the 85% performance trajectory for December and January which raises to 90% by March 2019.

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

Dr Bene and Ms Ismail re-joined the meeting

13. **Changes to Cancer screening - implications**

The Chief Operating Officer gave a verbal update on the impact of national changes to cancer breach allocations. Board members were previously advised that the changes to breach allocation could have an adverse impact on the Trust's performance – this would be an impact on data not a change in the times patients wait for screening and treatment.

One of the key challenges of the change is the loss of visibility making it harder to predict performance and therefore harder to manage.

Resolved: The Board noted the update and requested a written briefing to be provided by email

18/110	AE to circulate written briefing on changes to cancer reporting	AE

14. **Health and Safety Annual Report**

The Director of Nursing presented the Health and Safety report and advised Board members that given recent changes in the provision of health and safety, the new Health and Safety Committee had agreed the provision of an annual report to the Board. The report would provide oversight to the Board and reassurance that there are systems and processes in place within the FT and its subsidiary iFM Bolton.

Board members thanked the Director of Nursing for the report and agreed it provided a useful foundation and assurance that systems are in place which could be tested by internal audit in 2019/20.

7. **Chairman's Report**

The Vice Chair speaking on behalf of the Chair reminded those present that having served for six years Allan Duckworth would be leaving the Board at the end of the month. The Vice Chair and other Board members added their own thanks and reflections on the progress the Trust had made and the key role Allan had played both as Chair of the Finance and Investment Committee and as a member of the Board

Allan was presented with a gift and card in recognition of his service to the Trust.

15. **Any other business**

No other business.

Date and Time of Next Meeting

31 January 2019

December 2018 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/18/86	27/09/2018	Freedom to Speak up	report back in December	JM	Jan-19	agenda item
FT/18/106	29/11/2018	iFM Bolton	Report back on plans to address issues identified	ES	Jan-19	agenda item
FT/18/108	20/12/2018	CEO report	Written briefing on Brexit implications - also to Feb Audit Committee	AE	Jan-19	agenda item
FT/18/109	20/12/2018	Workforce Assurance Committee	Confirm agency spend	AW	Jan-19	WAC Committee chair report
FT/18/110	20/12/2018	Cancer pathway changes	AE to circulate written briefing	AE	Jan-19	agenda item
FT/18/93	25/10/2018	CEO update	Update on partnership working	JB	Jan-19	verbal update
FT/18/90	27/09/2018	Ward visits	Execs to consider potential options to support wards with storage issues	Execs	Jan-19	verbal update
FT/18/111	20/12/2018	SI knife to skin	FA to compose a letter for the Chair to send to GMC on behalf of the Board	FA	Jan-19	verbal update
FT/18/112	20/12/2018	SI knife to skin	JM to undertake governance checks for assurance that agency have adequate processes	JM	Jan-19	verbal update
FT/18/95	25/10/2018	ward visit lab meds	deep dive paper on lab meds challenges to Risk Management Committee	AE	Feb-19	
FT/18/38	31/05/2018	Patient Story	six month update on Patrick's story to QA committee	ES	Feb-19	confirmed for Feb 19 QA
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	
FT/18/105	29/11/2018	SI report knife to skin	Provide assurance through the QA Committee with regard to theatre safety and assurance with regard to locum competencies	FA	Feb-19	

Key

complete	agenda item	due	overdue	not due

Agenda Item No: 8

Meeting	Board of Directors

Date	31 January 2019

Title	Chief Executive Update

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

Previously considered by	

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

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

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

Prepared by	Esther Steel Trust Secretary	Presented by	Jackie Bene Chief Executive

All information provided in this written report was correct at the close of play 28/01/2019 a verbal update will be provided during the meeting if required

1. Awards and recognition

Trish Armstrong Child, the Director of Nursing and Deputy Chief Executive has been awarded an MBE in the New Year's Honours for her services to nursing.

Our chairman **David Wakefield** has been shortlisted as Non-Executive of the year this is a national award to recognise the achievements of Non-Executive Directors who contribute daily to the success and growth of businesses and Not-for-Profit organisations across the UK.

Ian Chapman from our OD team has been shortlisted in the national Unsung Hero awards

Employee of the Month (November) – Yvette Harrison - Yvette's efforts with a patient meant that he could have a relatively peaceful & comfortable weekend with his family; instead of being confined to bed rest. The family contacted the service after the weekend to highlight the efforts Yvette had made and to thank her for everything she had done and put in place at such very short notice – and quite obviously in her own time.

Team of the Month (November) – Maternity services were nominated as team of the month following positive feedback from the CCG who reported that on a recent visit to the unit they were impressed by the professionalism and commitment of the staff and found there was a real focus on learning, respecting and sharing led by a desire to do the right thing for the mother, baby and family.

Employee of the Month (December) – Carl Oakden – Carl noticed that some children coming for surgery were very anxious and reluctant to leave the children's ward when their turn came. This was distressing for patients and families and caused considerable delays to children's lists. Carl read an article in the British Journal of Anaesthesia which demonstrated that children who 'drove' to theatre on ride-on cars had significantly less anxiety. He independently approached Porsche Bolton and was successful in securing donated ride-on cars for children to make the trip to theatre fun and relieve their anxieties.

Team of the Month (December) – the team of district nurses that were on duty at Waters Meeting when there was a significant water leak. . Not only did three of the senior staff from the evening service stay late to help clean up the excess water and make the area safe, staff went above and beyond to stop the leakage by unblocking the toilet.

Staff constantly mopped and cleaned to ensure the area was safe for the visiting patients, whilst also attending to clients requiring nursing care. All the night staff went without their meal break to keep the visiting public safe. If these staff had not worked as hard and efficiently as they did the building would almost certainly have had to be closed for several hours. This would have had a huge impact on the already very busy Out of Hours GP services. They are an excellent team who have gone out of their way to help manage this situation in the least disruptive way possible.

2. Stakeholders

2.1 CQC

The CQC undertook their Well Led inspection between 8th and 10th January and provided initial feedback to the Executive team at the end of this period. The initial feedback was positive and we expect to receive our draft report in March/April

2.2 North West Sector

We continue to discuss areas where we can collaborate for mutual benefit and are looking to arrange a date for a Board to Board within the next few months.

2.3 Bolton

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

Reportable Issues Log

Issues occurring between 19/12/18 and 28/01/19

3.1 Serious Incidents and Never events

One serious incident has been reported and is being investigated, this relates to a delayed diagnosis – the final investigation report is scheduled to be presented to the QA Committee on 17 April 2019

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

Three concerns raised at monthly meeting with CEO, all in progress of being resolved – nothing to escalate to board

3.4 Health and Safety

Further to the December 2018 CEO report to the Board of Directors, the Health & Safety Executive (HSE) visited the Trust on the 16th and 17th January in relation to RIDDOR Reportable incidents, Blood Borne Virus incidents and injuries related to sharps. The HSE were mindful that the organisation had taken a number of steps to improve arrangements since November 2018 and were confident that the organisation would continue to further develop aided by their guidance and advice. The HSE will write to the Trust by the 24th January to outline any further steps that the Trust may need to take to enhance systems and processes on these issues. The Trust will develop a clear action plan based on the verbal feedback and the written instructions from the HSE. Responsibility for the action plan will be co-ordinated by the Director of Quality Governance and overseen by the Group Health & Safety Committee with input from the Infection Prevention Control Committee and the Sharps Safety Group.'

4 Board Assurance Framework

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

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

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

	Trust Wide Objective	Lead	I	L		Jan	Nov	Sept	Aug	Key Risks/issues	Key action	Oversight
1.1	Reduce healthcare acquired infections	DON as DIPC	4	3		12	12	16	16	clinical engagement with Antimicrobial Stewardship.	Implementation of all key actions from the IPC review	IPC committee
1.2.1a	For our patients to receive safe and effective care (pressure ulcers)	DON	4	2		8	8	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	12	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	20	Recruitment, limited pool of staff Staffing for escalation areas Sickness rates esp within AACD	Recruitment workplan in place overseen through Workforce Assurance Committee Targeted actions to reduce sickness absence New Workforce Strategy 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	16	20	20	new NHS financial architecture implementation in 19/20 poor estates condition and backlog maintenance IFM contract 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 **Lack of capital funding available**	development of system based working and joint control totals development of integrated care organisation Development of major internal transformation programmes Strategic financial planning for 5 year timeframe strengthen IFM contract management processes 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.	4	4	↓	16	20	20	20	Estates and IT challenges Healthier Together/GM devolution	Ongoing discussions with WWL	Board F&I
5.5	Supporting the urgent care system	COO	4	4	-	16	16	16	16	Intermediate care delays Late bed availability	Estates improvements to A&E – Phase 2 new resuscitation completed Nov 2018 and	Urgent care prog board

All information provided in this written report was correct at the close of play 28.12.19 a verbal update will be provided during the meeting if required

										Delayed transfer/discharge of medically well patients Lack of Social Care Capacity	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	

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	16 Jan 2018	Date of next meeting:	20 Feb 2018
Chair:	Andrew Thornton	Parent Committee:	Board of Directors
Members present/attendees:	A Thornton, J Bene, A Ennis, S Martin, J Mawrey. Representation from the four clinical divisions	Quorate (Yes/No):	No
		Key Members not present:	T Armstrong Child, R Sachs

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story – Acute Adult Division		The Acute Adult Division shared a patient story illustrating the end of life care and support provided for a patient and her family. This was provided on a ward that had previously struggled and has recently achieved a turnaround in performance	Story noted. The Acute Adult division recognised individual members of staff cited by the patient's family as going above and beyond in the provision of care and support
Quality Account priority – Medication Errors		The Chief Pharmacist presented an update on the progress made against the Quality Account priority to reduce omission of critical medicines for non-clinical reasons. The median for April – December remains below the trajectory for a maximum of six critical medicine omissions per month however there was a spike in October – actions were taken within divisions and this improved with 1 omission in November and 0 in December.	Report noted
Mortality Review - Pneumonia		The Medical Director presented the initial findings from an audit of deaths coded as mortality. The report concluded that patients, the majority of whom were frail and elderly with multiple comorbidities were appropriately escalated with very few concerns about the quality of care. Some actions were identified with regard to better diagnostic test compliance and more accurate	The Committee agreed that although the report provided a level of assurance with regard to quality of care further analysis should be undertaken with a follow up report to be provided in two months

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

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

Committee/Group Chair's Report

		diagnosis on admission	
Fractured Neck of Femur – assurance with regard to pain control and readmissions		Paper provided assurance that patients waiting over 36 hours for surgical repair of a fractured neck of femur have appropriate pain management and do not have an increased risk of admissions	Follow up work to provide additional qualitative measure on pain management to be provided through PEIP committee and correlation with BOSCA findings
Nutrition update		Quarterly update provided on work undertaken to ensure compliance with Department of Health Food Standards	Committee commended the report and actions taken and planned
Temp control on delivery suite		Report provided further information on the actions taken to maintain appropriate temperatures on the Delivery Suite.	The action has had the desired outcome with regard to neonate temperature and will continue to be monitored through the contract review process
Quality Account Governance arrangements and 19/20 metrics		Timescale and proposed priority objectives for the 2019/20 Quality Account presented for information and to discuss selection of priorities for 2019/20	Additional priorities proposed, further engagement with stakeholders planned with final decision to be made in February 2019
Mortality Reviews		Proposed changes to the mortality review process outlined. The Committee discussed the proposed sample size and were assured that any deaths with a concern will be subject to a review	Update to be provided in April 2019
Mortality Committee		Escalated increase in mortality rate – remain within the "as expected range" but have increased: RAMI 92.75, SHMI 108.7 Pneumonia audit and proposed process for mortality review reported elsewhere on the agenda	Follow up reports requested on Pneumonia Audit and Mortality Review Process
Comments			
Risks Escalated			

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

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

Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	22nd January 2019	Date of next meeting:	21st February 2019
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Alan Stuttard, Martin North, Bilkis Ismail, Annette Walker, Rae Wheatcroft	Quorate (Yes/No):	Yes
		Key Members not present:	David Wakefield, Jackie Bene, Sharon Martin, Andy Ennis

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Month 9 Finance Report		Director of Finance	The financial position to the end of December 2018 (Month 9 – Q3), excluding the Provider Sustainability Fund (PSF), is an actual deficit of £2.2m against a Plan deficit of £2.2m. However it should be noted that the actual position has been achieved through additional income and the use of Balance Sheet flexibilities. The latter, which amount to £1.5m, will mean that there is additional pressure on the cash position of the Trust. When the PSF is taken into account the actual position is a surplus of £2.8m against a surplus Plan of £5.0m. The Use of Resources rating has also been impacted from a planned rating of 1 to a current rating of 2. The main discussion was on the forecast outturn for the Trust. A range of scenarios was considered as follows:	

	Forecast Outturn	
	Excluding PSF	Including PSF
	£m	£m
Probable case	(2.7)	2.3
Worst case	(5.4)	(0.3)
Plan	1.6	12.7

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

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

Committee/Group Chair's Report

Month 9 Finance Report (continued)			The probable outturn is a deficit of £2.7m, against a surplus Plan of £1.6m, namely a variance of £4.3m. When PSF is taken into account the probable outturn is a surplus of £2.3m. A number of measures, including additional income from the CCG, Balance Sheet flexibilities, additional savings as part of the ICIP and improvements in run rates are being pursed to ensure that the Trust achieves a surplus outturn (including PSF). As the Trust is unlikely to achieve the Plan, based on the financial performance to date, discussions with NHS Improvement are ongoing. As a consequence of the probable outturn being worse than the Plan this will create additional pressure on the cash position. The projected year end position will also adversely impact the Use of Resources rating from a 1 to a 3.	
Financial Update on Making the Estate Work for the Future		Director of Finance	The Committee considered progress on the capital programme for 2018/19. In financial terms the programme is on track to meet the plan. However due to an overspend on the Accident and Emergency Scheme the outturn is being achieved through slippage on other schemes. This will have an impact on the overall resources available for the capital programme going forward.	The Committee approved the draw down of the remaining balance of £11.1m from the full loan of £24.5m.
Financial Planning Update		Director of Finance	The Committee considered the 2019/20 Financial Plans following the release of the NHS 10 Year Plan and the Operational Planning and Contracting Guidance 19/20 At this point in time the full details have not been finalised. The tariff has been increased by 3.8% with an efficiency assumption of 1.1% (minimum). The Trust's control total has been notified at a surplus of £3.7m which is an increase of £2.1m when compared to the control total for 2018/19. There are a number of factors affecting this increase which are being worked through. Bolton CCG will receive an overall cash increase of 5.3% which is broadly in line with the average increase for CCGs although it is below the average for Greater Manchester. A full analysis of the Plans for 2019/20 will be considered at the February Committee meeting.	

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

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

Committee/Group Chair's Report

Other updates		Director of Finance	The Committee also received updates on: • Services that are currently being tendered by the Commissioners • Finance Department Business Plan for 2019/20 • Capital and Investment Group • Strategic Estates Board • Digital Transformation Board • Quarterly Procurement Report	
Comments				
Risks escalated The Committee recommends to the Board of Directors that the current risk score to the 2018/19 revenue position of 16 remains the same. The Committee has recommended that a new risk in relation to Capital is escalated to the Board. This is due to the pressure on the current year end forecast and the overall cash position. The risk relates to the future availability of capital resource and therefore the ability of the Trust to invest in capital schemes. A risk score of 12 is recommended.				

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

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

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board
Date of Meeting:	18th January, 2019	Date of next meeting:	15th February, 2019
Chair:	Jackie Bene	Parent Committee:	Trust Board
Members present/attendees:	J Bene, T Armstrong Child, J Mawrey, A Ennis, C Sheard, L Gammack and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	F Andrews, A Walker, S Martin

Key Agenda Items:	RAG	Key Points	Action/decision
Agency		• Overall, agency spend reduced by £118,773 in month to £612,784 when compared to M8 (November 18). In the same month in 2017/18 (December 2017), the Trust spent £814,000. The Committee noted the main driver of the agency spend being gaps is establishment (60%) and sickness in key posts (27%). A full breakdown of Agency by staffing group was provided with mitigating actions. • Based on current spending, there will be a reduction in agency spend when compared to 17/18 (£10.2 million), though this will be above our internal forecast (£7.9million).	Actions agreed:- • HR & OD to review the RAG rating used for projected fill dates, noting that some posts identified as being green when should be amber. • Divisions to review further any measures that can be made to reduce agency spend without ensuring quality of services is comprised.
Sickness		• Overall, sickness reduced to 5.25% (December) from 5.28% (November). In the same month in 2017/18 (December 2017), the Trust sickness rate in December 2017 was 5.64%. The Workforce Assurance Committee received a full update on the enabling actions that are being taken to drive down sickness within the Trust.	• Next paper to include detailed actions that are being taken to reduce the very high sickness levels for HCSW and Scientific & Technical staff. • Review of Attendance Matters team to be considered at Executive team and in advance of next Committee.

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

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

Committee/Group Chair's Report

Initial NHS Staff Survey raw results		• The Trust received the raw data which showed positive results across the five themes of the survey. In many areas our Trust is outperforming the national trend for acute and community trusts. Following the embargo the full results will be presented to the Committee and Trust Board. • It was noted that a communications plan will be implemented with an emphasis on celebrating our positive staff survey results and engaging the workforce in helping make Bolton FT an even better place to work.	• Update at the next meeting on the details of the communication plan that will be used to celebrate our successes
Freedom to Speak Up		• The Committee fully supported the details of the paper in advance of further consideration being given at the Trust Board in January. To avoid repetition Board members are asked to refer to the agenda item for further details.	• Approved details of paper in advance of Board consideration.
Deep Dive – Advanced Nurse Practitioners		• The Committee welcomed the update on the ANP role and the ongoing benefits. The Trust has 30 ANP's in post and 20 ANP's in training. This critical role is included in the Divisional Workforce Plans. • It was noted that a task & finish group has been set up to look at governance issues around ANP roles.	• Report back in three months' time on the actions taken by the task & finish group.
Workforce & Organisational Development Action Plan		• When Board approved the Strategy in September it was noted that the action plan would be monitored closely at the Workforce Assurance Committee (bi-annually) – this being the first of these updates. The Committee were assured that actions were being taken in a timely manner.	• Report noted
Workforce & Organisational Development Dashboard		• The Committee noted the dashboard. All key matters had been considered at the Committee	• Report noted
Workforce Operational Committee		• The Director of Workforce presented his Chairs report to the Committee. All key matters for escalation were considered at the Committee	• Report noted

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

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

Committee/Group Chair's Report

Strategic Workforce Locality Board		• The Director of Workforce presented his Chairs report to the Committee. All key matters for escalation were considered at the Committee	• Report noted
Risks escalated • Sickness rates remain an area of concern. The Committee is sighted on the plethora of actions being taken and has requested additional focus to be provided in areas noted.			
Recommendations to Trust Board • Full support of the details set out in the Freedom to Speak Up paper			

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

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

Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Urgent & Emergency Care Board	Report to:	Board of Directors
Date of Meeting:	Tuesday 22nd January 2019	Date of next meeting:	Tuesday 12th February 2019
Chair:	Su Long	Parent Committee:	Board of Directors
Members Present:	System representatives present	Quorate (Yes/No):	Yes
		Key Members not present:	GMMH

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
EU Exit Operational Readiness Guidance & Risk Assessment	Amber		• Local Authority - Drugs & supplies isn't presenting an issue but staff resource is biggest risk. Omission of charge will alleviate some staffing issues. • CCG – pharmaceutical and not stockpiling • Trust – paper provided	• EU exit has been added to the risk log
GM Hub Update	Green		• Divert trial based on ambulance numbers to commence in February in the North West Sector. • Impact of Health Care Professional referrals on ambulance service peaks and how this is being addressed in other sectors	• Accessing the ambulance stack to be explored to manage arrivals more effectively and deflect unnecessary attendances to ED
Performance exception reports	Amber		• Ambulance arrivals • Care homes – reduce ambulance call outs and non-elective admissions • Stranded patients • Discharges by midday • Discharges to usual place of residence	• Explore accessing the ambulance stack • Use Spring into Action 2019 to improve discharges • Focus a future MADE event on enhanced community services
Comments Positive feedback received from system representatives regarding Christmas and New Year performance.				
Risks escalated				

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

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

Agenda Item No 13

Meeting	Board of Directors

Date	31st January 2019

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

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

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

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

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

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

Bolton NHS Foundation Trust

Board of Directors – 31st January 2019

Comprehensive Staffing Paper Update

1 Purpose

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

2 Background

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

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

NHS Improvement published further guidance in October 2018 'Developing Workforce Safeguards'. This document has been developed by system leaders to highlight policy that supports organisations to use best practice in effective staff deployment and workforce planning. It offers advice on governance issues related to redesigning roles and responding to unplanned changes in workforce.

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

3 Current Position

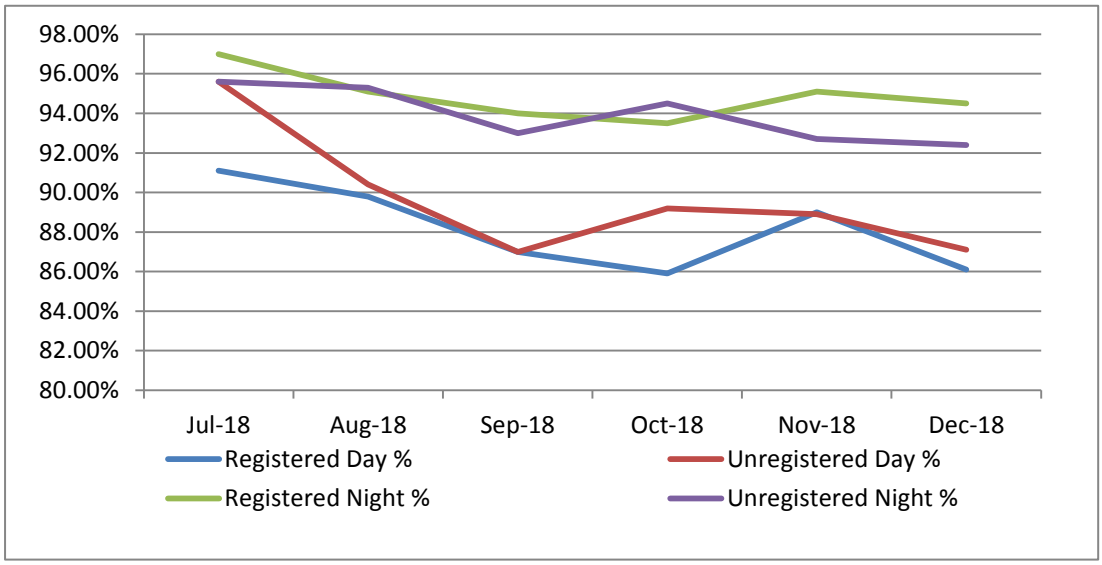
The charts below (Table 1, Graph 1) provide a breakdown of our UNIFY fill rate data that we collect and submit externally on a monthly basis (July to December 2018 inclusive) for our inpatient areas. It shows a percentage of the Planned v Actual staffing levels for both the Day and Night shifts split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

Table 1

Percentage fill rate – Unify Submission

Month	Registered Day %	Unregistered Day %	Registered Night %	Unregistered Night %
Jul-18	91.10%	95.60%	97.00%	95.60%
Aug-18	89.80%	90.40%	95.10%	95.30%
Sep-18	87.00%	87.00%	94.00%	93.00%
Oct-18	85.90%	89.20%	93.50%	94.50%
Nov-18	89.00%	88.90%	95.10%	92.70%
Dec-18	86.10%	87.10%	94.50%	92.40%
Average	88.15%	89.70%	94.87%	93.92%

Graph 1
July-December 2018 Fill Rates



4 Vacancies

Graphs 2 & 3 show that the number of new starters have remained consistent throughout the 6 month period apart from September which saw a peak in recruitment for both Nursing and HCA staff.

The September increase is attributed to the recruitment of Newly Qualified Nurses (September cohort) some externally and some from within the trust.

The figures show an average of 13.79 FTE Nurses and 7.3 FTE HCA new starters per month (ward only). Unfortunately this is offset against an average of 5.4 FTE Nursing and 4.9 FTE HCA leavers per month. The figures don't include staff that may have internally transferred out.

At the end of December 2018 there was a total of 58.17 WTE Qualified Nurse vacancies on the Wards, (7.9% vacancy) compared to 72.82 WTE vacancy (10.0%) in December 2017.

At the end of December 2018 there was a total of 46.67 WTE HCA vacancies on the Wards (9.1% vacancy) compared to 10.79 WTE vacancy (2.2%) in December 2017.

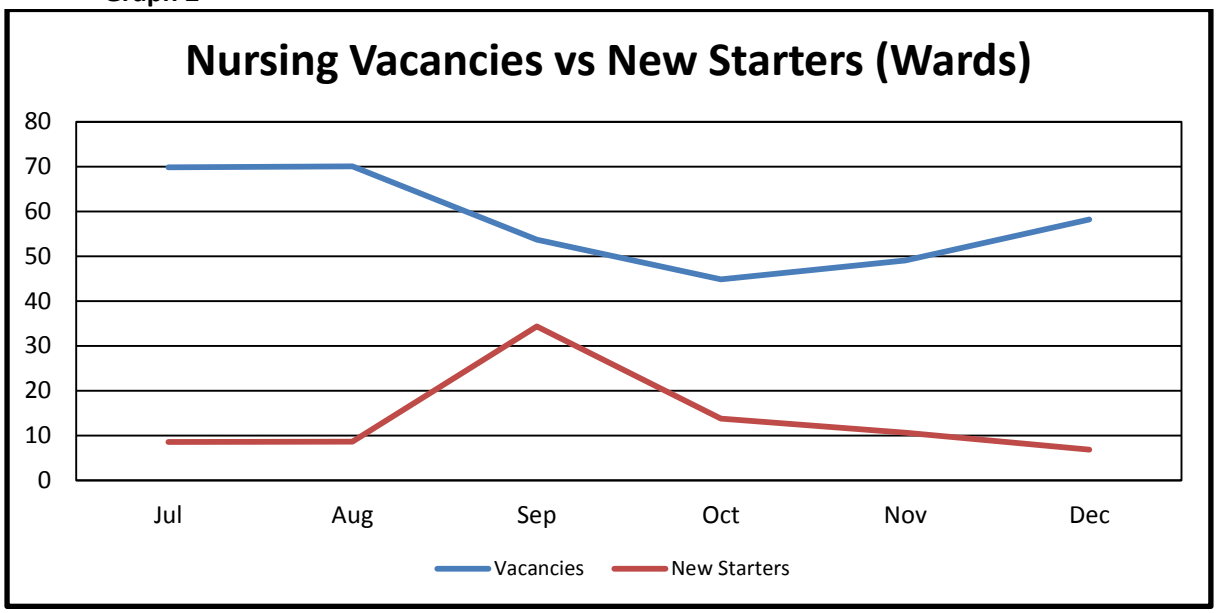
Since July 2018 the following recruitment events have been held:

HCA Recruitment Day – 28th August 2018

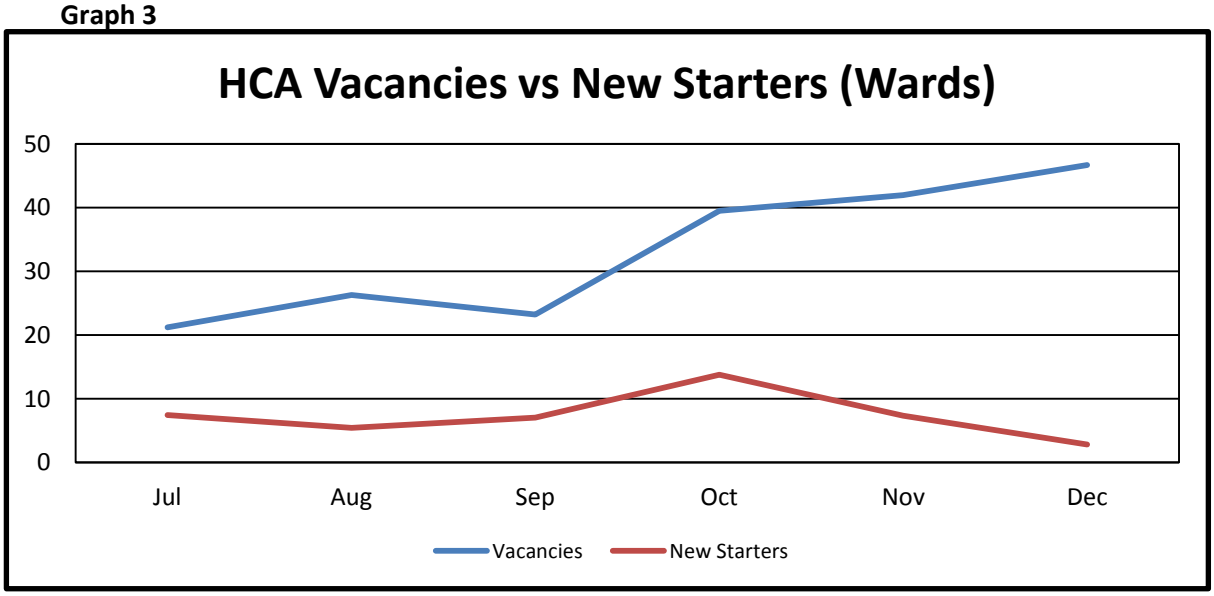
HCA Recruitment Day – 23rd October 2018

The next recruitment campaigns are planned for March 2019 and September 2019 to attract newly qualified nurses and a HCA recruitment day in February 2019.

Graph 2



Graph 3



5 Recruitment and Retention

There are a number of ongoing initiatives to support the trust with recruitment and retention. These include:

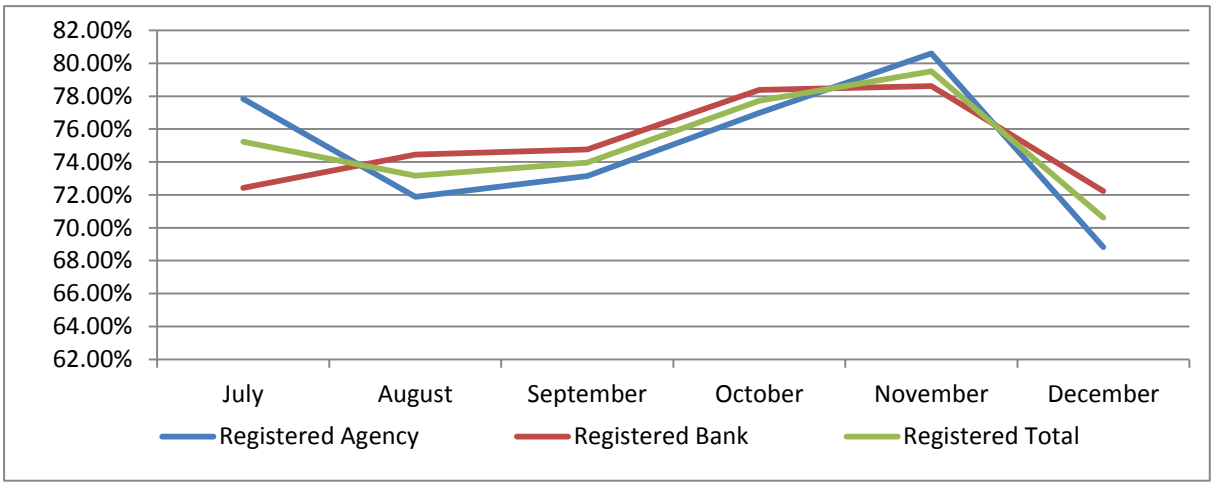
- Meeting with Employee Service Manager to discuss adverts and all nursing vacancies.
- Bespoke adverts for wards and departments. Increased use of social media.
- Professional lead supporting Ward Managers and Matrons with recruitment.
- Focused work with the Ward Managers and Matrons on hard to recruit areas with regard to development opportunities available.
- Implementation of Rotational posts within Adult Acute and Elective Care Divisions.
- Working with Communications and Human resources to promote the Trust as a great place to work through social media.
- Recruitment events are planned for 2nd March 2019 and 14th September 2019.
- Monthly informal drop in sessions for all newly qualified staff with Professional Lead and Chaplain.
- Promotion of Internal staff transfer scheme to ward managers.
- Professional Lead is working with the Professional Education Facilitators (PEFs)
- Recruitment and Retention Task and Finish group commenced in March, this includes both Nursing and Allied Health Professionals and representation from Education and Workforce an action plan is in place and activity reported through Workforce Assurance Committee.
- A significant increase in student nursing training places
- Recruitment and Retention Task and Finish group commenced in March , this includes both Nursing and Allied Health Professionals and representation from Education and Workforce.
- Other initiatives are described in Divisional reports.
- The Director of Nursing has commissioned a review of the Care Certificate in recognition of the valuable contribution the HCA workforce make to registered staff.
- The Director of Nursing and the Deputy Director of Nursing meet on a regular basis with nurses in training and on qualification.

6 Temporary Staffing

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

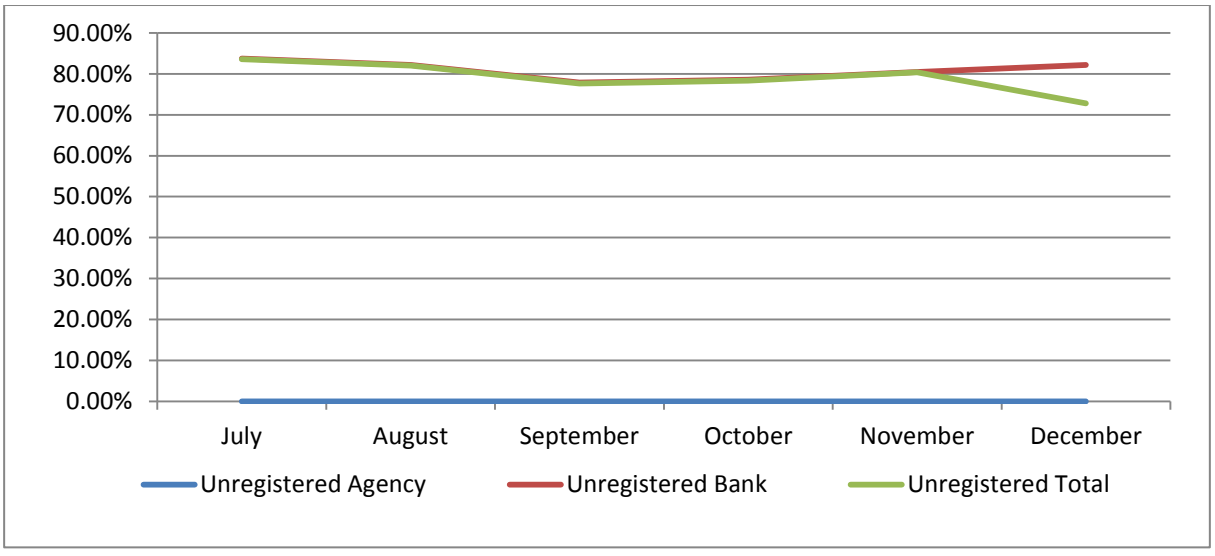
Graph 4

Bank and Agency Fill Rate - RN



Graph 5

Bank and Agency Fill Rate - Unregistered



7 Staffing & Skill Mix Reviews Update by Division

7.1 Acute Adult Division Staffing Establishment Review

The Division continues to review staffing on a six monthly basis. This supports recommendations from national best practice recommendations related to regular review of staffing establishments. The Division uses Model Hospital to support establishment reviews alongside other key metrics including Care Hours Patient per Day (CHPPD), acuity data including enhanced care requirements and national staffing guidance. This is done in conjunction with clinical staff, finance and business managers. Local staffing profiles are used as well as education predictions to plan resources appropriately. This has helped us consider benchmarking comparisons, use alternative roles and predictive staffing models 2018 - 2020.

Summary of actions taken June – December 2018

- Lead Matron for recruitment and retention identified with clear objectives related to reducing turnover and vacancy levels
- Lead Matron for staff engagement to support staff retention, inclusion and development
- Profile requirements for Trainee Nurse Associates 2018 – 2020
- Successful Business Case: Respiratory Enhanced Respiratory Care Bay
- Commencement of Getting it Right First Time (GIRFT) Programme in Diabetes with Cardiology and Respiratory planned next

Staffing Reviews Undertaken

- All ward based areas
- Cardiology Nurse Specialist review resulting in an increase in Community Heart Failure Team 4wte
- Diabetes Nurse Specialist review – outcomes due to be presented Jan 2019
- Seasonal planning additional capacity
- Enhanced Care Requirements

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

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

Recommendations will be made in the next staffing paper for these work streams.

Ward/Department Based Areas

All ward based areas have had a nurse staffing reviews undertaken. Findings have evidenced that the previous uplifts (Jan - June 2018) of 1wte HCA on ward C2 in line with other complex care areas and in view of performance on key quality metrics. Evaluation of key quality metrics evidenced the requirement for this to stay in place. Ward based staffing reviews June – Dec 2018 has focused on opportunities to undertake tests of change on using clinical staffing resources differently in order to support both quality of care and operational priorities in order to improve patient and family experience.

Tests of change related to co-ordination within wards in in place on wards B1, B3, D3 and D4. Early indications suggest there are some positive outcomes related to new roles, however evidence will be reviewed in March 2019 outcomes referenced in the next staffing review Jan – June 2019.

Discussion in June – Dec 2018 has focused on development of new roles and staffing requirements as part of considering new models of care aligned to the Trust and divisional strategic direction. As part of this, admission criteria to ward A4 has been refreshed in this period to support both current staffing model which are designed to support people with clear rehabilitation goals, and in preparation for further integration into the community division planned for April 2019. Similarly a request for additional HCA uplift within the Clinical Decision Unit (CDU) was deferred until a conclusion was reached to the future model of care across Ambulatory Care Units (ACU) expected by March 19; however integration of HCA resources across ACU and CDU has been put in place and will be evaluated in Feb 2019. An additional uplift on ward D2 (assessment ward) for HCA for enhanced care requirements was not agreed June – Dec 2018, as evidence and acuity data across assessment areas suggested opportunity to consider resources across wards D1 and D2 and use bank resources as required.

Initiatives and Innovation

Enhanced Care

The number of patients requiring 1-1 support or enhanced care due to either a temporary or permanent cognitive impairment such as a Delirium or Dementia has resulted in a test of change of an Enhanced Care lead to prevention deconditioning, promote mental and physical stimuli, and prioritisation of staffing resources. The evaluation of a secondment post of Enhanced Care Lead (April – Dec 18) identifies positive correlation between quality, patient and staff experience and effective use of resources. A business case is being prepared to evidence findings and provides a case for this post being made permanent as it has positively impacted on use of resources and patient experience.

Recruitment and Retention:

- A formal programme of education supported by the University of Bolton for Acute Care for nurses commenced in September 2018 commissioned to reduce RN turnover in admission areas, D1, D2 and CDU.
- Band 7 and Band 6 study days focusing on leadership and development
- Commencement of talent management and succession planning considerations for grades 7 and 8a
- Listening events for International recruits, Allied Health Professionals, HCA and new nursing staff in preceptorship at 3 monthly intervals
- Use of the Apprenticeship Levy to provide education opportunities at Masters, Degree and Diploma level

Additional Roles

- Ward C3 – successful appointment of Registered Mental Health Nurse as a test of change. Currently awaiting commencement in employment
- Exploration of role of ward based Pharmacy Technician to support medicine administration

Trainee Nurse Associates

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

The introduction of these new roles will be subject to a full Quality Impact Assessment as recommended in the Development Workforce Safeguards, October 2018.

Advanced Practitioners

Successful application in Dec 18 using the apprenticeship Levy for funding for advanced practitioner trainee role in Gastroenterology providing in reach to ward areas commencing 2019. Further opportunities identified in Diabetes, Assessment areas and Respiratory Care which will be taken forward as part of pathway redesign (expected by March 2019).

Workforce Analysis

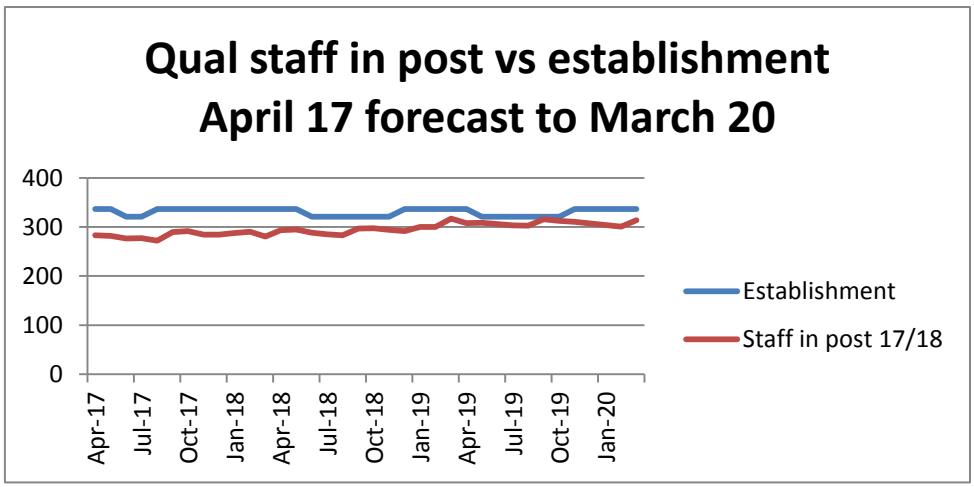
Turnover and Staff Experience

There has been an over-all 1.84% increase in turnover across the division between July (10.56%) and December (12.40%) and an increase in sickness to 6.74% in December from 5.91% (both above Trust trajectory of 5%). However, the Staff Friends and Family test (FFT) reported for Quarter 2 showed a significant increase in both response rates of 400 staff and staff satisfaction of which both were above other parts of the Trust which is supportive of positive staff experience. There has been a focused piece of work undertaken supporting staff that have been supported under the Sickness Policy. This has resulted in an increase in staff turnover in the division for this period of time.

Predicted Vacancy Position

The table below identifies the positive impact of Bolton University nurse recruitment (as student nurses qualify) is predicted to have on over-all vacancies by March 2019.

The introduction of a revised seasonal staffing plan 2018/19 to support the requirement for extra bed and staffing capacity at peak times (such as winter) means that it is envisaged nurse staffing establishment will increase in 2019.



Contingency Area Requirements

There is a requirement for 15.79 wte registered nurses and 20 wte HCA to support extra bed bases as part of winter contingency planning. A successful recruitment plan has been delivered by the Matron responsible for contingency bed planning and additional beds have opened in December 2018 as part of a titration of increase of beds Dec 18 – March 19. Going forward the decision has been made to alter the nurse establishment to support the Seasonal Plan 2018/19. The rationale for this is intelligence suggests from staff engagement and sickness information that by using this model we can support staff by offering additional leave at peak childcare times (e.g. Summer) and increase staffing to support additional contingency areas when needed (e.g. Winter). This will also reduce the need for reliance on temporary staff and support continuation of care.

7.2 Elective Care Division Staffing Establishment Review

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

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

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

Summary of actions taken since the June 2018 review:

Enhanced care provision across all wards

- This continues to be monitored. The division has been working in collaboration with the enhanced care lead to ensure that all patients requiring enhanced care have full risk assessments and have the right level of staffing support in place. The HCA resource has now been moved from E4 to E3 and the next staffing review in June will review this.

Quality and Safety

- RN resource for F4 at weekend has now increased. This has demonstrated a reduction in the number of incidents relating to basic care, reduction of incidents in relation to timeliness of medications and a more stable workforce. In addition F4 has strengthened its leadership profile and currently has 3 band 6 RNs in post to ensure senior presence on every day shift throughout the week.
- Following successful recruitment, the division have now appointed into all the Ward Manager and Matron vacancies. This has enabled the division to have a stronger leadership focus and provide the wards and departments with greater visibility of the senior nursing team. The strengthening of this team has also contributed to work on succession planning.
- With regards to skill mix, the division is still in the process of uplifting 3x band 5 posts to band 6 in order to provide 3 band 6 RNs per ward. This will be completed by March 2019.
- HDU and ITU are recruiting new staff into flexible rotational posts through the units. This will create a pool of staff who once appropriately trained can flex and care for level 2 or level 3 patients
- Theatres are working across GM to develop a more cohesive theatre practitioner course to address the needs of depleted theatre practitioner numbers.
- Endoscopy have developed and will continue to train and upskill unregistered staff to undertake specific roles in endoscopy to provide greater workforce flexibility and sustainability.

Additional Roles

The division is supporting the introduction and implementation of the new Nursing Associate role and the first three qualified will commence in post within the Division in January 2019. The division has committed to supporting and training a further 10 TNAs throughout 2019 in order to strengthen the workforce further.

In September 2018, three trainee Advanced Nurse Practitioners qualified and have been supported to progress into independent practitioners within general surgery and ophthalmology. They are a valuable contribution to the nursing and medical teams and are now assisting and developing our new trainees.

Critical Care Staffing

- In recent peer reviews, the intensive care unit has currently been non-compliant with three core standards for Intensive Care Units in relation to nursing staff. This has been a recurrent recommendation for the last 3 years.
- In October 2018 a paper was taken to CRIG to increase the band 7 cover and reconfigure the current establishment to incorporate a Matrons post. This was supported by the trust and recruitment has been undertaken. A Matron has been appointed with a commencement date of February 2019 and an additional band 7 post is now in the recruitment stages.
- This investment now ensures compliance with core standards 12 hours per day, with a plan to increase to full compliance by 2020.
- The unit is also in the early stages of reviewing Critical Care Practitioners. They currently have one trainee in post who is due to qualify September 2019, with a plan to recruit an additional trainee at the same time.

Business Cases

A number of business cases have been submitted from the Elective Care Division over the last six months which significantly impact the Nursing and non-registered workforce. These are:

- Increased funding for Ophthalmology, RN, HCA and technicians in order to develop the service and improve capacity and demand.
- Endoscopy, RN and HCA to enable opening of the fourth room in the new endoscopy unit.
- Breast Care Nursing, to ensure compliance with Quality Assurance guidance support capacity and demand.

This investment demonstrates the trusts continuing support to improve services and access for patients.

Newly Qualified Nurses and Preceptorship within Elective Care

In 2018, the Division welcomed 22 Nurses and 5 ODPs onto the Trusts Preceptorship programme.
The Divisions Practice Development Team (PDT) have provided a comprehensive training and assessment programme. The PDT spend time working on the wards with any staff who require extra support.

As support, all of our Preceptees have a Preceptor, a 'buddy' from outside of their team and are supported on a daily basis by the Ward Staff and the Practice Development Team. They are able to attend regular Preceptee Coffee Mornings provided by the Preceptorship Team.

As the Preceptees come towards the completion of this period, the Division begins to prepare them for supporting learners within the environment and accepting secondary roles within their environment. This includes booking onto the Multi-Professional Supporting of Learning and Assessment in Practice 'MSLAP' course.

Specialist Nurse Review

In October 2018 a review of the specialist nurses across the division commenced. The purpose of the review was:

- To review all job descriptions.
- To provide consistency in job descriptions across all specialties and bands.
- To look at efficiency of services and ensure that every specialist nurse has a job plan.
- To ensure that all specialist nurses are working within their scope of practice.
- To consider succession planning across hard to fill posts.
- To review the establishments and level of admin support provided.

This review is currently ongoing.

Workforce analysis and forecasting

Continuous recruitment is a top priority for the division, however, the division are also focused on the importance of retaining staff. Over recent months analysis of data indicates a higher than average turnover (greater than 10%) in the areas below. The division are working closely with the teams and workforce colleagues to consider if any specific work is required in these areas.

Registered	Unregistered
G4	G4
ICU	G3

Further analysis of the workforce age profile highlighted below has also supported the division to consider future succession planning.

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

To enable the Division to retain their experienced workforce they are offering flexible retirement opportunities, flexible working, fixed term contracts, rotation into other departments, reduction in shift patterns such as nights and the ability to retire and return on bank only contracts.

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

Predicted Vacancies

Vacancy levels	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Actual vacancy (WTE)	3.72	3.72								
Recruitment (WTE)				10.00	2.00					10.0
Turnover (WTE)	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Net Vacancy (WTE)	**6.72**	**9.72**	**12.7**	**5.72**	**6.72**	**9.72**	**12.7**	**15.7**	**18.7**	**11.7**

An over establishment of 10% has been agreed within the division in order to keep pace with turnover. The workforce review in May 2019 will also focus on the turnover of the unregistered workforce and provide a vacancy to turnover forecast.

7.3 Family Care Division Staffing Establishment Review

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

Maternity

This review has taken into consideration NICE recommendations such as NICE recommended Birthrate Plus® tool for midwifery staffing, and professional judgement. At its simplest Birthrate Plus® can provide any given service with a recommended ratio of clinical midwives to births in order to assure safe staffing levels. This means that taken overall to provide safe high quality maternity services, the NHS in England needs 1 clinical midwife for every 28 births.

Bolton Maternity Birthrate Plus® establishment is currently 1:28

M9 Birth Rate + actual Figure (Rolling)	1:27.7
M9 Birth Rate + actual Figure (In-Month)	1:26.9

Summary of actions taken June to December 2018:

- Recruitment and retention have been addressed and there is an open advert on NHS jobs to recruit as necessary, and support has been given from within the Division to 'recruit to turnover' and to cover gaps due to maternity leave. A new post of Deputy Head of Midwifery has been appointed.

- Flexible employment options are available in accordance with the RCM 'Caring for you Campaign'.

- Efficient deployment of trained staff is maximised on a shift by shift basis overseen by the 'Helicopter bleep holder', with clear escalation processes to enable them to respond to unpredicted service needs and concerns about staffing.

- Red flags in relation to midwifery staffing are recorded 3 times daily and taken into consideration with the feedback received by women who use the service.

- All staffing related incidents, outcomes on staff and patients are investigated to ensure action, learning and feedback.

- The budgeted midwifery staffing includes an uplift of 23% to allow for the management of planned and unplanned annual leave to ensure that absences are managed effectively.

Quality and Safety Focus on Sickness and Absence

- In December 2018, sickness was recorded as 7.47% of registered staff (8.30% December 2017) and 11.77% unregistered staff (10.41% December 2017).

- There are rapid attendance management plans in place for all areas with sickness above 5%. The Head of Midwifery has instigated individual weekly meetings with ward managers and the HR Business Partner to work closely to ensure the sickness policy is being adhered to and more can be done to support staff to resume working more quickly following absence.

- It is apparent a specific piece of work is required with the Maternity Healthcare Assistants and an engagement event is planned for early 2019.

- Attendance Management is already a key area of scrutiny at the monthly Directorate Surgery commencing which commenced August 2018.

Further Work

The Head of Midwifery is currently undertaking a staffing review within maternity and her findings and recommendations will be shared shortly. The implementation of the new national initiative to support continuity of care will need to be considered. In addition the delivery suite will shortly be implementing a daily activity and acuity tool which will also advise future staffing reviews.

7.4 Children's Services

Neonatal services

Staffing levels on the Neonatal Unit are monitored in accordance with national standards agreed by the British Association of Perinatal Medicine 2011 (BAPM). These standards provide staff to patient ratios based on acuity which are 1:1 for intensive care, 1:2 for high dependency care and 1:4 for special care, as well as a supernumerary shift coordinator (band 7) in charge. These are the gold standards to which all neonatal units aspire to achieve however few units actually achieve them. Bolton Neonatal Unit is within the Greater Manchester Neonatal Network which is within the Northwest Neonatal Operational Delivery Network (NWNODN).

The table below displays Bolton BAPM compliance between the period July – Dec during 2017 compared to 2018. At Bolton we began to record the supernumerary status of the shift coordinator in August 2018

Month	July	Aug	Sept	Oct	Nov	Dec
2017 BAPM Nurse: Pt ratio	97.5%	101%	102.6%	91.3%	97.3%	99%
2018 BAPM Nurse: Pt ratio	101.5%	101%	90.4%	98.2%	82.3%	100.1%
2018 Supernumerary shift coordinator	*****	100%	96.7%	93.5%	83%	94.55%

The neonatal escalation policy provides clarity on the process for managing variation in staffing requirements in order to ensure safe and appropriate care of the infants in our care. In the Northwest neonatal activity was overall low in the summer months and has been highly elevated since October. The situation in Bolton has reflected the regional picture. The escalation policy instructs that the neonatal unit should close if the BAPM compliance is 80% or less.

Overall recruitment and vacancy amongst the neonatal nursing team is demonstrating an improvement and compares favourably to peers.

The Family Care Division continues to monitor this on a daily basis and the trends are monitored monthly via IPM, in addition to reporting monthly on the Heat map. The Neonatal Operational Delivery Network also monitors and reports on staffing levels

Acute Paediatrics

The acute paediatric setting at Bolton FT comprises of four areas:

- Inpatients
- Day case
- Short Stay Paediatric Assessment Unit (SSPAU)
- Paediatric Critical Care Unit (PCCU)

Within all of these areas there are recommended standards and guidelines including RCN Defining staffing levels for children and young people's services (2013), High Dependency Care for Children - Time To Move On (RCPCH 2014) and standards for the Short Stay Paediatric Assessment Unit (RCPCH 2017). Although not an exhaustive list, these are some of the national documents that help guide and support the paediatric teams when reviewing their staffing requirements.

In terms of staffing ratios, the recommendations are based on age of the child and acuity. These have been set by RCN as 1:3 for age 2 and under, 1:4 for age 3 and in addition to this, a supernumerary nurse supervisor for the department on a shift by shift basis. However, these staffing recommendations are a guidance and following a review and taking into consideration professional judgement the unit operates on a ratio of 1:5 regardless of age. This still compares favourably with other units and our ratios are supported by the wider infrastructure of the wider team, including advanced paediatric nurse practitioners (APNP's), health care assistants (HCA's), assistant practitioners (AP's) and play specialists, which helps with the flow of patients and the vital additional skills and knowledge is crucial in ensuring safe, quality care throughout the department is delivered.

The paediatric department is also required to meet standards for a Paediatric Critical Care Unit (PCCU) of 1:2 along with other standards set by the critical care network. In relation to the standards highlighted including staffing acuity, staffing levels, PCCU activity, supernumerary nurse supervisor, Short Stay Paediatric Assessment Unit (SSPAU) activity, escalation status, this is monitored 4 times a day in order to maintain and sustain an effective service.

Month	July	Aug	Sept	Oct	Nov	Dec
2017 Nurse to Child Ratio – IP wards – RCN Standards	1:3	1:2.6	1:3.6	1:3.4	1:5.8	1:3.9
2018 Nurse to Child Ratio – IP wards – RCN Standards	1:2.5	1:2.8	1:3.2	1:3.2	1:4.4	1:3
2017 Supernumerary shift coordinator	87%	100%	90%	97%	96%	93%
2018 Supernumerary shift coordinator	100%	97%	97%	100%	86%	90%

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

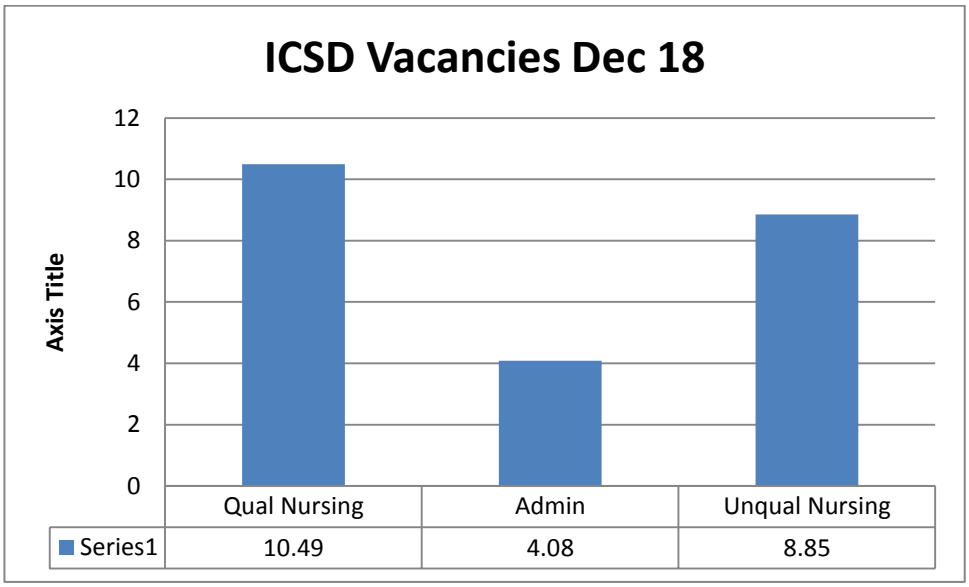
7.5 Integrated Community Services Division Staffing Establishment Review

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

Vacancies

Current vacancy rate within the ICSD is 1.18% a significant improvement on the first 6 months of 2018 (3.87 %); there have been 47 new starters in the previous 6 months and 29 leavers. The total number of exit interviews completed is 7 and ICSD acknowledge that this is an area that requires improvement and the ICSD SMT are working closely with the HR business partner to improve this.

The graph below demonstrates the vacancies by band and profession:



The age profile demonstrates that 42.3% of the RN and HCAs staff in the ICSD are currently aged over 50. The Division does not have a specific forecast in relation to identifying when staff are planning to retire although proactively review the workforce profile and are committed to encouraging flexible retirement to staff who wish to work following official retirement where and when positions are available in order to ensure our patients continue to benefit from the wealth, knowledge and expertise of our workforce.

Quality and Safety Initiatives

Implementation of an electronic scheduling tool:
The Malinko scheduling tool is to commence role out in January 2019 initially within the community nursing teams. This software will not only allow for more accurate and responsive real time scheduling of patient care, helping to priorities need and allocate to the healthcare worker with the correct knowledge skill and competence to deliver the care required; it will significantly help to accurately capture the community activity which is currently done manually and not in a timely manner. This is in addition to:

- Route planning therefore ensuring staff take the most efficient journey
- Releasing time to care by minimising the admin time of clinical

Embedding the specialist practitioner qualification within the ICSD

The Divisional Management Team in committed to ensuring patients receive high quality care, in the right place at the right time and are fully supportive of the need to ensure all band 6 and band 7 community nursing leaders have the Specialist Practitioner Qualified-District Nursing (SPQ-DN). There are currently 13 band 6 nurses who still need to complete this course. A development plan is now in place and the ambition is by 2022 all band 6 caseload holders will have the SPQ-DN qualification.

Additional Roles

An opportunity for a Matron post specifically for community nursing has been approved and this will further demonstrate and strengthen nurse leadership within the ICSD and demonstrate that there is a clear career pathway for aspiring nurse leaders to not only stay within the Community Division but also to remain working within Bolton FT.

Three Trainee Advanced Practitioners have been recruited to commence the course in September 2018; ICSD has both Registered Nurses on this course as well as a pharmacist

ICSD has recruited four newly qualified Nursing Associates and are due to start in January 2019 and will have the appropriate support and preceptorship in place. Additionally the ICSD are supporting three Trainee Nursing Associates in the current academic year.

Future numbers of Trainee Nursing Associate required within the Division has been forecasted at six for 19/20 intake and the ICSD is committed to consider this new and exciting role within its skill mix and workforce.

Development opportunities.
The intermediate tier service has faced some challenges in recruiting to vacant AHP roles in particular Occupational Therapy and Physiotherapy role, in order to resolve this issues we have started to consider opportunities for band 5 to 6 progression posts to support staff that may not have enough experience to be shortlisted for a band 6 role the option to apply for the role and work towards objectives that would allow them to meet the requirements of a band 6 role.

8 Acuity and Dependency

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

Care hours per patient day (CHPPD)

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

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

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

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

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

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

Table 5

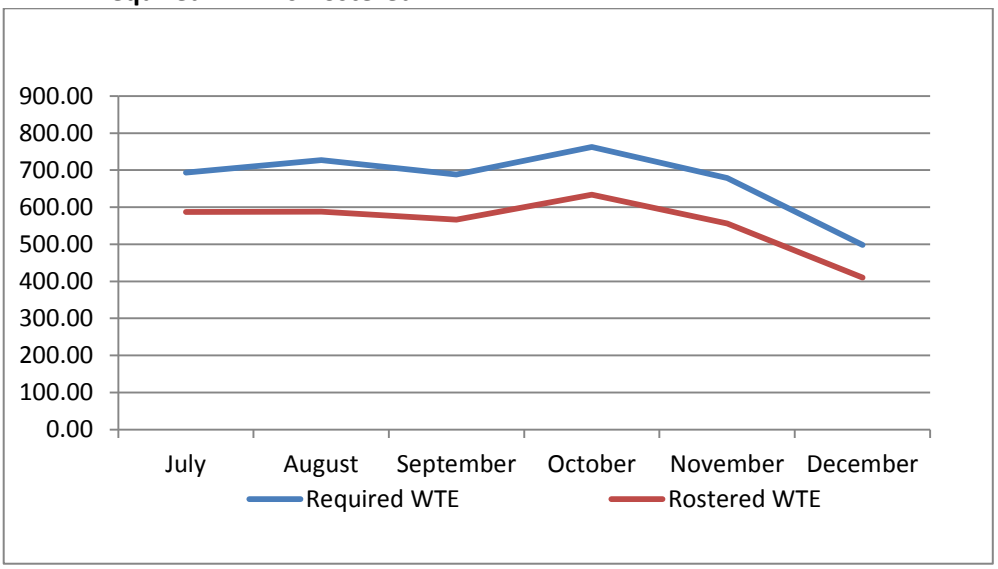
	Care Hours Per Patient Day (CHPPD)		
	Registered midwives/ nurses	Care Staff	Overall
July	5.5	4.0	9.6
August	5.4	4.1	9.5
September	5.4	4.1	9.5
October	5.6	4.1	9.7
November	5.0	3.5	8.4
December	6.0	4.2	10.2
Average	5.49	3.99	9.48

SafeCare

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

Graph 6

Required WTE vs Rostered WTE



9 Processes of Governance and Escalation for Safe Staffing

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

Staffing Meetings

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

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

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

Incident Reporting

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

10 Conclusion

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

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

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

11 Recommendation

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

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

Integrated Summary Dashboard - December 2018

Executive Summary

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

NHS Bolton NHS Foundation Trust

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 - December 2018

Quality and Safety

Harm Free Care

Falls
The quarterly falls report (quarter three) will be presented at February 2019's Quality Assurance Committee (QAC). There has been a sustained overall reduction in inpatient falls since April when there were 5.22 falls per 1000 bed days, quarter three's figures show a monthly rise from 3.60 falls per 1000 bed days in October to 5.84 in December. December had the highest incidence of falls in year (99). The quarter three figure is 4.64 falls per 1000 bed days with a cumulative figure year to date of 4.63 falls per 1000 bed days. The Trust target is 5.3.

Hospital Acquired Pressure Ulcers
There were six Category 2 pressure ulcers in December. Five of these were attributed to lapses in care, themes were associated with delays in equipment provision, lack of evidence of registered nurse oversight into care and delay in pressure ulcer risk assessment. There was one Category 3 pressure ulcer attributed to lapses in care. These lapses exhibited similar themes along with poor evidence of repositioning.

Community Acquired Pressure Ulcers
There were nine Category 2 pressure ulcers in December, two of these were attributed lapses in care. Themes associated with the lapses were delay in equipment implementation and lack of evidenced skin inspection. There were eight Category 3 pressure ulcers, these were all attributed to no lapse in care.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
6 - Compliance with preventative measure for VTE	>= 95%	95.6%	Dec-18			>= 95%	96.7%	Nov-18		>= 95%	96.5%		95.4 - 97.8%	
9 - Never Events	= 0	0	Dec-18			= 0	0	Nov-18		= 0	2		0 - 1	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	5.61	Dec-18			<= 5.30	4.45	Nov-18		<= 5.30	4.61		3.60 - 7.30	
14 - Inpatient falls resulting in Harm (Moderate +)	= 0	0	Dec-18			= 0	2	Nov-18		= 0	13		0 - 4	
15 - Acute Inpatients acquiring pressure damage (grd 2)	<= 6.0	6.0	Dec-18			<= 6.0	6.0	Nov-18		<= 54.0	60.0		4.0 - 15.0	
16 - Acute Inpatients acquiring pressure damage (grd 3)	<= 0.5	1.0	Dec-18			<= 0.5	1.0	Nov-18		<= 4.5	5.0		0.0 - 2.0	
17 - Acute Inpatients acquiring pressure damage (grd 4)	= 0.0	0.0	Dec-18			= 0.0	0.0	Nov-18		= 0.0	0.0		0.0 - 0.0	

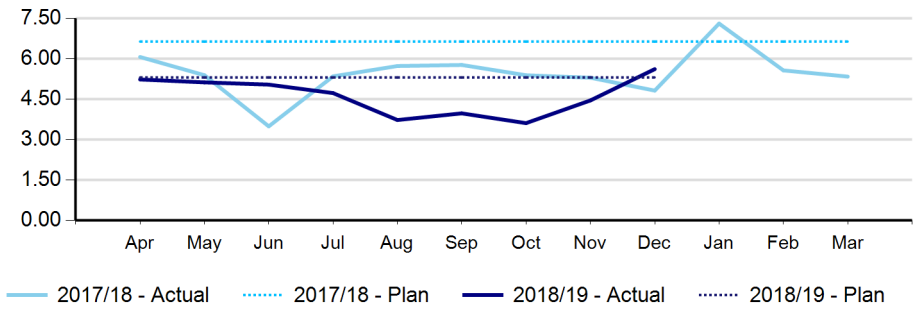
Integrated Summary Dashboard - December 2018

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
18 - Community patients acquiring pressure damage (grd 2)	<= 7.0	9.0	Dec-18			<= 7.0	12.0	Nov-18		<= 63.0	71.0		3.0 - 12.0	
19 - Community patients acquiring pressure damage (grd 3)	<= 4.0	8.0	Dec-18			<= 4.0	3.0	Nov-18		<= 36.0	40.0		1.0 - 10.0	
20 - Community patients acquiring pressure damage (grd 4)	<= 1.0	0.0	Dec-18			<= 1.0	2.0	Nov-18		<= 9.0	10.0		0.0 - 3.0	
21 - Total Pressure Damage due to lapses in care	<= 6	8	Dec-18			<= 6	5	Nov-18		<= 50	51		3 - 13	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	90.1%	Q2 2018/19			>= 90%	91.8%	Q1 2018/19		>= 90%	91.0%		88.7 - 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 - 90.0%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	79.7%	Dec-18			>= 80%	80.5%	Nov-18		>= 80%	79.0%		76.7 - 81.8%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	69.6%	Dec-18			>= 72.5%	80.0%	Nov-18		>= 72.5%	78.5%		69.6 - 87.7%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Dec-18			= 100%	33.3%	Nov-18		= 100%	84.2%		33.3 - 100.0%	
88 - KPI Audits linked to Bolton System of Accreditation (BOSCA)	>= 85%	91.7%	Dec-18			>= 85%	91.7%	Nov-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%	0.0%	Dec-18			= 100%	100.0%	Nov-18		= 100%	30.4%		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%	Dec-18			= 100%	100.0%	Nov-18		= 100%	96.4%		50.0 - 100.0%	

Integrated Summary Dashboard - December 2018

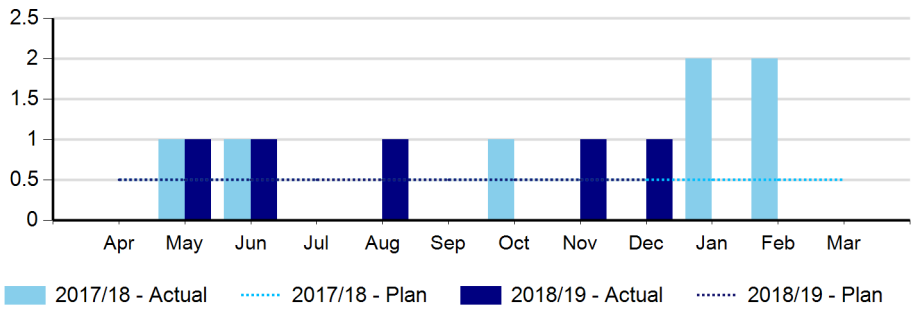
Exceptions

13 - All Inpatient Falls (Safeguard Per 1000 bed days)



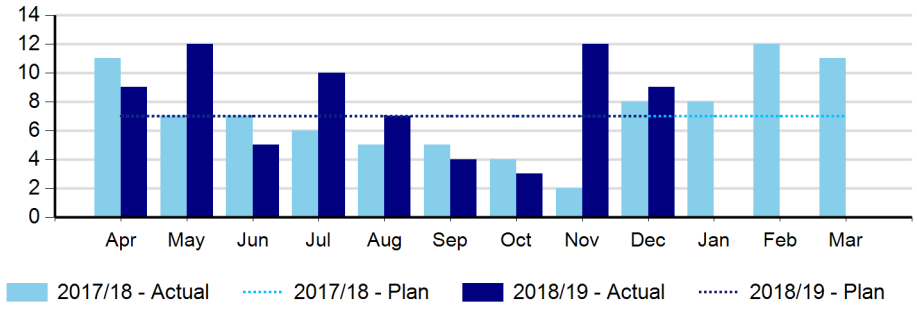
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	6.06	5.38	3.48	5.34	5.72	5.76	5.38	5.29	4.81	7.30	5.56	5.33
18/19	5.22	5.11	5.03	4.72	3.72	3.97	3.60	4.45	5.61			

16 - Acute Inpatients acquiring pressure damage (grd 3)



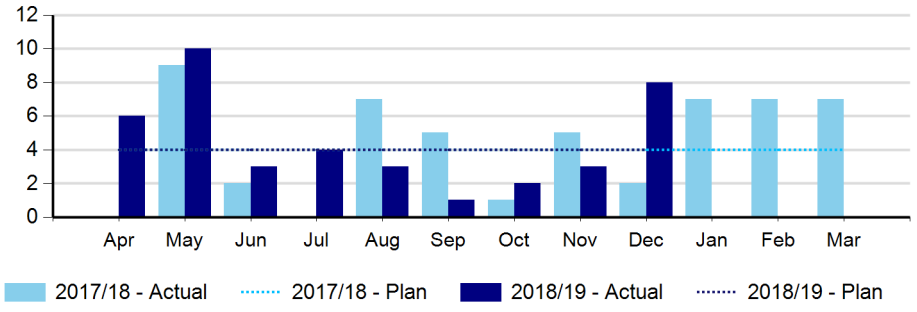
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0	1.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	2.0	2.0	0.0
18/19	0.0	1.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0			

18 - Community patients acquiring pressure damage (grd 2)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	11.0	7.0	7.0	6.0	5.0	5.0	4.0	2.0	8.0	8.0	12.0	11.0
18/19	9.0	12.0	5.0	10.0	7.0	4.0	3.0	12.0	9.0			

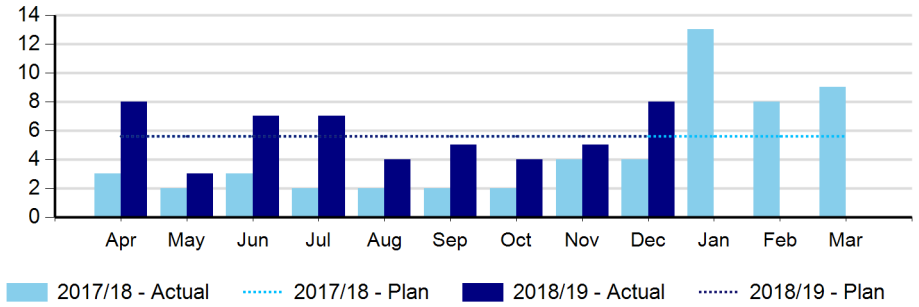
19 - Community patients acquiring pressure damage (grd 3)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0	9.0	2.0	0.0	7.0	5.0	1.0	5.0	2.0	7.0	7.0	7.0
18/19	6.0	10.0	3.0	4.0	3.0	1.0	2.0	3.0	8.0			

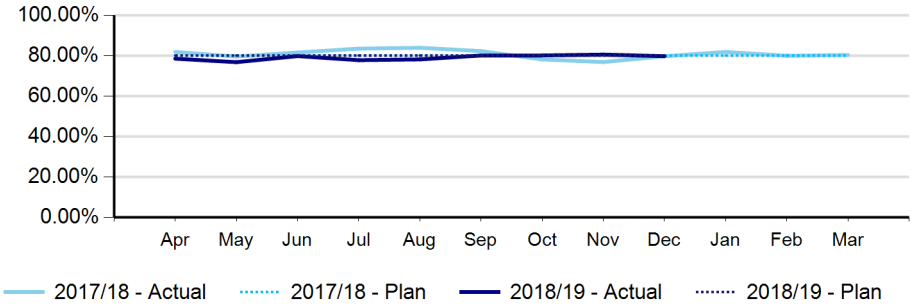
Integrated Summary Dashboard - December 2018

21 - Total Pressure Damage due to lapses in care



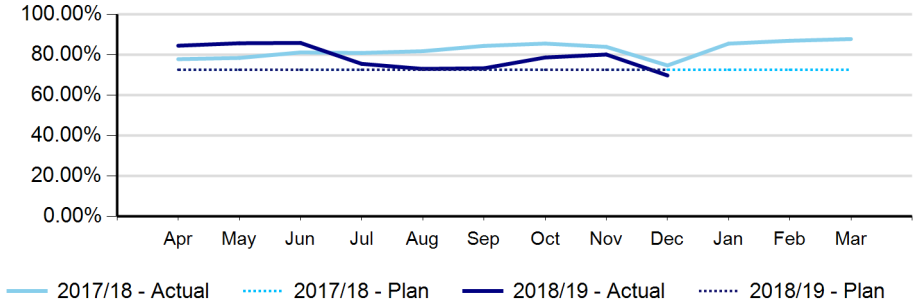
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	3	2	3	2	2	2	2	4	4	13	8	9
18/19	8	3	7	7	4	5	4	5	8			

30 - Clinical Correspondence - Inpatients %<1 working day



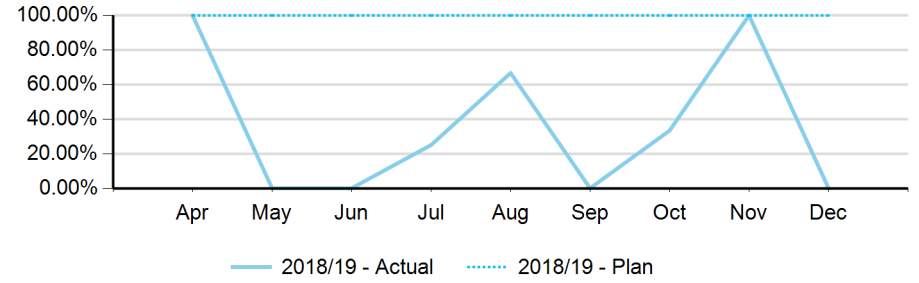
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	81.8%	79.5%	81.5%	83.4%	83.8%	82.2%	78.1%	76.8%	79.7%	81.8%	79.9%	80.3%
18/19	78.4%	76.7%	79.7%	77.7%	78.1%	80.0%	80.0%	80.5%	79.7%			

31 - Clinical Correspondence - Outpatients %<5 working days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	77.7%	78.3%	81.0%	80.8%	81.7%	84.3%	85.4%	83.8%	74.6%	85.4%	86.8%	87.7%
18/19	84.4%	85.6%	85.8%	75.4%	72.9%	73.2%	78.5%	80.0%	69.6%			

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



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

Integrated Summary Dashboard - December 2018

Infection Prevention and Control

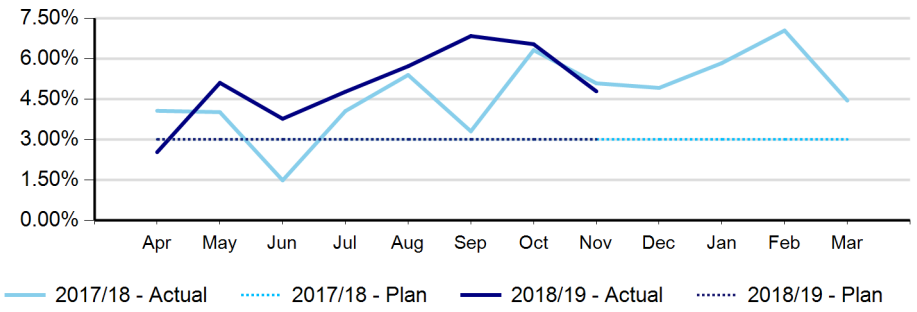
Infection Prevention and Control
There has been a reduction of blood culture contaminants in the Trust as a whole and in A&E. While the rate remains higher than the target of 3%, there has been a significant reduction from November.
The number of hospital onset MSSA bloodstream infections has reduced to the numbers sustained over the last few years. Formal reviews of MSSA cases have commenced to identify any possible learning from these cases.
It was agreed at the December Infection Prevention and Control Committee that two antibiotic prescribing audits will be taken between January and March 2019; the first will be undertaken in January 2019 and will be the 2018/19 quarter three audit and a second audit in March for quarter four.
Based on the incidence of C. diff cases for the year to the end of December, it is likely that the Trust will not exceed the target of 18 hospital onset cases. Based on the number of cases to the end of December, it is likely that there will be a further year-on-year reduction of hospital onset E. coli bloodstream infections in the order of 15%.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
215 - Total Trust apportioned C. diff infections	<= 2	2	Dec-18			<= 2	0	Nov-18		<= 18	14		0 - 4	
216 - Total performance C. diff infections	<= 2	2	Dec-18			<= 2	0	Nov-18		<= 18	12		0 - 4	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Dec-18			= 0	0	Nov-18		= 0	1		0 - 1	
218 - Total Trust apportioned E. coli BSI	<= 3	2	Dec-18			<= 4	4	Nov-18		<= 29	27		0 - 7	
219 - Blood Culture Contaminants (rate)	<= 3%	4.8%	Nov-18			<= 3%	6.5%	Oct-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%		85.5 - 86.0%	
304 - Total Trust apportioned MSSA BSIs	<= 1.3	0.0	Dec-18			<= 1.3	1.0	Nov-18		<= 11.7	16.0		0.0 - 4.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	= 0	1	Dec-18			= 0	3	Nov-18		<= 5	10		0 - 3	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Dec-18			= 0	1	Nov-18		<= 1	2		0 - 1	

Integrated Summary Dashboard - December 2018

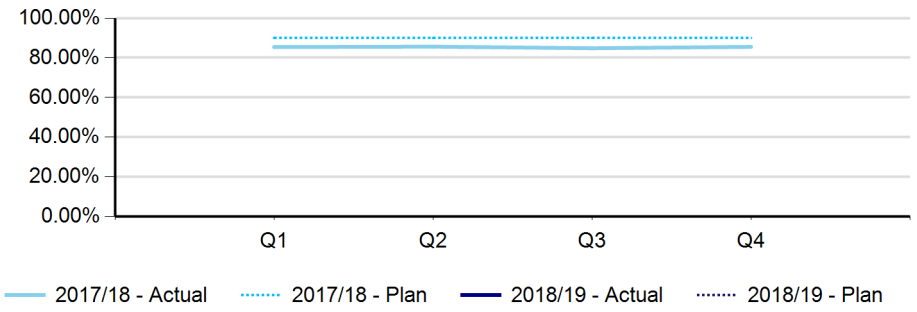
Exceptions

219 - Blood Culture Contaminants (rate)



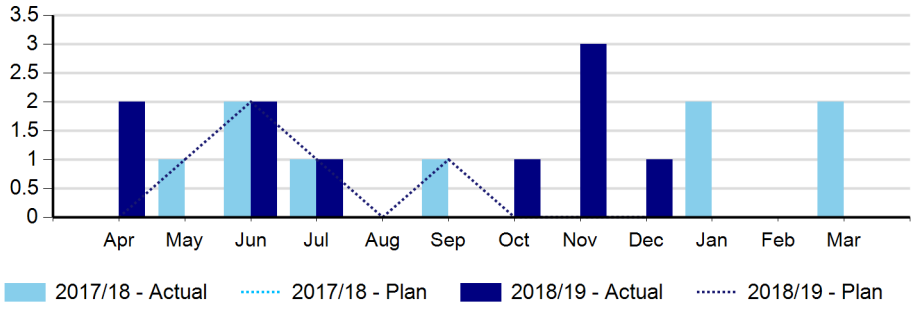
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.1%	4.0%	1.5%	4.1%	5.4%	3.3%	6.3%	5.1%	4.9%	5.8%	7.0%	4.4%
18/19	2.5%	5.1%	3.8%	4.8%	5.7%	6.8%	6.5%	4.8%				

199 - Compliance with antibiotic prescribing standards



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

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	3	1			

Integrated Summary Dashboard - December 2018

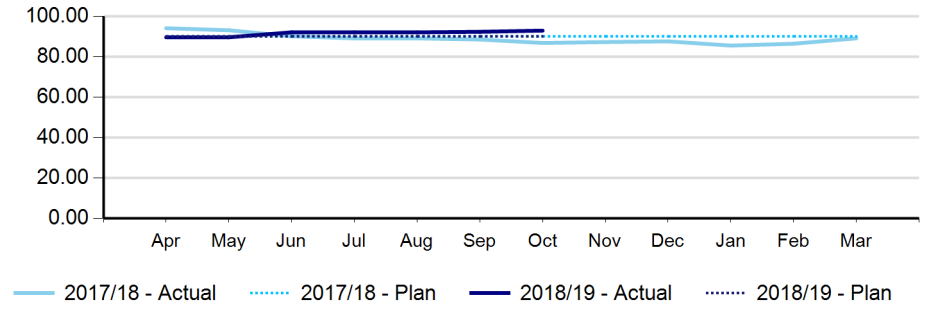
Mortality

The latest published SHMI data is for quarter four 2017/18 due to a delay in data publication from NHS Digital to CHKS. October 2018 is the latest published data available in relation to RAMI.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
3 - National Early Warning Scores to Gold standard	>= 85%	100.0%	Dec-18			>= 85%	89.5%	Nov-18		>= 85%	92.3%		85.1 - 100.0%	
10 - Risk adjusted Mortality (ratio) (1 mth in arrears)	<= 90	92.8	Oct-18			<= 90	92.2	Sep-18		<= 90	92.8		85.4 - 92.8	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 100.00	108.70	Q4 2017/18			<= 100.00	105.22	Q3 2017/18		<= 100.00			108.70 - 108.70	
12 - Crude Mortality %	<= 2.9%	2.5%	Dec-18			<= 2.9%	2.4%	Nov-18		<= 2.9%	2.1%		1.9 - 3.1%	

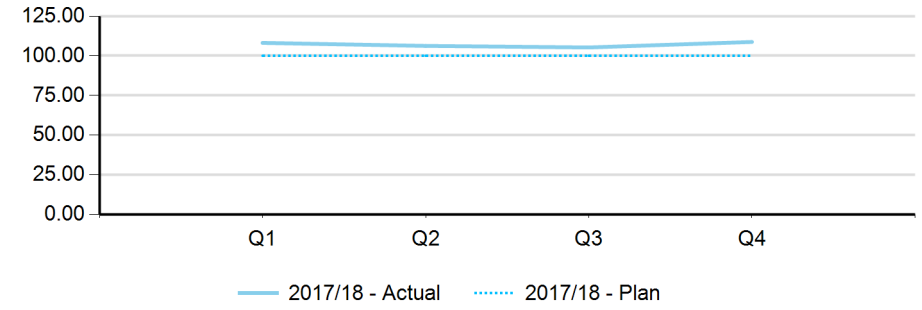
Exceptions

10 - Risk adjusted Mortality (ratio) (1 mth 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	92.2	92.8					

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



	Q1	Q2	Q3	Q4
17/18	108.10	106.20	105.22	108.70

Integrated Summary Dashboard - December 2018

Patient Experience

A&E Friends and Family - The response rates for December improved although the recommended rate fell slightly. There has been an increased focus within the department and a number of innovative methods to encourage and collect FFT are now in place. The response rates for paediatrics has seen an improvement. The team are looking at the themes from the narrative responses to establish the cause of the drop in recommended rates and to identify actions to enable learning to take place.

Maternity Friends and Family - There has been a reduction in the response rates for the antenatal touch point as a result of a number of clinics being reduced during the December. An increased focus for January is expected to show an improved position. Although the hospital postnatal recommendation rate is below the 90% target, there has been an improvement and the responses and narrative continue to be monitored and acted upon by the team to enable learning to take place.

Inpatient Friends and Family - There was a reduction in the number of responses for some specific wards that has been investigated and addressed with the individual wards.

Complaints response rates - There was a 95.5% response rate achieved in December due to one complaint being outside of the target of 35 working days that could not have been avoided. Training for staff continues on a rolling basis.

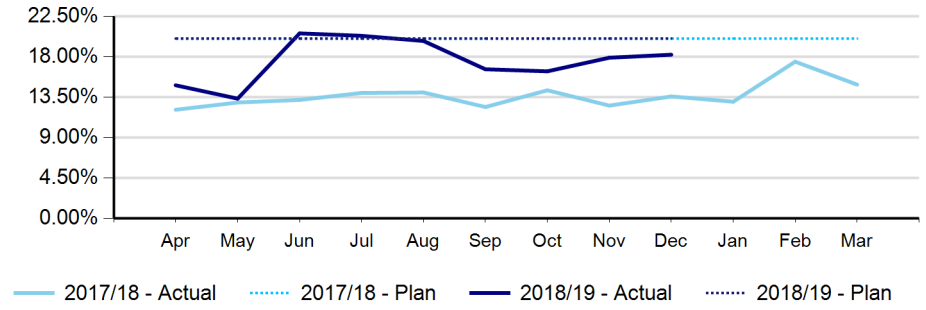
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
200 - A&E Friends and Family Response Rate	>= 20%	18.2%	Dec-18			>= 20%	17.9%	Nov-18		>= 20%	17.5%		13.0 - 20.6%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	89.2%	Dec-18			>= 90%	90.9%	Nov-18		>= 90%	89.3%		83.3 - 91.1%	
80 - Inpatient Friends and Family Response Rate	>= 30%	25.7%	Dec-18			>= 30%	32.3%	Nov-18		>= 30%	32.3%		25.7 - 37.5%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	96.6%	Dec-18			>= 90%	95.8%	Nov-18		>= 90%	96.5%		95.7 - 97.4%	
81 - Maternity Friends and Family Response Rate	>= 15%	25.0%	Dec-18			>= 15%	36.5%	Nov-18		>= 15%	30.2%		19.0 - 43.6%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	96.5%	Dec-18			>= 90%	92.4%	Nov-18		>= 90%	95.7%		92.4 - 97.9%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	7.3%	Dec-18			>= 15%	28.5%	Nov-18		>= 15%	15.4%		1.7 - 31.5%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	100.0%	Dec-18			>= 90%	96.4%	Nov-18		>= 90%	97.3%		88.9 - 100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	32.6%	Dec-18			>= 15%	41.3%	Nov-18		>= 15%	33.7%		24.9 - 50.2%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	96.2%	Dec-18			>= 90%	88.7%	Nov-18		>= 90%	94.0%		88.5 - 97.8%	

Integrated Summary Dashboard - December 2018

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	17.7%	Dec-18			>= 15%	23.7%	Nov-18		>= 15%	27.9%		17.7 - 44.5%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	89.6%	Dec-18			>= 90%	88.1%	Nov-18		>= 90%	93.8%		88.1 - 98.1%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	45.7%	Dec-18			>= 15%	50.9%	Nov-18		>= 15%	46.6%		12.9 - 75.1%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	98.8%	Dec-18			>= 90%	95.1%	Nov-18		>= 90%	97.6%		95.1 - 99.5%	
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Dec-18			= 100%	100.0%	Nov-18		= 100%	99.6%		96.6 - 100.0%	
90 - Complaints responded to within the period	>= 95%	95.5%	Dec-18			>= 95%	100.0%	Nov-18		>= 95%	95.3%		87.0 - 100.0%	

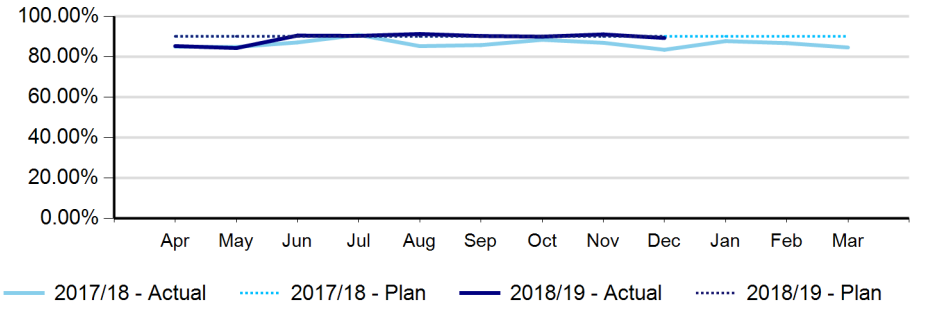
Exceptions

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%	17.9%	18.2%			

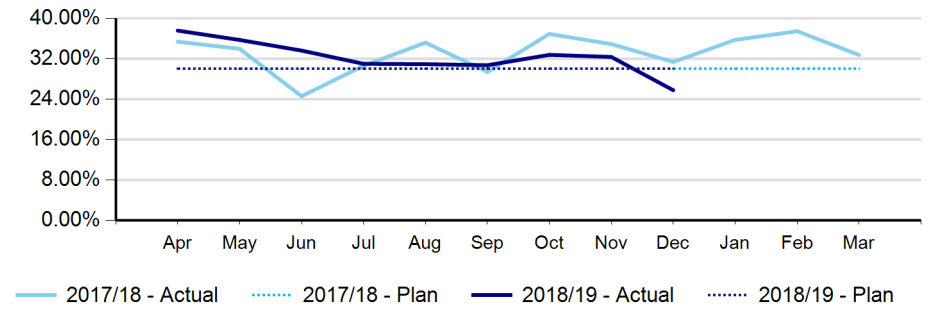
294 - A&E Friends and Family Satisfaction Rates %



	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%	90.9%	89.2%			

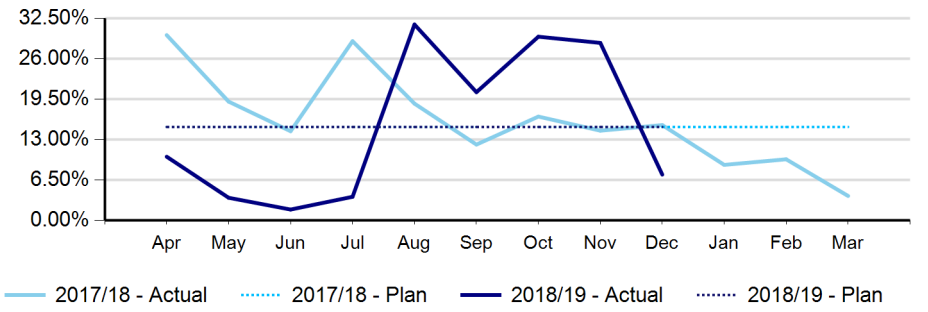
Integrated Summary Dashboard - December 2018

80 - Inpatient Friends and Family Response Rate



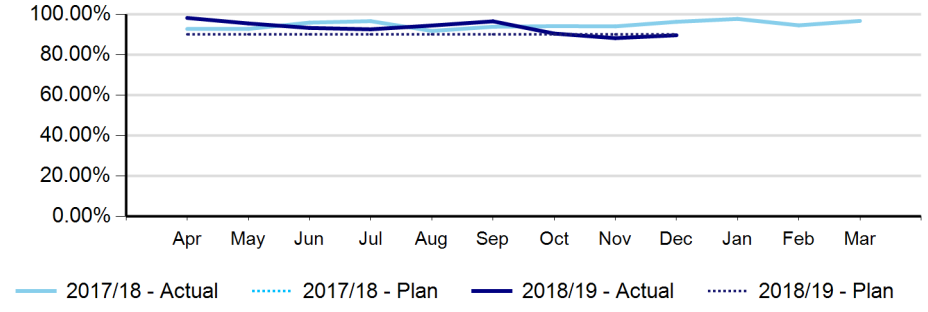
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	35.3%	33.9%	24.5%	30.6%	35.1%	29.3%	36.9%	34.9%	31.3%	35.7%	37.4%	32.7%
18/19	37.5%	35.7%	33.6%	31.0%	30.9%	30.7%	32.7%	32.3%	25.7%			

82 - Antenatal - Friends and Family Response Rate



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29.8%	19.1%	14.3%	28.8%	18.8%	12.2%	16.7%	14.4%	15.3%	8.9%	9.8%	3.9%
18/19	10.2%	3.6%	1.7%	3.8%	31.5%	20.6%	29.5%	28.5%	7.3%			

244 - Hospital Postnatal Friends and Family Test - Satisfaction %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.7%	92.7%	95.8%	96.5%	91.7%	93.8%	94.0%	93.9%	96.2%	97.6%	94.4%	96.6%
18/19	98.1%	95.4%	93.2%	92.5%	94.4%	96.4%	90.4%	88.1%	89.6%			

Integrated Summary Dashboard - December 2018

Maternity

The revised maternity metrics have been agreed and will be reported from January 2019.

The Trust will go live from February with the national HSIB programme for investigation of intrapartum stillbirths.

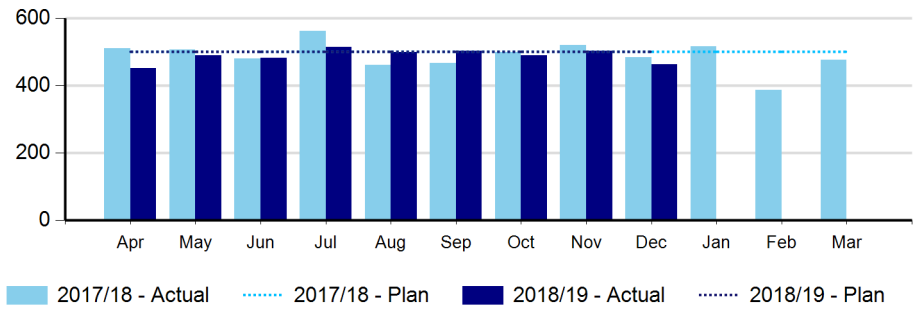
A full briefing paper outlining the programme and the implication for the Trust will be presented at February's Quality Assurance Committee.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
22 - Maternity - Stillbirths	<= 4	1	Dec-18			<= 4	3	Nov-18		<= 36	14		1 - 3	
23 - Maternity -3rd/4th degree tears	<= 3%	2.0%	Dec-18			<= 3%	2.8%	Nov-18		<= 3%	2.3%		1.6 - 4.2%	
201 - Total births	>= 500	463	Dec-18			>= 500	503	Nov-18		>= 4,500	4,391		386 - 515	
202 - 1:1 Midwifery care in labour	>= 95.0%	97.9%	Dec-18			>= 95.0%	97.9%	Nov-18		>= 95.0%	98.8%		97.4 - 99.8%	
203 - Booked 12+6	>= 90%	88.2%	Dec-18			>= 90%	87.1%	Nov-18		>= 90%	78.8%		82.6 - 89.7%	
204 - Inductions of labour	<= 35%	43.6%	Dec-18			<= 35%	39.2%	Nov-18		<= 35%	40.2%		36.3 - 45.3%	
205 - Normal deliveries	>= 63.0%	56.4%	Dec-18			>= 63.0%	59.8%	Nov-18		>= 63.0%	58.4%		54.5 - 62.4%	
208 - Total C section	<= 25.5%	31.4%	Dec-18			<= 25.5%	29.4%	Nov-18		<= 25.5%	28.6%		25.7 - 31.4%	
210 - Initiation breast feeding	>= 65%	63.3%	Dec-18			>= 65%	67.6%	Nov-18		>= 65%	68.8%		63.3 - 72.6%	
211 - Maternal admissions to ICU	= 0	1	Dec-18			= 0	2	Nov-18		= 0	6		0 - 2	
213 - Maternity complaints	<= 5	8	Dec-18			<= 5	5	Nov-18		<= 45	30		0 - 8	
214 - New claims	= 0	0	Dec-18			= 0	2	Oct-18		= 0	7		0 - 2	

Integrated Summary Dashboard - December 2018

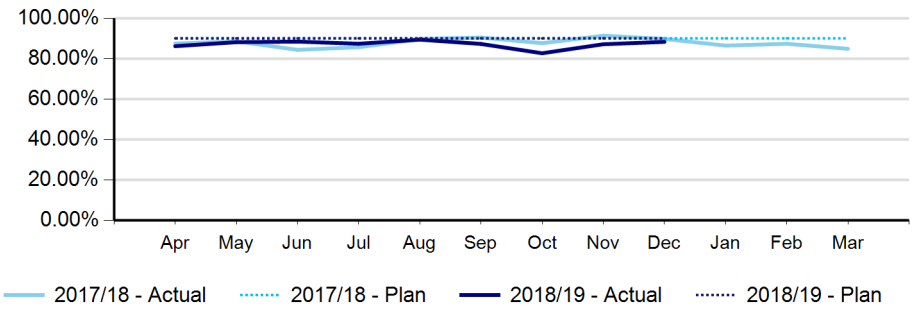
Exceptions

201 - Total births



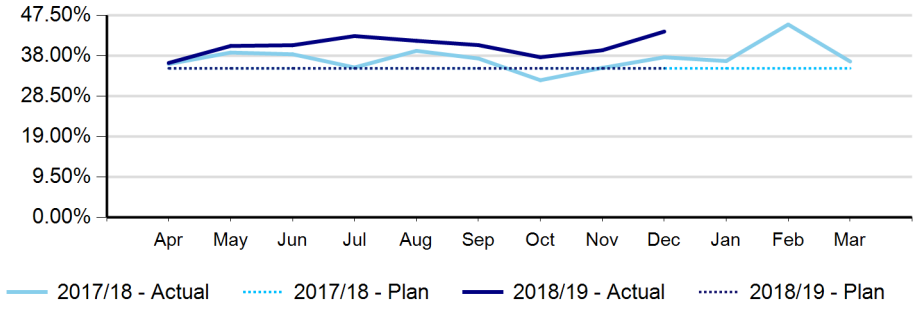
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	510	505	480	561	461	465	498	519	483	515	386	475
18/19	451	489	482	514	498	503	488	503	463			

203 - Booked 12+6



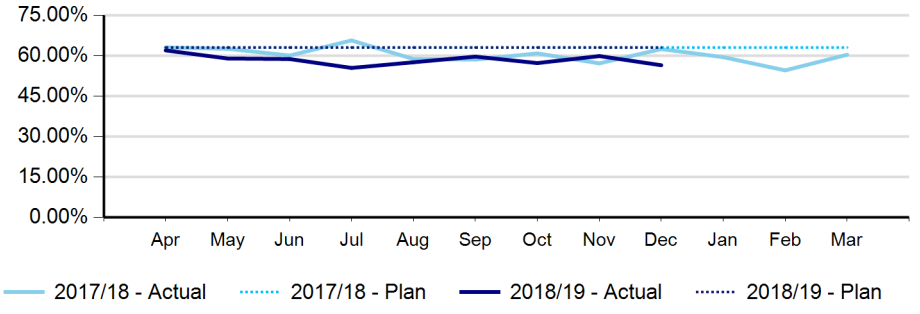
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87.4%	88.5%	84.3%	85.6%	89.6%	90.4%	87.6%	91.3%	89.7%	86.4%	87.3%	84.8%
18/19	86.1%	88.1%	88.4%	87.3%	89.3%	87.2%	82.6%	87.1%	88.2%			

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%	40.4%	37.6%	39.2%	43.6%			

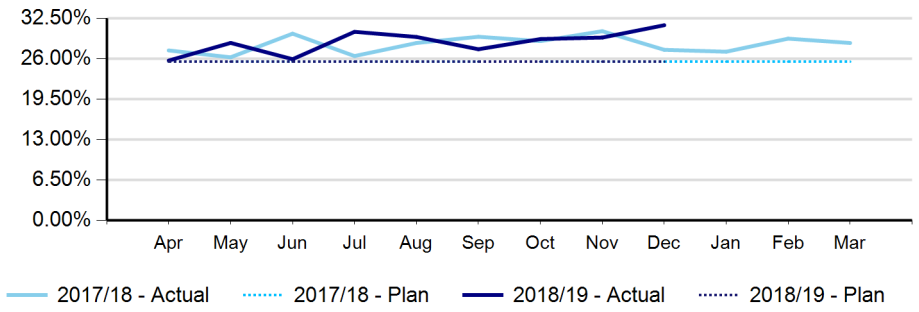
205 - Normal deliveries



	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%	59.8%	56.4%			

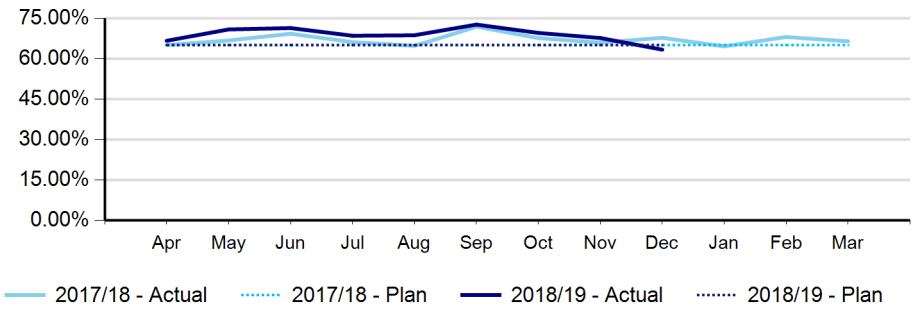
Integrated Summary Dashboard - December 2018

208 - Total C section



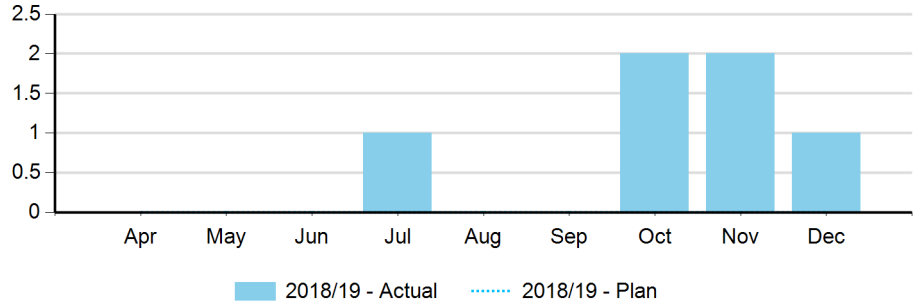
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	27.3%	26.2%	30.0%	26.4%	28.5%	29.5%	28.8%	30.4%	27.4%	27.1%	29.2%	28.5%
18/19	25.7%	28.5%	25.9%	30.3%	29.5%	27.5%	29.1%	29.4%	31.4%			

210 - Initiation breast feeding



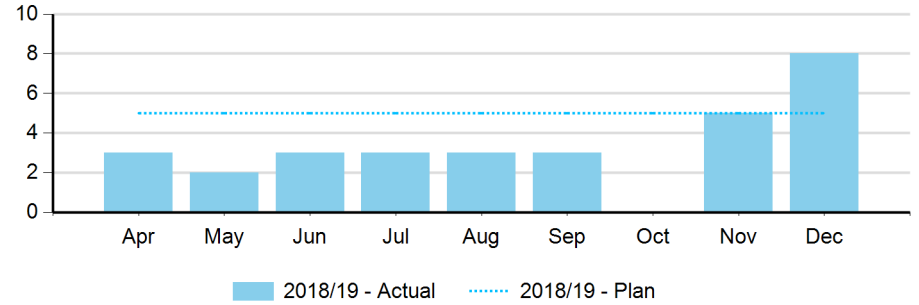
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	65.0%	66.7%	69.2%	66.1%	64.7%	71.8%	67.6%	65.9%	67.7%	64.5%	68.0%	66.4%
18/19	66.6%	70.8%	71.3%	68.5%	68.6%	72.6%	69.5%	67.6%	63.3%			

211 - Maternal admissions to ICU



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

213 - Maternity complaints



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18/19	3	2	3	3	3	3	0	5	8

Integrated Summary Dashboard - December 2018

Operational Performance

Access

Transfers between 11pm and 6am increased in December to 41. The Task and Finish Group continue to work on this issue, validating individual patient level data along with working with divisions to improve data entry.

RTT – The 18 week waiting list has grown in December to 23,050 patients who were waiting for treatment. A team have been commissioned to validate 11,000 records on the RTT waiting list and the impact of this work should be seen in the coming months as the waiting list is reviewed. In addition, work continues to eliminate the risks of 52 week waiters by the end of March 2019.

A&E 4 hour target – While December's performance of 81.3%, was lower than November's 84.2%, it shows considerable improvement to December 2017's position of 76.87%. This improvement is a reflection across all the divisions, and shows improvement within patient flow with particular emphasis on discharges and reducing length of stay.

Diagnostics breached the 1% standard this month with 81 patients waiting over six weeks out of 3,837 patients, a total of 2.1%. An increase in Echocardiogram referrals and a mismatch in capacity has resulted in this breach of the standard. Work is underway to increase capacity, however, this is unlikely to result in achieving the standard before February 2019.

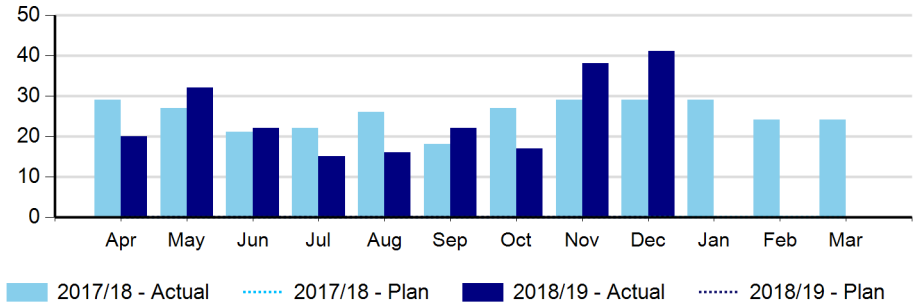
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	= 0	41	Dec-18			= 0	38	Nov-18		= 0	223		15 - 41	
8 - Same sex accommodation breaches	= 0	18	Dec-18			= 0	9	Nov-18		= 0	95		2 - 18	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	56.8%	Dec-18			>= 75%	60.6%	Nov-18		>= 75%	63.7%		55.6 - 88.6%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	88.7%	Dec-18			>= 92%	89.4%	Nov-18		>= 92%	89.4%		87.2 - 90.3%	
42 - RTT 52 week waits (incomplete pathways)	= 0	5	Dec-18			= 0	9	Nov-18		= 0	56		0 - 10	
314 - RTT 18 week waiting list	<= 22,812	23,050	Dec-18			<= 22,812	22,783	Nov-18		<= 22,812	23,050		22,344 - 23,052	
53 - A&E 4 hour target	>= 95%	81.3%	Dec-18			>= 95%	84.2%	Nov-18		>= 95%	85.3%		76.9 - 91.3%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0%	10%	Dec-18			= 0%	5%	Nov-18		= 0%	8%		4 - 17%	

Integrated Summary Dashboard - December 2018

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	2.99%	Dec-18			= 0.00%	1.97%	Nov-18		= 0.00%	1.76%		0.35 - 13.54%	
72 - Diagnostic Waits >6 weeks %	<= 1%	2.1%	Dec-18			<= 1%	0.8%	Nov-18		<= 1%	0.9%		0.3 - 9.5%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	0.0%	Dec-18			= 100%	13.3%	Nov-18		= 100%	16.4%		0.0 - 83.3%	

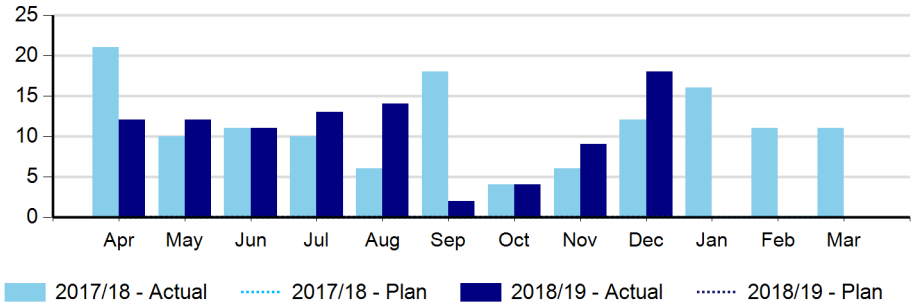
Exceptions

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29	27	21	22	26	18	27	29	29	29	24	24
18/19	20	32	22	15	16	22	17	38	41			

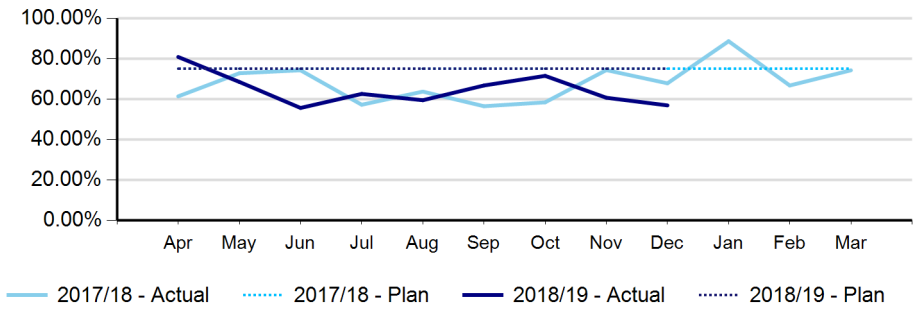
8 - Same sex accommodation breaches



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	21	10	11	10	6	18	4	6	12	16	11	11
18/19	12	12	11	13	14	2	4	9	18			

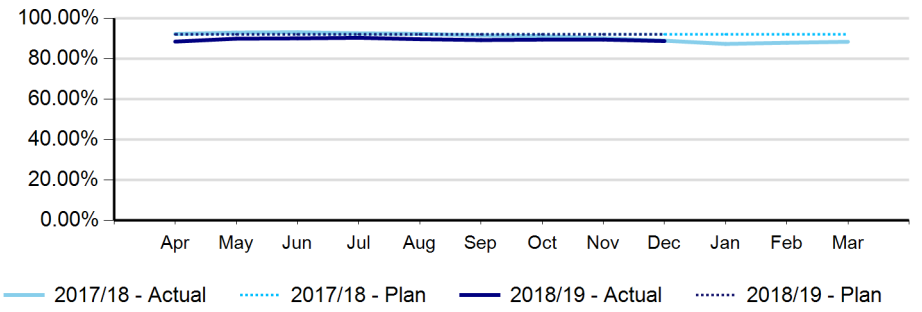
Integrated Summary Dashboard - December 2018

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



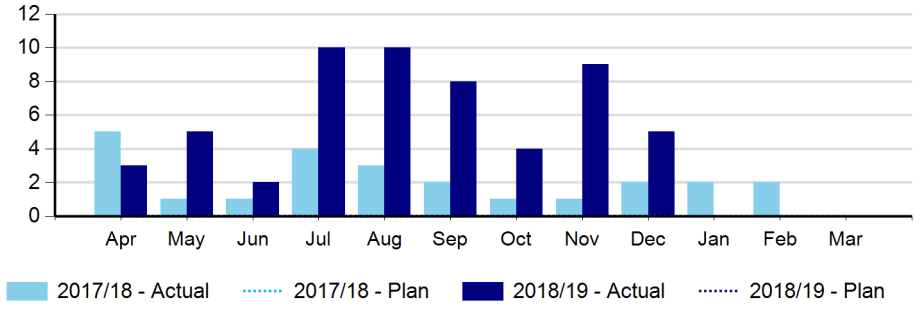
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	61.3%	72.7%	74.2%	57.1%	63.6%	56.4%	58.3%	74.3%	67.7%	88.6%	66.7%	74.2%
18/19	80.8%	68.4%	55.6%	62.5%	59.4%	66.7%	71.4%	60.6%	56.8%			

41 - RTT Incomplete pathways within 18 weeks %



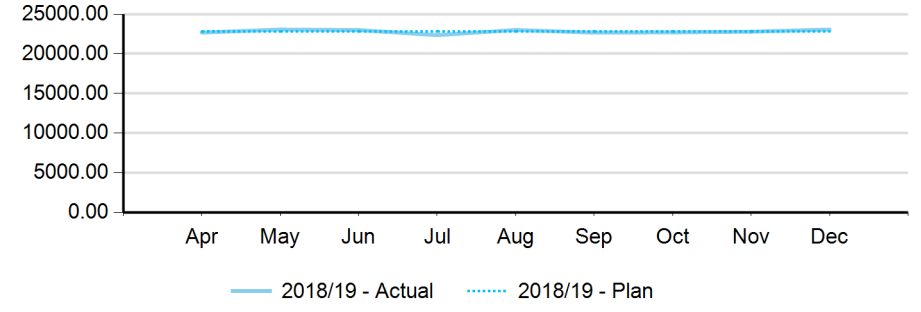
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.2%	87.8%	88.3%
18/19	88.4%	89.8%	90.0%	90.3%	89.6%	89.1%	89.4%	89.4%	88.7%			

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	9	5			

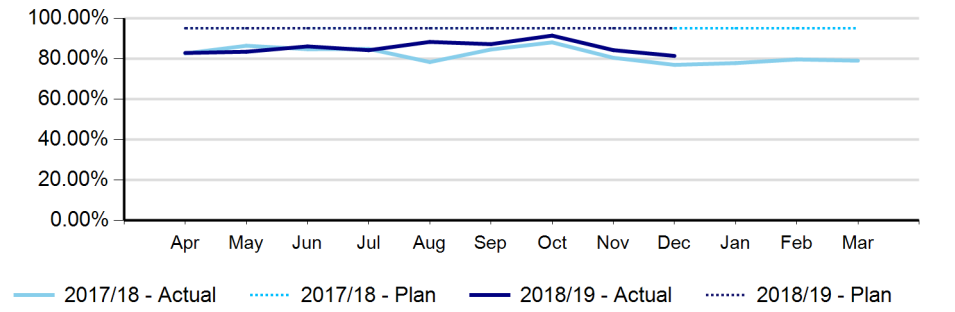
314 - RTT 18 week waiting list



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18/19	22,675	23,052	22,985	22,344	23,003	22,663	22,691	22,783	23,050

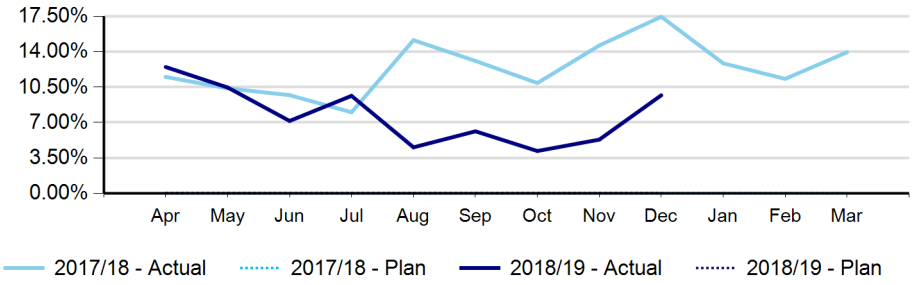
Integrated Summary Dashboard - December 2018

53 - A&E 4 hour target



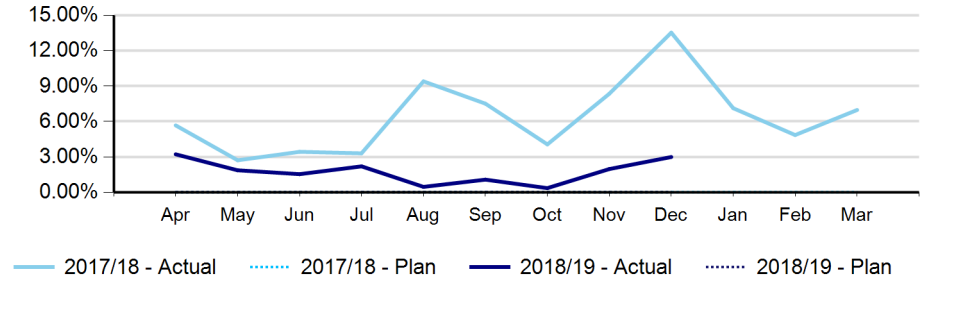
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	82.5%	86.3%	84.6%	84.7%	78.3%	84.5%	88.0%	80.4%	76.9%	77.8%	79.5%	78.9%
18/19	82.7%	83.4%	86.0%	84.1%	88.2%	87.1%	91.3%	84.2%	81.3%			

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



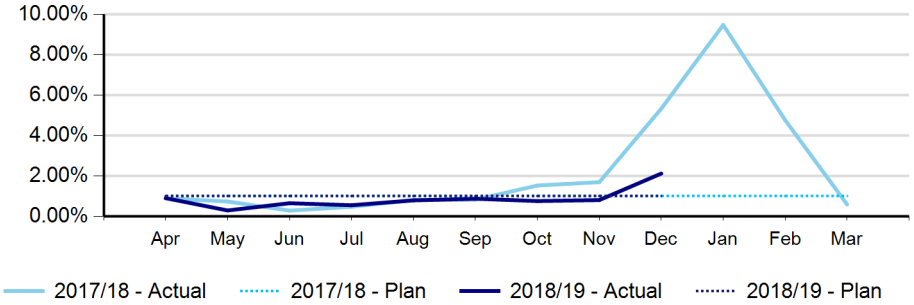
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12%	10%	10%	8%	15%	13%	11%	15%	17%	13%	11%	14%
18/19	12%	10%	7%	10%	5%	6%	4%	5%	10%			

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5.67%	2.71%	3.43%	3.30%	9.40%	7.51%	4.06%	8.36%	13.54%	7.13%	4.85%	6.98%
18/19	3.22%	1.86%	1.53%	2.19%	0.45%	1.07%	0.35%	1.97%	2.99%			

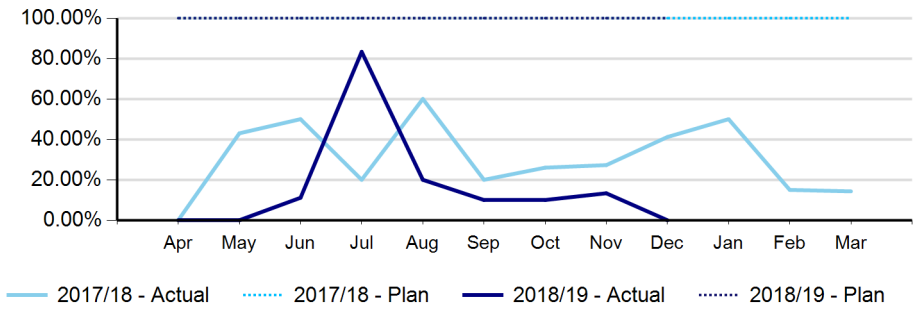
72 - Diagnostic Waits >6 weeks %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.9%	0.7%	0.3%	0.5%	0.8%	0.8%	1.5%	1.7%	5.3%	9.5%	4.8%	0.6%
18/19	0.9%	0.3%	0.6%	0.5%	0.8%	0.9%	0.8%	0.8%	2.1%			

Integrated Summary Dashboard - December 2018

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%	13.3%	0.0%			

Integrated Summary Dashboard - December 2018

Productivity

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.

Although DTOC has increased to 2.0% in December from November's position of 1.1%, it is below the target set by Greater Manchester of 3.3%.

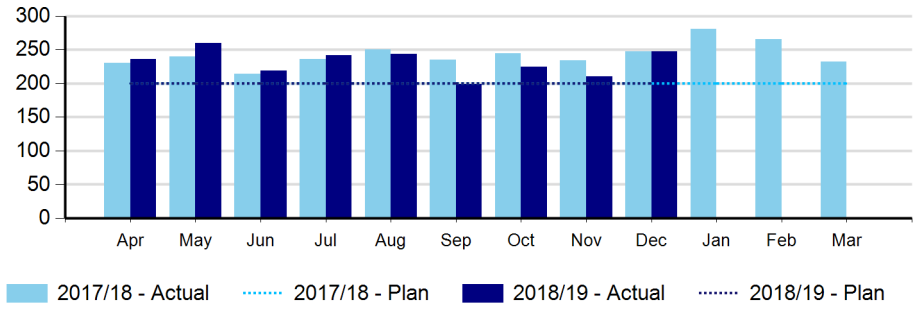
The percentage of patients discharged by midday and 4pm has increased in December, although both are slightly below the Trust's target (30% by midday, 70% by 4pm) it is a positive movement that helps to improve patient flow and assists in the ongoing demand for beds across the Trust. Work continues within the divisions to achieve early discharges by focusing on discharge planning and making appropriate use of the discharge lounge.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
56 - Stranded patients	<= 200	247	Dec-18			<= 200	210	Nov-18		<= 200	247		199 - 281	
307 - Stranded Patients - LOS 21 days and over	<= 69	91	Dec-18			<= 69	68	Nov-18		<= 69	91		66 - 93	
57 - Discharges by Midday	>= 30%	28.2%	Dec-18			>= 30%	26.2%	Nov-18		>= 30%	28.4%		25.9 - 33.1%	
58 - Discharges by 4pm	>= 70%	65.9%	Dec-18			>= 70%	63.4%	Nov-18		>= 70%	67.0%		62.6 - 70.0%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	11.8%	Nov-18			<= 13.5%	10.8%	Oct-18		<= 13.5%	12.1%		10.8 - 13.1%	
60 - Daycase Rates	>= 80%	90.5%	Dec-18			>= 80%	88.4%	Nov-18		>= 80%	88.7%		82.4 - 91.6%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	2.1%	Dec-18			<= 1%	1.8%	Nov-18		<= 1%	1.6%		0.9 - 2.1%	
62 - Cancelled operations re-booked within 28 days	= 100%	81.0%	Dec-18			= 100%	87.2%	Nov-18		= 100%	85.6%		63.6 - 100.0%	
64 - Delayed Transfers Of Care - GM Methodology (% occupied bed days delayed - phased reduction)	<= 3.3%	2.0%	Dec-18			<= 3.3%	1.1%	Nov-18		<= 3.3%	2.3%		1.1 - 7.5%	
65 - Elective Length of Stay (Discharges in month)	<= 2.0	2.7	Dec-18			<= 2.0	2.6	Nov-18		<= 2.0	2.4		2.1 - 2.9	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.7	4.4	Dec-18			<= 3.7	4.4	Nov-18		<= 3.7	4.5		3.8 - 4.7	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	78.6%	Nov-18			>= 80%	82.4%	Oct-18		>= 80%	81.1%		53.3 - 94.7%	

Integrated Summary Dashboard - December 2018

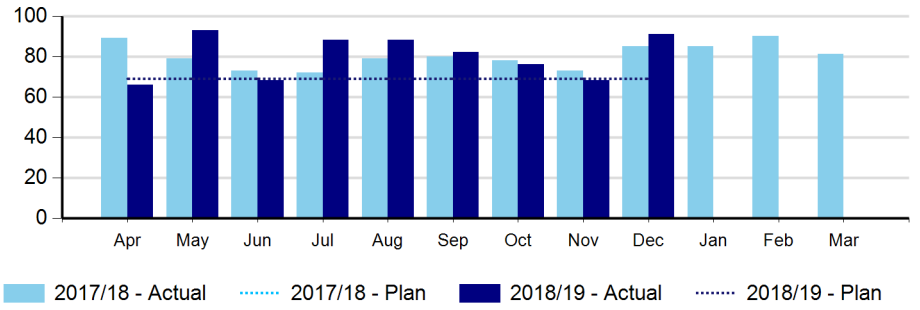
Exceptions

56 - Stranded patients



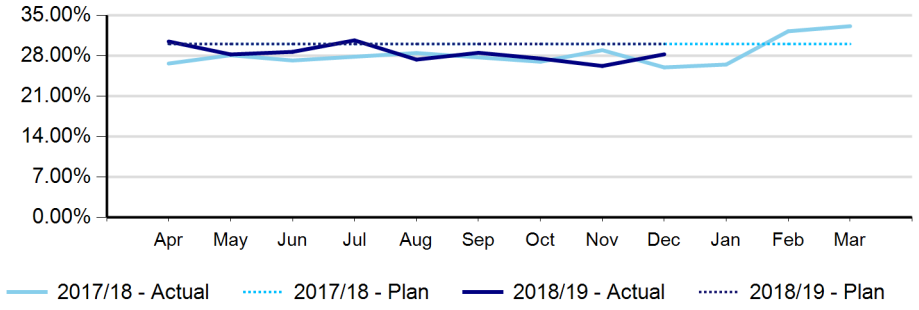
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	230	240	214	236	250	235	244	234	247	281	265	232
18/19	236	260	219	242	243	199	224	210	247			

307 - Stranded Patients - LOS 21 days and over



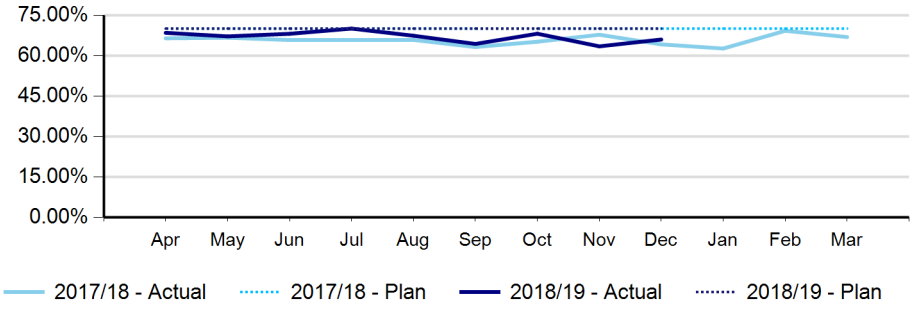
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89	79	73	72	79	80	78	73	85	85	90	81
18/19	66	93	68	88	88	82	76	68	91			

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%	26.2%	28.2%			

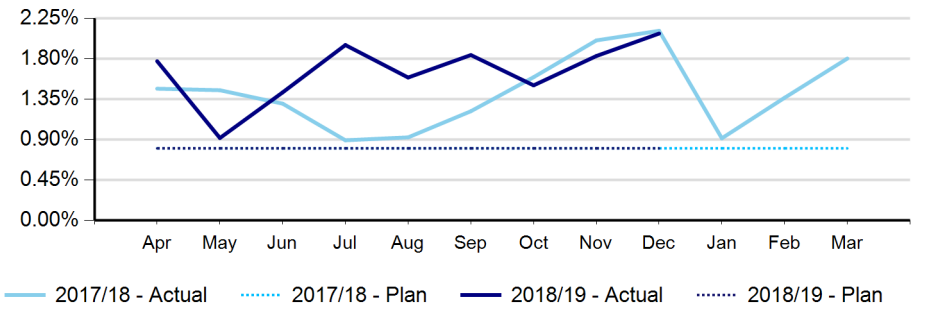
58 - Discharges by 4pm



	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%	63.4%	65.9%			

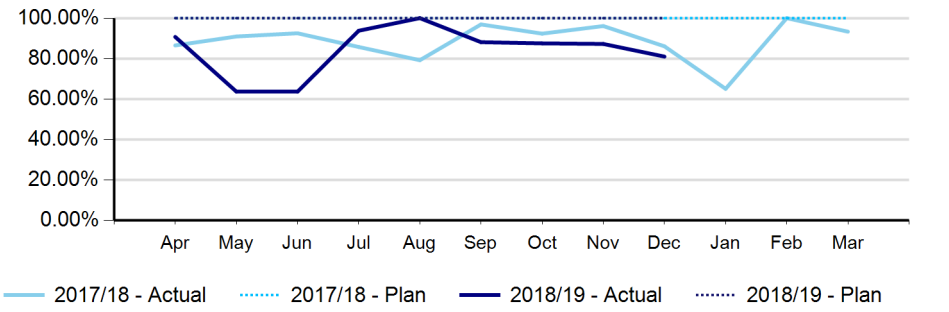
Integrated Summary Dashboard - December 2018

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



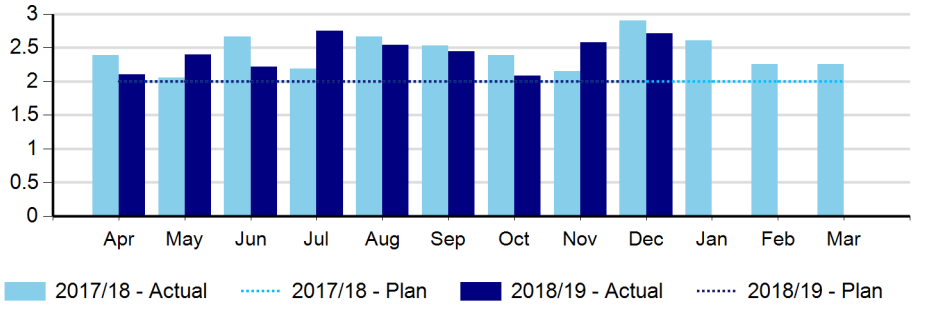
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.5%	1.4%	1.3%	0.9%	0.9%	1.2%	1.6%	2.0%	2.1%	0.9%	1.4%	1.8%
18/19	1.8%	0.9%	1.4%	2.0%	1.6%	1.8%	1.5%	1.8%	2.1%			

62 - Cancelled operations re-booked within 28 days



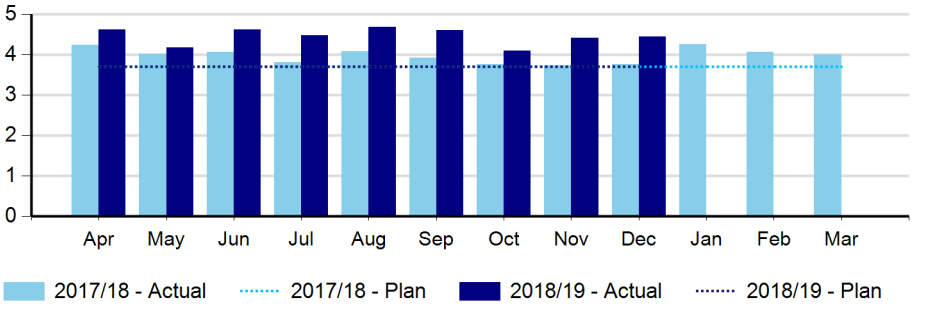
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86.5%	90.9%	92.5%	85.7%	79.2%	96.9%	92.3%	96.1%	86.0%	65.0%	100.0%	93.3%
18/19	90.7%	63.6%	63.6%	93.8%	100.0%	88.1%	87.5%	87.2%	81.0%			

65 - Elective Length of Stay (Discharges in month)



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

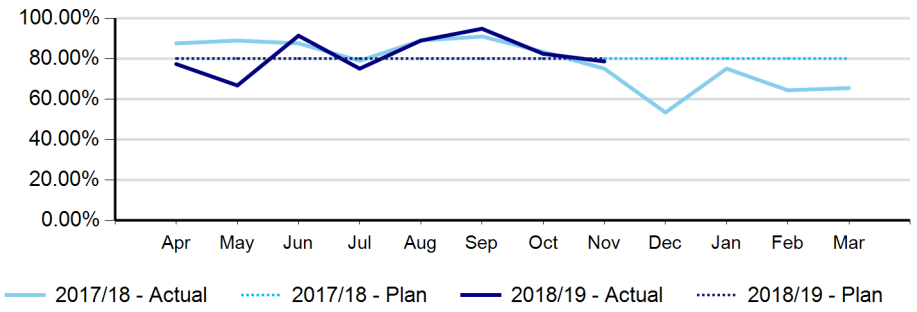
66 - Non Elective Length of Stay (Discharges in month)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.2	4.0	4.1	3.8	4.1	3.9	3.8	3.7	3.8	4.2	4.1	4.0
18/19	4.6	4.2	4.6	4.5	4.7	4.6	4.1	4.4	4.4			

Integrated Summary Dashboard - December 2018

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87.5%	88.9%	87.5%	78.9%	88.9%	90.9%	83.3%	75.0%	53.3%	75.0%	64.3%	65.4%
18/19	77.3%	66.7%	91.3%	75.0%	88.9%	94.7%	82.4%	78.6%				

Integrated Summary Dashboard - December 2018

Cancer

All standards were achieved with the exception of 62 day screening and 2 week waits.

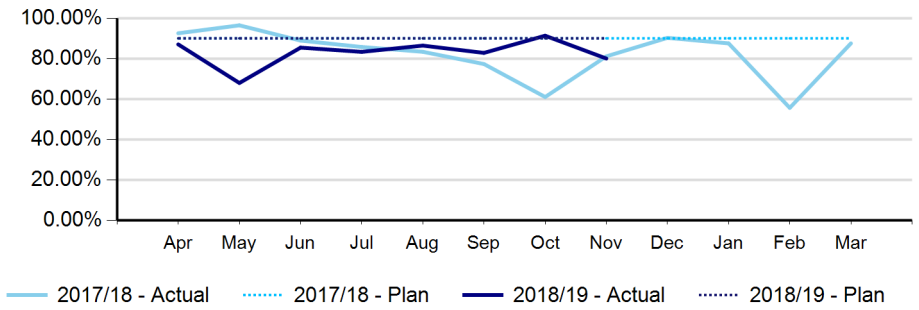
Pressures in these areas continue to impact on delivery of this standard.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
46 - 62 day standard % (1 mth in arrears)	>= 85%	87.2%	Nov-18			>= 85%	87.9%	Oct-18		>= 85%	90.2%		85.8 - 95.4%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	80.0%	Nov-18			>= 90%	91.3%	Oct-18		>= 90%	82.6%		55.6 - 91.3%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	98.4%	Nov-18			>= 96%	100.0%	Oct-18		>= 96%	99.7%		98.4 - 100.0%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Nov-18			>= 94%	100.0%	Oct-18		>= 94%	100.0%		93.3 - 100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Nov-18			>= 98%	100.0%	Oct-18		>= 98%	100.0%		100.0 - 100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	97.3%	Nov-18			>= 93%	97.2%	Oct-18		>= 93%	96.5%		93.6 - 97.9%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	92.4%	Nov-18			>= 93%	91.0%	Oct-18		>= 93%	79.1%		35.5 - 95.0%	

Integrated Summary Dashboard - December 2018

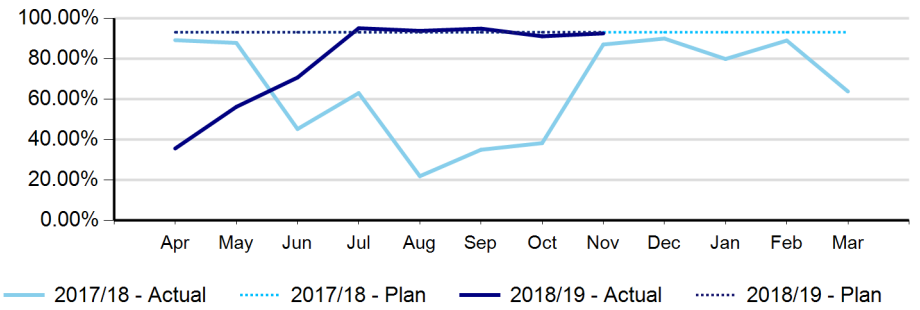
Exceptions

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%	91.3%	80.0%				

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89.1%	87.7%	45.1%	62.9%	21.8%	34.9%	38.1%	86.9%	89.9%	79.8%	88.9%	63.7%
18/19	35.5%	56.1%	70.6%	95.0%	93.7%	94.8%	91.0%	92.4%				

Integrated Summary Dashboard - December 2018

Community

Admission avoidance continues to remain above the target, this indicator is a key element of the winter plan.

Home First deflections are below plan in month as a reult of a phased increase in the plan. Performance year to date remains green.

Length of stay in Darley Court has reduced in December compared to November's position of 29 days.

While medically optimised remains above plan, a reduction took place in December.

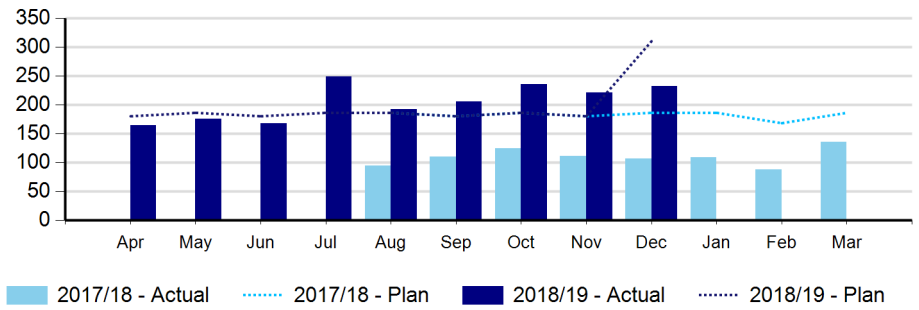
The number of patients delayed in December has reduced to 11, this will benefit patient flow.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
225 - Admission Avoidance	>= 166	256	Dec-18			>= 166	262	Nov-18		>= 1,494	1,440		0 - 262	
226 - Home First Deflections	>= 310	232	Dec-18			>= 180	221	Nov-18		>= 1,774	1,839		87 - 248	
227 - Length of Stay - Darley Court	<= 28	27	Dec-18			<= 28	29	Nov-18		<= 252	246		20 - 35	
228 - DTOC Numbers	<= 15	11	Dec-18			<= 15	15	Nov-18		<= 15	11		11 - 28	
230 - Medically Optimised Numbers	<= 50	61	Dec-18			<= 50	69	Nov-18		<= 450	609		52 - 86	
231 - Medically Optimised Days	<= 209	388	Dec-18			<= 209	434	Nov-18		<= 1,881	4,309		344 - 790	

Integrated Summary Dashboard - December 2018

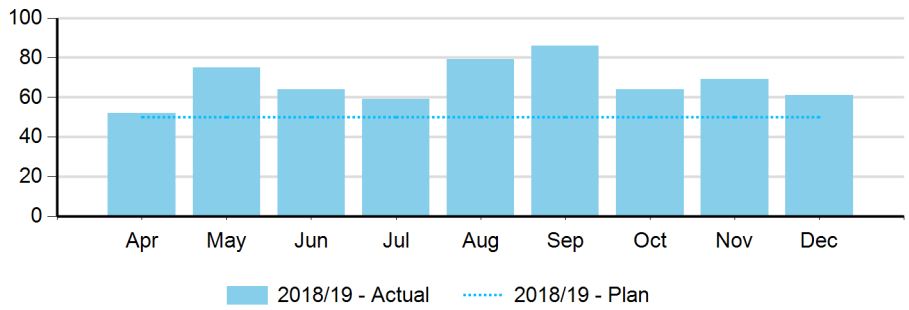
Exceptions

226 - Home First Deflections



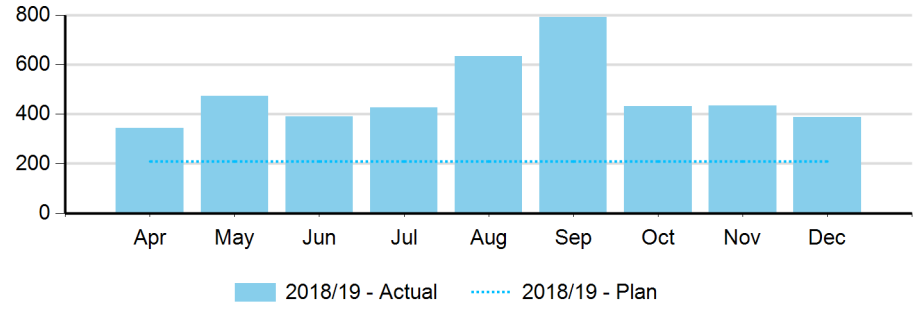
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18					94	110	124	111	106	108	87	135
18/19	164	175	167	248	192	205	235	221	232			

230 - Medically Optimised Numbers



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18/19	52	75	64	59	79	86	64	69	61

231 - Medically Optimised Days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18/19	344	472	391	426	634	790	430	434	388

Integrated Summary Dashboard - December 2018

Workforce

Sickness, Vacancy and Turnover

Overall, sickness reduced to 5.25% (December) from 5.28% (November). In the same month in 2017/18 (December 2017), the Trust sickness rate was 5.64%. The Workforce Assurance Committee received a full update on the enabling actions that are being taken to drive down sickness within the Trust. This includes an improved mental health offering to our staff; a suite of pro-active Health and Wellbeing interventions; continued roll out of the Attendance Matters Team in the Acute and Integrated Community Services Divisions; deep dive programmes throughout the Trust where sickness remains very high (increased HR support provided to the Divisions); alongside monthly meetings between the Director of Workforce and Divisional teams.

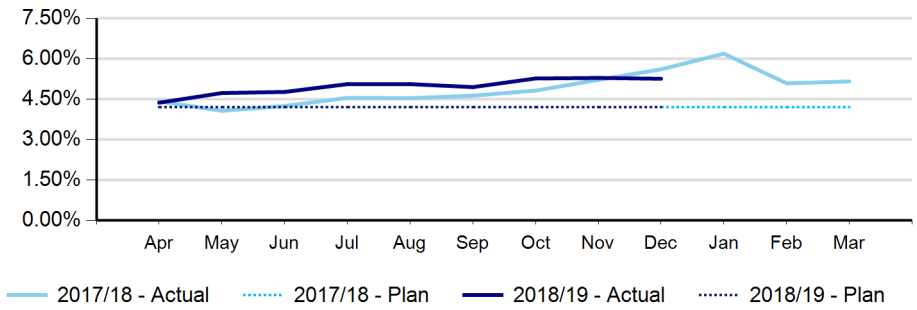
The Workforce Assurance Committee receive regular updates on the re-energised recruitment and retention offering within the organisation along with actions being taken against known recruitment pressures. Performance in this areas remains strong.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
117 - Sickness absence level - Trust	<= 4.2%	5.3%	Dec-18			<= 4.2%	5.3%	Nov-18		<= 4.2%	5.0%		4.4 - 6.2%	
120 - Vacancy level - Trust	<= 6%	3.9%	Dec-18			<= 6%	3.7%	Nov-18		<= 6%	4.4%		-0.2 - 5.3%	
121 - Turnover	8 - 10%	9.8%	Dec-18			8 - 10%	9.6%	Nov-18		8 - 10%	9.6%		9.2 - 10.5%	

Integrated Summary Dashboard - December 2018

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%	5.3%	5.3%			

Integrated Summary Dashboard - December 2018

Organisational Development

On 17th December 2018 the Trust received the NHS Staff Survey raw results. Pleasingly the Trust achieved a strong set of positive results across the five themes of the survey. The findings are currently embargoed so have not been included within this update. A full update on the findings will be presented to the Trust Board in March 2019.

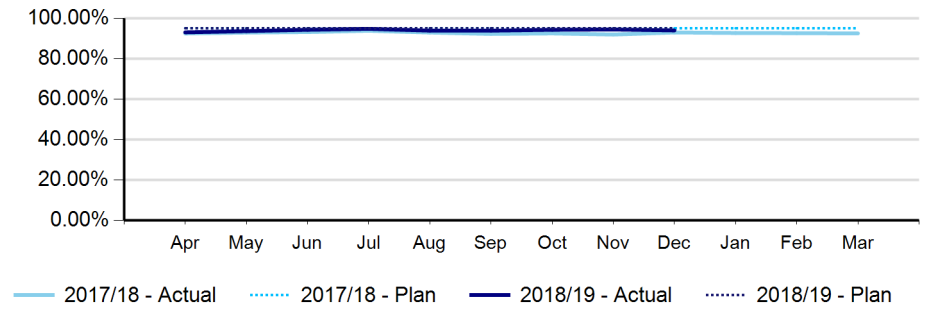
Colleagues will note that the OD KPI's continue to show strong performance. Working in partnership with divisions our overall appraisal completion rate continues to sustain an all-time high and exceeds our target of 85%. Statutory, mandatory and safeguarding training continue to show a strong performance.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
37 - Staff completing Statutory Training	>= 95%	93.9%	Dec-18			>= 95%	94.4%	Nov-18		>= 95%	94.0%		92.5 - 94.7%	
38 - Staff completing Mandatory Training	>= 85%	91.7%	Dec-18			>= 85%	92.2%	Nov-18		>= 85%	91.5%		89.9 - 92.5%	
39 - Staff completing Safeguarding Training	>= 95%	94.95%	Dec-18			>= 95%	95.33%	Nov-18		>= 95%	95.01%		93.20 - 95.60%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	89.1%	Dec-18			>= 85%	89.4%	Nov-18		>= 85%	85.9%		81.7 - 89.4%	
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%	
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%	

Integrated Summary Dashboard - December 2018

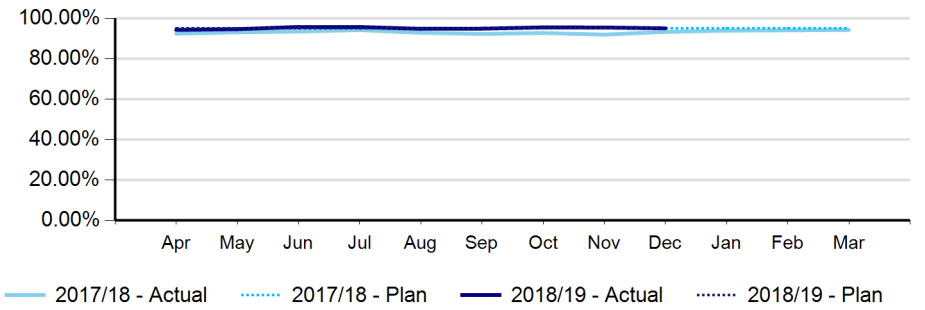
Exceptions

37 - Staff completing Statutory Training



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.4%	92.8%	93.1%	93.8%	92.9%	92.2%	92.4%	91.9%	92.9%	92.6%	92.6%	92.5%
18/19	93.0%	93.6%	94.2%	94.7%	93.8%	93.8%	94.2%	94.4%	93.9%			

39 - Staff completing Safeguarding Training



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.29%	93.00%	93.36%	94.08%	92.76%	92.19%	92.63%	91.83%	93.20%	93.80%	93.94%	94.17%
18/19	94.16%	94.56%	95.60%	95.58%	94.73%	94.80%	95.39%	95.33%	94.95%			

Integrated Summary Dashboard - December 2018

Agency

Overall, agency spend reduced by £118,773 in month when compared to Month 8 (November 18). In the same month in 2017/18 (December 2017), the Trust spent £814,000 on agency workers. Increases in spending for Nursing (£21,297), Junior Grade Doctors (£8,222), and Scientists/AHPs (£10,948) were noted in month when compared to Month 8. These increases were offset by reductions in spending on Administration and Clerical (£26,202), Facilities (£3,765), Consultants (£32,659), and Middle Grade Doctors (£25,456).

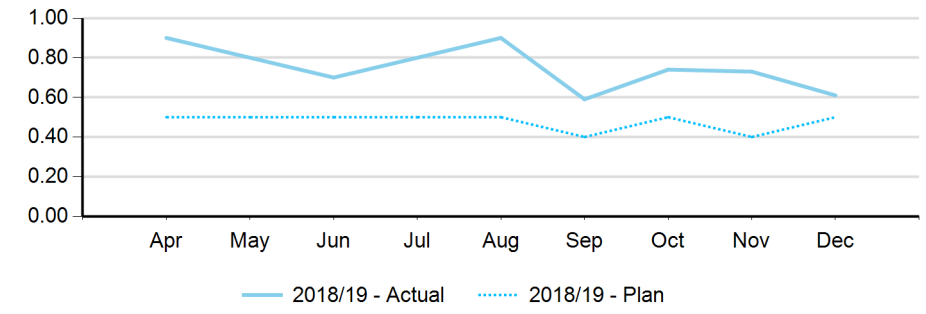
Based on current spending, although there will be a significant reduction in agency spend when compared to 2017/18 (£10.2 million), there is an expectation that actual agency spend at the end of the 2018/19 financial year will be above our internal forecast and closer to £8.5 million. The Workforce Assurance Committee received a full update on the enabling actions that are being taken to drive down agency spend to the lowest possible level whilst maintain a safe service.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
198 - Trust Annual ceiling for agency spend (£m)	<= 0.50	0.61	Dec-18			<= 0.40	0.73	Nov-18		<= 4.30	6.77		0.59 - 0.90	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.10	0.30	Dec-18			<= 0.10	0.26	Nov-18		<= 0.90	2.72		0.26 - 0.40	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.20	0.25	Dec-18			<= 0.20	0.29	Nov-18		<= 1.80	3.13		0.25 - 0.50	
311 - Revised agency forecast plan (£m)	<= 0.66	0.61	Dec-18			<= 0.59	0.73	Nov-18		<= 6.09	6.61		0.59 - 0.89	

Integrated Summary Dashboard - December 2018

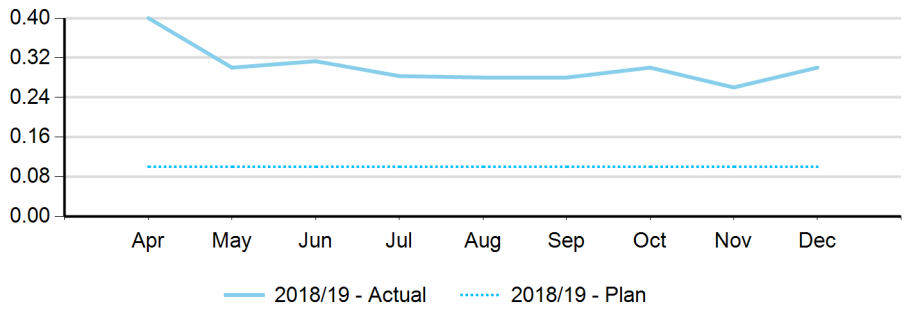
Exceptions

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



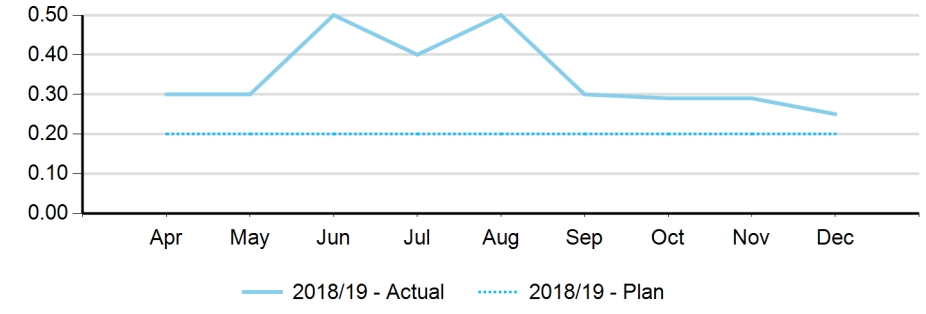
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18/19	0.90	0.80	0.70	0.80	0.90	0.59	0.74	0.73	0.61

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18/19	0.40	0.30	0.31	0.28	0.28	0.28	0.30	0.26	0.30

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18/19	0.30	0.30	0.50	0.40	0.50	0.30	0.29	0.29	0.25

Integrated Summary Dashboard - December 2018

Finance

Finance

The Trust has a year to date deficit of £2.2m and a surplus of £2.8m when PSF is included. The month 3 quarter has been met but only through balance sheet adjustments and additional income.

The current probable forecast is a deficit of £2.7m compared to the surplus control total of £1.6m. This would result in a small surplus of £2.3m once PSF is included.

Risks to the delivery of the control total are being discussed with NHSI.

At the end of Month 9 the Trust delivered £8.8m of ICIP's against a plan of £9.9m, an underperformance of £1.1m.

The Trust Capital plan for the year is £20.7m. Year to date spend is £15.7m against a plan of £12.4m.

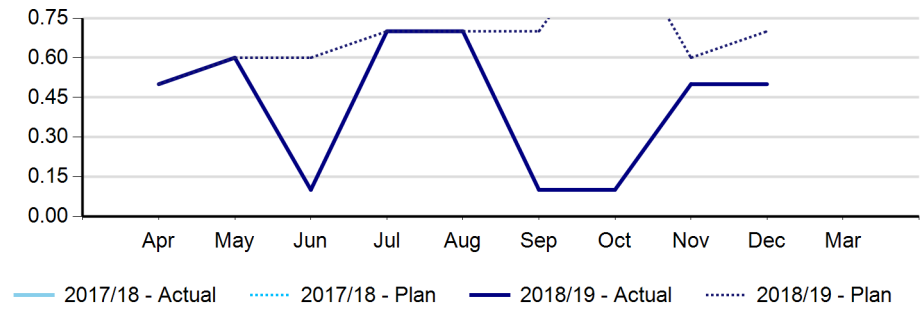
In December there was a net cash inflow of £3.7m with a closing cash balance of £9.8m. Cash is above plan at the end of December by £3.1m.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
220 - Control Total (£ millions)	>= -0.2	-0.2	Dec-18			>= -0.2	-0.4	Nov-18		>= -2.9	-3.1		-1.2 - 2.3	
221 - Provider Sustainability Fund (£ millions)	>= 0.7	0.5	Dec-18			>= 0.6	0.5	Nov-18		>= 6.2	3.8		0.1 - 0.7	
222 - Capital (£ millions)	>= 1.2	0.9	Dec-18			>= 1.0	3.2	Nov-18		>= 12.4	15.7		0.5 - 4.2	
223 - Cash (£ millions)	>= 6.7	10.0	Dec-18			>= 6.7	6.0	Nov-18		>= 6.7	10.0		6.0 - 16.0	
224 - Use of Resources	>= 1	2	Dec-18			>= 1	3	Nov-18		>= 1	2		2 - 4	

Integrated Summary Dashboard - December 2018

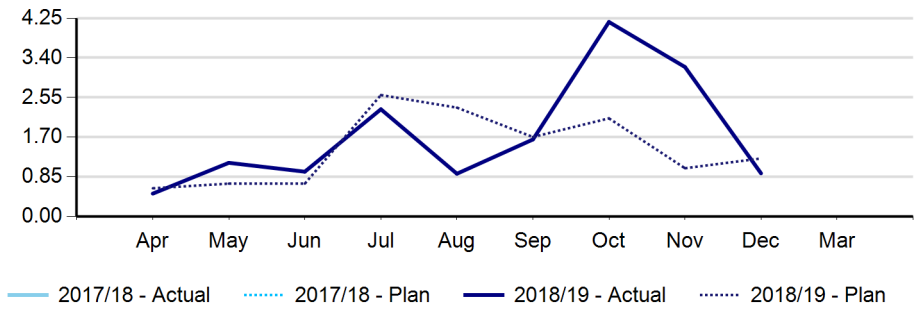
Exceptions

221 - Provider Sustainability Fund (£ millions)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mar
17/18										0.6
18/19	0.5	0.6	0.1	0.7	0.7	0.1	0.1	0.5	0.5	

222 - Capital (£ millions)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mar
17/18										2.9
18/19	0.5	1.1	1.0	2.3	0.9	1.6	4.2	3.2	0.9	

Integrated Summary Dashboard - December 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 Quality Assurance Committee (QAC) March 2018, and 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 would meet to review in quarter three 2018/19 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.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
175 - Pre-procedure non-elective bed days	<= 1	1	Q2 2018/19			<= 1	1	Q1 2018/19		1 - 2	
176 - Pre-procedure elective bed days	<= 0.133	0.120	Q2 2018/19			<= 0.110	0.110	Q1 2018/19		0.110 - 0.147	
177 - Emergency readmissions (30 days)	<= 7%	8.4%	Q2 2018/19			<= 8%	9.8%	Q1 2018/19		7.5 - 9.8%	
178 - Did not attend (DNA) rate	<= 7%	9.0%	Q2 2018/19			<= 7%	8.7%	Q1 2018/19		8.7 - 9.0%	

Integrated Summary Dashboard - December 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 Quality Assurance Committee (QAC) March 2018, and 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 would meet to review in quarter three 2018/19 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.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
179 - Staff retention rate	>= 85.90%	87.8%	Sep-18				87.6%	Aug-18		87.6 - 90.4%	
180 - Sickness absence rate		5.4%	Aug-18				5.4%	Jul-18		5.0 - 6.5%	
181 - Pay cost per weighted activity unit (WAU) - £	<= 2,180	2,434	Mar-18			<= 2,157	2,348	Mar-17		2,434 - 2,434	
182 - Doctors cost per WAU - £	<= 533	411	Mar-18			<= 526	424	Mar-17		411 - 411	
183 - Nurses cost per WAU - £	<= 710	967	Mar-18			<= 718	961	Mar-17		967 - 967	
184 - Allied health professionals cost per WAU (community adjusted) - £	<= 114	129	Mar-18			<= 89	106	Mar-17		129 - 129	

Integrated Summary Dashboard - December 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 Quality Assurance Committee (QAC) March 2018, and 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 would meet to review in quarter three 2018/19 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.

	Latest					Previous				Last 12 Months	
Outcome Measure	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			
186 - Overall cost per test	<= 1.96	1.65	Mar-17			<= 2.12	2.48	Mar-16			

Integrated Summary Dashboard - December 2018

Corporate Services, Procurement, Estates & Facilities

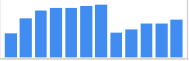
The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and 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 would meet to review in quarter three 2018/19 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.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
187 - Non-pay cost per WAU	<= £1,307	£1,058.1	Mar-18			<= £1,301	£1,139.4	Mar-17		£1,058.1 - £1,058.1	
188 - Finance cost per £100 million turnover	<= £676,480	£741,214.2	Mar-18			<= £670,512	£578,035.5	Mar-17		£741,214.2 - £741,214.2	
189 - Human resources cost per £100 million turnover	<= £898,020	£827,230.5	Mar-18			<= £874,010	£790,402.9	Mar-17		£827,230.5 - £827,230.5	
190 - Procurement Process Efficiency and Price Performance	<= 56.55	72.90	Q4 2016/17								
191 - Estates cost per square metre	<= £342	£292	Mar-18			<= £327	£273	Mar-17		£292 - £292	

Integrated Summary Dashboard - December 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 Quality Assurance Committee (QAC) March 2018, and 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 would meet to review in quarter three 2018/19 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.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
192 - Capital service capacity		1	Oct-18				2	Sep-18		1 - 2	
193 - Liquidity (days)		-7	Oct-18				-4	Sep-18		-15 - -3	
194 - Income and expenditure margin		0%	Oct-18				0%	Sep-18		0 - 1%	
195 - Distance from financial plan		-1%	Oct-18				-1%	Sep-18		-1 - -1%	
196 - Distance from agency spend		47%	Oct-18				42%	Sep-18		31 - 65%	

Board Assurance Heat Map - Hospital - December 2018

	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
			Acute Division																			Elective Division														Families Division											
Beds	Total Beds (December 2018)		30			17	22	10	21	0	25	26	25	27	10	14	26	22	20	19	24	10	8	25	25	25	24	24	24	16	25	9	11	4	38	7	17	6	26	15	5		44	38	764
Infection Prevention Control	Hand Washing Compliance % (Self Assessed)	G>=100%, A>80% <99.9%, R =	100.0%	80.0%	100.0%	95.0%	100.0%	95.0%	100.0%		non return	100.0%	100.0%	90.0%	100.0%	non return	90.0%	non return	95.0%	100.0%	95.0%	100.0%	100.0%	non return	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	non return	100.0%	85.0%	100.0%	100.0%			95.0%		100.0%	100.0%	100.0%		100.0%	90.0%	97.7%
	Environment Audit Compliance %	<80%=R, >80% <94.9%=A >95	92.0%	78.0%	90.0%	92.0%	92.0%	non return	87.0%		75.0%	100.0%	83.0%	88.0%	95.0%	88.0%	100.0%	83.0%	92.0%	88.0%	96.0%	100.0%	100.0%	96.0%	96.0%	96.0%	100.0%	87.0%	87.0%	95.0%	77.0%	96.0%	100.0%	91.0%	non return			100.0%		100.0%	100.0%	100.0%		100.0%	95.0%	93.9%
	Mattress Audit Compliance %	Yes=G, No Return=White	100.0%			100%	100%	100%	100%		non return	100%	100%	100%	100%	100%	non return	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	52%	100%				100%			100%		100%		100%	100%	100%		100%	100%	98.5%
	C - Diff	0	0	0	0	0	0	0	0		0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		0	0	2
	New MSSA BSIs	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0
	MRSA acquisitions	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0
Harm Free Care	Safety Express Programme Harm Free Care (%)	95%	96.6%			90.0%	95.2%	100.0%	100.0%		100.0%	96.2%	100.0%	96.2%	100.0%	100.0%	100.0%	75.0%	92.6%	96.3%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%		100.0%		100.0%	100.0%	100.0%		100.0%	100.0%	97.6%
	All Inpatient Falls (Safeguard)	0	7	2	0	6	3	3	13		8	6	4	5	0	3	2	5	3	4	2	0	0	2	7	1	3	3	1	0	0	1	0	0	1	0	0	0	0	0		0	0	95
	Harms related to falls (moderate and above)		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
	VTE Assessment Compliance	95%				non return	100.0%	46.2%	100.0%		85.7%	83.3%	92.8%	0.0%	100.0%	99.1%	96.6%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	92.0%	79.1%	75.7%	93.83%	100.00%	97.56%	non return	99.2%	92.1%	100.0%			100.0%	100.0%	100.0%	100.0%	92.0%	71.4%	94.8%		95.6%
	Monthly New pressure Ulcers (Grade 2)	0	0	0	0	1	2	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		2		0	0	0		0	0	6
	Monthly New pressure Ulcers (Grade 3)	0	0	0	0	0	0	0	0		0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	1
	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	0	0
	PU due to lapses in care	0	0	0	0	0	2	0	0		0	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		2		0	0	0		0	0	6
Audit	Monthly KPI Audit %	R=<80%,A>80 %<94.9%,G>= 95%	98.2%	93.8%	96.6%	87.9%	95.2%		90.1%		91.2%	92.0%	90.5%	89.8%	97.3%	89.3%	94.2%	90.8%	95.0%	86.1%	87.9%	99.2%	100.0%	90.5%	95.3%	97.2%	95.4%	97.8%	99.0%	98.1%	93.2%	100.0%	98.2%	94.8%	100.0%			98.8%		99.0%	98.6%	98.6%		99.6%	96.4%	95.0%
	Bolton System of Care Accreditation (BoSCA)	R=<62%,A>63 %<74.9%,S=> 75%<89.9%,G >90%	93.4%			63.3%	90.2%		91.2%		81.0%	72.7%	75.6%	74.3%	87.3%	72.1%	80.3%	73.7%	93.6%	87.3%	91.1%	92.0%	96.9%	76.1%	90.4%	90.9%	78.5%	90.8%	91.3%	93.7%				90.4%	90.7%			79.6%		90.5%	82.8%	81.5%		83.5%	76.1%	84.4%
Patient Experience	Friends and Family Response Rate	**30%**	100.0%	17.8%	17.4%	0.0%	62.9%	31.2%	20.7%		10.8%	21.3%	25.4%	21.5%	39.3%	30.7%	23.5%	25.0%	17.7%	52.9%	28.6%	81.0%	0.0%	11.7%	44.0%	30.8%	29.6%	11.5%	16.7%	26.2%	34.4%	32.0%	38.8%	35.7%	8.3%	0.0%	22.6%	non return	7.3%	19.1%	66.7%		17.7%	65.3%	25.7%
	Friends and Family Recommended Rate	**97%**	90.9%	88.3%	90.0%	N/A	89.7%	100.0%	100.0%		90.0%	92.3%	100.0%	100.0%	100.0%	94.5%	90.0%	96.4%	85.7%	97.8%	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	93.8%	96.4%	96.4%	98.8%	80.0%	100.0%	N/A	98.1%	N/A	100.0%	96.7%	100.0%		89.6%	100.0%	96.6%
	Number of complaints received	**0**	0	1	0	0	0	0	0		0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	3	0	0	0	1	2	0	0	1	0		0		1	0	2		2	0	17
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	0	0
	Total Incidents	**0**	26	54	9	27	13	35	44		15	20	19	31	5	22	56	47	22	15	9	18	16	11	32	34	18	35	13	11	18	9	3	4	16	6	10	1	10	43	8	6	18	43	852
	Harms related to Incidents (Moderate and above)		0	1	1	0	0	0	1		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Staff Development	Appraisals	85%	94.4%	88.8%		78.1%	90.9%	-	91.7%		100.0%	91.2%	83.3%	93.6%	89.3%	88.9%	83.0%	80.7%	90.5%	89.7%	75.0%	97.7%	93.7%	85.2%	91.2%	61.5%	89.7%	84.0%	90.2%	79.3%	72.2%	86.4%	85.1%	94.1%	93.7%		79.2%	86.7%						93.9%	87.0%
	Statutory Training	95%	97.49%	93.54%		86.19%	93.00%	-	86.32%		94.96%	79.92%	88.17%	73.13%	95.19%	92.73%	90.80%	93.04%	92.17%	94.44%	95.29%	98.62%	95.60%	95.83%	95.00%	97.53%	84.26%	97.30%	94.66%	86.43%	91.56%	93.74%	92.57%	99.11%	98.1%		95.12%	88.8%						96.87%	92.3%
	Mandatory Training	85%	97.2%	76.50%		72.2%	85.2%	-	71.1%		79.3%	63.9%	73.1%	78.1%	79.7%	79.5%	79.6%	83.2%	81.8%	80.8%	83.7%	81.4%	79.5%	80.7%	79.4%	92.1%	67.8%	95.0%	99.2%	83.3%	79.0%	93.2%	80.9%	98.4%	98.3%		82.7%	69.8%						97.5%	82.5%
Staffing & Workforce	% Qualified Staff (Day)					88.3%	97.4%	-	84.5%		67.2%	64.4%	84.3%	85.8%	100.1%	97.2%	80.6%	88.1%	93.6%	109.3%	88.8%	92.4%	90.7%	77.3%	101.9%	79.0%	97.8%	78.8%	79.0%	69.1%					94.7%		77.7%		73.8%	75.7%	58.1%		80.1%	FALSE	84.7%
	% Qualified Staff (Night)					100.1%	104.9%	-	100.2%		100.0%	94.6%	100.0%	97.5%	100.0%	101.9%	96.4%	100.3%	99.4%	95.8%	101.6%	94.8%	86.9%	95.8%	100.0%	91.9%	100.7%	96.8%	100.8%	66.1%					96.9%		100.9%		63.7%	71.8%	50.9%		76.7%	101.2%	93.0%
	% un-Qualified Staff (Day)					82.8%	99.5%	-	84.1%		94.3%	104.2%	91.4%	98.0%	105.2%	92.4%	75.5%	60.9%	87.6%	103.0%	99.2%	90.0%	67.1%	75.2%	72.0%	87.2%	98.6%	83.7%	107.5%	42.0%					99.8%		66.0%		85.5%	71.9%	63.4%		93.0%	-	85.6%
	% un-Qualified Staff (Night)					100.0%	117.2%	-	101.2%		104.3%	106.8%	95.9%	105.0%	109.3%	97.2%	66.4%	60.4%	91.2%	98.4%	94.6%	25.8%	12.3%	66.3%	70.7%	63.5%	106.7%	64.0%	94.4%	111.4%					36.1%		129.2%		91.9%	79.8%	78.4%		98.2%	-	85.4%
	Budgeted Nurse: Bed Ratio (WTE)		3.62	1.89	-	-1.71	1.92	9.08	1.79		2.47	4.42	7.75	5.47	1.18	0.33	3.63	2.14	4.66	-3.57	0.99	2.93	-4.29	0.06	3.66	2.90	-0.68	-4.58	7.97	1.27	-2.12	4.68	-0.52	1.10	-2.43		-	-	-	-	-		-	-	180.7%
	Current Budgeted WTE (From Ledger)		43.38	139.12	-	38.03	32.83	40.69	43.34		33.71	41.23	42.69	40.69	26.93	19.97	50.82	40.30	40.01	39.97	36.15	39.58	55.02	30.21	35.52	37.79	30.21	44.49	44.49	18.07	27.45	52.39	44.87	15.88	67.65		25.72							106.59	1,425.79
	Actual WTE In-Post (From Ledger)		39.76	131.23	-	32.94	29.91	31.61	40.55		30.24	36.81	32.33	31.61	25.75	16.64	45.19	34.25	35.35	37.54	32.63	36.65	58.31	29.15	31.86	34.89	29.89	46.07	36.52	15.80	28.57	47.71	43.39	14.78	68.08		21.81							96.43	1304.25
	Actual Worked (From Ledger)		43.04	138.07	-	39.48	34.33	36.57	44.52		36.74	41.53	36.95	36.57	27.50	19.57	50.17	41.59	39.31	41.26	36.19	36.00	57.68	33.28	36.52	40.84	34.98	52.67	42.03	17.99	29.47	49.51	43.16	15.51	72.42		25.36							94.02	1424.83
	Sickness (%) (December)	R = >4.75, A = 4.2 - 4.75. G = <4.2	7.68%	8.50%		10.34%	7.28%	-	15.19%		10.84%	7.03%	6.54%	7.51%	8.80%	6.05%	10.16%	9.17%	4.00%	6.46%	5.80%	3.05%	5.04%	12.40%	8.13%	4.93%	15.66%	9.34%	5.17%	10.18%	5.67%	6.40%	9.14%	3.49%	3.30%		10.92%							6.95%	7.85%
	Current Budgeted Vacancies (WTE) - (Budgeted wte -actual wte in post -Pending appt)		3.62	1.89	-	-1.71	1.92	9.08	1.79		2.47	4.42	7.75	5.47	1.18	0.33	3.63	2.14	4.66	-3.57	0.99	2.93	-4.29	0.06	3.66	2.90	-0.68	-4.58	7.97	1.27	-2.12	4.68	-0.52	1.10	-2.43		3.91							9.16	69.08
	Pending Appointment		0	6		7	1	0	1		1	0	2.61	3.61	0	3	2	3.91	0	6	2.53	0.0	1.0	1	0	0	1	3	0	1	1	0	2	0	2		0							1	52.46
	Substantive Staff Turnover Headcount (rolling average 12 months)	10%	14.7%	10.7%		19.6%	13.9%	-	4.0%		13.3%	7.8%	23.1%	16.8%	3.1%	38.0%	1.9%	20.7%	12.1%	9.7%	17.0%	2.3%	12.6%	5.8%	9.4%	9.9%	3.1%	8.1%	21.0%	9.7%	5.8%	11.1%	7.8%	0.0%	6.0%		17.9%	9.1%						9.8%	11.4%

Board Assurance Heat Map - District Nursing Domiciliary - December 2018

INDICATORS	Avondale and Chorley old Road	Breightmet & Little Lever	Crompton merged with Egerton & Dunscar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westhoughton	Evening Service	Total
Safety Express Programme Harm Free Care (%)	95.35%	100.00%	96.88%	96.88%	100.00%	96.15%	100.00%	100.00%	95.92%	96.23%		97.51%
Total Monthly New pressure Ulcers (Grade 2+)(Lapse in Care + No Lapse in Care)	1	1	1	5	1	1	1	3	1	0		15
Total Monthly New pressure Ulcers (Grade 2+) *(No Lapse in Care only)*	1	1	1	1	1	1	1	3	1	0		11
High Dependency Patients (40 Minutes >)												0
Medium Dependency Patients (21 Mins >)												0
Low Dependency Patients (< 20 mins)												0
Number of Home Visits (from Lorenzo) **	46	140	145	191	183	113	121	253	184	136	1639	3151
Monthly KPI Audit % (Revised Buddy Assessed Audit)	100.00%	96.55%	92.89%	98.79%	98.27%	98.68%	97.90%	96.32%	97.50%	97.82%	81.43%	96.01%
BoSCA - Bolton Safe Care Accreditation	95.74%	97.90%	87.01%	70.04%	98.14%	94.57%	81.87%	81.87%		91.61%	84.43%	88.32%
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	11.84	15.00	12.63	15.00	8.11	13.00	19.27		14.01	9.00	18.45	136.31
Actual WTE Worked	11.94	15.10	12.57	14.52	8.20	12.75	17.33		15.26	9.02	19.20	135.89
Pending Appointment				1.0			1		1	0.8		3.80
Current Budgeted Vacancies (WTE)			2.00						0.60	1.49		4.09
Sickness (%) November 2018	5.07%	1.19%	3.51%	2.00%	0.00%	0.00%	3.81%		6.09%	9.52%	3.31%	3.60%
Substantive Staff Turnover Headcount (rolling average 12 months)	8.28%	11.21%	5.88%	10.34%	0.00%	0.00%	8.92%		14.55%	33.96%	9.35%	9.38%
12 month Appraisal	91.7%	100.0%	87.5%	94.1%	100.0%	86.7%	82.4%		100.0%	81.8%	87.10%	89.5%
12 month Statutory Training	100.00%	100.00%	91.67%	98.04%	100.00%	93.75%	88.35%		96.43%	95.45%	93.33%	94.57%
Number of complaints received	0	0	0	0	0	0	0	0	0	0	0	0
Total Incidents reported on Safeguard (see end total column)	8	0	0	26	9	8	4	12	0	4	2	73

Agenda Item No: 15

Meeting	Board of Directors

Date	31st January 2019

Title	Impact of changes to Cancer Monitoring

Executive Summary	The paper outlines the impact of the first quarter of the new Cancer reporting policy. • So far the new policy has benefited Bolton • This is most likely due to the poor performance in other Trusts • The inability to predict performance in the new policy makes managing cancer performance significantly harder • Nationally, it is not possible to collect the data for the new policy, and the formal start date has been deferred

Previously considered by	Trust Board

Next steps/future actions				
	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	Andy Ennis Chief Operating Officer	Presented by	Andy Ennis Chief Operating Officer

Update for Board of Directors on Impact of changes to Cancer Monitoring

1. Situation

Concern was expressed that the changes to the reporting of cancer breach allocations would have a negative impact on cancer performance for Bolton. The changes were to be brought in from Quarter 2 in shadow format and in full from Quarter 3 in 2018/19.

2. Background

GM has for over 10 years had a system cancer allocation system which has been used to positive effect to allocate breaches and has resulted in significant improved performance as it enabled Trusts to move away from blame allocation to how do we work as a system to improve patients outcomes.

Nationally, a new system has been developed for the first time. It changes the allocations rules significantly. Bolton was predicted to be a net loser in the system.

Concern was raised by GM re the new system both on its implications for performance and difficulty in administration.

Nationally it was agreed to implement in shadow from Quarter 2 but report in the old system and report in the new system from Quarter 3.

3. Assessment

So far the impact has been slightly better than expected:

- In Quarter 2 we were a net gainer by 0.88%. See Appendix 1.
- Overall for Quarter 3 (unvalidated) there is a 1.3% gain between the new and old system.
- However, our overall view is we will be a net loser, when Trusts with diagnostics improve their pathway we will see greater losses. Appendix 2 shows the performance in GM overall and key diagnostics hubs in Manchester are performing particularly badly. There is a lot of focussed attention on these sites, once the issues are addressed Bolton could still be at risk of being a net loser.
- Nationally implementation has been deferred to Quarter 1 as it is proving impossible to collect the data.
- GM has decided to implement manually from Quarter 4 to reduce workload on the Cancer Teams reporting in two systems.
- The ability to predict performance is severely hampered. Cancer reports six weeks after month end because of the complex pathways. In the old system with clarity on timing of pathway referrals it was possible to predict how many breaches to avoid or treatments you would need to comply with targets.
- In the old system, it was based on when you referred. So if you referred after 19 days for instance, it was your breach. The new system is based on who has the pathway longest. So until all systems report, 6 weeks

after the month end, you do not know who has longest pathway so cannot predict month end position.

- The situation is also more time consuming, creating pressure on the Cancer Team.

4. Recommendation

- Despite continuing to lobby it is unlikely the system will change.
- Bolton will continue to work with GM to improve cancer pathways.
- The Board of Directors should note there remains a risk that Bolton's performance may deteriorate even though the Trust has not changed anything.
- Bolton should work with GM to a system wider reporting of cancer. Cancer pathways are increasingly multi centre. It will become harder for individual Trusts to meet the standard on their own in the future.

Andy Ennis
Chief Operating Officer
4th January 2019

Appendix 1

Bolton Q2 performance in the new and old policy

Bolton – New Policy in shadow monitoring				Bolton – Using GM Day 42 (old policy)			
	Accountable Treatments	Breaches	% Performance		Accountable Treatments	Breaches	% Performance
Jul-18	64	2.5	**96.09%**	Jul-18	67	3	**95.52%**
Aug-18	66.5	4.5	**93.23%**	Aug-18	65.5	5	**92.37%**
Sep-18	62.5	8	**87.20%**	Sep-18	64	9	**85.94%**
Q2	193	15	**92.23%**	Q2	196.5	17	**91.35%**

Appendix 2

GM performance for Q2 New policy:

Tameside			
	Accountable Treatments	Breaches	% Performance
Jul-18	40	3	**92.50%**
Aug-18	47	5	**89.36%**
Sep-18	36.5	4	**89.04%**
Q2	123.5	12	**90.28%**

WWL			
	Accountable Treatments	Breaches	% Performance
Jul-18	52.5	6.5	**87.62%**
Aug-18	67	7	**89.55%**
Sep-18	62.5	6.5	**89.60%**
Q2	182	20	**89.01%**

Mid Cheshire			
	Accountable Treatments	Breaches	% Performance
Jul-18	85	8	**90.59%**
Aug-18	72.5	6	**91.72%**
Sep-18	66	10	**84.85%**
Q2	223.5	24	**89.26%**

Christies			
	Accountable Treatments	Breaches	% Performance
Jul-18	92.5	13	**85.95%**
Aug-18	77.5	17	**78.06%**
Sep-18	91	21.5	**76.37%**
Q2	261	51.5	**80.27%**

MFT - Wythenshawe & MRI			
	Accountable Treatments	Breaches	% Performance
Jul-18	146.5	27.5	**81.23%**
Aug-18	140	31.5	**77.50%**
Sep-18	128.5	24.5	**80.93%**
Q2	415	83.5	**79.88%**

SRFT			
	Accountable Treatments	Breaches	% Performance
Jul-18	80	14	**82.50%**
Aug-18	67.5	8.5	**87.41%**
Sep-18	69.5	6	**91.37%**
Q2	217	28.5	**86.87%**

Pennine			
	Accountable Treatments	Breaches	% Performance
Jul-18	136	52	**61.76%**
Aug-18	117.5	43	**63.40%**
Sep-18	129.5	34	**73.75%**
Q2	383	129	**66.32%**

Stepping Hill			
	Accountable Treatments	Breaches	% Performance
Jul-18	64	12	**81.25%**
Aug-18	54.5	12.5	**77.06%**
Sep-18	37.5	5	**86.67%**
Q2	156	29.5	**81.09%**

Bolton			
	Accountable Treatments	Breaches	% Performance
Jul-18	64	2.5	**96.09%**
Aug-18	66.5	5.5	**91.73%**
Sep-18	62.5	8	**87.20%**
Q2	193	16	**91.71%**

East Cheshire			
	Accountable Treatments	Breaches	% Performance
Jul-18	49.5	12	**75.76%**
Aug-18	32.5	7	**78.46%**
Sep-18	29.5	8	**72.88%**
Q2	111.5	27	**75.78%**

GM Total			
	Accountable Treatments	Breaches	% Performance
Jul-18	810	150.5	**81.42%**
Aug-18	742.5	143	**80.74%**
Sep-18	713	127.5	**82.12%**
Q2	2265.5	421	**81.42%**