Bolton NHS Foundation Trust – Board Meeting 31st May 2018

Location: Boardroom Royal Bolton Hospital **Time: 0900**

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
09:00		Patient Story		Verbal	Patient story and learning points noted
09:20	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
09:25	4.	Minutes of meeting held 26 April 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
09:35	7.	Chairman's Report	Chairman	Verbal	To receive a report on current issues
09:40	8.	CEO Report including reportable issues	CEO	Report	To receive a report on any reportable issues including but not limited to SUIs, never events, coroner reports and serious complaints
Safety Quality and Effectiveness					
09.50	9.	Quality Assurance Committee – Chair Report 16 May 2018	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 April 2018	FC – Chair	Report	FC Chair to provide a summary of assurance from the F&I Committee and to escalate any items of concern to the Board
	11.	Urgent Care Delivery Board Chair Report -	CEO	Report	To receive a report on the Urgent Care Delivery Board
10.15	12.	Performance Report	Exec team	Report	To receive and discuss
11.00	13	RTT recovery plan update	COO	Report	To note

Governance					
11.15	14.	Declarations required for General Condition 6 and Continuity of Service condition 7 of the NHS provider licence	Trust Secretary	Report	To approve the required declarations
	15.	Finance and Investment Committee Annual Report	Chair of F&I	Report	To receive
Reports from Sub-Committees (for information)					
	16.	Workforce Committee Chair Report	Chair Workforce Committee	Report	To provide a summary of assurance from the Workforce Committee and to escalate any items of concern to the Board
	17.	Audit Committee Chair Report	Chair Audit Committee	Report	To provide a summary of assurance from the Audit Committee and to escalate any items of concern to the Board
	18.	Any other business			
Questions from Members of the Public					
	19.	To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting.			
Resolution to Exclude the Press and Public					
11.30	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	26th April 2018
Venue	Boardroom Royal Bolton Hospital

Present:-

Mr D Wakefield	Chairman	DW
Dr J Bene	Chief Executive	JB
Mrs T Armstrong-Child	Director of Nursing/Deputy CEO (from item 9)	TAC
Mr Allan Duckworth	Non-Executive Director	AD
Mr A Ennis	Chief Operating Officer	AE
Ms A Gavin Daley	Non-Executive Director	AGD
Dr M Harrison	Vice Chair	MH
Ms B Ismail	Non-Executive Director	BI
Mrs J Njoroge	Non-Executive Director	JN
Mrs A Walker	Director of Finance	AW
Mr A Thornton	Non-Executive Director	AT

In attendance:-

Mrs E Steel	Trust Secretary	ES
Mrs M Forshaw	Deputy Director of Nursing (items 1 – 9)	MF

Apologies

Apologies were received from Mr S Hodgson

Welcome and Introductions

The Chairman welcomed all Board members and observers to the meeting.

1. Patient Story

S, attended with her baby C supported by Anne Marie (Acting DND for Families Division and Kath (Matron neonatal unit)

S shared her story of the delivery and early care provided to her and her son C. C, her third child was born by Caesarean Section, immediately after birth it was recognised that there were complications and C was taken to the Neonatal Intensive Care Unit (NICU)

S described the experience as initially very scary and emotional but the staff were “really nice” with some standing out more than others for the care they provided. S was particularly appreciative of the nurses who welcomed her involvement in the care of her son and provided safe care when she had to return home to care for her other two children.

After a few days C was well enough to move from NICU to SCBU and found the change of environment and reduction in staffing levels difficult to adjust to. C was no longer receiving one to one care and layout of the department meant there was a lack of privacy.

S summarised that overall her experience had been very positive with some very special touches including a book of mementoes and it was for this reason she had nominated two members of staff for an ABC award.

The Chairman and Board members thanked S for sharing her story an in particular for highlighting the importance of communication and the issues with the environment.

Resolved: Board members noted the patient story and agreed an action through the Strategic Estates Board to look at the environment in line with both the capital plan and the ongoing fundraising campaign.

FT/18/23	Discuss plans for SCBU environment at Strategic Estates Board

2. Welcome and Introductions

The Chairman welcomed all attendees and observers to the meeting

3. Declarations of Interest

Mr J Mawrey	Non-Executive Director iFM Bolton
Ms B Ismail	Non-Executive Director iFM Bolton

4. Minutes of The Board Of Directors Meetings Held 29th March 2018

The minutes of the meetings held on 29th March 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.

7. Chairman's Report

The Chairman reflected on overall performance during 2017/18 and congratulated the team and wider staff groups on the strong financial performance. Operationally there have been some challenges but quality and care has remained a priority and with 92% performance in A&E the previous night the actions taken to address flow appear to be having an impact.

Board appointments

Following interviews held on 12th April 2018, Dr Francis Andrews has been appointed as the new Medical Director. Dr Andrews is expected to take up his post in August 2018.

Shortlisting for the new FT NED position and the iFM Chair position will take place later in the day and all being well Governors will make the NED appointment at their meeting on 9th May.

Ms Gavin-Daley has decided not to stand for a second term of office and following discussions with the Governors the Trust will shortly be advertising for a GP NED to join the Board.

Regulator update

The Chairman advised that he had recently attended a conference where the Chair of NHSI – Baroness Harding discussed the consolidation of NHSI and NHSE which whilst constitutionally maintaining their statutory status would enable them to work together through a joint venture to provide a unified regional structure, clearer communication and increased efficiency.

8. CEO report

The Chief Executive highlighted the following key points from her written report provided within the Board pack:

- The opening of Ingleside as a stand-alone midwifery led maternity unit providing outstanding facilities for women and their babies is a key achievement. The Trust now offers four different maternity options a full obstetrician led service on the birth suite, a midwifery led service on the hospital birth suite, the midwifery led service at Ingleside and a community service to support home births.
- Three Serious Incidents have been reported since the previous Board meeting, on completion of the investigation, these will be reported to the part two Board in line with the policy.
- The red complaint which was in relation to concerns about the quality of care will be investigated and reported through to the Patient Experience Committee.
- The impact of the change to CQC charges will be negligible.

In response to a question about the proposed common control total for Greater Manchester, the Director of Finance advised that the expectation is that PSF will be awarded on organisational rather than GM performance. The Director of Finance agreed to share an email update on the negotiations.

The Chair of the Finance and Investment Committee advised that the Committee had noted the national pay award and although the award should be cost neutral

through a funding allocation this has been escalated as a risk until arrangements are finalised.

Board members reviewed the summary BAF and while accepting that the nature of the strategic risks means that risk scores remain relatively static agreed that action plans should change. The Trust Secretary reminded Board members that an action had previously been agreed to review the BAF format through the Audit Committee in July 2018.

Resolved: The Board noted the CEO report.

The Director of Nursing joined the meeting

FT/18/24	AW to forward email regarding control total negotiations

9. **Quality Assurance Committee Chair Report**

The Chair of the Quality Assurance Committee presented his chair report from the meeting held on 18th April 2018

- The Clinical Governance and Quality Committee flagged a number of amber issues with a potential underlying theme of capacity and competing pressures.
- The six monthly update on BoSCA process and outcomes provided assurance that a robust process is in place, there is good engagement and good progress is being made. The BoSCA assessments will be rolled out to A&E and outpatients.
- There has been a 28% reduction in pressure ulcers attributable to a lapse in care. Despite an increase in the number of ulcers reported in Q4, the Committee were assured that this remains an area of focus
- In Q4, the Trust reported 5.33 falls per 1000 bed days this is an increase from Q3 but better than national benchmark. There is however some concern about the occurrence of falls with harm and this was reflected in the amber rating of the report.
- A comprehensive Ophthalmology action was provided for review, the committee were assured by the plan and the leadership now in place to implement this.
- The PEIP Committee provided an early indicator on the embargoed in patient survey where the Trust has improved in 47 out of 63 indicators
- The Mortality Committee advised that SHMI has reduced from 107 to 106 and RAMI is down from 87.5 to 85.4.
- The IT and Informatics Committee provided positive feedback on the Bolton Care record but escalated a risk with regard to Junior Doctor access to the system. Board members asked for further information on the scale of the problem and the actions required to address the access process. The QA Committee was tasked with taking further action to ensure appropriate action is taken in response to this issue.

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

FT/18/25	Action for QA Committee to look at actions to address Junior Doctor access to Bolton Care Record

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

The Chair of the Finance and Investment Committee presented his report from the meeting held on 24th April. He began his report by thanking the team for their work to yield positive results which will include additional STF of approximately £3.8m

The Trust has a year to date surplus of £2.3m when STF and impairments are excluded from the position, the actual surplus including STF and impairments is £1.8m.

The month end cash balance is £8.1m which is worse than plan by £3.1m this month due to underachievement of STF. The underlying cash position continues to give cause for concern but assurance has been provided that intensive cash management and monitoring programmes are in place, including appropriate and escalating contingency plans.

Year to date capital spend is £18.7m which is £15.0m below the capital plan. The slippage in the capital programme is a concern however the Finance and Investment Committee feel that the Strategic Estates Board will add an important layer of management and assurance to the estates strategy

The Committee discussed in some detail the size and phasing of the ICIP programme for 2018/19. On the basis of this discussion, the Director of Finance undertook to review the target in consideration of the projected increase in income and recurrent benefits from the 2017.18 ICIP programme. The combined effect of this review is a reduction from £20.2m to £15.5m (4.7%)

The Director of Finance confirmed that the change does not change the overall scale but in terms of presentation is a more palatable headline figure

Resolved: board members approved the proposed change to the headline ICIP figure

The FD reported that a high level legal opinion has been obtained from a barrister which indicates that the Trust should have no liability for a previously reported potential personal injury claim. The auditors agree that there is therefore no need to raise a provision or show it as a contingent liability. This is on the basis that the person involved was not employed by the Trust.

The Committee received the Procurement KPI Report and agreed that the Trust should aim to place more focus on identifying specific proactive opportunities and tracking achievement against identified plans.

Following the presentation of the report from the Chair of the F&I Committee, Board members reflected on the capital slippage and the need to ensure a robust clearly prioritised plan is developed through the Strategic Estates Board

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

FT/18/26	Revised Capital Programme to Strategic Estates Board

11. **Workforce Assurance Committee Chair Report**

The Chief Executive presented the Chair report from the Workforce Assurance Committee:

- The Committee have continued to focus on the key priorities of reducing sickness absence and improving recruitment and retention.
- The divisions provided assurance that there is a clear understanding of the actions being undertaken.
- The Committee discussed the Occupational Health resource to support teams and provide appropriate management particularly with regard to sickness absence as a result of anxiety and stress – this will remain a standing item.
- The recruitment and retention report provided assurance that actions are being taken with each division taking ownership of a robust workplan
- Further work is still required to drive through medical job plans, work has been aligned to the CIP process to look at potential initiatives to drive this forwards.
- The Guardian of Safe Working report provided assurance that arrangements are in place to support doctors in training, no concerns were escalated and regular meetings are now taking place with the Medical Director and Workforce Director.
- The committee received the quarterly report from the Freedom to Speak up Guardian. The committee discussed the low number of concerns raised – two within the quarter and recognised that although concerns are not raised through this route the staff survey indicates that staff feel able to raise concerns. The two concerns that were escalated through this route were in relation to staffing levels.

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

12. **Urgent Care Delivery Board Chair Report**

The Chief Executive presented the chair report from the meeting of the Urgent Care Board held on 19th April 2018.

- The Trust and partner organisations have received a series of letters from Greater Manchester to correct discrepancies' in DTOC data.
- The system aims to achieve at least 90% performance by the end of June. Key areas of focus for Q1 have been agreed as Home first, Patient Flow and Discharge.
- Current A&E performance is better during the day but remains challenged in the evenings.
- The exception reports provided to the Urgent Care Delivery Board are still not providing the assurance required:
    - within frailty practices are identifying frail patients but there are still gaps in this leading to an appropriate care plan
    - The Immedicare telehealth project has been slow in starting as a result of contract issues. The programme has now started but

there is limited confidence in the programme scaling up and as yet no impact on admissions from Nursing Homes.

- The implementation of SAFER is seeing some improvements on discharge and on the time patients spend in hospital and intermediate care.

- The performance dashboard highlighted an issue with ambulance turnaround and access to mental health beds with a number of mental health patients experiencing significant breaches of the four hour target.

Resolved: The Board noted the update on the work of the Urgent Care Board.

13. **Use of Resources**

The Director of Nursing presented a paper previously approved by the Quality Assurance Committee.

A Use of Resources (UoR) review will be undertaken by NHSI in parallel with the CQC Well Led inspection. The paper brings together the metrics included within the UoR assessment to provide assurance that there is a clear line on all metrics within the measure.

Board members discussed the range of metrics and the role of the BI and PMO teams in ensuring data is triangulated and monitored as recommended in the report.

The Chief Executive agreed to provide an email response to a question about daily variation on did not attend rates and whether this was higher on a Monday.

The Board agreed the need to ensure that appropriate measures are reviewed through the Strategic Estates Committee and flagged to the Finance and Investment Committee if required.

Resolved: The Board noted the Use of Resources report.

FT/18/27	AE to email BI to respond to query about DNA rate daily variation - is Monday higher
FT/18/28	Ensure all aspects covered on Strategic Estates Workplan

14. **Summary Performance Report**

The Board received the summary performance report and noted that the new performance report would be implemented for the reporting of month one data to the May Board meeting.

Cancer performance

The Chief Operating Officer advised that a change to cancer reporting has been implemented with the aim of improving pave for patients however for trusts that do not hold the diagnostic element of the pathway this will have an adverse impact on the number of breaches – an analysis on the impact on Q4 performance is that reported performance would have dropped by 5%.

The Board agreed the need to understand the impact of the change in performance reporting – paper to be provided to the June Board meeting.

A&E performance

In response to a question from the Chairman with regard to his level of confidence in achieving 90% against the four hour A&E target by the end of June, the Chief Operating Officer advised that he was more optimistic than at the same time in 2017/18 however performance is a system issue and as such is reliant on all parties in the system. The COO confirmed that the winter plan for 2018/19 was scheduled for presentation to the Board in June 2018 and would include a reflection on winter 2017/18.

Sickness absence

The Director of Workforce confirmed that the divisions see this as a priority and are feeding back to the Workforce Assurance Committee on the action taken. The highest levels of sickness absence are within the Acute Adult Division, enhanced support is being offered to the team.

The Director of Workforce advised that he was confident that the rate of sickness absence would continue to fall but that it would take time to reach the 4.2% target. Board members requested an update and an improvement trajectory to the June Board meeting

Resolved: The Board noted the performance report

FT/18/29	Update on changes to breach allocation and cancer pathway
FT/18/30	Sickness absence update in June 2018 with trajectory to reach 4.2%

15. **GDPR Assurance and Mitigation**

The Chief Operating Officer presented the 2017/18 data security and protection requirements and advised that the Trust is required to provide a response to confirm that the ten key actions are being met.

Board members conducted a page turn of the 10 requirements and the reported implementation status; the Chief Operating Officer advised that where standards had not yet been fully implemented the team were working towards the requirement. The Trust is compliant with the IG tool kit meeting all standards to a minimum of level two.

In order to test the response to the declarations Board members asked for a more detailed response to declaration 8 (unsupported systems) asking for information on what would be required to assess as fully implemented. The COO advised that current unsupported systems can be isolated to mitigate the risk but there is still a potential risk which is reflected on the risk register.

In response to a question about whether it would be possible to bring forward the scheduled site security assessment – currently scheduled for August 2018, the COO advised that this is part of a regular programme but agreed that he would ask if the date could be brought forwards.

Resolved: board members noted and approved the response and requested an update on plans for full implementation.

FT/18/31	Update on full plans for data security

GDPR

The Chief Operating Officer presented an update on the Trust's readiness for compliance with GDPR. He advised Board members that as a large organisation with manual handling processes for significant amounts of personal data there was a risk that data protection would be breached. Actions have been focused on mitigating the risk.

The Chair of Audit thanked the COO for the detailed report which provided the assurance she had requested with regard to the focus on this area. Board members discussed the role of the Data Protection Officer to act as a guardian of data and provide independent advice and challenge, the Trust is currently discussing a potential reciprocal arrangement with neighbouring trusts to provide an independent DPO.

Board members discussed the implications of GDPR including the loss of income for copies of records, the potential for an increase in requests to view records and the security and accuracy of inpatient records. The Director of Nursing confirmed that the BoSCA review covers record keeping standards and while prescription and observation charts are kept at the end of the patient's bed other records are within a locked trolley.

Resolved: board members noted the update.

FT/18/32	Check with regard to GDPR training for Board members

16. Operational Plan

The Director of Nursing reminded Board members that a two year operational plan had been submitted for 2017 – 2019. Trusts have been asked to review and refresh the second year of this strategy and submit alongside three detailed workbooks and a Board declaration.

The new dashboard scheduled for use from May 2018 aligns the national priorities with NHS guidance and the Trust's quality and operational objectives.

Board members reviewed the proposed submission and approved the submission subject to two minor changes – one to reflect the change to ICIP discussed within the Finance and Investment Committee Chair report and the other to add additional narrative to describe workforce actions to support recruitment of middle grade doctors.

Board members reviewed the Board declaration and approved the submission of a statement of compliance with each of the four statements.

FT/18/33	Update Operational plan as per discussions

17. **Any other business**

No other business.

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

Date and Time of Next Meeting

31st May 2018

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

April 2018 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/18/33	26/04/2018	Operational Plan	update as per discussion	ES	Apr-18	complete
FT/18/34	26/04/2018	Annual Report and AGS	update as per discussion	ES	Apr-18	complete
FT/18/35	26/04/2018	Annual Report and AGS	Better Payment Practice - narrative to explain	AW	Apr-18	complete
FT/18/26	26/04/2018	F&I Chair report	Revised Capital Programme to Strategic Estates Board	AW	May-18	complete - also on Board agenda
FT/18/28	26/04/2018	Use of Resources	Ensure all aspects covered on Strategic Estates Workplan	ES	May-18	complete
FT/18/32	26/04/2018	GDPR training	check training date -availability of Board members	ES/AE	May-18	complete
FT/18/36	26/04/2018	Bolton College MOU	TAC to check if Bolton University or Bolton College	TAC	Apr-18	verbal update
FT/18/37	26/04/2018	Permanent Injury	AW to check if an risk of individual returning with a second public liability claim	AW	May-18	verbal update
FT/18/17	29/03/2018	RTT	Report on recovery trajectory to May board meeting	AE	May-18	agenda item
FT/18/22	29/03/2018	collaboration with Bolton University	Written proposal to be provided in May	JB	May-18	agenda item
FT/18/24	26/04/2018	Greater Manchester Control total	AW to forward email regarding control total negotiations	AW	May-18	verbal update
FT/18/27	26/04/2018	Use of Resources	AE to email BI to respond to query about DNA rate daily variation - is Monday higher	AE	May-18	verbal update
FT/17/110	21/12/2017	Infection control review	full report to QA Committee	TAC	Jun-18	agenda item QA committee
FT/17/117	21/12/2017	Equality and Diversity	update on E,D&I	TAC	Jun-18	
FT/18/20	29/03/2018	Pathology reconfiguration	follow up report on risks to June Board	JB	Jun-18	
FT/18/15	29/03/2018	Patient Story	Director of Nursing to pick up issues relating to patient information and practical advice	TAC	Jun-18	through PEIP to QA committee
FT/18/16	29/03/2018	Discharge medication	update report on discharge medication to the QA committee	SH	Jun-18	
FT/18/18	29/03/2018	Winter plan	Winter plan to June board of Directors	AE	Jun-18	
FT/18/19	29/03/2018	Gender pay gap	Follow up report to Workforce Assurance Committee to clarify data queries and follow up on actions taken	JM	Jun-18	
FT/18/29	26/04/2018	Performance report	Update on changes to breach allocation and cancer pathway	AE	Jun-18	Paper to June Board
FT/18/23	26/04/2018	Patient Story	Discuss plans for SCBU environment at Strategic Estates Board	JB	Jun-18	
FT/18/25	26/04/2018	Access to Bolton Care Record	Action for QA Committee to look at actions to address Junior Doctor access to Bolton Care Record	AE	Jun-18	
FT/18/30	26/04/2018	Sickness Absence	update in June 2018 with trajectory to reach 4.2%	JM	Jun-18	
FT/17/92	26/10/2017	Board Assurance Framework	Audit Committee to discuss potential to revise report to include a projected score if actions have desired effect	ES	Jul-18	date changed to align with BAF presentation to Board
FT/17/96	30/11/2017	Performance report	TAC to provide update on trajectory to achieve recommended fill rate	TAC	Jul-18	
FT/18/05	25/01/2018	Nurse staffing report	next report to include further information on retention/attrition	TAC	Jul-18	

FT/18/31	26/04/2018	Data Security	update on plans for full implementation	AE	Jul-18	

Key

complete	agenda item	due	overdue	not due

NHS
Bolton
NHS Foundation Trust

Agenda Item No: 8

Meeting	Board of Directors

Date	31 May 2018

Title	Chief Executive Update

Executive Summary	The Chief Executive update includes a summary of key issues since the previous Board meeting, including but not limited to:
	• NHS Improvement update
	• Stakeholder update
	• Reportable issues log
	  ○ 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 18/04/2018 a verbal update will be provided during the meeting if required

1. Awards and recognition

We have received two MP nominations in the **NHS70 Parliamentary Awards**, Sir David Crausby will be visiting the Trust on 8th June to present certificates to the Stroke team and to the ED minors team. The regional shortlist will be announced at the end of May with the final awards being presented on 4th July as part of the national celebrations of the 70th anniversary of the NHS.

The Acute Adult Dietetics Team Leader **Lorraine Holden** received a prestigious place on the British Dietetic Association's Roll of Honour for her work on the new version of the BDA's Nutrition and Hydration Digest.

Dr Dan Hindley of the Bolton NHS Foundation Trust picked up the Epilepsy Health Hero award at the first Epilepsy Action Awards, held in Leeds on 22nd May 2018.

International Nurses/Midwives Celebration

On Tuesday 15th May we used International Nurses' Day and International Day of the Midwife to recognise the contribution nurses and midwives make to patient care. Wards and departments received a delivery of cakes and crumpets kindly donated by local companies and nurses were given an opportunity to receive hair and beauty treatments provided by a team from the local college

Everyone got behind the spirit of the day with staff pulling out all the stops to dress their wards to impress. Congratulations to D1 Ward, the overall winners of the 'Best Dressed Ward' competition.

2. Stakeholders

2.1 NHSI/NHSE

NHS 70th Anniversary

Several events and award ceremonies are taking place over the next two months to celebrate the 70th anniversary of the NHS. Within the Trust plans are well underway for our Summer Fair on 7th July 2018.

2.2 CQC

The CQC insight report was reviewed at the latest QA Committee, we continue to engage with our local advisor. We still anticipate a review using the new methodology but as yet have not received the PIR which will initiate this process.

2.3 Greater Manchester Devolution

GM Theme four – Corporate Services

The aim of the Corporate Services Programme is to develop and deliver shared services for the Trusts who are currently participating or are looking to participate in the future

Further work has taken place on the organisational form of the new shared service delivery vehicle, the option which will now be developed further is a core delivery vehicle that will be NHS owned, led and hosted.

2.4 North West Sector

Regular Exec to Exec meetings with WWL continue, an update on plans for collaboration will be presented to the Board in June 2018.

2.5 Bolton

Our Start the Year conference on Friday 11th May focused on the theme Bolton Today, Together, Tomorrow. The event was well attended by staff and stakeholders with

discussions focusing on development as a locality to achieve the objectives expressed in the locality plan.

2.6 HSE

The HSE visited the Trust Containment Level (CL) 3 Microbiology Laboratory at RBH on the 25th April 2018. The HSE expressed a number of concerns which were reported to the May Trust Risk Management Committee. On the 11th May the CEO received a letter from the HSE outlining the concerns with a requirement to respond by 30th June, articulating steps taken to resolve those concerns. The matter will be discussed in detail at the Group Health & Safety Committee on 18th May 2018 and other appropriate forums with a view to providing a clear action plan to address at the June Risk Management Committee on the 6th June.

Reportable Issues Log

Issues occurring between 18/04/18 and 22/05/18

3.1 Serious Incidents and Never events

Two serious incidents have been reported since the last meeting, one relating to a delay in diagnosis which was identified through the complaint route and the other a wrong site surgery which is classed as a never event

3.2 Red Complaints

Three red complaints have been reported during this period, one of which is being investigated as an SI. The complaints which all relate to delays and concerns about diagnosis and treatment will be investigated in accordance with our policy

3.3 Whistleblowing

Nothing to report

3.4 Media issues

There has been significant coverage on local, regional and national media recognising the participation of our staff in the aftermath of the Manchester Arena Bomb.

Several positive articles were published in local press including coverage of the ten year anniversary of the birth suite, and ten year anniversary of community stroke support team.

A number of national awareness days and weeks including ODP day, Dying Matters and Medicines Safety have been supported by our staff and received significant social media coverage.

4 Board Assurance Framework

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

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

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

Updates since the previous meeting are shown in red.

The full BAF is reviewed regularly throughout the year, key committees also undertake regular reviews of risks within the scope of their terms of reference – for example the Mortality Reduction Group receive the detail behind risk 1.2.2 at each meeting.

A comprehensive risk register is also in place with a scheduled programme of review through the Risk Management Committee

	Trust Wide Objective	Lead	I	L		May	April	Feb	Jan	Key Risks/issues	Key action	Oversight
1.1	Reduce healthcare acquired infections	DON as DIPC	4	4	-	16	16	16	16	Sub-optimal of robust clinical engagement with Antimicrobial Stewardship. Areas for improvement identified in external review in March 2018	Implementation of all key actions from th IPC review – July 2018	IPC committee
1.2.1a	For our patients to receive safe and effective care (pressure ulcers)	DON	5	2	-	10	10	10	15	No identified risks, sharing, learning arrangements robust.	Maintain current governance arrangements and enhance ward based training (calibrated to releasing staff safely)	QAC and Harm Free Care
1.2.1b	For our patients to receive safe and effective care (falls)	DON	5	3	-	15	15	15	15	Sub-optimal adoption of all preventative falls measures consistently	Implemented updated Falls Action Plan	QAC and Harm Free Care
1.2.2	For our patients to receive safe and effective care (mortality reduction)	MD	4	3	-	16	16	16	16	Escalation of ill patients, Increase in HSMR/RAMI	Roll out mortality review process Drive further improvement in ward observation KPI's Ensure Patient Track Oversight Group delivers on action plan Deliver on Quality Account 2017/18 sepsis actions (March 2019)	Mortality reduction
1.4	Staff and staff levels are supported	DON	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 to be approved by the Board in August 2018	IPM Workforce Workforce committee
2.1	To deliver the NHS constitution, achieve Monitor standards and contractual targets	COO	4	5	-	20	20	20	20	Late decisions in A/E Beds coming up late Lower discharges at weekends Staffing in key departments Urgent Care pressure and increased demand on Diagnostic and Elective work	Urgent Care programme plan SAFER ECIP support Enhanced pathways as part of the new streaming model commences Oct 2018	Urgent care prog board System Sustainability Board
4.1	Service and Financial Sustainability	DOF	5	4	-	20	20	20	20	Healthier Together Access to Transformation Fund Delivery of cost improvement plans Lack of workforce leading to agency cost pressures Impact of GM theme work Fragmentation of commissioning Organisational change NHS funding settlement Efficiency requirements	Develop Estates Master Planning Implement Capital planning process – RIBA implementation Develop strategic approach to cost improvement Locality plan delivery Joint system savings approach LCO Development Strategic financial planning for 5 year timeframe	IPM F&I comm System groups:-System Board Strategic Estates group HWBE
4.4	Compliance with NHS improvement agency rules	DoW	4	4	-	16	16	16	16	Sickness absence Workforce shortage Gaps in rotas	Additional admin support for wards. Ongoing recruitment Targeted actions to address sickness absence	IPM Workforce comm
5.4	Achieving sustainable services through collaboration within the NW sector	CEO	5	4	-	20	20	20	20	Estates and IT challenges Healthier Together/GM devolution	Board paper June 2018 on collaboration Exec to Exec and Board to Board with WWL Q2	Board F&I
5.5	Supporting the urgent care system	COO	5	4	-	20	20	20	20	Intermediate care delays Late bed availability Delayed transfer/discharge of medically well patients Lack of Social Care Capacity	Estates improvements to A&E – Phase 2 (new resuscitation and ambulance triage) expected completion July2018 Phase 3 (increased triage/consultation rooms and new reception/ wait area) expected Oct 2018	Urgent care prog board

All information provided in this written report was correct at the close of play 20/04/18 a verbal update will be provided during the meeting if required

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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:	16th May 2018	Date of next meeting:	20th June 2018
Chair:	Andrew Thornton, Non-Executive Director	Parent Committee:	Board of Directors
Apologies:	Trish Armstrong-Child, Esther Steel, Sharon Cunliffe, Sue Ainsworth, Angela Wendzicha, Karen Bancroft	Quorate (Yes/No):	Yes

Key Agenda Items:	RAG	Key Points	Action/decision
Clinical Governance and Quality Chair Report		Noted concerns around Medical Devices Committee and challenges with attendance. Action plans submitted from Elective Care and Family Care to provide assurance around compliance with standards for NatSSIPs. Concern raised from the Procedural Document Group regarding the document control process and out of date documents. Exercise underway to identify all out of date documents currently on the intranet.	Actions noted
Divisional Quarterly Report Acute Adult		Comprehensive report received which highlights the challenges and successes for the division. It was noted that improvements are required around pressure ulcers, falls and FFT responses. Concern raised regarding the increase in the number of Coroner requests/inquests which staff are being called to. It was felt this may be due to a change in Coroner standards.	Agreed to look at other local areas to ascertain whether they have also seen an increase in the number of inquests.
Divisional Quarterly Report Integrated Care		A comprehensive report was received noting that a review has taken place at Darley Court following an increase in the number of falls. The review has resulted in a number of new initiatives being launched. Concerns around how high levels of sickness for both divisions may impact patient care.	Director of Workforce to consider how to triangulate sickness data and how this negatively impacts on services.

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	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

AHP Lead Report		AHPs into Action Plan launched at an event in April 2017. Good progress being made against some of the priorities.	Workforce plan to be developed.
Actions and Learning from Preventable Deaths		The mortality position has remained stable throughout 2017/18. 509 out of 642 in-scope speciality deaths have been reviewed so far in 2017/18.	
Quality Account		Noted that the PMO team are developing a summarised version of the report which will be used for communications.	Quality Account complete and uploaded to NHSI. QA Committee to monitor priorities.
DNACPR		Good progress made in quarter 4. The aim was to have a 25% reduction in patients that should have been DNACPR and a 20% reduction has been achieved.	
CQC Insight Report		The committee discussed including the 12 key metrics which the CQC use in iPM and agreed that BI will be asked to ensure these are included.	
Patient Experience, Inclusion and Partnership Committee		The PEIP Deputy Chair reported receipt of assurance through a number of comprehensive reports. An update was provided from the Acute Adult Celebration and Learning Event. Work to be completed around capturing patient experience stories from A&E attendees and their families.	
Mortality Committee		SHMI 106, RAMI 86.33. A more user-friendly version of the report with additional commentary to be developed.	
Risk Management Committee		Three reports received around waiting list management, management of the electrical supply and iFM Bolton Risk Register.	
Comments:			
Risks Escalated:			

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Committee/Group Chair's Report

Bolton NHS Foundation Trust

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	22nd May 2018	Date of next meeting:	19th June 2018
Chair:	Allan Duckworth	Parent Committee:	Board of Directors
Apologies:	D Wakefield	Quorate (Yes/No):	Yes

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Finance Report (Month 1)		Director of Finance	Key points noted from the Finance & Activity Report: • The Trust has a year to date deficit of £0.9m when STF and impairments are excluded from the position; £0.4m worse than plan. • Against the control total the Trust has a deficit of £0.3m; £0.4 less than plan. • There are no Balance Sheet adjustments released into the position. • Agency costs are at £0.8m against a year to date plan of £0.5m. • ICIPs at £0.3m are on £0.3m below plan for the year. • The month end cash balance is £7.4m which is better than plan by £0.7m this month. • Year to date capital spend is £0.5m which is £0.2m below the capital plan. • The Trust Use of Resource Rating is 4 as at the end of Month 1 which is below plan. Disappointing M1 results with under performance against control total targets largely due to under achievement of ICIP/agency spend/reduced income. The M1 cash position shows some improvement, but the underlying causes for concern remain. Assurance has been provided that intensive cash management and monitoring programmes are in place.	Key material risk for the year remains Divisional performance/ICIP delivery. In this regard there is particular concern that M1 agency spend was again significantly over plan/NHSI target, despite being a high priority. Although the M1 cash position show some improvement the underlying causes for concern remain. Cash and Balance Sheet strength remain key risk areas for the year.

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Committee/Group Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Capital Programme Update (Month 1)		Director of Finance	Previous year's slippage larger than expected at £17.6m. Urgent need to prioritise bids to confirm 2018/19 capex plan at £20.7m. Significant work required to complete this and the Committee is looking for this work to be finalised as soon as possible. M1 delivery less than plan gives cause for early concern.	The Executive needs to prioritise and finalise the capex plan for 2018/19 in the near future. Committee expressed concern at low spend in M1, particularly given the degree of slippage in 2017/18. The Committee seeks early assurance that a prioritised and agreed full year plan of £20.7m can be delivered in 2018/19.
Chair Report from CRIG		Director of Finance	The Committee received the Chair's report from the CRIG meeting held on 9th May.	Chair report noted.
Chair Report from the Strategic Estates Board		Chief Executive	The Committee received the Chair's report from the Strategic Estates Board held on 9th May. The report further highlighted the need for early completion of a prioritised capital expenditure plan for 2018/19.	Chair report noted. Potential impact of the cap ex cap was escalated as a key risk.
Chair Reports from the Digital Transformation Board		Chief Executive	The Committee received the Chair's reports from the Digital Transformation Board meetings held on 19th March and 14th May. Good progress was reported and all programmes are RAG rated green.	Chair reports noted. No issues or risks reported.

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Committee/Group Chair's Report

Impact in 2018/19 of the Proposed 3 Year Pay Deal		Associate Director of Finance	A briefing note was provided which highlighted the potential risks relating to bank, vacancies and non Agenda for Change staff. The paper was discussed at length. Questions were raised as to the basis for calculation and how the funding is likely to flow through but this has not yet been confirmed by NHSI. The paper identified potential risks of circa £0.6m based on internal assumptions. The Committee suggested further liaison with NHSI etc to clarify the calculation and confirm the level of funding we are likely to receive.	The Committee noted with concern the lack of detailed information and guidance available from NHSI and the level of potential risk for 2018/19 which, based on internal assumptions, is estimated to be circa £0.6m. Until the basis for calculation, together with the level of funding, are confirmed a potential and perhaps significant risk must be recognised
Income and Cost Improvement Programme 2018/19 Assurance		Director of Finance	The Committee received a report which showed the level of ICIP identified by Division and workstream as at close of play on 14 May. The Committee noted the level of process detail and acknowledged that significant work was taking place to agree the full ICIP programme. There is however concern regarding the relatively low level of risk rated schemes currently agreed. The poor ICIP delivery in M1 is another issue of concern.	Delivery of the ICIP plan (including Divisional performance/pay costs etc) remains the key material risk to the achievement of control totals for 2018/19. Report noted.
Procurement KPI Report		Director of Finance	The result of the external report into the Trust's Procurement effectiveness is still awaited but is expected for next month's meeting. As a result KPIs have still to be revisited and future reporting formats to meet with the Committee's recommendations are still to be agreed.	External report awaited. Future reports to include revised KPIs and more focus on identifying specific opportunities and tracking achievement against identified plans.
Tender Update		Director of Finance	The Committee received and noted an overview of the competitive tender exercises that the Trust is presently engaged in.	Report noted.

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Committee/Group Chair's Report

Finance & Investment Committee's 2017/18 Annual Report		Deputy Director of Finance	The Committee reviewed the Annual Report of the activities of the Finance & Investment Committee for 2017/18 in regard of the objectives set by the Board. A number of minor modifications were suggested and would be incorporated into the final version.	Report to be updated before presentation to the Board.
Annual Terms of Reference Review		Deputy Director of Finance	The Committee reviewed the Terms of Reference and noted the proposed changes. Minor amendments were agreed.	Terms of Reference to be updated before presentation to the Board.

Comments

Risks escalated for 2018/19

- Divisional Performance/ICIP Delivery/Pay Costs (key material risk for the year)
- National Pay award – potential funding shortfall
- Delivery of Capital Expenditure Programme
- Cash and Balance Sheet strength

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Bolton NHS
NHS Foundation Trust

Committee/Group Chair's Report

Name of Committee/Group:	Bolton Urgent Care Delivery Board	Report to:	Bolton FT Trust Board
Date of Meeting:	8th May 2018	Date of next meeting:	12th June 2018
Chair:	Jackie Bene	Parent Committee:	Bolton System Resilience Board
Apologies:		Quorate (Yes/No):	Y

Key Agenda Items:	Assurance Yes/No	Lead	Key Points	Action/decision
Home First – cost benefit analysis	Yes	BFT	Effective service with higher number of interventions than target	Consider larger footprint in ED/ACU
ANP Evaluation	Partial	CCG	Further pilot of ANP in ED to stream patients to BARDOC. No more effective than ED triage but a suggestion that it is their influence and joint working with ED triage that is effective	Action taken to consider an alternative model using ANP – to be wrapped up in ED streaming work.
Exception reports : • Immedicare work in NH's	No	CCG	Scaling up plans from current 6 care home coverage requested – no change from last month	Await outcome and pace requested
111 data	No	CCG	High number of 111 calls diverted to NWAS and OOH service – potentially then on to ED	Further analysis requested regards final destination and impact on ED

Committee/Group Chair's Report

Performance Dashboard	Partial	BFT	Main issue of concern was the LOS in admissions avoidance caseload – relates to resources /sickness in reablement but should improve next month. Also ambulance turnaround and delays in access to Mental health beds	.Further assurances sought regards capacity NWAS not in attendance MH to add further metrics to dashboard to help assre

Integrated Summary Dashboard - April 2018

Executive Summary

Trust Objective	RAG Distribution	Total
Quality and Safety		
Harm Free Care		20
Infection Prevention and Control		6
Mortality		4
Patient Experience		9
Maternity		15
Operational Performance		
Access		7
Productivity		11
Cancer		7
Community		7
Workforce		
Sickness, Vacancy and Turnover		6
Organisational Development		7
Agency		3
Finance		5
Use of Resources		
Clinical Services		4
People		6
Clinical Support Services		2
Corporate Services, Procurement, Estates and Facilities		5
Finance		5
Appendices		
Heat Maps		

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 - April 2018

Quality and Safety

Harm Free Care

Inpatient falls increased in April 2018 compared to March 2018 by 0.60% and there was one inpatient fall which resulted in harm.

Pressure damage (Grade 2) cases at 17 were above the threshold for April 2018 and saw a significant increase from March 2018. Total pressure damage due to lapses in care was also above the threshold for April 2018 but had reduced by a third compared to March 2018.

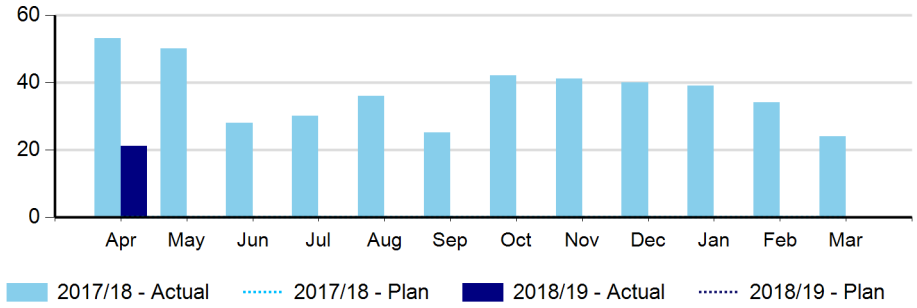
	Latest					Previous				Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Range**	**Trend**
6 - Compliance with preventative measure for VTE	>= 95%	96.0%	Apr-18			>= 95%	95.9%	Mar-18		95.0 - 98.3%	
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	= 0	21	Apr-18			= 0	24	Mar-18		21 - 53	
8 - Same sex accommodation breaches	= 0	12	Apr-18			= 0	11	Mar-18		7 - 33	
9 - Never Events	= 0	0	Apr-18			= 0	1	Mar-18		0 - 1	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 6.63	5.93	Apr-18			<= 6.63	5.33	Mar-18		3.48 - 7.30	
14 - Inpatient falls resulting in Harm (Moderate +)	= 0	1	Apr-18			= 0	0	Mar-18		0 - 1	
15 - Acute Inpatients acquiring pressure damage (grd 2)	<= 6	13	Apr-18				5	Mar-18		2 - 25	
16 - Acute Inpatients acquiring pressure damage (grd 3)	<= 0.5	0	Apr-18				0	Mar-18		0 - 4	
17 - Acute Inpatients acquiring pressure damage (grd 4)	= 0	0	Apr-18				0	Mar-18		0 - 0	
18 - Community patients acquiring pressure damage (grd 2) *(Integrated Community Services)*	<= 7	9	Apr-18				11	Mar-18		2 - 12	
19 - Community patients acquiring pressure damage (grd 3) *(Integrated Community Services)*	<= 4	6	Apr-18				7	Mar-18		0 - 9	

Integrated Summary Dashboard - April 2018

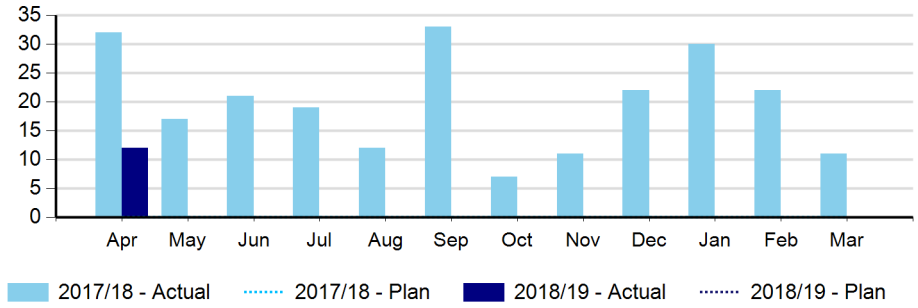
	Latest					Previous				Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Range**	**Trend**
20 - Community patients acquiring pressure damage (grd 4) *(Integrated Community Services)*	<= 1	1	Apr-18				2	Mar-18		0 - 2	
21 - Total Pressure Damage due to lapses in care	<= 6	8	Apr-18			<= 6	9	Mar-18		2 - 21	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	80.8%	Apr-18			>= 75%	74.0%	Mar-18		56.4 - 89.2%	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	88.7%	Q4 2017/18			>= 90%	86.0%	Q3 2017/18		66.0 - 88.7%	
29 - Patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	83.3%	Q4 2017/18				100.0%	Q3 2017/18		65.0 - 100.0%	
30 - Clinical Correspondence - Inpatients %<1 wk. day	>= 80%	76.8%	Apr-18			>= 80%	77.8%	Mar-18		75.4 - 82.3%	
31 - Clinical Correspondence - Outpatients %<5 wk. days	>= 72.5%	85.3%	Apr-18			>= 72.5%	88.2%	Mar-18		75.4 - 88.2%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Apr-18			= 100%	100.0%	Nov-17		100.0 - 100.0%	
88 - Bolton System Of Care Improved Accreditation (BOSCA) KPI Audits	>= 70%	91.6%	Apr-18			>= 70%	92.2%	Mar-18		85.8 - 92.4%	

Exceptions

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



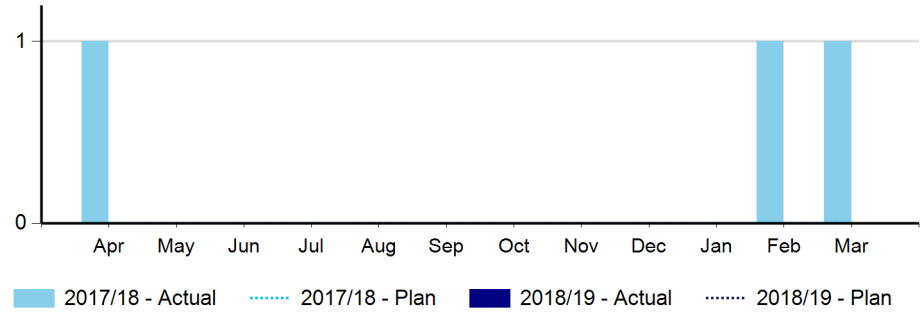
8 - Same sex accommodation breaches



Integrated Summary Dashboard - April 2018

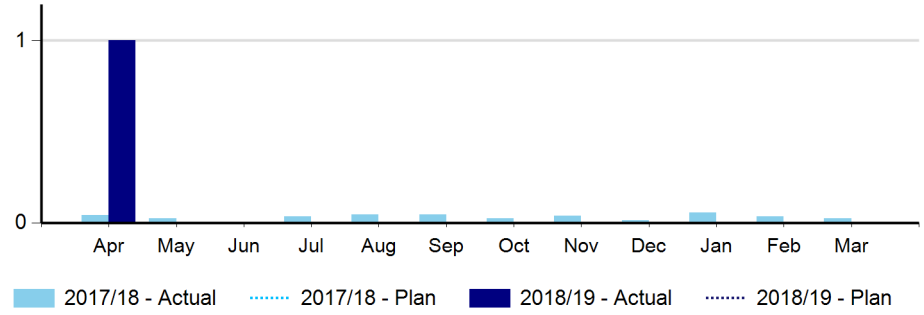
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	53	50	28	30	36	25	42	41	40	39	34	24
18/19	21											

9 - Never Events



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

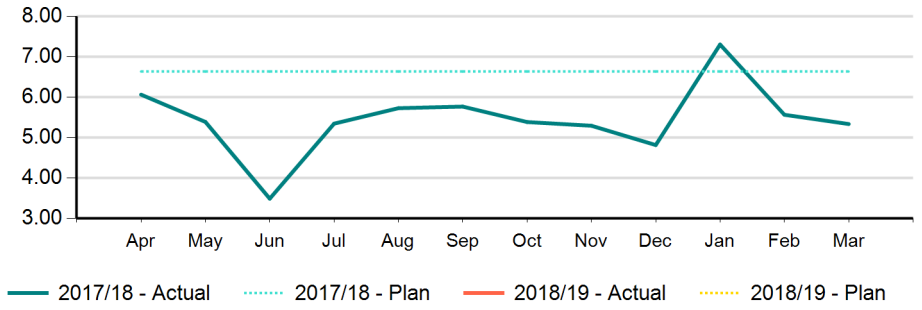
14 - Inpatient falls resulting in Harm (Moderate +)



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

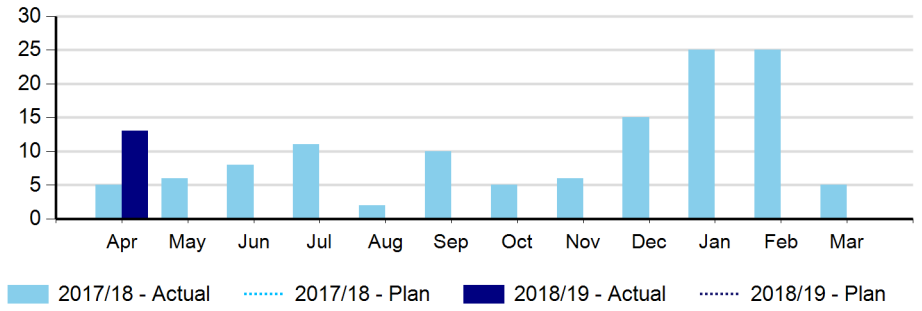
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	32	17	21	19	12	33	7	11	22	30	22	11
18/19	12											

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	5.93											

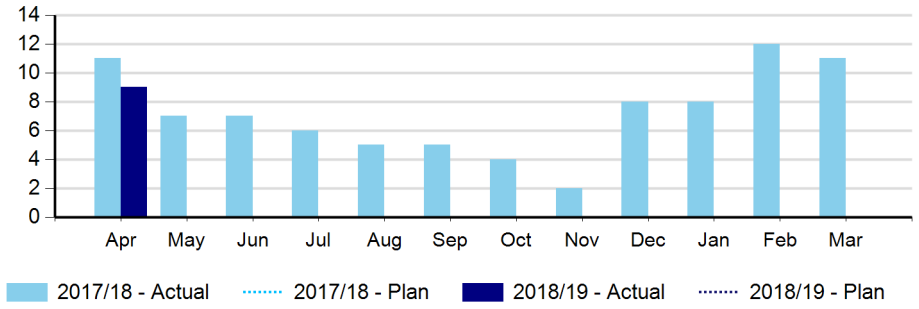
15 - Acute Inpatients acquiring pressure damage (grd 2)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5	6	8	11	2	10	5	6	15	25	25	5
18/19	13											

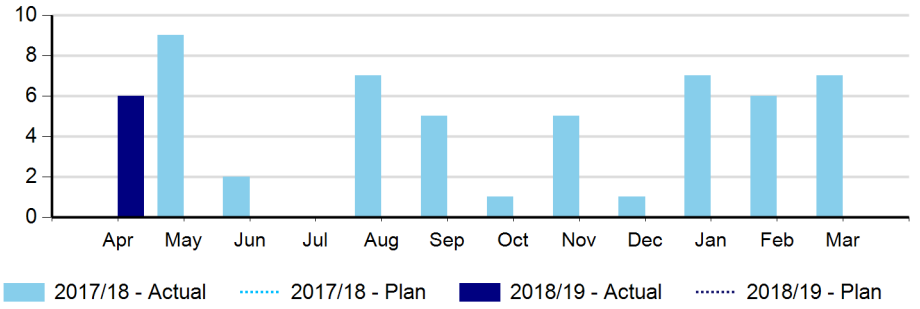
Integrated Summary Dashboard - April 2018

18 - Community patients acquiring pressure damage (grd 2)



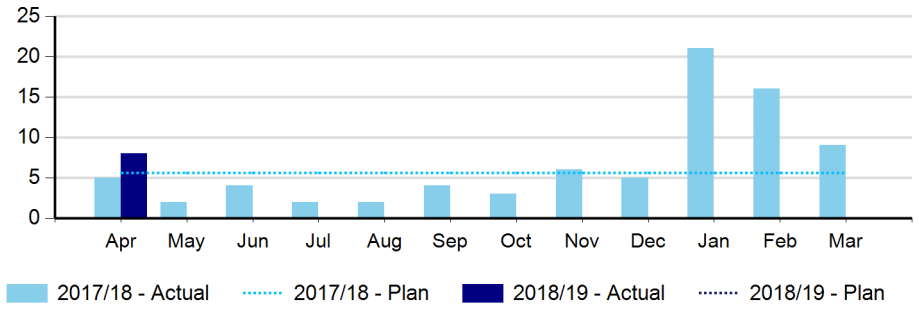
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	11	7	7	6	5	5	4	2	8	8	12	11
18/19	9											

19 - Community patients acquiring pressure damage (grd 3)



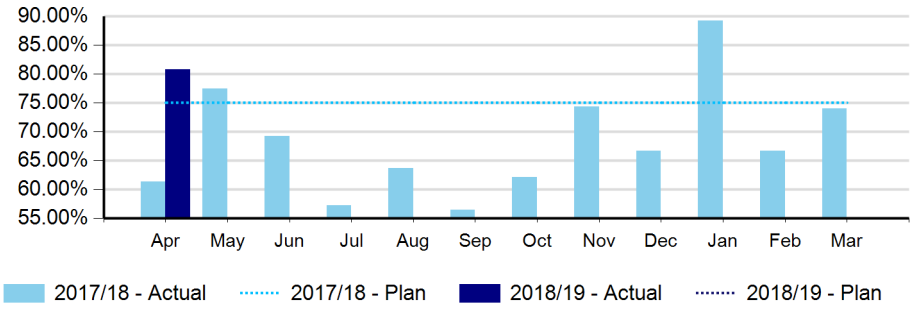
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	9	2	0	7	5	1	5	1	7	6	7
18/19	6											

21 - Total Pressure Damage due to lapses in care



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5	2	4	2	2	4	3	6	5	21	16	9
18/19	8											

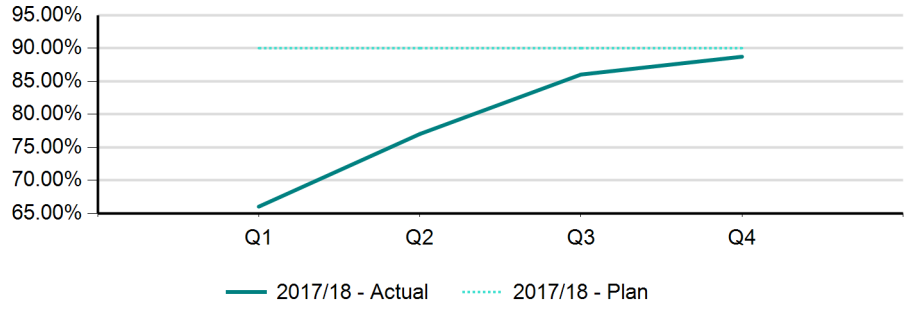
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	61.3%	77.4%	69.2%	57.1%	63.6%	56.4%	62.1%	74.3%	66.7%	89.2%	66.7%	74.0%
18/19	80.8%											

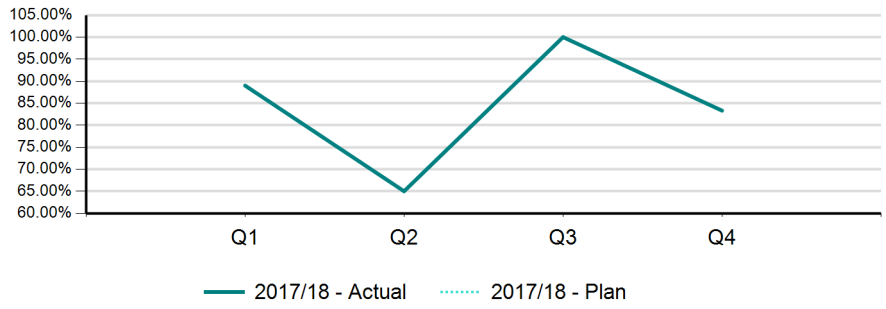
Integrated Summary Dashboard - April 2018

28 - Emergency patients screened for Sepsis (quarterly)



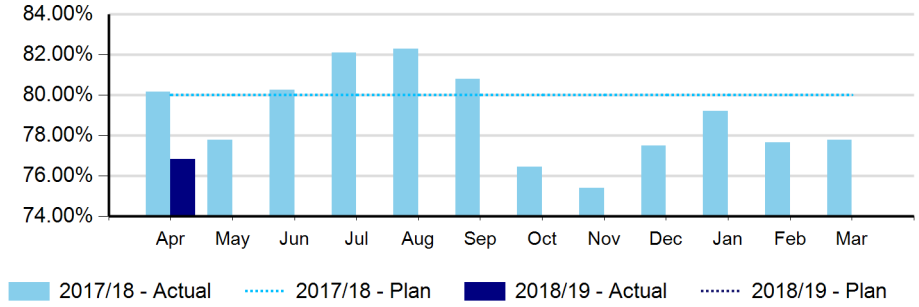
	Q1	Q2	Q3	Q4
17/18	66.0%	77.0%	86.0%	88.7%

29 - Patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)



	Q1	Q2	Q3	Q4
17/18	89.0%	65.0%	100.0%	83.3%

30 - Clinical Correspondence - Inpatients %<1 wk. day



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	80.1%	77.8%	80.2%	82.1%	82.3%	80.8%	76.4%	75.4%	77.5%	79.2%	77.7%	77.8%
18/19	76.8%											

Integrated Summary Dashboard - April 2018

Infection Prevention and Control

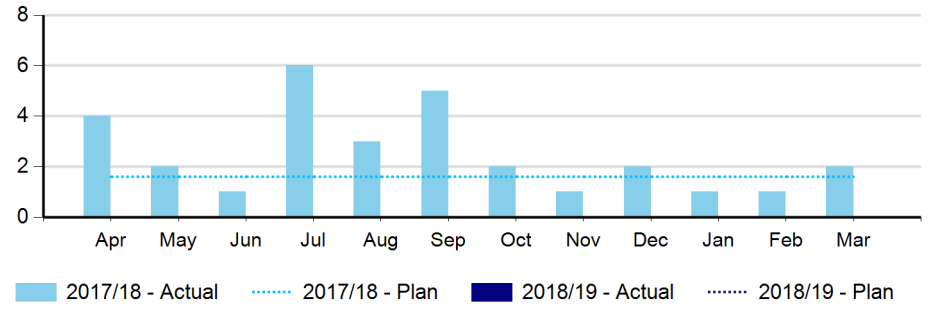
There have been no CDT cases in April 2018, the last Trust apportioned case was 13th March 2018. There have been no MRSA cases – the last Trust assigned case was 14th December 2017.

	Latest					Previous				Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Range**	**Trend**
215 - Total Trust apportioned C. diff infections	<= 2	0	Apr-18			<= 2	2	Mar-18		0 - 6	
216 - Total performance C. diff infections	<= 2	0	Apr-18							0 - 0	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Apr-18			= 0	0	Mar-18		0 - 1	
218 - Total Trust apportioned E. coli BSI	<= 3	2	Apr-18							2 - 2	
219 - Blood Culture contaminants rate (monthly, in arrears)											
199 - Compliance with antibiotic prescribing standards (quarterly, in arrears)											

Integrated Summary Dashboard - April 2018

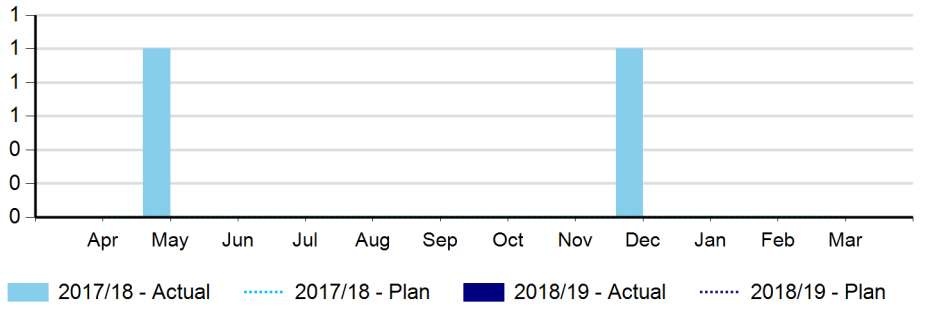
Exceptions

215 - Total Trust apportioned C. diff infections



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

217 - Total Hospital-Onset MRSA BSIs



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

Integrated Summary Dashboard - April 2018

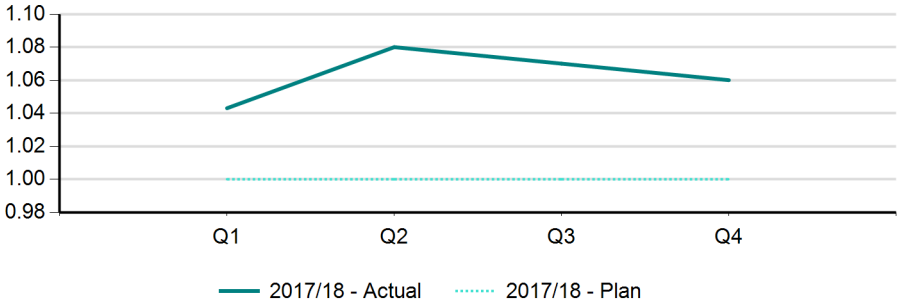
Mortality

Standardised Hospital Mortality (SHMI) has seen an improvement from the previous quarter from 1.07 to 1.06. This continues the downward trend for the third consecutive quarter. Crude mortality saw a significant improvement in performance this month compared to last month and was below the target.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
3 - National Early Warning Scores to Gold standard	>= 85%	87.2%	Apr-18			>= 85%	96.0%	Mar-18		87.2 - 97.0%	
10 - Risk adjusted Mortality (ratio) (1 mth in arrears)	<= 90	89.0	Mar-18			<= 90	86.0	Feb-18		86.0 - 206.4	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 1.000	1.060	Q4 2017/18			<= 1.000	1.070	Q3 2017/18		1.043 - 1.080	
12 - Crude Mortality %	<= 2.9%	2.0%	Apr-18				2.9%	Mar-18		2.0 - 10.9%	

Exceptions

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



	Q1	Q2	Q3	Q4
17/18	1.043	1.080	1.070	1.060

Integrated Summary Dashboard - April 2018

Patient Experience

A& E Friends and Family Response Rate is below the national target of 20% at 14.8%. This continues the trend from previous months.

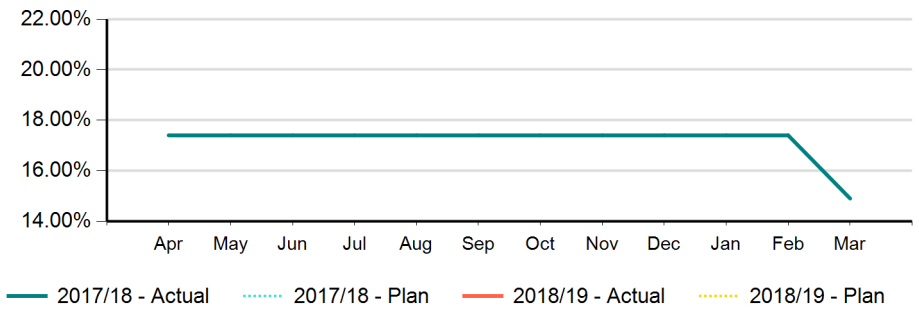
There was one formal complaint not acknowledged within three working days in April 2018 and one complaint that was not responded to within April 2018.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
80 - Inpatient Friends and Family response rates	>= 30%	37.4%	Apr-18			>= 30%	32.7%	Mar-18		32.7 - 37.4%	
200 - A&E Friends and Family Completion Rates	>= 20%	14.8%	Apr-18			>= 20%	14.9%	Mar-18		14.8 - 17.4%	
81 - Maternity Friends and Family response rates	>= 15%	26.3%	Apr-18			>= 15%	23.3%	Mar-18		18.0 - 46.4%	
82 - Antenatal - Friends and Family Response Rate		10.2%	Apr-18				3.9%	Mar-18		3.9 - 29.8%	
83 - Birth - Friends and Family Response Rate		30.4%	Apr-18				29.1%	Mar-18		16.7 - 32.4%	
84 - Hospital Postnatal - Friends and Family Response Rate		35.4%	Apr-18				34.2%	Mar-18		18.0 - 44.4%	
85 - Community Postnatal - Friend and Family Response Rate		32.0%	Apr-18				28.9%	Mar-18		7.9 - 32.0%	
89 - Formal complaints acknowledged within 3 working days	= 100%	97.0%	Apr-18			= 100%	100.0%	Mar-18		95.8 - 100.0%	
90 - Complaints responded to within the period	>= 95%	97.0%	Apr-18			>= 95%	93.0%	Mar-18		87.0 - 100.0%	

Integrated Summary Dashboard - April 2018

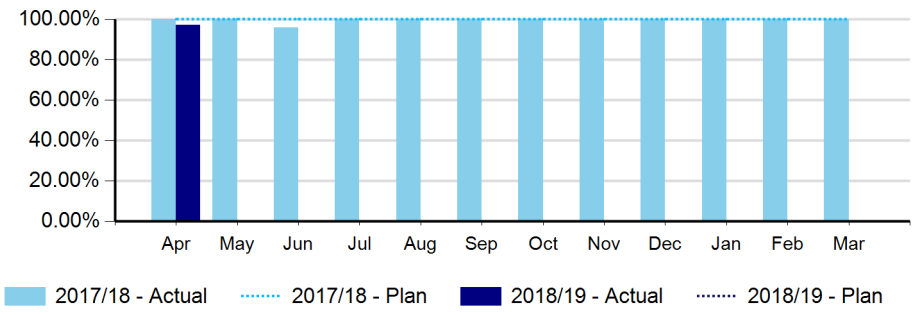
Exceptions

200 - A&E Friends and Family Completion Rates



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	17.4%	17.4%	17.4%	17.4%	17.4%	17.4%	17.4%	17.4%	17.4%	17.4%	17.4%	14.9%
18/19	14.8%											

89 - Formal complaints acknowledged within 3 working days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
18/19	97.0%											

Integrated Summary Dashboard - April 2018

Maternity

In April 2018 there were 26 more deliveries and births than predicted. Both deliveries and births were lower than the average of 500.

Booked 12+6 saw an improvement on last month - a deep dive has been conducted over the last four weeks. Fortnightly meetings now have a new format with themes beginning to be identified.

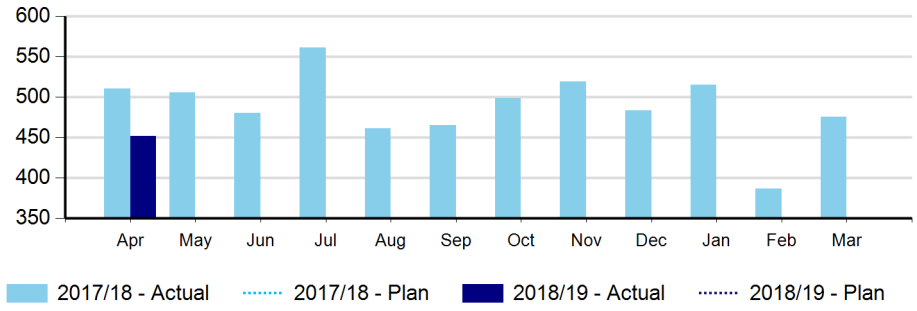
	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
22 - Maternity - Stillbirths	<= 4	2	Apr-18			<= 4	3	Mar-18		0 - 6	
23 - Maternity -3rd/4th degree tears	<= 3%	1.8%	Apr-18			<= 3%	3.2%	Mar-18		1.8 - 4.2%	
201 - Total births	<= 500	451	Apr-18			<= 500	475	Mar-18		386 - 561	
202 - Midwife birth ratio	>= 95.0%	98.9%	Apr-18			>= 95.0%	98.0%	Mar-18		84.3 - 98.9%	
203 - Booked 12+6	>= 90%	86%	Apr-18			>= 90%	85%	Mar-18		84 - 91%	
204 - Inductions of labour	<= 35%	36.3%	Apr-18			<= 35%	36.6%	Mar-18		32.2 - 45.3%	
205 - Normal deliveries	>= 63.0%	61.9%	Apr-18			>= 63.0%	60.3%	Mar-18		54.5 - 65.6%	
206 - Elective C section	<= 11.3%	11.7%	Apr-18			<= 11.3%	10.4%	Mar-18		7.5 - 12.0%	
207 - Emergency C section	<= 14.7%	14.0%	Apr-18			<= 14.7%	18.2%	Mar-18		14.0 - 21.6%	
208 - Total C section	<= 26%	25.7%	Apr-18			<= 26%	28.5%	Mar-18		25.7 - 30.4%	
210 - Initiation breast feeding	<= 65%	66.6%	Apr-18							66.6 - 66.6%	
211 - Maternal admissions to ICU	= 0	0	Apr-18			= 0	0	Mar-18		0 - 0	
212 - Readmissions in 30 days	= 0.0%	1.8%	Apr-18			= 0.0%	2.3%	Mar-18		1.8 - 2.3%	

Integrated Summary Dashboard - April 2018

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
213 - Maternity complaints	<= 5	3	Apr-18							3 - 3	
214 - New claims	= 0	0	Apr-18							0 - 0	

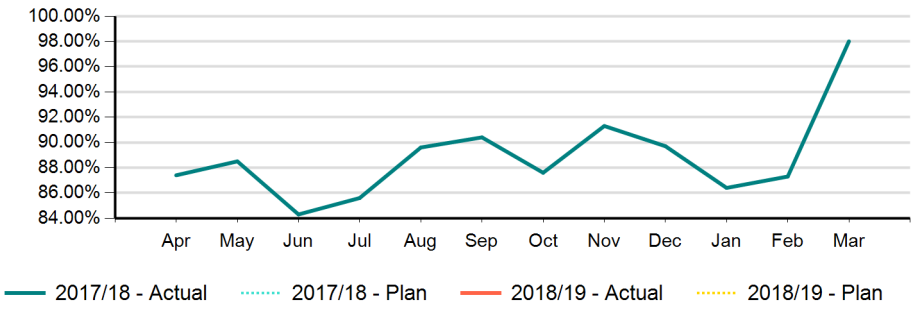
Exceptions

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											

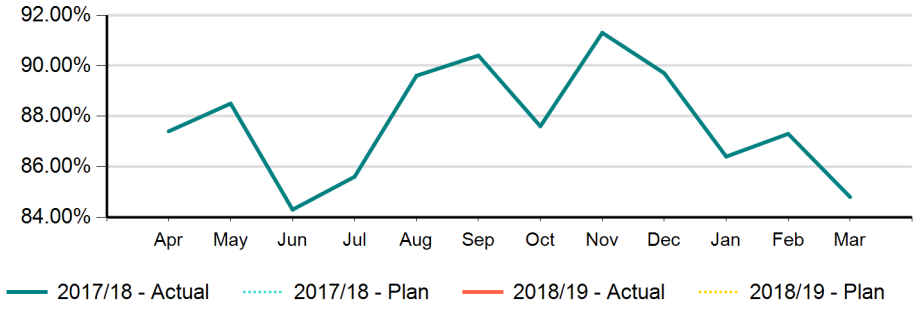
202 - Midwife birth ratio



	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%	98.0%
18/19	98.9%											

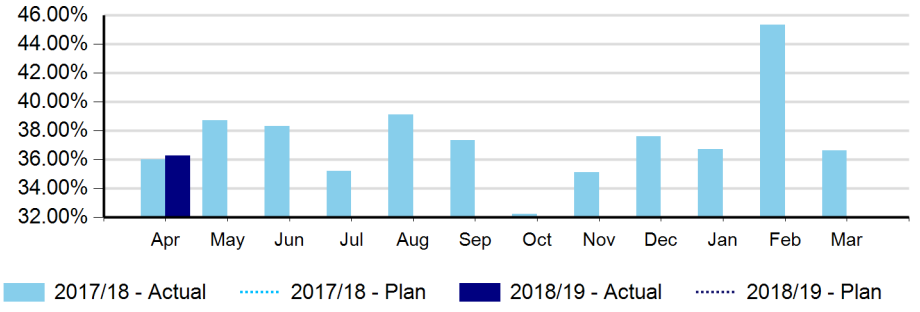
Integrated Summary Dashboard - April 2018

203 - Booked 12+6



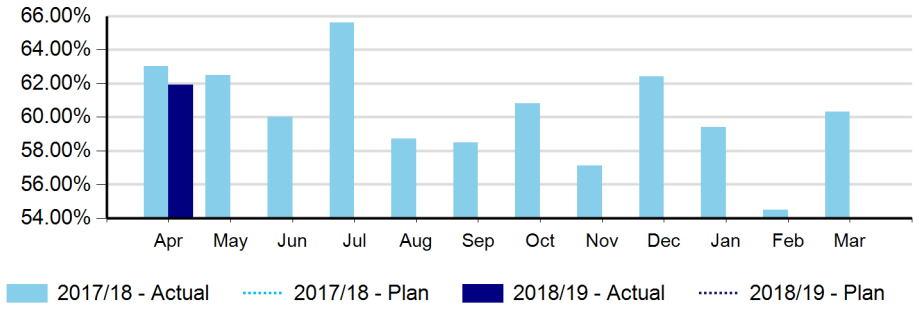
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87%	89%	84%	86%	90%	90%	88%	91%	90%	86%	87%	85%
18/19	86%											

204 - Inductions of labour



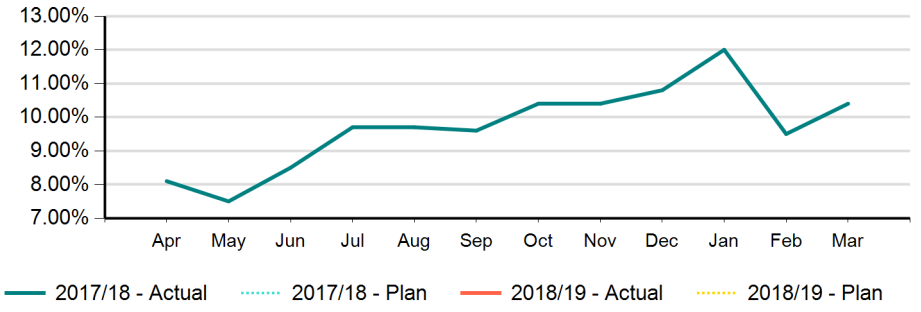
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	36.0%	38.7%	38.3%	35.2%	39.1%	37.3%	32.2%	35.1%	37.6%	36.7%	45.3%	36.6%
18/19	36.3%											

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%											

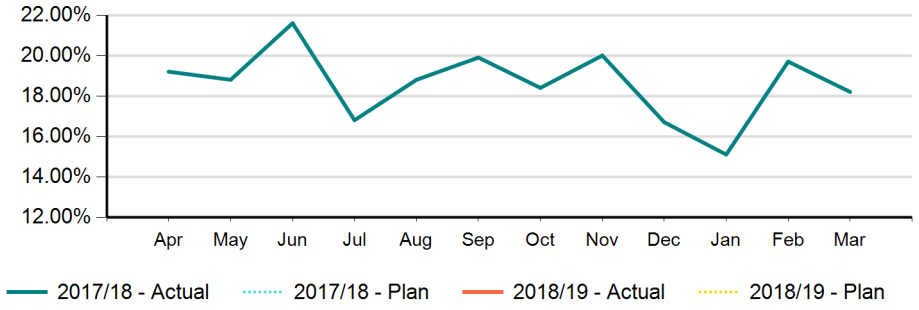
206 - Elective C section



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	8.1%	7.5%	8.5%	9.7%	9.7%	9.6%	10.4%	10.4%	10.8%	12.0%	9.5%	10.4%
18/19	11.7%											

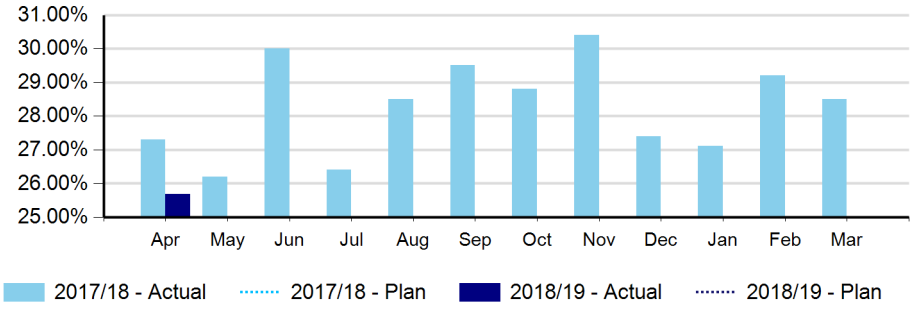
Integrated Summary Dashboard - April 2018

207 - Emergency C section



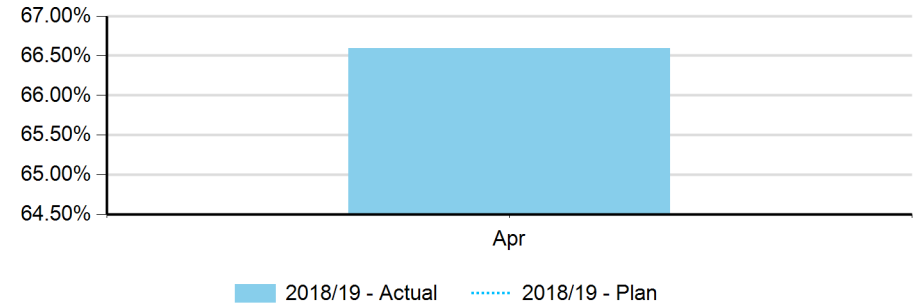
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	19.2%	18.8%	21.6%	16.8%	18.8%	19.9%	18.4%	20.0%	16.7%	15.1%	19.7%	18.2%
18/19	14.0%											

208 - Total C section



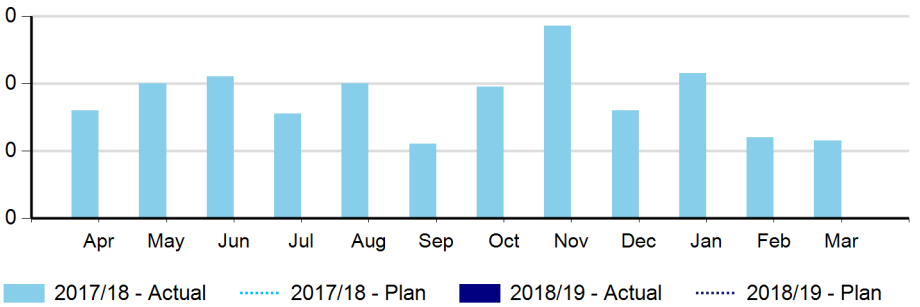
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	27.3%	26.2%	30.0%	26.4%	28.5%	29.5%	28.8%	30.4%	27.4%	27.1%	29.2%	28.5%
18/19	25.7%											

210 - Initiation breast feeding



	Apr
18/19	66.6%

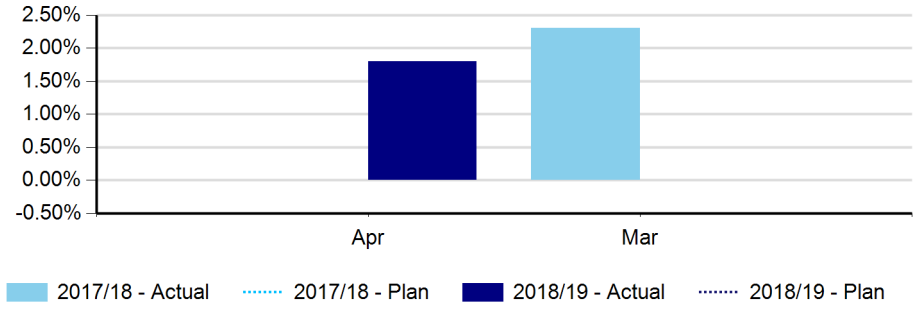
211 - Maternal admissions to ICU



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

Integrated Summary Dashboard - April 2018

212 - Readmissions in 30 days



	Apr	Mar
17/18		2.3%
18/19	1.8%	

Integrated Summary Dashboard - April 2018

Operational Performance

Access

RTT performance has remained below the target for the eight month with performance in month of 88.4%, although this is the second month of improved performance. The Trust and CGG have now agreed a recovery plan and work has started in key areas such as Ophthalmology, Orthopaedics and General surgery.

A&E performance in April 2018 was 82.7%; an improvement of 3.8% on the previous month and 0.2% better than the same month last year. Recovery in on trajectory but still fragile and work continues with ECIP. May has seen the highest volumes of attendances in over 5 years which has added to the pressures.

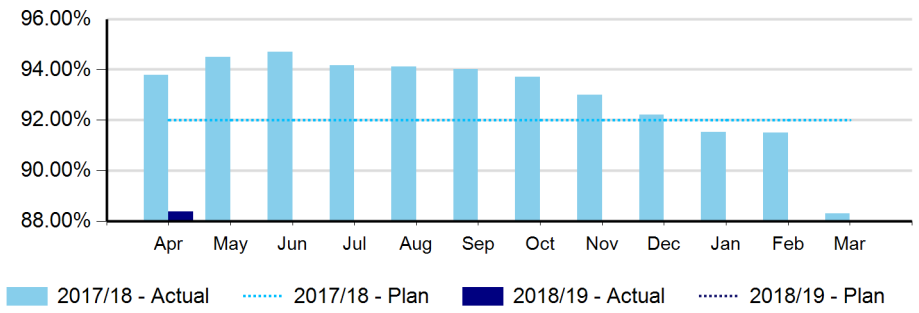
Diagnostic waits, have been brought back into line with national standards.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	88.4%	Apr-18			>= 92%	88.3%	Mar-18		88.3 - 94.7%	
42 - RTT 52 week waits (incomplete pathways)	= 0	3	Apr-18			= 0	0	Mar-18		0 - 5	
53 - A&E 4 hour target	>= 95%	82.7%	Apr-18			>= 95%	78.9%	Mar-18		76.9 - 88.0%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0%	12%	Apr-18			= 0%	14%	Mar-18		8 - 18%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0%	6%	Apr-18			= 0%	7%	Mar-18		3 - 14%	
72 - Diagnostic Waits >6 weeks %	<= 1%	0.9%	Apr-18			<= 1%	0.6%	Mar-18		0.4 - 10.3%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	0.0%	Apr-18			= 100%	14.3%	Mar-18		0.0 - 120.0%	

Integrated Summary Dashboard - April 2018

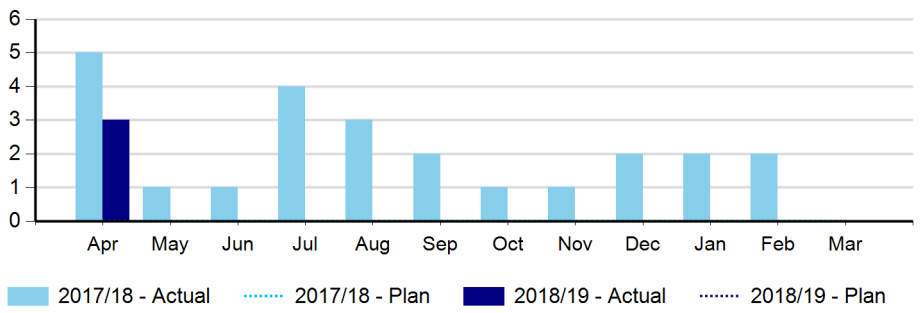
Exceptions

41 - RTT Incomplete pathways within 18 weeks %



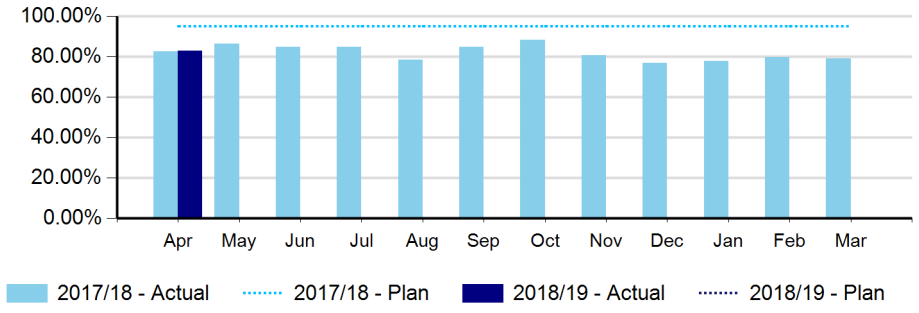
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	93.8%	94.5%	94.7%	94.2%	94.1%	94.0%	93.7%	93.0%	92.2%	91.5%	91.5%	88.3%
18/19	88.4%											

42 - RTT 52 week waits (incomplete pathways)



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

53 - A&E 4 hour target



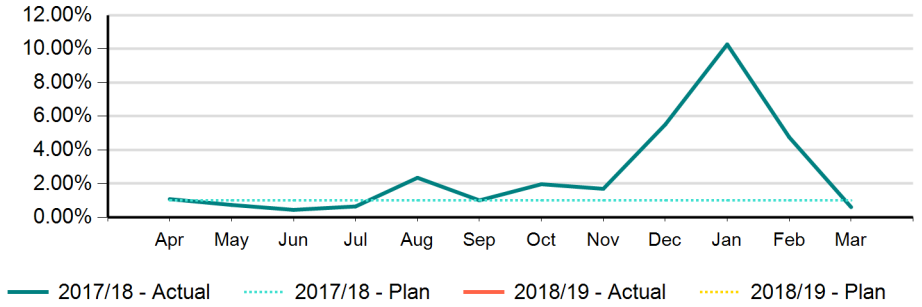
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	82.5%	86.3%	84.6%	84.7%	78.3%	84.5%	88.0%	80.4%	76.9%	77.8%	79.6%	78.9%
18/19	82.7%											

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

Integrated Summary Dashboard - April 2018

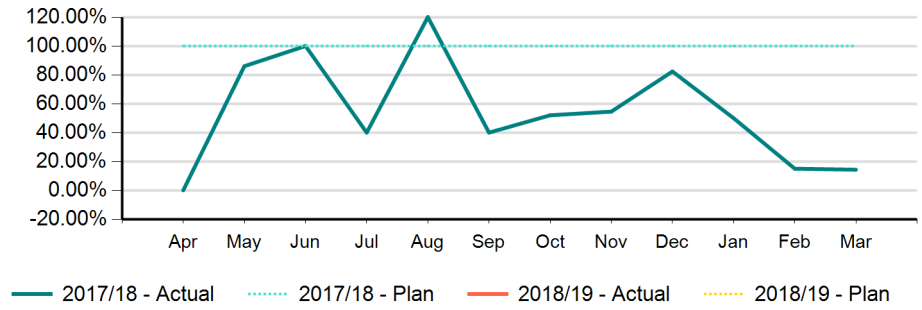
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	6%	3%	3%	3%	9%	8%	4%	8%	14%	7%	5%	7%
18/19	6%											

72 - Diagnostic Waits >6 weeks %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.1%	0.7%	0.4%	0.6%	2.3%	1.0%	2.0%	1.7%	5.5%	10.3%	4.8%	0.6%
18/19	0.9%											

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0%	86.0%	100.0%	40.0%	120.0%	40.0%	52.0%	54.5%	82.4%	50.0%	15.0%	14.3%
18/19	0.0%											

Integrated Summary Dashboard - April 2018

Productivity

Discharges by midday remain above the threshold, although a decline in performance in Adult Acute has slowed the improvement. Discharges by 4pm although below the threshold have seen an improvement of 1.5% compared to the previous month. The Adult Acute Division are reviewing ward actions and procedures.

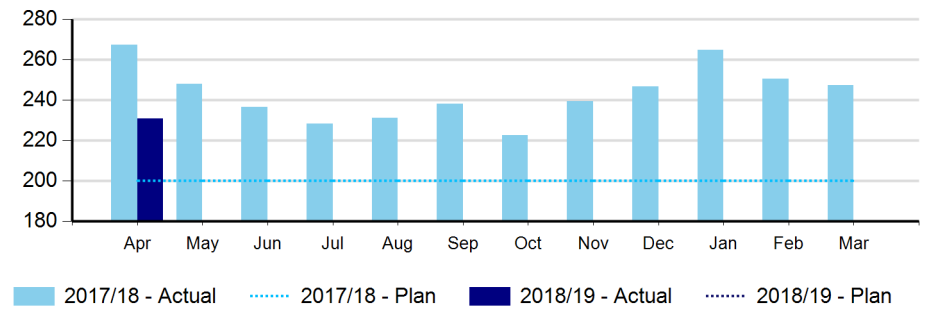
Elective and Non Elective length of stay have both reduced for April 2018 compared to the previous month.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
56 - Stranded patients	<= 200	231	Apr-18			<= 200	247	Mar-18		223 - 267	
57 - Discharges by Midday	>= 30%	30.4%	Apr-18			>= 30%	33.1%	Mar-18		24.0 - 33.1%	
58 - Discharges by 4pm	>= 70%	68.4%	Apr-18			>= 70%	66.9%	Mar-18		62.6 - 69.1%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	11.7%	Mar-18			<= 13.5%	13.1%	Feb-18		11.7 - 35.5%	
60 - Daycase Rates	>= 80%	88.7%	Apr-18			>= 80%	82.4%	Mar-18		82.4 - 93.1%	
61 - Operations cancelled on the day for non-clinical reasons	<= 2%	1.7%	Apr-18			<= 8%	0.6%	Mar-18		0.6 - 4.3%	
62 - Cancelled operations re-booked within 28 days	= 100%	90.5%	Apr-18			= 100%	80.0%	Mar-18		62.5 - 100.0%	
64 - Delayed Transfers Of Care (% occupied bed days delayed - phased reduction)	<= 3.3%	2.4%	Apr-18			<= 7.2%	2.8%	Mar-18		2.4 - 15.0%	
65 - Elective Length of Stay (Discharges in month)	<= 2.0	2.1	Apr-18			<= 2.0	2.3	Mar-18		2.1 - 11.9	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.7	4.0	Apr-18			<= 3.7	4.0	Mar-18		2.1 - 4.0	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	65.4%	Mar-18			>= 80%	64.3%	Feb-18		53.3 - 90.9%	

Integrated Summary Dashboard - April 2018

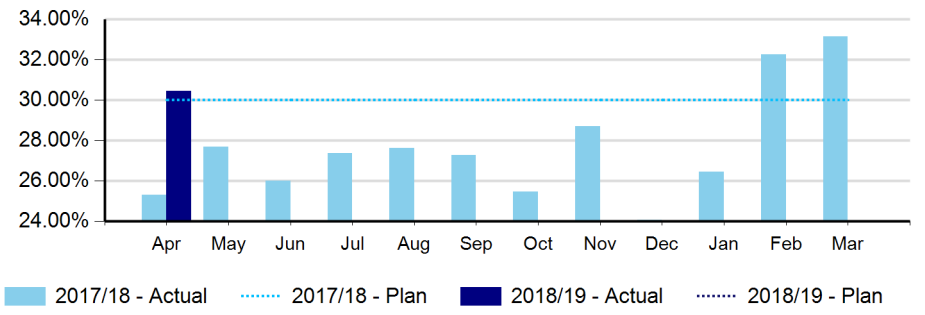
Exceptions

56 - Stranded patients



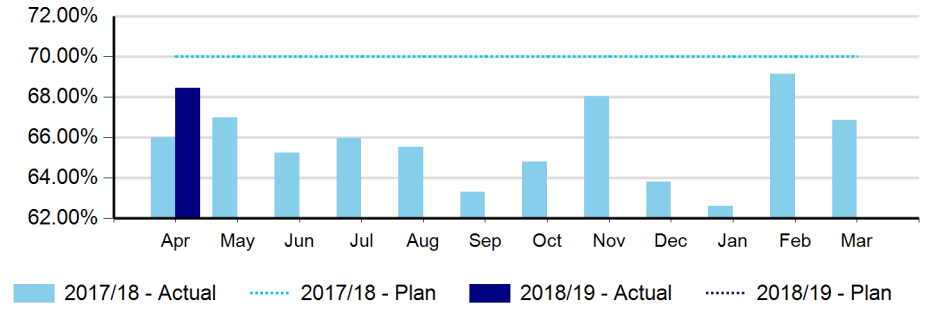
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	267	248	236	228	231	238	223	239	247	265	250	247
18/19	231											

57 - Discharges by Midday



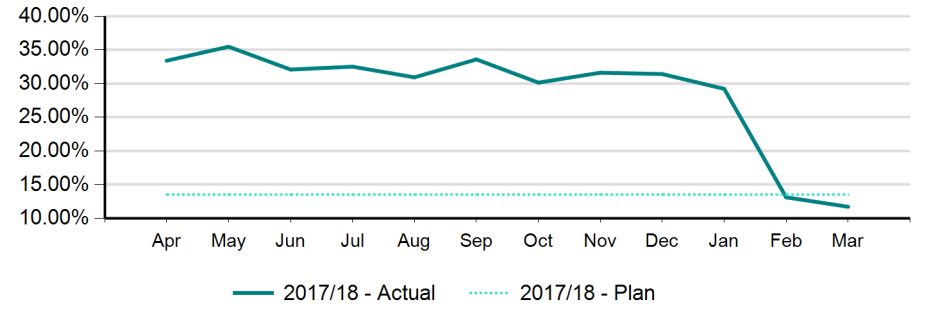
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	25.3%	27.7%	26.0%	27.4%	27.6%	27.3%	25.5%	28.7%	24.0%	26.4%	32.2%	33.1%
18/19	30.4%											

58 - Discharges by 4pm



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	66.0%	67.0%	65.2%	66.0%	65.5%	63.3%	64.8%	68.0%	63.8%	62.6%	69.1%	66.9%
18/19	68.4%											

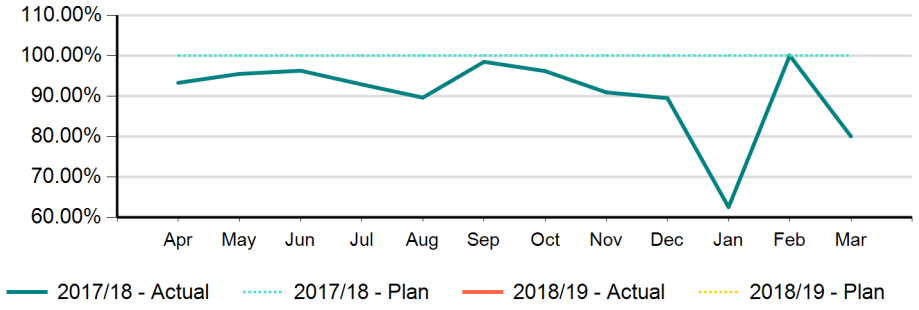
59 - Re-admission within 30 days of discharge (1 mth in arrears)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	33.4%	35.5%	32.1%	32.5%	30.9%	33.6%	30.1%	31.6%	31.4%	29.2%	13.1%	11.7%

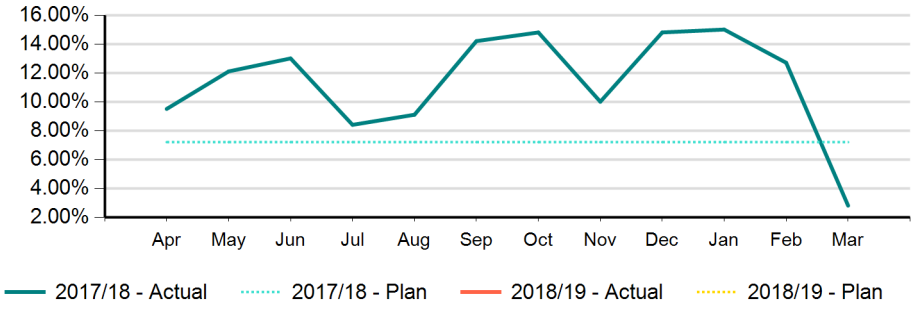
Integrated Summary Dashboard - April 2018

62 - Cancelled operations re-booked within 28 days



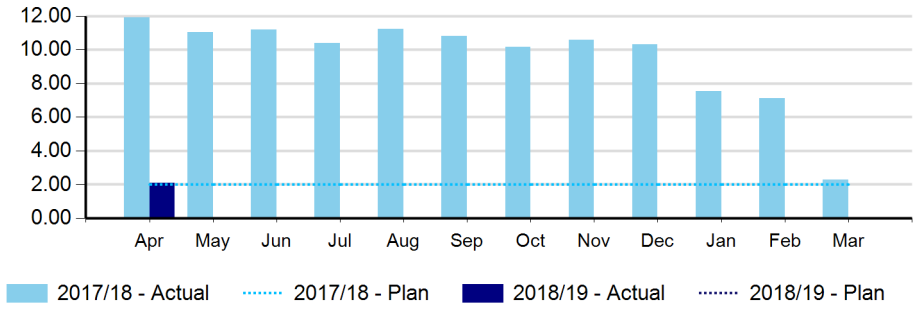
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	93.2%	95.5%	96.3%	92.9%	89.6%	98.4%	96.2%	90.9%	89.5%	62.5%	100.0%	80.0%
18/19	90.5%											

64 - Delayed Transfers Of Care (% occupied bed days delayed - phased reduction)



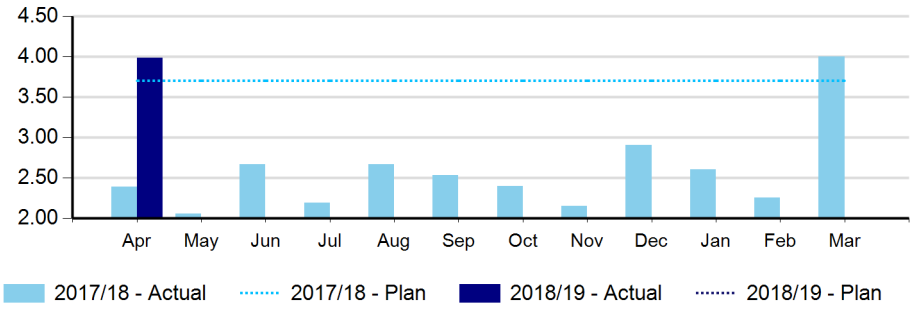
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	9.5%	12.1%	13.0%	8.4%	9.1%	14.2%	14.8%	10.0%	14.8%	15.0%	12.7%	2.8%
18/19	2.4%											

65 - Elective Length of Stay (Discharges in month)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	11.9	11.0	11.2	10.4	11.2	10.8	10.2	10.6	10.3	7.5	7.1	2.3
18/19	2.1											

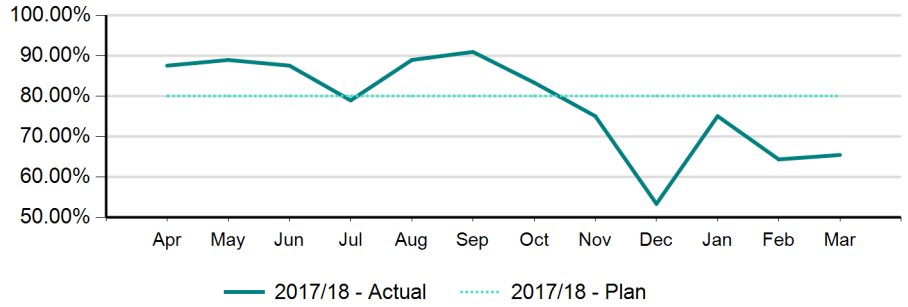
66 - Non Elective Length of Stay (Discharges in month)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2.4	2.1	2.7	2.2	2.7	2.5	2.4	2.1	2.9	2.6	2.3	4.0
18/19	4.0											

Integrated Summary Dashboard - April 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%

Integrated Summary Dashboard - April 2018

Cancer

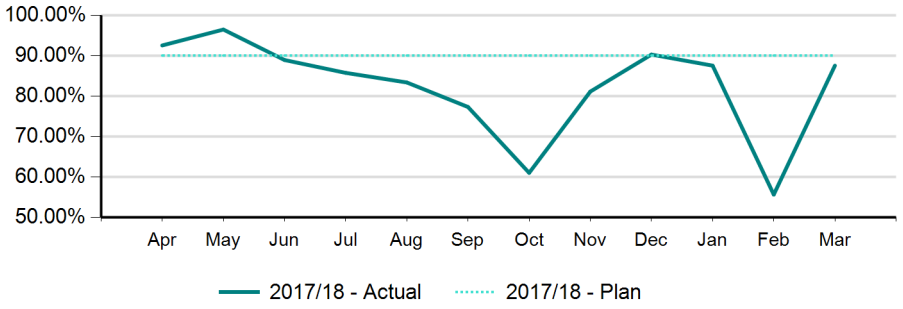
Cancer performance remains strong with the exceptions of 62 day screening which is below target but an improvement on the previous month's performance; and two week wait (breast symptomatic) which has seen a further deterioration in performance compared to the previous month. The impact of the new guidance has been estimated as an reduction in performance of approximately 5% - the impact of this is likely to be felt from quarter two of 2018/19.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
46 - 62 day standard % (1 mth in arrears)	>= 85%	94.8%	Mar-18			>= 85%	87.2%	Feb-18		87.2 - 94.8%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	87.5%	Mar-18			>= 90%	55.6%	Feb-18		55.6 - 96.4%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	99.1%	Mar-18			>= 96%	100.0%	Feb-18		99.1 - 100.0%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Mar-18			>= 94%	100.0%	Feb-18		100.0 - 100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Mar-18			>= 98%	100.0%	Feb-18		100.0 - 100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	97.2%	Mar-18			>= 93%	97.9%	Feb-18		97.2 - 97.9%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	63.7%	Mar-18			>= 93%	88.9%	Feb-18		21.8 - 89.9%	

Integrated Summary Dashboard - April 2018

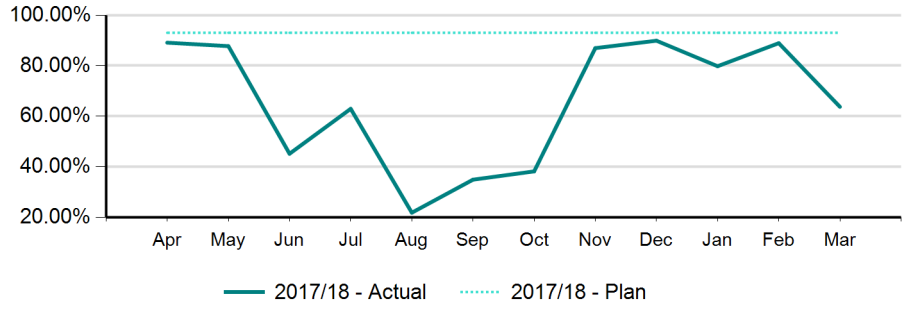
Exceptions

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%

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%

Integrated Summary Dashboard - April 2018

Community

DTOC numbers are in excess of the target of 15 per day. This is based on a snapshot at the end of the month.

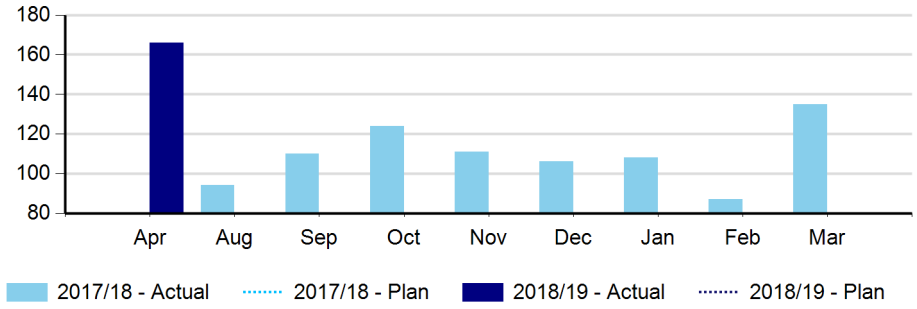
Medically optimised numbers are above the target of 50 per day. This is based on a snapshot at the end of the month.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
225 - Admission Avoidance (referrals)	<= 166	160	Apr-18				166	Mar-18		160 - 166	
226 - Home First (deflections from A&E)	<= 157	166	Apr-18				135	Mar-18		87 - 166	
227 - Length of stay - Darley Court	<= 28	25	Apr-18				24	Mar-18		24 - 25	
228 - DTOC Numbers (internal methodology)	<= 15	41	Apr-18							41 - 41	
229 - DTOC Days (internal methodology)		373	Apr-18							373 - 373	
230 - Medically Optimised Numbers	<= 50	52	Apr-18							52 - 52	
231 - Medically Optimised Days		344	Apr-18							344 - 344	

Integrated Summary Dashboard - April 2018

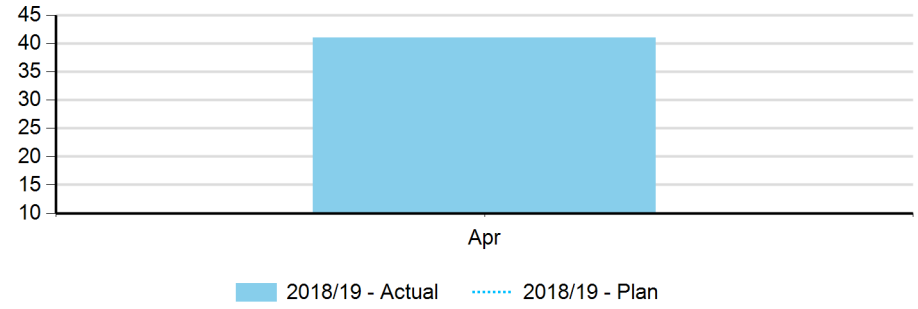
Exceptions

226 - Home First (deflections from A&E)



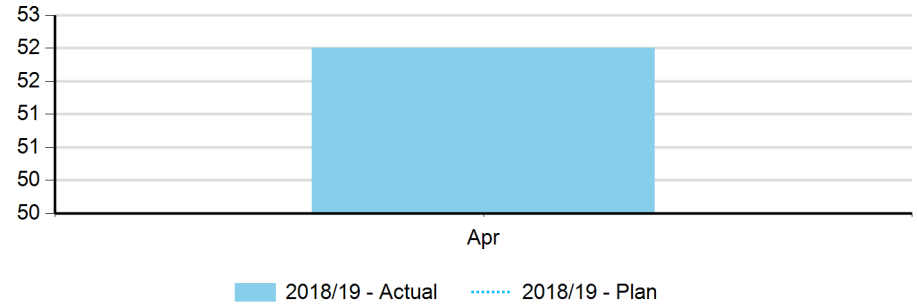
	Apr	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18		94	110	124	111	106	108	87	135
18/19	166								

228 - DTOC Numbers (internal methodology)



	Apr
18/19	41

230 - Medically Optimised Numbers



	Apr
18/19	52

Integrated Summary Dashboard - April 2018

Workforce

Sickness, Vacancy and Turnover

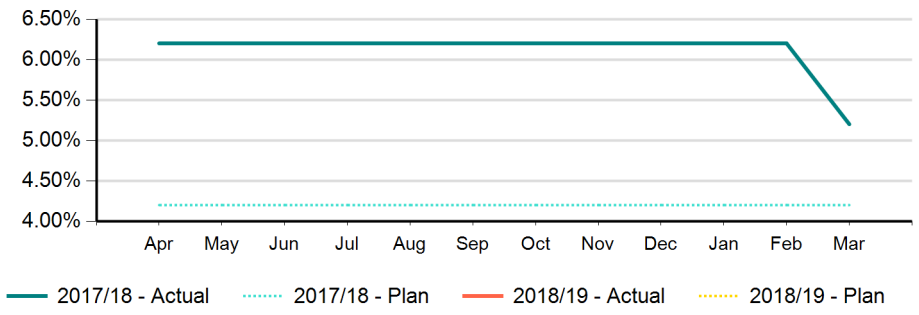
Sickness absence has numerous impacts on the Trust's ability to provide high level patient care at an affordable price. Pleasingly the Trust has seen a significant reduction in sickness absence levels – 4.36% for April 2018 (beyond normal seasonal fluctuations), these reductions have largely been a result of supporting more staff members back to work who have been on long term sick. Whilst the vacancy levels and turnover rates remain strong, the Board can be assured that significant work is taking place to improve the Recruitment and Retention offering within the organisation. The vacancy rate for Medical staff at Middle Grade level remains a concern; whilst a range of measures are being taken to mitigate these vacancies (Advanced Nurse Practitioner, Associate Physician), further focus is required.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
117 - Sickness absence level - Trust	<= 4.2%	4.4%	Apr-18			<= 4.2%	5.2%	Mar-18		4.4 - 6.2%	
120 - Vacancy level - Trust	<= 6%	5.1%	Apr-18			<= 6%	-0.6%	Mar-18		-2.4 - 8.6%	
163 - Vacancy level - Band 5 Nurses											
164 - Vacancy level - Consultants											
197 - Vacancy level - Middle Grades											
121 - Turnover	8 - 10%	9.8%	Apr-18			8 - 10%	9.6%	Mar-18		9.6 - 14.9%	

Integrated Summary Dashboard - April 2018

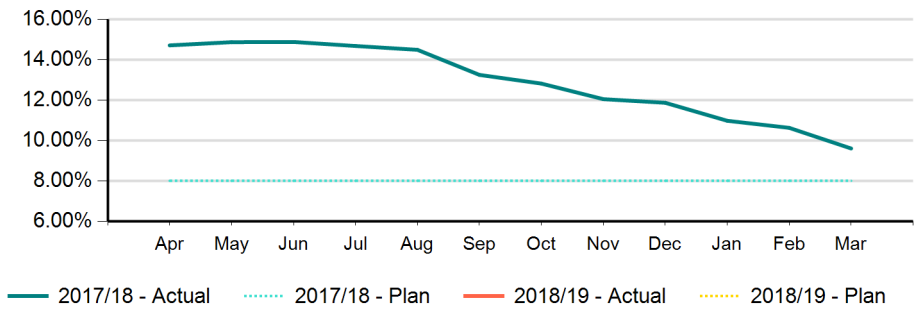
Exceptions

117 - Sickness absence level - Trust



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	5.2%
18/19	4.4%											

121 - Turnover



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	14.7%	14.9%	14.9%	14.7%	14.5%	13.2%	12.8%	12.0%	11.9%	11.0%	10.6%	9.6%
18/19	9.8%											

Integrated Summary Dashboard - April 2018

Organisational Development

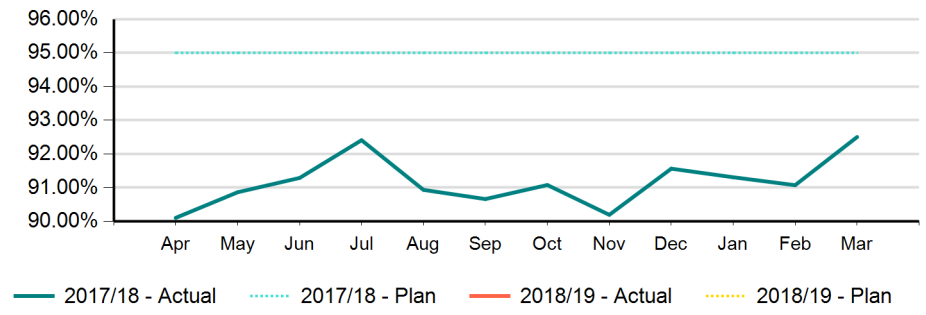
The Trust Board will note that improvements have been made to the Trust's appraisal rate – both improving from last month and this time last year. Building on this improvement will be critical in the 'summer period' when operational pressures are not as acute as in the winter months. Mandatory training rates remain strong and whilst there has been an improvement in Statutory training, work is ongoing to deliver the 95% target by September. A significant amount of work has been undertaken on the Staff Engagement agenda and a full paper will be presented to the Trust Board in June.

	Latest					Previous				Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Range**	**Trend**
37 - Staff completing Statutory Training	>= 95%	93.0%	Apr-18			>= 95%	92.5%	Mar-18		90.1 - 93.0%	
38 - Staff completing Mandatory Training	>= 85%	89.9%	Apr-18			>= 85%	89.9%	Mar-18		83.2 - 89.9%	
39 - Staff completing Safeguarding Training	>= 95%	94.2%	Apr-18			>= 95%	94.2%	Mar-18		88.7 - 94.2%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	84.5%	Apr-18			>= 85%	82.7%	Mar-18		73.9 - 84.5%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 68%	83.0%	Q4 2017/18			>= 68%	85.0%	Q2 2017/18		83.0 - 85.5%	
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	72.0%	Q4 2017/18			>= 80%	72.0%	Q2 2017/18		72.0 - 72.0%	
166 - Overall staff engagement score - (quarterly in arrears)		3.9%	Q3 2017/18							3.9 - 3.9%	

Integrated Summary Dashboard - April 2018

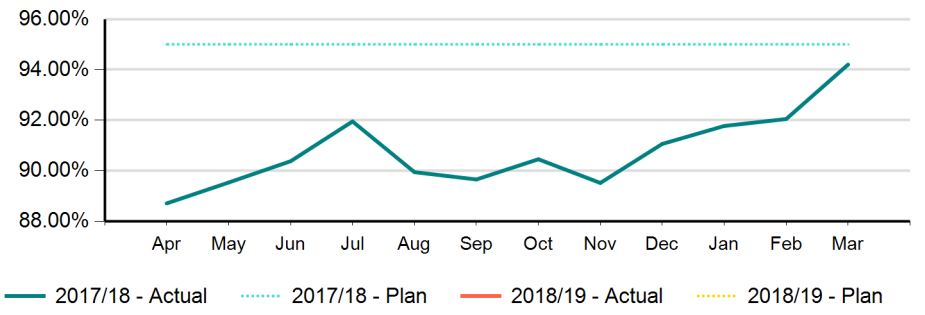
Exceptions

37 - Staff completing Statutory Training



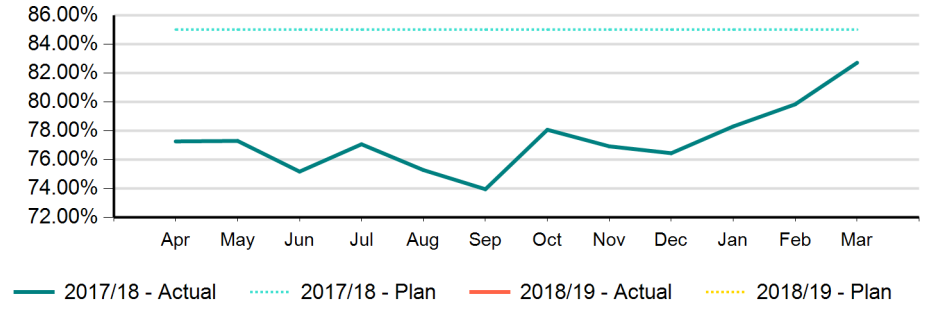
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	90.1%	90.9%	91.3%	92.4%	90.9%	90.7%	91.1%	90.2%	91.6%	91.3%	91.1%	92.5%
18/19	93.0%											

39 - Staff completing Safeguarding Training



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	88.7%	89.5%	90.4%	92.0%	89.9%	89.7%	90.5%	89.5%	91.1%	91.8%	92.0%	94.2%
18/19	94.2%											

101 - Increased numbers of staff undertaking an appraisal



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	77.3%	77.3%	75.2%	77.1%	75.3%	73.9%	78.1%	76.9%	76.4%	78.3%	79.8%	82.7%
18/19	84.5%											

Integrated Summary Dashboard - April 2018

Agency

Ensuring that all other alternatives have been explored and exhausted, the Trust continues to use agency staff where there are significant and ongoing challenges in relation to staff availability within specific grades of staff and staff groups. A heat map is produced at Trust and Divisional level which outlines areas of high spend and the actions being taken at Divisional level.

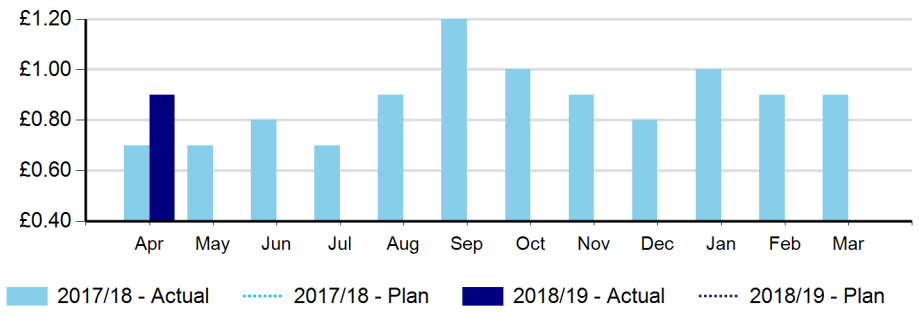
The Workforce Assurance Committee were updated at the last meeting on the range of actions that are being taken throughout the Trust to reduce agency spend to an acceptable tolerance level. Furthermore, the Director of Finance and Director of Workforce have commissioned PwC to undertake an internal audit into Agency spend, specifically focusing on whether the appropriate governance / controls are in place to control Agency Spend.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
198 - Trust Annual ceiling for agency spend (£ millions)	<= £0.5	£0.9	Apr-18				£0.9	Mar-18		£0.7 - £1.2	
111 - Annual ceiling for Nursing Staff agency spend (£ millions)	<= £0.1	£0.4	Mar-18			<= £0.1	£0.3	Feb-18		£0.2 - £0.4	
112 - Annual ceiling for Medical Staff agency spend (£ millions)	<= £0.2	£0.3	Mar-18			<= £0.2	£0.3	Mar-18		£0.3 - £0.5	

Integrated Summary Dashboard - April 2018

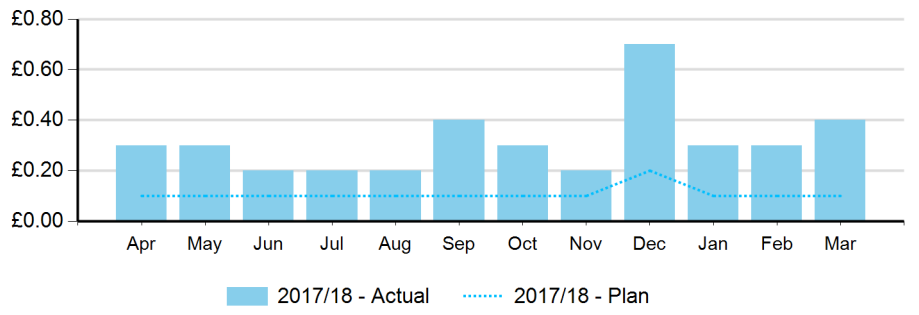
Exceptions

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



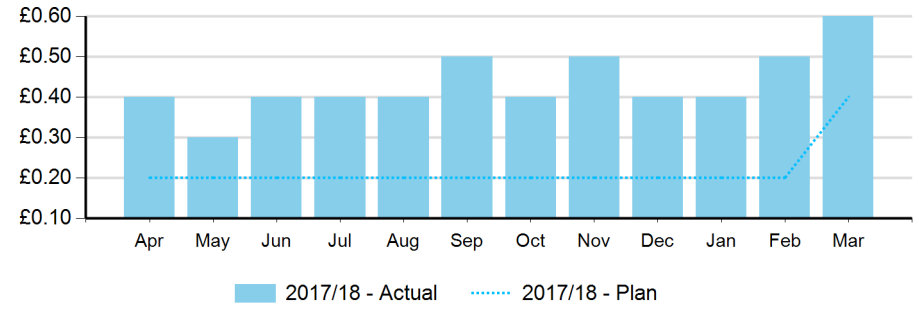
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	£0.7	£0.7	£0.8	£0.7	£0.9	£1.2	£1.0	£0.9	£0.8	£1.0	£0.9	£0.9
18/19	£0.9											

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	£0.3	£0.3	£0.2	£0.2	£0.2	£0.4	£0.3	£0.2	£0.3	£0.3	£0.3	£0.4

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	£0.4	£0.3	£0.4	£0.4	£0.4	£0.5	£0.4	£0.5	£0.4	£0.4	£0.5	£0.3

Integrated Summary Dashboard - April 2018

Finance

There is a year to date deficit at the end of month 1 of £0.9m (excluding PSF and impairments) which is £0.4m worse than the control total. Provider Sustainability Fund of £0.6m has been assumed in month, which is on plan. The under performance is largely as a result on under achievement on ICIP.

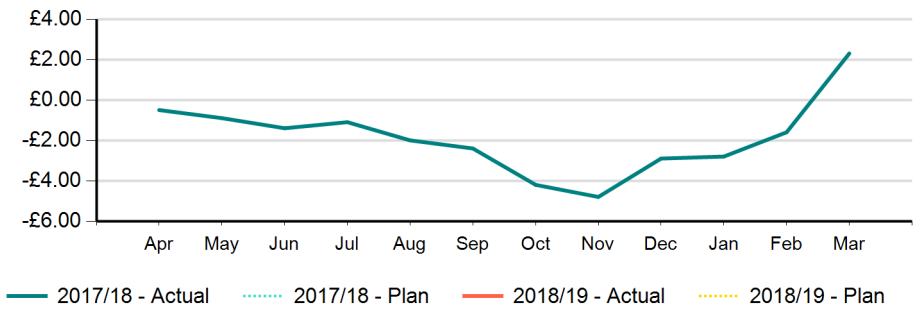
The plan for the first quarter for Use of Resources is a rating of 2 and as such the Trust is behind plan. The individual metrics for liquidity, I&E margin and variance and agency are all behind plan in April.

	Latest					Previous				Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Range**	**Trend**
220 - Control Total (£ millions)	>= -£0.5	-£0.9	Apr-18				£2.3	Mar-18			
221 - Provider Sustainability Fund (£ millions)	<= £0.6	£0.6	Apr-18				£0.6	Mar-18			
222 - Capital (£ millions)	<= £0.7	£0.6	Apr-18				£2.9	Mar-18			
223 - Cash (£ millions)	>= £6.7	£7.4	Apr-18				£8.0	Mar-18			
224 - Use of Resources	= 2	3	Apr-18				3	Mar-18			

Integrated Summary Dashboard - April 2018

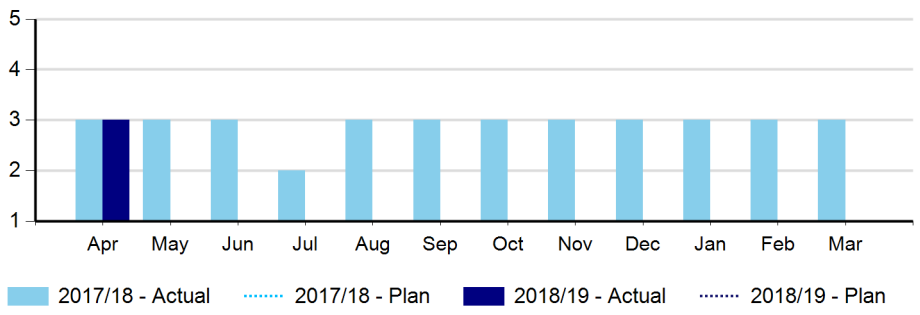
Exceptions

220 - Control Total (£ millions)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	-£0.5	-£0.9	-£1.4	-£1.1	-£2.0	-£2.4	-£4.2	-£4.8	-£2.9	-£2.8	-£1.6	£2.3
18/19	-£0.9											

224 - Use of Resources



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

Integrated Summary Dashboard - April 2018

Use of Resources

Clinical Services

In line with a paper presented to the Board last month, the Use of Resources (UOR) Framework is included with the Integrated Performance report. A process is being developed to validate the data from the Model Hospital portal - the governance process will include validation and sign off of the data and data will flow in future month's reports.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
175 - Pre-procedure non-elective bed days											
176 - Pre-procedure elective bed days											
177 - Emergency readmissions (30 days)											
178 - Did not attend (DNA) rate											

Integrated Summary Dashboard - April 2018

People

In line with a paper presented to the Board last month, the Use of Resources (UOR) Framework is included with the Integrated Performance report. A process is being developed to validate the data from the Model Hospital portal - the governance process will include validation and sign off of the data and data will flow in future month's reports.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
179 - Staff retention rate											
180 - Sickness absence rate											
181 - Pay cost per weighted activity unit (WAU)											
182 - Doctors cost per WAU											
183 - Nurses cost per WAU											
184 - Allied health professionals cost per WAU (community adjusted)											

Integrated Summary Dashboard - April 2018

Clinical Support Services

In line with a paper presented to the Board last month, the Use of Resources (UOR) Framework is included with the Integrated Performance report. A process is being developed to validate the data from the Model Hospital portal - the governance process will include validation and sign off of the data and data will flow in future month's reports.

	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											
186 - Overall cost per test											

Integrated Summary Dashboard - April 2018

Corporate Services, Procurement, Estates and Facilities

In line with a paper presented to the Board last month, the Use of Resources (UOR) Framework is included with the Integrated Performance report. A process is being developed to validate the data from the Model Hospital portal - the governance process will include validation and sign off of the data and data will flow in future month's reports.

	Latest					Previous				Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Range**	**Trend**
187 - Non-pay cost per WAU											
188 - Finance cost per £100 million turnover											
189 - Human resources cost per £100 million turnover											
190 - Procurement Process Efficiency and Price Performance Score											
191 - Estates cost per square metre											

Integrated Summary Dashboard - April 2018

Finance

In line with a paper presented to the Board last month, the Use of Resources (UOR) Framework is included with the Integrated Performance report. A process is being developed to validate the data from the Model Hospital portal - the governance process will include validation and sign off of the data and data will flow in future month's reports.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
192 - Capital service capacity											
193 - Liquidity (days)											
194 - Income and expenditure margin											
195 - Distance from financial plan											
196 - Agency spend											

Board Assurance Heat Map - Hospital - April 2018

	INDICATOR	Darley Court	AED-Adults	AED-Paeds	B1 (Frailty Unit)	A4	B2	B3	B4	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	H3 (Stroke Unit)	HDU	ICU	E3	E4	F3	F4	G3/TSU	G4/TSU	G5	DCU (daycare)	EU (daycare)	H2 (daycare)	UU (daycare)	E5 (Paed HDU and Obs)	F5	M1 and Assessment	EPU	M2	CDS	M3 (Birth Suite)	M4/M5	NICU	Total	Trend
		Acute Division																			Elective Division													Families Division											
Beds	Total Beds (April 2018)	30			23	22	10	21	15	25	26	26	27	10	14	26	22	27	27	24	10	8	25	25	25	23	0	24	16	12	9	11	4	10	7	17	6	26	15	5	44	38	735	
Infection Prevention Control	Hand Washing Compliance % (Self Assessed)	100.0%	100.0%	100.0%	95.0%	100.0%		95.0%	90.0%	65.0%	60.0%	95.0%	95.0%	100.0%	90.0%	85.0%	95.0%	95.0%	100.0%	95.0%	100.0%	100.0%	90.0%	100.0%	95.0%	95.0%	65.0%	100.0%	100.0%	85.0%	100.0%	95.0%	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%	90.0%	95.6%	
	Environment Audit Compliance %	82.0%	83.0%	86.0%	87.0%	100.0%		95.0%	74.0%	64.0%	83.0%	100.0%	77.0%	100.0%	87.0%	91.0%	78.0%	83.0%	77.0%	82.0%	100.0%	100.0%	83.0%	100.0%	91.0%	91.0%	96.0%	87.0%	100.0%	95.0%	100.0%	100.0%	95.0%	100.0%		87.0%		82.0%	91.0%	89.0%	77.0%	100.0%		
	Mattress Audit Compliance %				100%	100%		100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	92%	98%	100%	100%	100%	97%	100%	67%	100%	100%	non return	100%			100%		100%	100%		100%		100%	non return	non return	100%	100%		
	C - Diff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	
Harm Free Care	Safety Express Programme Harm Free Care (%)	96.6%			82.6%	100.0%		85.7%	100.0%	100.0%	96.3%	100.0%	96.2%	100.0%	100.0%	100.0%	91.3%	92.6%	96.3%	100.0%	88.9%	100.0%	96.0%	100.0%	94.1%	100.0%	100.0%	100.0%	100.0%	non return	non return	non return	non return	100.0%		100.0%	non return	100.0%	100.0%	100.0%	100.0%	100.0%	97.2%	
	All Inpatient Falls (Safeguard)	15	0	0	5	6	0	6	7	3	4	4	8	0	3	4	2	2	2	1	0	0	3	2	2	1	3	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	87	
	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
	VTE Assessment Compliance				30.0%	100.0%	100.0%	100.0%	50.0%	85.7%	100.0%	96.3%	100.0%	100.0%	100.0%	95.8%		80.0%	74.4%	90.5%	100.0%	100.0%	90.9%	100.0%	92.4%	91.1%	95.6%	98.7%	99.2%	87.1%	98.4%	99.2%	100.0%			98.2%	99.5%	98.9%	100.0%	100.0%	100.0%		96.0%	
	Monthly New pressure Ulcers (Grade 2)	4	2	0	0	1	0	3	0	1	1	1	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0		0		0	0	0	0	0	17	
	Monthly New pressure Ulcers (Grade 3)	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	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	
	PU due to lapses in care	1	1	0	0	0	0	1	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0		0		0	0	0	0	0	7	
Audit	Monthly KPI Audit %	96.2%	87.9%		78.3%	93.6%		80.5%	78.5%	82.6%	85.3%	89.1%	90.1%	100.0%	87.7%	82.9%	96.4%	90.3%	87.6%	91.3%	100.0%	100.0%	95.6%	96.2%	90.3%	92.7%	89.0%	99.4%	96.8%					98.9%		90.4%		84.1%	84.2%	100.0%	91.9%	99.3%	91.1%	
	Bolton System of Care Accreditation (BoSCA)	87.1%			64.0%	75.7%		70.9%		69.1%	60.1%	75.1%	59.6%	90.2%	79.7%	80.4%	73.0%	92.2%	90.4%	84.3%	92.0%	96.9%	84.7%	90.6%	82.5%	80.5%	90.3%	80.7%	90.7%					90.1%		79.9%		92.0%	78.1%	79.8%	81.6%		81.4%	
Patient Experience	Friends and Family Response Rate	100.0%	15.4%	7.9%	12.3%	50.0%	0.0%	39.0%	22.1%	44.0%	58.5%	32.0%	33.9%	50.9%	33.1%	29.7%	50.4%	85.4%	23.9%	0.0%	54.5%	80.0%	19.0%	46.4%	22.9%	43.4%	36.5%	50.6%	41.7%	37.4%	60.9%	49.4%	42.1%	25.3%	15.1%	21.1%	non return	10.2%	22.6%	30.4%	35.4%	84.6%	37.9%	
	Friends and Family Recommended Rate	95.7%	84.0%	83.6%	100.0%	100.0%	N/A	87.5%	94.1%	97.5%	100.0%	93.5%	95.2%	100.0%	98.3%	94.2%	83.3%	97.6%	76.2%	N/A	100.0%	75.0%	95.5%	96.6%	95.9%	95.7%	91.3%	97.7%	97.1%	94.0%	97.6%	95.7%	100.0%	98.6%	100.0%	94.5%	non return	98.1%	98.7%	97.8%	98.1%	100.0%	94.7%	
	Number of complaints received	0	3	0	0	1	0	1	1	1	0	1	0	0	0	1	1	1	0	0	0	0	0	1	1	0	0	1	0	0	0	0	0	0		0		0	0	1	1	0	16	
Governance	SIs in Month	0	0	0	0	0	0	1	0	0	2	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	0	0	0	0	0	0	4	
	Total Incidents	34	49	5	20	14	0	29	25	6	16	24	17	9	13	50	36	22	19	11	14	14	9	19	12	18	18	23	10	13	23	3	10	12	8	10	1	7	41	4	9	52	**729**	
	Harms related to Incidents (Moderate and above)	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**4**	
Staff Development	Appraisals	96.6%	89.1%	89.1%	70.3%	93.8%		90.2%		51.5%	100.0%	82.4%	64.1%	77.4%	71.4%	91.8%	85.7%	85.7%	84.8%	92.3%	90.5%	94.6%	86.7%	70.5%	75.7%	72.4%	89.7%	90.2%	40.0%	93.8%	95.7%	83.0%	100.0%	65.3%		80.0%		76.3%				90.9%	82.7%	
	Statutory Training	91.99%	94.72%	94.72%	80.31%	89.96%		89.47%		83.47%	95.32%	89.74%	84.89%	95.35%	79.38%	80.52%	83.67%	93.75%	89.04%	87.73%	96.88%	97.91%	86.47%	89.69%	96.08%	92.00%	95.45%	92.19%	97.83%	95.45%	92.67%	90.31%	99.05%	95.0%		90.17%		90.8%				99.56%	91.2%	
	Mandatory Training	90.2%	75.95%	75.95%	75.6%	77.5%		81.1%		69.8%	83.4%	75.0%	71.6%	81.2%	66.7%	69.6%	66.5%	80.9%	78.9%	79.3%	81.2%	80.9%	74.8%	72.2%	93.2%	82.1%	82.4%	81.3%	75.6%	82.0%	92.7%	72.9%	93.3%	94.1%		72.4%		70.8%				97.8%	79.4%	
Staffing & Workforce	% Qualified Staff (Day)				87.9%	94.9%		86.4%		83.1%	92.0%	89.4%	87.2%	98.6%	96.9%	91.7%	88.7%	96.7%	94.4%	93.6%	91.7%	100.1%	92.2%	96.3%	77.7%	95.7%	78.6%	100.5%	90.2%					86.5%		88.8%		92.9%	91.4%	87.8%	93.8%	100.2%	91.5%	
	% Qualified Staff (Night)				100.0%	103.2%		100.2%		98.3%	98.3%	93.1%	100.8%	100.0%	102.1%	100.0%	97.5%	111.6%	101.5%	100.0%	90.6%	89.4%	101.5%	100.0%	89.2%	117.7%	96.4%	101.1%	87.8%					75.2%		100.8%		90.0%	89.6%	90.8%	82.8%	99.8%	97.0%	
	% un-Qualified Staff (Day)				94.1%	114.7%		90.9%		105.0%	102.2%	91.7%	93.2%	118.3%	123.0%	85.2%	80.5%	99.8%	100.6%	105.3%	95.0%	85.0%	106.8%	78.1%	97.0%	99.3%	114.4%	95.1%	91.9%					47.3%		98.8%		85.4%	96.3%	93.0%	92.6%	-	95.9%	
	% un-Qualified Staff (Night)				109.9%	127.9%		100.9%		98.5%	100.5%	100.6%	99.2%	110.0%	138.6%	77.3%	74.4%	108.8%	101.1%	101.1%	33.3%	23.0%	114.4%	78.9%	68.5%	95.0%	97.5%	96.0%	138.5%					61.1%		119.0%		85.3%	98.3%	90.6%	90.6%	-	94.4%	
	Current Budgeted WTE (From Ledger)	43.38	135.12		38.03	32.83	40.69	43.34		33.71	41.23	42.69	40.69	26.93	19.97	50.82	40.30	38.51	38.47	36.15	39.58	55.02	30.21	35.52	37.79	30.21	44.49	44.49	18.07	26.76	50.33	43.87	15.88	66.44		25.72						106.59	1,413.83	
	Actual WTE In-Post (From Ledger)	37.51	136.28		35.56	28.85	39.70	42.30		32.77	41.12	34.99	39.70	25.37	18.40	48.38	35.25	36.72	32.52	34.57	34.23	50.98	30.79	39.31	33.16	28.27	38.73	39.14	15.97	26.39	50.79	45.52	14.55	62.26		21.53						97.32	1328.93	
	Actual Worked (From Ledger)	43.96	136.83		39.89	34.50	41.78	46.58		37.65	45.26	40.42	41.78	26.32	21.32	52.83	39.13	41.97	40.08	36.32	35.16	53.75	38.07	41.14	36.85	33.38	42.63	46.21	17.28	27.21	54.27	44.91	15.15	65.12		24.11						93.20	1435.06	
	Sickness (%) (Apr)	8.90%	5.26%	5.26%	6.62%	3.60%		9.59%		9.14%	5.92%	12.38%	6.31%	6.71%	14.95%	1.60%	9.58%	8.15%	13.57%	7.96%	0.89%	3.98%	3.21%	1.72%	0.66%	10.54%	2.47%	4.18%	3.80%	7.88%	3.91%	5.28%	4.19%	3.44%		9.12%		6.73%				2.92%	6.19%	
	Current Budgeted Vacancies (WTE) - (Budgeted wte -actual wte in post -Pending appt)	5.87	-7.16	0.00	1.47	3.98	0.99	1.04		-3.06	0.11	7.70	0.99	1.56	-1.23	-1.56	2.05	-0.21	2.95	-0.34	3.74	4.04	-4.05	-4.79	0.63	1.94	2.13	1.35	-2.90	0.37	-2.46	-1.65	1.33	-2.82		4.19						7.27	23.47	
	Pending Appointment		6		1					4					2.8	4	3	2	3	1.92	1.6		3.47	1	4		3.63	4	5		2			7			6.9				2	68.35	
	Substantive Staff Turnover Headcount (rolling average 12 months)	19.4%	10.8%	10.8%	14.6%	14.3%		14.3%		11.1%	9.3%	20.5%	4.8%	11.8%	20.0%	3.9%	8.1%	9.8%	18.9%	2.4%	11.1%	21.0%	24.2%	12.2%	12.5%	6.1%	26.1%	17.0%	5.0%	9.1%	1.1%	6.7%	6.3%	15.9%		7.1%		9.3%				13.8%	12.0%	

Bolton NHS Foundation Trust

Bolton NHS Foundation Trust

Board Assurance Heat Map - District Nursing Domiciliary - April 2018

INDICATORS	Avondale and Chorley old Road	Breightmet & Little Lever	Crompton	Egerton & Dunscar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westhoughton	Evening Service	Total
Safety Express Programme Harm Free Care (%)	95.74%	97.22%	98.11%	100.00%	93.62%	100.00%	100.00%	100.00%	97.92%	95.65%	91.89%		97.19%
Total Monthly New pressure Ulcers (Grade 2+)(Lapse in Care + No Lapse in Care)	1	1	2	0	6	0	0	0	1	0	0	0	11
Total Monthly New pressure Ulcers (Grade 2+) *(No Lapse in Care only)*	0	1	2	0	6	0	0	0	1	0	0	0	10
High Dependency Patients (40 Minutes >)													0
Medium Dependency Patients (21 Mins >)													0
Low Dependency Patients (< 20 mins)													0
Number of Home Visits (from Lorenzo) **	202	94	141	93	128	236	216	208	184	179	151	1618	3450
Monthly KPI Audit % (Revised Buddy Assessed Audit)	95.48%	85.12%	90.29%	90.44%	85.71%	94.07%	91.56%	91.53%	98.38%	96.35%	96.21%	88.32%	91.96%
BoSCA - Bolton Safe Care Accreditation	92.00%	82.20%	81.42%	90.54%	85.89%	81.03%	94.57%	84.48%	84.48%	91.64%	84.04%	76.16%	85.70%
Current Budgeted WTE	11.64	12.92	16	8.13	18.24	7.11	13.15	17.13		9.13	11.09	19.96	144.50
Actual WTE In-Post	11.04	12.64	17.1	7.533	16.867	8.107	12.907	19.433		8.613	7.8	17.39	139.43
Actual WTE Worked	11.304	12.901	17.452	7.533	16.201	7.563	12.245	18.226		8.151	7.848	18.91	138.33
Pending Appointment					1.0							0.9	7.80
Current Budgeted Vacancies (WTE)	0.60		3.00		1.20		0.43	0.70		1.00	1.09	2.88	10.90
Sickness (%) March 2018	7.39%	0.00%	6.73%	0.00%	1.11%	0.00%	0.75%	9.11%		1.07%	2.73%	2.79%	4.02%
Substantive Staff Turnover Headcount (rolling average 12 months)	0.00%	13.33%	6.25%	0.00%	0.00%	0.00%	0.00%	7.69%		14.29%	30.00%	20.59%	9.77%
12 month Appraisal	80.0%	100.0%	83.3%	100.0%	89.5%	100.0%	100.0%	100.0%		91.7%	87.5%	100.00%	92.8%
12 month Statutory Training	100.00%	96.67%	83.33%	100.00%	92.98%	100.00%	96.43%	95.08%		86.67%	95.83%	96.24%	93.50%
Number of complaints received	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Incidents reported on Safeguard (see end total column)	6	9	3	6	20	6	8	1	12	7	2	1	81

Agenda Item No: 13

Meeting	Trust Board

Date	Thursday 31.05.18

Title	18 week RTT (Referral to treatment) – current position and backlog clearance

Executive Summary	To provide a summary of the Trust's performance against the national 18 week RTT incomplete standard and plans to deliver backlog clearance.

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

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	Lisa Galligan-Dawson, Deputy Divisional Director, Elective Care	Presented by	Andy Ennis, Chief Operating Officer

Referral to treatment recovery plan

May 2018

Bolton NHS Foundation Trust

Background

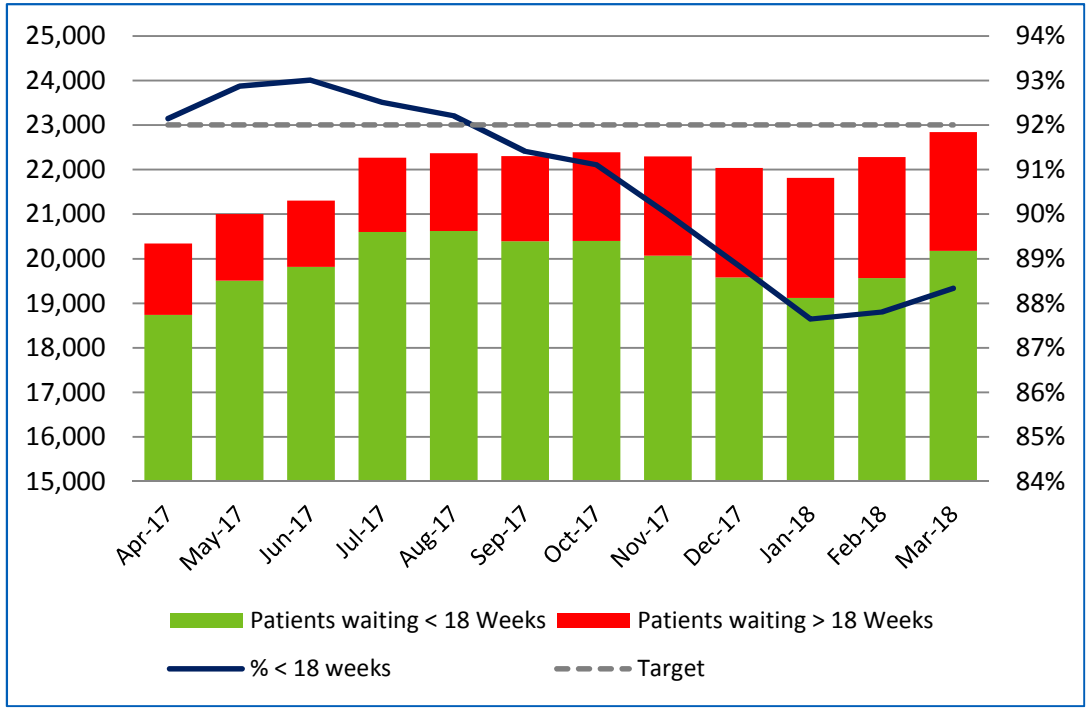
Nationally, meeting demand for elective services is becoming increasingly challenging in a context of finite resource (both finance and workforce) and the need to manage non-elective demand.

Increase in demand at specialty level combined with key capacity constraints has resulted in deterioration of the elective position, with the 92% incomplete standard (which requires 92% of patients awaiting treatment to have been waiting less than 18 weeks) having been failed from Sept 2017.

Winter pressures and cancellations as a result of national emergency planning guidance contributed to the further deterioration of performance. As such there has been significant growth in the backlog of patients from January 2018.

In addition, the cancellation of this level of elective activity has had an onward impact on the capacity available to treat those patients under 18 weeks as patients who were cancelled then needed to be treated in upcoming lists.

The figure opposite shows the current backlog as a proportion of the total waiting list and performance against the 92% incomplete standard.



Background continued

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

Both Bolton NHS Foundation Trust and NHS Bolton CCG are committed to returning to 92% in the current year and beyond. The purpose of this paper is to set out how this will be achieved. There are three broad steps that we will take to recover the referral to treatment position and sustain the improved performance and a detailed section on each:

1. **Validation of waiting lists (page 2)**
   Technical and clinical validation of the huge number of patients on the waiting list.
2. **Backlog clearance (pages 3-6)**
   There is a need to invest non-recurrent monies to clear the backlog. The CCG has committed additional resources of almost £1m to facilitate this. Discussions between the CCG and FT have identified a number of key priorities for this work:
   - Reducing clinical risk
   - Preventing 52 week pressure
   - Achieving 92% on compliance overall (but not by speciality)
   - Creating capacity for repatriation of NHS work done elsewhere in Bolton.
3. **Proposals for sustained improvement (page 7)**
   There are underlying capacity shortages in a number of specialties. This includes the specialties with the highest backlog numbers such as T&O, General Surgery and Ophthalmology. Work will be needed to reduce demand, increase capacity, and increase productivity in these areas.

1. Waiting list validation

Technical validation
As of 23 May there were 22,729 patients on the waiting list. Of these 20,267 were under 18 weeks and 2,380 over 18 weeks. On average there are 2,000 patients added to the waiting list each week.

Currently, we are only able to validate part of the waiting list. If we wish to validate the PTL as a whole there are options to consider, both for the method of validation and the priority order.

Option 1 – use existing FT staff, both existing validators and those that have had prior experience of validation, to work additional hours to clear the list. Working on an average of 50 patients per day this would take 10 people 47 working days to achieve.

Option 2 – an external company is engaged to provide validation services. This option is currently being explored.

Option 3 – combination of internal staff, and shortfall made up from the use of an external company.

Next stages
- Option 3 being progressed with Bolton FT staff being offered additional hours at the weekend (no pay variation)
- Procurement supporting the engagement of an external organisation and a meeting has been arranged to discuss the proposal.

Clinical validation
In additional to the trust-wide technical validation work, specialties are exploring the validation of clinical notes by consultants through ‘virtual’ clinics.

2. Backlog clearance – page 1 of 3

Initial work on backlog clearance focused on six specialties based on the key areas identified overleaf. These are: cardiology, ENT, general surgery, gynaecology, ophthalmology, and trauma and orthopaedics (including the orthopaedic interface service).

Specialty	Backlog	Clearance plan	Cost	Trajectory	Status
Cardiology	▪ Now: 71, all non-admitted	▪ Scheduling additional 10 new patient clinics to create 100 additional outpatient slots to allow for growth	£22,755		GREEN – Viable solution, planning underway
ENT	▪ Now: 120 – 81 non-admitted – 39 admitted	▪ Locum being sourced to deliver additional outpatient sessions to remove the non-admitted backlog, and bring waiting times down to enable patients going on to admitted pathways to be treated in time	£72,881		AMBER – Viable solution, requires approval
General surgery	▪ Now: 478 – 141 non-admitted – 274 admitted ▪ 150 potential 40+ week waiters by end of June	▪ Aim: no wait over 40 weeks by end of June ▪ Focus on admitted pathways – an outpatient plan for non-admitted patients will be required as phase 2 ▪ 9 additional lists each month for 4 months (June to Sept) – 5 cases per list – total of 175	£317,775	▪ Performance now: 85.2% ▪ After additional activity: – 298 remaining on waiting list >18w – 2,628 in total on waiting list ▪ Expected performance by end Sept: 88.1%	AMBER – Viable solution, requires approval

2. Backlog clearance – page 2 of 3

Specialty	Backlog	Clearance plan	Cost	Trajectory	Status
Gynaecology	▪ Now: 82 – 132 non-admitted – 36 admitted	▪ Additional clinics: – 78 additional outpatient slots needed Additional theatre lists: – 25 including growth	£100,039		GREEN – Viable solution, planning underway
Ophthalmology	▪ Now: 618 – 400 glaucoma – 216 other ▪ By Sept 18 (with growth): approx. 761	▪ Additional clinics: – 4 clinics per week (1 general, 3 glaucoma) - 34 extra slots in total per week – 79 additional clinics over 20-week period creating ca. 671 slots in total ▪ Theatre cancellation: all Drs replace 1 cataract list with 1 clinic – 90 extra slots in total	▪ Dependent on internal £109,075 vs outsourcing £128,130 ▪ Costs of outsourcing not yet clear	▪ If internal – need to start ASAP to deliver additional clinics over 20 weeks	AMBER – Viable solution, requires additional information for approval
Trauma and orthopaedics Including orthopaedic interface service (OIS)	▪ Now: ▪ OIS: – 187 non-admitted ▪ Orthopaedics: – 158 non-admitted – 187 admitted	▪ Aim: no wait over 40 weeks by end of June ▪ OIS/non-admitted – 141 additional slots: – Virtual waiting list review – 25 slots freed – 4 additional slots per month for 4 months – 50 slots per month in June & July 'Super Saturdays' ▪ Elective orthopaedics/admitted – 78 additional cases: – 3 upper limb cases in June – 71 lower limb cases from May to Sept – 4 F&A cases in May	▪ Arrangements through North West Surgical Services (NWSS). Work commenced June 18 ▪ OIS £47,723 ▪ Orthopaedics £361,704 ▪ Total £409,427		GREEN – Viable solution, planning underway

Options for the delivery of additional activity have also been requested from the following services in the Elective Division: oral surgery, urology, plastics. Similarly the Acute Adult Division has been asked to look into additional activity in general medicine, respiratory, dermatology (all non-admitted pathways).

2. Backlog clearance – page 3 of 3

Specialty	Backlog	Clearance plan	Cost	Trajectory	Status
Plastic Surgery	▪ Now: 42 – 4 non-admitted – 38 admitted	▪ Additional theatre lists: – 6 lists for 24 of admitted backlog Unable to identify further activity to remove complete backlog presently	£23,253		GREEN – Viable solution, planning underway
Haematology	▪ Now: 21 - 21 non-admitted	▪ Additional clinics: ▪ For 28 patients to include growth	▪ £20,210		AMBER – Viable solution, requires approval
Validation			▪ Internal £81,550 ▪ External 116,500		AMBER – Viable solution, requires approval

Specialties are still reviewing the options to deliver further activity, as there is a risk to the ability to deliver all the activity outlined due to outsourcing, and internal workforce challenges. Based on the above activity the total cost is estimated as £1,110,480 to £1,164,484 depending on outsourcing levels.

Impact of proposed backlog clearance

Specialty	Over 18 Weeks Non	Over 18 Weeks Adm	Capacity Identified	% Assumption Clock Stopped	Reduction	Backlog as at 30/09/18	% Incomplete Performance as at 30/09/18	Backlog as at 30/09/18 (assuming 100% Clock Stops)	% Incomplete Performance as at 30/09/18 (assuming 100% Clock Stops)
General Surgery	141	274	175	100%	175	313	88.1%	313	88.1%
Urology	67	67			0	152	84.6%	152	84.6%
Trauma & Orthopaedics	158	187	78	100%	78	331	71.6%	331	71.6%
ENT	81	39	81	50%	41	91	94.2%	51	96.6%
Ophthalmology	539	79	760	75%	570	146	95.6%	0	100.0%
Oral Surgery	60	85			0	171	81.8%	171	81.8%
Plastic Surgery	4	38	24	100%	24	23	89.7%	23	89.7%
Paediatric Surgery	0	11			0	11	92.5%	11	92.5%
Anaesthetics	2	1			0	2	99.4%	2	99.4%
General Medicine	58	1			0	65	95.9%	65	95.9%
Clinical Haematology	21	0	28	75%	21	-1	100.7%	0	100.0%
Audiology	4	0			0	4	98.9%	4	98.9%
Palliative Medicine	0	0			0	0	100.0%	0	100.0%
Cardiology	67	4	100	52%	52	19	98.4%	0	100.0%
Dermatology	18	0			0	17	98.3%	17	98.3%
Neurology	0	0			0	0	99.1%	0	99.1%
Rheumatology	12	0			0	15	95.9%	15	95.9%
Paediatrics	73	0			0	78	92.0%	78	92.0%
Elderly Medicine	0	0			0	3	97.2%	3	97.2%
Gynaecology	132	36	116	100%	116	66	95.8%	66	95.8%
Oncology	0	0			0	0	100.0%	0	100.0%
OIS	187	0	141	100%	141	87	95.7%	87	95.7%
Respiratory Medicine	13	0			0	12	98.0%	12	98.0%
Endocrinology	3	0			0	4	96.0%	4	96.0%
Diabetic Medicine	0	0			0	0	100.0%	0	100.0%
Cardiothoracic Surgery	0	0			0	0	100.0%	0	100.0%
A&E	0	0			0	0	100.0%	0	100.0%
Total	**1640**	**822**	**1503**		**1218**	**1614**	**92.5%**	**1328**	**93.7%**

Headline

If we implement everything in the 18-week backlog clearance plan outlined previously performance will increase to between 92.5% and 93.8% depending on the proportion of clock stops at first appointment.

Notes

- The cost of implementing everything in the backlog clearance plan is not yet known, assumptions added.
- Figures are based on current waiting list size, prior to any validation.
- Other specialities are continuing to explore options for the deliver of additional capacity
- Performance is estimated based on average clock stops. 100% clock stops at first appointment is estimated to increase performance by another 1%

Notes

Items for agreement

- Rate of pay for support services. Pharmacy, theatres, radiology all used to getting overtime payment and this will be expected again. Admin and clerical have in the past been asked to work additional hours on the bank rather than paid overtime. Issues: to get enough additional hours with experienced staff, it is likely that we would need to offer an incentive and to be consistent with pharmacy, radiology and theatres (would be unfair to treat this cohort of staff differently). There is a risk though – current vacancies are used as 'bank hours'. There are several vacancies at present that cannot be filled, so there is on substantive staff taking extra hours on the bank, some of these are long term vacancies. It will be hard to separate these 'regular hours' as we will be asking the same pool of staff. Therefore, there we will have to pay all at overtime rate for a fixed time period.

Caveats

- Likely impact on support services to be established – i.e. impact of cardiology clinics on diagnostics (radiology and cardiology) to check support staff can firstly deliver the additional activity also needed and that secondly there is no impact DM01 or cancer performance
- General surgery and gynaecology currently looking at theatre dates. Delivery of activity will be subject to theatre, ward, day care, pre-op staffing. Dates currently canvassed with theatre teams
- Additional activity for outpatients is subject to room availability, ABC, records and support services being able to deliver the activity. Very few staff on the bank so reliant on existing bank staff / substantive staff doing extra. Agency will be an option but quality may be substandard.
- Radiology is unable to go to agency due to amount of agency radiographers already supporting department. Again, they will be reliant on existing staff. Theatres can use agency staff, but again there are limitations on the number that can be used on each shift. Some of the challenge will be dependent on when the clinicians across the different specialties are all looking to do their lists.
- We need to consider that some pre-op staff, theatres, recovery etc. will be working for NWSS directly. This limits the number of staff available to do other overtime to cover lists for other specialties. These staff are paid very well and may cause disharmony in the department and make it difficult to cover the other shifts.
- Pharmacy and therapies tried to use agency staff over winter. Again this was unsuccessful so they are likely to be reliant on internal teams doing more.

3. Proposals for sustained improvement

Initial discussions have revealed proposals for sustainable improvement in RTT performance in four key areas: endoscopy, general surgery, ophthalmology, and trauma and orthopaedics. An initial outline is set out below. Further detailed work is required in each area to develop, cost and make the case for any additional requirements.

Specialty	Issues	Current plans	Additional requirements	Notes
Endoscopy	▪ Workforce to fully staff new capacity ▪ Future growth in demand	▪ Plans in development to fully staff 4th room	▪ Business case to be developed for further capacity to manage future demand (5 or 6 rooms) by Alison March by July 2018	
General surgery	▪ Pressure on colorectal outpatients ▪ Pressure on bowel surgery	▪ Address job plans of current consultants	▪ Business case for additional colorectal consultant to be developed by Alison March by June 2018	Need to coordinate business cases for additional consultants to take into account demand on theatres, other estates, anaesthetics and support services
Ophthalmology	▪ Annual capacity gap of ca. 10,000	▪ Additional capacity of 3,000 at Waters Meeting ▪ Capacity of 2,000 to be released by efficiency ▪ 5,000 gap remains	▪ Business case for additional consultant – CCG support in principle – business case by Lucy Currie by June 2018 ▪ Plans for further extension of non-medical roles ▪ Referral refinement/referral gateway explored	
Trauma and orthopaedics	▪ Pressure on lower limb surgery		▪ Business case for lower limb consultant to be developed by Sam Carney by June 2018 ▪ Alongside job plan review for trauma ▪ NB: CCG may look to BMI for additional capacity	

Agenda Item No: 14

Meeting	Board of Directors

Date	31st May 2018

Title	Declarations required for General Condition 6 and Continuity of Service condition 7 of the NHS provider licence

Executive Summary	**Condition G6** requires NHS Foundation Trust Boards to self-certify compliance with the conditions of the NHS provider licence. The NHS Acts and the NHS Constitution. **Condition 7** requires providers to confirm that they have resources for the provision of Commissioner requested services (CRS) From July, NHSI will undertake an audit of a sample of FTs for evidence of self-certification including Board minutes and supporting papers.

Previously considered by	

Next steps/future actions	To consider and approve the self-certifications of compliance			
	Discuss		Receive	
	Approve	✓	Note	
	For Information		Confidential y/n	

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

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

Prepared by	Esther Steel Trust Secretary	Presented by	Esther Steel Trust Secretary

1. **Background**

On 1 April 2013 the Trust's Terms of Authorisation with Monitor were replaced by the Licence (Licence Number: 130014).

The conditions within the Licence are detailed at Annex I with assessment of compliance made against each condition.

The NHS provider licence was last updated in February 2013) and as a consequence this document contains multiple references to Monitor which should be read in this context.

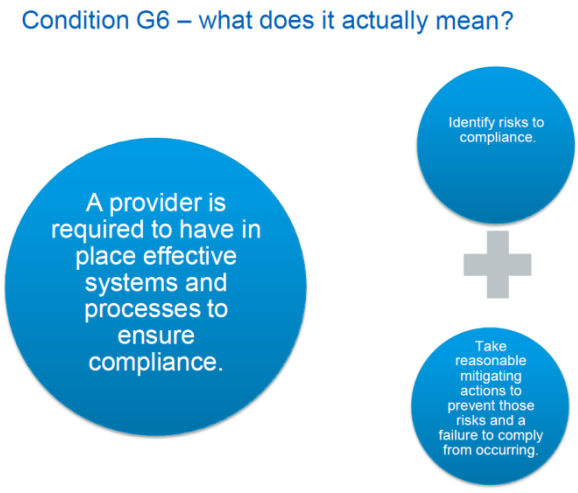
New guidance issued by NHSI in 2017 replaced the requirement to submit a formal declaration with a requirement to self-certify the following three Licence Conditions after the financial year-end:

- General Condition G6 - The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution
- Continuity of Services Condition CoS7 - If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service

A further declaration against condition FT4 and Governor training will be required in June 2018

2. **General Condition G6** - the Licensee should 'take all reasonable precautions against the risk of failure to comply with:

- the conditions of this Licence;
- any requirements imposed on it under the NHS Acts; and
- the requirement to have regard to the NHS Constitution'.



The steps the Trust is expected to take (paragraph 2(a) and 2(b) of the Licence) are:

- the establishment and implementation of processes and systems to identify risk and guard against their occurrence; and
- regular review of whether those processes and systems have been implemented and of their effectiveness.

2.1 Evidence of Compliance

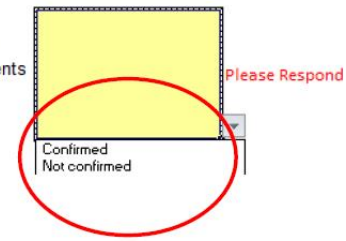
- The Board and supporting Committees (Audit Committee, Quality Assurance Committee, Finance and Investment Committee, Workforce Committee and the Trust Risk Management Committee) receive regular reports and supporting data analysis covering patient safety, clinical quality, patient experience, workforce, performance and finance.
- The Risk Management Strategy, including the Board Assurance Framework which is regularly reviewed by the Board and the Audit committee and the Risk Registers which are reviewed through the Risk Management Committee.
- The Trust has a comprehensive monthly dashboard, which on a monthly basis triangulates key performance indicators such as Friends and Family Test feedback and falls/pressure ulcer incidents with workforce metrics.
- Assurance can be gained through the outcome of the full CQC inspection undertaken in March 2016 and reported in July 2016

Please see appendix one for a full break down of the assessment of compliance with the licence conditions

2.2 Declaration

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.



3. Continuity of Services Condition CoS7

Commissioner Requested Services CRS are defined as *"services that will be subject to regulation by NHSI in the course of a licensee's operations, that, in the event of a provider failure, must be identified and kept in operation at that specific locality."*

The current designation of Bolton NHS Foundation Trust for CRS is a 'default' position (i.e. automatic full designation, across all services). In effect, the current CRS designation is inherited from the position in April 2013, when CRS principles were first established. At that point in time, the FT licence saw all NHS funded services "grandfathered" into CRS status.

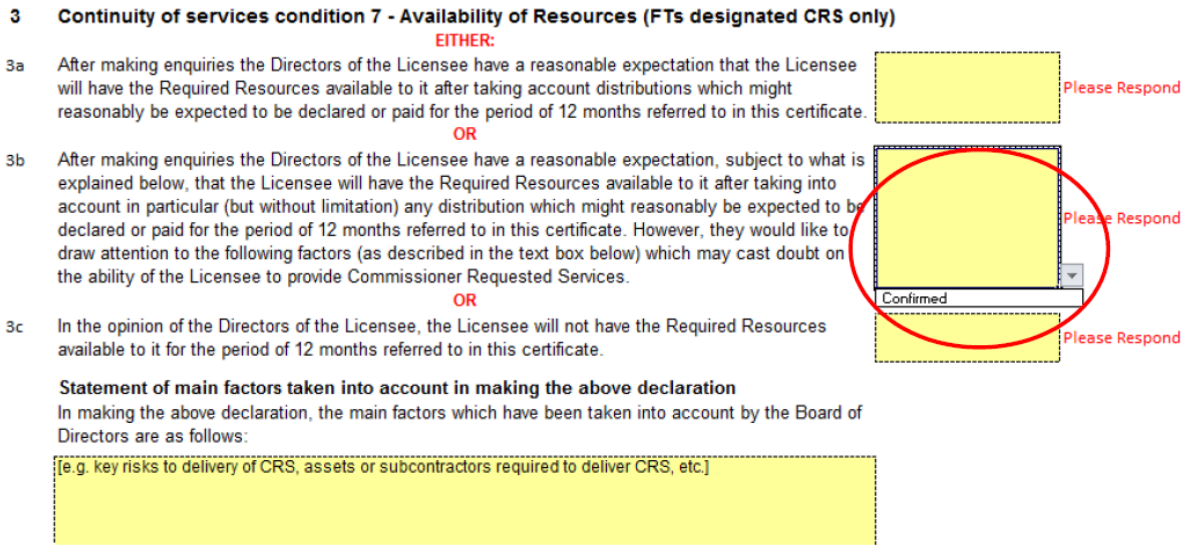
The Board are asked to consider confirmation of the following statement:

> *After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.*

3.1 Evidence for confirmation

The Going Concern report provides evidence that the Trust will continue to have the resources required to operate

3.2 Declaration



3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. — Please Respond

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services. — Please Respond — Confirmed

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate. — Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]

4. Recommendation

a) That the Board consider confirmation of self-certification against the requirements of General Condition 6 of the Licence.

b) That the Board consider confirmation of the continuity of services condition (CoS7)

Appendices

1 checklist of compliance against Licence conditions

2 NHSI template

Appendix I - checklist of compliance

NHS Provider Licence: Checklist of Compliance to underpin self-certification against licence conditions

Licence Condition	Compliance
Section 1 – General Conditions	
G1: Provision of information *'the Licensee shall furnish to Monitor such information and documents, and shall prepare or procure and furnish to Monitor such reports, as Monitor may require for any of the purposes set out in section 96(2) of the 2012 Act'*	Confirmed. No compliance issues identified.
G2: Publication of information '*The Licensee shall comply with any direction from Monitor for any of the purposes set out in section 96(2) of the 2012 Act to publish information about health care services'*	Confirmed. No compliance issues identified.
G3: Payment of fees to Monitor '*The Licensee shall pay fees to Monitor in each financial year of such amount as Monitor may determine'*	Confirmed. No compliance issues identified - no fees charged to date
G4: Fit and proper persons '*The Licensee shall ensure that no person who is an unfit person may become or continue as a Governor'* *'The Licensee shall not appoint as a Director any person who is an unfit person'*	Confirmed. Governor eligibility and disqualification criteria and code of conduct ensures compliance. Trust Employment policies ensure compliance. CQC reviewed Director files to test fit and proper person documentation

G5: Monitor guidance '*the Licensee shall at all times have regard to guidance issued by Monitor*'	Confirmed. No compliance issues identified.
G6: Systems for compliance with licence conditions and related obligations	Confirmed. No compliance issues identified. Risk Management system in place throughout the Trust including Board Assurance Framework and Risk Register.
G7: Registration with the Care Quality Commission	Confirmed. The Trust is registered, without conditions, with the Care Quality Commission (CQC). An internal assurance process is in-place to minimise the risk of non-compliance with essential standards of quality and safety. In March 2016, the Trust had a full CQC inspection the results and a rating of Good were reported in July 2016.
G8: Patient eligibility and selection criteria	Confirmed. There is an annual review of the contract with commissioners to agree eligibility criteria, in accordance with Department of Health guidance.
G9: Application of Section 5 (Continuity of Services)	Refer to Section 5 below.
Section 2 – Pricing	
P1: Recording of information '*the Licensee shall obtain, record and maintain sufficient information about the costs which it expends in the course of providing services'*	Confirmed. No compliance issues identified.

P2: Provision of information '*the Licensee shall furnish to Monitor such information and documents, and shall prepare or procure and furnish to Monitor such reports, as Monitor may require for the purpose of performing its functions'*	Confirmed. No compliance issues identified.
P3: Assurance report on submissions to Monitor *'If required in writing by Monitor the Licensee shall, as soon as reasonably practicable, obtain and submit to Monitor an assurance report in relation.to costing.*'	Confirmed. No compliance issues identified.
P4: Compliance engagement concerning local tariff modifications *'the Licensee shall only provide health care services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by Monitor'*	Confirmed. No compliance issues identified.
P5: Constructive engagement concerning local tariff modifications *'The Licensee shall engage constructively with Commissioners'*	Confirmed. No compliance issues identified.
Section 3 – Choice and competition	
C1: The right of patients to make choices *'the Licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, he or she is notified of that choice and told where information about that choice can be found'.*	Confirmed. No compliance issues identified.

C2: Competition oversight *'The Licensee shall not enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services'*	Confirmed. No compliance issues identified.
Section 4 – Integrated care	
IC1: Provision of integrated care *'The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling its provision of health care services for the purposes of the NHS to be integrated with the provision of such services'*	Confirmed. No compliance issues identified.
Section 5 – Continuity of Services	
COS1: Continuing provision of Commissioner Requested Services *'The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any Commissioner Requested Service except where permitted to do so in the contract'*	Confirmed. No compliance issues identified.
COS2: Restriction on the disposal of assets '*The Licensee shall establish, maintain and keep up to date, an asset register'* *'The Licensee shall furnish Monitor with such information as Monitor may request relating to any proposal by the Licensee to dispose of, or relinquish control over, any relevant asset'*	Confirmed. Asset register maintained.

COS3: Standards of corporate governance and financial management '*The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as:* *suitable for a provider of the Commissioner Requested Services provided by the Licensee, and* *providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern'*	Well Led review undertaken and reported in 2017 Position against Monitor's Code of Governance regularly assessed and reviewed through the Audit Committee (last review February 2018). Robust financial plan and quarterly profile that is approved as part of the Operational Plan submission. Monthly monitoring of financial performance and risks at Finance and Investment Committee and Board
COS4: Undertaking from the ultimate controller **'***The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee'*	Not applicable (relates to non-FT whose ultimate controller may be a separate legal organisation).
COS5: Risk pool levy **'***The Licensee shall pay to Monitor any sums required to be paid in consequence of any requirement imposed on providers by way of levy'*	Confirmed. No compliance issues identified - no charges levied.
COS6: Co-operation in the event of financial stress **'***if Monitor has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern…the Licensee will: provide such information as Monitor may direct to Commissioners, allow such persons as Monitor may appoint to enter premises owned or controlled by the Licensee and co-operate with such persons as Monitor may appoint to assist in the management of the Licensee's affairs, business and property'*	Confirmed.

COS7 Availability of resources **'***The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources'*	**Confirmed. – declaration 3 on the attached template (appendix 2)** Robust plan and quarterly profile that is approved as part of the Operating Plan submission to Monitor. positive cash balance.
Section 6: NHS Foundation Trust conditions	
FT1: Information to update the register of NHS foundation trusts '*The Licensee shall ensure that Monitor has available to it written and electronic copies of the following documents:* *a) the current version of Licensee's constitution;* *b) the Licensee's most recently published annual accounts and* c) *any report of the auditor on them, and the Licensee's most recently published annual report'*	Confirmed. No compliance issues identified.
FT2: Payment to Monitor in respect of registration and related costs *'the Licensee must pay to Monitor a fee in respect of Monitor's exercise of its functions'*	Confirmed. No compliance issues identified. (no fee levied as yet)
FT3: Provision of information to advisory panel *'The Licensee shall comply with any request for information or advice made of it'*	Confirmed. No compliance issues identified - no requests for information to the advisory panel

FT4: NHS Foundation Trust governance arrangements *The Licensee shall have regard to such guidance on good corporate governance as may be issued by Monitor from time to time.* *The Licensee shall establish and implement:* a) *effective board and committee structures;* b) *clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and* c) *clear reporting lines and accountabilities throughout its organisation* *The Licensee shall establish and effectively implement systems and/or processes:* *(a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;* *(b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;* *(c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);* (d) *to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;* *(e) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;* *(f) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and* (g) *to ensure compliance with all applicable legal requirements*	Confirmed. No compliance issues identified. Confirmed. **Additional Self-Certification to be made in June 2018**

the Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence. *The Licensee shall submit to Monitor within three months of the end of each financial year:* *(a) a corporate governance statement* *(b) if required in writing by Monitor, a statement from its auditors either:* *(i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or* *(ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.*	Forms part of the monthly performance report submitted to the Board. Confirmed – Submissions made to NHSI as required/requested

Appendix 2 - template

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. Please Respond

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this Please Respond

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services. Please Respond

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate. Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name		**Name**	
Capacity	[job title here]	**Capacity**	[job title here]
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A

Agenda Item No: 15

NHS Bolton NHS Foundation Trust

Meeting	Board of Directors

Date	31st May 2018

Title	Finance and Investment Committee - 2017/18 Annual Report

Executive Summary	To review for the Board the activities of the Finance and Investment Committee in regard of the objectives set by the Board for 2017/18 and to propose objectives for 2018/19 in the light of the Committee's terms of reference.

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

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	Andrea Bennett Deputy Director of Finance	Presented by	Annette Walker Finance Director

Finance and Investment Committee – 2017/18 Annual Report

1. Introduction

1.1 The purpose of this paper is to review for the Board the activities of the Finance and Investment Committee in regard of the objectives set by the Board for 2017/18 and to propose objectives for 2018/19 in the light of the committee's terms of reference.

2. 2017/18 Performance

2.1 The committee's objectives for 2017/18 were to provide the Board with assurance on:

1. Delivery of the 2017/18 operational financial plan
2. Development of the 2018/19 operational financial plan
3. Development of a revised five year financial plan, in light of Devolution Manchester
4. Implementation of the investment in estates
5. Implementation of the investment on IT
6. The financial aspects of the Northwest Sector partnership and the single service following the "Healthier Together" decision making process
7. Development of the Business Case for £100m redevelopment of the Hospital Site
8. The implementation of the Trust's procurement strategy
9. Any other significant financial transactions / issues as per the terms of reference

2.2 The committee reviewed its performance against each of the objectives it has been set and RAG rated performance as follows:

Objective	RAG rating
1. Delivery of the 2017/18 operational financial plan	Green
2. Development of the 2018/19 operational financial plan	Green
3. Development of a revised five year financial plan, in light of Devolution Manchester	Amber
4. Implementation of the investment in estates	Amber
5. Implementation of the investment in IT	Green
6. The financial aspects of the Northwest Sector partnership and the single service following the "Healthier Together" decision making process	Green
7. Development of the Business Case for £100m redevelopment of the Hospital Site	Amber
8. The implementation of the Trust's procurement strategy	Green
9. Any other significant financial transactions / Issues as per the terms of reference	Green

Objective 3. Development of a revised five year financial plan, in light of Devolution Manchester is shown as amber due to limited number of updates and specific requirement for review of any proposals that impact on the FT financial powers

Objective 4. Implementation of the investment in estates is shown as amber due to significant slippage on the capital programme. The F&I Committee has asked the

Executive to demonstrate significant improvements to the planning and delivery of future capital expenditure programmes as a matter of urgent priority. The new Strategic Estates Board should provide further assurance in this regard.

Objective 7. The Development of the Business Case for £100m redevelopment of the Hospital Site is shown as amber due to that fact a strategic case or business case has not yet developed.

2.3 The following table shows the objectives agreed by the Board and the activities undertaken by the committee to fulfil them.

Objective	**Action**
1. Delivery of the 2017/18 operational financial plan	The Board approved an extremely challenging financial plan which required a £20.6m income and cost improvement target to be achieved to deliver the control total of £2.2m giving a planned surplus of £10.1m including STF with a continuity of service rating of one and a cash balance of £11.2m The committee received and challenged monthly reports from the Executive which identified progress against the plan, highlighted risks and mitigating actions. The committee undertook a fundamental review of the Trust's financial position in May 2017. A further review was carried out in September 2017 and a Tactical Financial Plan was put in place in October 2017. In addition to the reports provided by the Finance Director to the Board, the committee Chair gave monthly reports to Trust Board on the range of risks and the key mitigating actions and the level of assurance the committee had. A control total of £2.3m was achieved giving a surplus of £11.8m including STF. The use of resources rating was a three and the cash balance was £8.1m.
2.Development of the 2018/19 operational financial plan	The committee received and challenged monthly updates from the Executive through the process of developing the plan. In addition to the reports provided by the Finance Director to the Board the Committee Chair gave reports emerging risks and mitigations and the level of assurance that the committee had.

	The 2018/19 Plan is again very challenging but the committee approved the NHSI control total targets after rigorous challenge and took the view that, on balance, the potential benefit to the Trust of accepting these targets outweighed the risk. The committee approved the 2018/19 in March 2018. This plan was subsequently agreed by the Board.
3. Development of a revised five year financial plan, in light of Devolution Manchester	The committee received and challenged updates from the Executive on developments from Greater Manchester. The committee's input was limited due to lack of detailed updates provided and limited review opportunity.
4. Implementation of investment in estates	The committee received and challenged updates from the Estates Capital Programme Committee. The committee reviewed and challenged the following Business Cases: - Accident & Emergency - Endoscopy
5. Implementation of investment in estates	The committee received and challenged updates from the IT Capital Programme Committee. The committee reviewed and challenged the following: - Network Hardware Business Case - Unified Comms
6.The financial aspects of the Northwest Sector partnership and the single service following the "Healthier Together" decision making process	The committee received regular updates from the Executive on the Northwest Sector partnership.
7. The Development of the Business Case for £100m redevelopment of the Hospital Site	The committee approved a Replacement Assets Policy in June 2017. No further papers were presented. A strategic case or business case has not yet been developed.

8.The implementation of the Trust's procurement strategy	The committee received regular procurement key performance indicator reports. The committee also received presentations from the Head of Procurement on the Procurement Strategy. The committee has requested an independent review of effectiveness of Trust Procurement activity and is awaiting the results.
9. Any other significant financial transactions / Issues as per the terms of reference	The committee reviewed and critically challenged the following additional material items through the year: • Capital and Revenue Investment Group decisions • Authorisation of high value contracts • Business cases - Network Hardware Business Case - Unified Comms - Accident & Emergency - Endoscopy • Tenders - AQP for NOUS and Adult Hearing Services - Salford Freestanding Maternity Unit - Wigan Council Sexual Health Services - Greater Manchester Diabetic Eye Screening - Primary Care Dental & Urgent Care in hours and out of hours call handling and clinical provision - Primary Care Locality service - Bolton 0-19 service - Isle of Man procurement exercise • Collaborative Image Sharing Project Outline • Outpatient Pharmacy • Tax Avoidance Issues in the NHS

3. Annual Terms of Reference Review

3.1 The committee reviewed its terms of reference in May 2018. No material changes are proposed. The terms of reference are attached at appendix one for approval by the Board.

4. Objectives for 2018/19

4.1 In light of the terms of reference it is proposed that the committee's objectives for 2018/19 should be to give the Board assurance on:

1. Delivery of the 2018/19 operational financial plan
2. Development of the 2019/20 operational financial plan
3. Development of a revised five year financial plan, in light of Devolution Manchester
4. Implementation of the investment in estates
5. Implementation of the investment in IT
6. Implementation of the financial aspects of the Northwest Sector partnership and the single service following the "Healthier Together" decision making business case
7. Development of Bolton Integrated Care Organisation
8. Development of the Business Case for £100m redevelopment of the Hospital Site
9. The implementation of the Trust's procurement strategy and review of KPI's.
10. Any other significant financial transactions / issues as per the terms of reference

5. Work Plan

5.1 A proposed work plan to deliver the objectives set out above is attached as appendix two.

6. Recommendation

6.1 It is recommended that the committee agrees to:

i) Submit the committee's 2017/18 annual report and 2018/19 terms of reference, objectives and work plan to the Board for approval.

Appendices

1. 2018/19 Terms of Reference
2. 2018/19 Work Plan

Finance and Investment Committee – Terms of Reference

1. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Any decision taken by the Committee to obtain outside legal or other independent professional advice will always be highlighted in the Chair's report.

2. Reporting Arrangements

The Finance and Investment Committee will be accountable to the Board of Directors.

The minutes of Committee meetings shall be formally recorded by the Secretary. The Chair of the Committee will issue a Chairs report to the Board and shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

The Committee will refer to the other two Board governance Committees (the Group Audit Committee and the Risk and Assurance Committee) matters considered by the Committee deemed relevant for their attention. The Committee will consider matters referred to it by those two governance Committees.

The annual work plan of the Committee may be reviewed by the Group Audit Committee at any given time.

3. Main Duties and Responsibilities

To provide assurance to the Board as follows:-

- To oversee Financial Risk Assessment and Financial Risk Management.
- To review the Annual, Medium and Long Term Financial Plans (revenue and capital plans) and in particular the Assumptions, Risks, Issues and Dependencies (ARIaD) underpinning the estimates. Recommend adoption of the plans to the Board of Directors.
- To review Group Revenue Income & Expenditure and Capital Programme for recommendation to the Board of Directors.
- To review the essential elements of the contracts with commissioners of patient and other services and recommend adoption of the contracts to the Board of Directors.
- Review Divisional plans/recovery plans and exception reports as required by the Divisional Financial Management Framework.
- Review decisions made by the Strategic Estates Board which is established as a subcommittee of the FIC.

- Review decisions made by the Digital Transformation Board which is established as a subcommittee of the FIC
- Monitor Income and Expenditure against planned levels seeking explanations from Divisions/Directorates for any significant adverse variances.
- Monitor performance against savings plans seeking explanations from Divisions/Directorates for any significant adverse variances.
- Monitor expenditure against Capital Budgets on behalf of the Board and approve cost increases and appropriate corrective action in respect of significant variances from plan.
- Approve the use of Measured Term Contracts for capital schemes over £50k and monitor overall expenditure.
- Approve progress to tender for schemes costing over £0.5 million.
- Monitor cash flow ensuring that significant variances from plan are explained and action taken where appropriate.
- Approve and oversee the Treasury Management Policy and banking arrangements making decisions on significant investments of cash balances.
- Approve arrangements for borrowing/loans following approval of the loan by the Board of Directors.
- Consider the implications of longer term strategy (including financial strategy) for the Trust given the NHS commissioning arrangements, resources available and the local health economy position.
- Review comparative cost statements or other benchmarked information to assess the relative efficiency of the Trust and to make recommendations to the Board of Directors for improvements. The Committee may seek clarification on any financial matter by requesting reports on any item of expenditure.
- Review Business Cases for developments or changes in service for schemes where the financial values require Board of Directors' approval and make recommendations to the Board. Ensure that the business case process is followed and embedded throughout the Trust. Monitor progress against developments in service and major capital schemes.
- Evaluate tenders for major external service contracts where the financial values involved require Board of Directors' approval, ensure that the specified service meets the Trust requirements and make recommendations to the Board of Directors.
- Approve any special payments not covered by the Scheme of Delegation.
- To review the Strategic and Operational Plans and in particular key assumptions, risks, issues and dependencies. Recommend adoption of the plans to the Board of Directors.

On behalf of the Board the committee shall:

- Approve the Trust's procurement strategy
- Monitor the delivery of the procurement strategy

- Obtain external assurance that the procurement strategy remains fit for purpose

4. **Membership**

- Three Non-Executive Directors
- Chief Executive
- Director of Finance / or Deputy Director of Finance
- Chief Operating Officer
- Director of Strategic Transformation

5. **Chair**

The committee is chaired by a non executive director as appointed by the Trust chair. In the absence of the committee chair another non executive will chair.

6. **Frequency of Meetings**

Monthly

7 **Quorum**

At least three members, one of whom must be Director of Finance (or Deputy Director of Finance), one of whom must be a Non Executive Director and one an Executive Director.

8. **Attendance**

If a member fails to attend two consecutive meetings the Chair of the Committee will speak to the individual. The Chair will also be required to act if they feel that lack of attendance has not enabled adequate discussion or decision making.

9. **Decisions**

The Finance Committee is a decision-making committee. Decisions by the Committee must accord with the requirements of the Standing Orders and the Scheme of Delegation – General Principles and be reported to the next available Board of Directors meeting via the minutes of the Finance Committee.

10. **Agenda & Papers**

An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive no later than 4 working days before the meeting.

11. **Standard Agenda Items**

- Financial Performance Report.

12. **Organisation**

The Committee will be supported by the PA to the Finance Director, whose duties in this respect will include:

- Agreement of the agenda with the Chairman and Director of Finance and attendees and collation of papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forwards

Minutes of the meeting will be approved by the committee members.

13. **Monitoring Effectiveness**

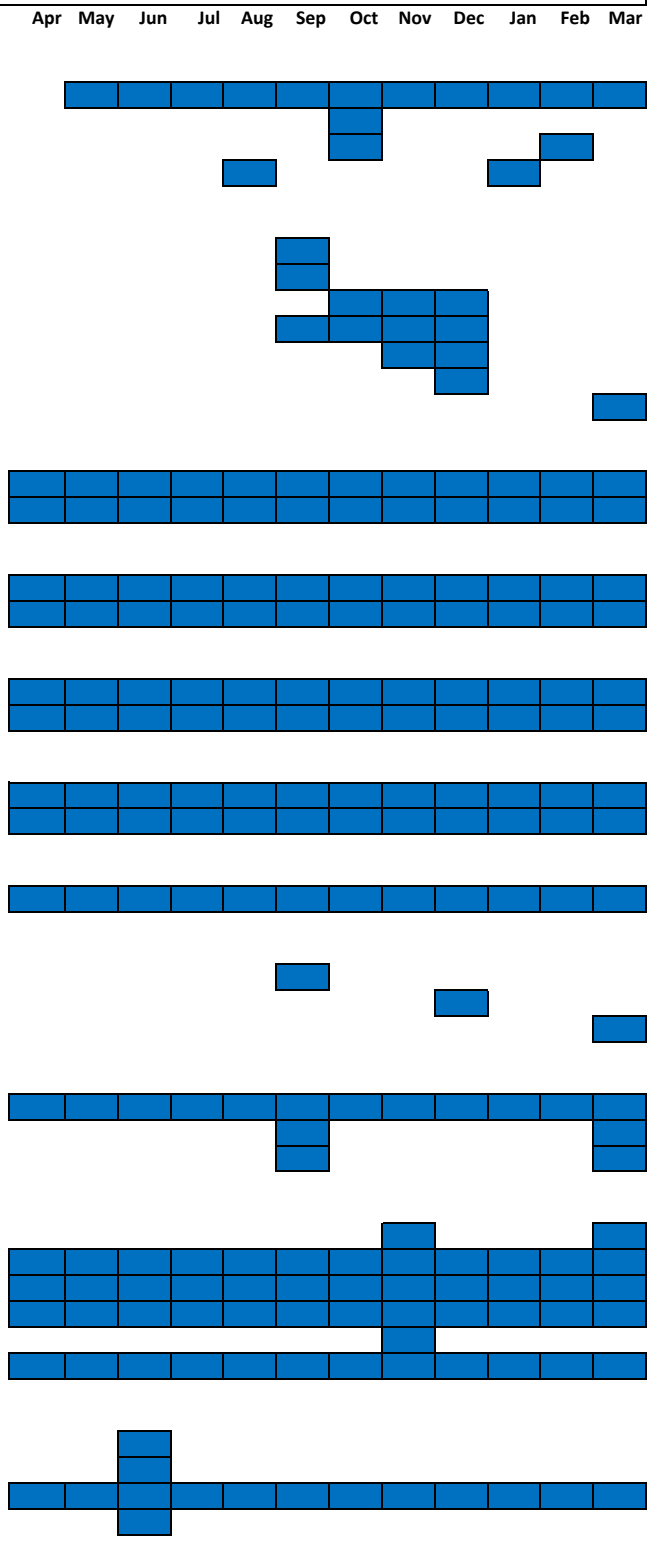
The Committee will undertake an annual review of its performance against its annual work plan, in order to evaluate the achievement of its duties this will inform the production of a review by the Audit Committee.

14 **Review of Terms of Reference**

These Terms of Reference will be reviewed at least annually.

Appendix 2

Bolton NHS Foundation Trust - Finance & Investment Committee - Draft 2018/19 Work Plan



1.0 2018/19 financial plan implementation

1.1 Finance report - inlcuding update on Div Fin Man Framework
1.2 Fundamental I&E Forecast Review
1.3 Report on reference costs
1.4 Review of progress re Lord Carter Recommendations

2.0 2019/20 Operational financial plan development

2.1 Financial Management Framework 2019/20
2.2 Planning assumptions and process sign off
2.3 Contracting strategy & updates
2.4 CIP development update
2.5 Plan review
2.6 Plan sign off
2.7 Fundamental Review

3.0 Five year strategic plan / Locaility Plan

3.1 Greater Manchester - Report on Developments
3.2 Greater Manchester Due Diligence on any proposals that impact on FT financial powers

4.0 Estates Strategy

2.1 Strategic Estates Board - Chairs Report
2.2 Updated Business Cases - as required

5.0 IT Strategy

2.1 Update from IT Programme Board
2.2 Updated Business Cases - as required

6.0 Northwest Sector / Single Service Partnership Work

6.1 Report developments re - High Risk Surgery
6.2 Report developments re - Other

7.0 Development of Bolton Integrated Care Organisation

7.1 Update from Executive

8.0 Development of the Business Case for £100m redevelopment of the Hospital Site

8.1 Agree Scope of Business Case
8.2 Draft Business Case
8.3 Final Business Case

9.0 Procurement Strategy

9.1 Procurement KPI Report
9.2 Procurement strategy implementation update
9.3 GS1 and Pepol - (updates if required)

10.0 Significant transactions review

10.1 Review of Use of Resources Forecast
10.2 Business cases - for approval if required
10.3 Tenders - for evaluation / approval if required
10.4 New Loans Review - if required
10.5 Review of Existing Loans / Working Capital / Cash Management
10.6 Special payments review - if required (exceptional)

11.0 Reporting to Board

11.1 Objectives and work plan
11.2 Annual terms of reference review
11.3 Monthly headlines report
11.4 2017/18 annual report

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board
Date of Meeting:	17th May 2018	Date of next meeting:	21st June 2018
Chair:	Jackie Bene	Parent Committee:	Trust Board
Apologies:	Trish Armstrong-Child, Susan Ainsworth	Quorate (Yes/No):	Yes

Key Agenda Items:	RAG	Key Points	Action/decision
Sickness/Absence Management		Update provided on Sickness Absence Action plan and steps being taken. Significant improvement in sickness absence rates noted (4.36% - April). Divisions commended for the refreshed rigour that is in place to support colleagues. It was noted that the number of Long term absences has reduced from 164 (February) to as low as 71 in May. Trajectories to deliver a tolerance target of 4.2% will be included in future papers and included within Trust Board paper in June.	Agreed actions: • Receive an annual report from our Occupational Health providers, seeking assurance that we receive a quality and value for money service. • Standing item to ensure this focus is sustained.
Apprenticeship Update		Paper detailed that a range of measures have been taken to increase the number of apprentices. It is forecasted that we will see an increase from 63 to 101 in June. The Trust forecasts that will deliver the 131 by September, 2018 (levy target) Divisions provided re-assurances that they are committed to the usage of apprentices and that this is considered at their vacancy review meeting.	The Committee noted the report and requested a quarterly update 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

Workforce Annual report		The Workforce Assurance Committee received the Workforce Annual Report. The report supplements separate reports on progress against the staff engagement agenda; attendance management and bank and agency usage and spend, as well as Trust and Divisional reporting against Workforce key performance indicators. The report shows that the Trust made progress towards achieving some of its Workforce targets as well as continuing to embed the values that underpin staff and patient experience.	The Committee noted the report will be provided to the Trust Board in June.
Analysis of Temporary Staff Usage and Spend		The Committee were updated on the current performance, together with the actions that are being taken throughout the Trust to reduce agency spend to an acceptable tolerance level	Agreed actions: Receive a progress report at the next meeting on the actions outlined in the paper.
Staff Survey Action plan		The Committee received an update on the actions being taken at a Corporate & Departmental level. It was noted that:- The Divisions have engaged with staff locally to develop their action plans and have used a variety of methods including accessing establishing meetings and forums, including sessions in team time outs/ away days as well as specific staff survey events.	Agreed actions: The Committee noted the report will be provided to the Trust Board in June.

	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

Job Planning Update		The Committee received an update regarding the current status of Senior Medical Staff Job Planning and makes recommendations to address the poor performance in Elective Care Division, outlines plans for completion of the 2017/18 round and describes plans for the 2018/19 round. The Committee approved the Job Planning timeline for 18/19	The Committee noted the report and approved the recommendations. Progress to be reported on 18/19 in quarter 3
Gender Pay Gap Update		The Committee noted (and approved) the responses to the matters raised at Trust Board.	Action closed
Workforce Dashboard		The Committee noted the dashboard. Key matters arising from the dashboard had been discussed previous papers	Paper noted
Review the Effectives of the Workforce Assurance Committee		The Committee noted the methodology that will be used to undertake the review.	Findings to be presented to the Committee in September
Comments Some progress being made against key areas. Positive feedback from Workforce Assurance Committee members.			
Risks escalated None			

	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