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20th November 2014

Dear Colleague

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

A meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 26th November 2014 at 9.30 am in the Board Room, Trust Headquarters, Blackpool Victoria Hospital.

Members of the public and media are welcome to attend the meeting but they are advised that this is a meeting held in public, not a public meeting.

Any questions relating to the agenda or reports should be submitted in writing to the Chairman at the above address at least 24 hours in advance of the meeting being held. The Board may limit the public input on any item based on the number of people requesting to speak and the business of the Board. Enquiries should be made to the Foundation Trust Secretary on 01253 956856 or judith.oates@bfwhospitals.nhs.uk.

Yours sincerely

J A Oates (Miss)
Foundation Trust Secretary

AGENDA

Agenda Item Number	Agenda Item	Duration
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	9.30 am
2	Declaration of Board Members' Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	9.32 am
3	Apologies for Absence – Mr Johnson to report. (Verbal Report).	9.34 am
4	Minutes of the Previous Board of Directors' Meeting held in Public on 29th October 2014 – Mr Johnson to report. (Enclosed).	9.35 am

5	<p>Matters Arising:-</p> <p>a) Action List from the Previous Board of Directors' Meeting held in Public on 29th October 2014 – Mr Johnson to report. (Enclosed).</p> <p>b) Action Tracking Document – Mr Johnson to report. (Enclosed).</p>	9.40 am
6	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	9.50 am
7	<p>Chief Executive's Report:-</p> <p>a) Sign Up To Safety – Simone Anderton, Deputy Director of Nursing, and Tracy Burrell, Assistant Director of Nursing (Quality & Safety), to give a presentation.</p> <p>b) Mortality Update – Dr O'Donnell to give a presentation.</p> <p>c) Perfect Week – Mrs Oliver to give a presentation.</p> <p>d) Nurse Staffing Review: Six Monthly Report – Mrs Thompson to report. (Enclosed).</p> <p>e) Assurance Report – Mr Doherty to give a presentation. (Enclosed):-</p> <ul style="list-style-type: none"> • Quality • Workforce • Audit • Finance • Strategy/Risk/Corporate Assurance 	10.00 am
	BREAK	11.30 am
7 (continued)	<p>f) Integrated Performance Report – Mr Bennett to report. (Enclosed).</p> <p>g) Chief Executive's Update. (Enclosed).</p>	11.40 am
8	<p>Chairman's Report:-</p> <p>a) Chairman's Update. (Enclosed).</p> <p>b) Schedule of Board of Directors' Meetings for 2015. (Enclosed).</p>	11.50 am
9	Three Key Themes for Team Briefing – Mr Doherty to report. (Verbal Report).	11.55 am
10	Trust Values: People-Centred/Compassion/Excellence/Positive – Mr Johnson to report. (Verbal Report).	12.05 pm
11	Attendance Monitoring – Mr Johnson to report. (Enclosed).	12.10 pm
12	Any other Business – Mr Johnson to report. (Verbal Report).	12.11 pm
13	Items Recommended for Decision or Discussion by Board Sub-Committees. (Verbal Report).	12.12 pm
14	Questions from the Public – Mr Johnson to report. (Verbal Report).	12.13 pm
15	Trust's Position on the Board Assurance Framework – Mr Johnson to report. (Verbal Report).	12.23 pm

16	Date of Next Meeting – Mr Johnson to report. (Verbal Report).	12.28 pm
17	<p>Resolution to Exclude Members of the Media and Public</p> <p>The Board of Directors to resolve “That representatives of the media and other members of the public be excluded from Part Two of the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.” in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960) and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997.</p>	12.29 pm
		Total Duration – 3 hours

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting Held in Public
on Wednesday 29th October 2014 at 9.30 am
in Rooms 3 & 4, Education Centre, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

Mrs Karen Crowshaw
Mr Jim Edney
Mrs Michele Ibbs
Dr Malcolm McIlmurray
Mr Tony Shaw

Executive Directors

Mr Gary Doherty – Chief Executive
Mr Tim Bennett – Director of Finance & Performance
Mrs Nicky Ingham – Director of Workforce & OD
Dr Mark O'Donnell – Medical Director
Mrs Pat Oliver – Director of Operations
Mrs Marie Thompson – Director of Nursing & Quality

In Attendance: Miss Judith Oates – Foundation Trust Secretary
Mrs Debra Chamberlain – Senior Manager (KPMG)

Governors

- Mr John Bamford – Public Governor (Wyre Constituency)
- Mr Neal Brookes – Public Governor (Blackpool Constituency)
- Mr Cliff Chivers – Public Governor (Blackpool Constituency)
- Mr Ramesh Gandhi – Public Governor (Wyre Constituency)
- Mr George Holden – Public Governor (Blackpool Constituency)
- Mrs Sheila Jefferson – Public Governor (Fylde Constituency)
- Mr Mike Phillips – Staff Governor (Community Health Services Constituency)
- Dr Raj Verma – Staff Governor (Medical & Dental Constituency)
- Mrs Lynden Walthew – Public Governor (Wyre Constituency)
- Mr Steve Winterson – Appointed Governor (Lancashire Care FT)
- Mrs Gillian Wood – Public Governor (Fylde Constituency)

92/14

Chairman's Welcome and Introductions

The Chairman explained the house-keeping rules relating to fire alarms, fire exits and mobile phones.

The Chairman welcomed attendees to the meeting and commented that it was pleasing that there were more Governors than usual observing the meeting.

The Chairman advised that this was the first occasion that the Board of Directors meeting and the Council of Governors meeting had been arranged to take place on the same day; it being noted that the intention was that Governors could listen to the reports/presentations at the Board meeting, thereby making time available at the Council of Governors meeting for lengthier discussion on certain issues.

RESOLVED: That Governors would be requested to provide feedback on the format of the meetings, either at the end of the Board meeting or later in the week.

The Chairman advised that he had not received any questions from members of the public in advance of the meeting, however, he would endeavour to find time to take a couple of questions during the meeting.

The Chairman welcomed Debra Chamberlain to the meeting who was in attendance as part of the work being undertaken in respect of the Well-Led Governance Review; it being noted that the Governors would have sight of the outcome of the review in due course.

RESOLVED: That the outcome of the Well-Led Governance Review would be shared with Governors in due course.

Action Taken Following The Meeting

A pro-forma relating to the format of the meetings was circulated to Governors on 5th November 2014 for completion and return by 12th November 2014.

The Well-Led Governance Review has been included on the Council of Governors work plan for February 2015.

93/14 Declarations of Interests

The Chairman reminded Board members of the requirement to declare any interests in relation to the items on the agenda.

It was noted that there were no declarations of interests in relation to the items on the agenda.

94/14 Patient Story

The Chairman stated that it was important that Board members were aware of patients' experiences in the Trust and therefore a patient story was selected at random to present to the Board on a quarterly basis in the form of a DVD.

Dr O'Donnell explained that the patient stories could be positive or negative and that this story was from the grandfather of a twelve month old boy who had been admitted to the A & E Department after he had stopped breathing at home and had experienced a five hour delay in being seen by the consultant and a lack of communication/information from staff in general.

It was noted that the patient's mother did not wish the patient to be identified in case it affected his treatment, however, Dr O'Donnell emphasised that patient care was not compromised by any individual making a complaint.

Board members were advised that the patient's grandfather had subsequently joined the Trust's Patient Panel and that he was now actively involved in improving services in the Trust.

Following the DVD, reference was made to the comments about doctors being at work-stations rather than with patients and also that there didn't appear to be anyone in charge in the department. Dr O'Donnell confirmed that doctors were regularly required to update patient records on computers and that there would always be a named person in charge in the department.

Mrs Oliver reported that arrangements were being made to ensure there was a paediatric area open at night in order that children could be segregated from adult patients, however, there was a cost to this arrangement including the provision of paediatric trained nursing staff.

Dr McIlmurray commented that it was important for the Board to receive feedback from patients/relatives and pointed out that it was particularly important that the feedback reached staff in the department concerned. Dr McIlmurray asked whether patient stories were shared with staff in order to ensure that lessons were learned. Dr O'Donnell explained that all patient stories were available to all staff via the Trust intranet and that, once the DVD had been presented to the Board, he made contact with staff in the areas concerned. Dr McIlmurray suggested that it would be more valuable to initially share the patient stories with the staff concerned in order that they had the opportunity to comment/respond.

RESOLVED: That Dr O'Donnell would take action in respect of Dr McIlmurray's suggestion.

Mr Doherty commented that the overall message was about communication and to ensure that patients were regularly kept informed.

Mrs Crowshaw referred to the whole patient experience and emphasised the need to consider holistic treatment.

Mrs Ibbes expressed concern that the issue of staff attitude regularly appeared in the complaints considered by the Patients Review Panel and that this appeared to have an impact on the staff involved who attended these meetings. Mrs Thompson referred to the Trust's values and commented that, in difficult situations, small gestures could make a significant difference to the patient experience. Mrs Oliver commented that the volunteers regularly contributed to the patient experience.

RESOLVED: That Mrs Oliver would liaise with the Communications Team about the hours of work for volunteers, particularly in the A & E Department.

The Chairman commented that there was further work to be undertaken in terms of the patient experience and suggested that the grandfather from the patient story DVD be approached to provide feedback to the Board in six months' time about his involvement in the Patient's Panel.

RESOLVED: That Dr O'Donnell would arrange for feedback from the patient's grandfather in six months' time.

Action Taken Following The Meeting

The Patient Relations Team has been asked to provide the DVD two weeks prior to the Board meeting in order that this can be discussed with appropriate staff beforehand.

The Voluntary Services Department has organised volunteer recruitment days in January and will be discussing with A & E staff the involvement of volunteers out of hours.

Feedback from the patient's grandfather will be provided to the Board in April 2015.

95/14

Apologies for Absence

Apologies for absence were received from Mr Doug Garrett, Non-Executive Director; Mr Alan Roff, Non-Executive Director; and Mrs Wendy Swift, Director of Strategy/Deputy Chief Executive.

96/14 Minutes of the Previous Board of Directors Meeting Held in Public

RESOLVED: That the minutes of the previous Board of Directors Meeting held in public on 24th September 2014 be approved and signed by the Chairman.

97/14 Matters Arising:-

a) Action List from the Board of Directors Meeting held on 24th September 2014

It was noted that eleven items had been completed, four items were incomplete but within date for delivery and one item was not yet due.

b) Action Tracking Document

With regard to the RAG ratings on the action tracking document, it was noted that the items rated red should be amended to amber because the completion dates had been changed and the actions were not yet due.

RESOLVED: That the RAG ratings would be amended.

Action Taken Following The Meeting
The RAG ratings have been amended.

Scheme of Delegation

With regard to the Scheme of Delegation, Mr Edney assured the Board that work was on-going in respect of the existing documents and that he would be arranging to meet with Mr Roff, Mr Doherty and Mr Bennett to ensure that all issues were being progressed.

98/14 Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors

Staffing Levels

Mrs Crowshaw reported that two Staff Governors had asked to meet with Liz Holt, Carole McCann, Marie Thompson, Peter Askew and herself to raise concerns about community services and preparing for the winter period on the wards; it being noted that this was a challenge for staff and was resulting in staff absences.

With regard to recruitment, it was noted that the Trust could not recruit at pace and also that the recruitment agency was unable to provide support on occasions due to lack of available nursing staff. It was acknowledged that more creative ways of recruitment were needed.

Mrs Thompson commented that it had been useful for the two Staff Governors to be briefed about the wider picture and to have a better understanding of the work on-going to ensure the correct staffing for the levels of activity. It was noted that the six monthly staffing review had been completed and would be reported to the Board in November. Mrs Thompson stated that she hoped the Governors had found the meeting positive in terms of being able to raise concerns.

Mrs Thompson reported that the Trust was actively continuing with European recruitment and that the biggest challenge was to ensure retention of staff. It was noted that Mrs Ingham would be presenting to the Council of Governors about staff recruitment and retention at the meeting in the afternoon.

The Chairman commented that it was good that Governors had raised this issue and he thanked Mrs Crowshaw for raising the issue with the Board.

Membership Committee

Mr Shaw expressed concern about the Governor under-representation on the Membership Committee and the fact that the focus appeared to be on recruitment of new members rather than engagement with existing members.

Mr Shaw asked that these issues needed to be addressed by the Council of Governors and the Chairman confirmed that "Membership" was included on the Council of Governors' agenda for the meeting in the afternoon.

The Chairman thanked Mr Shaw for raising this issue.

Fylde & Wyre CCG Meeting

Mr Edney reported that he had attended the Fylde and Wyre CCG meeting on 30th September and he provided feedback as follows:-

- There had been a big agenda which had been handled in a business-like way.
- The meeting had been positive.
- The challenges in relation to the Trust had been highlighted and there had been positive engagement.
- There had been discussion about the public consultation on the five-year plan for development of services and patient care which had been well attended by members of the public and which included feedback that GPs were very engaged with the long term plan.
- There had been reference to dementia testing, with the CCG promoting this in GP surgeries.
- The CCG was dealing with a whole range of issues with limited resources.

The Chairman emphasised the importance of having a positive relationship with the local CCGs and reported that he had recently had a constructive meeting with the Chairman of Fylde & Wyre CCG and had agreed that a Board to Board Meeting would be arranged, hopefully before Christmas.

99/14

Chief Executive's Report

a) NHS Five-Year Plan

Mr Doherty reported that NHS England had recently issued their strategy for the next five years which had been endorsed by all the key national organisations, for example, Monitor and CQC. It was noted that printed copies were available upon request.

Mr Doherty gave a brief presentation outlining the key points as follows:-

- The NHS had improved considerably during the last ten years and had responded well to receiving very low levels of real funding growth over the last five years.
- The standard of quality in the NHS was inconsistent and future growth in demand for services (driven by population growth, demographics and public health challenges such as smoking, drinking and obesity) was a major challenge.
- Employers, the government and individuals needed to take greater ownership of their own health and well-being.
- New models of care were needed and there would be no national blueprint but the forward view had a range of options for health economies to explore.

- The NHS would need to continue to improve efficiency and productivity.
- Even if public health improved, new models were introduced and efficiency gains were delivered, a significant increase in funding (over and above inflation) was needed.

Mr Doherty stated that the Trust was already making good progress against the forward view, for example, working with residential/nursing homes, introducing new models of care, focusing on staff health and well-being, delivering efficiencies, etc; it being noted that the challenge was to keep going and take this work to the next level.

b) Winter Resilience Plan

Mrs Oliver gave a presentation about the Trust's plans for winter which included reference to resources, operational plans, timescales, challenges and next steps.

With regard to the financial plan, Mr Bennett reported that further discussions were required with the Commissioners about the potential for additional funding.

Mrs Crowshaw stated that the winter plan would remain on the agenda for the Quality Committee to ensure that lessons had been learned and to ensure that the impact on patient safety and quality was being monitored.

It was noted that, in future, there would be a resilience plan for the year rather than just the winter months.

c) Ebola Preparations

Mrs Thompson advised the Board that the Trust had plans in place to deal with winter pressures including plans for any patients presenting with suspected Ebola Virus Disease (EVD).

Mrs Thompson gave a presentation about the Ebola Virus Disease (EVD) highlighting the current situation, the prevention and control measures, and the Trust's preparations/plans.

With regard to local health workers who had volunteered to provide support in one of the three main countries affected by the virus, it was noted that arrangements had been made for them to be screened upon their return to this country and instructed not to work for three weeks after their return.

At this juncture, Mrs Thompson reminded attendees to encourage staff and the public to have the flu jab and to emphasise the low risk in respect of Ebola.

Mr Shaw asked how many potential Ebola patients the Trust could cope with and Mrs Thompson advised that there was a designated area in the A & E Department and that any patients who tested positive would be transferred to the Royal Free Specialist Centre in London.

Mr Holden asked whether volunteers would be supported and financed by the Trust. Mrs Thompson responded that, as an employer, health workers would be given permission to volunteer and would remain in the Trust's employment and that their post would be back-filled. It was noted that the Occupational Health Department would be working with the Public Health Department to ensure that appropriate support was provided.

Mrs Thompson pointed out that the risk of imported cases was currently low and emphasised the need to keep the situation in perspective.

At this juncture, the Chairman announced that there would be a 10 minute break.

d) Assurance Report

Mr Doherty advised that the Assurance Report focused on Quality, Workforce and Finance and he outlined the areas of significant assurance and limited assurance based on the revised categories as follows:-

- None - little or no prospect of recovering the position/delivering going forward.
- Limited assurance - improvements expected but full delivery considered high risk.
- Significant assurance - improvements expected and full delivery considered likely.
- Full assurance - full delivery expected.

Quality

Significant Assurance:-

- A & E Waiting Times
- 18 Weeks (Open Pathways)
- Cancer (other than 62 Days)
- Patient Friends and Family Test
- Pathways (Pneumonia/Sepsis/AKI)
- Overall Nursing/Midwifery Staffing Levels
- Nursing Care Indicators

Limited Assurance:-

- 18 Weeks
- C Difficile
- Dementia
- Pathways (Stroke/Chest Pain)
- CQC KPIs (for 7 out of the 19 areas)
- Cancer (62 Days & Patient Survey)
- SHMI

Pathways/SHMI

Mr Edney referred to the patient pathways and commented that the SHMI had not improved in all areas and asked whether this was expected. Dr O'Donnell confirmed that improvements were expected but had not happened in some areas because some of the pathways had been in place less than three months and had not yet taken effect. Dr O'Donnell specifically referred to the cardiac pathway and advised that discussion had taken place at the Mortality Committee meeting about whether the tertiary and secondary pathways should have been amalgamated. Dr O'Donnell reported that he had received a report from the Health and Social Care Information Centre (HSCIC) the previous day indicating that the Trust was one of only two Trusts in the country that had been declared as an outlier for mortality for two consecutive years.

It was noted that quality issues had been discussed in detail at the Quality Committee meeting on 23rd October 2014 and Mrs Crowshaw provided feedback as follows:-

- There had been concerns about the number of patients with pressure ulcers and a request had been made for more pace in respect of improvements in the community.

- The C Diff position was of considerable concern, however, it had been noted that an action plan had been developed and staff were committed to achieving better outcomes.
- Progress was being made in respect of dementia screening.
- Recruitment issues had been highlighted; it being noted that Mrs Ingham would be presenting to the Council of Governors about recruitment and retention.
- The current situation regarding Ebola had been discussed and it had been noted that appropriate plans were in place.
- There had been discussion about the potential CQC visit to Maternity in relation to post-partum haemorrhage rates; it being noted that, whilst the overall report had been very positive, there were some areas where feedback was required in terms of how the issues were being addressed.
- There were clearly some financial implications in terms of length of stay and readmissions and feedback had been requested about the impact on patient care.
- Work was on-going to triangulate the existing patient experience training and various surveys.

Workforce:-

Significant Assurance:-

- Turnover
- Job Planning
- Medical Appraisals
- Mandatory Training
- Staff Friends and Family Test and Overall Engagement

Limited Assurance:

- Recruitment
- Sickness Absence
- Induction
- Non-Medical Appraisal

Mr Shaw referred to staff turnover and asked how the target figure had been calculated and how the Trust compared with other Trusts. Mrs Ingham advised that it was average turnover for Trusts of a similar size to this Trust.

Finance

It was noted that the financial position had been discussed in detail at the Finance Committee meeting on 27th October 2014 and the key points were highlighted as follows:-

- A deficit of £1.3m was forecast in the 2014/15 Financial Plan, with a CoSR rating of 2 throughout the period.
- There was limited assurance that a CoSR rating of 2 would be achieved at the end of the financial year.
- The key actions/steps were additional income, additional/recovery CIPs and divisional improvements.

Mrs Crowshaw referred to the CIP and commented on the positive approach by the Trust and congratulated the teams for their achievements, however, it should be acknowledged that there was further work to be undertaken this year and that the CIP targets for next year were likely to be in the region of £20m. Mr Bennett stated that the Trust was on target to deliver in excess of £20m this year, however, despite treating more patients than ever, the Trust was still forecasting a deficit.

Dr McIlmurray referred to waiting list initiatives and asked whether they were outsourced in order to meet targets and whether there was a longer term plan to avoid outsourcing in the future. Mr Bennett reported that a Capacity and Demand Group had been established with the Divisions to address this issue; it being noted that sustainable plans needed to be made for the longer term.

Mr Shaw referred to the outstanding 4% CIP and pointed out that this amounted to £800,000.

With regard to referral to treatment, Mr Shaw anticipated that shorter targets than 18 weeks were likely to be introduced and therefore there was likely to be further pressures.

Mrs Oliver stated that another challenge for the Trust was the management of elective activity for the remainder of the year. Mrs Oliver also stated that another area of work that needed to be considered was cancer referrals.

In response to Dr McIlmurray's question, Mr Doherty stated that it would be preferable for the Trust not to outsource patients and anticipated that the work of the Demand and Capacity Group would result in some areas being expanded and some areas where demand could be reduced.

e) Quarterly Monitoring Return to Monitor

It was noted that the Monitoring Return to Monitor for Quarter 2 had been discussed at the Quality Committee meeting on 23rd October 2014 and the Finance Committee meeting on the 28th July 2014.

Mr Bennett referred to the report, which was self explanatory, and requested approval to submit "not confirmed" for finance due to the plan not to achieve CoSRR 3 in the current financial year and "not confirmed" for governance due to the current C Diff position against the trajectory.

RESOLVED: That the Chairman and Chief Executive be given delegated authority to sign the declaration following the meeting for submission to Monitor.

Action Taken Following The Meeting

The signed declaration was submitted to Monitor on 31st October 2014.

f) Integrated Performance Report

The Integrated Performance Report was presented to the Board for information.

g) Chief Executive's Update

The Chief Executive's Update was provided for information.

100/14

Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

b) Affixing of the Common Seal

Board members were requested to confirm the affixing of the Common Seal.

RESOLVED: That the affixing of the Common Seal be approved.

c) Schedule of Meetings for 2015

The Chairman reported that it was planned to bring forward the dates of the sub-committee meetings to ensure assurance reports could be prepared for the Chief Executive's Assurance Report to the Board.

RESOLVED: That the schedule of Board meetings and Board sub-committee meetings would be finalised shortly and circulated to Board members.

Action Taken Following The Meeting

The finalised schedule of Board meetings and Board sub-committee meetings was circulated to Board members on 31st October 2014.

101/14

Three Key Themes for Team Briefing

Mr Doherty reminded Board members that it had previously been agreed that three key themes which had been debated at each Board meeting would be included in the monthly Team Brief.

RESOLVED: That the keys themes for October would be chosen from the following:-

- **Winter Pressures (including information about Ebola)**
- **NHS Five-Year Plan (with a link to the summary document)**
- **CIP (with a message about further work to be undertaken)**
- **Patient Story (linked to the value of the month)**
- **Staff Survey (good progress had been made)**

Mr Doherty commented that the change in format and timing for the Team Brief had worked well the previous month and that the requirement to select three key themes enabled Board members to reflect on discussions at the meeting.

Action Taken Following The Meeting

This item has been actioned and included in Team Briefing.

102/14

Trust Values – People-Centred/Compassion/Excellence/Positive

Mrs Ingham reported that, following the recent work undertaken in respect of the Trust's values, the Board had agreed to reflect on the four values as part of Board meeting discussions and asked Board members whether discussions at the meeting were in line with the values and whether they had "lived the values as a Board".

Mrs Crowshaw's view was that the four values had been covered during the meeting and, in terms of the "excellence" value, asked whether the Trust's work could be showcased.

Mr Doherty commented that the work being undertaken in respect of care homes and new models of care linked to the "excellence" value.

The Chairman requested Board members to keep in mind the four values during future meetings and confirmed that Board members would continue to reflect on whether the Board had lived the four core values at the end of each Board meeting.

103/14 Attendance Monitoring

The Chairman referred to the attendance monitoring form and stated that it was unusual for three Board members to be absent from a Board meeting.

104/14 Any other Business

There was no other business.

105/14 Items Recommended for Decision or Discussion by Board Sub-Committees

RESOLVED: That items to be recommended for decision or discussion by Board Sub-Committees would be noted from the minutes of the meeting.

106/14 Questions from the Public

At this juncture, the Chairman asked Governors if they had any questions.

Dementia Screening

Mr Gandhi referred to dementia screening undertaken by GPs and the hospital and asked how duplication would be avoided.

Dr O'Donnell explained that the assessment form had been carefully designed, resulting in patients not having to be tested if they had already been diagnosed. Dr O'Donnell confirmed that it was a streamlined process.

Mr Holden asked whether there were any direct links with the DVLA/ insurance companies following assessment and diagnosis.

Dr O'Donnell confirmed that it was the responsibility of the individual (or their relative) to contact the DVLA/insurance companies if appropriate.

Board Meetings held in Public

Mr Gandhi commented that very few members of the public attended Board meetings and questioned whether this was because the venue was on the hospital site.

The Chairman advised that alternative venues for Board meetings had been considered previously but, unfortunately, there was nowhere suitable that did not incur costs.

RESOLVED: That alternative venues for Board meetings would be reconsidered.

Action Taken Following The Meeting

Alternative venues will be considered for meetings in 2015.

Patient Story DVD

Mrs Wood enquired whether the Trust provided customer care induction.

Mrs Ingham advised that the induction process had recently been reviewed and that people-centred care and service delivery was one of the first items on the programme; it being noted that it was important for staff to experience the service through the eyes of the patient and to link this to the core values of the Trust.

The Chairman expressed thanks to the Governors for attending the meeting which he hoped they had found useful.

107/14

Date of Next Meeting

The next Board Meeting in public will take place on Wednesday 26th November 2014 at 9.30 am.

108/14

Resolution to Exclude Members of the Media and Public

The Chairman explained that some items needed to be discussed by the Board in private (Part Two) but assured members of the public that the majority of items were discussed in public (Part One).

The Chairman stated that the Board was now required to discuss items of a confidential and commercially sensitive nature which would not be disclosed under a Freedom of Information request.

RESOLVED: That representatives of the media and other members of the public be excluded from Part Two of the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.” in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960) and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997.

Board of Directors Meeting Held In Public
Action List - 29th October 2014

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
92/14	29.10.14	Chairman's Welcome and Introductions	Ask Governors for feedback on the format of the meetings.	Judith Oates	5.11.14		A pro-forma was circulated to Governors on 5.11.14 for completion and return by 12.11.14.	Complete	Green
92/14	29.10.14	Chairman's Welcome and Introductions	Share the outcome of the Well-Led Governance Review with Governors.	Judith Oates	28.2.14		This item has been included on the CoG work plan for February 2015.	Not Yet Due	White
94/14	29.10.14	Patient Story	Share future patient stories with the staff concerned in advance of presenting to the Board in order that they have the opportunity to comment/respond.	Dr Mark O'Donnell	28.1.15		The Patient Relations Team has been asked to provide the DVD two weeks prior to the Board meeting in order that this can be discussed with appropriate staff beforehand.	Not Yet Due	White
94/14	29.10.14	Patient Story	Liaise with the Communications Team about the hours of work for volunteers, particularly in the A & E Department.	Pat Oliver	26.11.14		The Voluntary Services Department has organised volunteer recruitment days in January and will be discussing with A & E staff the involvement of volunteers out of hours.	Complete	Green
94/14	29.10.14	Patient Story	Arrange for feedback from the patient's grandfather to the Board in six months' time about involvement in the Patient's Panel.	Dr Mark O'Donnell	29.4.13		Feedback from the patient's grandfather will be provided to the Board in April 2015.	Not Yet Due	White
97/14 (b)	29.10.14	Action Tracking Document	Amend the RAG ratings.	Judith Oates	5.11.14		The RAG ratings have been amended.	Complete	Green
99/14 (e)	29.10.14	Chief Executive's Report	Sign the declaration for submission to Monitor.	Chairman/ Chief Executive	31.10.14		The signed declaration was submitted to Monitor on 31.10.14.	Complete	Green
100/14 (c)	29.10.14	Schedule of Meetings for 2015	Finalise the schedule of Board meetings and Board-sub-committee meetings and circulate to Board members.	Judith Oates	5.11.14		The finalised schedule of Board meetings and Board sub-committee meetings was circulated to Board members on 31.10.14.	Complete	Green
101/14	29.10.14	Three Key Themes for Team Briefing	Select three key themes from those identified at the Board meeting.	Gary Doherty	31.10.14.		This item has been actioned and included in Team Briefing.	Complete	Green
106/14	29.10.14	Questions from the Public - Board Meetings held in Public	Reconsider alternative venues for Board meetings.	Judith Oates	31.3.14		Alternative venues will be considered for meetings in 2015.	Not Yet Due	White

Board of Directors Meeting Held In Public
Action List - 29th October 2014

RAG Rating	
Green	Complete Within Date For Delivery
Amber	Incomplete But Within Date For Delivery
Red	Not Complete Within Date For Delivery
White	Not Yet Due

Board of Directors Meeting
Action Tracking Document

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
52/14	21.5.14	Governance Review	Liaise with Karen Crowshaw regarding the support needed for the Quality Committee to ensure improved delegation and improved sub-committee structure.	Wendy Swift Dr Mark O'Donnell/ Marie Thompson	31.8.14	30.11.14	This will be actioned as part of the review of the sub-committee structure. This item will be discussed with Dr O'Donnell and Marie Thompson before the Quality Committee meeting in October. This issue is being addressed by Dr Ellarby and is on target.	Incomplete But Within Revised Date For Delivery	Amber
67/14	30.7.14	Assurance Report - Audit	Ensure that the work relating to the powers of delegation is accelerated.	Executive Directors	30.9.14	30.11.14	This item is on-going. This issue has been discussed by the Audit Committee and further work needs to be undertaken.	Incomplete But Within Revised Date For Delivery	Amber
67/14	30.7.14	Assurance Report - Audit	Produce a scheme of delegation for each Board sub-committee and discuss with the relevant sub-committee.	Executive Directors	30.9.14	30.11.14	This item is on-going. This issue has been discussed by the Audit Committee and further work needs to be undertaken.	Incomplete But Within Revised Date For Delivery	Amber
67/14	30.7.14	Assurance Report - Audit	Circulate to Board members the Audit Committee draft scheme of delegation.	Tim Bennett	31.8.14	9.9.14 30.11.14	This item will be circulated to Board members following discussion at the Audit Committee meeting on 9.9.14. This item has not been circulated because further work is required. This issue has been discussed by the Audit Committee and further work needs to be undertaken.	Incomplete But Within Revised Date For Delivery	Amber
67/14	30.7.14	Integrated Performance Report	Review/agree the timescales for reporting to committees.	Tim Bennett	31.10.14	30.11.14	This may possibly be available in October 2014.	Incomplete But Within Revised Date For Delivery	Amber
67/14	30.7.14	Integrated Performance Report	Assign coloured lines to different committees to identify areas for discussion by each committee.	Tim Bennett	on-going		The Integrated Performance Report is a "work in progress" document.	Not Yet Due	White
67/14	30.7.14	Nursing, Midwifery and Care Staffing Monthly Report	Provide more information in terms of timescales for moving beyond limited assurance for the wards identified in the report.	Marie Thompson	31.10.14		Divisional plans to address the fill rate are in place, however, improvement is expected to take at least "a quarter period" to be realised. Timescales are included in the individual updates from divisions included in the report.	Complete	Green
82/14 (a) - Quality	24.9.14	C Diff	Circulate information about the external review to Board members once known.	Marie Thompson	31.10.14		Dr O' Donnell has written to Professor Wilcox, Medical Microbiology, Leeds Teaching Hospital, to request support with an external peer review. Professor Wilcox is conducting a review of the Microbiology service on 18.12.14.	Complete	Green

Board of Directors Meeting
Action Tracking Document

82/14 (a) - Quality	24.9.14	Consultant Recruitment	Consider focusing on a particular staff group at future Workforce Committee meetings.	Nicky Ingham	31.12.14		The issue about focusing on a particular staff group at future Workforce Committee meetings is being addressed.	Not Yet Due	White
82/14 (a) 0 Finance	24.9.14	R & D Proposed Financial Plan	Consider producing a 3-5 year business case in respect of R & D.	Tim Bennett/ Dr Mark O'Donnell	26.11.14		This issue will be discussed as part of the R&D item at the Board Seminar in November.	Complete	Green
84/14 (a)	24.9.14	Feedback from CCG Meeting	Endeavour to resurrect the round table discussions with clinical leads/GPs.	Dr Mark O'Donnell	31.12.14		Dr O'Donnell emailed Dr Doyle and Dr Naughton on 13/10/14 asking for their views on resurrecting the primary/ secondary care interface meetings. A response is awaited.	Not Yet Due	White
85/14	24.9.14	Engagement and Communications and Team Briefing	Trial the format for three months and request feedback.	Nicky Ingham	31.1.15		A formal review will be undertaken in January following the first three months' trial.	Not Yet Due	White

Board of Directors Meeting

26th November 2014

Subject:	Nursing, Midwifery and Care Staffing Establishment Review Paper
Report Prepared By:	Marie Thompson – Director of Nursing & Quality Simone Anderton – Deputy Director of Nursing & Quality
Date of Report:	20 th November 2014
Service Implications:	Building the Trust reputation and helping to improve the quality of service delivery.
Data Quality Implications:	To accurately present data relating to the current level of Nurse, Midwifery Care Staffing in all Divisions.
Financial Implications:	Additional Financial Investment required in 15/16. Potential Financial loss if the Trust does not meet appropriate staffing levels for the services provided.
Legal Implications:	Potential for legal action if effective service delivery is not maintained.
Links to the Principles of The NHS Constitution:	The NHS aspires to the highest standards of excellence and professionalism.
Links to the Trust Way Core Values:	Excellence, People Centred and Compassion
Links to Key Organisational Objectives:	To support and develop a flexible, multiskilled workforce that is able to innovate in the development of its services.
Links to Care Quality Commission Quality and Safety Standards	Links to all CQC outcomes
In case of query, please contact:	Simone Anderton Deputy Director of Nursing & Quality ext 5597

Purpose of Report/Summary:

Following the Francis Public Inquiry Report and the Government's response to the Inquiry Recommendations – 'Hard Truth's' it is expected that Boards receive assurance at a public board meeting on the Nurse Staffing Position bi-annually and take full and collective responsibility for Nursing, Midwifery and Care staffing capability and capacity.

The enclosed paper has been to the Trust Quality Committee on 23rd October and the Finance Committee on 24th November for agreement.

Key Issues:

The review has identified a number of areas that require enhancement to the current establishment based on current activity and acuity of patients.

The Board is asked to:

- 1) To review the proposal at a public meeting of the Board.
- 2) To approve the proposal and recommendation from the Finance Committee
- 3) Support publication of this paper on the Trust Safe Staffing public website.

Risk Rating (Low/Medium/High): BAF/CRR Number: High		Board Review Date: May 15	
Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).			
1 <input type="checkbox"/> For Information	2 <input type="checkbox"/> For Discussion	3 <input checked="" type="checkbox"/> For Approval	
Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.			
1 <input checked="" type="checkbox"/> Not sensitive: For immediate publication	2 <input type="checkbox"/> Sensitive in part: Consider redaction prior to release.	3 <input type="checkbox"/> Wholly sensitive: Consider applicable exemption	
Reason for level of sensitivity selected:			

Nursing & Midwifery Staffing Establishment Review October 2014

1. Introduction

This paper provides the Board with the current level of Nurse, Midwifery and Care Staffing establishment in Unscheduled Care, Scheduled Care, Adult and Long Term Conditions and Maternity / Paediatric Services. This paper has been presented to Quality Committee (Oct 14) and Finance Committee (Nov 14).

Following the Francis Public Inquiry Report and the Government's response to the Inquiry Recommendations – 'Hard Truth's' it is expected that Boards receive assurance on the Nurse Staffing Position bi-annually. In November 2013 the National Quality Board published new staffing guidance and this has been followed by the publication of NICE guidance 2014 both of which support providers and commissioners to make the right decisions about Nursing, Maternity and Care staffing capacity and capability. The expectations set out in the guidance aims to create a supportive environment where staff are able to provide compassionate care, of high quality and with the best possible outcomes for patients.

A number of expectations are set out in the National Quality Board Guidance and the areas that have relevance to this paper are:

- Board accountability and responsibility – The Board takes full and collective responsibility for Nursing, Midwifery and Care Staffing Capability and Capacity.
- Evidence Based Decision making – Staffing reviews are based on decision support tool utilisation, in conjunction with professional judgement and scrutiny, to inform staffing requirements, including numbers and skill mix. Staff use professional judgement and scrutiny to triangulate the results of tools with their local knowledge of what is required to achieve better outcomes for their patients.

2. Summary

Each Division has built on the work undertaken in 12/13 and 13/14 to refresh and review their Nursing, Midwifery and Care Staffing establishments. Where national guidance is available this has been applied – Safe Staffing Alliance, RCN, Critical Care, Maternity Birth Rate plus in addition to nurse to bed ratio, nurse to patient ratio, skill mix, professional judgement and review of monthly safe staffing exception reports as well as the review of quality, safety and patient experience data per area. The summary papers are available in the reference documents for the Quality Committee meeting.

- **Multiprofessional approach** is taken when setting establishments and papers reflect the agreed position.

The Associate Nurse Directors / Head of Midwifery have led the reviews and have involved Ward Sisters / Charge Nurses / Team Leaders / Matrons / Divisional Finance Managers / Divisional Directors and Deputy Director's of Operations in the review outputs and agreement on the position.

- **Openness and Transparency** – Each month safe staffing exception reports are presented to the board, nationally published and locally available on the Trust internet site. At least once every 6 months Nursing, Midwifery and Care Staffing establishment is discussed at a public Board meeting.

This paper and the supporting reference Divisional nurse staffing reference papers set out the current establishment position to the Quality Committee as a subcommittee of the Board. The Chair of the Quality Committee provides assurance to the Board and also assurance will be reported via the Chief Executives Board Assurance Report.

In 13/14 the Trust invested £1.5 million to uplift the Nursing establishment within the Medical Wards and the Orthopaedic Rehabilitation Ward. A further £1 million investment, following the February 2014 staffing review, was invested into A&E, medical wards and surgical assessment unit. The current round of Nurse Staffing reviews is in line with ongoing publication of national requirements, continued development of external benchmarks as well as, despite a challenging financial situation, assists the Trust to support appropriate nurse staffing levels in line with the planned service models and patient acuity.

The detailed Nurse Staffing Review papers are available as reference documents and illustrate the methodologies used to calculate the Nurse Staffing position.

FINDINGS

UNSCHEDULED CARE

Staffing Review Summary Report

Staffing levels across the division have been robustly reviewed at two key points during the year for some considerable time. Initial reviews relied on professional judgment and consultative approach to ascertain both acceptable staffing levels and skill mix.

Previous reviews allowed for the introduction of bay based care, to support the qualified nursing team to be 'bay based' leading and ensuring the delivery of safe, effective care. The most recent staffing review, undertaken in April 2014 saw increased establishments on Stroke Unit, Wards 25 & 26, Haematology Ward, A&E IAN service and Ward C.

The nurse staff review process is now undertaken incorporating professional judgment and consultation with key stake holders, and also includes a review against national standards for staffing ratios and nurse to occupied bed standards and National Guidance with a specific focus on 'Safe Staffing for Older People's Wards'. Against the Safe Staffing Alliance recommendations of 1 nurse to patient ratio of 1:8 throughout day time hours 17 of the 21 acute and rehabilitation wards across the division fit this criteria with Clifton Hospital wards 1, 3 & 4 and Ward C still not achieving this standard.

The current nurse review has taken into account patient, ward and staffing factors such as increased decision making or increased patient demand due to acuity, the ward layout and accessibility, the challenges of the nursing role such as dealing with complex patients and family and finally management of the nursing team. The review also took into account the quality and safety of patients across the division as staffing levels are closely linked to patient harm.

Following a review of the previous work to increase establishments across the division and the current measures for patient quality and safety – this review has focused on three main areas that have highlighted as a concern during 2014:

- Clifton – Wards 1: 3: 4.

Review of RCN guidance for the Care of the Elderly wards shows the nurse to patient ratio and skill mix percentage fall short in all areas. Complexity of discharge planning process requires increase qualified nurse input to facilitate timely discharge and avoid extended length of stay. Increased number of patients with dementia and pending use of Clifton ward 1 as a dementia ward requires an uplift to support this vulnerable group. It is also noted that Clifton hospital wards are in the top 10 reporting clinical areas for patient harms with SUIs demonstrating reduced ability to consistently observe high risk patients.

Investment proposed for this area will allow for high risk patients and dementia patients to be 1:1 nursed particularly on the late and night shift where 68 % of falls occur. This will prevent these falls occurring and will assist patients with cognitive impairment to feel safe and supported, with their specific individual needs being met in a timely manner. The impact of this will be to reduce their symptoms of agitation and confusion being exacerbated which results in behaviour difficult for staff to manage and which is traumatic to both the patient and staff involved.

- AMU – acute medical unit

The unit was included in this review following a series of patient safety incidents and a continued escalation of beds due to ineffective patient flow. AMU accounts for 8% of the divisions complaints, and is also one of the highest reporters of safety incidents. Friends and family test return rates are high but the net promoter score averages 65, one of the lowest in the division. Nurse to patient ratio is not equitable across the bays, nurses are not always available to support ward rounds especially at times of peak capacity pressure and the complex and demanding role of the co-ordinator does not allow for clinical leadership oversight of the unit and timely allocation of beds causing an impact on patient flow out of A&E.

Support to enhance staffing levels to this area is presented in a phased approach with initial investment required to enhance senior leadership throughout the day and peak activity time for the twilight part of the night shift. The quick throughput of patients through this area and the acuity of the patients often causes enhanced pressure on the nursing team to admit and transfer patients in quick succession. In this pressured environment junior staff in the bays are more likely to provide incomplete care and miss vital assessments. Senior leadership on the floor will result in reduced incidents from delays in

commencement of treatment plans and subsequent improved recovery time from patients acute symptoms, this will result in prompt movement off the unit and improved access to beds for A&E.

- AED – accident and emergency department

A review in April 2014 supported the investment of 5.2 WTE registered nurses to support the initial assessment process but it was identified that further investment was required for other areas of the department. The department also reviewed the nursing provision on the department as part of an SUI investigation and highlighted a number of significant concerns including effective leadership, safe nurse to patient ratio in major assessment and inequity in service provision for children attending overnight. The department are the highest reporter of incidents within the division, receive 40% of the divisions complaints and are one of the lowest performing area in terms of friends and family responses.

This investment will improve leadership in what can be a highly charged and busy environment by enhancing communication through clear co ordination of the unit between the multi disciplinary team. The actions already taken have demonstrated a reduction in incident numbers by 34% and a clear reduction in complaint which requires continued investment to support what has been implemented to maintain this performance. Enhancing senior leadership has also realised achieving A&E targets despite increased attendances to A&E. It will also safeguard and stop the risk of children, out of hours, from being exposed to unsuitable environments and situations that can occur in the busy main area of the department. It will also ensure a parity of care where all children whatever time they access the A&E department are cared for by paediatric trained nurses.

- Ward C

Ward C is a General medical ward which was set up originally to accommodate the two wards that were vacated to develop the new Stroke Unit. The original 10 x 10 concept was not used when setting up the establishment for the ward and was based on traditional levels of staff available from the vacating wards. The size (31 beds) and the lay out of the ward with excess number of bays and 11 side rooms is not conducive with allowing for bay based nursing and as a result of the last staffing review considerable investment was required to reduce the level of harms being experienced by patients. This was part facilitated with the investment into required HCAs and to complete the second phase of that review and comply with the safe staffing alliance recommendations for all day shifts a further investment of £140,000 into RGN would be required.

This investment will further support the ability of implementing bay based care across the very large footprint of separate bays and side rooms within this ward. This will promote a supportive environment for patients who can feel isolated within this environment and support recruitment to the ward as staff become comfortable that care is safe due to enhanced observation in all areas of the ward.

The table below identifies the financial requirement to support the review recommendations to address the staffing concerns of the areas above. However, following the investigation into the serious untoward incident on A&E immediate action was taken to address the immediate safety concerns, the division recommends that permanent support of financial investment into this department is a priority for the division.

Costing for increased Establishments:

Ward/Unit	No Of Beds	Currently Funded				Proposed Following Oct-14 Review				Full Yr Financial Impact-£000s
		Wte - Qual/Unqual	% Qual	% Unqual	Staff to Bed Ratio	Wte - Qual/Unqual	% Qual	% Unqual	Staff to Bed Ratio	
Ward C	31	46.5	42.1%	57.9%	1.2:1	50.6	46.9%	53.1%	1.3:1	140
Ward 2	18	24.0	59.2%	40.8%	1.07:1	24.0	59.2%	40.8%	1.07:1	
Ward 8	8	17.6	59.6%	40.4%	1.76:1	17.6	59.6%	40.4%	1.76:1	
Ward 11	24	30.6	57.6%	42.4%	1.02:1	30.6	57.6%	42.4%	1.02:1	
Ward 12	28	41.7	52.9%	47.1%	1.19:1	41.7	52.9%	47.1%	1.19:1	
Ward 18	25	30.7	53.6%	46.4%	0.98:1	30.7	53.6%	46.4%	0.98:1	
Ward 19	21	26.8	63.9%	36.1%	1.02:1	26.8	63.9%	36.1%	1.02:1	
Ward 23	25	32.7	57.1%	42.9%	1.05:1	32.7	57.1%	42.9%	1.05:1	
Ward 24	25	32.7	57.1%	42.9%	1.05:1	32.7	57.1%	42.9%	1.05:1	
Ward 25	25	32.9	53.5%	46.5%	1.05:1	32.9	53.5%	46.5%	1.05:1	
Ward 26	25	32.9	53.5%	46.5%	1.05:1	32.9	53.5%	46.5%	1.05:1	
Stroke Unit	39	55.6	58.5%	41.5%	1.14:1	55.6	58.5%	41.5%	1.14:1	
Haematology Ward	20	40.2	77.7%	22.3%	1.61:1	40.2	77.7%	22.3%	1.61:1	
CH - Ward 1	24	29.7	48.0%	52.0%	0.99:1	35.8	51.6%	48.4%	1.19:1	180
CH - Ward 3	24	29.7	48.0%	52.0%	0.99:1	35.8	51.6%	48.4%	1.19:1	179
CH - Ward 4	24	26.8	49.3%	50.7%	0.89:1	33.7	51.7%	48.3%	1.12:1	197
Total In Patient Wards	386	531.1	55.8%	44.2%	1.1:1	554.3	56.5%	43.5%	1.15:1	697
AMU	36	63.2	50.5%	49.5%	1.28:1	69.1	48.1%	51.9%	1.35:1	178
Emergency Dept										350
Total										1,224

Proposed Phasing
Ward C
Clifton - 1/3/4
AMU
Emergency Dept
Total

Phase 1	Phase 2	Phase 3	Full Yr Financial Impact-£000s
		140	140
326	231		556
25	94	91	210
350			350
700	325	231	1,256

Ward C
Clifton - 1/3/4
AMU
Emergency Dept

		+1 qual on lates & nights
+ 1+1 on lates	+ 1 qual on nights	
+ Floating Nurse from B5 to B6 on long days	+1 B5 on long days for large bay	+1 B2HCA on Long Days
Increased B7, reduced B6 + B5 Paeds open overnight		

SCHEDULED CARE

In January 2014 a shortfall in WTE establishments was identified and a two phase approach in investment was proposed. A review of patient acuity and dependency levels, ward environment, activity and routine has taken place and a review of the required investment is set out in the table below.

The drivers identified by the division for a shortfall in staffing include;

- Inability to meet Safe Staffing Alliance recommendation on the late or nightshifts in all areas.
- Percentage uplift for annual leave, sickness and training variable with only 10 of 16 wards achieving the required cover.
- National targets have necessitated a move to a model of 6 day theatres with waiting list initiatives running at weekends to meet waiting list and cancer targets reflecting a need to uplift staffing in line with this.
- Relocation of SAU having geographical impact on the delivery of safe staffing.
- Increased activity and demand for timely beds to enable emergency flow.
- Recorded harm resulting in SUI process recommendations reflecting need for increased staffing in specified areas.

Taking into consideration all of the above detail of investment required across the division is outlined in the attached supporting paper. For the purpose of this paper the division has provided detail on 3 priority areas

- Ward 5

Ward 5 is a 19 bedded female emergency ward with an emphasis on vascular patients. Ward 5 has 3 bays and 3 side rooms and currently only 7 of these beds are visible from the nurses station. Two of the side rooms are down a small corridor and the layout of the ward is challenging to manage particularly at night time when staffing numbers drop.

The Nursing Care Indicators on ward 5 have been Amber on 6 occasions this year. The incidence of hospital acquired pressure ulcers has also been triggered as a concern with an increase in prevalence in the first 2 quarters this year in comparison to the same time frame last year. Data provided by the clinical quality department identify the following patient harms for ward 5:

April 2014 - Oct 2014- there have been 9 grade 2 hospital acquired pressure ulcers (still need validating)

April 2014 to Oct 2014 there have been 11 falls to date

To meet Safer Staffing recommendations and also respond to patient acuity ward 5 will require financial investment to secure extra nursing staff to enhance visibility and safety overnight. In order to address these staffing shortfalls Ward 5 requires an investment of 2.2wte (0.7 qualified and 1.4 unqualified).

Realisation of recruitment to these proposed extra posts will enhance patient experience by patients feeling safe and less isolated at night due to increased presence in all areas of the ward. It will reduce pressure ulcer prevalence to ensure the target of 3 is realised in 15/16 through timely interventions during the night and it will overall improve quality of nursing care which will be demonstrated by achieving consistent green throughout the nursing care indicators.

- Ward 34 and Ward 35

The nursing establishment requirements within the Orthopaedic Directorate have been reviewed by the Clinical Matron and Ward Managers. Due to the relocation of staff from Ward 10 at budget setting this year, the Orthopaedic wards have been over-established by 3.9 WTE. Currently, the trauma Orthopaedic wards (Ward 34 and 35) accommodate a high percentage of elderly frail patients who have varying degrees of cognitive impairment, reduced mobility and are highly dependent. This client

group often require 1:1 nursing to ensure patient safety and the over establishment has been utilized to meet these needs. The intensity of the work remains static throughout the day and staffing levels need to reflect this and provide opportunity for the wards to implement bay nursing to ensure a constant nurse presence within all bays 24 hours a day, 7 days a week. Currently this cannot be provided within the current nursing establishment and also the number of patient transfers to Theatre, X-ray, plaster room etc. results in a nurse from each ward being off the ward for up to 3-4 hours a day. This has an impact on direct clinical care and has been reflected in the Safer Nursing Care Tool feedback with the number of hospital acquired pressure ulcers and falls continuing to trigger concern.

It has been demonstrated on the care of the elderly wards that on shifts where bay based nursing has been achieved there is a dramatic reduction in falls and subsequent serious harm to minimal levels. Investment proposed for this area will allow for high risk patients and dementia patients to be 1:1 nursed and will assist the high number of patients with cognitive impairment to feel safe and supported, with their specific individual needs being met in a timely manner. The impact of this will be to reduce their symptoms of agitation and confusion being exacerbated which results in behaviour difficult for staff to manage and which is traumatic to both the patient and staff involved.

Ward 34

- April 2013- March 2014 = 40 falls
- April 2013- August 2014 = 9 stage 2 pressure ulcer harms.

Ward 35

- April 2013- March 2014 = 42 falls
- April 2013- August 2014 = 18 stage 2 pressure ulcer harms and 1 stage 3 harm (7 still need validating).

To implement and achieve bay nursing to ensure optimum patient safety, quality and zero harms, Ward 34 and 35 require the following investment:

- Ward 34: 0.62 qualified (Band 5) and 0.74 unqualified (Band 2) at a cost of £37,963;
- Ward 35: 0.12 qualified (Band 5) and 1.86 unqualified (Band 2) at a cost of £44,598;
- The total cost for both wards would be £82,561.

WARD / DEPARTMENT	CURRENT GAP ANALYSIS		QUALIFIED COST	UNQUALIFIED COST	TOTAL COST
	RGN +/-	HCA +/-	£ Per Annum	£ Per Annum	£ Per Annum
Ward 5	-0.7	-1.4	£24,733	£30,377	£55,110
Ward 34 and Ward 35	-0.74	-2.6	£26,146	£56,415	£82,561

Funding required 15/16 = £137,672.

ADULT AND LONG TERM CONDITIONS

The reference paper presents analysis of the current position in relation to District Nursing and support staffing levels in the individual localities of Blackpool, Fylde and Wyre and Lancashire North as they are currently commissioned by three CCG's.

It should be noted that describing District Nurse and support staffing levels in the community is complex and that there are three main measures of District Nurse staffing levels within the community: Nurses per 1,000 head of population, caseloads and one WTE specialist practitioner per 10,000 practice population.

A recent literature review indicates that no definitive validated tool exists for assessing appropriateness and providing assurance with regard to District Nurse and support staffing levels. Work has commenced within the Division to develop this evidence base. In the absence of a definitive tool, the review of District Nurse staffing consistently across the three localities to provide assurance is informed by a description of current staffing to include evening and night provision, a review of complaints, concerns, compliments, comments (4Cs), patient harms data by locality and patient and staff survey results. All of which are supported by the professional judgement of the service manager.

Each District Nursing team has reviewed their team against a quantitative national standard of an average one WTE Specialist Practitioner band 6 or 7 per 10,000 practice population. In addition a capacity measure has been used which was developed as part of the divisional nursing resources programme. The capacity measure has been benchmarked nationally and supports the evidence base of the delivery of good quality safe care. The measure describes safe levels of activity per WTE aligned to the band of staff. This being an average of 10 visits per day for a band 5 member of staff working a 7.5 hour day.

The divisional nursing resource work has highlighted the District Nursing service experience a "surge" of between 10-15% unplanned or unexpected activity 7 days per week. The "surge" is currently managed by re – prioritisation of workload within and across teams, re-scheduling of planned visits and shortening of the time available to spend with patients, all of which affect the quality of patient and staff experience. This is compounded by the fact that the service is currently not funded for uplift to cover sickness, annual leave or mandatory training and the cost to provide this uplift on the divisions current structure is £1,873,577. The nursing workforce has been consulted on the adoption of a standardised number of shift patterns and an extended day model which will provide 24 hour cover 7 days a week with protected handover periods between the extended day and night shifts. The target date for implementation is November 2014. Focus has also been on the provision of a 7 day service, traditionally weekends had a limited amount of cover for urgent scheduled and unscheduled work. The demand for visits at weekends has increased. Currently a weekly review of capacity and demand takes place which results in resource being moved to the weekend however this leaves a pressure within the week.

A review of all available evidence including detailed capacity and demand review aligned to the Divisional nursing resources work indicates a need for investment as set out in the table below. Taken into account within the review has been the benefit realization of the introduction of mobile devices and the move to an extended day model. Not reflected below is the impact that the introduction in 15/16 of the extensivist model may have however early indication is that although this model will release time for primary care staff that it is unlikely to have the same benefit for community nursing.

Realisation of this investment will provide the opportunity for appropriate time to be spent on each patient visit ensuring full assessment and treatment plans are implemented to reduce the high and increasing prevalence of pressure ulcer within the community setting. This will support a positive environment for clinical community staff to work within to achieve a reduction in sickness rates and attract staff to work in the community setting by creating a healthy and manageable workload.

	Activity		Safe Staffing Measures		Quality Indicators			Investment Required	
Locality	12/13 to 13/14	Apr – Aug 13 Apr – Aug 14	One WTE speciality prac per 10,000 practice population	Benchmark 10 visits per 7 1/2 hour day	P/Ulcers Apr - Aug	NCI Target 95%	Med Errors Apr - Aug	Band	Cost £'s
Blackpool	4.2% Increase	4.5% Increase	2 out of 7 teams compliant	12 visits per day	G2 84	80%	25	B5 7.5	253,809
					G3 11			B3 1.05	25,194
					G4 3				
Fylde & Wyre	11.7% increase	9.3% Increase	6 out of 6 teams compliant	14 Visits per day (High level of EOL partners)	G2 118	78%	10	B5 10.84	366,839
					G3 24			B3 1.18	28,313
					G4 10				
Lancaster	3.8%	14.5%	3 out of 5 Teams Compliant	12 Visits per day	G2 119	85%	10	B5 10	338,412
					G3 24			B3 0	0
					G4 10				
							Total	£1,012,567	
							Costed at mid point scale and includes enhancements @ 13% weekend working. Does not include uplift for annual leave, sickness and mandatory training= £241,088		

A further investment would be required if the division were to achieve an uplift within its present structure to cover sickness, annual leave and mandatory training at a cost of **£1,873,577**. The divisions priority areas for investment is Fylde and Wyre area teams based on the number of visits they currently provide per day and the level of harm recorded across these teams as well as low performance against the nursing care indicators.

FAMILIES DIVISION

The staffing review has concluded that the Maternity, Paediatric, Neonatal, Health visiting and school nursing is compliant with the required workforce establishment to deliver the expected level of care and service to our patients.

Midwifery staffing	Birthrate + compliant with 1:29 ratio
Paediatric Staffing	RCN standard compliant
Neo natal Staffing	Staffing flexibly according to acuity to achieve BAPM standards
Health Visitors	NHS England trajectory met at 102 WTE
Scholl Nurses	Trajectory met.

No further funding required in 15 /16.

Recommendation: The Quality Committee is asked to support the findings of the Divisional Nurse, Midwifery and Care Staffing Reviews and to support the level of investment required to uplift establishments in 15/16.

Board of Directors Meeting

26th November 2014

Chief Executive's Assurance Report

1. Introduction

The Chief Executive's Assurance Report aims to highlight key issues for Board attention/discussion. The aim of the report is to inform the Board of the issues that are progressing well, the issues which are not progressing as planned, and therefore the level of assurance that can be provided to the Board in terms of achieving a range of targets/objectives. Where Board members would like further assurance, detailed reports can be accessed from the Reference Folder. Wherever I am in a position to do so I will either give a rating of:

- None - little or no prospect of recovering the position/delivering going forward.
- Limited Assurance - improvements are expected but full delivery is considered high risk.
- Significant Assurance - improvements are expected and full delivery is considered likely.
- Full Assurance - full delivery is expected.

The report is divided into key sections as shown below, although each area is interlinked to each other/the whole.

2. Quality

Quality Surveillance Group Meeting – 10th November 2014

On 10th November I attended a Quality Surveillance Group meeting in Preston. These were introduced following the Mid Staffs scandal to make sure that Monitor, NHS England, the CQC and CCGs worked together to check quality standards in Trusts. The meeting was chaired by NHS England and included representatives from Blackpool CCG, Wyre & Fylde CCG and Monitor. The meeting focused on mortality, pathways, staffing and C Difficile. The actions agreed at the meeting are in the Reference Folder.

CQC Action Plan

The latest update is included in the Reference Folder. The workforce KPIs have been discussed with Commissioners to agree to using ESR data to monitor the position. The updated position for Nursing and AHPs is reflected in this month's update but the Medical Workforce KPI is still under review by the Workforce and Finance Teams with a view to providing the revised KPI position in November.

October position – total 13 KPIs – 7 Green, 4 Red, 2 not rated (not due for update until the end of December).

Red KPIs

- SHMI: 112.5 against plan of 109.2 (see separate presentation)
- Staff Sickness: 4.71% against plan of 3.6% (see workforce section)
- Medical WTE: 473 against plan of 514 (see workforce section)
- AHP WTE: 371 against plan of 387

The Medical Director and Nurse Director met with the Head of Department (Obstetrics) and the Head of Midwifery to review the departmental action plan in response to the RCOG report. Draft key performance indicators to support monitoring and evidence against the plan were developed and this work was shared with Commissioners for their support and agreement on 20th November 2014. This month the Executive Directors, via the EDs meeting, are undertaking a deep dive on each of the compliance actions within the action plan to ensure progress is on track.

CQC Intelligent Monitoring Report

The CQC newly developed model, for monitoring a range of key indicators about NHS hospitals, has produced its third report. The indicators relate to five key questions – are they safe, effective, caring, responsive and well led? The report scores each indicator against a banding of 'risk' (scoring 1 point) or 'elevated risk' (scoring 2 points). Overall, 86 indicators were assessed this quarter covering a wide range of subjects including never events, mortality, privacy & dignity, VTE, central alert system, patient safety incidents, avoidable infections, maternity and women's health, compassionate care, patient experience, reporting culture and staffing. The lowest risk score we could have would be zero, the highest would be 172. Our overall risk score for the Trust is 13, an increase of 1 from the last quarterly report. No banding has been applied to the Trust as we have had a CQC inspection and are shown as 'recently inspected'.

Four of the elevated risks and all 3 of the amber risks recorded are in relation to SHMR, HSMR and composite in hospital mortality indicators for gastroenterological & hepatological (elevated risk), respiratory (elevated risk) cardiological (remains amber), cerebrovascular (amber risk) and genito urinary (amber from elevated risk last quarter). Gastroenterological and hepatological shows a higher than expected rate for the gastrointestinal haemorrhage diagnosis group. We plan to develop an acute abdominal pain pathway to support improvements in this area. Respiratory relates to the positions on pneumonia and COPD. Pneumonia, where we have a well established pathway, is showing an improved position. We launched our COPD pathway this summer and similar improvements are expected as the pathway matures.

Quality Committee

The Quality Committee has not met since the last Board meeting.

Overall Performance against our Strategic Compliance Measures

Friends and Family Test – Significant Assurance

From the 2nd October 2014 NHS England has moved away from using the Net Promoter Score to a percentage score of respondents who would / or would not recommend the service to their family. The number of responses in October was 2190, of which 91% would recommend the service to their friends/family. The latest national data (September 2014) is 94%. Our performance for September was also 94% and we anticipate being in line with the national position when October data is released. Response rates for October are; In-Patient: 38% (a reduction on last month), Maternity Services: 19% (an increase on last month) and Emergency Department: 23% (an increase on last month). 90% of respondents would recommend our ED service to their friends/ family. The latest nationally reported position (September 2014) is 86%.

Waiting Times in the Emergency Department (A&E) – Significant Assurance

Performance of 97.2% was achieved in October.

18 Week Open Pathways – Significant Assurance

The Open pathway performance improved in October to 93.89% against the national standard of 92%.

Cancer Waiting Times (other than 62 day standard) – Significant Assurance

Cancer waiting time standards were achieved for the 2 week waiting time from a GP referral, 62 day screening, 31 day general, subsequent treatment and drug standards.

Nursing Care Indicators – Significant Assurance

Divisional scores for October are; Unscheduled Care amber (93%), Scheduled Care green (95%), Women's and Children's green (97%) and ALTC red (83%) improving from 81% in September. The Trust overall position was 94% (amber) with patient observation, tissue viability and continence care domains scoring amber in the Unscheduled and Scheduled Divisions. In ALTC three domains, pressure ulcer indicator, nutritional assessment and care of the dying were rated amber but had improved overall in month. Further focus is being given to the pain management indicator and falls assessment which had remained static in month.

Overall Nursing, Midwifery and Care Staffing Levels – Significant Assurance

October data submitted showed the overall Victoria site fill rate to be 92.5%, Clifton Hospital 96% and an overall Trust fill rate of 92.8%. Full Assurance was found on 15 of the 40 reporting wards (an increase of 5 compared to September) and safe staffing levels for both staff groups, registered and non-registered were demonstrated as 90% or over of the planned hours were worked for both the day shift and the night shift. Significant assurance was provided by 4 wards. Limited Assurance was provided by the remaining 21 wards as the number of actual nursing staff on duty the previous month compared to the planned staffing level was below the 90% fill rate for either day or night shifts, or a combination of both. Divisional plans to address this fill rate are in place, improvement however is expected to take at least a quarter to be realised. It should be noted that 3 wards, although not meeting the 90% fill rate for both the day and night shifts, identified that the staff numbers met the patient care needs based on their acuity, therefore the risk associated with this limited assurance in these instances was low.

In line with national guidance following the Francis Inquiry, Boards are to receive a six monthly Nursing and Midwifery establishment review. This review will be discussed as an agenda item at the Board meeting.

Dementia Screening – Full Assurance

October performance on the 3 measures demonstrates achievement of the Dementia CQUIN. Stage 1: 90.7% (September 65.7%, August 58.8%) Stage 2: 96.9% and Stage 3: 100%.

Care Pathways - Limited Assurance

Work is continuing to create a new report that shows a matrix of compliance for each pathway showing performance on each key indicator within the pathway. The mechanics of the report are not straightforward and have meant re-writing the underpinning reporting models within SQL server reporting services. It is envisaged that the report will be working by the end of November 2014.

Mortality – Limited Assurance

A separate presentation will be given on mortality rates.

18 Week Waiting Times for Admitted Patients – Limited Assurance

The Admitted performance for October was 85.5% against the 90% target and the Non-admitted performance was 94.5% against a target of 95%. Performance for November will deteriorate as we prioritise treating the backlog of long waiting patients. The Trust is on track with our outsourced activity, predominantly relating to Orthopaedics, Gynaecology and General Surgery. Monitoring continues to ensure we are back on track for the end of Quarter 3. Monitor measures the RTT monthly but cumulatively for the quarterly return. Q3 RTT performance is not expected to be achieved as the 18 week amnesty period includes 2 months of Q3. We plan to deliver from 1st December onwards.

Cancer – 62 Days from Referral to Treatment – Limited Assurance

September performance for the 62 day urgent referral to treatment (target 85%) did not achieve the required standard at 73.30%. The unvalidated October performance for the 62 day standard is 81.50%. All the associated patient pathways were reviewed across the quarter to confirm the impact of an increased referral rate and the complexity of the pathways. Increased monitoring and proactive management of the cancer PTL has been implemented. We are on track to achieve by the end of November 2014.

C Difficile – Limited Assurance

Up to the 17th November the Trust has had 32 cases of C Difficile, 4 above the annual objective of 28 cases. To date 17 cases have been agreed with Commissioners as a 'lapse in care', 8 'no lapse in care'. Two cases following internal RCA are viewed as 'no lapse in care' but need to be discussed with Commissioners. 5 cases internal RCA are in progress. 16 of the 17 'lapse in care' cases were related to antibiotic prescribing. The external peer review by Professor Mark Wilcox is taking place on the 18th December. The Trust participated in National Antibiotic Awareness Day on 18th November.

3. Workforce

Sickness Absence – Limited Assurance

Sickness Absence increased to 4.7% in October from 4.3% in the previous month showing an increasing trend for the 3rd month running and is 1.2% above target. All divisions, with the exception of Adults & LTC, experienced an increase in absence from the previous month. The ratio of long term sickness absence to short term sickness absence has changed with 41% of the sickness categorised as short term and 59% as long term. In comparison in August, the ratio was 47%/53% respectively, indicating that the October sickness percentage is made up of longer spells of absence. HR teams continue to support line managers in the management of sickness absence cases with hot spots identified being given extra attention and support. Gastrointestinal/sickness was also one of the highest reasons for absence in the month of October.

Turnover – Significant Assurance

We have recently started to report on two indicators for staff turnover:

- Turnover % (all staff which includes permanent & temporary contracts) based on a rolling 12 month period – 10.2% at October which is below the target of <11%.
- Turnover % (for all permanent staff) based on a rolling 12 month period – 8.6% at October which is below the target of <9%.

Both turnover indicators reported are green.

Job Planning - Significant Assurance

As at 12th November 2014, there are now 85% of consultant job plans signed off at Stage 1 with a clear action plan to address the remaining 27. A large majority of those signed off have been verified by Finance, Directorate Managers and Divisional Director and are awaiting final sign off at Stage 3. The final milestone for the project is approaching which was to sign off all job plans by 31st December 2014. This is deliverable but there is a lot of work still to do to deliver this target.

On a positive note, the project is now looking at ensuring job plans for Specialty and Associate Specialist are uploaded to the e-job planning system. Early indications suggest that engagement levels are good and progress is being made already.

Consultant Recruitment Update - Limited Assurance

The total number of consultant posts being actively recruited to has reduced from 24.6 to 23. There are currently 7 offers against the posts being actively recruited to (30%). MEDACS are supporting the placement of candidates to permanent positions and, whilst they report that it remains difficult to source Consultant level candidates, there is a concern with the low conversion rate of CVs being submitted resulting in an offer, particularly in Radiology and Dermatology.

Medical Appraisals - Significant Assurance

The overall completion monthly rate for medical appraisals continues to increase with another positive improvement to uptake compared to last month from 74% to 78%. This is broken down further into Consultant appraisal return rate at 79% and 78% for Specialty Doctor and Associate Specialists, an equal 6% increase for both grades.

Following receipt of the Annual Organisational Audit submitted by the Trust in August 2014, the NHS England Revalidation Team visited the Trust on 10th November 2014 as a direct response to the low appraisal return rate reported for last year (1st April 2013 – 31st March 2014) and seeking how the Trust can be supported further to improve the appraisal rate for this year. The current quarterly figures for the Trust reassured the team that improvements have been made to the process, and areas of good practice were identified, such as bespoke feedback tool for Histopathology & Anaesthetics and the Managed Service model with MEDACs.

It is anticipated that when the e-appraisal is fully embedded (implementation commenced in September 2014) the appraisal return rate for Consultants and SAS Doctors will improve significantly. Whilst this provides a level of assurance in relation to the Revalidation, the NHS England team highlighted that the low appraisal rate for Short Term Doctors, i.e. Trust Grades, presents a potential patient safety risk which needs to be the focus of attention going forward. A mutually agreed action plan is being developed and will be shared with the Board imminently, with a follow up visit planned by the NHS England in January 2015.

Mandatory Training - Significant Assurance

Limitations on staff release or time for Mandatory Training remain the main challenge in relation to performance. Compliance against the minimum data set has remained the same this month with a figure of 83%. Low compliance subjects are being addressed with the relevant leads. An increase of 20% in level 2 safeguarding of children has recently been reported after an exercise took place with the safeguarding team and learning and development team. The Training Needs Analysis is under review by the compliance and governance facilitator with proposals for realistic reductions in the frequency of training updates and subject matter for staff roles. Two changes have already been agreed. This will support the Trust to achieve the 90% target. E Learning continues to be the completion method of choice and further improvements in e-learning will begin in January 2015.

Compliance Induction - Limited Assurance

Limited Assurance mainly due to low compliance with Local Induction from managers. Performance has however increased to 47% in October. Local Induction processes are changing from January 2015 as part of the second phase of induction changes. The option to be completed on-line will be developed and the completion will be once only over a 1 month period rather than 1st day, 1st week, 1st month checklists. This will support the improvement of compliance. Corporate Induction is at 100% compliance against a target of 90%. This is due to all new starters first day in post being attendance at corporate induction.

Non-Medical Appraisal - Limited Assurance

The appraisal window was extended to the end of September with a completion figure of 89%, 1% away from target of 90% inclusive of the paper completions. A full review of appraisal for next year and its links to the business planning cycle is currently in progress with a recommended way forward presented to the Workforce Committee within the next two months.

4. Audit

A meeting of the Audit Committee took place on 11th November 2014 and the key items for discussion were as follows:-

- Trust's Assurance Framework
- Internal Audit Progress
- Internal Audit Compliance with NHS Internal Audit Standards
- Trust's E-Procurement Strategy
- External Audit Review of Charitable Funds
- Payment and Tariff Assurance Framework
- Counter-Fraud Progress Report and Bribery & Corruption Awareness Survey
- Reports on Waivers/Losses/Special Payments

KPMG provided the Audit Committee with Full Assurance on their compliance with NHS Internal Audit Standards (2011). The Audit Committee reviewed the report and was able to give the Board Full Assurance on this as a consequence of relying upon the KPMG self-assessment of their approach. The Audit Committee is able to continue to give the Board Significant Assurance on the Trust's Assurance Framework; on progress against the Internal Audit Programme and on Counter Fraud activity.

There were no recommendations from the Audit Committee to the Board.

The Audit Committee Assurance Report is included in the Reference Folder.

5. Finance

Income and Expenditure

The Trust reported a surplus of £0.6m for October, which is £0.6m worse than plan for the period. The year to date performance at the end of October is a deficit of £3.4m, which is £1.4m worse than the plan for the period. In September, the Trust undertook a financial forecast and the current performance is £0.2m better than forecast in month and £0.1m better than forecast cumulatively. A formal approval of the forecast will be presented to Finance Committee prior to submission to Monitor in December. The main in month variances to budget are as follows: -

- The Scheduled Care Division performance is £0.6m worse than budget in month. Income is £0.5m worse than budget due to a breakdown in a catheter lab for four days and a prior period loss of income in CITU £0.1m. Locum, agency and additional premium costs resulted in a variance of £0.1m in the General Surgery Directorate.
- As part of the mitigation plan the Trust has utilised two-thirds of the £0.7m premium income from CCGs to account for the additional RTT activity undertaken in September and October.

Continuity of Service Risk Rating (CoSR)

The Trust has delivered a Continuity of Services Risk Rating (CoSR) of 2 in line with plan at the end of October predominantly due to the better than planned liquidity position.

Contractual Performance

- The Trust is cumulatively £1.6m ahead of budget against the Blackpool CCG assured element of the contract and £1.0m ahead of budget against the PbR element of the contract. Although the total overperformance is £2.6m the Trust will only receive £1.0m under the terms of the contract. A formal request has been made for a contract variation and a verbal update will be provided.
- The Trust is cumulatively £1.3m ahead of budget against the Fylde and Wyre CCG assured element of the contract and £1.0m behind budget against the PbR element of the contract. The net performance for Fylde and Wyre CCG is therefore £1.0m behind budget.
- Based on the current agreed contract value, the Trust is cumulatively £0.7m ahead of budget against the Specialist Commissioning contract assuming reimbursement at full Payment by Results rules / tariffs.

Cost Improvement Programme (CIP)

The 2014-15 CIP Programme continues to have a delivery value of £20.6m with a RAG profile of 6% Red, 4% Amber and 90% Green. The programme continues to see positive movement in terms of PID development and submission for new schemes and in terms of progress within existing projects and programmes. As part of the process of preparing an income and expenditure reforecast a full CIP reforecast is required. Contingency and mitigation plans are being considered and will feed into the CIP once identified and processed.

The Trust has appointed a Head of the PMO due to start in January 2015.

Capital Expenditure

Capital expenditure is £1.1m cumulatively below reforecast at the end of October. The Clinical Equipment Replacement scheme is currently ahead of the reforecast but is more than offset by slippage across the other schemes.

Cash

Cash was £6.1m better than plan at the end of October. The main components of the higher than planned cash balance are as follows: -

- March 2014 closing cash position higher than assumed in APR by £2.3m;
- Capital expenditure cash undershoot £1.5m;
- Planned asset sale proceeds not realised (£1.3m);
- Cash impact of I&E under plan (£2.3m);
- Favourable terms from Specialist Commissioners £4.0m;
- CCG income in advance £0.3m;
- Dividend paid lower than plan £0.7m.
- Other variations £0.9m

The Trust continues to actively manage cash balances and liquidity, the key focus being on working capital movements.

Overall Financial Plan

The 2014-15 Financial Plan forecasts a deficit of £1.3m with a CoSR of 2 throughout the period. The cash balance is forecast to reach a minimum of £13.0m in March 2015. The current CoSR is 2. The cash balance is forecast to reach a minimum of £13.0m in March 2015.

Based upon the planned deficit, the planned CoSR of 2 and the cash balance there is limited assurance that a CoSR of a 2 will be achieved at the end of the financial year. The plan to address the limited assurance is ongoing and includes a number of mitigation actions.

At this stage it is not possible to provide a precise date of when this assurance level would improve but this is not expected until quarter 4.

6. Strategy/Risk/Corporate Assurance

6.1 Strategy & Business Development – Significant Assurance

Out of Hospital Strategy

The Fylde Coast Out of Hospital Strategy Executive Steering Group, with representation from the Trust, two CCGs, local authorities, mental health services and the Lancashire Area Team is leading on the redesign of three new clinical models of care linked to the shared strategic vision of community-centred, integrated care provision.

The following were reviewed and approved by the Executive Steering Group on 20th November 2014:

- Clinical Blueprint – this will enable the development of a full clinical service specification and associated staffing models etc.
- Outline Business Case – this, coupled with the clinical blueprint, will enable the development of a Full Business Case
- Project Plan
- Communications and Engagement Plan – this will include events with patients and carers, as well as wider engagement with key stakeholder organisations

The local health economy (LHE) is one of a number of areas across England that will be part of a New Models of Care Network. An initial event was held on 5th November 2014, at which the Trust was able to hear about the various models of care that are planned for the other five health economies across England and begin to understand how best practice can be shared.

Better Care Together – Lancashire North

The Trust is continuing to work closely with University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire North CCG in the development of the Better Care Together programme. A key area within this is the out of hospital strategy for the Lancashire North region, which the Trust will have significant input into through its provision of community services.

Strategic Development and Operational Planning

An Away Day was held on 14th November 2014, which provided the opportunity for the Trust and local CCGs to share their five year strategic plans in more detail, and begin to discuss the various projects / schemes that are underway to deliver the strategy. The event was well attended, with clinical and non-clinical representation from across all divisions / departments, and allowed a greater understanding of the areas that the Trust and local health economy need to focus on in order to meet our strategic aims. In addition, the event afforded the opportunity for clinical divisions and corporate departments to identify linkages between strategic delivery schemes, CIP themes and operational planning requirements for 2015/16 and 2016/17.

A number of Annual Planning events are scheduled for December 2014 and January 2015, at which the Heads of Department from each division will be asked to present their two-year operational plans to an audience of Executive Directors and Divisional Management Teams (clinical and non-clinical).

6.2 Corporate Assurance – Significant Assurance

Risk Management

A Risk Appetite Session with the Board of Directors was held on 10th November 2014. This session was facilitated by the Trust's internal auditors (KPMG) and provided the opportunity for a review of the Trust's current approach to risk management, as well as assessing the risk appetite of the Board. The session resulted in a number of identified actions in relation to the Corporate Risk Register and the Board Assurance Framework – these will be implemented and monitored via the Risk Committee.

Well-Led Governance Review

Monitor's 'Risk Assessment Framework' serves as guidance for Foundation Trusts in complying with the Continuity of Service and Governance License conditions. The 'Risk Assessment Framework' expects that Trusts undertake an external review of its governance arrangements every three years. In 2014/15 (Year 1), the Trust is undertaking a self-assessment of these domains through the existing Internal Audit programme, coupled with investigative work by the Corporate Assurance Team. This work has commenced, with senior leads asked to provide documentary evidence against each domain, interviews with members of the Board and senior management teams, and the development of a questionnaire that will be distributed to teams upon completion of the interviews.

Internal Audit

Several internal audits relating to areas within Corporate Assurance are underway and will continue across Quarter 3 and Quarter 4 of 2014/15:

- Risk Management and the Board Assurance Framework
- Governance Arrangements
- Trust Strategy
- Self-certification

Several aspects within these audits are related to the Well-Led Governance Review, with the first three due to report to the Audit Committee in January 2014 and the fourth scheduled to commence in Quarter 4.

Gary Doherty
Chief Executive



Integrated Performance Report

October 2014

Version 1



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Executive Summary – Lead Director: Gary Doherty

Performance highlights in the month include the achievement of the ED performance standard (including the Urgent Care Centre). The RTT performance for October was below target as planned for admitted pathways (85.5% against a target of 90%) and non-admitted pathways (84.48 against a target of 95%). The open pathways performance was better than target in the month (93.89% against a target of 92%). In line with the national guidelines, the amnesty on RTT performance ends at the end of November. The unvalidated 62 day urgent referral to treatment cancer performance is 81.50% against a target of 85% in October.

C.Diff performance continues to be a concern with the Trust experiencing 29 C.Diff cases to the end of the October against an annual target of 28.

Financial performance is £0.6m worse than plan in month however the Trust continued to maintain a CoSR of a 2, and is marginally ahead of the post-mitigation forecast.

Key Performance Indicators

Mortality (page 8)

Delays in receipt of national datasets from HES and ONS remain, however the report has been updated to the end of August 2014 where data is available, which represents no change on the position reported in September.

- SHMI 12 month rolling position continues to trend downwards with an estimated August index below 110.
- RAMI has now been rebased for 2014. The trend remains downward with August data showing achievement of the 100 standard for the rolling 12 month period.
- HSMR rolling 12 month position has stayed stable. Palliative care coding is a major contributor to the HSMR remaining static and not reducing in line with SHMI and RAMI. Palliative care coding has improved to around 1.1% of activity, this is still well below the national average of approximately 1.26% (HED data from March 2014). Continued improvement in the capture of palliative care within the casenotes and subsequent coding should see HSMR reduce in line with SHMI and RAMI.
- The three conditions with the highest excess deaths using SHMI are:
 - Stroke
 - Pneumonia
 - COPD

Crude mortality in hospital for August is lower than the same month in the previous year.

Quality – Patient Safety (Page 13)

Clostridium Difficile (C. Diff): C-Diff is worse than trajectory YTD with 29 against an annual target of 28. All are subject to a Root Cause Analysis.

Medication Errors: Medication errors resulting in near miss remain above trajectory in month. Year to date medication errors resulting in near miss, low, minor and serious harm are all above trajectory, although the figures are currently unvalidated and subject to change. The cumulative totals for all levels of Medication errors outside trajectory. These are being monitored via the Medicines Management Committee and managed with the divisions.

Pressure Ulcers: Hospital acquired pressure ulcers, both spot prevalence and actual are above trajectory in month and year to date for all stages (Except stage 4 spot prevalence). Non hospital acquired pressure ulcers stage 2, 3 and 4 actual are above trajectory YTD. In both the acute, community and combined setting we are below the

national median for incidence of new pressure ulcers, but above on new and old. In the community setting, broken down to locality level, we are below the national median in the Blackpool, Fylde & Wyre localities, but above the national median in the North Lancashire locality. This is impacting on achievement of the CQUIN and payment has been withheld in Q2. Work and negotiations are being undertaken to review and improve this position. Work remains ongoing with divisions to support improvements through lessons learned and address specific standards with regards documentation, planning and implementing care. The DDoN and ADoN have just completed their second review meetings with individual acute ward managers and Matrons to identify progress against improvement plans and ensure support requirements are being met. Information is being collated and will be reported to the Director of Nursing over the coming weeks. They have also met with 'best practise' areas to identify where lessons can be learnt and shared to support an improvement drive and a best practice event is planned for the 1st December. This process will be reviewed in the New Year for the community services. The ALTC Division have also held a series of 'Call to Action' events.

Harm Free Care: Harmfree care has improved slightly in month in both the acute, community and combined settings.

In October, 690 out of 719 hospital patients received harm-free care, 94.58% compared with 92.99% of patients last month. In the community, 908 out of 980 patients received harm-free care, 92.65% compared with 93.77% last month. The combined figure for the Trust for harm-free care was 93.47%, up 0.02% compared to last month. In the population of 1699 patients surveyed, 111 harms occurred. Twenty of forty-one hospital wards (48.8%) and twenty-six out of forty-three community teams (60.5%) provided harm-free care this month. This equates to 57 out of 84 (67.9%) of Blackpool Teaching Hospitals nursing areas providing harm-free care, which is a 19.8% improvement in month overall.

Falls: There were 117 falls in October against a target of 108.4, which is a slight increase on last month. YTD patient falls resulting in low, minor/moderate, serious and disaster levels of harm are worse than trajectory and there have been 2 patient falls at level 4 harm this month (serious and above), although these incidents are currently unvalidated and subject to further investigation. Further details will be reported in future IPR's. The falls steering group has carried out a review of the NICE guidance regarding falls and an action plan has been developed with the CCG's, NWAS, LCC and voluntary agencies to address gaps, this will include a review of good practise, service development need a the development of a whole health economy falls pathway. Progress will be monitored via the falls steering group.

Dementia: Dementia compliance for point 1 in month has demonstrated continued improvement although not yet attaining the required 90% standard. Points 2 and 3 both appear to have deteriorated slightly in month. It should be noted however, that these figures are not yet validated and it expected that point 3 will achieve 100% and point 2 will also increase, and is already above the 90% threshold. To capture the patients requiring further memory assessment a revised process has been implemented to ensure point 3 achieves 100%, this is being achieved through case note review by the ADoN of eligible patients which instigates a formal letter to GP being sent in the name of the Medical Director. A process for follow up of patients requiring dementia assessments that are outstanding at the weekend has been implemented in November, so performance is expected to continue to rise.

Patient Safety Incidents: Overall the total number of reported incidents and patient safety incidents have reduced this month, although the figure is above plan for patient safety reporting (>850). The number of near misses has increased slightly which reflects the organisation's commitment to being an open and transparent organisation, which is driving improvement through lessons learned. The cause groups for the highest recorded incidents in month are Patient Accidents - Falls, Sharps, Cuts, Collisions & Burns, followed by Skin/Tissue damage, Documentation and Medication Errors. Trends and themes from incidents are reported to Divisional Quality Managers, who are responsible for sharing these and lessons learned through Divisional Governance meetings and local Ward and Team meetings. The LIRC Committee (Learning from Incidents & Risk) Committee meets bi-monthly to review learning from incidents and commissions project groups to review high risk trends.

Serious Untoward Incidents: All Serious Untoward Incidents are now reported through StEIS and the number reported has remained constant in October compared to the previous month. This reflects the organisation's commitment to being an open and transparent organisation, which is disseminating lessons learned; There are no recorded 'Never Events' in October. The highest cause group for SUI's reported in October remains Skin/Tissue Damage.

Nursing Care Indicators: The acute overall score is 94%, a decrease of 2% since last month, which makes the overall RAG rating amber for the first time this year. Observations, Property, Continence Care, and Tissue viability criteria were below 95% and are a matter of concern. In the Community setting whilst overall compliance remains low there continues to be an improvement trend with the overall score rising from 30% following introduction in April 2013 to 83% this month. The result for the Trust combined has increased slightly in October to 92%.

There remain trends in areas of non-compliance: frequency of observations, recording fluid balance, tissue viability management, in particular, delivery of care as planned, completion of the intentional rounding tool and completion of nursing assessments on admission or re-assessment. These areas also reflect findings from SUI's. Divisions are addressing locally areas of non-compliance via meetings with ADON'S/Matrons and ALTC have held a series of 'Call to Action' events to raise awareness and engagement.

Clinical Audit: Clinical Audit compliance has increased by 1% (red) to 73% this month and areas of concern continue to be escalated according to the policy to support individuals. A recovery plan has been developed by the Clinical Audit Department and improvements are expected over the coming months. This reflects the challenges of the divisions having no Quality Manager in post.

TARN: All measures for TARN are achieved with the exception of time to CT and time seen by Consultant in ED.

NCEPOD: Progress with implementing NCEPOD recommendations has been made during October. Although implementation of all recommendations has not been achieved at this point, action plans are in place that is monitored by the Trust NCEPOD Ambassador and Reporter.

NICE: Compliance with NICE guidance has improved in month to 86% compliance (amber), areas of concern have been escalated according to the policy to support individuals. This reflects the challenges of the divisions having no Quality Manager in post. A recovery plan has been developed by the Clinical Effectiveness Department and improvements are expected over the coming months.

Financial Performance (Page 20)

- **Income and Expenditure is worse than plan in October:** The Trust reported a surplus of £0.6m for October, which is £0.6m worse than plan for the period. The year to date performance at the end of October is a deficit of £3.4m, which is £1.4m worse than the plan for the period. In September, the Trust undertook a financial forecast and the current performance is £0.2m better than forecast in month and £0.1m better than forecast cumulatively. A formal approval of the forecast will be presented to Finance Committee prior to submission to Monitor in December.
- **Cash £6.1m better than plan at the end of October:** The main variances relate to the favourable payment terms provided by Specialist Commissioners and CCG's and also capital expenditure being lower than the original plan.
- **CIP Performance is marginally ahead of the plan for October:** The year to date performance is broadly in line with the planned savings target of £7.0m at the end of October.
- **Continuity of Services Risk Rating (CoSR):** Despite the ongoing adverse cumulative income and expenditure variance the Trust has delivered a Continuity of Services Risk Rating (CoSR) of 2 in line with plan at the end of October. The shortfall in the income and expenditure position continues to be offset by the liquidity position.
- **Capital Expenditure £1.1m below reforecast for October:** The Clinical Equipment Replacement scheme is currently ahead of the reforecast but is more than offset by slippage across the other schemes.
- **Overall Financial Assurance – Limited Assurance:** The Trust has achieved a CoSR of 2. The 2014-15 Financial Plan forecasts a deficit of £1.3m with a CoSR of 2 throughout the period. The cash balance is forecast to reach a minimum of £13.0m in March 2015. Based upon the planned deficit, the planned CoSR of 2 and the cash balance there is limited assurance that a CoSR of 2 will be achieved at the end of the financial year.

Operational Performance (Page 40)

- **A&E:** The Trust achieved a performance of 97.21% in October.

- **18 Weeks:** The Trust achieved one of the three RTT measures in October. The Admitted performance was 85.50% against the 90% target, Non-admitted was 94.46% (target 95%) and Open pathways was 93.89% (target 92%). The Trust is intending for these 3 performance measures to decline further in November, whilst the 18 week and waiting list management work is undertaken. The Trust is on track with the outsourced activity, predominantly relating to Orthopaedics, Gynaecology and General Surgery. Monitoring continues to ensure we are back on track for the end of quarter 3.
Monitor measures the RTT monthly but cumulatively for the quarterly return. Against the Q2 RTT targets all RTT indicators were below the required levels. Q3 RTT performance is not expected to achieve as the 18 week amnesty period includes 2 months of Q3.
- **Cancer:** September performance for the 62 day urgent referral to treatment (target 85%) did not achieve the required standard at 73.30%. The unvalidated October performance for the 62 day standard is 81.50%. The combination of July and September performance across this standard did not achieve the quarterly performance target. All the associated patient pathways were reviewed across the quarter to confirm the impact of an increased referral rate and the complexity of the pathways. Increased monitoring and proactive management of the cancer PTL has been implemented to reduce the number of breach patients carried in the system.
Monitor requires the 62day cancer performance to be achieving by November 2014.
- **Outpatients:** The Trust continues to maintain a new to follow up ratio slightly below the contracted limit of 1:2.6. The number of patients who Did Not Attend their outpatient appointment is above the monthly target of 8.3% at a reported performance of 9%, a decline from previous months.
- **Length of Stay:** Emergency length of stay increased in October to 5.02 days, above the 4.3 day target. This is attributable to the increase number of Delayed Transfers of Care due to the lack of available nursing home and residential sector capacity and the patients' choice. The elective length of stay for October has decreased to 3.21 days, however remains below the target figure of 3.5 days. The Trust overall length of stay has risen this month to 4.76 days, above the target level of 4.3 days.
- **Theatre Utilisation:** Theatre utilisation rates remain above the 95% target for the 7th consecutive month.
- **Diagnostics:** The number of patients waiting over 6 weeks for a diagnostic test (Cystoscopy) has reduced in October to 217 patients. The target is for less than 1% of patients to be waiting for a diagnostic test and the Trust is currently reporting 6.28%. These waiting time breaches are all found within urology. An independent sector provider has been commissioned to assist with supporting the Trust to reduce the waiting time to below 6 weeks by the end of November.
Monitor requires the Diagnostic performance to be achieving by November 2014

Workforce Performance (Page 48)

- **Sickness absence** has increased to 4.71% from 4.34% in the previous month showing an increasing trend for the 3rd month running and is 1.21% above target. All divisions with the exception of Adults & LTC experienced an increase in absence from the previous month. HR teams continue to support line managers in the management of sickness absence cases with hot spots identified being given extra attention and support. Gastrointestinal/sickness was also one of the highest reasons for absence in the month of October.
- **Appraisals:** although the non-medical appraisal window closed at the end of September, further work has been done to finalise appraisals which were 'completed' on the system but hadn't actually be closed down. In addition to the above figures which have been extracted from the electronic appraisal system, there are an additional 155 paper based appraisals completed. Work continues on the appraisal system to prepare for the opening of the appraisal window again next April.
- **Annual Staff Survey Response Rate** is low at 28.5% with one month to go - all completed surveys must be received at Picker by 1st December. Staff are encouraged to complete the survey through email communications, reminders and by divisional teams.

- **Total Agency / Bank / Locum Spend:** Costs have increased in October which was a five week accounting period. Medacs Managed Services have been tasked with delivering four key elements related to the effective management of the temporary medical workforce, these being;
 - i) Reliable and cost effective agency service provision,
 - ii) Support to recruit to permanent positions,
 - iii) As a facility for direct engagement
 - iv) Responsive on-site support to facilitate delivery of the above.

The agency steering group receive a financial update on progress being made towards achievement of the CIP target for this scheme. Current feedback indicates that the number of unfilled locum shifts is reducing and the focus needs to move to reducing the reliance of agency by filling the vacant positions and understanding better the reasons for agency usage.

The HR department is looking at extending the Medacs service to cover nursing so this would improve the booking and authorisation process and give us the transparency and management information that we are now starting to get from medical locums.

A recruitment and retention group has been formed with the Associate Directors of Nursing and the Deputy HR Director building on the agency spend project where agency usage is reviewed as part of this group. HR Business Partners have been reviewing all the admin and clerical agency usage in their divisions as part of this group.

Board Assurance Framework (page 58)

The Framework is under review until November 28th and therefore there are no updates to the report presented in September.

Strategic & Compliance Reporting – Lead Director: Gary Doherty

Annual				COMPLIANCE				Variance		Quarterly performance				Full Year		TOLERANCES		
2011/12	2012/13	2013/14	12 Month Rolling	Measure	Target	Performance for Quarter	Actual - Target	RAG	Q1	Q2	Q3	Q4	Target	Forecast	On target	Of concern	Action required	
2	3	3	1	MRSA	0	0	0.0%						<=0		0		1	
53	28	20	32	Clostridium Difficile	14	16	2						<=29		<=28		>=29	
96%	97%	96%	94%	A&E % of patients who have waited less than 4 hours	95%	96.7%	1.7%						95%		>95%	=95%	<95%	
92%	95%	94%	91%	18 weeks admitted pathways	90%	84.4%	-5.6%						>=90%		>90%	=90%	<90%	
96%	98%	97%	97%	18 weeks non-admitted pathways	95%	94.7%	-0.3%						>=95%		>95%	=95%	<95%	
93%	95%	96%	94%	18 weeks open pathways less than 18 weeks	92%	91.99%	0.0%						>=92%		>92%	=92%	<92%	
95%	95%	95%	95%	2wk waiting time urgent GP referral	93%	94.5%	1.5%						93%		>93%	=93%	<93%	
95%	95%	95%	95%	2wk waiting time breast referral	93%	93.7%	0.7%						93%		>93%	=93%	<93%	
91%	94%	93%	94%	62 day cancer screening waiting time standard	90%	92.9%	2.9%						90%		>90%	=95%	<95%	
89%	86%	88%	87%	62 day cancer waiting time standard- post local breach re-allocation	85%	70.4%	-14.6%						85%		>85%	=85%	<85%	
100%	99%	99%	99%	31 day general	96%	99.1%	3.1%						96%		>96%	=96%	<96%	
100%	98%	100%	100%	31 day subsequent drugs	98%	100%	2.0%						98%		>98%	=98%	<98%	
99%	99%	99%	98%	31 day subsequent surgery	94%	100%	6.0%						94%		>94%	=94%	<94%	
				CHS Data completeness referral to treatment information	50%	100%	50.0%						50%		>50%	=50%	<50%	
				CHS Data completeness referral information	50%	80%	29.9%						50%		>50%	=50%	<50%	
				CHS Data completeness treatment activity information	50%	91%	41.3%						50%		>50%	=50%	<50%	

Annual				STRATEGIC				Variance		Quarterly performance				Full Year		TOLERANCES		
2011/12	2012/13	2013/14	12 Month Rolling	Ref	Measure	Quarter Plan	Performance for Quarter	Actual - Target	RAG	Q1	Q2	Q3	Q4	Target	Forecast	On target	Of concern	Action required
87%	83%	85%		1	% of Patients & Carers involved in care decisions	73.0%	88%	15.3%		88%	88%			73.0%	85%	>73%	=73%	<73%
				2	Zero inappropriate admissions - %													
		95%		3a	Harm Free Care % (Acute)	95%	93%	-2%		94%	93%			95%		>95%	=95%	<95%
		93%		3b	Harm Free Care % (Community)	95%	92%	-3%		93%	92%			95%		>95%	=95%	<95%
		94%		3c	Harm Free Care % (Combined)	95%	92%	-3%		93%	92%			95%		>95%	=95%	<95%
		40%		4a	Zero delays - % new OT referrals seen within 24 hours	90%	84%	-6%		34%	84%			90%	90%	>90%	=90%	<90%
		85%		4b	Zero delays - % new Physio referrals seen within 24 hours	80%	82%	2%		73%	82%			90%	90%	>90%	=90%	<90%
		62%		4c	Zero delays - % new HDT referrals seen within 24 hours	90%	95%	5%		67%	95%			90%	90%	>90%	=90%	<90%
		47%		4d	Zero delays - % new CT referrals seen within 24 hours	90%	73%	-17%		45%	73%			90%	90%	>90%	=90%	<90%
		46%		4e	Zero delays - % new Ultrasound referrals seen within 24 hours	90%	47%	-43%		51%	47%			90%	90%	>90%	=90%	<90%
				4f	Zero delays - % new specialty-specialty referrals seen within 24 hours	90%	74%	-16%			74%			90%	90%	>90%	=90%	<90%
				4g	Zero delays - % outlying patients transferred to correct ward within 24 hours	90%	91%	1%			91%			90%	90%	>90%	=90%	<90%
				4h	Zero delays - % new echo referrals seen within 24 hours	80%	97%	17%		41%	97%			90%	90%	>90%	=90%	<90%

Annual			
2011/12	2012/13	2013/14	12 Month Rolling
			43.15%
			51.98%
			55.29%

STRATEGIC					Variance	
	Ref	Measure	Month Plan	Performance for Month	Actual - Target	RAG
Strategic Framework	5a	% compliance with sepsis pathway	40%	47.5%	7.5%	Red
	5b	% compliance with stroke pathway	80%	69.6%	-10.4%	Red
	5c	% compliance with pneumonia pathway	60%	47.5%	-12.5%	Red
	5d	% compliance with cardiac chest pain pathway	92%	40.0%	-52.0%	Red
	5e	% compliance with acute kidney injury pathway	50%	75.0%	25.0%	Green
	5f	% compliance with Chronic Obstructive Pulmonary Disease pathway	TBD	72.2%		
	5g	% compliance with Fractured Neck of Femur pathway	TBD	34.5%		
	5g	% compliance with Fractured Neck of Femur pathway	TBD	n/a		

Monthly performance											
Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
39.3%	42.9%	47.0%	49.2%	5217.0%	47.5%	54.93%					
56.3%	47.8%	75.0%	58.7%	77.3%	69.6%	76.13%					
63.1%	56.6%	69.1%	79.7%	77.8%	74.4%	75.23%					
83.1%	58.7%	53.3%	73.1%	59.8%	75.0%	81.48%					
	28.0%	54.9%	60.0%	80.0%	75.0%	72.73%					
		60.4%	58.8%	63.3%	72.2%	75.00%					
		100.0%	25.0%	48.4%	34.5%	42.86%					
						79.22%					

Full Year		TOLERANCES		
Target	Forecast	On target	Of concern	Action required
40%		>40%	=40%	<40%
80%		>80%	=80%	<80%
60%		>60%	=60%	<60%
92%		>92%	=92%	<92%
50%		>50%	=50%	<50%
TBD				
TBD				
TBD				

Cardiac Chest Pain Pathway is the % of Patients Compliant excluding PCI treatment
 Chronic Obstructive Pulmonary Disease is the % of Patients Compliant excluding COPD end stage tool and COPD discharge bundle
 Fractured Neck of Femur is the % of patients Compliant excluding Orthogeritrician

Annual			
2011/12	2012/13	2013/14	12 Month Rolling
126	118	117	115
		2	2

STRATEGIC					Variance	
	Ref	Measure	Quarter Plan	Performance for Quarter	Actual - Target	RAG
	6	SHMI (rolling 12 months)	109.5	114	4.5	Red
	7	Continuity of service risk rating	2	2	0	Green
	8	Trust vacancy (Clinical Staff Only) %				Red
	9	Outpatients - N:FU ratio				Green
	10	Community - Increase/(decrease) in the number of NEL bed days per patient on the community matron caseload against the corresponding month in 2013-14	Available from Q3			

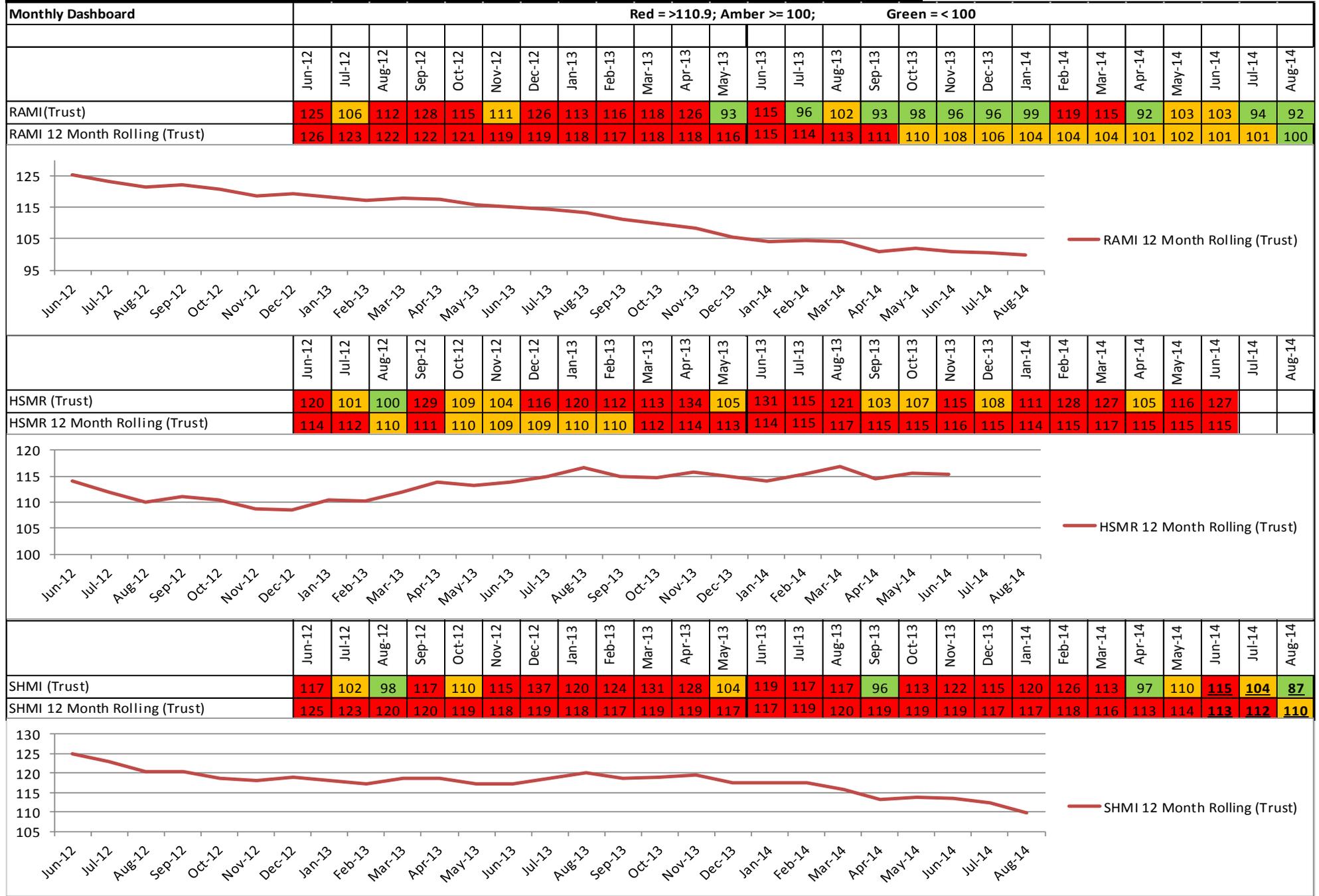
Quarterly performance			
Q1	Q2	Q3	Q4
117.2	114		
2	2		
Available from Q3			

Full Year		TOLERANCES		
Target	Forecast	On target	Of concern	Action required
2		2		<2
4.20%		<4.2%	=4.2%	>4.2%
Available from Q3				

Key

-  = Validated compliant performance
-  = Unvalidated compliant performance
-  = Validated non-compliant performance
-  = Unvalidated non-compliant performance
-  = Performance is an area for concern
-  = No target in period and / or not RAG rated
-  = Not applicable N/A
-  = To be confirmed TBC
-  = In arrears
-  = Information not currently available
-  = Information outstanding

Mortality – Two Year Trends – Lead Director : Mark ODonnell



Mortality Data – Lead Director : Mark ODonnell

Mortality * individual months	Mar-13	2012/13 Outturn	2013/14 Outturn	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
No of Deaths	174	1765	1688	101	130	150	149	155	149	159	115	159	155	132
of Discharges	9,414	109361	104099	8,314	8,969	8,617	8,407	8,769	8,088	8,677	8,536	8,935	8,660	9,617
% Deaths	1.85%	1.61%	1.62%	1.21%	1.45%	1.74%	1.77%	1.77%	1.84%	1.83%	1.35%	1.78%	1.79%	1.37%
HSMR	113	112	117	103	107	115	108	111	128	127	107	114	128	109
SHMI	131	119	116	96	113	122	115	120	126	113	96	104	119	118

HSMR ** rolling 12 months	Mar-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
Overall Observed Deaths	1,531	1524	1,499	1,488	1,496	1,474	1,450	1,446	1442	1,428	1,449	1,470	1,481
Overall Expected Deaths	1,368	1,307	1,305	1,298	1,293	1,282	1,272	1,253	1235	1,246	1,255	1,273	1,288
Overall HSMR	112	117	115	115	116	115	114	115	117	115	115	115	115

SHMI ** rolling 12 months	Mar-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
Overall Observed Deaths	2,430	2,421	2,421	2,424	2,389	2,381	2,370	2,340	2,267	2,303	2,332	2,348	2,323
Overall Expected Deaths	2,049	2,042	2,037	2,031	2,034	2,028	2,017	2,019	2,004	2,040	2,079	2,116	2,016
Overall SHMI	119	119	119	119	117	117	118	116	113	113	112	111	115

Mortality Summary – Lead Director: Mark ODonnell

Delays in receipt of national datasets from HES and ONS remain, however the report has been updated to the end of August 2014 where data is available which represents no change on the position reported in September.

Key points:

- SHMI 12 month rolling position continues to trend downwards with an estimated August index below 110.
- RAMI has now been rebased for 2014. The trend remains downward with August data showing achievement of the 100 standard for the rolling 12 month period.
- HSMR rolling 12 month position has stayed stable. Palliative care coding is a major contributor to the HSMR remaining static and not reducing in line with SHMI and RAMI. Palliative care coding has improved to around 1.1% of activity, this is still well below the national average of approximately 1.26% (HED data from March 2014). Continued improvement in the capture of palliative care within the casenotes and subsequent coding should see HSMR reduce in line with SHMI and RAMI.
- The three conditions with the highest excess deaths using SHMI are:
 - Stroke
 - Pneumonia
 - COPD

Crude mortality in hospital for August is lower than the same month in the previous year.

Heatmap – this report shows excess deaths and SHMI with larger boxes indicating highest numbers of excess deaths by condition and darkest colours representing highest SHMI scores. Very high SHMI scores can be skewed in conditions with very low volumes of patients, the exception report by SHMI limits this by only showing conditions with 10 or more deaths over the period. The three conditions with highest SHMI values with 10 or more deaths are:

- Phlebitis; thrombophlebitis and thromboembolism, varicose veins of lower extremity, haemorrhoids, other diseases of veins and lymphatics
- Abdominal pain
- Heart valve disorders

NB: It is important to note that in October, SHMI preview indicator data shows a significant shift in SHMI values nationally due to lower than anticipated crude mortality which will impact on the SHMI calculations for the Trust moving forwards.

Quality – National CQUIN – Lead Director: Marie Thompson

Provider	Reference	Operational Standard	Comments	Frequency	Submission	April	May	June	Q1	July	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Q4
Acute and Community	National 1.1	Friends and Family Test – Implementation of Staff FFT	Provider to demonstrate to commissioner that staff FFT has been delivered across all staff groups as outlined in guidance.	Monthly	National Submission													
Acute and Community	National 1.2	Friends and Family Test – Early Implementation	Full delivery of FFT across all services delivered by the provider as outlined in guidance	Monthly	National Submission													
Acute and Community	National 1.3	Friends and Family Test- Increased or Maintained Response Rate	A response rate for Quarter 4 that is at least 20% for A&E services and at least 30% for inpatient services	Monthly	National Submission													
Acute and Community	National 1.4	VTE		Monthly	National Submission													
Acute and Community	National 2.1	Safety Thermometer- Pressure Ulcer - at risk under discussion	National Median - New Pressure Ulcers	Monthly	Local Submission	1.03	1.035	1.035		1.02	1.015	1		1				
			30 % reduction Community acquired S2 Pressure Ulcers			5	8	14		7	5	4		39				
			30 % reduction Community acquired S3 Pressure Ulcers			0	0	1		3	1	1		13				
			50 % reduction Community acquired S4 Pressure Ulcers			0	2	2		1.02	1.015	1		5				

Provider	Reference	Operational Standard	Comments	Frequency	Submission	April	May	June	Q1	July	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Q4
Acute and Community	National 3.1	Dementia-Find, Assess, Investigate and Refer	1) Number of patients >75 admitted as an emergency who are reported as having: known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma).	Monthly	National Submission	58.9	64.5	75.6		77.6	58.8	65.7		76.70%				
			2) Number of above patients reported as having had a diagnostic assessment including investigations			58.5	50	58.6		85.3	100	93.3		92.90%				
			3) Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners			53.8	33.3	26.3		23.1	12.5	100		0%				
Acute and Community	National 3.2	Dementia-Clinical Leadership	Provider must confirm named lead clinician and the planned training programme (to be determined locally) for dementia for the coming year.	Payment will be made at the end of the year, provided the planned training programme has been undertaken	Provider report													
		Named Lead Clinician for Dementia and appropriate training for staff																
Acute and Community	National 1.4	VTE	Provider to demonstrate to commissioner that staff FFT has been delivered across all staff groups as outlined in guidance.	Monthly	National Submission													

Provider	Reference	Operational Standard	Comments	Frequency	Submission	April	May	June	Q1	July	Aug	Sept	Q2	Q3	Q4
Acute and Community	National 3.3	Dementia-Supporting carers Ensuring carers feel supported	Provider must demonstrate that they have undertaken audit of carers of people with dementia to test whether they feel supported and reported the results to the Board. Provider.	Monthly	Audit report										
Acute and Community	Regional 1.1	Regional AQ indicators:-	Compliance with Regional AQ indicators	As per AQ regional publications	AQ report										
		Pneumonia				73.13%	72.94%	86.67%							
		Stroke				62.16%	44.23%	58.97%							
		CABG				82.61%	95.65%	86.67%							
		Heart failure				96.55%	72.73%	92.11%							
		Hip and Knee				89.33%	83.33%	88.68%							
		COPD													
		Hip #													
		Sepsis													
		Acute Kidney Injury													
		Diabetes													
		Alcoholic Liver Disease													
Acute and Community	Local 1.1	High Impact Innovations (HII)	1.1. a) Supporting people to manage long term health conditions using telecare or other high impact innovations.	HII Quarter 1	BTH to scope and agree best use of resources with commissioners										
Acute and Community	Local 1.1	High Impact Innovations (HII) contd.	Development of health single record	Quarter 1 Plan to scope	Provider report										
				Quarter 3 Delivery plan shared with Commissioners											
				Q4 Progress report											

Provider	Reference	Operational Standard	Comments	Frequency	Submission	April	May	June	Q1	July	Aug	Sept	Q2	Q3	Q4
Acute and Community	Local 1.2	Harm free care & Open and Honest Care	•NHS Safety Thermometer	Monthly	Provider report linking all aspects of data to evidence harm free care, effectiveness and patient safety										
			•Information on healthcare associated infection, (MRSA and C Diff)												
			•Pressure ulcers												
			•Falls causing moderate or greater harm												
			•Information on staff experience												
			•Information on patient experience including Friends and Family Test												
			•A patient story												
			•An improvement story describing what the trust has learnt and what improvements they are making.												

Quality – Patient Safety – Lead Director: Marie Thompson

Quality – Patient Safety	2013-14 Outturn	target (month)	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
Clostridium Difficile	26		3	4	3	4	4	8	3						29	28
MRSA Bacteraemia	1		0	0	1	1	0	0	0						2	0
% Compliance Hand Hygiene Audits	N/A		100%	99%	100%	n/a	n/a	99%	99%						N/A	95%
% Compliance Commode Audits	N/A		97%	97%	91%	94%	94%	79%	93%						N/A	95%
% Compliance Environment Audits	N/A		99%	99%	99%	99%	n/a	95%	95%						N/A	95%
Medication errors resulting in Near Miss	220	154 (12.8)	24	37	27	26	32	27	13						186	154
Medication errors resulting in Low Harm	846	592.2 (49)	59	66	72	66	63	54	42						422	592.2
Medication errors resulting in Minor Harm	293	205.1 (17)	31	26	20	17	22	21	9						146	205.1
Medication errors resulting in Serious Harm	17	11.9(1)	1	1	2	0	0	0	0						4	11.9
Medication errors resulting in Major Harm	2	1.4(0)	0	0	0	0	0	0	0						0	1.4
Medication errors resulting in Disaster Harm	0	0	0	0	0	0	0	0	0						0	0
New Hospital acquired pressure ulcers stage 2 actual	166	83(7)	7	14	17	15	23	18	21						115	83
New Hospital acquired pressure ulcers stage 3 actual	13	0	2	0	2	1	0	0	0						5	0
New Hospital acquired pressure ulcers stage 4 actual	0	0	0	1	0	0	0	1	0						2	0
New Hospital acquired pressure ulcers stage 2 spot prevalence	45	23(1.9)	4	7	2	6	7	7	3						36	23
New Hospital acquired pressure ulcers stage 3 spot prevalence	6	0	0	1	0	0	0	0	1						2	0
New Hospital acquired pressure ulcers stage 4 spot prevalence	0	0	0	0	0	0	0	0	0						0	0
New Community acquired pressure ulcers, trust attributable stage 2 actual	439	307 (25.6)	39	40	30	48	55	67	43						322	307
New Community acquired pressure ulcers, trust attributable stage 3 actual	58	41 (3.4)	6	8	6	12	3	1	1						37	40.6
New Community acquired pressure ulcers, trust attributable stage 4 actual	14	9.8(0.8)	0	1	3	2	2	2	3						13	7
New Community acquired pressure ulcers, trust attributable stage 2 spot prevalence	72	50(4.2)	5	3	6	7	5	4	10						40	50.4
New Community acquired pressure ulcers, trust attributable stage 3 spot prevalence	14	9.8(0.8)	0	0	1	3	2	0	2						8	9.8
New Community acquired pressure ulcers, trust attributable stage 4 spot prevalence	10	5(0.4)	0	2	0	0	2	0	0						4	4.8
Safety Thermometer (ST)- Harm free care % - Acute	94.56%	95.00%	94.71%	92.26%	93.59%	92.85%	92.34%	92.99%	94.58%						94.58%	95%
Safety Thermometer (ST)- Harm free care % - Community	94.12%	95.00%	93.33%	90.98%	93.60%	92.17%	91.11%	93.77%	92.65%						92.65%	95%

Quality – Patient Safety	2013-14 Outturn	Target (month)	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
Safety Thermometer (ST)- Harm free care % - Combined	94.31%	95.00%	93.93%	91.59%	93.60%	92.45%	91.62%	93.45%	93.47%						93.47%	95%
Safety Thermometer (ST)- Harm free care % - Maternity	Not due to commence until Sept / Oct 2014								72.00%							
Urinary Catheter: % of patients with an inappropriate urinary catheter in situ																
Urinary Catheter: % of patients with a urinary tract infection due to urinary catheter					0	0	1.0%	1.8%	1.0%							
Patient Falls resulting in low harm (number)	1534	1074 (89.5)	111	144	109	131	95	104	93						787	1074
Patient Falls resulting in minor/moderate harm (number)	281	197 (16.4)	24	14	22	25	17	20	22						144	197
Patient Falls resulting in serious and above harm (number)	39	27(2.25)	5	5	1	3	4	1	2						21	27
Patient Falls resulting in major harm and above harm (number)	5	4(0.33)	0	0	0	0	0	1	0						1	4
Patient Falls resulting in disaster harm (number)	1	0	0	1	0	0	0	0	0						1	0

Quality – Patient Safety	2013-14 Outturn	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
% patients who have received a VTE Risk Assessment	99.87%	99.82%	99.87%	99.76%	99.98%	99.91%	99.85%	99.86%						N/A	96%
Hospital Acquired Pulmonary Embolism		2	1	4	1	0	0	0						8	24
Hospital Acquired Deep Vein Thrombosis		6	2	1	0	0	0	0						9	34
% of dementia assessments completed – screening question	65.20%	58.90%	64.50%	75.60%	77.60%	58.80%	65.70%	76.70%						N/A	90%
% of initial dementia assessments completed – dementia assessment (AMTS10)	77.60%	58.50%	50%	58.60%	85.30%	100.00%	93.80%	92.90%						N/A	90%
% of initial dementia assessments completed – referral for memory clinic	0%	53.80%	33.30%	26.30%	23.10%	12.50%	100%	0%						N/A	90%
% compliance with Nursing Care Indicators - Acute	95.00%	96.30%	96.40%	96.30%	96.10%	95.90%	95%	94%						N/A	95%
% compliance with Nursing Care Indicators - ALTC	77%	73.90%	75.10%	76.5%	76.8%	80.1%	81%	83%						N/A	95%
Number of Reported Incidents	14361	1281	1238	1335	1510	1427	1518	1505						8387	N/A
Number of Patient Safety Incidents (NPSA Reportable)	10969	1033	1044	946	1117	1083	1117	1047						7387	N/A
Number of Near Misses	1592	195	195	150	206	243	227	255						1471	N/A
Number of SUI/SteIS incidents	39	7	15	7	21	5	8	8						71	N/A
Number of Never Event Near Misses	0	0	0	0	0	0	0	0						0	0
Number of Never Events	1	0	0	0	1	0	0	0						1	0
Number of new clinical negligence claims	170	8	28	26	34	12	16	0						124	N/A
Number of new personal injury claims	19	1	1	4	4	0	2	3						15	N/A
%Clinical Audit Compliance	94%	93%	89%	89%	91%	71%	72%	73%						N/A	95%
% NICE Compliance	84%	86%	87%	87%	87%	88%	84%	86%						N/A	95%
% TARN compliance															Compliant
Participated NCEPOD studies %	12 of 12 100%	13 of 13 100%						100%	100%						
Number of participated studies with fully implemented action plans and recommendations following published report (10 reports published)	4 of 10	4 of 10	4 of 10	5 of 10						N/A	N/A				
Number of participated studies with action plans in place to implement recommendations following published report (10 reports published)	6 of 10	6 of 10	6 of 10	5 of 10						N/A	N/A				
Number of participating studies awaiting publication of report	1	2	2	2	2	2	2	2						N/A	N/A
Number of participating studies with data collection in progress	1	1	1	0	0	1	1	1						N/A	N/A

Quality – Patient Safety Summary – Lead Director: Marie Thompson

Clostridium Difficile (C. Diff): C-Diff is worse than trajectory YTD with 29 against an annual target of 28. All are subject to a Root Cause Analysis.

Medication Errors: Medication errors resulting in near miss remain above trajectory in month. Year to date medication errors resulting in near miss, low, minor and serious harm are all above trajectory, although the figures are currently unvalidated and subject to change. The cumulative totals for all levels of Medication errors outside trajectory. These are being monitored via the Medicines Management Committee and managed with the divisions.

Pressure Ulcers: Hospital acquired pressure ulcers, both spot prevalence and actual are above trajectory in month and year to date for all stages (Except stage 4 spot prevalence). Non hospital acquired pressure ulcers stage 2, 3 and 4 actual are above trajectory YTD. In both the acute, community and combined setting we are below the national median for incidence of new pressure ulcers, but above on new and old. In the community setting, broken down to locality level, we are below the national median in the Blackpool, Fylde & Wyre localities, but above the national median in the North Lancashire locality. This is impacting on achievement of the CQUIN and payment has been withheld in Q2. Work and negotiations are being undertaken to review and improve this position. Work remains ongoing with divisions to support improvements through lessons learned and address specific standards with regards documentation, planning and implementing care. The DDoN and ADoN have just completed their second review meetings with individual acute ward managers and Matrons to identify progress against improvement plans and ensure support requirements are being met. Information is being collated and will be reported to the Director of Nursing over the coming weeks. They have also met with 'best practise' areas to identify where lessons can be learnt and shared to support an improvement drive and a best practice event is planned for the 1st December. This process will be reviewed in the New Year for the community services. The ALTC Division have also held a series of 'Call to Action' events.

Harm Free Care: Harmfree care has improved slightly in month in both the acute, community and combined settings.

In October, 690 out of 719 hospital patients received harm-free care, 94.58% compared with 92.99% of patients last month. In the community, 908 out of 980 patients received harm-free care, 92.65% compared with 93.77% last month. The combined figure for the Trust for harm-free care was 93.47%, up 0.02% compared to last month. In the population of 1699 patients surveyed, 111 harms occurred. Twenty of forty-one hospital wards (48.8%) and twenty-six out of forty-three community teams (60.5%) provided harm-free care this month. This equates to 57 out of 84 (67.9%) of Blackpool Teaching Hospitals nursing areas providing harm-free care, which is a 19.8% improvement in month overall.

Falls: There were 117 falls in October against a target of 108.4, which is a slight increase on last month. YTD patient falls resulting in low, minor/moderate, serious and disaster levels of harm are worse than trajectory and there have been 2 patient falls at level 4 harm this month (serious and above), although these incidents are currently unvalidated and subject to further investigation. Further details will be reported in future IPR's. The falls steering group has carried out a review of the NICE guidance regarding falls and an action plan has been developed with the CCG's, NWAS, LCC and voluntary agencies to address gaps, this will include a review of good practise, service development need a the development of a whole health economy falls pathway. Progress will be monitored via the falls steering group.

Dementia: Dementia compliance for point 1 in month has demonstrated continued improvement although not yet attaining the required 90% standard. Points 2 and 3 both appear to have deteriorated slightly in month. It should be noted however, that these figures are not yet validated and it expected that point 3 will achieve 100% and point 2 will also increase, and is already above the 90% threshold. To capture the patients requiring further memory assessment a revised process has been implemented to ensure point 3 achieves 100%, this is being achieved through case note review by the ADoN of eligible patients which instigates a formal letter to GP being sent in the name of the Medical Director. A process for follow up of patients requiring dementia assessments that are outstanding at the weekend has been implemented in November, so performance is expected to continue to rise.

Patient Safety Incidents: Overall the total number of reported incidents and patient safety incidents have reduced this month, although the figure is above plan for patient safety reporting (>850). The number of near misses has increased slightly which reflects the organisation's commitment to being an open and transparent organisation, which is driving improvement through lessons learned. The cause groups for the highest recorded incidents in month are Patient Accidents - Falls, Sharps, Cuts, Collisions & Burns, followed by Skin/Tissue damage, Documentation and Medication Errors. Trends and themes from incidents are reported to Divisional Quality Managers, who are responsible for sharing these and lessons learned through Divisional Governance meetings and local Ward and Team meetings. The LIRC Committee (Learning from Incidents & Risk) Committee meets bi-monthly to review learning from incidents and commissions project groups to review high risk trends.

Serious Untoward Incidents: All Serious Untoward Incidents are now reported through StEIS and the number reported has remained constant in October compared to the previous month. This reflects the organisation's commitment to being an open and transparent organisation, which is disseminating lessons learned; There are no recorded 'Never Events' in October. The highest cause group for SUI's reported in October remains Skin/Tissue Damage.

Nursing Care Indicators: The acute overall score is 94%, a decrease of 2% since last month, which makes the overall RAG rating amber for the first time this year. Observations, Property, Contenance Care, and Tissue viability criteria were below 95% and are a matter of concern. In the Community setting whilst overall compliance remains low there continues to be an improvement trend with the overall score rising from 30% following introduction in April 2013 to 83% this month. The result for the Trust combined has increased slightly in October to 92%.

There remain trends in areas of non-compliance: frequency of observations, recording fluid balance, tissue viability management, in particular, delivery of care as planned, completion of the intentional rounding tool and completion of nursing assessments on admission or re-assessment. These areas also reflect findings from SUI's. Divisions are addressing locally areas of non-compliance via meetings with ADoN'S/Matrons and ALTC have held a series of 'Call to Action' events to raise awareness and engagement.

Clinical Audit: Clinical Audit compliance has increased by 1% (red) to 73% this month and areas of concern continue to be escalated according to the policy to support individuals. A recovery plan has been developed by the Clinical Audit Department and improvements are expected over the coming months. This reflects the challenges of the divisions having no Quality Manager in post.

TARN: All measures for TARN are achieved with the exception of time to CT and time seen by Consultant in ED.

NCEPOD: Progress with implementing NCEPOD recommendations has been made during October. Although implementation of all recommendations has not been achieved at this point, action plans are in place that is monitored by the Trust NCEPOD Ambassador and Reporter.

NICE: Compliance with NICE guidance has improved in month to 86% compliance (amber), areas of concern have been escalated according to the policy to support individuals. This reflects the challenges of the divisions having no Quality Manager in post. A recovery plan has been developed by the Clinical Effectiveness Department and improvements are expected over the coming months.

Quality – Patient Experience (Local Surveys) – Lead Director: Marie Thompson

Quality – Patient Experience	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
Complaints Formal (number)	46	40	33	38	36	38	55						286	N/A
Complaints Informal (number)	167	161	123	142	107	149	161						1010	N/A
Mixed Sex Accommodation Breach Scheduled care	0	0	0	0	0	0	0						0	0
Mixed Sex Accommodation Breach Unscheduled care	0	0	0	1	0	0	0						1	0
Local Inpatient Survey														National Comparison Baseline
Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	69%	67%	65%	67%	69%	68%	66%						N/A	69.3%
Were you involved as much as you wanted to be in decisions about your care and treatment?	91%	87%	87%	89%	88%	88%	88%						N/A	90.1%
Were you given enough privacy when discussing your condition or treatment?	96%	95%	95%	94%	94%	94%	94%						N/A	93.6%
Did you feel you were involved in decisions about your discharge from hospital?	85%	84%	82%	80%	88%	82%	84%						N/A	84.4%
Did a member of staff explain the purpose of the medicines you were to take home in a way you could understand?	88%	87%	85%	89%	88%	87%	92%						N/A	91.9%
Did a member of staff tell you about any danger signals you should watch for after you went home?	61%	60%	62%	59%	57%	58%	63%						N/A	64.9%
Did hospital staff tell you who to contact if you were worried about your condition or treatment?	77%	71%	75%	72%	75%	75%	72%						N/A	77.8%
Overall, did you feel you were treated with respect and dignity?	98%	96%	96%	98%	99%	97%	99%						N/A	97.1%
Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	27%	31%	31%	29%	26%	28%	31%						N/A	24.7%
During your hospital stay, were you ever asked to give your views on the quality of care?	23%	21%	23%	21%	20%	24%	27%						N/A	20.5%

Quality – Patient Experience (Local Surveys) – Lead Director: Marie Thompson

Quality – Patient Experience	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
Local Outpatient Survey														National Comparison Baseline
Were you told how long you would have to wait? Using, yes but the wait was shorter, yes I had to wait as long as I was told	32%	35%	36%	37%	40%	34%	36%						N/A	30.3%
Did someone apologise for the delay? Using yes	49%	48%	53%	48%	49%	49%	43%						N/A	Not in National Survey
In your opinion, how clean was the Outpatients Department? Using very clean & fairly clean	100%	99%	99%	99%	100%	99%	100%						N/A	98.5%
If you had important questions to ask the doctor, did you get answers that you could understand? Using yes, definitely & yes, to some extent	98%	97%	97%	98%	97%	98%	98%						N/A	95.8%
If you had important questions to ask any other professional, did you get answers that you could understand? Using yes, definitely & yes, to some extent	97%	97%	98%	96%	95%	99%	98%						N/A	95.9%
Were you involved as much as you wanted to be in decisions about your care and treatment? Using yes, definitely & yes, to some extent	94%	95%	95%	96%	96%	95%	95%						N/A	94.4%
Were you given enough privacy when discussing your condition and treatment? Using yes, definitely & yes to some extent	99%	99%	100%	99%	99%	99%	99%						N/A	98.6%

Quality – Patient Experience Summary – Lead Director: Marie Thompson

- **Complaints:** In October there were 9,288 admissions to Blackpool Teaching Hospitals NHS Foundation Trust. There were 55 formal complaints received, which equates to 0.59% of all hospital admissions.
- **Single Sex Accommodation:** There has been one breach of single sex accommodation year to date in July 14.
- **Local Inpatient Survey:** We use 6 key questions for our local inpatient survey. This month's results are:
 - 31% of patients received information on how to complain.
 - 81% of patients felt Drs and Nurses worked well together.
 - 88% of patients felt involved in decisions about their treatment.
 - 84% involved in their discharge.
 - 89% of patients are likely to recommend our services to their friends and family.
 - 84% felt their care was excellent or very good.
- **Local Outpatient Survey:** We use 4 key questions for our monthly outpatient survey. This month's results are:
 - 99% of patients felt they were given privacy within the Outpatient Department.
 - 95% are likely to recommend the Outpatient Department to their friends and families.
 - 95% felt involved in the decisions about their care and treatment within the Outpatient Department.
 - 87% felt their overall care was very good or excellent.

We also have details of patient feedback at a consultant level which is displayed on Sharepoint.

- **Friends & Family Test:** In October we had 2,190 responses to the FFT test. 22.9% rate for A&E, 37.5% rate for inpatient wards, 18.5% rate for maternity surveys. The expected response rate is currently at 15%. The net promoter score for September has decreased by one point to 75.
- **Friends & Family Test Maternity:** The FFT test within maternity has 4 key touch points all 4 areas are expected a 15% return rate but we report a cumulative response rate. Antenatal response rate 11.5%, Birth 11.9%, Postnatal care on ward 43.2%, Community postnatal care 7.4%.
- **Shared decision making:** The trust has been working with AQUA to deliver a shared decision train the trainer, the final session was scheduled for November 2014, however this is to be re-arranged, the shared decision model will then be implemented more across the Trust clinical divisions.

Finance – Lead Director: Tim Bennett

For year ending 31
March 2015

	Current Month - Month 07				Year to Date - Month 07				Annual Budget
	Budget	Reforecast	Actual	Variance against Budget	Budget	Reforecast	Actual	Variance against Budget	
	£m	£m	£m	£m	£m	£m	£m	£m	
Income	31.6	32.4	31.9	0.3	211.5	213.7	213.5	2.0	361.0
Pay	(19.7)	(20.3)	(20.5)	(0.7)	(138.5)	(140.2)	(140.1)	(1.6)	(237.4)
Other Operating Costs	(9.7)	(10.8)	(10.1)	(0.3)	(68.2)	(70.5)	(70.2)	(2.0)	(113.2)
EBITDA	2.1	1.3	1.4	(0.7)	4.8	3.1	3.1	(1.6)	10.4
Non Operating Costs	(1.0)	(1.0)	(0.8)	0.1	(6.8)	(6.7)	(6.6)	0.2	(11.7)
Surplus / (Deficit)	1.2	0.4	0.6	(0.6)	(2.0)	(3.6)	(3.4)	(1.4)	(1.3)

Cash Balance	29.8	29.8	35.9	6.1	29.8	29.8	35.9	6.1	13.0
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Capital Expenditure**	(0.5)	(0.5)	(0.5)	0.0	(5.8)	(7.7)	(6.6)	1.1	9.6
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** See Capital Expenditure / Estate Section.

	Mth 01	Mth 02	Mth 03	Mth 04	Mth 05	Mth 06	Mth 07	Mth 08	Mth 09	Mth 10	Mth 11	Mth 12
Continuity of Service Risk Rating (CoSR)												
Plan	2	2	2	2	2	2	2	2	2	2	2	2
Actual	2	2	2	2	2	2	2					

	2013-14	Mth 01	Mth 02	Mth 03	Mth 04	Mth 05	Mth 06	Mth 07	Mth 08	Mth 09	Mth 10	Mth 11	Mth 12
Income received from the provision of goods and services that do not benefit the NHS													
0.50%	0.50%	0.50%	0.60%	0.50%	0.56%	0.56%	0.52%						

	Mth 01	Mth 02	Mth 03	Mth 04	Mth 05	Mth 06	Mth 07	Mth 08	Mth 09	Mth 10	Mth 11	Mth 12
	£m											
CIP (see separate section below)												
Plan	0.5	0.5	0.6	0.9	1.1	1.1	2.4	2.4	2.6	2.6	2.9	2.9
Actual	0.5	0.5	0.6	0.9	1.2	1.1	2.4					

The three trajectories above compare the in-month actual to the in-month budget.

Finance Summary – Lead Director: Tim Bennett

- **Income and Expenditure is worse than plan in October:** The Trust reported a surplus of £0.6m for October, which is £0.6m worse than plan for the period. The year to date performance at the end of October is a deficit of £3.4m, which is £1.4m worse than the plan for the period. In September, the Trust undertook a financial forecast and the current performance is £0.2m better than forecast in month and £0.1m better than forecast cumulatively. A formal approval of the forecast will be presented to Finance Committee prior to submission to Monitor in December.

The main in month variances are as follows: -

- The Scheduled Care Division performance is £0.6m worse than budget in month. Income is £0.5m worse than budget due to a breakdown in a catheter lab for four days and a prior period loss of income in CITU £0.1m. Locum, agency and additional premium costs resulted in a variance of £0.1m in the General Surgery Directorate.
 - As part of the mitigation plan the Trust has utilised two-thirds of the £0.7m premium income from CCGs to account for the additional RTT activity undertaken in September and October.
-
- **Continuity of Services Risk Rating (CoSR):** The Trust has delivered a Continuity of Services Risk Rating (CoSR) of 2 in line with plan at the end of October predominantly due to the better than planned liquidity position.
-
- **Contractual Performance:**
 - The Trust is cumulatively £1.6m ahead of budget against the Blackpool CCG assured element of the contract and £1.0m ahead of budget against the PbR element of the contract. Although the total overperformance is £2.6m the Trust will only receive £1.0m under the terms of the contract. A formal request has been made for a contract variation and a verbal update will be provided.
 - The Trust is cumulatively £1.3m ahead of budget against the Fylde and Wyre CCG assured element of the contract and £1.0m behind budget against the PbR element of the contract. The net performance for Fylde and Wyre CCG is therefore £1.0m behind budget.
 - Based on the current agreed contract value, the Trust is cumulatively £0.7m ahead of budget against the Specialist Commissioning contract assuming reimbursement at full Payment by Results rules / tariffs.
-
- **Capital Expenditure £1.1m below reforecast for October:** The Clinical Equipment Replacement scheme is currently ahead of the reforecast but is more than offset by slippage across the other schemes.

- **Cash £6.1m better than plan at the end of October:** The main components of the higher than planned cash balance are as follows: -
 - March 2014 closing cash position higher than assumed in APR by £2.3m;
 - Capital expenditure cash undershoot £1.5m;
 - Planned asset sale proceeds not realised (£1.3m);
 - Cash impact of I&E under plan (£2.3m);
 - Favourable terms from Specialist Commissioners £4.0m;
 - CCG income in advance £0.3m;
 - Dividend paid lower than plan £0.7m.
 - Other variations £0.9m

The Trust continues to actively manage cash balances and liquidity, the key focus being on working capital movements.

- A revised financial forecast will be presented to the December Finance Committee for approval and will include a review of the key risks in delivering a CoSR 2.
- The Trust has submitted a capital expenditure reforecast to Monitor and is now monitoring capital expenditure against the reforecast.
- **Overall Financial Assurance – Limited Assurance:** The 2014-15 Financial Plan forecasts a deficit of £1.3m with a CoSR of 2 throughout the period. The current CoSR is 2.

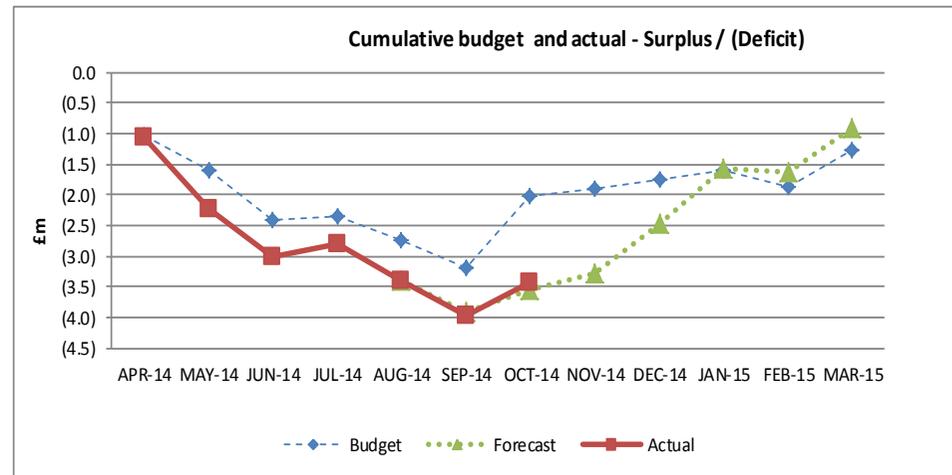
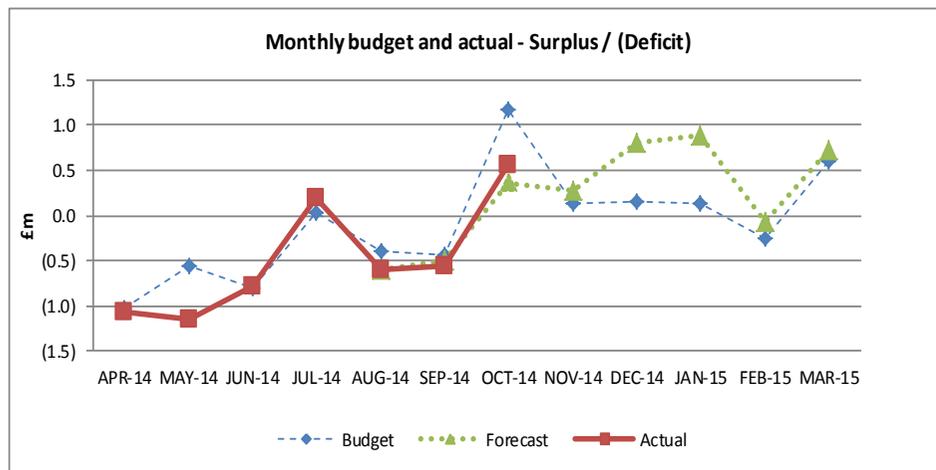
The cash balance is forecast to reach a minimum of £13.0m in March 2015.

Based upon the planned deficit, the planned CoSR of 2 and the cash balance there is limited assurance that a CoSR of a 2 will be achieved at the end of the financial year. The plan to address the limited assurance is on-going and includes a number of low assurance mitigation actions.

At this stage it is not possible to provide a precise date of when this assurance level would improve but this is not expected until quarter 4.

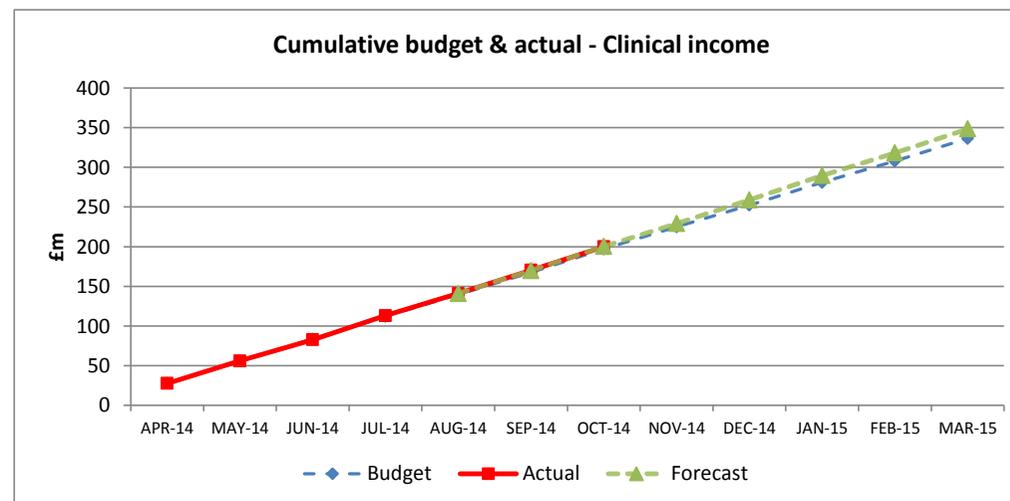
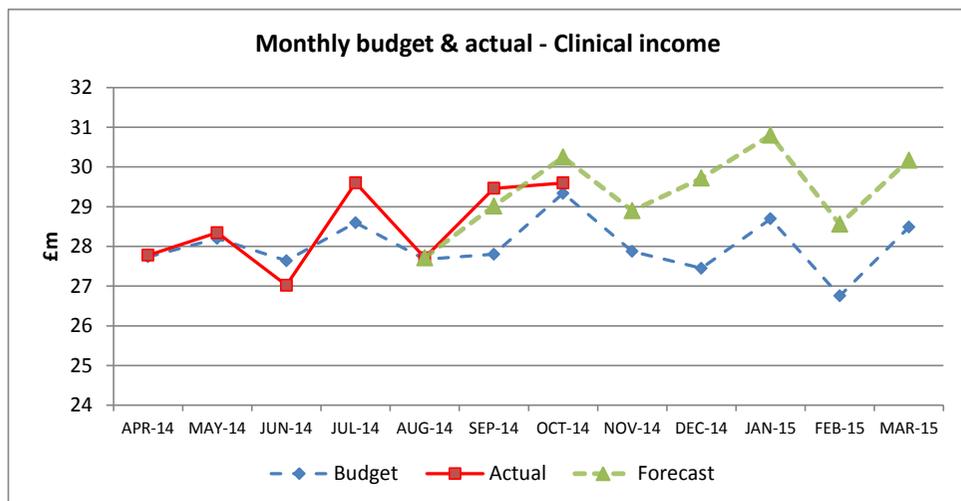
Annex A1 – Income and Expenditure Performance for the period ending 31st October 2014

2013/14 Outturn £'m	Current Month						Year To Date						Annual		
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget		Category	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget		Budget £'m	Reforecast £'m	Variance	
				£'m	%					£'m	%			£'m	%
346.8	29.7	30.2	30.1	0.3	1.1%	Clinical income	198.3	200.2	200.4	2.1	1.1%	338.9	348.3	9.5	2.8%
23.9	1.9	2.1	1.9	(0.0)	(0.3%)	Other operational income	13.2	13.5	13.0	(0.2)	(1.3%)	22.6	25.3	2.8	12.2%
370.7	31.6	32.4	31.9	0.3	1.0%	Total income	211.5	213.7	213.5	2.0	0.9%	361.4	373.7	12.2	3.4%
(356.1)	(29.5)	(31.1)	(30.5)	(1.1)	(3.6%)	Operating expenditure	(206.7)	(210.6)	(210.3)	(3.6)	(1.7%)	(351.0)	(363.2)	(12.1)	(3.5%)
14.6	2.1	1.3	1.4	(0.7)	(34.3%)	EBITDA	4.8	3.1	3.1	(1.6)	(34.3%)	10.4	10.5	0.1	0.9%
(11.5)	(1.0)	(1.0)	(0.8)	0.1	12.6%	Non-operating expenditure	(6.8)	(6.7)	(6.6)	0.2	3.6%	(11.7)	(11.4)	0.3	2.2%
3.2	1.2	0.4	0.6	(0.6)	(52.3%)	Surplus/(deficit)	(2.0)	(3.6)	(3.4)	(1.4)	(68.9%)	(1.3)	(0.9)	0.4	27.9%



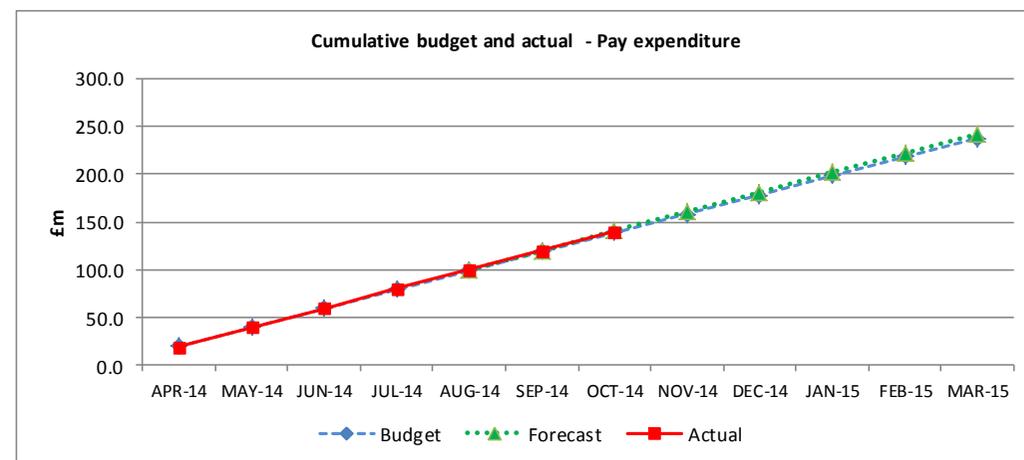
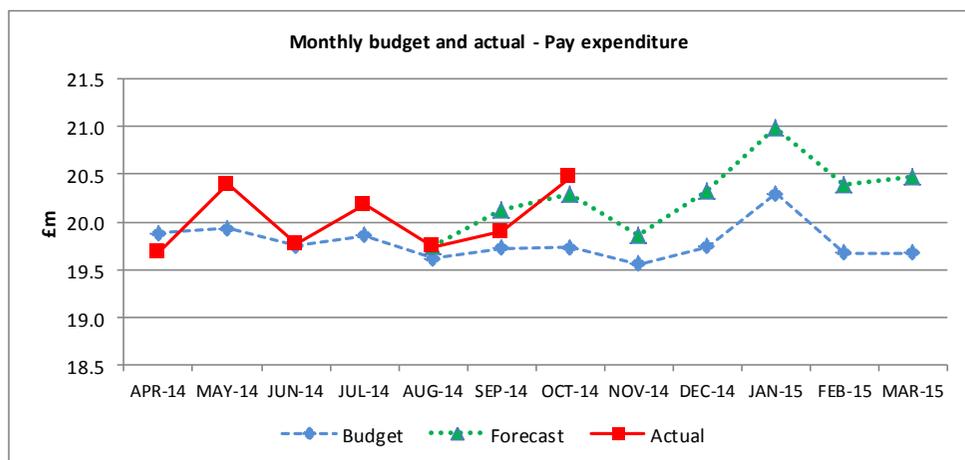
Annex A2 – Clinical Income by Point of Delivery for the period ending 31st October 2014

2013/14 Outturn £'m	Current Month						Year To Date					Annual			
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %			Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecas t £'m	Variance £'m %	
Clinical Income															
74.4	6.6	6.7	6.6	(0.1)	(2%)	Non-elective inpatients	43.9	44.1	44.0	(0.1)	(0%)	74.0	77.9	4.0	5%
58.4	5.5	5.6	5.2	(0.4)	(7%)	Daycases and elective inpatient	33.9	34.8	34.4	(0.4)	(1%)	58.3	61.6	3.3	6%
3.5	0.4	0.4	0.4	(0.0)	(9%)	Excess bed days	2.8	2.8	2.7	(0.1)	(3%)	5.0	5.2	0.1	3%
4.0	0.3	0.3	0.4	0.1	33%	Outpatient procedures	2.0	2.1	2.2	0.1	6%	3.4	3.5	0.1	2%
29.5	2.8	2.9	2.8	(0.1)	(3%)	Outpatient attendances	18.7	18.5	18.4	(0.1)	(0%)	31.6	31.5	(0.1)	(0%)
8.2	0.7	0.7	0.7	0.0	1%	A&E	4.8	4.8	4.8	0.0	1%	8.2	8.2	(0.0)	(0%)
68.5	5.7	5.8	5.8	0.0	0%	Community Services	40.2	40.3	40.3	0.0	0%	66.5	69.2	2.8	4%
100.3	7.7	7.9	8.3	0.4	5%	Other	52.0	52.9	53.7	0.8	1%	89.2	91.1	1.9	2%
346.8	29.7	30.2	30.1	(0.2)	(1%)	Total Clinical Income	198.3	200.2	200.4	0.3	0%	336.2	348.3	12.1	4%



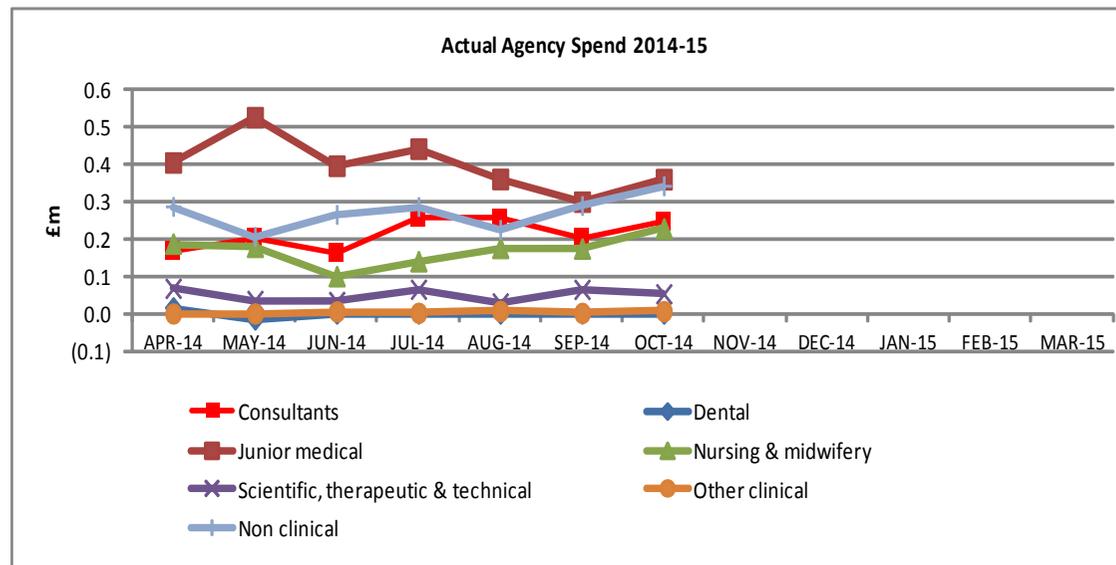
Annex A3 – Pay Expenditure for the period ending 31st October 2014

2013/14 Outturn £'m	Current Month						Year To Date					Annual			
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %			Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Variance £'m %	
Pay - Payroll															
(28.4)	(2.4)	(2.5)	(2.5)	(0.1)	(5%)	Consultants	(16.4)	(17.3)	(17.4)	(0.9)	(6%)	(28.5)	(29.9)	(1.4)	5%
(1.5)	(0.1)	(0.1)	(0.1)	0.0		12% Dental	(0.9)	(0.8)	(0.8)	0.1	6%	(1.5)	(1.4)	0.0	(2%)
(18.9)	(1.6)	(1.7)	(1.7)	(0.1)	(5%)	Junior medical	(11.2)	(11.0)	(11.0)	0.2	2%	(19.3)	(19.0)	0.3	(1%)
(81.4)	(7.2)	(7.1)	(7.2)	0.1		1% Nursing & midwifery	(49.1)	(49.1)	(48.8)	0.4	1%	(85.2)	(84.4)	0.8	(1%)
(34.1)	(3.1)	(3.1)	(3.0)	0.1		2% Scientific, therapeutic & technical	(21.7)	(21.0)	(20.9)	0.7	3%	(37.2)	(36.6)	0.6	(2%)
(15.8)	(1.4)	(1.3)	(1.3)	0.1		6% Other clinical	(9.5)	(9.1)	(9.0)	0.5	5%	(16.3)	(16.0)	0.4	(2%)
(41.1)	(3.4)	(3.7)	(3.5)	(0.0)	(1%)	Non clinical	(26.3)	(24.9)	(24.4)	1.9	7%	(43.7)	(43.4)	0.3	(1%)
(221.1)	(19.3)	(19.5)	(19.2)	0.0	0%	Total payroll pay costs	(135.2)	(133.2)	(132.4)	2.8	2%	(231.7)	(230.8)	0.9	(0%)
Pay - Agency															
(2.4)	(0.2)	(0.2)	(0.2)	(0.1)	(49%)	Consultants	(1.0)	(1.4)	(1.5)	(0.5)	(54%)	(1.7)	(2.3)	(0.6)	(34%)
(0.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Dental	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	(0.0)	(0%)
(5.1)	(0.3)	(0.3)	(0.4)	(0.1)	(37%)	Junior medical	(2.0)	(2.7)	(2.8)	(0.8)	(43%)	(3.4)	(4.4)	(1.0)	(30%)
(3.0)	(0.0)	(0.1)	(0.2)	(0.2)	(4618%)	Nursing & midwifery	(0.0)	(0.9)	(1.2)	(1.1)	(2862%)	(0.1)	(2.2)	(2.1)	(3600%)
(1.3)	(0.0)	(0.0)	(0.1)	(0.0)	(909%)	Scientific, therapeutic & technical	(0.0)	(0.3)	(0.3)	(0.3)	(815%)	(0.1)	(0.4)	(0.3)	(478%)
(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Other clinical	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	(0.0)	(0%)
(3.4)	(0.0)	(0.2)	(0.3)	(0.3)	(682%)	Non clinical	(0.3)	(1.6)	(1.9)	(1.6)	(503%)	(0.5)	(2.1)	(1.6)	(302%)
(15.3)	(0.5)	(0.8)	(1.2)	(0.8)	(95%)	Total agency pay costs	(3.3)	(6.9)	(7.7)	(4.4)	(63%)	(5.8)	(11.4)	(5.6)	(98%)
(236.4)	(19.7)	(20.3)	(20.5)	(0.7)	(4%)	Total pay costs	(138.5)	(140.2)	(140.1)	(1.6)	(0.0)	(237.4)	(242.2)	(6.5)	(3%)



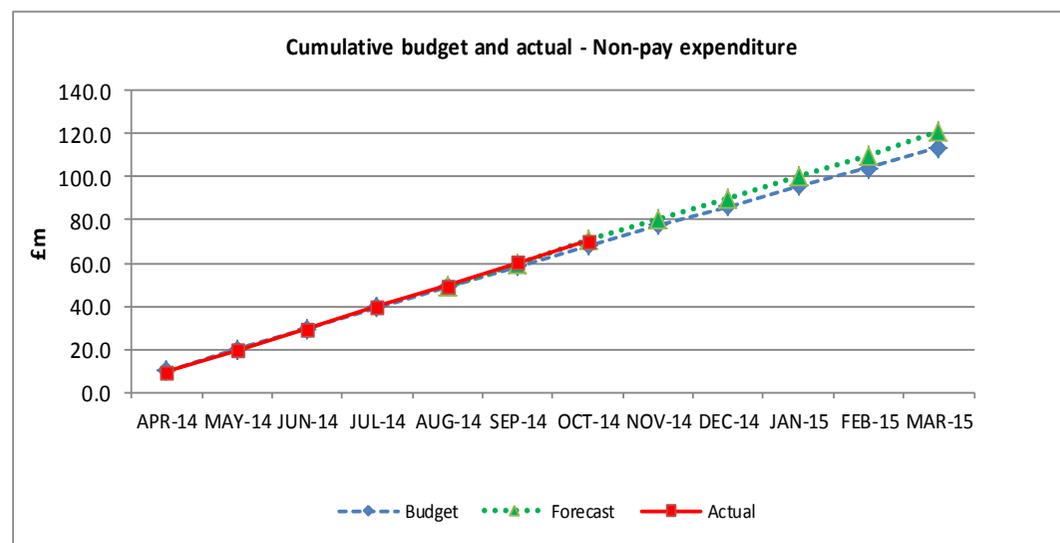
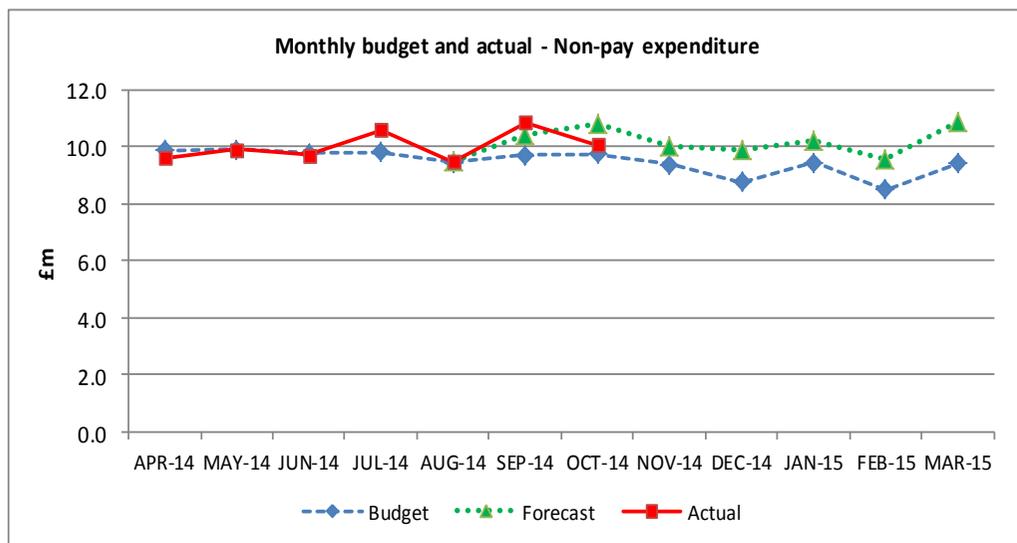
Annex A4 – Agency Expenditure for the period ending 31st October 2014

2013/14 Outturn £'m	Current Month					Year To Date					Annual				
	Budget	Reforecast	Actual	Variance against Budget		Budget	Reforecast	Actual	Variance against Budget		Budget	Reforecast	Variance		
	£'m	£'m	£'m	£'m	%	£'m	£'m	£'m	£'m	%	£'m	£'m	£'m	%	
	Pay - Agency														
(2.4)	(0.2)	(0.2)	(0.2)	(0.1)	(49%)	Consultants	(1.0)	(1.4)	(1.5)	(0.5)	(54%)	(1.7)	(2.3)	(0.6)	(34%)
(0.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Dental	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	(0.0)	(0%)
(5.1)	(0.3)	(0.3)	(0.4)	(0.1)	(37%)	Junior medical	(2.0)	(2.7)	(2.8)	(0.8)	(43%)	(3.4)	(4.4)	(1.0)	(30%)
(3.0)	(0.0)	(0.1)	(0.2)	(0.2)	(4618%)	Nursing & midwifery	(0.0)	(0.9)	(1.2)	(1.1)	(2862%)	(0.1)	(2.2)	(2.1)	(3600%)
(1.3)	(0.0)	(0.0)	(0.1)	(0.0)	(909%)	Scientific, therapeutic & technical	(0.0)	(0.3)	(0.3)	(0.3)	(815%)	(0.1)	(0.4)	(0.3)	(478%)
(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Other clinical	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	(0.0)	(0%)
(3.4)	(0.0)	(0.2)	(0.3)	(0.3)	(682%)	Non clinical	(0.3)	(1.6)	(1.9)	(1.6)	(503%)	(0.5)	(2.1)	(1.6)	(302%)
(15.3)	(0.5)	(0.8)	(1.2)	(0.8)	(156%)	Total agency pay costs	(3.3)	(6.9)	(7.7)	(4.4)	(63%)	(5.8)	(11.4)	(5.6)	(98%)



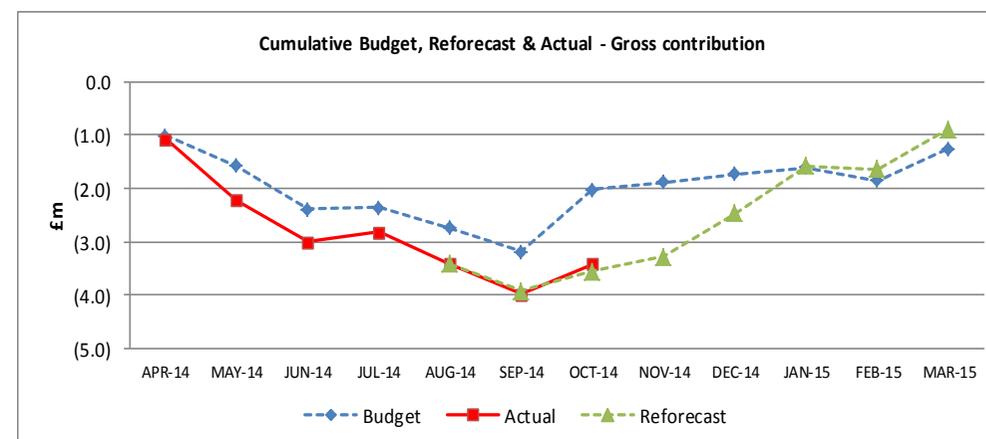
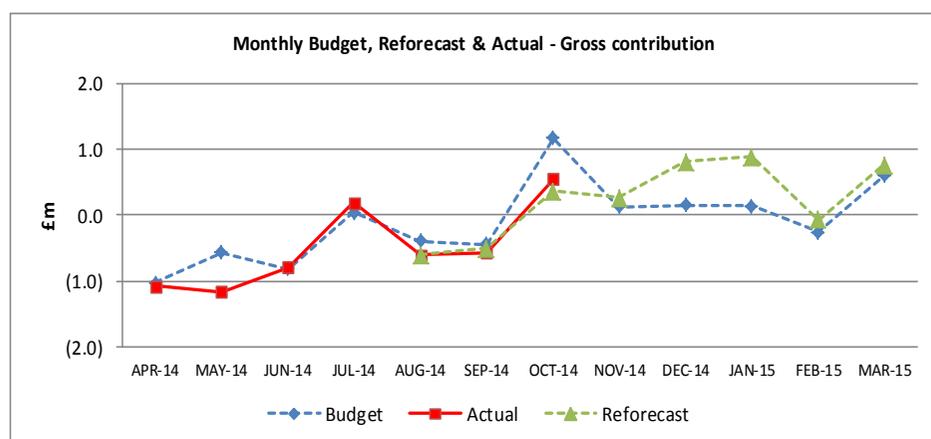
Annex A5 – Non-Pay Expenditure for the period ending 31st October 2014

2013/14 Outturn £'m	Current Month					Year To Date					Annual				
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Variance £'m %		
(24.2)	(2.1)	(2.0)	(2.3)	(0.3)	(13%)	Drugs costs	(14.2)	(14.6)	(15.0)	(0.8)	(6%)	(24.1)	(24.6)	(0.5)	(2%)
Other non-pay costs															
(42.3)	(3.0)	(3.5)	(3.4)	(0.4)	(14%)	Clinical supplies & services	(22.8)	(24.3)	(24.1)	(1.3)	(6%)	(34.8)	(39.3)	(4.4)	(13%)
(8.1)	(0.6)	(0.6)	(0.6)	0.0	1%	General supplies & services	(4.6)	(4.6)	(4.6)	0.0	0%	(7.8)	(7.7)	0.1	1%
(14.6)	(1.4)	(1.4)	(1.1)	0.2	15%	Establishment expenditure	(9.5)	(8.3)	(8.1)	1.4	14%	(16.2)	(16.4)	(0.2)	(1%)
(0.2)	(0.0)	(0.0)	(0.0)	0.0	16%	Ambulances	(0.1)	(0.1)	(0.1)	0.0	8%	(0.2)	(0.2)	0.0	6%
(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Research & Development	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	(0.0)	(0%)
(15.3)	(1.3)	(1.3)	(1.3)	0.0	2%	Premises & fixed plant	(8.3)	(8.8)	(8.7)	(0.4)	(5%)	(14.5)	(15.3)	(0.8)	(5%)
(14.8)	(1.4)	(2.0)	(1.3)	0.1	8%	Other	(8.8)	(9.8)	(9.6)	(0.9)	(10%)	(16.0)	(17.5)	(1.5)	(10%)
(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Other Finance Cost	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	(0.0)	(0%)
(95.4)	(7.7)	(8.8)	(7.7)	(0.1)	(1%)	Total other non-pay costs	(54.0)	(55.8)	(55.2)	(1.2)	(2%)	(89.5)	(96.3)	6.8	(8%)
(119.6)	(9.7)	(10.8)	(10.1)	(0.3)	(3%)	Total operational costs	(68.2)	(70.5)	(70.2)	(2.0)	(3%)	(113.6)	(121.0)	7.4	(6%)



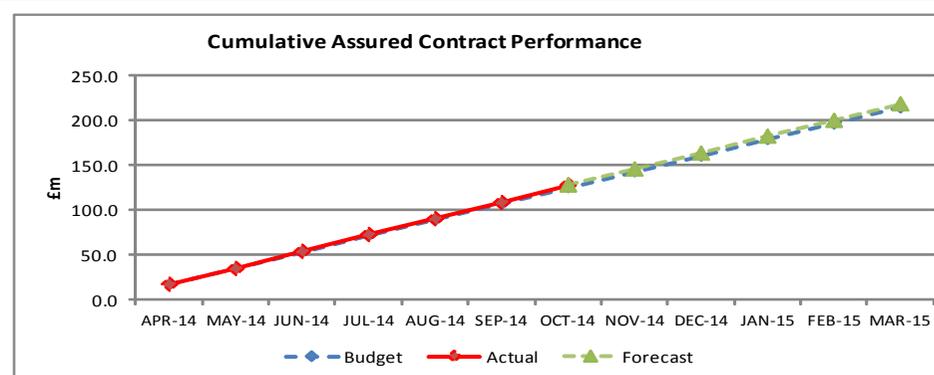
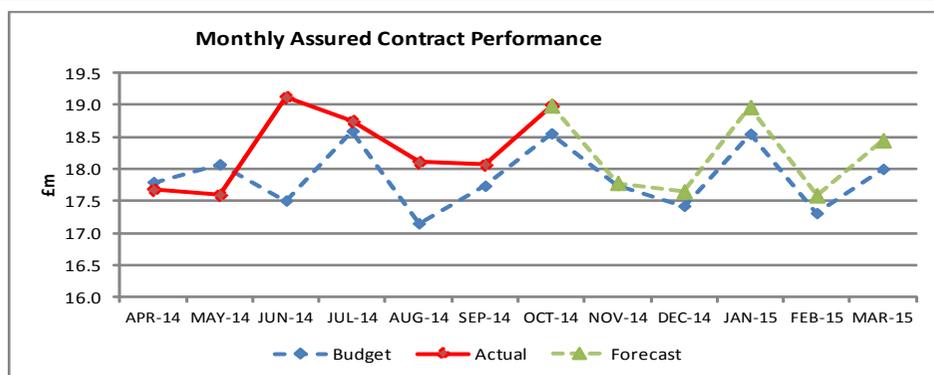
Annex B – Divisional Gross Contribution Performance for the period ending 31st October 2014

2013/14 Outturn £'m	Current Month					Division	Year To Date					Annual			
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %			Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Variance £'m %	
17.5	2.0	1.8	1.4	(0.6)	(31%)	Scheduled Care	11.3	10.5	9.9	(1.4)	(12%)	19.5	18.8	(0.7)	(4%)
25.5	2.3	2.2	2.2	(0.1)	(6%)	Unscheduled Care	13.7	12.5	12.6	(1.1)	(8%)	22.9	19.7	(3.2)	(14%)
(0.6)	0.1	0.1	0.1	0.1	115%	Adult Community Services / Long Term Conditions	0.5	0.7	0.8	0.3	66%	(0.1)	0.8	0.9	740%
8.2	0.9	0.9	1.1	0.1	17%	Families	5.5	5.8	6.2	0.7	13%	9.4	10.6	1.3	13%
(10.9)	(0.7)	(0.6)	(0.7)	(0.0)	(7%)	Clinical Support	(5.8)	(5.6)	(5.8)	(0.0)	(0%)	(10.1)	(9.8)	0.3	3%
(28.6)	(2.5)	(2.4)	(2.5)	0.0	0%	Facilities Management	(17.2)	(17.1)	(17.2)	0.0	0%	(29.2)	(29.2)	0.0	0%
3.4	(0.4)	(0.9)	(0.3)	0.1	15%	Corporate Services	(4.5)	(3.9)	(3.3)	1.2	26%	(7.1)	(3.7)	3.4	48%
0.0	0.4	0.3	0.0	(0.4)	(113%)	CIP	1.3	0.3	0.0	(1.3)	(100%)	5.2	3.3	(1.9)	(37%)
14.6	2.1	1.3	1.4	(0.7)	(55%)	EBITDA	4.8	3.1	3.1	(1.6)	(53%)	10.4	10.5	0.1	1%
(11.5)	(1.0)	(1.0)	(0.8)	0.1	13%	Non-operating expenditure	(6.8)	(6.7)	(6.6)	0.2	4%	(11.7)	(11.4)	0.3	2%
3.2	1.2	0.4	0.6	(0.6)	(166%)	Surplus/(deficit)	(2.0)	(3.6)	(3.4)	(1.4)	(39%)	(1.3)	(0.9)	0.4	30%



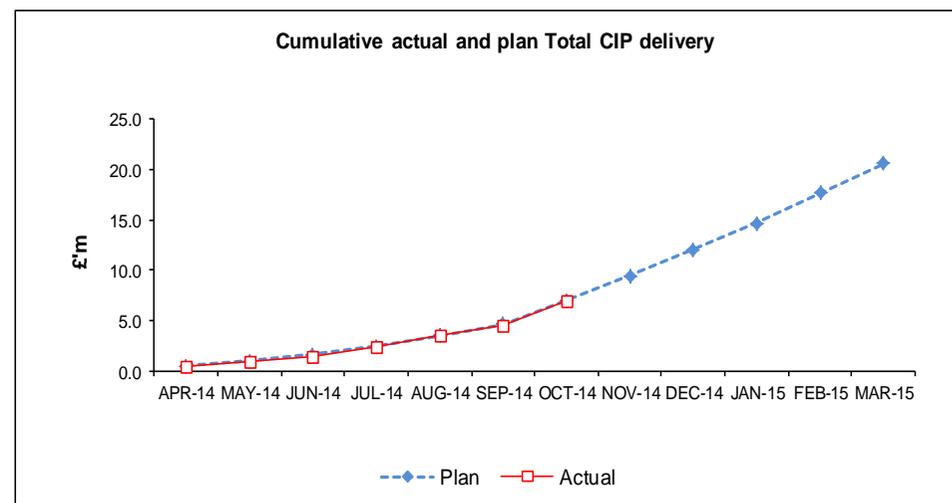
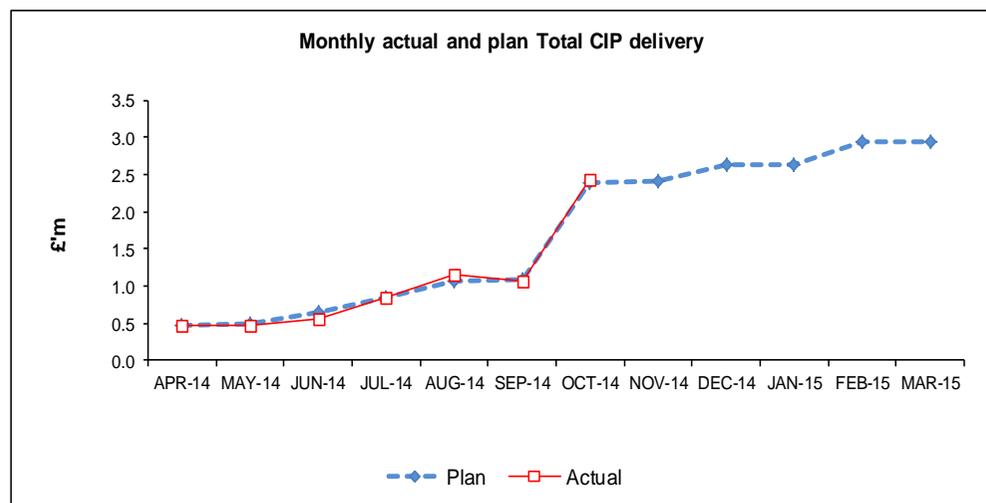
Annex C – Clinical Contract Performance (Assured Contract) for the period ending 31st October 2014

2013/14 Outturn	Current Month					Year To Date				Annual							
	Budget	Actual	Variance against Budget			Budget	Actual	Variance against Budget		Reported Income	Reported Variance	Budget	Reforecast	Variance			
£'m	£'m	£'m	£'m	%	£'m	£'m	£'m	%	£'m	£'m	%	£'m	£'m	£'m	%		
NHS Blackpool CCG																	
4.8	0.4	0.4	0.0	0%	A&E	2.8	2.7	(0.1)	(4%)	2.8	0.0	0%	4.8	4.8	0.0	0%	
19.7	1.9	1.8	(0.1)	(4%)	Electives Including Daycases	12.3	12.1	(0.2)	(1%)	12.1	(0.2)	(1%)	21.1	22.2	1.1	5%	
33.9	3.0	3.1	0.1	2%	Emergencies	20.6	22.8	2.2	11%	20.8	0.2	1%	35.6	35.8	0.2	1%	
12.4	1.2	1.2	0.0	1%	Outpatient Attendances	8.0	8.0	(0.0)	(0%)	8.0	(0.0)	(0%)	13.5	13.6	0.1	1%	
2.1	0.1	0.2	0.0	20%	Outpatient Procedures	0.9	1.0	0.1	9%	1.0	0.1	9%	1.6	1.7	0.0	3%	
2.8	0.2	0.2	0.1	33%	Critical Care Beddays	1.2	1.4	0.2	17%	1.4	0.2	17%	2.2	2.3	0.1	5%	
3.5	0.4	0.4	0.0	2%	Direct Access Diagnostics	2.2	2.3	0.1	3%	2.3	0.1	3%	3.8	4.0	0.3	7%	
	1.7	1.7	(0.0)	(0%)	Community	12.2	12.2	0.0	0%	12.2	0.0	0%	20.9	20.9	0.0	0%	
	20.9	1.5	1.7	0.1	9%	Other Clinical Income	9.8	10.2	0.3	3%	10.4	0.6	6%	16.6	17.4	0.8	5%
100.1	10.4	10.7	0.2	2%	NHS Blackpool CCG Total	70.2	72.8	2.6	4%	71.2	1.0	1%	120.0	122.7	2.7	2%	
NHS Fylde & Wyre CCG																	
2.8	0.2	0.2	0.0	0%	A&E	1.6	1.6	(0.0)	(1%)	1.6	0.0	0%	2.8	2.8	0.0	0%	
17.5	1.7	1.8	0.1	8%	Electives Including Daycases	10.8	10.3	(0.5)	(5%)	10.3	(0.5)	(5%)	18.5	18.0	(0.6)	(3%)	
24.4	2.1	2.2	0.1	3%	Emergencies	14.8	16.0	1.2	8%	14.9	0.1	1%	25.5	25.4	(0.1)	(0%)	
10.3	1.0	1.0	(0.0)	(0%)	Outpatient Attendances	6.7	6.5	(0.2)	(4%)	6.5	(0.2)	(4%)	11.3	11.0	(0.3)	(3%)	
2.0	0.1	0.2	0.1	44%	Outpatient Procedures	0.9	1.0	0.1	12%	1.0	0.1	12%	1.5	1.6	0.0	2%	
1.8	0.2	0.1	(0.1)	(28%)	Critical Care Beddays	1.2	0.9	(0.3)	(24%)	0.9	(0.3)	(24%)	2.0	1.8	(0.2)	(12%)	
3.4	0.3	0.3	0.0	0%	Direct Access Diagnostics	2.0	2.0	0.0	0%	2.1	0.0	2%	3.4	3.0	(0.4)	(12%)	
	1.2	1.2	0.0	0%	Community	8.1	8.1	0.0	0%	8.1	0.0	0%	13.9	14.0	0.1	1%	
	17.6	1.3	1.3	0.0	1%	Other Clinical Income	9.0	9.1	0.1	1%	8.8	(0.2)	(2%)	15.4	15.1	(0.3)	(2%)
79.9	8.1	8.3	0.2	3%	NHS Fylde & Wyre CCG Total	55.2	55.5	0.3	1%	54.2	(1.0)	(2%)	94.4	92.6	(1.8)	(2%)	
180.0	18.6	19.0	0.4	2%	Assured Contract Performance	125.4	128.3	2.9	2%	125.4	(0.0)	(0%)	214.4	215.3	0.9	0%	



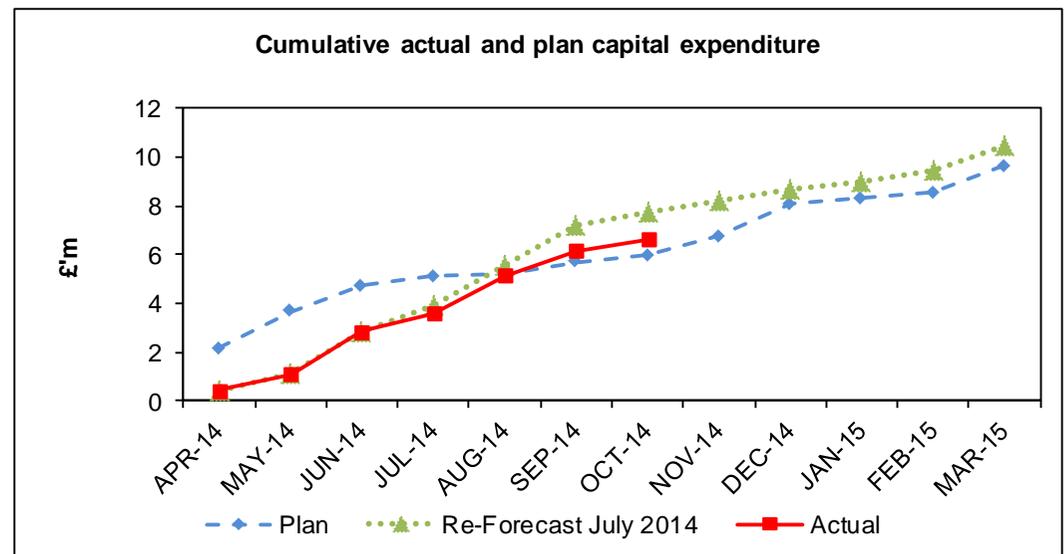
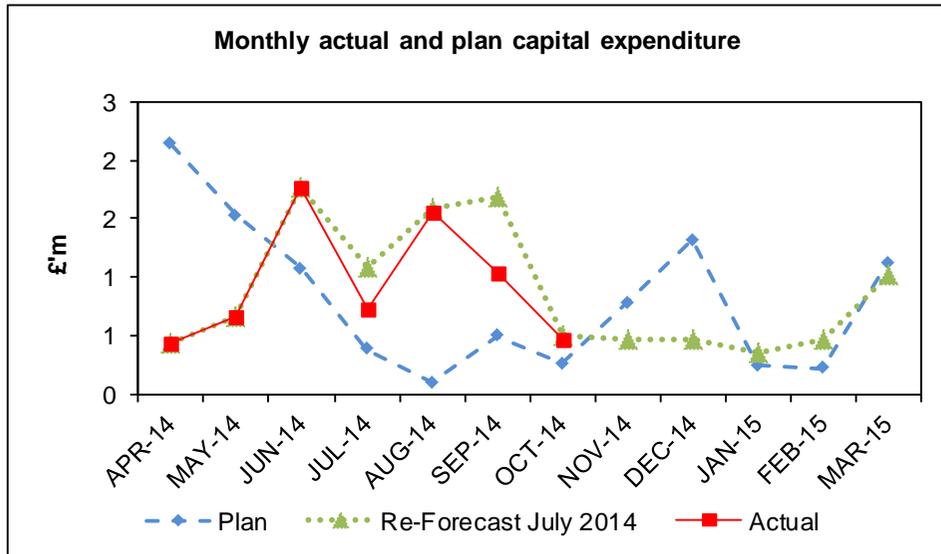
Annex D – CIP Performance by Theme for the period ending 31st October 2014

2013/14 Outturn £'m	Current Month					Year To Date					Annual				
	Plan	Reforecast	Actual	Variance against Plan		Plan	Reforecast	Actual	Variance against Plan		Plan	Reforecast	Variance		
	£'m	£'m	£'m	£'m	%	£'m	£'m	£'m	£'m	%	£'m	£'m	£'m	%	
Theme															
	0.2	0.2	0.3	0.1	36%	Better Care Now	0.3	0.3	0.3	(0.0)	(12%)	1.2	1.2	0.0	0%
	0.9	0.9	1.0	0.2	19%	Divisional	2.7	2.7	3.6	0.9	33%	7.4	7.4	0.0	0%
	0.1	0.1	0.1	0.0	13%	Income Generation	0.2	0.2	0.2	(0.0)	(16%)	0.5	0.5	0.0	0%
	0.1	0.1	0.1	0.0	22%	Medicines Management	0.4	0.4	0.2	(0.2)	(43%)	0.7	0.7	0.0	0%
	0.2	0.2	0.0	(0.1)	(75%)	Outpatients	0.2	0.2	0.2	0.0	15%	1.0	1.0	0.0	0%
	0.4	0.4	0.3	(0.1)	(28%)	Procurement	1.4	1.4	0.9	(0.4)	(33%)	4.3	4.3	0.0	0%
	0.1	0.1	0.3	0.2	270%	Technical Flexibilities	0.3	0.3	1.0	0.7	208%	0.8	0.8	0.0	0%
	0.2	0.2	0.0	(0.1)	(76%)	Theatre Productivity	0.3	0.3	0.0	(0.2)	(84%)	1.3	1.3	0.0	0%
	0.4	0.4	0.3	(0.1)	(19%)	Workforce	1.3	1.3	0.5	(0.7)	(57%)	3.5	3.5	0.0	0%
0.0	2.4	2.4	2.4	0.0	1%	TOTAL	7.0	7.0	7.0	0.0	0%	20.6	20.6	0.0	0%



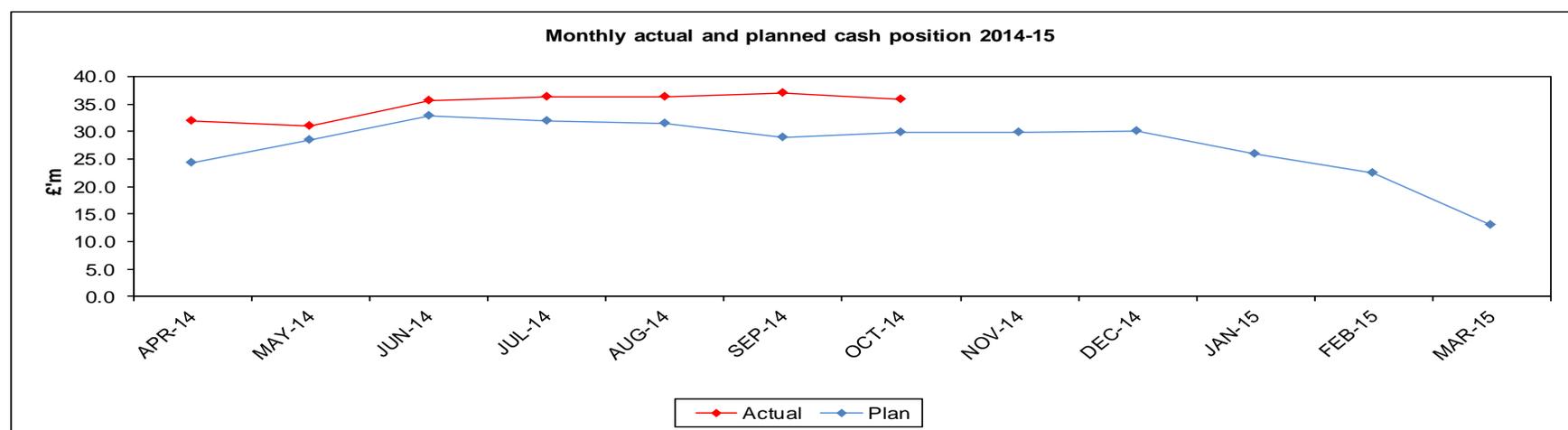
Annex E – Capital Expenditure for the period ending 31st October 2014

2013/14 Outturn £'m	Re- Forecast £'m	Current Month				Re- Forecast £'m	Year To Date			Re- Forecast £'m	Annual		
		Actual £'m	Variance £'m	%			Actual £'m	Variance £'m	%		Forecast £'m	Variance £'m	%
(0.5)	(0.1)	(0.1)	0.0	0%	Base Capital	(0.5)	(0.3)	0.2	40%	(0.8)	(0.8)	0.0	0%
(11.6)	0.0	0.0	0.0	0%	Main entrance/multistorey car park	(0.9)	(0.9)	0.0	0%	(0.9)	(0.9)	0.0	0%
0.0	0.0	0.0	0.0	0%	Poulton Office closure	(0.5)	(0.2)	0.3	60%	(0.5)	(0.5)	0.0	0%
(0.9)	0.0	0.0	0.0	0%	Womens & Childrens	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%
(0.4)	0.0	0.0	0.0	0%	Stroke Unit	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%
(0.5)	(0.1)	(0.1)	0.0	0%	Electronic information projects	(1.0)	(0.6)	0.4	40%	(1.5)	(1.5)	0.0	0%
(3.3)	(0.2)	(0.1)	0.1	50%	Clinical equip. replacement/enabling	(3.5)	(3.7)	(0.2)	(6%)	(5.4)	(5.4)	0.0	0%
0.0	(0.1)	(0.2)	(0.1)	(100%)	Improvement Maternity Care	(0.5)	(0.3)	0.2	40%	(0.5)	(0.5)	0.0	0%
(1.0)	0.0	0.0	0.0	0%	Energy Efficiency/Salix Energy Scheme	(0.8)	(0.6)	0.2	25%	(0.8)	(0.8)	0.0	0%
(0.6)	0.0	0.0	0.0	0%	EPR	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%
(18.8)	(0.5)	(0.5)	0.0	0%	Total	(7.7)	(6.6)	1.1	14%	(10.5)	(10.5)	0.0	0%



Annex F – Cash Position for the period ending 31st October 2014

	April £'m	May £'m	June £'m	July £'m	August £'m	September £'m	October £'m	November £'m	December £'m	January £'m	February £'m	March £'m
Balance b/f	25.3	32.0	31.9	35.6	36.3	36.2	36.9	35.9	0.0	0.0	0.0	0.0
Cashflow												
EBITDA	(0.1)	(0.2)	0.2	1.0	0.3	0.4	1.4	1.2	1.2	1.2	0.8	1.6
Movement in working capital	7.3	2.9	2.0	0.5	(0.3)	2.1	(1.5)	(1.0)	0.1	(4.5)	(4.0)	(7.0)
Cash Flow from operations	7.2	2.6	2.2	1.5	(0.0)	2.5	(0.1)	0.2	1.3	(3.3)	(3.2)	(5.3)
Capital expenditure												
Capex Spend	(0.5)	(2.7)	0.0	(1.0)	(1.4)	(0.6)	(0.9)	(0.3)	(0.8)	(0.8)	(0.2)	(0.5)
Cash receipt from asset sales	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cash Flow before financing	6.7	(0.1)	2.2	0.5	(1.5)	1.9	(1.0)	(0.0)	0.6	(4.1)	(3.4)	(5.8)
Financing												
PDC received	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PDC Dividend paid	0.0	0.0	0.0	0.0	0.0	(1.4)	0.0	0.0	0.0	0.0	0.0	(2.1)
Interest paid loans and leases	0.0	0.0	(0.2)	0.0	0.0	(0.5)	0.0	0.0	0.0	0.0	0.0	(0.6)
Drawdown of loans	0.0	0.0	1.6	0.2	1.4	1.8	0.0	0.0	0.0	0.0	0.0	0.3
Repayment of loans	0.0	0.0	(0.3)	0.0	0.0	(1.2)	0.0	0.0	(0.3)	0.0	0.0	(1.2)
Net Cash Inflow	6.7	(0.1)	3.7	0.7	(0.1)	0.6	(1.0)	(0.0)	0.2	(4.1)	(3.4)	(9.4)
Balance C/F	32.0	31.9	35.6	36.3	36.2	36.9	35.9					
Planned balance c/f	24.3	28.5	32.8	31.8	31.4	29.0	29.8	29.8	30.0	25.9	22.4	13.0



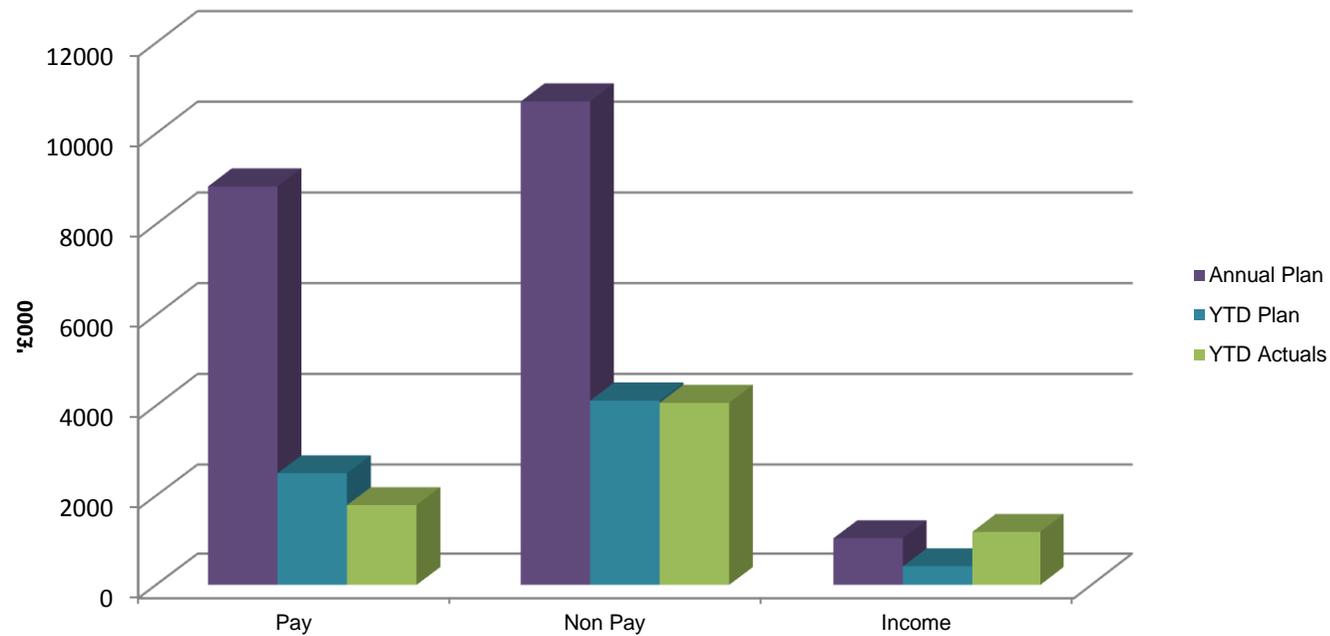
CIP – Lead Director: Tim Bennett

Theme / Theme Group	Annual Planned Savings		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Better Care Now - Waits	600,000	Plan Actual Variance	16,667 0 (16,667)	16,667 0 (16,667)	16,667 0 (16,667)	16,667 0 (16,667)	16,667 0 (16,667)	16,667 0 (16,667)	83,333 125,000 41,667	83,333 83,333 (83,333)	83,333 83,333 (83,333)	83,333 83,333 (83,333)	83,333 83,333 (83,333)	83,333 83,333 (83,333)	183,333 125,000 (58,333)
Better Care Now - Alternative to Hospital	600,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	100,000 125,000 25,000	100,000 (100,000) (100,000)	100,000 (100,000) (100,000)	100,000 (100,000) (100,000)	100,000 (100,000) (100,000)	100,000 (100,000) (100,000)	100,000 125,000 25,000
Outpatients	1,000,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 16,667 16,667	0 41,667 41,667	0 91,667 91,667	166,667 41,667 (125,000)	166,667 (166,667) (166,667)	166,667 (166,667) (166,667)	166,667 (166,667) (166,667)	166,667 (166,667) (166,667)	166,667 (166,667) (166,667)	166,667 191,667 25,000
Theatre Productivity (incl Stock Management)	1,250,000	Plan Actual Variance	10,417 0 (10,417)	10,417 0 (10,417)	10,417 0 (10,417)	18,750 0 (18,750)	18,750 0 (18,750)	18,750 0 (18,750)	172,083 42,033 (130,050)	172,083 (172,083) (172,083)	192,083 (192,083) (192,083)	192,083 (192,083) (192,083)	217,083 (217,083) (217,083)	217,083 (217,083) (217,083)	259,583 42,033 (217,550)
Workforce - Specialist Nurse Review	250,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	41,667 0 (41,667)	41,667 (41,667) (41,667)	41,667 (41,667) (41,667)	41,667 (41,667) (41,667)	41,667 (41,667) (41,667)	41,667 (41,667) (41,667)	41,667 0 (41,667)
Workforce - Job Planning	250,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	41,667 0 (41,667)	41,667 (41,667) (41,667)	41,667 (41,667) (41,667)	41,667 (41,667) (41,667)	41,667 (41,667) (41,667)	41,667 (41,667) (41,667)	41,667 0 (41,667)
Workforce - Reduction In Agency Spend	3,000,000	Plan Actual Variance	85,750 105,086 19,336	85,750 21,295 (64,455)	117,551 21,524 (96,027)	121,028 21,524 (99,504)	221,028 21,524 (199,504)	221,028 21,524 (199,504)	329,144 333,660 4,516	329,144 (329,144) (329,144)	327,394 (327,394) (327,394)	327,394 (327,394) (327,394)	417,394 (417,394) (417,394)	417,394 (417,394) (417,394)	1,181,279 546,137 (635,142)
Technical Flexibilities	750,000	Plan Actual Variance	0 173,466 173,466	0 65,417 65,417	0 65,417 65,417	83,333 65,417 (17,917)	83,333 223,417 140,083	83,333 125,417 42,083	83,333 308,750 225,416	83,333 (83,333) (83,333)	83,333 (83,333) (83,333)	83,333 (83,333) (83,333)	83,333 (83,333) (83,333)	83,333 (83,333) (83,333)	333,333 1,027,299 693,965
Income Generation	500,000	Plan Actual Variance	0 0 0	0 33,333 33,333	0 16,667 16,667	0 55,556 (55,556)	55,556 0 6,944	55,556 12,500 (43,056)	55,556 62,500 6,944	55,556 (55,556) (55,556)	55,556 (55,556) (55,556)	55,556 (55,556) (55,556)	55,556 (55,556) (55,556)	55,556 (55,556) (55,556)	222,222 187,500 (34,722)
Procurement	4,300,000	Plan Actual Variance	86,685 5,617 (81,068)	86,685 19,117 (67,568)	132,685 112,476 (20,208)	145,184 177,489 (32,304)	261,185 127,245 (133,939)	261,184 196,518 (64,667)	391,852 282,477 (109,375)	389,635 (389,635) (389,635)	554,351 (554,351) (554,351)	559,351 (559,351) (559,351)	721,852 (721,852) (721,852)	709,351 (709,351) (709,351)	1,365,459 920,941 (444,518)
Medicines Management	685,000	Plan Actual Variance	57,083 0 (57,083)	57,083 3,761 (53,322)	57,083 62,475 5,392	57,083 20,211 (36,873)	57,083 21,855 (35,228)	57,083 49,999 (7,084)	57,083 69,653 12,570	57,083 (57,083) (57,083)	57,083 (57,083) (57,083)	57,083 (57,083) (57,083)	57,083 (57,083) (57,083)	57,083 (57,083) (57,083)	399,583 227,956 (171,628)
Endoscopy	185,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 0 0	0 6,504 (96)	0 6,504 (96)	30,833 33,052 2,219	30,833 (30,833) (30,833)	30,833 (30,833) (30,833)	30,833 (30,833) (30,833)	30,833 (30,833) (30,833)	30,833 (30,833) (30,833)	30,833 39,459 8,626
Divisional	7,215,000	Plan Actual Variance	226,528 196,813 (29,715)	244,445 320,437 75,992	304,513 291,132 (13,381)	350,500 555,610 205,110	363,254 656,192 292,938	370,481 579,202 208,721	846,679 1,008,774 162,094	855,118 (855,118) (855,118)	890,867 (890,867) (890,867)	890,872 (890,872) (890,872)	930,873 (930,873) (930,873)	940,869 (940,869) (940,869)	2,706,400 3,608,161 901,761
Total Trust CIP Programme	20,585,000	Plan Actual Variance	483,129 480,982 (2,148)	501,047 463,360 (37,687)	638,915 569,691 (69,225)	848,101 856,916 8,815	1,076,855 1,160,903 84,048	1,084,083 £1,076,731 (7,352)	2,399,897 2,432,566 32,669	2,406,120 0 (2,406,120)	2,624,834 0 (2,624,834)	2,629,840 0 (2,629,840)	2,947,341 0 (2,947,341)	2,944,837 0 (2,944,837)	7,032,027 7,041,153 9,126

CIP Summary – Lead Director: Tim Bennett

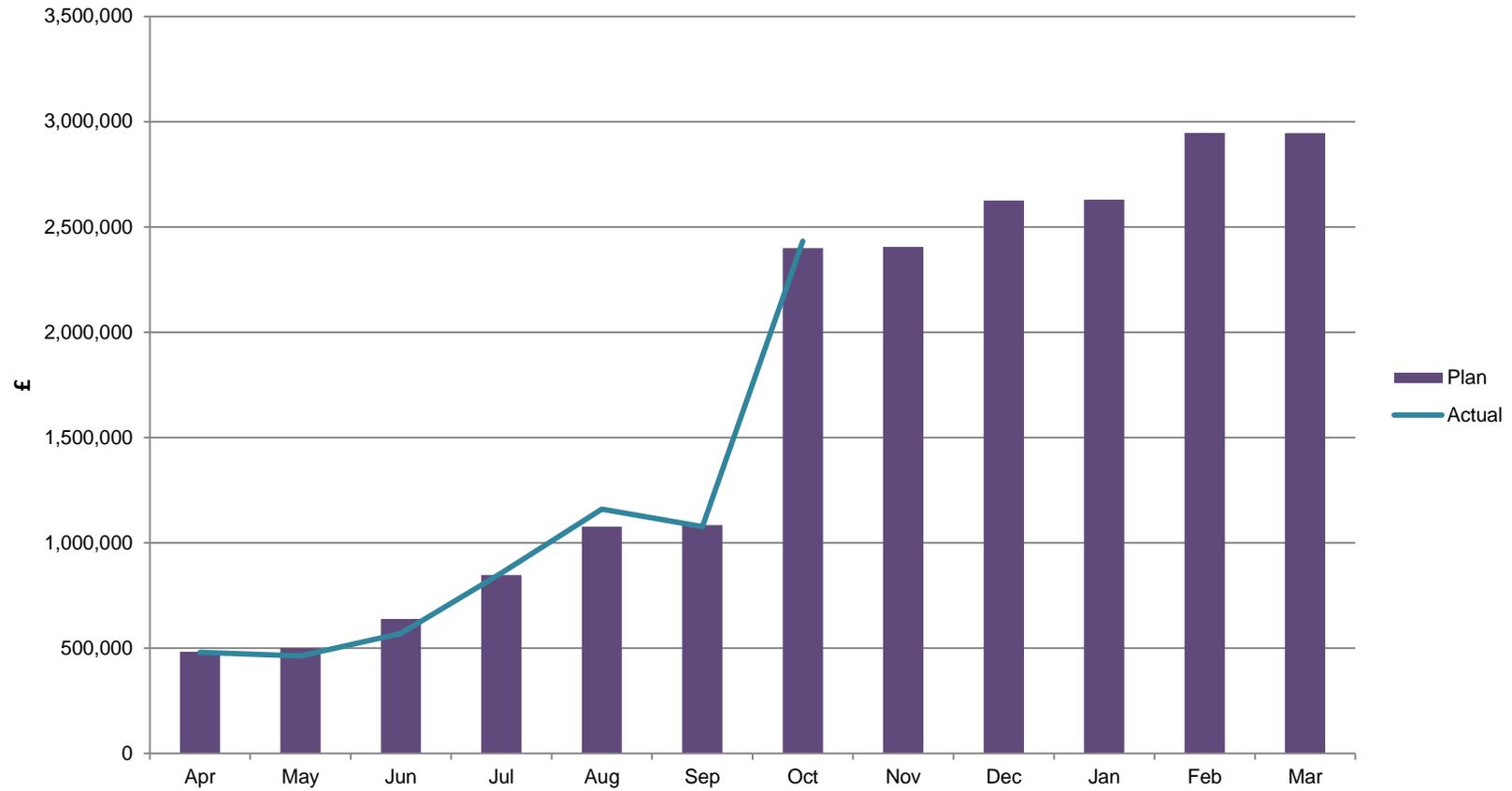
The 2014-15 CIP Programme continues to have a delivery value of £20.6m with a RAG profile of 6% Red, 4% Amber and 90% Green. The programme continues to see positive movement in terms of PID development and submission for new schemes and in terms of progress within existing projects and programmes. As part of the process of preparing an income and expenditure reforecast a full CIP reforecast is required. Contingency and mitigation plans are being considered and will feed into the CIP once identified and processed.

Delivery of 2014-15 Savings Programme by Type of Savings



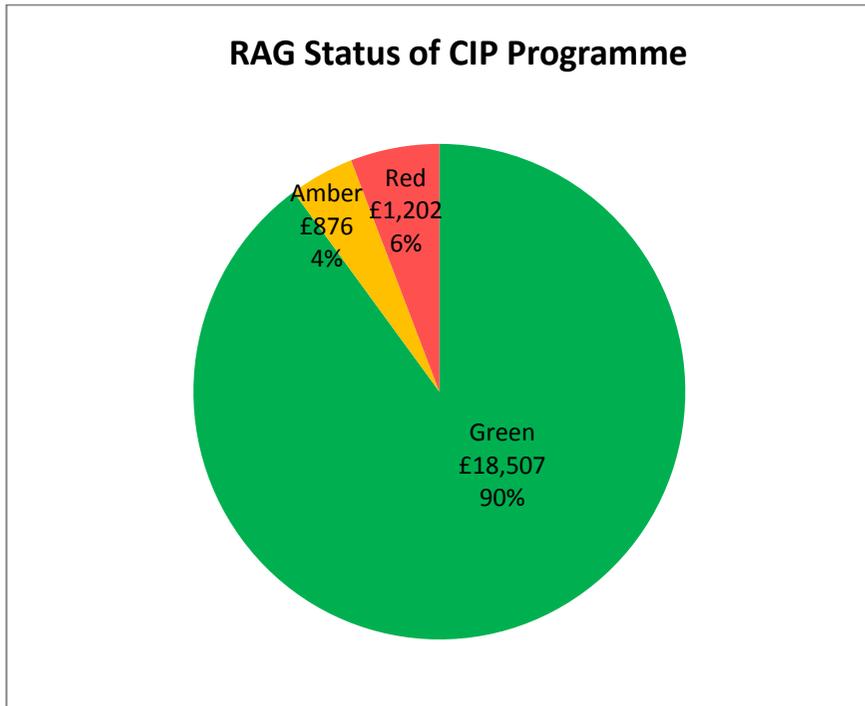
CIP Summary (Continued) – Lead Director: Tim Bennett

Monthly Profile of 2014-15 Savings Programme



CIP Summary (Continued) – Lead Director: Tim Bennett

The CIP status as at month 7



RAG Rating	Total Value of Schemes	% of Target
Green	£18,507	89.9%
Amber	£876	4.3%
Red	£1,202	5.8%
Totals	£20,585	100.0%

Capital Expenditure / Estate – Lead Director: Tim Bennett

Indicator	Unit	Month 07 Re-Forecast	Month 07 Actual	Variance		YTD Re-Forecast M07	YTD Actual M07	Variance	Annual Plan		
Capital	Building Schemes	£m	(0.2)	(0.3)	(0.1)	G	(3.2)	(2.3)	0.9	(3.6)	G
	Electronic Information Projects	£m	(0.1)	(0.1)	0.0	G	(1.0)	(0.6)	0.4	(1.5)	G
	Equipment Replacement	£m	(0.2)	(0.1)	0.1	G	(3.5)	(3.7)	(0.2)	(5.4)	R
	Total Capital Expenditure	£m	(0.5)	(0.5)	0.0	G	(7.7)	(6.6)	1.1	(10.5)	G

Major Capital Projects	RAG		Next Major Milestone	Date
	Program	Budget		
	RAG	RAG		
Main Entrance / Multi-storey Car Park	G	G	Final account negotiated, building fully occupied and operational. Minor works still outstanding to complete the scheme	Nov-14
Energy Efficiency Scheme	G	G	The final Salix loan instalments has now been received by the Trust	Nov-14
Poulton Office Closure	G	G	The Trust is currently negotiating additional dilapidation costs	Nov-14
Clifton hospital development	G	G	Works in progress – scheduled completion of December 14	Dec-14
Improvement in Maternity Care	G	G	Works have now commenced – 12/14 week scheme	Dec-14
Clinical Equipment Replacement	G	G	Prioritisation of remaining bids currently on-going.	Nov-14
Electronic Information Projects	G	G	Alternative financing options are still being explored for the Core Network & Desktop Replacement programs	Nov-14

Capital Expenditure / Estate Summary – Lead Director: Tim Bennett

- **Main Entrance / Multi-storey Car Park:** The scheme final account has been agreed with Willmott Dixon. The building is fully occupied and operational and any outstanding defects are being rectified.
-
- **Energy Efficiency Scheme:** Final Salix loan payment received by the Trust in relation to the completed works.
- **Poulton Office Closure:** The building has been handed back to Glasdon. A secondary dilapidation claim has now been received for £74k. A Section 18 report is being prepared which will aid negotiation to minimise any settlement.
- **Clifton Hospital Development:** Ward 1 refurbishment complete. Handed over on Friday, 7th November and patients moved in on Sunday 9th November
- **Improvement in Maternity Care:** An order has now been placed with the approved main contractor "Wardens Construction". Works have now commenced with an order being processed for associated equipment purchases. The scheme is fully funded by the Department of Health.
- **Clinical Equipment Replacement:** The Medical Devices Steering Committee has placed a hold on escalating further equipment approvals to the Capital Strategy Group whilst it re-prioritises remaining bids to ensure that Full year expenditure comes within budget.
- **Electronic Information Projects:** All urgent schemes have now been approved and ordered with the exception of Core Network & Desktop replacement programs, alternative financing options are currently being worked up with Procurement to support these.

Operations – Lead Director: Pat Oliver

Delivery: To exceed all national and local standards of service delivery															
Key Measures	Annual Target	Monthly Target	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Maximum 4 hour wait in A & E from arrival to admission, transfer or discharge*	95%	95%	86.53%	93.04%	92.61%	97.82%	95.27%	93.56%	92.48%	93.26%					
A&E plus UCC	95%	95%	88.64%	94.20%	93.73%	98.06%	96.07%	97.28%	96.70%	97.21%					
Total time in A&E (95th Percentile)	<=240 min	<=240 min	465	321	343	238	241	290	329	329					
Total time in A&E - patients not requiring admission to hospital	<=240 min	<=240 min	278	239	239	233	237	239	239	237					
Total time in A&E - patients who needed admission to hospital	<=240 min	<=240 min	634	523	533	310	449	403	478	538					
Time to initial assessment (95th Percentile)	15 minutes	15 minutes	26	25	23	19	18	17	16	15					
Time to treatment decision (median)	60 minutes	60 minutes	89	72	87	66	83	73	85	79					
Unplanned re-attendance rate	5%	5%	4.00%	4.04%	4.34%	3.84%	4.71%	4.37%	4.51%	4.39%					
Left without being seen	5%	5%	2.32%	1.92%	2.62%	2.29%	2.93%	2.74%	2.59%	2.47%					
18-weeks (Admitted adjusted Pathways)*	N/A	>=90%	90.84%	90.04%	90.93%	88.09%	87.32%	85.57%	80.31%	85.50%					
18-weeks (Non-admitted Pathways)*	N/A	>=95%	95.39%	96.41%	96.19%	95.41%	94.64%	95.44%	94.07%	94.46%					
Open Pathways - 92% Target	N/A	>=92%	92.13%	92.78%	92.37%	92.36%	91.87%	91.17%	93.01%	93.89%					
% Top 15 diagnostic waits >6 weeks	<=1%	<=1%	3.96%	2.61%	1.85%	1.52%	2.82%	5.12%	7.56%	6.28%					
Maximum 2 week wait from urgent GP referral to outpatient appt for all urgent suspected cancer referrals*	N/A	>=93%	97.10%	93.50%	96.70%	96.00%	95.00%	94.32%	93.80%	95.00%					
Symptomatic breast [not thought to be cancer]	N/A	>=93%	97.20%	93.80%	98.90%	98.10%	95.60%	93.00%	92.40%	93.60%					
Maximum 62 day wait from urgent referral to treatment for all cancers*	N/A	>=85%	91.70%	94.50%	80.60%	86.50%	70.40%	86.21%	75.00%	81.50%					
62 day Screening performance target	N/A	>=90%	100.00%	100.00%	93.30%	93.80%	93.30%	94.44%	90.90%	83.30%					
Maximum 31 day wait from diagnosis to treatment for all cancers*	N/A	>=96%	99.30%	100.00%	98.50%	98.10%	98.70%	100.00%	98.50%	99.20%					
31 day Subsequent treatment (surgery)	N/A	>=94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					
31 day Subsequent treatment (drugs)	N/A	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					
62 day Upgrade performance target	N/A	>=90%	85.50%	91.30%	93%	95.10%	91.90%	82.35	81.80%	92.70%					
Cancelled Operations (Reportable cancellations compared to total elective admissions)	N/A	<=0.8%	0.81%	0.64%	0.86%	0.53%	0.65%	0.60%	0.80%	0.56%					
Reduction in number of Cancelled operations	<=252	<=21	38	29	41	25	35	29	40	31					

Operations (Continued) – Lead Director: Pat Oliver

Key Measures	Annual Target	Monthly Target	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Percentage of TIA cases with a higher risk of stroke who are treated within 24 hours (F&W CCG)	60%	60%	57.14%	66.67%	46.43%	29.41%	73.33%	66.67%	42.85%	64.29%					
Percentage of TIA cases with a higher risk of stroke who are treated within 24 hours (Blackpool CCG)	60%	60%	72.73%	75.00%	56.25%	48.15%	36.36%	47.83%	22.22%	50.00%					
New to Follow-up ratio (CHKS)	<= 1 : 2.6	<= 1 : 2.6	1:2.3	1:2.4	1:2.3	1:2.4	1:2.4	1:2.5	1:2.4	1: 2.31					
DNA (CHKS)	8.30%	8.30%	8.20%	8.50%	8.60%	8.60%	8.30%	8.80%	8.70%	9.00%					
Spell Average Length of Stay (all admissions excluding day cases) CHKS	R = >4.7 A = >4.3<=4.7 G = <=4.3		4.95	4.85	5.21	4.82	4.58	4.57	4.38	4.76					
Spell Average Length of stay (Elective Admissions exc day case) CHKS	R = >3.68 A = >3.5<=3.68 G = <=3.5		3.66	3.56	3.38	3.58	3.14	3.28	3.31	3.21					
Spell Average Length of Stay (Non-Elective Admission exc. day case) CHKS	R>=5.03 A>4.3<5.03 G<=4.3		5.15	5.06	5.48	5.02	4.82	4.81	4.57	5.02					
30 day Readmission following daycase & elective (CHKS)	3.10%	3.10%	3.20%	3.60%	4.10%	3.40%	3.40%	3.70%	2.60%	2.30%					
30 day Readmission following non-elective admission (CHKS)	10.60%	10.60%	11.60%	12.30%	12.40%	12.70%	12.40%	12.80%	12.50%	9.80%					
Total Pre-op Bed Days - Number of patients admitted >1 day pre-op (based on National Standard Methodology)	N/A	475	523	527	522	394	527	366	463	466					
Total number of bed days	N/A	3821	3858	4160	4646	3996	3651	2563	3366	3498					
Elective Pre-op Bed Days Number of patients admitted >1 day pre-op (based on National Standard Methodology)	N/A	26	11	23	23	10	25	6	23	14					
Total Number of Elective Bed Days	N/A	261	158	214	211	59	163	71	148	106					
Non - Elective Pre-op Bed Days Number of patients admitted >1 day pre-op (based on National Standard Methodology)	N/A	449	512	504	499	384	502	360	440	452					
Total Number of Non - Elective Bed Days	N/A	3561	3700	3946	4435	3937	3488	2492	3218	3392					
Day Case Rate - basket of 25	>=87.3%	>=87.3%	89.39%	86.72%	86.27%	87.53%	86.93%	88.86%	88.48%	89.08%					
Theatre Utilisation	>=95%	>=95%	100.00%	100.00%	100.00%	99.61%	98.82%	100.00%	99.82%	99.65%					

Operations Summary – Lead Director: Pat Oliver

- **A&E:** The Trust achieved a performance of 97.21% in October.
- **18 Weeks:** The Trust achieved one of the three RTT measures in October. The Admitted performance was 85.50% against the 90% target, Non-admitted was 94.46% (target 95%) and Open pathways was 93.89% (target 92%). The Trust is intending for these 3 performance measures to decline further in November, whilst the 18 week and waiting list management work is undertaken. The Trust is on track with the outsourced activity, predominantly relating to Orthopaedics, Gynaecology and General Surgery. Monitoring continues to ensure we are back on track for the end of quarter 3.
Monitor measures the RTT monthly but cumulatively for the quarterly return. Against the Q2 RTT targets all RTT indicators were below the required levels. Q3 RTT performance is not expected to achieve as the 18 week amnesty period includes 2 months of Q3.
- **Cancer:** September performance for the 62 day urgent referral to treatment (target 85%) did not achieve the required standard at 73.30%. The unvalidated October performance for the 62 day standard is 81.50%. The combination of July and September performance across this standard did not achieve the quarterly performance target. All the associated patient pathways were reviewed across the quarter to confirm the impact of an increased referral rate and the complexity of the pathways. Increased monitoring and proactive management of the cancer PTL has been implemented to reduce the number of breach patients carried in the system.
Monitor requires the 62day cancer performance to be achieving by November 2014.
- **Outpatients:** The Trust continues to maintain a new to follow up ratio slightly below the contracted limit of 1:2.6. The number of patients who Did Not Attend their outpatient appointment is above the monthly target of 8.3% at a reported performance of 9%, a decline from previous months.
- **Length of Stay:** Emergency length of stay increased in October to 5.02 days, above the 4.3 day target. This is attributable to the increase number of Delayed Transfers of Care due to the lack of available nursing home and residential sector capacity and the 'home of choice'. The elective length of stay for October has decreased to 3.21 days, however remains below the target figure of 3.5 days. The Trust overall length of stay has risen this month to 4.76 days, above the target level of 4.3 days.
- **Theatre Utilisation:** Theatre utilisation rates remain above the 95% target for the 7th consecutive month.
- **Diagnostics:** The number of patients waiting over 6 weeks for a diagnostic test (Cystoscopy) has reduced in October to 217 patients. The target is for less than 1% of patients to be waiting for a diagnostic test and the Trust is currently reporting 6.28%. These waiting time breaches are all found within urology. An independent sector provider has been commissioned to assist with supporting the Trust to reduce the waiting time to below 6 weeks by the end of November.
Monitor requires the Diagnostic performance to be achieving by November 2014

Referrals – Lead Director: Pat Oliver

Referral Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	% Change on previous year
A&E	184	202	205	209	172	214	186						1372	(5%)
Anaesthetics	48	37	74	54	161	110	75						559	62%
Audiology Diagnostic	65	80	73	101	53	126	75						573	(37%)
Bone & Marrow Transplantation	2	5	0	2	1	5	3						18	13%
Breast Surgery	382	275	278	263	258	296	293						2045	8%
Cardiology	1768	1818	1636	1970	1760	1803	2012						12767	(3%)
Cardiothoracic Surgery	86	78	111	100	121	112	124						732	3%
Clinical Haematology	70	62	75	78	64	75	98						522	20%
Colorectal Surgery	189	188	180	232	156	237	231						1413	7%
Community Paediatrics	30	23	8	11	21	42	19						154	5033%
Dermatology	675	706	771	769	547	773	698						4939	0%
Diabetic Medicine	43	35	52	45	27	40	41						283	(8%)
Dietetics	55	34	23	47	30	48	37						274	(44%)
Endocrinology	74	66	95	95	53	115	91						589	10%
ENT	650	759	779	701	521	809	744						4963	(4%)
Gastroenterology	399	322	425	408	284	391	450						2679	9%
General Medicine	72	80	81	87	54	68	93						535	(14%)
General Surgery	323	323	501	712	402	809	628						3698	54%
Gynaecology	447	466	456	456	349	526	453						3153	(24%)
Infectious Diseases	17	22	16	7	5	17	23						107	(20%)
Lung Function Diagnostic	136	152	168	142	138	163	174						1073	(13%)
Medical Oncology	116	120	109	134	118	124	116						837	4%
Midwifery Led Care	100	197	150	228	120	137	144						1076	209%

Referrals (Continued) – Lead Director: Pat Oliver

Referral Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	% Change on previous year
Obstetrics	399	387	324	402	237	206	212						2167	(20%)
Ophthalmology	1131	1069	1036	1197	974	1095	1220						7722	(10%)
Oral Surgery	407	404	373	354	305	388	443						2674	(4%)
Orthodontics	23	23	14	22	9	15	11						117	409%
Orthopaedics	1189	1249	1317	1309	1038	1341	1193						8636	3%
Paediatrics	267	322	295	317	209	337	295						2042	36%
Pain Management	77	94	122	112	109	159	141						814	(1%)
Palliative Medicine	1	3	7	4	3	3	2						23	21%
Plastic Surgery	81	73	60	76	76	64	84						514	(1%)
Podiatry	69	84	68	80	63	92	80						536	(5%)
Research Nurse	14	20	12	14	13	11	26						110	(4%)
Rheumatology	225	178	195	168	135	173	189						1263	1%
Sleep Studies	35	45	52	49	32	53	58						324	7%
Surgical Appliances	252	286	275	308	190	283	235						1829	2%
Thoracic Medicine	181	187	191	199	144	201	226						1329	5%
TIA	27	47	45	40	43	32	69						303	110%
Urology	595	557	516	523	338	515	621						3665	16%
Vascular Surgery	124	138	106	135	70	143	101						817	5%
Total	11028	11216	11274	12160	9408	12214	12014						79314	1%
% Change on previous year	(1.3%)	(1.1%)	2.0%	0.2%	-15.2%	12.9%	-1.2%							

Activity – Lead Director: Pat Oliver

Outpatients	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
New	7213	7142	7076	7269	8290	6376	7915	8038						52106	(1%)
Follow Up	17009	17766	16757	17655	19269	17390	18106	20230						127173	0%
Outpatient procedures	1420	1496	1453	1460	1827	1464	1614	2293						11607	16%
Total	25642	26404	25286	26384	29386	25230	27635	30561						190886	1%
% change on previous year	7%	(1%)	(4%)	3%	0%	(1%)	2%	5%							
Elective Spells	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
Daycase	3676	3550	3728	3664	4174	3605	3876	4353						26950	5%
Overnight	665	644	658	651	712	733	715	721						4834	0%
Total	4341	4194	4386	4315	4886	4338	4591	5074						31784	4%
% change on previous year	(16%)	(2%)	(2%)	3%	6%	2%	10%	11%							
Births	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
Total	245	265	257	242	300	275	274	270						1883	4%
% change on previous year	7%	1%	(3%)	(2%)	18%	7%	7%	2%							
A&E Attendances	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
Total	7274	6910	7618	7463	7775	7013	7382	6764						50925	3%
% change on previous year	4%	(2%)	10%	5%	2%	(1%)	8%	(5%)							
Non Elective Spells	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
Unscheduled	1809	1777	1993	1900	1942	1891	1737	1921						13161	6%
Scheduled	926	945	983	927	931	920	963	944						6613	2%
Families	1120	1107	1087	950	1147	836	1116	1180						7423	12%
Total	3855	3829	4063	3777	4020	3647	3816	4045						27197	6%
% change on previous year	4%	5%	9%	6%	7%	2%	9%	6%							

Note:

1. Excludes private patients.

Waiting Times & RTT – Lead Director: Pat Oliver

Waiting Times & RTT	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Outpatient Total Waiting List	7521	7959	8114	8247	8025	7606	8171	8604					
Outpatient Long Waiters 6wks over (see note 1)	349	403	429	415	471	599	531	540					
Outpatient 13wk Waiters (QM08) (see note 2)	8	19	19	16	21	27	34	35					

Elective Total Waiting List	6841	6876	6801	6541	6401	6122	6112	5976					
Elective Waiting 10wks and over	1600	1700	1812	1738	1480	1508	1451	1307					
Elective Waiting 26wks and over	616	655	707	637	676	633	610	467					

Diagnostics (DM01) Number Waiting 6wks or more	142	92	77	53	92	166	262	217					
Diagnostics (DM01) % waiting over 6wks	3.95	2.6	1.85	1.52	2.82	5.12	7.52	5.91					

RTT Admitted 18wk Backlog	144	139	136	188	227	244	352	257					
RTT Non-Admitted 18wk Backlog	170	131	150	189	243	168	285	269					
RTT waiting 35wks and over	102	109	105	125	137	144	163	137					

Notes:

1. Cardiology wait 4 weeks and over.
2. Excludes private patient, obstetric and referrals to nurses and other non-consultants.

Referrals, Activity & Waiting Times & RTT Summary – Lead Director: Pat Oliver

- **GP Referrals:**

GP referral rates are at the expected for this point in the year. The total number of referrals received are 1.2% less than the volume of referrals received last year. Specialities that have seen a significant increase have been highlighted.

- **Activity:**

Outpatient activity overall shows an increase of 4% in comparison to October last year.

October reported a decrease in activity for A&E in comparison to the same point in time last year of 5%. The upward trend in non-elective admissions has also continued into September with activity showing an increase of 6% above the October 2013 level.

Inpatient and Daycase activity is 11% higher than at the same point in time last year.

- **Waiting List:**

The Outpatient total waiting list has increased for the second consecutive month with the number of patients waiting longer than 6 weeks for their first appointment trending upwards.

The Trusts total elective waiting list continues to reduce now reporting below 6000 patients. The number of patients waiting over 26 weeks continues to decline and those waiting over 10 weeks for admission are also reducing.

RTT performance declined in September, showing increases across admitted and non-admitted backlogs. October's position is improved with the numbers of patients waiting longer than 35 weeks reducing this month to 137.

Workforce – Lead Director: Nicky Ingham

Component	Mar-14	Targets/ Budget	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Average
Staff in Post (Fixed Term & Perm) FTE	5585.21	N/A	5618.93	5620.78	5604.89	5581.84	5557.46	5631.40	5627.66						N/A	5596.78
Sickness % (in Month)	4.12%	3.50%	3.94%	3.89%	4.23%	4.38%	4.22%	4.34%	4.71%						4.17%	N/A
Sickness % (in Month) 2013-14 for comparison	3.85%	3.50%	4.16%	3.35%	3.34%	3.56%	3.63%	3.78%	3.85%	4.03%	4.39%	4.53%	4.52%	4.12%	3.94%	N/A
No. of staff >= trigger of 4 episodes in rolling 12 month period	524	N/A	564	462	482	480	492	493	480						N/A	496
No. of Staff absent for 29 days +	127	N/A	153	149	175	162	189	190	209						N/A	166
Trust Vacancy Rate %	6.10%	4.20%	6.70%	8.41%	9.01%	9.77%	9.60%	8.84%	8.58%						N/A	N/A
No. of jobs being actively recruited by FTE	342.1	N/A	375	473	506	546	534	515	441.2						N/A	487
Average time to fill vacant posts (Weeks)	11.34	<14 wks	10.09	9.13	10.64	11.84	11.11	10.93	10.53						N/A	10.56
Turnover % (including substantive medics) – Rolling 12 months	9.79%	<=9%	9.77%	11.22%	10.35%	12.07%	10.62%	10.18%	10.17%						N/A	10.81%
Turnover % (all permanent staff) – Rolling 12 months	8.18%	<=9%	8.70%	11.20%	8.94%	9.17%	9.06%	8.69%	8.56%						N/A	9.29%
Non-medical Appraisal Compliance %	73.00%	>=90%	73.00%	1.88%	15.11%	62.00%	67.20%	82.72%	83.77%						50.32%	N/A
Medical Appraisal Compliance %	81.00%	>=90%	82.00%	84.00%	86.00%	68.40%	68.29%	73.80%	78.36%						77.08%	N/A
Total Appraisal Compliance %	N/A	>=90%	N/A	N/A	18.30%	64.20%	66.34%	82.25%	83.49%						57.77%	N/A
Medical Agency Spend	£644,016	£406,928	£586,681	£711,932	£556,962	£695,348	£613,959	£501,444	£603,654						£3,666,326	£632,976
Medical Locum Spend	£117,560	£42,907	£73,777	£70,709	£55,838	£58,406	£76,399	£49,530	£41,378						£384,659	£67,026
Nursing Agency Spend	£353,114	£4,667	£186,390	£178,014	£99,387	£139,413	£175,011	£173,222	£227,056						£951,437	£155,643
Nursing Bank Spend	£104,664	£13	£127,033	£127,199	£81,495	£129,290	£104,167	£113,485	£147,032						£682,670	£113,837
A & C Agency Spend	£255,855	£19,259	£270,638	£197,589	£231,231	£266,021	£213,138	£258,338	£320,964						£1,436,955	£235,723
A & C Bank Spend	£19,536	£2	£1,725	£1,521	£2,290	£3,452	£2,669	£2,530	£3,067						£14,187	£2,331
Other Agency Spend	£4,637	£7,299	£67,149	£34,727	£35,988	£66,565	£34,765	£65,789	£58,667						£304,983	£47,839
Other Bank Spend	£148	£2,521	£1,093	£1,389	£1,640	£960	£285	£770	£0						£6,137	£1,073
Grand Total of Agency/Bank/Locum Spend	£1,490,256	£483,596	£1,314,486	£1,323,079	£1,064,830	£1,359,455	£1,220,392	£1,165,109	£1,401,818						£7,447,351	£1,256,448
% of above spend against Pay Bill	7.60%	2.40%	6.68%	6.49%	5.39%	6.74%	6.18%	5.86%	6.77%						6.22%	N/A
Mandatory Training Trust Compliance %	79.00%	>=90%	82.00%	80.00%	83.00%	83.00%	83.55%	83.18%	82.81%						N/A	82.31%
Local Induction Compliance %		>=90%	43.50%	43.00%	52.00%	52.00%	43.93%	46.61%	48.32%						N/A	46.89%
Trust Induction Compliance %	87.00%	>=90%	87.00%	83.00%	85.00%	87.00%	87.01%	85.12%	100%						N/A	85.80%
Number of Exclusions (cumulative)	2	N/A	2	2	2	4	3	4	4						N/A	3.0
Number of open Exclusion cases (new this month)	1	N/A	0	0	1	1	0	1	0						N/A	0.5

Component	Mar-14	Targets/ Budget	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Average
Number of open Whistleblowing cases (cumulative)	2	N/A	4	4	4	4	1	0	0						N/A	2.8
Number of open Whistleblowing cases (new this month)	0	N/A	2	0	0	0	0	0	0						N/A	0.3
Management Referrals offered Appt. within 10 days %	100.00%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.00%						N/A	100.00%
Annual Staff Survey Response Rate %	n/a	N/A	N/A	N/A	N/A	N/A	N/A	N/A	28.5%						N/A	N/A
Family & Friends Test out of 5 (Quarterly)	n/a	/5	3.89			3.88			Quarterly					N/A	3.89	
Recommend to Friends & Family for care and treatment %	n/a	TBC	73%			73%			Quarterly					N/A	73%	
Recommend to Friends & Family as a place to work %	n/a	TBC	64%			64%			Quarterly					N/A	64%	

Sickness	>4.5%	Turnover	>=11.0%	Mandatory Training	<=80.0%	Appraisal	<=70.0%	Trust Induction	<=70.0%	Local Induction	<=70.0%
	>3.5% and <4.5%		>9.0% and <11.0%		>80.0% and <90.0%		>70.0% and <90.0%		>70.0% and <90.0%		>70.0% and <90.0%
	<-3.5%		<-3.5%		>=90%		>=90.0%		>=90.0%		>=90.0%

Workforce Summary – Lead Director: Nicky Ingham

- **Sickness absence** has increased to 4.71% from 4.34% in the previous month showing an increasing trend for the 3rd month running and is 1.21% above target. All divisions with the exception of Adults & LTC experienced an increase in absence from the previous month. The ratio of long term sickness to short term sickness absence has changed with 41% of the sickness categorised as short term and 59% as long term. In comparison in August, the ratio was 47%/53% respectively, indicating that the October sickness percentage is made up of longer spells of absence. HR teams continue to support line managers in the management of sickness absence cases with hot spots identified being given extra attention and support. Gastrointestinal/sickness was also one of the highest reasons for absence in the month of October.
- **Appraisals:** although the non-medical appraisal window closed at the end of September, further work has been done to finalise appraisals which were 'completed' on the system but hadn't actually be closed down. In addition to the above figures which have been extracted from the electronic appraisal system, there are an additional 155 paper based appraisals completed. Work continues on the appraisal system to prepare for the opening of the appraisal window again next April.
- **Total Agency / Bank / Locum Spend:** Costs have increased in October which was a five week accounting period. Medacs Managed Services have been tasked with delivering four key elements related to the effective management of the temporary medical workforce, these being;
 - v) Reliable and cost effective agency service provision,
 - vi) Support to recruit to permanent positions,
 - vii) As a facility for direct engagement
 - viii) Responsive on-site support to facilitate delivery of the above.

The agency steering group receive a financial update on progress being made towards achievement of the CIP target for this scheme. Current feedback indicates that the number of unfilled locum shifts is reducing and the focus needs to move to reducing the reliance of agency by filling the vacant positions and understanding better the reasons for agency usage.

The HR department is looking at extending the Medacs service to cover nursing so this would improve the booking and authorisation process and give us the transparency and management information that we are now starting to get from medical locums.

A recruitment and retention group has been formed with the Associate Directors of Nursing and the Deputy HR Director building on the agency spend project where agency usage is reviewed as part of this group. HR Business Partners have been reviewing all the admin and clerical agency usage in their divisions as part of this group.

- **Annual Staff Survey Response Rate** is low at 28.5% with one month to go - all completed surveys must be received at Picker by 1st December. Staff are encouraged to complete the survey through email communications, reminders and by divisional teams.

Blackpool Teaching Hospitals Board Assurance Framework

Executive Document Owners: Chief Executive, Director of Strategy, Director of Workforce and Organisational Development, Director of Finance, Director of Operation, Director of Nursing and Quality and Medical Director

Non-Executive Document Owners: Chairman and Non-Executive Directors

		Likelihood Rating				
		Almost Certain	Likely	Possible	Unlikely	Rare
Consequence Rating		5	4	3	2	1
Catastrophic	5	25	20	15	10	5
Major	4	20	16	12	8	4
Moderate	3	15	12	9	6	3
Minor	2	10	8	6	4	2
Insignificant	1	5	4	3	2	1

Board Assurance Framework Action Table	
Risk Colour	Action
GREEN	<ul style="list-style-type: none"> No further action is required. Supervision is required to ensure that all the controls are actually used ensure the risk remains within this colour band.
YELLOW	<ul style="list-style-type: none"> If the risk can be reduced further consideration may be given to a more cost effective solution or improvement that imposes no or limited additional cost burden. If no additional controls can be implemented and the risk cannot be reduced further, supervision must be in place to ensure that the controls are used and remain effective to ensure that the risk remains within this colour band.
AMBER	<ul style="list-style-type: none"> If the risk can be reduced further efforts should be made to reduce the risk, but the costs, time and effort necessary for prevention should be measured and be in proportion to the risk. Risk reduction measures should be implemented within a defined time period. If no additional controls can be implemented and the risk cannot be reduced further, supervision must be in place to ensure that the controls are used and remain effective to ensure that the risk remains within this colour band.
RED	<ul style="list-style-type: none"> Efforts must be made to reduce the risk to an acceptable level. Where the risk involves work in progress, urgent remedial action to avoid or reduce the risks must be taken. Work should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk to an acceptable level.

No	Objectives
1	To provide an holistic model of care, with treatment undertaken in community settings wherever possible
2	To prevent unnecessary emergency admissions to hospital through new service models that provide enhanced support in community settings and integrated care for the most needy and frail patients
3	To provide safe, high quality and patient-centred care, using evidence-based pathways to deliver standardised approaches to care with positive outcomes
4	To be financially viable, managing services within available resources, allowing us to invest in our future
5	To support and develop a skilled, motivated and flexible workforce that is able to innovate in the development of our services

Risk Ref	Objective	Exec Director	Principal Risk (what could prevent the objective being achieved)	Previous CxL	Current			Consequence of Failing (what will happen if the trust fails to manage the risk)	Key Controls & Systems (what are we doing now to manage the risk)	Gaps in Control (are any of the controls failing)	Assurance on Controls (where can evidence be gained that the controls are working)	Action Required & Progress (do you need to do more)	Date Last Reviewed	Next Review Date
					C	L	CxL							
Workforce 1	1 & 2 & 4 & 5	D of W & OD	The Trust and health economy are unable to attract, recruit and retain appropriately skilled staff to meet the needs of the health economy compounded by the poor attendance of agency staff.	20	4	5	20	Quality of service impacted. Staffing levels unsafe. Impact on operational targets and/or costs.	Divisional Workforce Plans. Working on models of health care with the CCGs. Performance management of the agency contract. Focus on Recruitment and Retention. Ongoing active recruitment to 80wte nurse and 25wte Consultant positions.	Reliance on Agency Staff.	Workforce Committee established chaired by the Director of Workforce provides reports to the Quality Committee Trust Board on progress and areas of concern with associated action plans. This will ensure that any adverse change in performance is quickly escalated.	Trust wide workforce plan to be submitted by 30 July 14. Trust workforce plan submitted to HEE NW on 15.07.14 for Education Commissioning Return. Develop health economy workforce plans. A significant amount of work has already been completed by divisions as part of the annual return. Three further meetings planned with HR Business Partners to finalise divisional workforce plans by end of Sept 14. Report to Director of Ops with regards to unfilled shifts. Review Agency contracts - Medical Agency workstream in week 2 of 8 week roll out to use Medacs for Medical Agency usage. Review of Fylde Office Bureau staff usage currently underway to be completed by end of August. A separate workstream reviewing Nursing Agency usage is also underway.	05.09.14	01.11.14

Workforce 2	1 & 2	D of W & OD	Inability to fully engage and motivate staff to respond positively to change and contribute towards continuous improvements.	12	4	3	12	Quality of service impacted. Impact on operational targets and reputation of the Trust.	Full implementation of the workforce strategy. Revision of related policies. Revision of leadership and management programme, supported by assessment of current leadership and management competence. Introduction of revised HR Skills Programme to include managing change	Disengagement and resistance leading to lost productivity and innovation. Monitor Staff Survey and FFT results. Monitor Trust performance dashboard.	Workforce Committee established chaired by the Director of Workforce provides reports to the Quality Committee/Board of Directors ensuring any adverse issues are quickly escalated.	Correlate workforce data with Trust performance data to create a people management early warning system. Implement Medical Engagement Plan. Closely monitor FFT and Staff Survey outputs for deterioration.	05.09.14	01.11.14
Finance 1	4 & 5	D of F	The Trust is unable to achieve the Cost Improvement Programme, in part from a failure to control agency staff.	20	5	4	20	Depending on the scale of non achievement this could range from a failure to hit financial targets through to a solvency concern.	CIP Director appointed. PMO established. New governance framework for CIP. CIP Workstream on reducing agency expenditure. Plan to reduce agency spend developed by Director of HR&OD.	Plan currently only addresses 2014/15. Reliance on Agency Staff.	CIP Programme Board established chaired by CEO provides regular reports to the Finance Committee & Trust Board on progress. This will ensure that any shortfall in CIP or slippage is quickly escalated.	Marginally behind plan at month 5 on I&E although CIP is ahead of plan year to date. CoS rating being maintained at level 2 due to better than planned liquidity position. Ongoing monitoring of the existing key controls.	10.09.14	01.11.14
Finance 2	4	D of F	Unable to maintain sufficient cash balances to meet the Trusts service requirements	20	5	4	20	Solvency - the Trust would not be able to meet its financial obligations as they fall due.	Cash Committee. Rolling cashflow forecast. Capital Steering Group.	Insufficient focus at Trust Board on cashflow position.	The cashflow forecasts are reported to the Finance Committee and any cash shortfall would be identified in sufficient time for remedial action to be taken.	Implement action plan from External Finance Health Check - Grant Thornton. Updated report to be taken to next Finance Committee.	10.09.14	01.11.14
Finance 3	1 & 2	D of F	Lack of sufficient funding to support or inability to plan/implement the transition of care from acute focused to community based care.	16	4	4	16	Unable to achieve CIPs and future changes.	Working on models of health care with the CCGs. Non-recurrent funding has been allocated by CCGs.	Funding is provided by CCG's and may not be sufficient.	Fylde Coast Commissioning Advisory Board. In addition a new out of hospitals strategy group has been established. This in turn has set up a Finance and Activity group consisting of all local DoFs with a clear remit to review transitional funding requirements.	Good progress made on "service blue print", which will assist more accurate costing. Successful event held with NHS England & Monitor to pitch for national Accelerator Pilot status. No further update at this time.	10.09.14	01.11.14

Finance 4	4	D of F	Commissioners unable to fund overperformance on the PBR elements of the contract.	12	4	3	12	The Trust would either incur a bigger deficit or would have to restrict access to services.	Quarterly sign reconciliation and sign off.	Specialist Commissioning is a high contractual risk. Unclear how dispute resolution would work for these services.	Regular reports to the Finance Committee. If the CCGs were unable to pay for contract activity the remedies within the NHS standard contract would be enacted.	Establish internal contract working group to monitor progress and escalate if issues of concern emerge. The Trust is significantly ahead of plan on the assured element of the contract at month 5 and a formal request has been made to the two local CCGs to initiate a contract variation.	10.09.14	01.11.14
Finance 5	4	D of O	Failure to achieve/maintain performance standards (4hr/18 week/cancer) impacting adversely either on quality of service or costs/income or both	12	4	4	16	The Trust would not be delivering the required quality of services, would incur a bigger deficit or would have to restrict access to services.	PTL Position for each sub speciality reviewed weekly. Monthly performance meetings with divisions. Independent review through the National Intensive support team	No agreement with specialist commissioners. No capacity to outsource cardiac activity.	PTL Meeting. Finance Committee Board	Finalise 18 week position for each sub speciality and agree contract with specialist commissioners.	12.05.2014	01.11.14
Services 1	2 & 3	D of S	Trust does not have robust enough planning/joint working with partners to deliver objectives around community centred care or regional partnerships	8	4	2	8	The Trust would be unable to deliver the required quality of services within the resources available	Plan on a page. Service by Service review undertaken by the Director of Strategy. Working across Lancashire with partnership trusts.	Other organisations are statutory bodies that are independent and have their own agendas/pressures.	CQC Inspector. Service specifications issued by Specialists Commissioners. Fylde Coast Commissioning Advisory Board. Trust Board.	Service by Service Report to be presented to the Trust Board. Involvement of all providers in the establishment of new models. External assessment by NHS England and Monitor supports view that strong partnership arrangements are in place with CCGs. Continued engagement with CCGs and local authorities in development of new models of care. CCG and GP representatives to participate in "delivering the strategy away day"	10.09.14	01.11.14
Services 2	4	D of S	Impact of Better Care Fund.	12	4	3	12	The Trust would be unable to deliver the required quality of services within the resources available if funding is transferred without the necessary service transformation	Better Care Steering Group attended by the Director of Strategy. Chairman/CEO/Director of Strategy attended the Health and Wellbeing Board. Good relationships with both Local Authority and CCGs.	Unclear on how Better Care will work.	Regular reports by the Director of Strategy to Finance Committee and Trust Board.	National position still unclear. Being progressed as part of service planning for Extensivist and Extended Primary Care. Further clarity has been provided regarding targets and financial penalties associated with better care fund. Trust is participating in resubmissions from 2 local CCGs.	10.09.14	01.11.14

Pt Exp 1	3	MD	Failure to maintain a reduction in the Trusts risk adjusted mortality rates	15	5	3	15	We would not be providing the quality of care we should be. Loss of confidence from key stakeholders e.g. patients, CCGs, Monitor etc	Mortality rates are tracked at performance meetings. Ongoing programme of work to develop pathways for high mortality conditions. The Liverpool Care Pathway has been suspended and replaced by a care plan which was launched at the start of July.	Challenges on recruitment, funding, IT, and socio economic factors. Staff and clinical engagement.	Mortality Board. Trust Board. Weekly meetings of Mortality reduction steering group.	Continue to monitor mortality rates and ensure they are discussed at Performance Meetings and the Trust Board. Present 3 month Audit Data to the Trust Board via the Quality Committee. The latest national SHMI figure is 118 which represents mortality between Jan-Dec 2013. Our internal modelling indicates our current rate to be 110.9	19.09.14	01.11.14
Pt Exp 2	1	D of N & Q	Failure to deliver a positive patient experience including failure to deliver targets for infection control	9	3	3	9	We would not be providing the quality of care we should be. Loss of confidence from key stakeholders e.g. patients, CCGs, Monitor etc	National Patient Survey. Local Patient Survey. Family and Friends Test. Complaints Process.	Challenges on recruitment, funding, IT, and socio economic factors. Staff and clinical engagement.	Quality Committee. Patient Involvement Committee.	Continue to review key controls and ensure they are in place. FFT Net Promoter Score June 73. Tell Us Campaign to increase awareness of how to complain is being implemented. The risk is being reviewed by the Director of Nursing again pending the Risk Committee on 19th September 2014	19.09.14	01.11.14

Board of Directors Meeting

26th November 2014

Subject:	Chief Executive's Update	
Report Prepared By:	Gary Doherty	
Date of Report:	18th November 2014	
Service Implications:	For the Board to be updated on matters the Chief Executive has been involved in.	
Data Quality Implications:	None.	
Financial Implications:	QulPP essential to sustainability.	
Legal Implications:	None.	
Links to the Principles of The NHS Constitution:	Links to the Principles of the NHS Constitution throughout.	
Links to the Trust Way Core Values:	To promote employee engagement as a means of transforming the culture and performance of the enlarged organisation. The report covers a number of items pertinent to the Trust Way.	
Links to Key Organisational Objectives:	Providing 'Best in NHS' Care for our patients.	
Links to Care Quality Commission Quality and Safety Standards	Links to all CQC outcomes	
In case of query, please contact:	Gary Doherty, Chief Executive (ext 6853)	
<u>Purpose of Report/Summary</u> To provide the Board of Directors with an overview of activities during the past two months.		
<u>Key Issues:</u> None to highlight specifically.		
<u>The Board is asked to:</u> Review and note the contents of the report.		
Risk Rating (Low/Medium/High): Low BAF/CRR Number: N/A		Board Review Date: January 2015
Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).		
1 For Information	2 For Discussion	3 For Approval
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.		

<p>1</p> <p>Not sensitive: <input checked="" type="checkbox"/></p> <p>For immediate publication</p>	<p>2</p> <p>Sensitive in part: <input type="checkbox"/></p> <p>Consider redaction prior to release.</p>	<p>3</p> <p>Wholly sensitive: <input type="checkbox"/></p> <p>Consider applicable exemption</p>
<p>Reason for level of sensitivity selected</p>	<p>N/A</p>	

Board of Directors Meeting

26th November 2014

Chief Executive's Update

There are a number of external/internal CEO activities since the last meeting that I would draw to the Board's attention in addition to those mentioned in the CEO assurance report.

I have attended a number of events recently to celebrate the efforts and achievements of staff. On 31st October I attended a Nominations Ceremony to acknowledge the achievements of all the staff who were nominated as part of our Celebrating Success Awards 2014. On the evening of Friday 14th November we held the Celebrating Success Awards and Celebration Ball at the Winter Gardens Ballroom, where we announced the winners and runners up for each category.

On 4th November I attended the a "Tripartite Autumn Event" in Leeds where the Chief Executives of NHS England, Monitor and the Trust Development Authority outlined the key messages from the NHS Five Year Forward View, as well as describing the key challenges facing the service this year, to an audience of Trust and CCG Chief Executives/senior staff.

The Five Year Forward View clearly outlines the need for new models of care. On 5th November I, together with other Trust/CCG staff, attended the NHS England New Models of Care Learning Set in London. The Learning Set brings together the 5 other health economies that have been selected nationally by NHS England along with Monitor. As part of the Learning Set, NHS England has organised Masterclasses with other sectors who have introduced new service models to drive improvement. On 11th November I attended a Royal Mail Masterclass in London. From a more local planning perspective, on 7th November I attended a Lancashire Cardiac Centre Four Year Strategy Workshop.

Monitor visited the Trust on 6th November, meeting with a range of key staff as well as visiting a number of areas including paediatrics and haematology.

On 10th November I attended a Quality Surveillance Group meeting in Preston. These were introduced following the Mid Staffs scandal to make sure that Monitor, the CQC and CCGs worked together to check quality standards in Trusts. The meeting focused on mortality, pathways, staffing and C Difficile.

As part of this year's programme of Takeover Day events, Blackpool Council's Specialist Support Team has planned a special event, in partnership with Victoria's Voice, for young people in the style of the 'Question Time' panel show. Twenty young representatives from across Blackpool attended on 20th November to question me and other key agencies.

On 21st November I accompanied three MPs (Gordon Marsden, Paul Maynard and Mark Menzies) on a visit to the Ophthalmic Department to highlight best practice here in Blackpool and help to make a national case to extend the use of Eye Clinic Liaison Officers to every hospital in Britain.

Gary Doherty
Chief Executive

Board of Directors Meeting

26th November 2014

Chairman's Update

Trust Activities

- On 31st October I attended the Awards Ceremony for those staff who had been nominated in one of the Celebrating Success Award categories but had not been shortlisted. The event was well attended and nominees were awarded a certificate and a buffet lunch was provided.
- On the evening of 14th November, the Chief Executive and I, together with representatives from Radio Wave, hosted the Celebrating Success Awards and Celebration Ball at the Winter Gardens when the winners and runners-up in each category were announced and invited on stage to collect their award.
- I visited the Medical Records Department and the Car Parking Office on 5th November and I am planning to re-visit the Medical Records Department in six months' time to find out how the department is progressing on some of the areas discussed with the Medical Records Library Manager and the team.
- Board members will be aware that a Risk Appetite Session was held on 10th November with the Trust's Internal Auditors (KPMG). The process involved Board members completing a questionnaire in advance of the session and discussion during the session about the Trust's risk management approach, Board Assurance Framework, Corporate Risk Register and Board members' "risk appetite". Feedback from the session will be provided and a further session is likely to be arranged in 2015.
- On 18th November I had a telephone interview with Debra Chamberlain from KPMG as part of the Well-Led Governance Review. Board members will be aware that a schedule of one to one interviews has been confirmed to include all Board members, Trust Management Team members, the Lead Governor and members of the Corporate Assurance Team. It is anticipated that KPMG will have completed their review in early 2015.
- Congratulations to Mark O'Donnell on his appointment to the post of Honorary Clinical Professor at the University of Buckingham as a result of his contribution to the University Post-Graduate Medical School training programme and his substantive contributions to medical research, education and patient care.

Governors and Membership

- I had my quarterly meeting with Peter Askew (Lead Governor) on 24th October and the key items discussed were the involvement of Governors in Trust committees, the process for responding to Governors' queries and the format for future Council of Governors' meetings.
- I chaired the Council of Governors meeting on 29th October which was held for the first time immediately following the Board meeting in public, with the intention that Governors could listen to the reports/presentations at the Board meeting, thereby making time available at the Council of Governors meeting for lengthier discussion on certain issues. It was pleasing that eleven Governors had observed the Board meeting. Feedback has been requested from the Governors about the format, following which the dates of the Council of Governors' meetings in 2015 will be confirmed.

External Relations

- I met with Mary Dowling, Chairman of Fylde & Wyre CCG, on 27th October.
- Thank you to Wendy Swift for attending a meeting with the Archbishop of York and Economic Leaders at Blackpool Town Hall on 4th November.
- Board members will be aware that representatives from Monitor visited the Trust on 6th November which included meetings with various directors and deputy directors and a site visit. The feedback was reasonably positive and a further visit is planned for April 2015.
- I attended the North West Foundation Trust Network Annual Dinner in Liverpool on 17th November which included representatives from numerous Foundation Trusts, mainly Chairs and Chief Executives.

Future Meetings

Looking forward, I am attending the following events/meetings:

- Carol Rothwell (from Rothwell Douglas) and Gary Doherty on 28th November (postponed from 7th November) to discuss the next steps in terms of the Board Development event held on 23rd September.
- Governors from the Fylde Constituency on 28th November which will complete the meetings with all constituencies for this quarter. Further meetings will be arranged in January/February 2015.
- Official Opening of Blenheim Child Development Centre at Whitegate Health Centre on 1st December.
- Board to Board Meeting with Blackpool CCG on 2nd December.
- Lancaster Clinical Research Hub Annual Review on 3rd December.
- Appointments Advisory Committee for a Consultant Cardiologist with a special interest in Electrophysiology on 5th December.

Ian Johnson
Chairman

Board of Directors Meetings held in Public

Schedule of Meetings for 2015

Wednesday 28th January – 9.30 am

Wednesday 25th February – 9.30 am

Wednesday 29th April – 9.30 am

Wednesday 20th May – **10.30 am**

Wednesday 29th July – 9.30 am

Wednesday 30th September – 9.30 am

Wednesday 28th October – 9.30 am

Wednesday 25th November – 9.30 am

**Board of Directors Meetings – Attendance Monitoring
1st April 2014 to 31st March 2015**

Key: **G- Attended** **Y- Apologies** **R-No Apologies** **Blue- N/A**

* Extraordinary Board Meetings

Attendees	30.4.14	21.5.14	30.7.14	24.9.14	29.10.14	26.11.14
Ian Johnson (Chairman)	G	G	G	G	G	
Tony Shaw	G	Y	G	G	G	
Karen Crowshaw	Y	G	G	G	G	
Doug Garrett	G	G	G	G	Y	
Alan Roff	G	G	G	G	Y	
Jim Edney	G	G	G	G	G	
Michele Ibbs	Y	G	G	G	G	
Malcolm McIlmurray	B	B	B	Y	G	
Gary Doherty	G	G	G	G	G	
Marie Thompson	G	G	G	G	G	
Dr Mark O'Donnell	G	G	G	G	G	
Pat Oliver	G	G	G	G	G	
Wendy Swift	G	G	G	G	Y	
Nicky Ingham	G	G	G	G	G	
Tim Bennett	G	G	G	G	G	