

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

TRUST BOARD PART 1 MEETING
29 JUNE 2016, 15:00, SEMINAR ROOM 6, ROYAL BLACKBURN HOSPITAL
AGENDA

v = verbal
p = presentation
d = document
✓ = document attached

OPENING MATTERS				
TB/2016/180	Chairman's Welcome	Chairman	v	15.00
TB/2016/181	Open Forum To consider questions from the public	Chairman	v	
TB/2016/182	Apologies To note apologies	Chairman	v	15.15
TB/2016/183	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 25 May 2016	Chairman	d✓	15.20
TB/2016/184	Matters Arising To discuss any matters arising from the minutes that are not on this agenda	Chairman	v	
TB/2016/185	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	
TB/2016/186	Declarations of Interest To note any new declarations of interest from Directors.	Company Secretary	v	
ACCOUNTABILITY AND PERFORMANCE				
TB/2016/187	Integrated Performance Report To note performance against key indicators and actions being taken to recover areas of exception to expected performance. The following specific areas will be discussed: <ul style="list-style-type: none"> • Performance • Quality & Safety • Finance • HR • Safer Staffing 	Director of Operations	d✓	15.30
STRATEGY				
TB/2016/188	Recent Developments in NHS Strategy and Sustainability	Chief Executive	p	15.40
CLOSING MATTERS				
TB/2016/189	Any Other Business To discuss any urgent items of business.	Chairman	v	16.00
TB/2016/190	Open Forum To consider questions from the public.	Chairman	v	16.05
TB/2016/191	Date and Time of Next Meeting Wednesday 27 July 2016, 14.00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.	Chairman	v	16.10

TRUST BOARD REPORT

Item **183**

29 June 2016

Purpose Action

Title Minutes of the Previous Meeting

Author Miss K Ingham, Minute Taker

Executive sponsor Professor E Fairhurst, Chairman

Summary:

The draft minutes of the previous Trust Board meeting held on 25 May 2016 are presented for approval or amendment as appropriate.

Report linkages

Related strategic aim and corporate objective As detailed in these minutes

Related to key risks identified on assurance framework As detailed in these minutes

Impact

Legal Yes Financial No

Maintenance of accurate corporate records

Equality No Confidentiality No

Previously considered by: NA

(183) Minutes of the Previous Meeting

EAST LANCASHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING, 25 MAY 2016
MINUTES

PRESENT

Professor E Fairhurst	Chairman	Chair
Mr K McGee	Chief Executive	
Mr S Barnes	Non-Executive Director	
Mrs C Pearson	Chief Nurse	
Dr D Riley	Medical Director	
Mr P Rowe	Non-Executive Director	
Mrs E Sedgley	Non-Executive Director	
Mrs G Simpson	Director of Operations	
Mr R Slater	Non-Executive Director	
Mr D Wharfe	Non-Executive Director	
Mr J Wood	Director of Finance	

IN ATTENDANCE

Mrs A Bosnjak-Szekeres	Company Secretary	
Mr G Ferrari	Staff Nurse	For item TB/2016/151
Mr M Hodgson	Director of Service Development	
Miss K Ingham	Minute Taker	
Mr I Johnson	Business Development Manager, IMS Maxims	Observer/Audience
Mr K Moynes	Director of HR and OD	
Mr T Pergolini	Staff Nurse	For item TB/2016/151
Mr B Todd	Members of the Public	Observer/Audience
Mr M Youlton	East Lancashire Clinical Commissioning Group	Observer/Audience

APOLOGIES

Mrs C Hughes	Interim Director of Communications
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TB/2016/142 CHAIRMAN'S WELCOME

Professor Fairhurst welcomed Directors, Governors and members of the public to the meeting.

TB/2016/143 OPEN FORUM

Mr Todd asked whether there was a way to test whether patients living within the Blackburn with Darwen Clinical Commissioning Group (CCG) area had a different experience to those living in the East Lancashire CCG area when discharged from hospital. Mr McGee reported that the Trust does notice variations in the assistance with discharging patients across the two CCG areas but collective work is being undertaken to harmonise the processes.

TB/2016/144 APOLOGIES

Apologies were received as recorded above.

TB/2016/145 MINUTES OF THE PREVIOUS MEETING

Directors, having had the opportunity to review the minutes of the previous meeting, approved them as a true and accurate record.

RESOLVED: **The minutes of the meeting held on 27 April 2016 were approved as a true and accurate record.**

TB/2016/146 MATTERS ARISING

There were no matters arising from the minutes of the previous meeting.

TB/2016/147 ACTION MATRIX

All items on the action matrix were reported as complete or were to be presented as agenda items today or at subsequent meetings. Updates were received as follows:

TB/2016/140: Open Forum – Mrs Simpson reported that she had put Mr Todd in contact with the CCG.

RESOLVED: **The position of the action matrix was noted.**

TB/2016/148 DECLARATIONS OF INTEREST

Directors noted that there were no amendments to the Directors' Register of Interests and there were no declarations in relation to agenda items.

RESOLVED: **Directors noted the position of the Directors Register of Interests.**

TB/2016/149 CHAIRMAN'S REPORT

Professor Fairhurst reported that the Trust had received the final Care Quality Commission (CQC) reports relating to the Royal Blackburn and Burnley General Hospital sites. She confirmed that both sites had been rated as 'good' by the CQC and as such the Trust is able

to provide external assurance about the improvements made by the organisation in recent years. Directors recorded their thanks to staff and stakeholders for their continued support in recent times.

Professor Fairhurst went on to report that she had been honoured to accept a donation to the Trust's Charitable Fund of £2500 from the Masjid Anwaar Mosque in Blackburn, a significant amount of the money raised through the efforts of the young members of the mosque.

Directors noted that the Trust had launched a new approach to workforce planning with the support of Health Education England North West. As a result Mrs Cloney, Deputy Director of Human Resources and Organisational Development has been seconded into the role of Workforce Lead for Pennine Lancashire.

Professor Fairhurst reported that the Trust had held its annual STAR Awards ceremony at the end of April to recognise its hardworking and committed staff which proved to be a joyous and uplifting occasion.

RESOLVED: Directors received and noted the report

TB/2016/150 CHIEF EXECUTIVE'S REPORT

Mr McGee referred Directors to the previously circulated report and highlighted a number of key national and local items. Directors noted the development of Sustainability and Transformation Plans (STP), with the Trust being part of the Lancashire and South Cumbria patch and the influence that the STP would have on future working of the partner Trusts. Mr McGee confirmed that Mr Hodgson has been asked to take part in the editorial team for the development of the STP.

Other items highlighted by Mr McGee included the publication of NHS England's Business Plan for 2016/17, the Trust's success in being shortlisted for three HSJ awards, the work that the Trust is undertaking in relation to employment of apprentices and the local recognition that this work has brought.

Mr McGee drew Directors attention to the calendar section of his report and highlighted a number of events that had taken place in the month, including a number of meetings relating to the Healthier Lancashire and Pennine Lancashire programmes, STAR Awards and Director of Communication and Engagement interviews. He went on to report that the Health Education Northwest visit had been undertaken during the course of May and verbal feedback had been received but the formal feedback report is being awaited.

Directors discussed the 'Be Clear on Cancer' work that was being undertaken across the Trust and Mrs Simpson confirmed that the campaign was welcomed by the Trust as it would help to raise awareness and in turn may help to reduce the number of late presentation

diagnoses of cancer across the local population.

RESOLVED: Directors received the report and noted its content.

TB/2016/151 PATIENT STORY

Mrs Pearson introduced Mr Ferrari and Mr Pergolini, Staff Nurses who had joined the Trust around a year ago as part of the international recruitment of nurses. Mr Ferrari and Mr Pergolini provided a brief overview of the application and recruitment process that had been in place when they had applied to join the Trust and confirmed that, upon commencement in post, they and their peers had been well supported by senior nursing staff and were enjoying their time working in the Trust. He went on to report that the opportunities to develop skills and experience across a range of specialty areas was one of the attractions to working in the UK.

Professor Fairhurst thanked Mr Ferrari and Mr Pergolini for sharing their experience of working at the Trust with the Board.

RESOLVED: Directors noted the experience reported by the attendees.

TB/2016/152 BOARD ASSURANCE FRAMEWORK

Dr Riley presented the report and confirmed that it was the first version of the revised framework. He drew Directors' attention to the additional information contained within the document, including the consequence and likelihood scores for each of the risks. Directors discussed and approved the proposed reporting arrangements for individual risks.

Mr Barnes thanked Dr Riley for the comprehensive and logical revisions made to the framework and suggested that there should be a risk which specifically related to the impact that decisions made at a Lancashire level would have on the Trust. The Board will explore the organisational risk appetite at its forthcoming Board Development Session on 8 June.

RESOLVED: Directors received and approved the revised Board Assurance Framework.

TB/2016/153 CORPORATE RISK REGISTER

Dr Riley presented the register to Directors and confirmed that there were no changes recommended from the report presented to the last meeting. Directors noted that a Risk Assurance Group had been developed that would report through to the Quality Committee.

RESOLVED: Directors received the report and noted its contents.

TB/2016/154

**SERIOUS UNTOWARD INCIDENTS REQUIRING INVESTIGATION
REPORT**

Dr Riley reported that there had been one 'Never Event' reported in month, however this had been a retrospective declaration as a result of an audit. He reported that the incident had occurred at the end of 2015 and related to a partial nerve block. Dr Riley confirmed that no harm was caused to the patient. Directors noted that there had been a total of four 'Never Events' recorded in the last 12 months and an in-depth report would be submitted to the next full Board meeting on this matter.

Directors noted that Dr Stanley was in the process of investigating the small number of issues relating to Duty of Candour and that the Trust had received significant assurance following a recent internal audit.

Dr Riley provided an overview of the themed analysis within the report which focused on 'failure to act deteriorating patients'. He highlighted the actions being undertaken and confirmed that there would be a presentation on the topic at the next Joint Clinical Leaders Forum.

Mrs Pearson reported that a learning session had been held earlier in the work regarding the Falls Collaborative in which the Trust was involved and the format of the Collaborative would follow the one developed for the successful Pressure Ulcer Collaborative.

In response to Mr Barnes's suggestion, Mrs Pearson agreed that incidents could be shown by ward area in order to focus attention on specific areas of need.

Directors noted the work that was being carried out in relation to patients who required mental health assessments.

Professor Fairhurst expressed her thanks to the staff in charge of improving the reporting system, as it now provides assurance that the learning has taken place and consequent improvements had been made.

RESOLVED: Directors received the report and noted its contents.

TB/2016/155

INFORMATION TECHNOLOGY MANAGEMENT STRATEGY

Mr Wood referred Directors to the previously circulated report and highlighted that the strategy would be in effect until 2021 and currently had around 100 actions against the nine key priority areas for delivery. Directors acknowledged that the Electronic Patient Record business case had been approved at an earlier Board meeting and that clinical staff would be involved in the development and implementation of the strategy.

Professor Fairhurst thanked Mr Wood for the paper and commented that it was helpful in that it provided the key to transformation of services across the Trust. The Board noted the need for the business cases within the Strategy to be developed at pace.

In response to Mrs Sedgley's question, Mr Wood confirmed that appropriate staff groups would have the opportunity to influence and develop the implementation of the elements of the strategy, as would external stakeholders

RESOLVED: Directors received the report and noted the update provided.

TB/2016/156 FRACTURE CLINIC RELOCATION REPORT

Dr Riley presented the report with the recommendation for the permanent relocation of the Fracture Clinic to the Royal Blackburn Hospital site. Directors noted that the clinical, service and patient experience views had been taken in to consideration within the report. Dr Riley confirmed that the fracture clinic is part of the Trauma and Orthopaedics pathway and therefore should not be seen in isolation. Directors noted the reductions in waiting times that had been achieved since the clinic had been consolidated on one site in late 2015. Mr McGee reported that, whilst there had been a petition received with 524 signatures from one of the local MP's, there had been no formal complaints received in relation to the relocation of the service.

Following a brief discussion, the Board agreed the recommendation for the single siting of the Fracture Clinic and for this to be recommended to the East Lancashire Clinical Commissioning Group.

RESOLVED: Directors received the report, noted its contents and agreed to recommend the single siting of the clinic to East Lancashire CCG for a decision.

TB/2016/157 INTEGRATED PERFORMANCE REPORT

Mrs Simpson presented the Integrated Performance Report for the month of April highlighting the continued good performance against Cancer targets and 18 week Referral to Treatment indicators. Directors noted that, due to the recent industrial action by Junior Doctors, waiting lists for both outpatient appointments and operations had been negatively affected but a recovery plan was in place to address this issue. The Hospital standardised mortality ratio (HSMR) and Summary Hospital Mortality Indicator (SHMI) indicators remain in the expected range and the Friends and Family survey results continue to show high levels of positive responses. Directors noted that there had been no cases of Methicillin-resistant Staphylococcus Aureus (MRSA) identified in month but there had been one case of Clostridium Difficile diagnosed in month, against a trajectory of three. There had been one case of a patient waiting over 52 weeks for their operation, by their own choice. This patient will continue to appear against this indicator until July 2016. Mrs Simpson confirmed that a revised access policy has been developed with local Clinical Commissioning Group (CCG)

partners which will address the issue of patients being referred for surgery but unavailable to attend within the 18 week timeframe.

Performance against the four hour emergency department standard remains a significant challenge, with performance for the month at 88.5%. Mrs Simpson confirmed that the Trust remained in the middle of the providers throughout England in relation to performance against the four hour indicator and that a number of key actions were being undertaken to improve performance.

Delayed transfers of care remain above threshold with 41 patients delayed on the last Thursday of the month with 116 patients delayed across the month. Directors noted that the 90 Day Improvement Collaborative with partners had commenced. This aims to reduce overall delays to a maximum of 25 at month end. Mrs Simpson provided an overview of the process in place regarding ambulance transfers of patients and confirmed that patients who arrive at the Emergency Department by ambulance are brought into the Emergency Department and not left in the ambulance until they can be seen.

Directors noted that sickness absence was 4.45% for the month and whilst this figure remained above the threshold, significant improvements had been seen in the last four months.

Directors noted that safer staffing figures remained a challenge with a number of staffing related shortages reported in month, none of which affected the quality of patient care. In response to Mr Wharfe's question, Mr Moynes provided an overview of the daily and weekly monitoring of staff levels and the actions being taken in relation to recruitment of nurses both domestically and internationally. He went on to report that the loss of bursaries and other sources of funding for student nurses was likely to have an impact on the number of people taking up the profession through traditional routes, however the Trust were looking to develop enhanced apprenticeship programmes and develop the Associate Nurse role with Health Education England.

Mr Barnes asked for an explanation of the poor performance against the Acute Kidney Injury (AKI) CQUIN measure. Dr Riley confirmed that the main issue related to the reporting of AKI in discharge letters to GP's but there was no evidence to suggest that there was a negative effect on patient care.

In response to Professor Fairhurst's question, Mr Moynes reported that improvements in the sickness absence levels were due to the work carried out by HR Business Partners and the implementation of the revised Staff Attendance Policy.

Mr Wood provided an overview of the financial position at the end of month one and confirmed that it was broadly in line with the forecast position.

RESOLVED: Directors received the report and noted the work undertaken to

address areas of underperformance.

TB/2016/158 QUALITY COMMITTEE INFORMATION REPORT

Mr Rowe presented the report of the previous meeting to Directors and confirmed that it was an accurate reflection of the meeting that took place in March 2016. He confirmed that one area of particular focus at the last meeting concerned staff training; particularly fire training and a report on this matter would be provided to the next Quality Committee.

RESOLVED: Directors received the report and noted its content.

TB/2016/159 FINANCE AND PERFORMANCE COMMITTEE INFORMATION REPORT

Mr Wharfe presented the reports of the previous two meetings to Directors and confirmed that it was an accurate reflection of the meetings held in March and April 2016. He reported that the main theme of the meeting held in March was the plan and budget for 2016/17. Directors noted that both meetings focused on the identification of and delivery against Safely Releasing Costs Programme (SRCP) schemes.

RESOLVED: Directors received the report and noted its content.

TB/2016/160 AUDIT COMMITTEE INFORMATION REPORT

Mrs Sedgley presented the report to Directors and confirmed that it was an accurate reflection of the meeting held in April 2016. She confirmed that the Committee had spent considerable time discussing the Nursing Assessment and Performance Framework and the progress of the wards visited to date which provided significant assurance to the Committee regarding the quality of care provided to patients. In addition the Committee had received and approved the internal and external audit plans for 2016/17 and the Counter Fraud workplan for the year.

RESOLVED: Directors received the report and noted its content.

TB/2016/161 REMUNERATION COMMITTEE INFORMATION REPORT

Professor Fairhurst presented the report for information.

RESOLVED: Directors received the report and noted its content.

TB/2016/162 TRUST BOARD PART TWO INFORMATION REPORT

Professor Fairhurst informed the Board that this report documented the items discussed at the last private Board meeting in April 2016. She advised that items will be brought to Part 1, the meeting in public, at the appropriate time subject to issues of confidentiality and

commercial confidence. The items listed will remain under Part 2 whilst there remain aspects of confidentiality.

RESOLVED: Directors received the report and noted its content.

TB/2016/163 ANY OTHER BUSINESS

Professor Fairhurst recorded her thanks on behalf of the Board to Mr Holden, Interim Governance Advisor and wished him well in his future appointments.

TB/2016/164 OPEN FORUM

Mr Todd asked whether there was any truth to the recent media reporting relating to antibiotic resistant germs and if so, had the Trust noticed an impact on patient responses to treatment. Dr Riley responded that there were several different types of bugs that were resistant to antibiotics, the most widely known being MRSA. Mr Rowe commented that the issue of antibiotic resistance is a world-wide problem with many European countries having a much more significant issue than the UK. Directors noted that antibiotic prescribing has fallen within local GP practices and Dr Riley confirmed that one of the new 2016/17 CQUIN schemes related to antibiotic stewardship.

TB/2016/165 BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst asked Directors whether there had been any areas where adequate assurance had not been received during the meeting. Directors commented that they did not feel as though there had been any gaps in assurance and agreed that the Board should continue to revisit the workforce challenges (safer staffing, recruitment, sickness absence) throughout the organisation and wider health care economy.

Directors discussed the balance of strategy and operational based items on the agenda and Mr Wood commented that the Information Management and Technology Strategy that had been presented provided a good link between the strategic vision for the Trust and the positive impact that it would have on day to day operational activity.

Mr Hodgson reiterated the importance of maintaining Healthier Lancashire and Pennine Lancashire work on the agenda at Board level. The Board agreed the introduction of the environmental context as part of the executive summary for future reports. This is to ensure that a reference is made to the external context within which the Trust operates, the Trust strategies are informed by the local people's needs and sufficient priority is given to engagement with stakeholders and opinion formers within and beyond the organisation.

TB/2016/166

DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday 29 June 2016, 15:00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.

TRUST BOARD REPORT

Item

185

29 June 2016

Purpose Action

Title

Action Matrix

Author

Miss K Ingham, Minute Taker

Executive sponsor

Professor E Fairhurst, Chairman

Summary: The outstanding actions from previous meetings are presented for discussion.

Members are asked to note progress against outstanding items and agree further items as appropriate

Report linkages

Related strategic aim and corporate objective

Put safety and quality at the heart of everything we do
Invest in and develop our workforce
Work with key stakeholders to develop effective partnerships
Encourage innovation and pathway reform, and deliver best practice
Become a successful Foundation Trust

Related to key risks identified on assurance framework

Transformation schemes fail to deliver anticipated benefits
The Trust fails to deliver and develop a safe, competent workforce
Partnership working fails to support delivery of sustainable safe, personal and effective care
The Trust fails to achieve a sustainable financial position
The Trust fails to achieve required contractual and national targets and its improvement priorities
Corporate functions fail to support delivery of the Trust's objectives

Impact

Legal

No

Financial

No

Equality

No

Confidentiality

No

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
2015/66: Talent Management	Update report to be provided in early 2016	Director of HR and OD	To be advised	Agenda Item To be advised
2016/023: Safer Staffing Report	The professional judgement review report on beds in ward areas to be presented to a future Trust Board meeting.	Director of Nursing	When Available	Agenda Item To be advised
2016/133: Action Matrix	Update to be provided in relation to progress with the population centred workforce development	Director of HR and OD	When Available	Agenda Item To be advised
2016/154: Serious Untoward Incidents Requiring Investigation Report	Report concerning the four never events in last year and learning from them to be brought to the next Board meeting	Medical Director	July 2016	Agenda Item
2016/155: Information Technology Management Strategy	Regular progress reports on implementation of the Strategy to be presented to the Board to ensure that the Board has a timely debate about the allocation of resources.	Director of Finance	To be advised	Agenda Item To be advised
2016/156: Fracture Clinic Relocation Report	The Board will recommend the single siting of the Fracture Clinic to East Lancashire CCG for a decision.	Chief Executive/ Medical Director	Immediately	Oral Report June 2016
2016/165: Board Performance and Reflection	Executive to consider a generic category report called 'Workforce' to included safer staffing, sickness absence, recruitment, etc.	All	June 2016	Oral Report June 2016
2016/165: Board Performance and Reflection	All future reports should reference the environmental and shareholder context in the Executive Summary section	All Executive Directors	Ongoing	Ongoing

TRUST BOARD REPORT

Item 187

29 JUNE 2016

Purpose Information
Action
Monitoring

Title	Integrated Performance Report (May 2016)
Author	Mr M Johnson, Associate Director of Performance and Informatics
Executive sponsor	Mrs G Simpson, Director of Operations

Summary: This paper presents the corporate performance data at May 2016 against the Trust Development Authority Standards and other key areas.

Report linkages

Related strategic aim and corporate objective	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform, and deliver best practice</p> <p>Become a successful Foundation Trust</p>
Related to key risks identified on assurance framework	<p>The Trust fails to deliver and develop a safe, competent workforce</p> <p>Partnership working fails to support delivery of sustainable safe, personal and effective care</p> <p>The Trust fails to achieve a sustainable financial position</p> <p>The Trust fails to achieve required contractual and national targets and its improvement priorities</p>

Corporate functions fail to support delivery of the Trust's objectives

Impact

Legal	Yes /No	Financial	Yes /No
Equality	Yes /No	Confidentiality	Yes/ No

Previously considered by: Finance and Performance Committee
27 June 2016

Board of Directors, Update

Corporate Report – June 2016

Key Messages of this Report

All of the national cancer waiting time targets continue to be achieved, there were no patients in April treated after day 104.

Referral to treatment 18 week ongoing pathways continue to achieve.

Accident and emergency four hour failed in May 2016 alongside the number of ambulance handover over 30 minutes

The number of delayed transfers of care remains above threshold.

The Trust is reporting a deficit of £0.6m at 31st May 2016, this position is in line with the planned forecast deficit.

The Trust is reporting underperformance on activity levels due to operational pressures which have resulted in some cancelled activity.

Continued usage of agency and locum staff over and above the resources available.

Introduction/Background

1. This paper presents the corporate performance data for May 2016 against the Trust Development Authority Standards and other key measures.

Except:

- Mortality – February 2016
- Cancer performance – April 2016
- Sickness rates – April 2016
- Ambulance indicators – April 2016

Achievements

2. **Main achievements for May 2016:**
 - No MRSA infections for May 2016
 - There were two Clostridium difficile toxin positive isolates identified in May 2016 against a trajectory of three.
 - All National cancer targets achieved since February 2015
 - There were no cancer patients treated after day 104 for April 2016.
 - Complaints remain below the 0.4 per 1000 contacts threshold.
 - The latest Trust SHMI continues to be within expected levels, as published in March 2016 at 1.06
 - The latest indicative 12 month rolling HSMR (Mar 15 – Feb 16) has improved further and is reported 'as expected' at 96.58 against the monthly rebased risk model.
 - The Trust continues to receive a high response rate and positive scores for the friends and family test.

- The Trust continues to achieve the hospital ambulance screen data quality compliance measure.
- No cancer patients were treated after day 104 for April 2016
- Referral to treatment incomplete pathways remains above the 92% threshold.
 - There are two patients waiting over 52 weeks at the end of May 2016, both waits due to patient choice.
- The new Trust core skills training package has been implemented replacing the core mandatory training. This will provide compliance monitoring against the eleven mandatory subjects.
- The Trust is reporting a deficit of £0.6m at 31st May 2016. This position is in line with the planned forecast £3.7m deficit for the financial year 2016-17.

Key Issues

3. Main issues for May 2016:

- Overall performance against the Accident and Emergency four hour standard continues to under achieve with 85.47% in May 2016.
- There has now been eight 12 hour trolley waits since November 2015. These occurred in November (1), December (2), February (1), April (1) and May (3). The three 12 hour trolley waits in May 2016 were all due to wait for mental health beds. A root cause analysis is being completed for each breach.
- There were 379 validated over 30 minute handover breaches in April 2016.
- The number of delayed transfers of care remains above threshold with 4.2%. This equates to 116 patients delayed in month with 44 patients still delayed at the month end.
- Sickness rates remain above the target absence rate of 3.75% at 4.5% in April 2016.
- The CQUIN payment for 2015/16 was made in full for Quarter 4 with the exception of the national sepsis and acute kidney injury schemes.
- The Trust is reporting underperformance on activity levels due to operational pressures which have resulted in some cancelled activity. The Trust has a planned funding stream of £12.5m through Sustainability and Transformation Funding. We are awaiting specific final guidance on how these funds will transfer and how they will be affected by any performance issues.
- Expenditure pressures are continuing and are due to slippage against the in year efficiency savings and the use of temporary staffing at a premium rate. Increased controls around non-essential spend and the temporary workforce introduced in 2015-16 remain in place
- Non-achievement of the new agency maximum threshold of £10.5m, forecast £13m. Agency expenditure to month two £2.1m.
- Non-achievement of the Safely Releasing Cost Programme (SRCP) £1.4m gap as at month 2 under achieved.

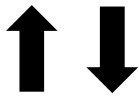
- Partial receipt of the sustainability funding

Key

4. The information assurance framework provides detail on the main key performance indicators detailed in this report and is intended to serve as a point of reference for Board members, but it will also provide a useful document for staff who may view the performance report or other similar indicators in other business unit level reports.



The data for this measure is not currently available for this period.









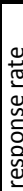
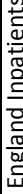



These arrows identify whether high or low performance is required to achieve the standard.

Safe															
	Threshold 16/17	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Monthly Sparkline
M64 CDIFF	28	1	1	1	2	4	4	5	3	3	1	2	1	2	
M65 MRSA	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
M66 Never Event Incidence	0	0	0	1	0	0	0	0	1	1	0	1	0	0	
M67 Medication errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C28 Percentage of Harm Free Care	92%	98.98%	99.42%	98.69%	98.77%	99.37%	98.96%	99.11%	99.20%	99.14%	99.37%	99.06%	99.74%	98.74%	
M68 Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C29 Proportion of patients risk assessed for Venous Thromboembolism	95%	99.56%	99.39%	98.89%	98.44%	97.39%	98.94%	98.69%	99.08%	99.40%	99.34%	99.07%	99.50%	98.20%	
M69 Serious Incidents (Steis)		5	5	10	8	3	3	8	10	7	9	7	10	2	
M70 CAS Alerts - non compliance	0	0	0	0	4	0	0	0	1	0	0	0	0	0	
M146 Safer Staffing -Day-Average fill rate - registered nurses/midwives (%)	80%	88%	89%	88%	86%	87%	91%	92%	90%	89%	89%	86%	88%	89%	
M147 Safer Staffing -Day-Average fill rate - care staff (%)	80%	109%	106%	107%	106%	105%	105%	109%	105%	105%	105%	107%	110%	114%	
M148 Safer Staffing -Night-Average fill rate - registered nurses/midwives (%)	80%	99%	99%	99%	98%	98%	99%	98%	97%	97%	97%	97%	97%	99%	
M149 Safer Staffing -Night-Average fill rate - care staff (%)	80%	109%	108%	109%	109%	114%	112%	117%	116%	120%	120%	121%	124%	122%	
M150 Safer Staffing - Day -Average fill rate - registered nurses/midwives- number of wards <80%	0	9	8	12	18	10	6	3	9	8	12	19	16	11	
M151 Safer Staffing - Night -Average fill rate - registered nurses/midwives- number of wards <80%	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
M152 Safer Staffing - Day -Average fill rate - care staff- number of wards <80%	0	1	4	4	5	4	1	1	2	3	4	3	2	0	
M153 Safer Staffing - Night -Average fill rate - care staff- number of wards <80%	0	1	1	1	2	2	1	1	1	3	2	3	2	1	

Caring															
	Threshold 16/17	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Monthly Sparkline
c38 Inpatient Friends and Family - % who would recommend	91.76%	98.08%	97.71%	98.90%	98.59%	98.71%	98.16%	98.10%	98.77%	99.08%	96.90%	98.44%	98.63%	97.91%	
c40 Maternity Friends and Family - % who would recommend		94.38%	95.38%	95.68%	94.15%	94.90%	94.09%	95.80%	92.60%	93.37%	95.50%	96.60%	96.42%	96.68%	
c42 A&E Friends and Family - % who would recommend	77.83%	78.96%	82.88%	77.42%	84.42%	84.66%	83.20%	83.90%	85.14%	78.28%	80.80%	76.52%	80.44%	75.73%	
c44 Community Friends and Family - % who would recommend		94.69%	92.07%	93.52%	93.51%	91.57%	94.59%	93.90%	93.67%	94.37%	93.70%	93.70%	93.95%	94.94%	
C15 Complaints – rate per 1000 contacts	0.4	0.15	0.26	0.23	0.25	0.20	0.22	0.21	0.18	0.28	0.30	0.18	0.26	0.24	
M52 Mixed Sex Breaches	0	0	0	0	0	0	2	0	0	0	0	0	0	0	
Effective															
	Threshold 16/17	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Monthly Sparkline
M73 Deaths in Low Risk Categories - relative risk	Outlier	104.93	86.54	75.82	68.69	65.22	68.76	68.60	68.50	75.49	75.59				
M74 Hospital Standardised Mortality Ratio - Weekday (DFI Indicative)	Outlier	104.53	104.29	102.78	102.01	103.06	100.25	100.94	98.64	96.36	94.82				
M75 Hospital Standardised Mortality Ratio - Weekend (DFI Indicative)	Outlier	105.24	106.57	105.33	106.92	106.47	106.88	104.01	101.63	101.91	101.73				
M54 Hospital Standardised Mortality Ratio (DFI Indicative)	Outlier	104.73	104.90	103.51	103.35	104.02	101.94	101.72	99.40	97.76	96.58				
M53 Summary Hospital Mortality Indicator (HSCIC Published data)	Outlier		1.07			1.06									
C16 Emergency re-admissions within 30 days		12.42%	13.10%	13.01%	12.75%	12.65%	12.69%	13.44%	13.33%	13.34%	12.56%	12.76%	11.96%		
M89 CQUIN schemes at risk	0					0			3			2			

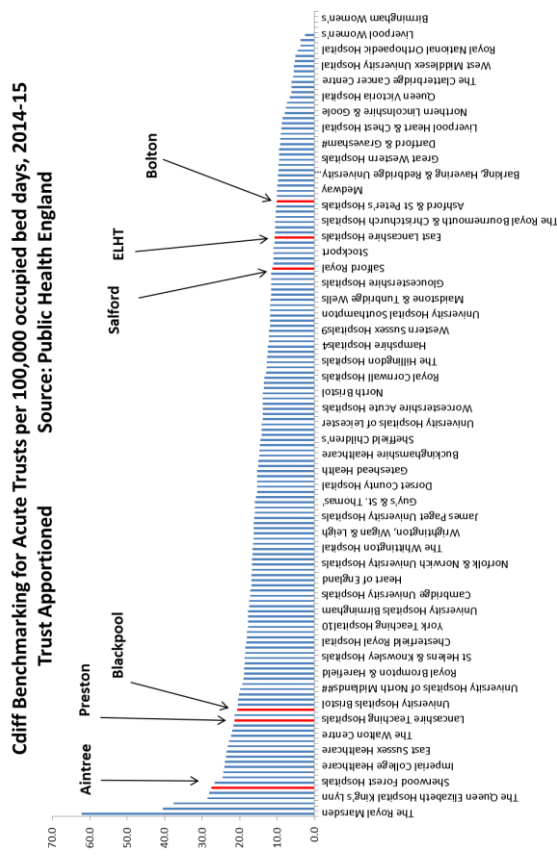
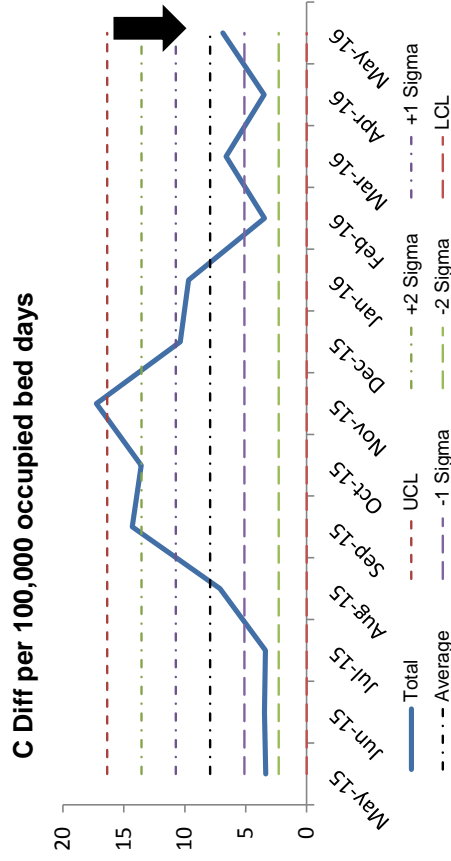
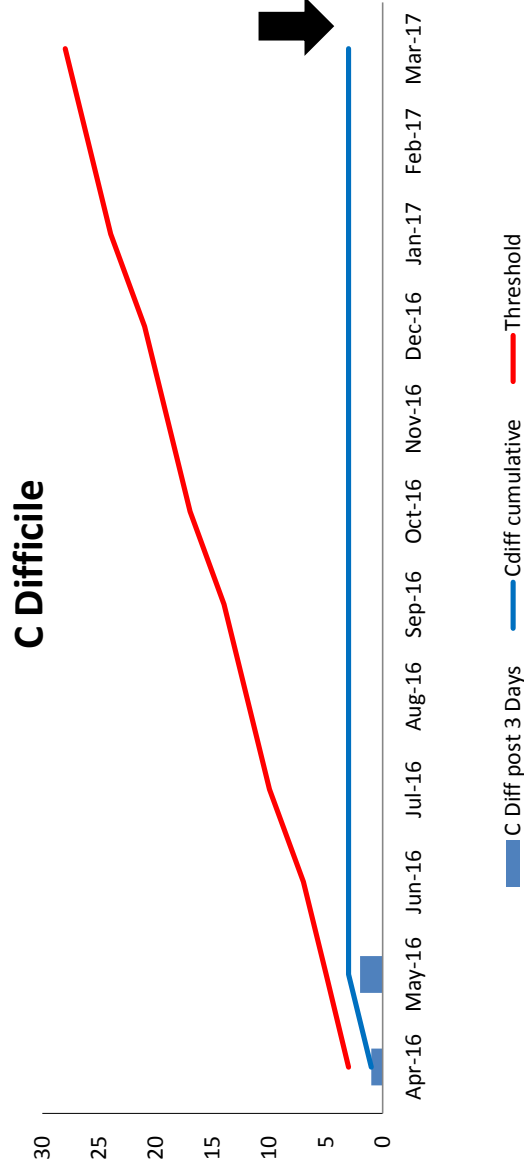
Responsive															
	Threshold 16/17	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Monthly Sparkline
C2 Proportion of patients spending less than 4 hours in A&E	95%	93.42%	94.78%	93.36%	93.32%	94.79%	93.56%	94.42%	94.49%	88.15%	89.95%	87.77%	88.50%	85.47%	
M62 12 hour trolley waits in A&E	0	0	0	0	0	0	0	1	2	0	1	0	1	3	
C1 RTT admitted: percentage within 18 weeks	95%	93.3%	94.0%	91.1%	89.9%	85.0%	85.3%	85.0%	86.3%	82.5%	83.2%	81.2%	78.5%	80.4%	
C3 RTT non- admitted pathways: percentage within 18 weeks	90%	98.7%	98.0%	97.6%	97.5%	97.5%	96.3%	97.5%	95.9%	95.3%	95.6%	96.3%	94.4%	94.4%	
C4 RTT waiting times Incomplete pathways	92%	98.0%	97.5%	97.5%	97.9%	96.7%	95.9%	94.6%	93.9%	94.5%	95.2%	95.6%	94.8%	93.7%	
C37.1 RTT 52 Weeks (Ongoing)	0	0	0	0	0	0	0	0	0	0	0	0	1	2	
C17 Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1%	0.04%	0.04%	0.01%	0.09%	0.11%	0.02%	0.1%	0.08%	0.19%	0.15%	0.15%	0.22%	0.16%	
C18 Cancer - Treatment within 62 days of referral from GP	85%	89.50%	85.40%	85.10%	86.6%	85.90%	93.2%	89.2%	91.0%	93.7%	86.6%	88.4%	85.6%		
C19 Cancer - Treatment within 62 days of referral from screening	90%	94.3%	93.8%	100.0%	93.9%	95.70%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
C20 Cancer - Treatment within 31 days of decision to treat	96%	96.8%	98.9%	98.9%	98.1%	100.00%	100.0%	100.0%	100.0%	98.3%	100.0%	98.9%	100.0%		
C21 Cancer - Subsequent treatment within 31 days (Drug)	98%	100.0%	100.0%	100.0%	100.0%	100.00%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
C22 Cancer - Subsequent treatment within 31 days (Surgery)	94%	100.0%	97.1%	97.1%	100.0%	100.00%	97.4%	100.0%	100.0%	99.0%	97.3%	94.1%	97.1%		
C24 Cancer - seen within 14 days of urgent GP referral	93%	97.10%	96.90%	96.60%	96.0%	96.40%	96.3%	96.7%	96.7%	97.6%	95.5%	95.6%	95.2%		
C25 Cancer - breast symptoms seen within 14 days of GP referral	93%	95.30%	96.30%	94.90%	94.6%	94.70%	97.1%	93.0%	97.2%	96.4%	97.3%	93.6%	95.2%		
M9 Urgent operations cancelled for 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C27 Not treated within 28 days of last minute cancellation due to non clinical reasons	0	3.03%	0.00%	0.00%	1.92%	0.00%	0.00%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	1.69%	
M55 Proportion of delayed discharges attributable to the NHS	3.5%	3.94%	3.84%	4.75%	3.69%	3.62%	3.64%	3.0%	4.16%	4.42%	4.75%	4.76%	4.02%	4.20%	
M90 Average LOS elective and daycase		2.3	2.9	3.2	3.5	2.8	2.4	2.9	2.8	2.9	3.0	2.8	2.8	2.7	
M91 Average LOS non-elective		4.8	4.6	4.7	4.7	4.4	4.6	4.6	4.6	4.6	4.6	4.9	4.8	5.0	

Well led																
		Threshold 16/17	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Monthly Sparkline
C31	NHS England Inpatients response rate from Friends and Family Test	16%	56.92%	59.79%	57.90%	55.12%	45.92%	49.05%	43.70%	49.81%	48.87%	48.50%	50.14%	45.89%	53.95%	
C32	NHS England A&E response rate from Friends and Family Test	4%	23.09%	25.52%	23.08%	25.44%	25.04%	25.42%	23.00%	23.69%	21.06%	21.71%	22.18%	21.80%	19.75%	
M77	Trust turnover rate	12%	10.0%	10.0%	9.9%	9.6%	9.7%	9.6%	9.5%	9.4%	9.3%	9.2%	8.7%	8.9%	8.9%	
M78	Trust level total sickness rate	3.75%	4.8%	4.79%	4.99%	4.87%	4.81%	4.91%	4.93%	4.74%	4.81%	4.74%	4.45%	4.5%		
M79	Total Trust vacancy rate	5%	6.2%	6.3%	6.3%	6.1%	5.2%	6.8%	6.5%	7.5%	7.8%	7.1%	7.3%	8.0%	6.7%	
M80.1	Mandatory Training	95%	72.0%	73.0%	81.0%	84.0%	89.0%	92.0%	93.0%	90.0%	89.0%	85.0%	82.0%			
M80.2	Safeguarding	80%	78.0%	78.0%	81.0%	81.0%	84.0%	85.0%	86.0%	86.0%	87.0%	87.0%	88.0%	88.0%	88.0%	
F8	Temporary costs as % of total paybill	4%	7%	6%	8%	7%	8%	8%	8%	8%	8%	9%	9%	7%	7%	
F9	Overtime as % of total paybill	0%	0%	0%	0%	0%	1%	0%	1%	0%	0%	1%	0%	1%	0%	
F1	Cumulative Retained Deficit for breakeven duty (£M)	0.0	(3.4)	(5.0)	(6.7)	(7.5)	(8.2)	(8.8)	(9.5)	(10.1)	(10.8)	(11.2)	(11.5)	(0.3)	(0.6)	
F2	SRCP Achieved % (green schemes only)	100.0%	15%	20%	24%	33%	46%	49%	54%	60%	62%	64%	64%	52%	54%	
F3	Liquidity days		(5.9)	(7.7)	(8.4)	(10.8)	(13.2)	(12.7)	(13.2)	(13.5)	(14.0)	(14.4)	(5.0)	(5.3)	(5.9)	
F4	Capital spend v plan	85%	80%	90%	77%	81%	75%	72%	71%	71%	72%	71%	90%	93%	91%	
F5	COSR (Continuity of risk rating)	3	2	2	2	2	2	2	2	2	2	2	3	2	2	
F6	COSR - Liquidity rating	2	3	3	3	3	3	2	2	2	1	1	3	3	3	
F7	COSR - Capital Servicing Capacity rating	1	1	1	1	1	1	1	1	1	1	1	3	1	1	
F10	COSR - I&E Margin	3							1	1	1	1	4	2	2	
F11	COSR - I&E Margin variance from plan	4							4	4	4	4	4	2	1	
F12	BPPC Non NHS No of Invoices	95%	96.6%	96.5%	96.2%	96.2%	96.0%	96.0%	95.9%	95.90%	95.65%	95.55%	95.50%	96.80%	96.30%	
F13	BPPC Non NHS Value of Invoices	95%	95.6%	94.9%	95.1%	95.1%	94.5%	94.8%	94.8%	95.08%	95.30%	95.15%	95.38%	98.20%	96.70%	
F14	BPPC NHS No of Invoices	95%	95.6%	95.6%	95.6%	95.4%	95.8%	95.6%	95.5%	95.63%	95.17%	94.86%	94.98%	93.30%	93.60%	
F15	BPPC NHS Value of Invoices	95%	95.0%	96.4%	96.1%	96.4%	97.0%	97.0%	96.6%	96.61%	96.56%	96.58%	96.38%	93.20%	92.10%	

Safe – Infection Control (M64, M65)

No MRSA infections detected in May post 2 days of admission. Zero attributed YTD against threshold of zero.

There were two Clostridium difficile toxin positive isolate identified in the laboratory in May which were post 3 days of admission. The year to date cumulative figure is 3 against the trust target of 28.



Safe – Harm Free Care

Never events

There were no never events reported to Steis in May.

Serious Incidents

The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in the month of May was two incidents. These incidents were categorised as one slips, trips and falls and one diagnostic problems.

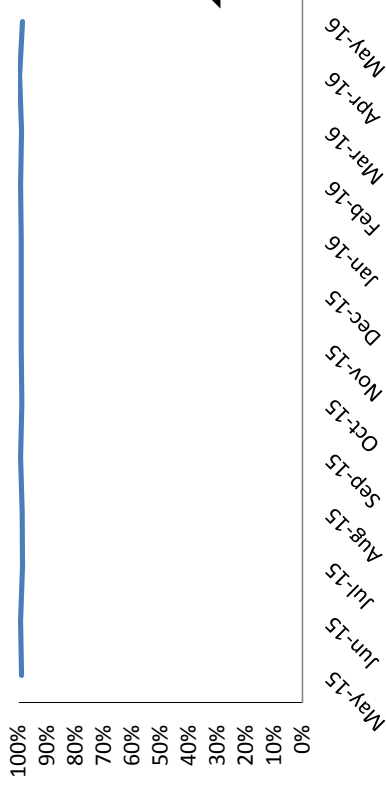
A detailed report providing assurance on the management of each of the STEIS reported incidents is submitted monthly to the Patient Safety and Risk Assurance Committee.

Harm free Care

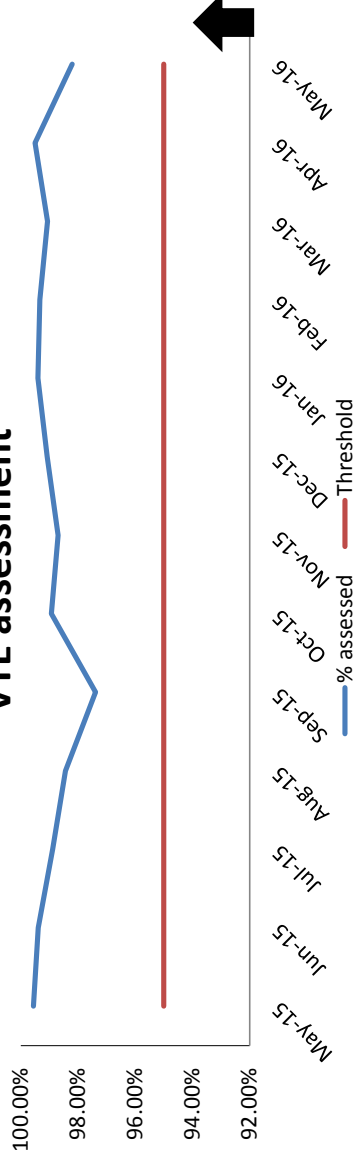
The Trust remains consistent with the percentage of patients with harm free care at 98.74% for May 2016 using the National safety thermometer tool.

For May 2016 we are reporting the unverified position as 2 grade 2 community acquired pressure ulcers.

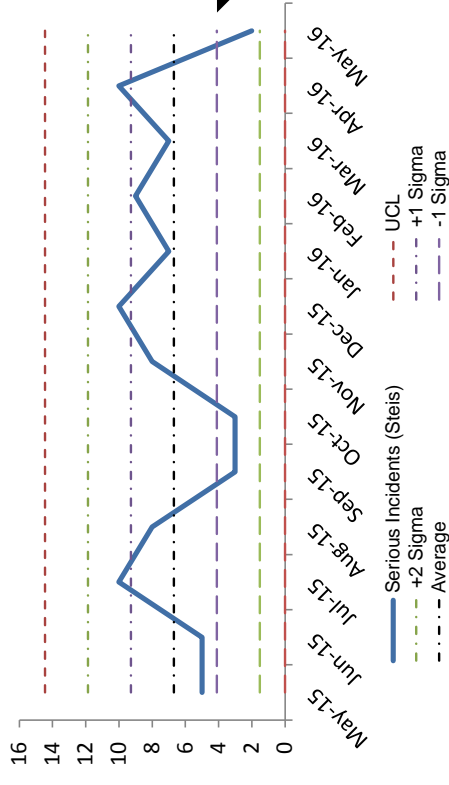
% Harm Free Care



VTE assessment



Serious Incidents



Safe – Safer Staffing

Average fill rate Day/Night -

Whilst there is a very slight improvement in May, nurse and midwifery staffing remains a challenge. Causative factors remain the same as in similar months further compounded by escalation areas.

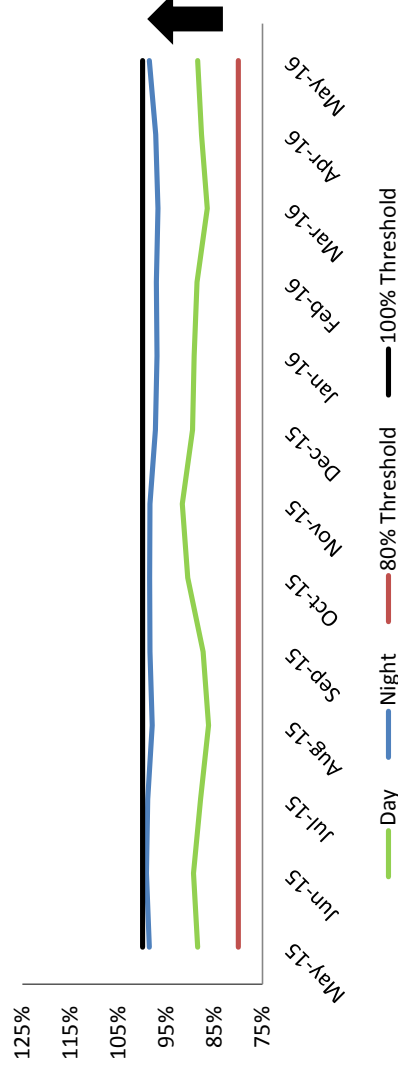
Of the DATIX incidents reported in relation to staffing the divisions have given assurance that no harm has been identified as a consequence of nurse or midwifery staffing.

Active recruitment is on going. 5 Filipino registered nurses have now arrived at the Trust, with another 4 anticipated in the next 4 weeks and a further 4 in the next 4 to 8 weeks. To date these nurses are the only ones who have successfully passed the English examination (ILETS)

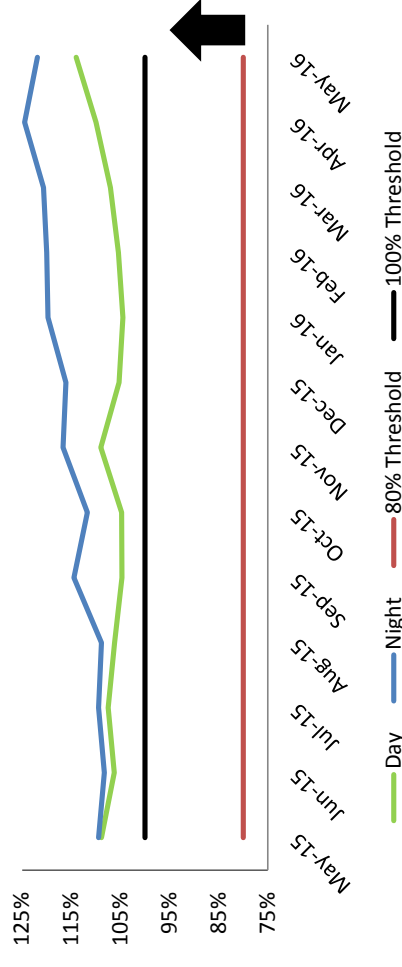
Care hours per patient day (CHPDD)

Following publication of the “Operational Productivity and performance in English NHS acute hospitals: Unwarranted Variations’ in February 2016, work has been on-going with a cohort of 32 Carter Trusts and other volunteer Trusts to develop the model hospital. The nursing workforce component of this programme has been to develop CHPDD. CHPDD is a simple calculation by dividing the number of actual nursing (both registered and unregistered) hours by the number of patients. It therefore represents the number of nursing hours that are available to each patient. For May 16, the trust reported 8.4 care hours per patient day.

Registered Nurses/ Midwives



Care Staff

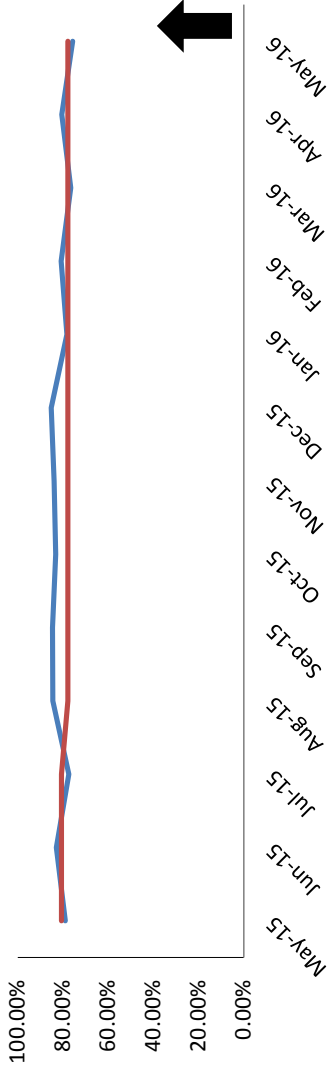


Caring – Friends and Family Test (C38, C42)

This report reflects national measurement methodology, which measures the proportion of patients that would recommend the Trust to friends and family. The latest Trust development authority thresholds have been included where available.

In May the number that would recommend A&E to friends and family decreased to 75.7%, whilst the proportion that would recommend inpatient services, decreased to 97.9%. Community services would be recommended by 94.9% and maternity 96.7%.

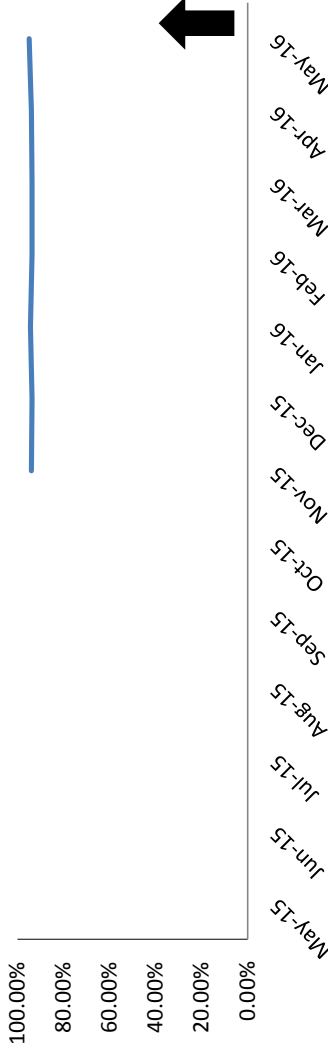
Friends & Family A&E



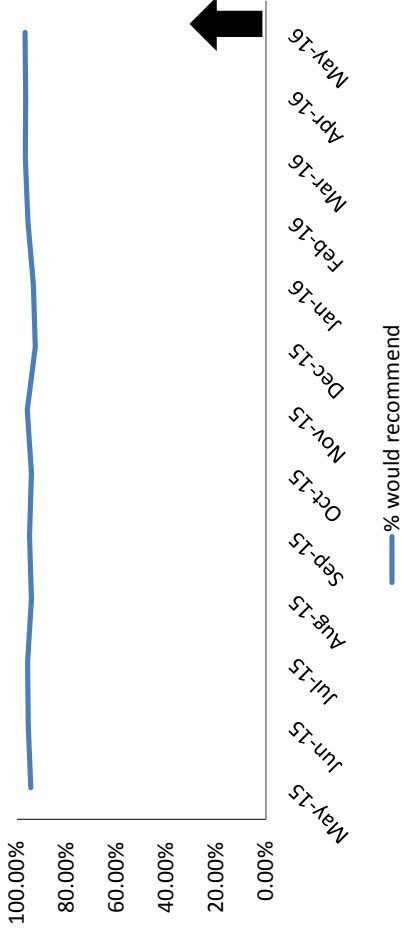
Friends & Family Inpatient



Friends & Family Community



Friends & Family Maternity



Caring – Complaints and Patient Experience

Complaints

The Trust received 30 new complaints during May which is slightly higher than last month.

Patient Experience Surveys

The table demonstrates divisional performance from the range of patient experience surveys for May 2016. The threshold is a positive score of 90% or above for each of the 4 competencies.

The Divisional performance from the range of patient experience surveys is above the threshold of 90% for all of the 4 competencies in May.

Performance by the Integrated Care Group – Acute against the dignity competency decreased slightly to 99% in May from 100% in April. Performance against quality, information and involvement remained the same during May as the previous month.

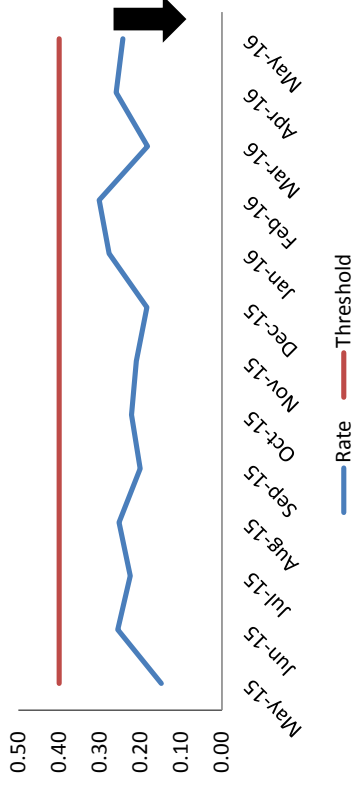
Performance by the Integrated Care Group – Community continues to be high with scores of 100% for the involvement competency in May. There was a slight decrease in performance against the dignity and quality competencies in May to 99% from 100% the previous month.

Surgery's overall performance increased to 98% in May from 96% the previous month, and performance increased slightly against all 4 competencies.

The Family Care Division's overall performance increased to 97% in May from 95% the previous month. There were slight increases in performance against the dignity and quality competencies in May from the previous month.

There were slight increases in performance by the Diagnostic and Clinical Care Directorate against the information and involvement competencies in May, whilst performance against dignity and quality decreased slightly from the previous month.

Complaints per 1000 contacts



May 2016 Totals	Overall		Dignity	Information	Involvement	Quality
	No.	%				
Trust	2548	97%	98%	97%	99%	98%
Integrated Care Group - Acute	586	98%	99%	98%	99%	97%
Integrated Care Group - Community	408	99%	99%	99%	100%	99%
Surgery	510	98%	99%	98%	99%	99%
Family care	512	97%	99%	95%	98%	97%
Diagnostic and Clinical	523	95%	95%	96%	98%	96%

Effective - Mortality

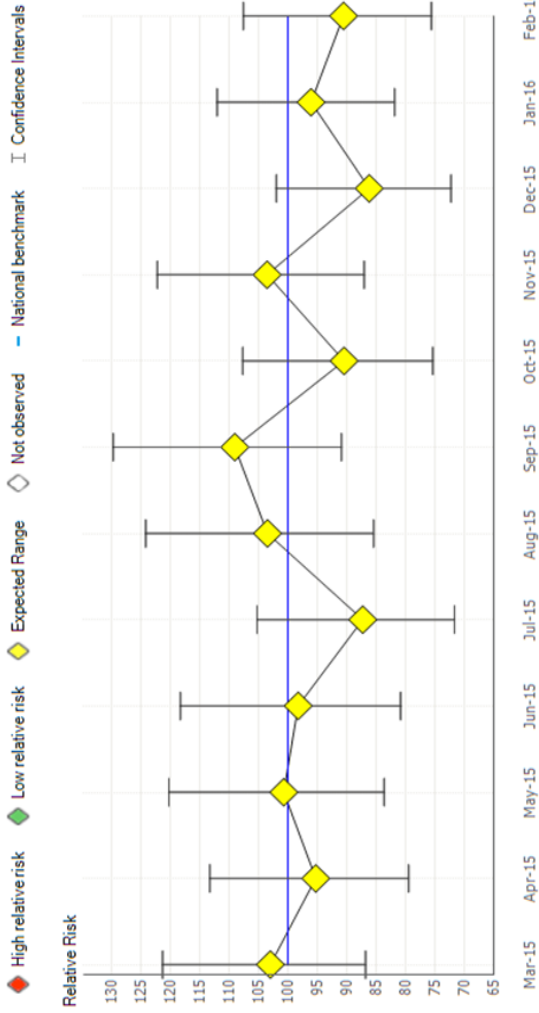
The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission is within expected levels, as published in March 2016 at 1.06

The TDA published HSMR is currently within expected levels at 103.03 (July 14 - June 15)

DFI Indicative HSMR - rolling 12 month - Green rating

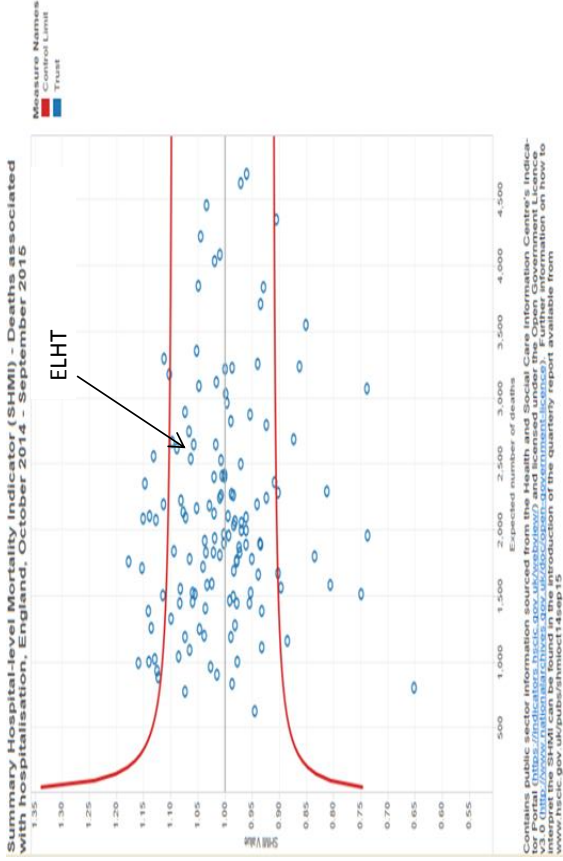
The latest indicative 12 month rolling HSMR (Mar 15 – Feb 16) has improved further and is reported 'as expected' at 96.58 against the monthly rebased risk model.

Dr. Foster Indicative HSMR monthly Trend



	TDA Reported HSMR July 14 – June 15	DFI Rebased on latest month Mar 15 – Feb 16 (Risk model Nov 15)
TOTAL	103.03	96.58 (CI 91.82 – 101.51)
Weekday		94.82 (CI 89.41 – 100.47)
Weekend	103.94	101.73 (CI 92.00 – 112.21)
Deaths in Low Risk Diagnosis Groups		75.59 (CI 46.77 – 115.55)

SHMI Published Funnel Plot



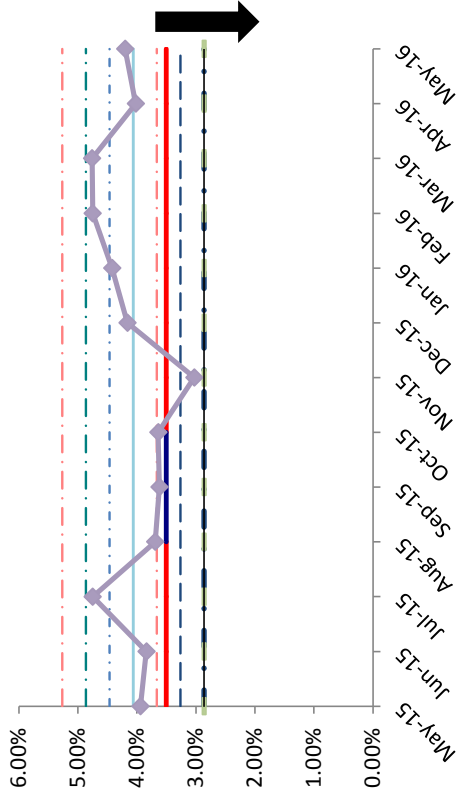
Effective/Responsive - Readmissions, Diagnostic Waits, Delayed Discharges

Delayed Discharges. The number of delays reported against the delayed transfers of care standard has remained above threshold at 4.20%.

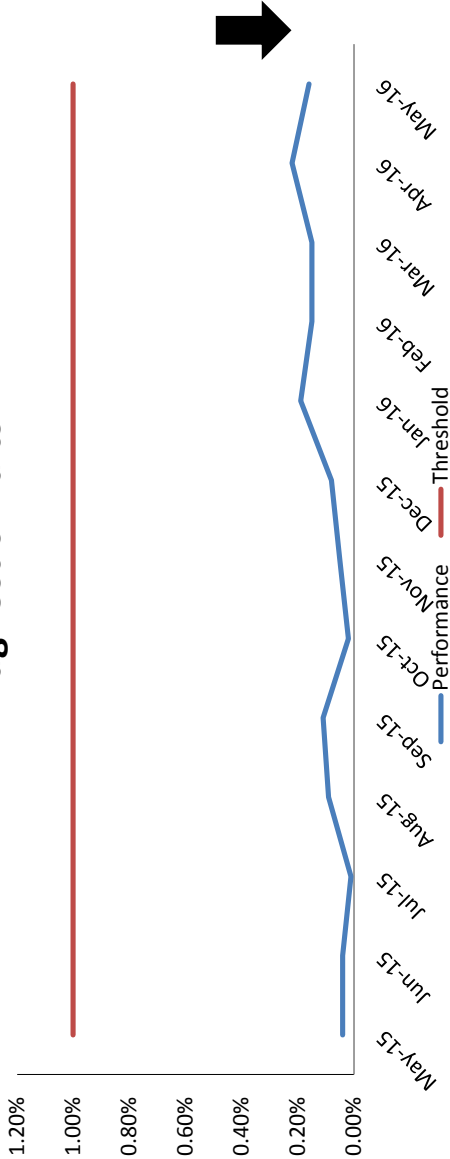
Emergency Readmissions (Reported 1 month behind). The emergency readmission rate is reported at 11.96% in April 2016 compared with 12.61% in April 2015.

Diagnostic Waits. This measures the proportion of patients exceeding the 6 week target for a diagnostic procedure. In April, 0.16% waited longer than 6 weeks.

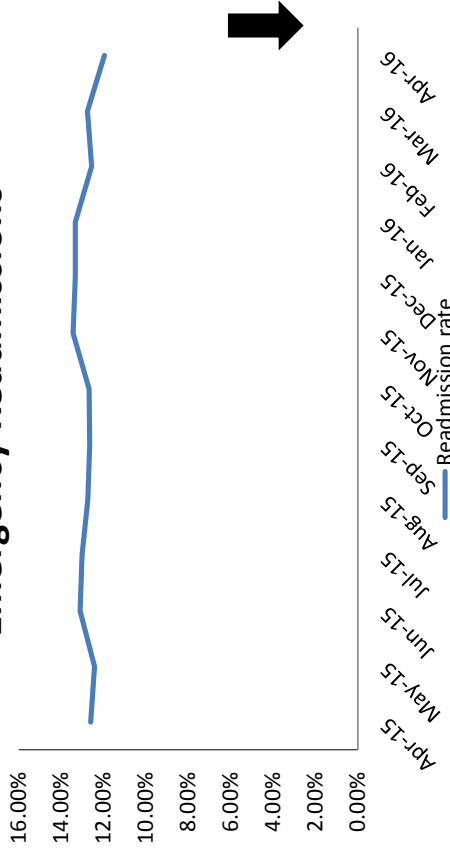
Delayed Discharges per 1000 bed days



Diagnostic Waits



Emergency Readmissions



Effective - CQUIN

Commissioning for Quality and Innovation (CQUIN)

2015/16

Payment for 2015/16 was made in full for Quarter 4 with the exception of the national sepsis and acute kidney injury schemes. Commissioners have agreed partial payment for both schemes based on underperformance against the nationally set targets for achievement in Quarter 4.

A response challenging this decision has been sent to Commissioners in relation to both schemes the outcome of which is awaited. National data clearly shows the majority of Trusts were failing against the national thresholds as at Quarter 3 2015/16.

2016/17

The following CQUIN schemes have been agreed for 2016/17 and will be monitored and reported quarterly.

National Schemes

1. Staff Health & Wellbeing
 - * Healthy food for NHS staff, visitors and patients – success judged by achieving a step-change in the health of the food offered on premises in 2016/17 and submitting to national data collection via UNIFY
 - * Improving the uptake of flu vaccinations – success judged by achieving in excess of 75%.
 - * Introduction of health and wellbeing initiatives for staff
2. Timely identification and treatment of sepsis
 - * ED – timely identification and treatment of sepsis (includes children) – including 3 day review
 - * Acute inpatient settings – timely identification and treatment of sepsis (includes children) – including 3 day review
3. Antimicrobial resistance and antimicrobial stewardship
 - * Reduction in antibiotic consumption per 1,000 admissions
 - * Empiric review of antibiotic prescriptions – success judged by the percentage of antibiotic prescriptions reviewed within 72 hours – achieve >90% by Q4.

Specialised Commissioning Schemes

1. Improving pathways for hepatitis C
2. Dose banding intravenous SACT
3. NICU – 2 year outcomes
4. Prevention of hypothermia in preterm babies

Public Health Scheme

1. Strengthening patient and public participation - DESP and breast screening

Local CCG Schemes

1. Saving Babies Lives Year 2
2. Frailty – a 2 part CQUIN
3. Local cancer scheme – improving communication for patients on a cancer pathway
4. Refer to Pharmacy

Responsive – A&E

Overall performance against the Accident and Emergency four hour standard was reported as 85.5%, below the 95% threshold. The Trust saw 16,503 attendances in May.

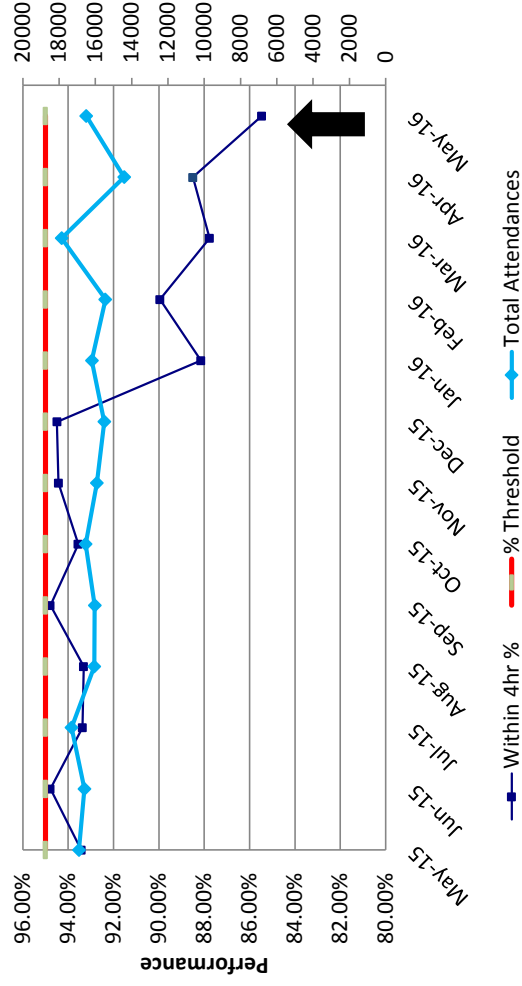
There has been three breaches of the 12 hour standard from decision to admit, in May. A root cause analysis is being completed for each breach.

The ambulance handover compliance indicator is reported at 93.0% in May, which is above the revised 90% threshold.

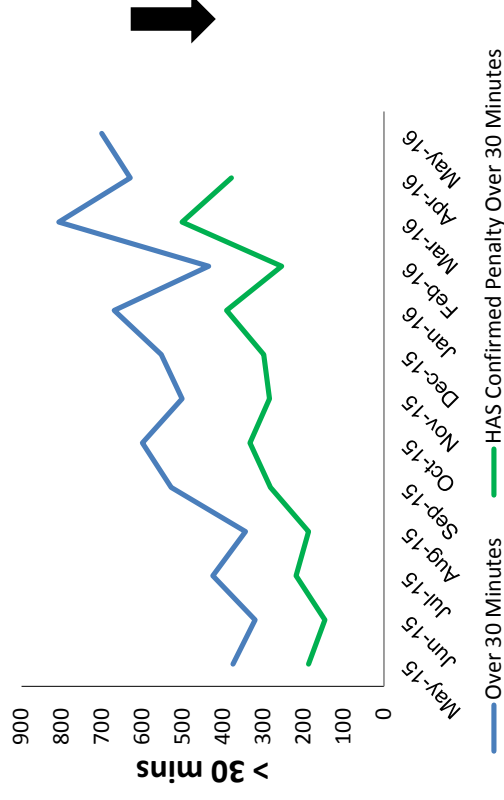
The number of handovers over 30 minutes has increased to 701 for May compared to 630 for April.

The validated NWAS penalty figures for May are not available at the time of this report and so data is as at April. There are 148 missing timestamps, 329 handover breaches (30-60 mins) and 50 handover breaches (>60 mins).

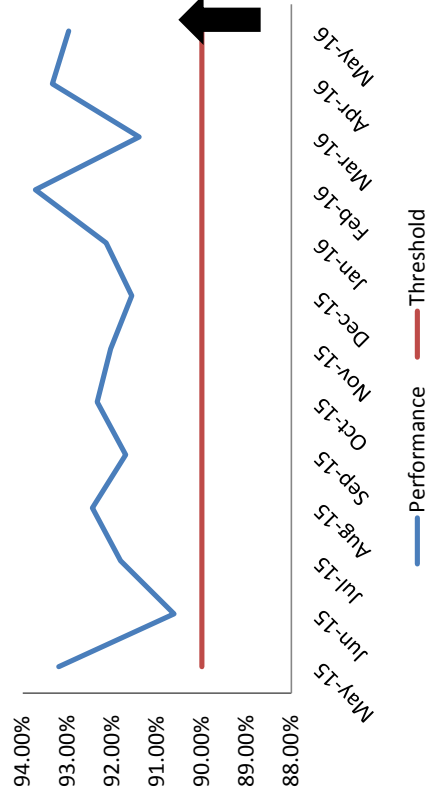
A&E 4 hour Target



Handovers



HAS Compliance

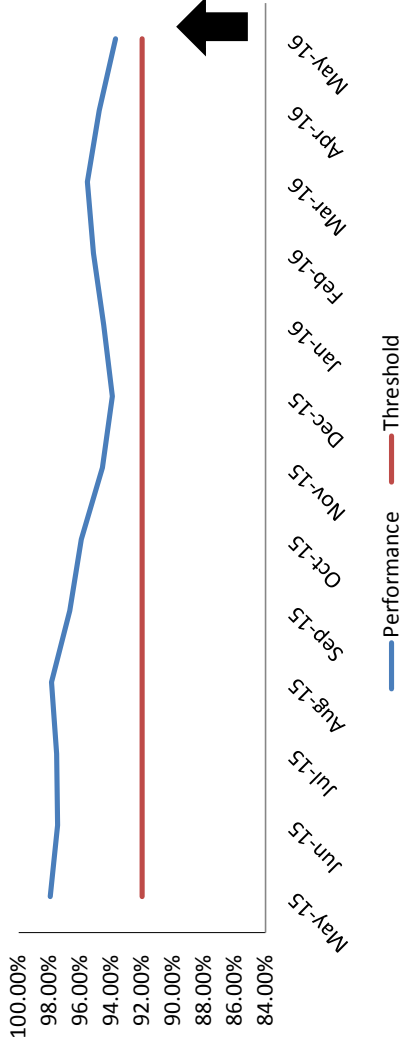


Responsive – Referral to Treatment (18 week target)

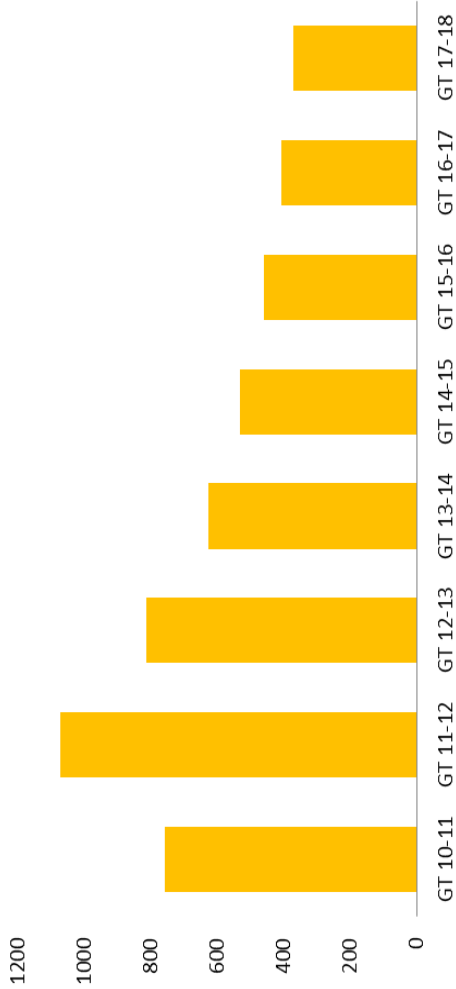
The 18 week referral to treatment % ongoing position is reported at 93.7% against the 92% threshold for May 2016.

There are two patients currently waiting over 52 weeks at the end of May. Both are due to patient choice. One is booked to come in this month (June 16) and one is booked for July.

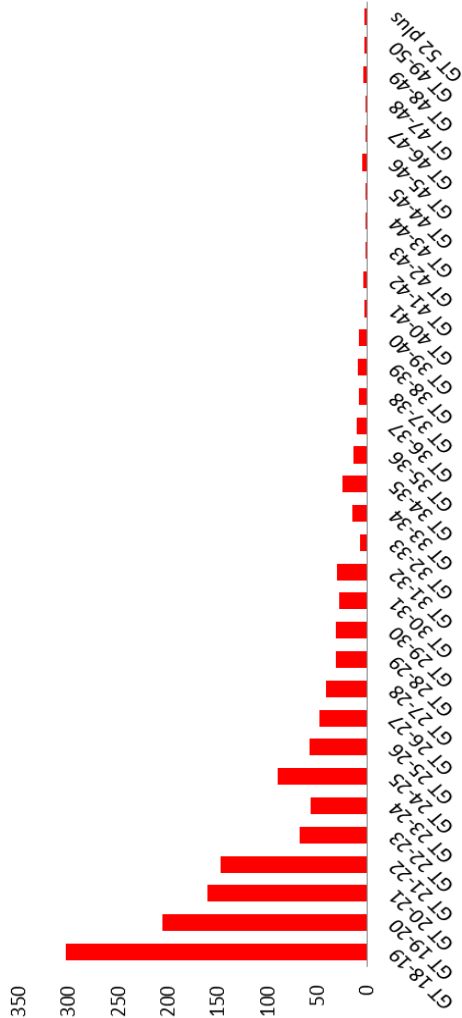
RTT ongoing



RTT Ongoing 10 - 18 weeks



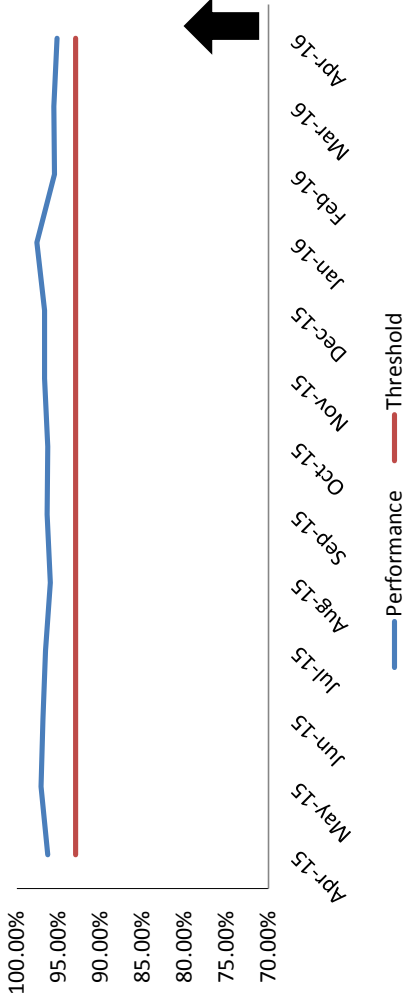
RTT Over 18 weeks



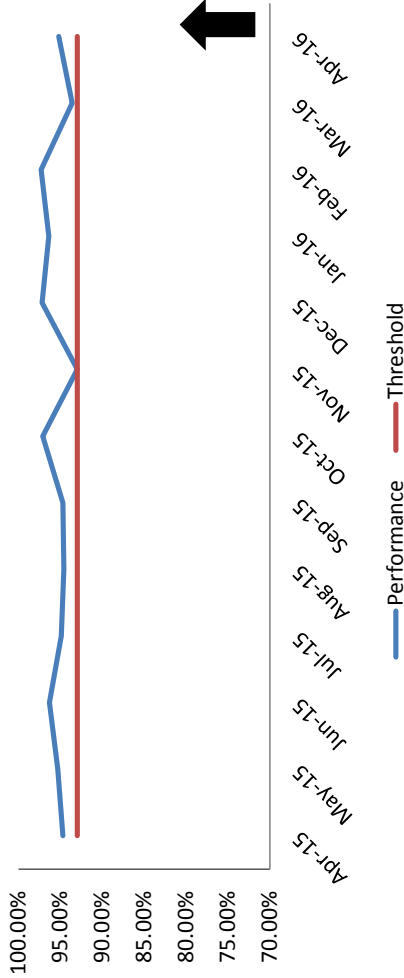
Responsive – Cancer Waits

All cancer targets have been met in April. At tumour site level, four groups did not meet the 62 day target in April; Colorectal, gynaecology, head & neck and upper GI. There were no patients in April treated after day 104.

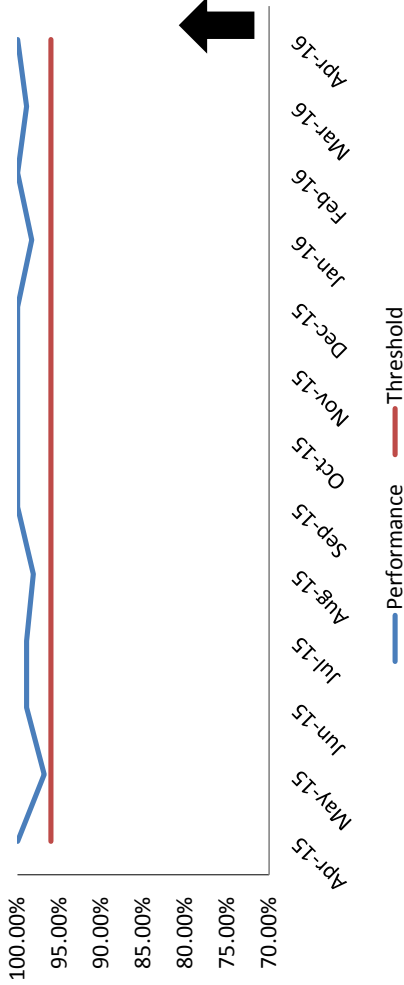
Cancer 2 Week



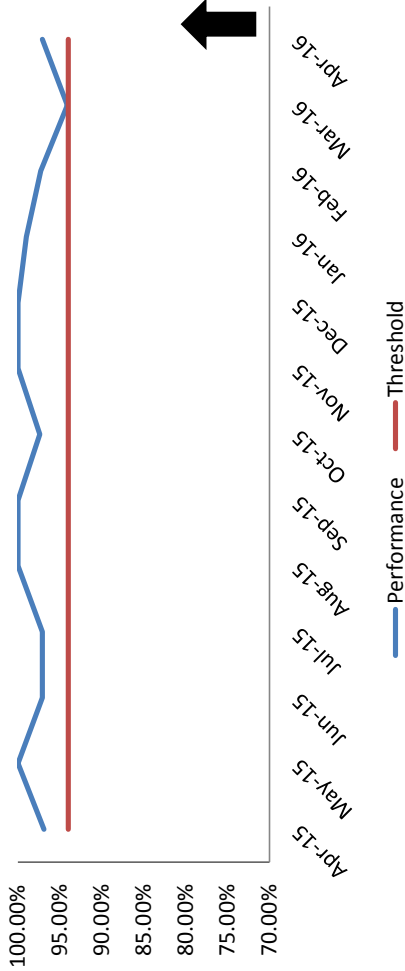
Cancer 2 Week Breast



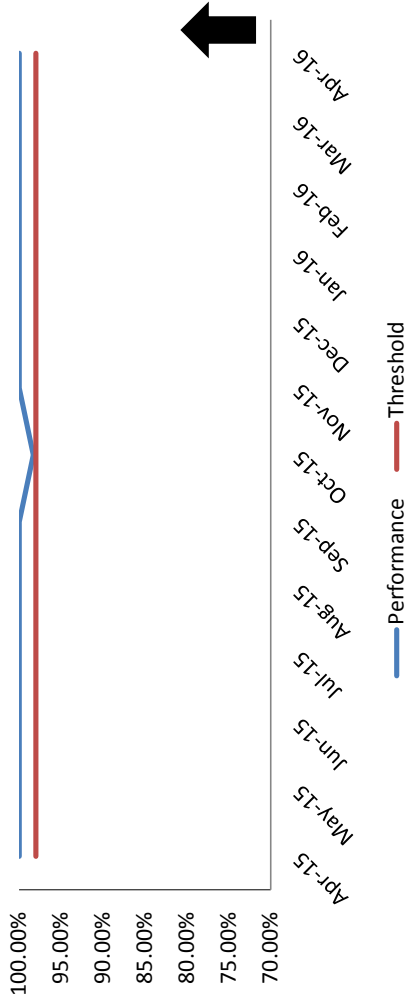
Cancer 31 Day



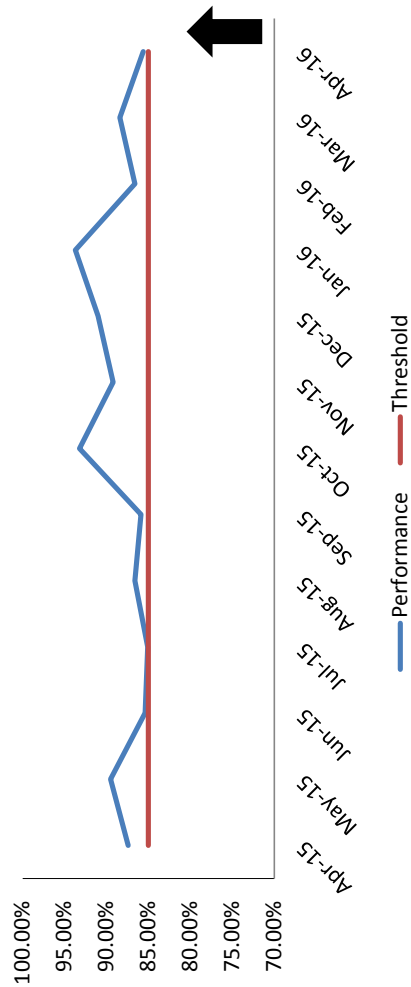
Cancer 31 Day Surgery



Cancer 31 Day Drug



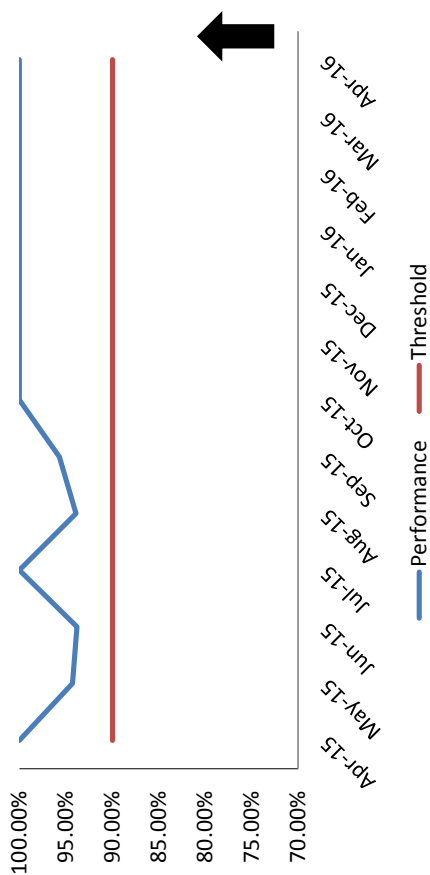
Cancer 62 Day



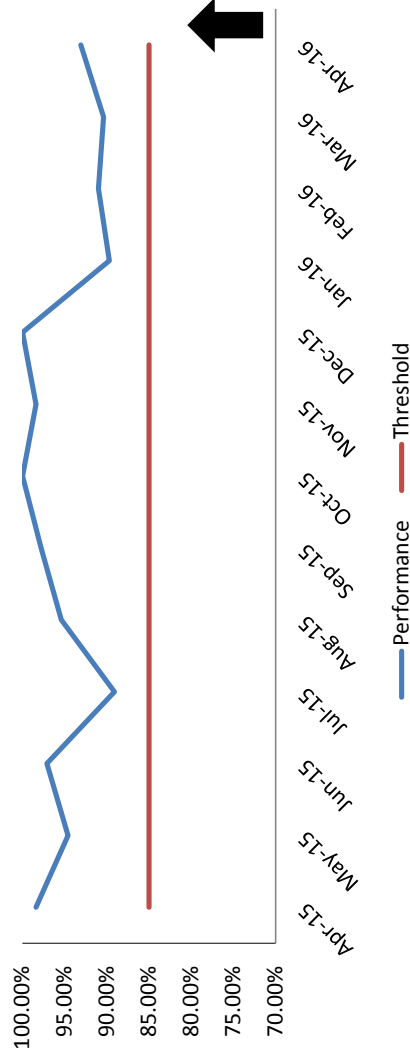
Cancer 62 Day by Tumour Site

Tumour Site	Apr-16
Breast	100.0%
Colorectal	52.4%
Gynaecology	72.7%
Haematology	100.0%
Head & Neck	64.3%
Lung	87.0%
Skin	94.1%
Upper GI	80.0%
Urology	96.2%

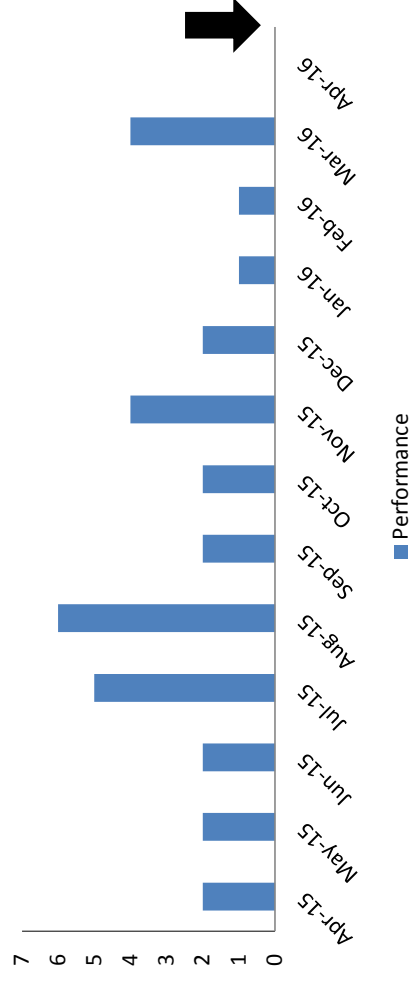
Cancer 62 Day Screening



Cancer 62 Day Consultant Upgrade



Cancer Patients Treated > Day 104

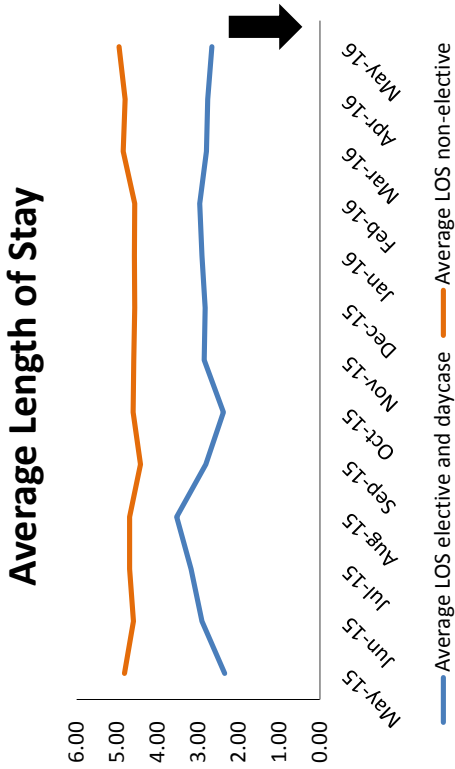


Responsive – Average Length of Stay

Trust non elective average length of stay has increased slightly on last month at 4.96 for May.

The elective length of stay has reduced on last month to 2.67.

Dr Foster benchmarking shows the Trust length of stay to be below the expected when compared to national casemix adjusted, for elective and non-elective, however significantly higher for patients transferred to us.



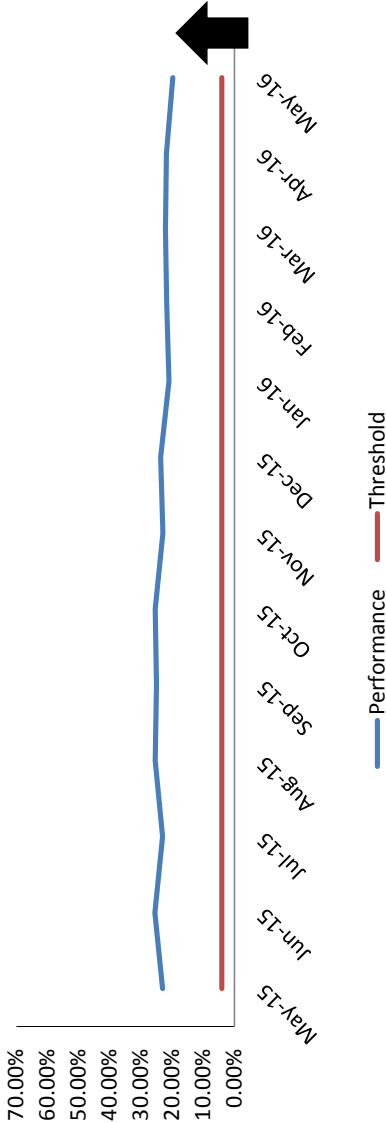
Average Length of Stay vs expected, Mar 15 - Feb 16, Dr Foster Information

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	57,248	9,986	47,262	3.3	2.9	-0.4
Emergency	55,178	55,178	0	4.8	4.7	-0.1
Maternity/Birth	14,415	14,415	0	2.1	2.6	0.5
Transfer	211	211	0	10.9	31.0	20.1

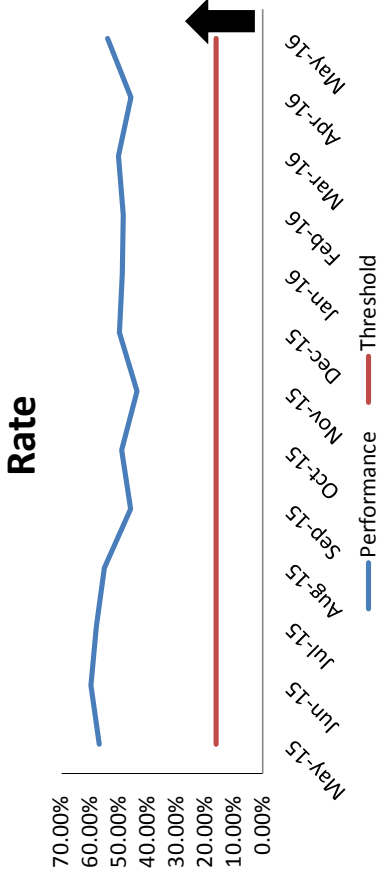
Well Led – Response Rates from Friends & Family Test

Friends and family response rates continue to be above threshold for inpatients and A&E.

Friends & Family - A&E Response Rate



Friends & Family - Inpatient Response Rate



Well Led – Workforce - Sickness

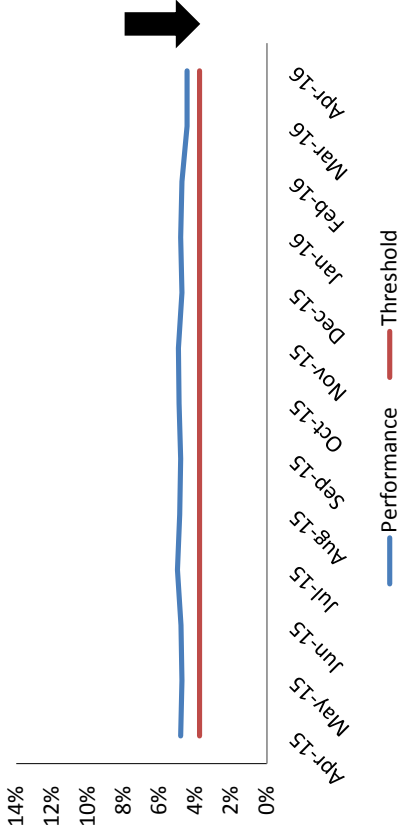
Sickness rate - Amber rating

The sickness absence rate increased slightly from 4.45% in Mar 2016 to 4.46% in Apr 2016. This is lower than in the previous year (4.80%). The final average for 2015/16 is 4.86%.

Rates are highest in Estates (currently 8.26%) and ICG (currently 5.21%). There are high levels of short term sickness (2.52%). Long Term sickness currently stands at 1.94%). Anxiety/stress and musculoskeletal problems continue to be the main reasons for sickness absence.

See Exception reports for actions being taken to reduce sickness absence .

Sickness Rate



Well Led – Workforce – Staff in Post, Recruitment

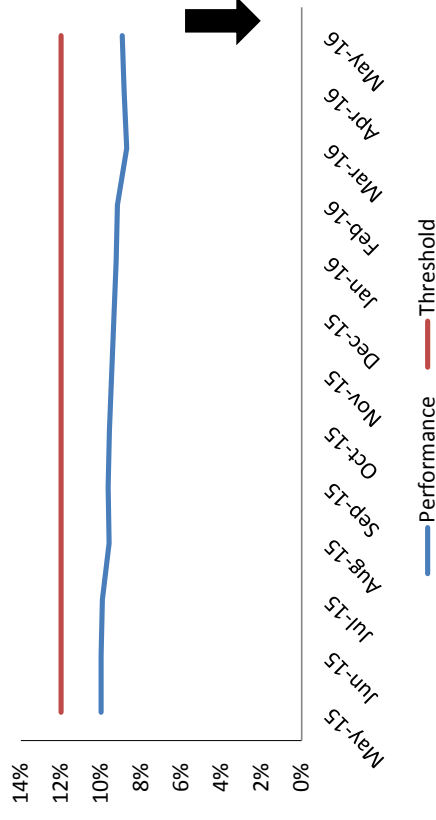
Turnover rate, Vacancy rate and temporary costs - Amber rating

Overall the Trust is now employing 6856 FTE staff in total. This is a net increase of 10 FTE from the previous month. The number of nurses in post at May 2016 stood at 2230 FTE which is a net increase of 2 FTE since last month and a net increase of 176 FTE since 1st April 2013. There are a further 200 nurses in the recruitment pipeline. The vacancy rate for nurses now stands at 8.8% (215 FTE)

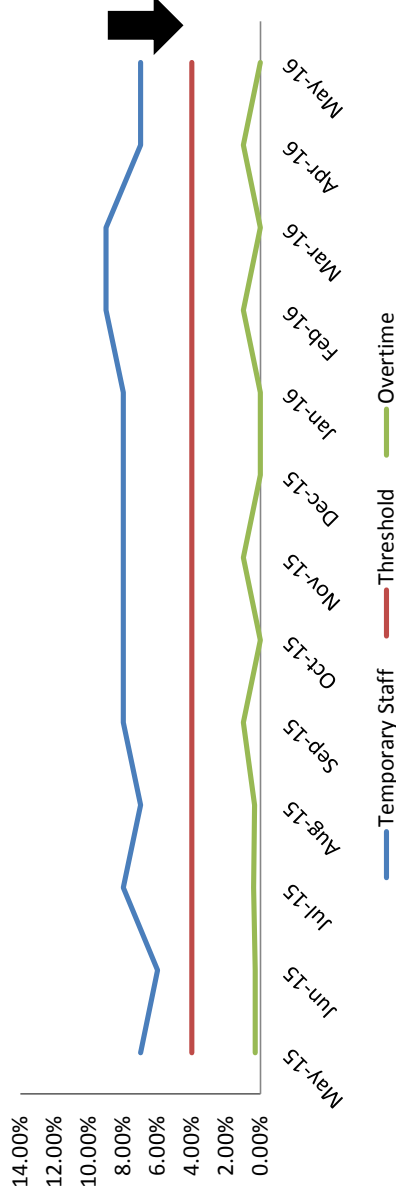
In 2015/16 East Lancashire Hospitals NHS Trust spent £24.6m on temporary staffing. This represented 8% of the overall pay bill. (9% 2014/15; 8% 2013/4; 5.5% 2012/13). For the year ending 2015/16 the Trust has spent £24,607,589 (£16,469,869 agency; £8,137,720 bank).

In May the Trust spent £1,832,574 on bank and agency. This is worse than in April 2015 (£1,733,965)

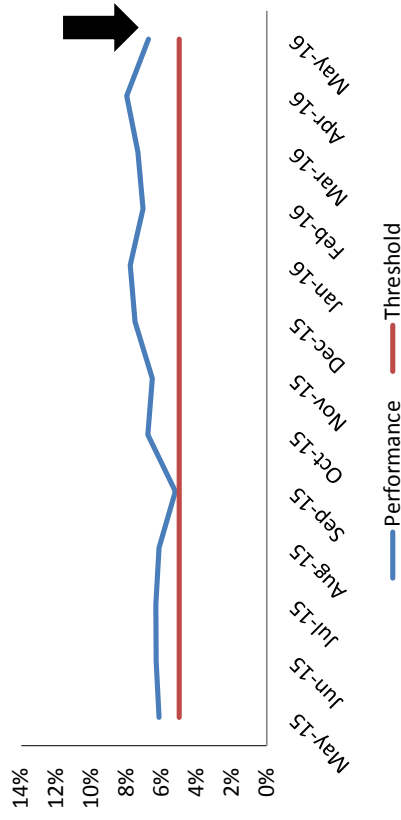
Turnover Rate



Temporary costs and overtime as % total payroll



Vacancy Rate

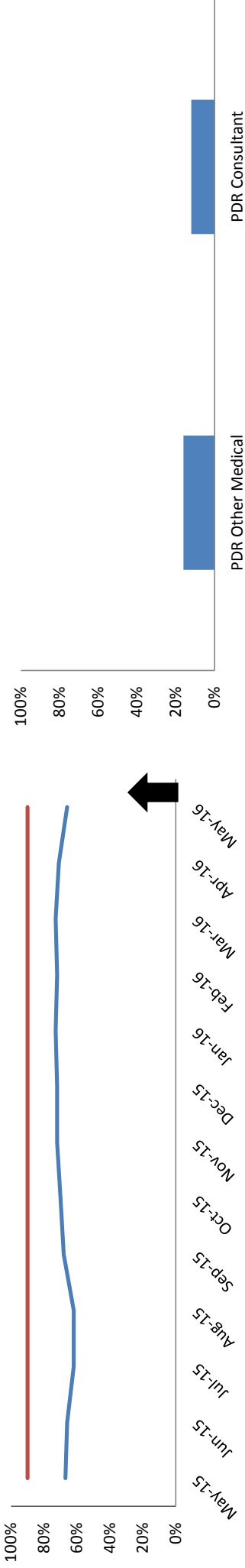


Well Led – Workforce – Appraisals & Job Plans

The 2015/16 year end job plan completion rate was 80%. The 2016/17 job planning round was re-launched in May, with a window of June to August to undertake the reviews. The current completion figure for 2016/17 at the end of May was 5%, including reviews that have taken place since January 2016.

There has been a new system implemented (MyL2P) to capture the appraisal rates for consultants and career grade doctors. This completion rates reported from this system are cumulative year to date, April - May 2016. The AFC appraisal rates continue to be reported as a rolling 12 month figure.

Appraisals, Consultant & Other Medical (Apr - May 16)

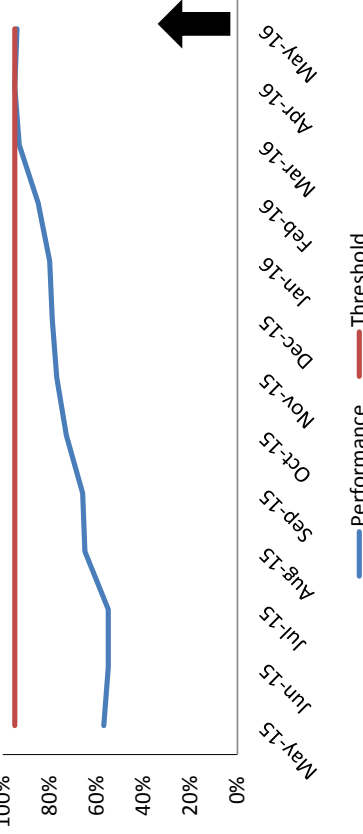


Job Plans

	2015	2016 (YTD)
Trust Total	80%	5%
Integrated Care Group	66%	0%
Surgery	75%	12%
Family Care	100%	0%
Diagnostics & Clinical Support	84%	0%

Well Led – Workforce – Core Skills Training

From April 2016, the core mandatory training has been replaced by a core skills framework consisting of eleven mandatory training subjects. Training is via a new suite of e-learning modules and knowledge assessments on the learning hub.



% Compliance

Core Skills Training Compliance - Excluding New Starters													
Month ending 31st May 2016													
	Basic Life Support	Conflict Resolution Training Level 1	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare Level 1	Infection Prevention	Information Governance	Prevent Healthwrrap	Safeguarding Adults	Safeguarding Children	Safer Handling Theory	PDR	
Target	90%	90%	90%	90%	90%			90%		80%	90%	90%	
Chief Executive	-	59	57	59				63		78	65	68	
Diagnostics & Clinical Support	70	87	86	82		This is a new topic and staff have been allowed a 6 month grace period to access the training and become compliant	Provided separately by Suzanne Entwistle	77	This is a new topic and staff have been allowed a 6 month grace period to access the training and become compliant	91	88	76	
Estates & Facilities	-	74	60	51				47			85	77	83
Family Care	62	83	87	65				62			85	79	72
Finance & Informatics	-	91	90	84				89		94	87	82	
Governance	0	91	98	80				93		96	93	74	
HR & OD	58	88	85	83				73		84	86	58	
Integrated Care Group	65	81	78	68				65		90	84	55	
Research & Development	40	94	91	97				79		88	79	88	
Surgical & Anaesthetics Services	58	78	75	67				51		88	81	54	
Total	64	82	79	70				64		88	83	66	

East Lancashire Hospitals NHS Trust: Financial Overview as at 31st May 2016

Statement of Comprehensive Income											
Break-even duty											
Plan		Actual		Variance		Annual		In Month		Cumulative	
£m		£m		£m		Budget		Budget		Budget	
(0.3)		(0.3)		0.0		(298.2)		(24.4)		(49.5)	
(0.6)		(0.6)		0.0		(161.9)		(15.4)		(26.2)	
0.0		0.0		0.0		437.4		38.6		73.6	
						26.4		2.1		4.1	
						3.7		0.8		1.8	
						0.3		0.0		0.0	
						0.0		0.0		0.0	
						(9.7)		(0.8)		(1.6)	
						(5.7)		0.0		0.3	
						(5.6)		(0.4)		(0.9)	
						(11.3)		(0.3)		(0.6)	
						0.1		0.0		0.0	
						(3.7)		(0.3)		(0.6)	
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