

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective



TRUST BOARD PART 1 MEETING
1 MARCH 2017, 15:00, SEMINAR ROOM 6, ROYAL BLACKBURN HOSPITAL
AGENDA

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

OPENING MATTERS				
TB/2017/029	Chairman's Welcome	Chairman	v	15.00
TB/2017/030	Open Forum To consider questions from the public	Chairman	v	15.01
TB/2017/031	Apologies To note apologies	Chairman	v	15.15
TB/2017/032	Declarations of Interest To note any new declarations of interest from Directors.	Company Secretary	v	15.20
TB/2017/033	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 25 May 2016	Chairman	d✓	15.22
TB/2017/034	Matters Arising To discuss any matters arising from the minutes that are not on this agenda	Chairman	v	15.25
TB/2017/035	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	15.27
ACCOUNTABILITY AND PERFORMANCE				
TB/2017/036	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"> • Introduction (Chief Executive) • Performance (Director of Operations) • Quality (Medical Director) • HR (Director of HR and OD) • Safer Staffing (Director of Nursing) • Finance (Acting Director of Finance) 	Executive Directors	d✓	15.30
STRATEGY				
TB/2017/037	Local and Regional Update <ul style="list-style-type: none"> a) Local Delivery Plan Update b) Lancashire and South Cumbria Provider Group Update 	Chief Executive	v v	15.45
CLOSING MATTERS				
TB/2017/038	Any Other Business To discuss any urgent items of business.	Chairman	v	16.10
TB/2017/039	Open Forum To consider questions from the public.	Chairman	v	16.15
TB/2017/040	Date and Time of Next Meeting Wednesday 29 March 2017, 14.00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.	Chairman	v	16.20

TRUST BOARD REPORT

Item **33**

1 March 2017

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 January 2017 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

EAST LANCASHIRE HOSPITALS NHS TRUST

TRUST BOARD MEETING, 25 JANUARY 2017

MINUTES

PRESENT

Professor E Fairhurst	Chairman
Mr K McGee	Chief Executive
Mr S Barnes	Non-Executive Director
Mrs M Brown	Acting Director of Finance
Mr M Hodgson	Director of Service Development
Miss N Malik	Non-Executive Director
Mrs C Pearson	Director of Nursing
Dr D Riley	Medical Director
Mr P Rowe	Non-Executive Director
Mrs E Sedgley	Non-Executive Director
Mr D Wharfe	Non-Executive Director

IN ATTENDANCE

Miss S Ahmed	Member of Staff	Observer/Audience
Mr J Bannister	Director of Operations	
Mrs A Bosnjak-Szekeres	Associate Director of Corporate Governance/ Company Secretary	
Ms H Cannon	Corporate Governance Compliance Officer	Observer/Audience
Mr K Griffiths	Director of Sustainability	
Ms M Hitchin	Patient	For Item TB/2017/010
Mrs C Hughes	Director of Communications and Engagement	
Miss K Ingham	Company Secretarial Assistant	
Mr K Moynes	Director of HR and OD	
Mrs S Ridehalgh	Patient Experience Officer	For Item TB/2017/010
Mrs L Slater	Midwife	For Item TB/2017/010
Mr R Smyth	Associate Non-Executive Director	
Mr B Todd	Member of the Public	Observer/Audience
Mr M Wedgeworth	Chairman, Healthwatch Lancashire	Observer/Audience

APOLOGIES

Mr R Slater Non-Executive Director
Professor M Thomas Associate Non-Executive Director

TB/2017/001 CHAIRMAN'S WELCOME

Professor Fairhurst welcomed Directors and members of the public to the meeting, particularly Mr Bannister, the newly appointed Director of Operations. Professor Fairhurst took the opportunity to thank the staff who have worked tirelessly in recent weeks to maintain high quality and safe services for the patients of East Lancashire during the recent levels of high demand. Whilst there have been times in the recent weeks where patients have had to wait in the emergency department, our patients were well tended to and were not left without care whilst they awaited their treatment.

TB/2017/002 OPEN FORUM

Mr Todd asked what effect the pressures have had on elective surgery in the recent weeks. Mr Bannister confirmed that for the month of December a significant amount of surgery was moved to the Burnley site and a number of operations cancelled in the month due to the high demand.

Mr Wedgeworth asked what impact the current crisis in social care was having on the Trust and whether there was anything else that the NHS could do to ease the pressures. Mr McGee confirmed that both Blackburn with Darwen and Lancashire County Council have experienced high demand for their services and the Trust is working closely with the councils to manage the pressures faced by them. There is also flexibility between the two authorities and assistance is being offered between the two organisations. There is already a block arrangement with the nursing homes to ease the flow of patients.

Mr McGee concluded that despite all the collaborative efforts there was a limit to the amount of help that can be given due to pressures in the system.

Professor Fairhurst reported that the Trust had received a request for a question to be included in the Open Forum, due to the member of public not being able to attend to ask the question in person. The Chairman allowed the request and the Company Secretary read out the question. Mrs Robbins wanted to ask the Trust Board whether it was aware of the disposals on the Calderstone sites and whether the Trust could buy some of the buildings in order to ease the 'bed blocking' that our Trust and all the Trusts in the country are experiencing.

Mr McGee confirmed that the Trust was aware of the disposal of the Calderstone site; however the Trust did not have the funds available or plans to use the site at Calderstones,

as it was not suitable for the purposes of the Trust.

TB/2017/003 APOLOGIES

Apologies were received as recorded above.

TB/2017/004 DECLARATIONS OF INTEREST

Directors noted that the following amendments to the Directors' Register of Interests:

Professor Fairhurst informed the Company Secretary about a change in her interest and Mr Griffiths made a nil declaration. The Register has been updated accordingly.

There were no declarations in relation to agenda items.

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

TB/2017/005 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 30 November 2016 were approved as a true and accurate record.

TB/2017/006 MATTERS ARISING

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

TB/2017/007 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.

TB/2016/231: Open Forum – Mr Todd indicated that only the links were sent for the Sustainability and Transformation Plan (STP), not the actual documents and he enquired if they could be sent to him. The documents will be sent to Mr Todd after the meeting.

RESOLVED: The position of the action matrix was noted.

TB/2017/008 CHAIRMAN'S REPORT

Professor Fairhurst congratulated Mr Barnes and Mr Slater on their re-appointments as Non-Executive Directors. She confirmed that the Care Quality Commission published their report on the Trust following their inspection and the Trust received an overall rating of 'good'. She thanked Mrs Pearson and her team for their ongoing work in relation to this matter. A quality summit will be held on 7 February to receive feedback from the report.

Professor Fairhurst attended the Volunteers Christmas Party and served those in attendance. She also confirmed that the volunteers within the hospital have been magnificent in recent weeks, particularly during the recent pressures.

Professor Fairhurst informed the Board that she had attended two conferences, one in relation to the ongoing pressures in the NHS and confirmed that the Trust was in a much better position than a number of other Trusts.

Directors noted that the Trust have undertaken a series of Board development sessions and Professor Fairhurst confirmed that the Board had undertaken a number of these sessions at the local colleges in order to demonstrate the Trust's corporate social responsibility.

Professor Fairhurst reported that she had recently undertaken a visit to the Emergency Department and shared with the members that upon arrival it was fairly quiet in the department and within minutes there was a surge in arrivals by ambulance. She confirmed that the staff working in the department had worked efficiently and had shown great empathy for the patients and treated them with dignity.

RESOLVED: Directors received the report and noted its contents.
Professor Fairhurst thanked Mrs Pearson and her team on behalf of the Board for their significant efforts in relation to the CQC inspection/report.

TB/2017/009 CHIEF EXECUTIVE'S REPORT

Mr McGee referred the Directors to the previously circulated report and highlighted a number of items for information, including the development and formal launch of the Lancashire and South Cumbria Sustainability and Transformation Plan (STP). The Trust is also actively involved in the work around the Pennine Lancashire Local Delivery Plan. There is a significant amount of clinical input in the development of the plan. Senior leaders from the Trust (Dr Riley and Mr Hodgson) are leading work in the designated work streams.

Mr McGee also updated the Board about the joint work with UCLAN in relation to Advanced Nurse Practitioners.

Mr McGee thanked all in the organisation for their hard work in achieving the revised CQC rating of "good". The Trust objective has moved to achieving an "outstanding" rating. Mr McGee confirmed that, following the decision by the November Board to give delegated authority to the Chairman and the Chief Executive to approve the final plan, the Operational Plan was submitted to the Regulator at the end of December 2016. The Trust has received a positive feedback from NHS Improvement on the submitted Operational Plan.

Mr McGee referred the Board to his diary engagements and confirmed that during November, December and January he participated in a number of teleconference calls with

the System Stakeholders and that he now chairs the Emergency Delivery Board.

RESOLVED: Directors received the report and noted its contents.

TB/2017/010 PATIENT STORY

Mrs Pearson introduced Ms Hitchin, Mrs Slater from the midwifery service and Mrs Ridehalgh from the Patient Experience Team. Mrs Ridehalgh read Ms Hitchin's story to the Board on her behalf. Ms Hitchin's story related to her experience handling very difficult personal circumstances and described the support she received during that time. Ms Hitchin's letter concluded with the following words:

"If my doctor had not referred me to those services I would probably be in the same situation that I had been in for the last 10 years. But it was so good that he was able to refer me to Inspire because my life has changed forever." Ms Hitchin was very complimentary about the services that she received and thanked Mrs Slater for her support.

Mrs Slater commended the work Ms Hitchin had done and everything she has achieved on her journey of recovery and development.

The Chairman and the Board thanked Michelle for sharing her experience with the Board.

RESOLVED: Directors thanked Ms Hitchin for sharing her story and her experience of the services provided by the Trust.

TB/2017/011 CORPORATE RISK REGISTER

Dr Riley presented the Register to the Directors and provided an overview of the risks. He drew the Directors' attention to the risk relating to the stroke services and informed the Board that not all aspects of delivering the service are under the control of the Trust.

The Board noted that the risk relating to the staff residence refurbishment will be de-escalated by the end of March.

Professor Fairhurst commented that the presentation of the report has improved and it provided clarity and additional sources of assurance in relation to the review of the risks.

RESOLVED: Directors received the report and noted its contents.

TB/2017/012 BOARD ASSURANCE FRAMEWORK (BAF)

Dr Riley presented the report to Directors and proposed that the overall rating of BAF risk 6 – *The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of a failure to fulfil regulatory requirements*- be reduced to 15 from 20, due to increased assurance in various areas. Mr McGee commented that the Trust has been moved from the NHS Improvement Single Oversight Framework segmentation section 3 to section 2 which is a positive development, together with the award of the "good" rating by the

CQC. In addition, the Trust has signed the two year contracts with its local commissioners and submitted its Operational Plan to the regulator.

Dr Riley thanked Mrs Bosnjak-Szekeres for her work on the review of the register. The Board agreed to reduce the risk rating for risk 6.

RESOLVED: Directors received and approved the proposed changes to the Board Assurance Framework.

TB/2017/013 SERIOUS INCIDENTS REQUIRING INVESTIGATION REPORT

Dr Riley presented the report and provided an overview to the Board. He highlighted the Duty of Candour (DOC) section of the report, particularly the element regarding indications of delays of the DOC being carried out.

All of the risks and incidents relating to fluid balance have been through the SIRI panel and the standard operating procedure revised. The revised fluid chart is included in the hourly intentional rounding pack. The Board was informed that bay handovers are now undertaken and each patient is discussed in detail during the handover.

Mr Rowe confirmed that fluid balance was discussed at length at the Quality Committee in January together with the medical staff training in this area. Mr Rowe stated that the Quality Committee was assured that the Trust is doing all the right things to ensure that fluid balance is managed well. Mr Rowe also added that in relation to the bay handover there is a greater involvement of patients and how that is a good thing, as it can only be to the benefit of the patient and their care.

RESOLVED: Directors received the report and noted its contents.

TB/2017/014 WORKFORCE RACE, EQUALITY STANDARD (WRES) PROGRESS UPDATE REPORT

Mr Moynes presented the report to first report to the Board in October and this was the update report on the progress made to date, that highlighted the importance of ensuring fair treatment of all staff. The Big Conversation took place on 10 December and it was well attended. WRES group meets for the first meeting in February and there is work concentrating on the increase in fair treatment champions. The Board also discussed the WRES at its last development session. Ms Malik updated the Board that she went to the Big Conversation event and it was well attended and a positive session. The Board noted the progress made in implementing the action plan. The Board will receive a progress update in May 2017.

**RESOLVED: Directors received the update provided.
The Board will receive a progress update in May 2017.**

Mr McGee introduced the report and reported that each Executive Director would be present their respective section of the report and provide the relevant assurance to the Board.

Overall performance is good; the financial position is robust and good, despite the pressures that the NHS is under. Referral to Treatment (RTT) and cancer targets are met, as are the patient experience indicators.

Mr McGee informed the Board about the issues in Infection Prevention and Control which will be presented during Dr Riley's presentation.

Performance

Mr Bannister introduced the performance section and highlighted the relevant points to the Board.

The Trust breached the RTT 52 week target in December due to a complex patient case that is included in the report for information. In January RTT is at 91.1%, we expect that to increase and meet the 92% target. We are confident in achieving the RTT target for the quarter. All 7 cancer standards have been achieved. There are concerns relating to the achievement of the target in January, but we are confident that if we fail the target in January, we will be able to recover our position and achieve the target for the last quarter.

Non-elective length of stay is 4.2 days. Ambulance handover figures were 3771 attendances, of which 1190 were in excess of 30 minutes with only 176 in excess of 1 hour. Work is ongoing on improving performance against the 4 hour standard and there were no 12 hour breaches in the reporting period.

Mr Barnes raised a point in relation to the proportion of delayed transfers of care and confirmed that the Finance and Performance Committee had received a presentation at its last meeting that stated that placing pharmacists on wards was having a positive impact.

Mr Bannister responded that ward based pharmacists are making a positive impact with the easy discharges (groups of patients that can go home easily and have no on-going care needs requiring a package to be put in place). Complex discharges are more difficult.

Mrs Sedgley asked whether there was anything that can be done to deal with ambulance surges. Mr Bannister confirmed that the Trust is working with the North West Ambulance Service to understand the drivers behind the excessive volumes arriving at once, also considering the factors relating to matters such as GP visit schedule and end of surgeries.

Quality

Dr Riley presented the part of the report under his remit and highlighted several issues. The first issue related to the case of MRSA that occurred in December. This was the first case in

eleven months, where a contaminant was put into a bottle accidentally due to an incorrect aseptic technique. Dr Riley informed the Board that the Trust was likely to go over the Clostridium Difficile trajectory for the year as there were now twenty-seven cases. There were two cases in the November and two in December. Enhanced surveillance on the concerned wards has been implemented. All the cases were sporadic and none were related. The Infection Prevention Control (IPC) Nurses observed some good processes and practice on the wards. A whole range of actions are in place. Dr Riley informed the Board that there is an overall rise in cases nationally and they are possibly linked to the use of antibiotics.

The mortality indicators are encouraging and the results are showing the lowest ever rates of mortality for the Trust. The indicators are not likely to fall lower below the current rate, given the levels of deprivation in the area and other contributing factors. Professor Fairhurst noted that the reductions in mortality and the number of complaints are important quality indicators and the improvements made need to be acknowledged.

Mr Rowe raised the question in relation to antibiotic use and asked whether antibiotic stewardship is done in the community. Dr Riley explained that there is an incentive scheme to reduce the overall levels of the antibiotics being used and all C-diff patients carry a card informing the care provider about.

Professor Fairhurst added that she noticed that coming in through the Grane restaurant entrance there is a hand gel dispenser, but it appears not to be used that much and asked if its positioning is appropriate. It was agreed to feed back the observation to the IPC team and to consider using something similar to the hologram that we have at the main entrance.

Human Resources

Mr Moynes presented the section on Human Resources. The sickness rate was 5.1% in November and it is likely to increase slightly for December. The sickness rate was 4.9% last year. Mr Moynes expressed that he expected that it will reduce after the winter period.

The turnover is 6.7% and it is the lowest in the North West region. The nursing vacancies are still high at over 250, which is 10% of the workforce. There are 108 nurses in the pipeline by April. There are 19 nurses from the Philippines in post and they are doing well, with another 35 still going through their English language course. It is expected that five that have passed the English language exam will come over soon and proceed to do their skills test. The recruitment trip to India was successful. It is expected that the first doctors will start their employment with the Trust by June.

Despite measures introduced to increase appraisal numbers (developing guidelines on the learning hub) the appraisals rate is 59%. Mr Moynes confirmed that there is more work to do

in this area to improve on the target. Professor Fairhurst noted that it would be helpful if the Board could have an update on the progress with the appraisals. The majority of indicators for the core skills and mandatory training are green. The staff survey return rate was very good at 48%. The flu vaccination is at 82.8%. The STAR awards have received a large number of nominations and there are being judged in the coming weeks. The mediation service is progressing at pace and Mr Cockerill, Mediation Co-Ordinator is making inroads with the new service.

Mr Smyth noted that staff sickness levels have increased in last seven months, notwithstanding the number of actions undertaken. He added that at the December meeting of the Audit Committee the Directors learned that 1/3 of the workforce have had no sickness absence. This distorts the sickness graph presented in the report. Mr Smyth asked how the Trust could address this issue.

Mr Moynes responded that he is satisfied with the actions taken to date and that he is confident that sickness levels will start to come down in February. Mr Moynes also spoke about issues that may contribute to sickness levels, such as relationships with staff and managers and said that the new mediation service and counselling for staff would help in those instances.

Mrs Sedgley commended the low staff turnover, but asked about the retention rates of newly qualified nurses. Mr Moynes said that he is not sure what they are, but they can be provided. Mrs Pearson added that we have an excellent preceptorship programme in the Trust and staff are supported throughout the programme. Mr Moynes confirmed that the Trust is also looking at employing nurses that have retired.

Safer Staffing

Mrs Pearson introduced the section on safer staffing. There were five areas below the 80% fill rates and the matter is compounded by the pressures that the Trust faced. Mrs Pearson clarified that acuity and bed occupancy are not part of safer staffing data. The Board was assured that there was no harm to patients as a consequence of the issues with the fill rates and that all incidents are monitored and reported monthly. The detailed safer staffing information will be sent to the Board separately.

Mrs Pearson updated the Board about the Nurse Associate Programme and the plans for Apprentice Nurses. Mrs Sedgley queried whether the Trust is working to promote the nurse apprentice scheme through the schools. Mrs Pearson responded that the Trust has established an Education Board and informed the Board that the work with the schools resulted in over 150 candidates applying for 17 nursing roles with the Trust. The Trust will undertake further work with the schools in this matter.

Professor Fairhurst queried, given the number of applicants, whether the Trust thought about how we can maintain contact with them. Mrs Pearson responded in the affirmative and informed the Board about the work in relation to the Band 2 and 3 support workers and the adoption of the 'escalator approach' where candidates can come from the school and move through the bands from 1 to 5 and become registered nurses.

Finance

Mrs Brown provided the financial update and informed the Board that the Trust is on target to meet the required financial outturn position. The Trust has appealed the reduction of £1.2m in the Sustainability and Transformation Funding (STF), but, as yet, have not received formal notification of the outcome. It is likely that the appeal will be unsuccessful, but this has been factored in and we are set to increase the savings schemes under the Safely Releasing Costs Programme (SRCP) to off-set this potential loss. Mrs Brown informed the Board that the Trust is more efficient in relation to national reference costs in comparison with other organisations.

Mr McGee thanked Mrs Brown and her team for the work that they carried out, as the recent weeks have been operationally very difficult and to manage the finances well through that period was good.

Professor Fairhurst has asked whether the Board feels that the written materials and the discussion that were held provided assurances about the Trust's progress in meeting standards as needed. Board members confirmed that they have received those assurances.

RESOLVED: the Board received assurance about the Trust's progress about meeting the required standards. The Board noted the work undertaken to address areas of underperformance.

It was agreed to feed back Professor Fairhurst's observation about the positioning of the hand gel dispenser at the Grane restaurant entrance to the IPC team and to consider using something similar to the hologram that we have at the main entrance.

Mr Moynes will submit a progress report in relation to appraisal rates.

Mr Moynes to find out the retention rates for newly qualified nurses and report back to the Board.

The detailed safer staffing information will be sent to the Board separately.

TB/2017/016 STANDING ORDERS

Mrs Bosnjak-Szekeres thanked the members of the Finance and Performance Committee and Audit Committee for their input in the revision of the Standing Orders and the Standing Financial Instructions. The summary of the report described the proposed changes to the document. The Audit Committee recommended that the Board ratifies the revised Standing Orders. The Directors approved the Standing Orders.

RESOLVED: Directors approved the proposed change to the standing orders.

TB/2017/017 STANDING FINANCIAL INSTRUCTIONS

Mrs Bosnjak-Szekeres expressed her thanks to the Finance Team for their input into the revision. The Audit Committee recommended that the Board ratifies the revised Standing Financial Instructions. The Directors approved the Standing Financial Instructions.

RESOLVED: Directors approved the revised standing financial instructions for use within the Trust.

TB/2017/018 FINANCE AND PERFORMANCE COMMITTEE UPDATE REPORT

Mr Wharfe presented the report to the Directors and highlighted the discussions that had taken place, and noted that it was pleasing to see the improvement in the financial position from the November figures. The Divisional financial performance was discussed by the Committee and it was agreed that Divisions will be invited to attend the next meeting to present their financial recovery plans.

RESOLVED: Directors received and noted the report provided.

TB/2017/019 TRUST CHARITABLE FUNDS COMMITTEE UPDATE REPORT

Mr Wharfe presented the report, highlighting the annual accounts and the fundraising strategy. The Board meeting as the Corporate Trustee will be asked to approve the charity's annual accounts before submission to the Charity Commission.

RESOLVED: Directors received and noted the report provided.

TB/2017/020 TRUST CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE

Mrs Bosnjak-Szekeres presented the terms of reference to the Board for approval and ratification. The Board approved the revised document.

RESOLVED: Directors approved the revised terms of reference for the Trust Charitable Funds Committee.

TB/2017/021 QUALITY COMMITTEE UPDATE REPORT

Mr Rowe presented the report and highlighted the discussions undertaken at the meeting regarding the End Of Life care report. There is more that the Trust should do, but there is also the work across the local healthcare economy that needs to happen in order to improve the service. The Workforce Transformation Strategy was presented to the Committee and it will receive the strategy in full at the next meeting in March 2017.

TB/2017/022 AUDIT COMMITTEE UPDATE REPORT

Mrs Sedgley presented the report and highlighted the discussions that had taken place at the meeting in relation to the internal audit reports received, particularly the reports that received limited assurance. The Committee were presented with the action plans in order to address the recommendations from those audits.

RESOLVED: Directors received the report and noted its contents.

TB/2017/023 REMUNERATION COMMITTEE UPDATE REPORT

Professor Fairhurst drew the Directors' attention to the report for information.

TB/2017/024 TRUST BOARD PART TWO UPDATE REPORT

The report was presented to the Board for information.

TB/2017/025 ANY OTHER BUSINESS

Professor Fairhurst thanked Mrs Sedgley for serving on the Trust Board for eight years as a Non-Executive Director and highlighted the fact that during her time with the Trust she had been through a significant amount of work and highs and lows in the Trust's performance. Professor Fairhurst praised Mrs Sedgley's organisational memory and contribution to the wider changes in the Trust. The Board thanked Mrs Sedgley and wished her well for the future.

TB/2017/026 OPEN FORUM

Mr Todd apologised for the way that some of the emergency department staff are treated, particularly by those people who are under the influence of alcohol. Mr Todd also put in a plea for the better use of the audio equipment, as members of the public could not hear the Board proceedings.

Mr Wedgeworth praised the amazing care by the ambulance crews on call on his recent day with them in his official capacity as Chairman of Healthwatch Lancashire and asked if

something could be done to release the crews sooner to attend to other callers. Mr Bannister responded that the Trust is working closely with North West Ambulance Service (NWAS) on this matter, so that where there are several crews waiting, one crew manages multiple patients in order to enable the rest of the crews to get back on the road.

TB/2017/027 BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst asked the Directors whether there had been appropriate discussion on the agenda items. Mr Rowe confirmed that he felt that the Board discussed the important items well. The Board considered the issues in depth, assured itself and the public that the Trust staff are working hard to ensure safe and effective services. Members agreed that there were good balanced discussions at the meeting.

Mr McGee asked the members whether they found the new style of presenting the Integrated Performance Report useful and updated the Board that the Executive Team previewed the report before publication. This will become a regular part of preparing the report for the Board. Mr Barnes responded that the breaking up of the report into sections allowed for a better discussion on the items and that the format of the report was much better than in the previous months.

Ms Malik pointed out that the report template is not consistently completed on all reports. No information on legal, financial and equality matters is provided. She requested that greater consideration be given to these by the report authors.

TB/2017/028 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday 1 March 2017, 15:00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.

TRUST BOARD REPORT

Item

35

1 March 2017

Purpose Information

Title

Action Matrix

Author

Miss K Ingham, Company Secretarial Assistant

Executive sponsor

Professor E Fairhurst, Chairman

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

Related to key risks identified on assurance framework

Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives
Recruitment and workforce planning fail to deliver the Trust objectives
Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways
Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable services by the Trust
The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating.
The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal

No

Financial

No

Equality

No

Confidentiality

No

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
TB/2016/291b: Workforce and Organisational Development	A progress update on Workforce, Race and Equality Standard report action plan will be presented to the January and May 2017 Trust Board meetings.	Director of HR and OD	May 2017	Agenda Items May 2017
TB/2016/231: Open Forum	Mrs Hughes agreed to provide the whole of the Sustainability and Transformation Plan (STP), including annexes to Mr Todd.	Director of Communications and Engagement	March 2017	Oral Report
TB/2017/015: Integrated Performance Report	<p>It was agreed to feed back Professor Fairhurst's observation about the positioning of the hand gel dispenser at the Grane restaurant entrance to the IPC team and to consider using something similar to the hologram that we have at the main entrance.</p> <p>Mr Moynes will submit a progress report in relation to appraisal rates.</p> <p>Mr Moynes to find out the retention rates for newly qualified nurses and report back to the Board.</p> <p>The detailed safer staffing information will be sent to the Board separately.</p>	<p>Medical Director</p> <p>Director of HR and OD</p> <p>Director of HR and OD</p> <p>Director of Nursing</p>	<p>1 March 2017</p> <p>29 March 2017</p> <p>1 March 2017</p> <p>1 March 2017</p>	<p>Oral Report</p> <p>Agenda Item March 2017 (29th)</p> <p>Oral Report</p> <p>Completed, email sent 26.01.2017</p>

TRUST BOARD REPORT

1 March 2017

Item **36**

Purpose Information
Assurance

Title	Integrated Performance Report
Author	Mr M Johnson, Associate Director of Performance and Informatics
Executive sponsor	Mr J Bannister, Director of Operations

Summary: This paper presents the corporate performance data at January 2017

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>
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> <p>Corporate functions fail to support delivery of the Trust's objectives</p>

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	Yes

Previously considered by: NA

Board of Directors, Update

Corporate Report

Executive Summary

SAFE

One MRSA infection was reported in December, putting the Trust above the zero threshold. This is the first MRSA infection since December 2015. Additionally, three clostridium difficile post 3 day infections were reported, bringing the trust total to 30 for the year above the annual trajectory of 28.

Nursing and midwifery ward staffing in December 2016 although still challenging, had only seven areas falling below an 80% average fill rate for registered nurses on day shifts.

CARING

Friends and Family recommendation rates remain high and the complaints rate is within target.

EFFECTIVE

The latest Summary Hospital Mortality Indicator (SHMI) has reduced to 1.04 as published in December 2017. There is one CQUIN indicator at risk for quarter 3 - Part B of the Neonatal Hypothermia indicator (number of babies less than 34 weeks gestation admitted from the delivery suite whose first temperature taken within an hour is $\geq 36^{\circ}$), which was reported below the 95% threshold at 92.6%.

RESPONSIVE

Significant operational pressures continued in January due to level of demand for beds. The Trust saw a rise in the number of medically fit patients with delayed discharges, which has increased to 5.8% from 5.1% last month. The increase in length of stay has impacted flow through the hospital, causing long delays in the emergency department for patients waiting for beds, resulting in 17 '12 hour trolley waits' (patients waiting longer than 12 hours for a bed from decision to admit).

The emergency department saw further increases in the ambulance handover time, with the number of ambulance handovers over 30 minutes rising to 1402. The four hour standard was reported at 75.3%

Referral to treatment 18 week ongoing pathways continue to achieve at 92.0%, although there is continued pressure in some specialties placing the overall performance at risk. High numbers of cancellations due to bed pressures have resulted in longer waits for elective surgery and there were three patients still waiting for treatment over 52 weeks at the end of January. Additionally, there were 3 breaches of the 28 day standard for operations cancelled on the day.

All cancer targets were achieved in December

WELL LED

The trust sickness absence rate remains above the threshold at 5.2% and the vacancy rate has also remained above the threshold at 6.5%

The Trust is reporting a deficit of £3.0m for the period ending 31st January 17, in line with expectations at this stage.

99% of SRCP green schemes have been achieved to date, of which 72% (£10.1m) are recurrent

Introduction

This report presents the data relating to the period April 16 – January 2017 and follows the NHS Improvement Single Oversight Framework. The narrative provides details on specific indicators under the five areas; Safe, Caring, Effective, Responsive, Well Led. A summary of performance is included in a scorecard at Appendix A and detailed data behind the narrative is graphed in appendix B and is referenced within the text.

SAFE

Infection Control (Graph 1-3)

Current Position

There was one MRSA infection detected in December post 2 days of admission on the Children's Medical Unit. The year to date total attributed is one, which is above the threshold of zero.

There were three Clostridium difficile toxin positive isolates identified in the laboratory in January which were post 3 days of admission. The year to date cumulative figure is 30 against the trust target of 28.

ELHT ranked 31st out of 154 trusts in 2015-16 with 9.4 clostridium infections per 100,000 bed days. The best performing trust had 0 and the worst performer had 66 infections per 100,000 bed days.

Risks

The MRSA target has now breached the zero threshold. There are currently 2 MRSA bacteremia pre 2 day awaiting attribution.

The cumulative total Clostridium difficile identified is now at 30 which is above the annual trajectory of 28. This puts the year end position at risk. The total number of Clostridium difficile toxin positive results is rising as a health economy with the pre 3 days also rising.

Forecast Position

Year end threshold has been breached.

Actions

- Post Infection Review (PIR) of all cases undertaken and discussed across health economy
- Themes/trends from PIR fed back to Divisional Meetings and IC Liaison Group
- IR1s generated on all failures to meet infection prevention policy
- Divisional responsibility highlighted
- Mattress audit being completed monthly on wards and reported through Division
- Annual mattress audit completed.
- Actichlor Plus daily cleaning being carried out on high risk areas.
- Monthly hand hygiene audits being undertaken by ICNs

- “Prompt to Protect” is being disseminated to wards, via a rolling programme
- HCAI ward dashboard being published
- Antimicrobial audit being undertaken quarterly and results fed back to Divisions for action
- Surveillance undertaken by ICNs and ribotyping requested on all potential linked cases
- All wards with 2 cases within 28 days supported and closely monitored by ICNs
- MDT ward round undertaken weekly for review of all symptomatic CDI patients
- Poster put in all toilet areas to highlight for patients to let staff know about any diarrhoea
- New stool chart and SOP devised to monitor all patients bowel habits to be included in new fluid monitoring chart
- Stool pot label trial implemented to prompt staff to isolate patients immediately and review bowels in case of constipation.

Harm free Care (Graph 4)

Current Position

The Trust remains consistent with the percentage of patients with harm free care at 99.1% for January 2017 using the National safety thermometer tool.

For January 2017 we are reporting the current position as 6 grade 2 hospital acquired, three grade 2 community acquired and 1 grade 3 hospital acquired pressure ulcers. One confirmed and nine pending investigation.

Risks

No risks identified

Forecast Position

Above target for harm free care

Actions

The Trust has a quality improvement approach and an established pressure ulcer steering group meeting monthly, to review performance and progress the initiatives to reduce pressure ulcers. This work is monitored through the patient safety and risk assurance committee.

Never events

Current Position

There were no never events reported to Steis in January. One reported year to date.

Risks

No risks identified

Forecast Position

No further never events anticipated.

Actions

No action required.

Serious Incidents (Graph 6)

Current Position

The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in the month of January was eight incidents. These incidents were categorised as seven pressure ulcers and one maternity/ obstetric incident.

Risks

At the time of reporting any immediate risks to patient safety have been managed – the Investigations are on-going and any further risk to patient safety and the Trust will be managed and escalated appropriately.

Forecast Position

Current trajectory demonstrates approximately six incidents per month.

Actions

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.

Central Alerting System (CAS) Alerts – non compliance

Current Position

Full compliance reported as all alerts were dealt with within the required timescale.

Risks

None

Forecast Position

100% Compliance

Actions

None required

Safe staffing (Graph 7-8)

Current Position

Nursing and midwifery staffing in January 2017 remained challenging. 7 areas fell below an 80% average fill rate for registered nurses on day shifts.

The causative factors remain as in previous months, particularly compounded by escalation areas being open. Of the 7 areas below the 80% average fill rate, 4 of those wards fell below the 80% due to coordinator unavailability, which is in addition to the agreed safe staffing levels, leaving 3 areas of concern.

- C14 Ward
- Reedyford
- Hartley

A professional judgment review, triangulating bank and agency usage and the safer care acuity tool is complete and is due to be presented to March Trust board. As part of this process Hartley Ward, Marsden Ward and Reedyford Ward, may potentially change their model of staffing. In respect of C14 this is the first time the ward has fallen below 80% since August 2016. This is due to short term sickness and vacancies of 4.8 WTE registered nurses.

It should be noted that actual and planned staffing does not denote acuity and dependency or bed occupancy. The divisions consistently risk assess and flex staffing resources to ensure safety is maintained. Of the staffing DATIX incidents reported the divisions have given assurance that no harm has been identified as a consequence of staffing.

There were 2 red flag incidents reported, one related to unable to reliably carry out intentional rounding, the nurse stated that due to pressures in the bay that day she was unable to complete timely intentional rounding for some patients in the bay i.e. on the hour every hour as per policy, and although hourly rounding's were delayed at points during the shift, no patient waited for longer than 2 hours between intentional rounding. The second red flag relates to unplanned omission in providing patient medication, on further interrogation this was not related to nurse staffing.

The safer care acuity tool is being utilised much more effectively to support the movement of staff, however it is acknowledged that this remains an iterative process as confidence and ability to use the system embeds.

Actions taken:

- Extra allocations on arrival shifts continue to be booked. Registered and non-registered.

- Safe staffing conference at 10 am followed up with meetings throughout the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours.
- Extra health care assistant shifts are utilised to support registered nurse gaps

Family Care January 2017

Maternity

There are currently approx. 8wte on midwives on maternity leave and processes are in place to backfill to these now that the funded establishment for midwives have been filled. These gaps are being filled by the midwives on the bank.

The midwife/birth ratios calculated using the Birth Rate Plus Tool from the 1st August 2016 to the 31st January 2017 is 1:29.1

Month	Aug 16	Sept 16	Oct 16	Nov 16	Dec16	Jan 17
Staffed to full Establishment	1:30.3	1:30.4	1:30.25	1:30.6	1:30.1	1:29.23
Excluding mat leave and vacancies	1:31.5	1:31.9	1:30.60	1:31.2	1:31	1:30.86
With gaps filled through ELHT Midwife nstaff bank	1:29.7	1:28.4		1:29.4	1:29.2 Usage 13.31WTE weekly	1:29.44 Bank Usage 10.10WTE

The staffing figures do not reflect how many women were in labour or acuity of areas.

Eight incidents were reported within Maternity Services as a "Red Flag" incident in January, 2 were excluded as they did not relate to inpatient areas.

Fifteen Incidents were reported under the staffing issues and of these 7 of them were in relation to midwifery staffing. There was no harm caused as a result of these incidents

Maternity Services monitor activity and acuity on a daily basis through the morning huddle on Central Birth Suite which all team leaders / ward managers, matrons attend. Activity and acuity is discussed and services flexed accordingly and staff continue to work flexibly through the obstetric service to maintain safe, personal and effective care and are kept fully informed by their respective line managers on the current issues that the service is experiencing in relation to staffing and the actions being taken to ensure that the services have the correct staffing ratios.

The Matrons and Head of Midwifery / Divisional Director of Nursing liaise closely with the teams in respect of staffing.

NICU

NICU still have approximately 9.2WTE vacancies and recruitment is in progress. They have also seen an increase in long term sickness. Gaps have been filled by utilising management shifts, transitional care shifts from the postnatal ward, bank and agency going off cap where necessary. Activity has been low for the month of January so this has balanced with the vacancies and sickness.

Nurse staffing levels for the acuity are monitored on a daily basis and where necessary the unit closed to external admissions to maintain safety.

Please see Appendix C for UNIFY data and nurse sensitive indicator report

CARING

Friends & Family (Graph 9-12)

Current Position

These metrics reflect 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 January the number that would recommend A&E to friends and family was slightly down from last month at 76.0%. The proportion that would recommend inpatient services remains high at 98.1%. Community services would be recommended by 91.9% and maternity 97.4%

Risks

The response rate for inpatients in January was 53.2% and the A&E response rate was 21.3% for January, however there are no national targets for this.

Forecast Position

On target

Actions

Volunteer support is now available for inputting responses and matrons are alerted to areas with low response rates.

Complaints (Graph 13)

Current Position

The Trust received 34 new formal complaints in January compared to 30 in December and 48 in November.

The number of complaints closed in January was 39.

ELHT is targeted to achieve a threshold of at or less than 0.4 formal complaints per 1,000 patient contacts – made up of inpatient, outpatient and community contacts. The Trust on average has approximately 115,000 patient contacts per calendar month and reports its performance against this benchmark. For January the number of complaints received is shown as 0.29 Per 1,000 patient contacts.

An external audit on has been completed which gave significant assurance on the Trust's complaint process. All recommendations made in the final report have now been completed.

Risks

No risks identified

Forecast Position

On track

Actions

There is a continued presence of Customer Relations Staff across both sites, in addition to contact by phone, email, letter or face to face being made by the Customer Relations Team to resolve concerns quickly and prevent escalation, where possible.

All complaints are triaged by the Customer Relations Team and, wherever possible, early contact is made. Any issues which can be resolved immediately are identified and dealt with. Any outstanding issues following this are highlighted for investigation and response if necessary. However, a number of complaints have been withdrawn in these circumstances, as once the complainant has the opportunity to discuss issues and immediate concerns are satisfactorily resolved, it is often felt by the complainant to be unnecessary to continue with the formal complaint process.

Weekly complaint monitoring meetings are in progress to review complaint management progress.

Patient Experience Surveys (Graph 14)

Current Position

The table demonstrates divisional performance from the range of patient experience surveys for January 2017. 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 January.

Overall performance by the Integrated Care Group – Acute remains at 97% in December and January. Performance against the Dignity, Information and Involvement competencies remain at 99%, performance against the Quality competency increased from 96% in December to 97% in January.

Overall performance by the Integrated Care Group – Community increased to 100% in December and remains at 100% in January. The performance against Dignity, Involvement and Quality in December remains at 100%, with performance against Information increasing from 99% in December to 100% in January, achieving 100% across all competencies in January.

The overall performance within Surgery remains at 97% in December and January. Performance against the Dignity competency increased from 98% in December to 99% in January, Information increased from 95% to 97%, Involvement increased from 98% in December to 99% in January and Quality increased from 97% to 98%.

The Family Care Division's overall performance increased to 98% in December, however this decreased to 97% in January. Performance against Dignity and Involvement competencies remain at 99% for December and January, Information decreased from 99% in December to 97% in January and Quality decreased from 98% to 97% in January.

Overall performance for the Diagnostic and Clinical Care Directorate increased from 95% in December to 96% in January. Performance against the Dignity and Involvement competencies remain at 96% and 98% retrospectively, Information competency decreased from 96% in December to 95% in January and the Quality competency increased from 95% in December to 96% in January.

Risks

No risks identified

Forecast Position

On track

Actions

Ongoing monitoring of these measures. No specific actions required to improve performance.

EFFECTIVE

Mortality (Graph 15-16)

Current Position

The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission is within expected levels and has improved again to 1.04, as published in December 2016

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

DFI Indicative HSMR - rolling 12 month

The latest indicative 12 month rolling HSMR (November 15 – October 16) is reported 'as expected' at 98.3 against the monthly rebased risk model.

Risks

The Trust has now received a formal letter from the Care Quality Commission (CQC) regarding the diagnostic group 'Peripheral and visceral atherosclerosis' following the CUSUM alert in June 2016. This group has been investigated through the mortality steering group and a response to the CQC will be provided.

Forecast Position

The SHMI and HSMR trajectories are showing regular improvement and the forecast is for both to remain with expected levels.

Actions

The Trust has an established mortality steering group which meets monthly to review performance and develop specific action plans for any alerting mortality groups identified.

CQUIN (Graph 18)

Current Position

All quarter 2 CQUIN schemes were achieved and payment received in full. The table shows the Quarter 3 position – The CSU have indicated that they will be recommending to the CCG that full payment for Quarter 3 2016/17 is made with the exception of Sepsis due to the data lag. Feedback from Specialised Commissioners and NHS England is awaited.

Risks

Risks have been identified around the following schemes:

- Part B of the Neonatal Hypothermia indicator (number of babies less than 34 weeks gestation admitted from the delivery suite whose first temperature taken within an hour is $\geq 36^{\circ}$), which was reported below the 95% threshold at 92.6%.

Forecast Position

Achievement of the nationally mandated Quarter 4 milestones for sepsis and reduction in total antibiotic consumption will prove challenging.

Actions

All CQUIN schemes have been assigned clinical and managerial leads and are managed by the divisional teams. Monitoring and updates are provided through the Trust's Clinical

Effectiveness Committee and Contract and Data Quality Steering Group.

RESPONSIVE

Accident and Emergency (Graph 19)

Current Position

Overall performance against the Accident and Emergency four hour standard was reported as 75.3%, below the 95% threshold.

The number of attendances during the month was 14,342 and of these 11,434 were treated and left the department within 4 hours.

Only 3 out of 139 reporting trusts with type 1 departments achieved the standard on all types for December. (National data reported one month behind)

There were 17 breaches of the 12 hour trolley wait standard from decision to admit during January. There were significant operational pressures at the beginning of January with 10 of these breaches occurring on 1st January and a further 4 occurring during the first week. Three of these were mental health breaches. Mental Health demand and the timely availability of mental health beds remain an issue. Rapid review timelines are completed in accordance with the NHS England Framework and a root cause analysis will be undertaken.

Risks

- Medical staffing gaps continued during the month with sickness and cancellation of locum shifts. This had a serious impact on flow. Support from across divisions continued and alternative internal pathways were put in place where possible although this was limited.
- There was a high level of short notice nurse staffing sickness throughout January which had a significant impact on ED/UCC and on the wards.
- Surges in ambulance attendances have continued with high numbers of arrivals in short period of time leading to delays. There have been multiple occasions where over 10 ambulances have arrived in one hour and on 6 occasions during January, 5 ambulances arrived within a 5 minute period.
- Mental Health demand and the timely availability of mental health beds remain an issue. There continues to be significant numbers of attendances in relation to Mental Health which are resource intensive for the department. During January there were three 12 hour Mental Health breaches waiting for a mental health bed.
- Bed pressures continue. At times admissions have exceeded discharge levels across both surgery and medicine – high acuity patients within medicine and surgery have impacted on the number of discharges which in turn caused delays in bed availability resulting in increased length of stay in ED causing delayed first assessments.

- Increasing patient acuity with patients presenting with complex co-morbidities has continued to place considerable demand on the emergency department. High numbers of patients needing senior decisions/reviews from Doctors due to acuity. This in turn causes delays at times and has halted flow as each decision needed to go through a Consultant.
- Full receipt of the sustainability and transformational funding of £12.5m is dependent on the 4-hour target, RTT and cancer 62-day target.

Forecast Position

Performance is expected to show improvement during February with continued improvement into March.

Actions

- Our winter escalation ward is open to support additional demand and is being reviewed in order to plan for the next few weeks.
- Micro-management clinical flow 24/7 with an 8am cross organisational Operational Performance meeting on a daily basis considering issues from the previous 24 hours.
- Intensive Home Support Teams continue to work daily in the Emergency Department to prevent admissions and have also been deployed across wards to support early discharge.
- Operational times for Ambulatory Care have been increased from November 2016. The service is now provided 10:00-21:00 7 days a week and the impact will be monitored. A Business Case has also been drafted which supports this continuing going forward.
- Following recruitment, sessional GPs have now commenced shifts in UCC at BGH.
- A Hospital GP commenced in post in December 2016 working across the Urgent Care Centres.
- Overseas recruitment took place in September 2016. Posts are now being offered and work continues to ensure that we work with the candidates to secure their services in the near future.
- A review of the 12 hour MH breaches has been undertaken. A paper and Action Plan were presented at SIRI panel. A fishbone analysis was undertaken and the Action Plan updated. The Action Plan will be monitored through the LCFT and ELHT Quality Meetings.
- An external review of the Mental Health Pathway in Pennine Lancashire took place at the end of November. This involved the Royal College of Psychiatrists and the Royal College of Emergency Medicine along with, ELHT and LCFT and commissioners. Formal feedback was due to be received in mid-January. We are still awaiting this.
- A review of Core Nurse Staffing in ED/UCC has been undertaken and recruitment has commenced based on initial feedback.

- The Transformation Programme for the Emergency Care Pathway has now been agreed and key projects commenced: including Review of Rapid Assessment and Treatment Model in ED, Review of the Urgent Care Model including Triage, MSK pathway from Triage.
- A stranded patient metric is being used to assess the position in relation to complex discharges and DTOC.
- We continue to utilise the Discharge Lounge for patients awaiting transport to go home from ED, UCC, STU and Acute Medical Wards.
- A Test of Change has commenced for direct orthopaedic attendances from GPs, AVH MIU, BUCC and Rossendale MIU. These will now be reviewed in Ambulatory Care by the Orthopaedic team.
- The streaming model continues at Royal Blackburn Urgent Care Centre which involves a senior decision maker streaming patients at triage to ensure appropriate and timely treatment.
- NHS Improvement visited ELHT on 13th December to offer support in relation to improving performance. Feedback from this visit is being chased.
- A review of breach analysis and utilisation of EPTS is underway.
- The Transitional Care Unit (TCU) was opened in January to support the decompression of ED to improve flow and reduce the number of patients waiting on corridors therefore improving patient experience. A SOP was developed and is in place.

North West Ambulance Service (Graph 20-21)

Current Position

The ambulance handover compliance indicator measures the compliance with PIN entry on completion of patient handover. This was achieved at 91.1% in December, which is above the 90% threshold.

The number of handovers over 30 minutes increased to 1402 for January compared to 1190 for December. 1091 handovers were within 15 minutes of arrival and a further 1083 were 15-30 minutes.

The validated NWS penalty figures for January are reported as;- 254 missing timestamps, 606 handover breaches (30-60 mins) and 334 handover breaches (>60 mins).

Risks

- Royal Blackburn continues to be the busiest site in the North West for ambulance attendances. Surges in ambulance arrivals continue to cause pressure in the department especially in times of limited patient flow due to low bed availability within the Trust.
- Surge patterns continue with high numbers of arrivals in short time periods leading to delays.
- Congestion within the department at time of pressure leads to reduction in space to offload arriving ambulance patients. This impacts handover times.
- Increasing patient acuity with patients presenting with complex co-morbidities continues to place considerable demand on ED.

- Timely availability of medical and surgical beds has impacted on the length of stay in ED which has therefore resulted in Delayed First Assessments and overcrowding. Demand has exceeded capacity.

Actions

- Rapid Handover procedure for UCC patients has been agreed and introduced. This has seen a rise in the number of appropriate patients being taken to UCC.
- Fortnightly operational meetings continue with NWAS/ED/AMU with representation from the CCG.
- The Ambulance Liaison Officer role is now embedded and has been extended for a further 6 months. This role is now being reviewed with NWAS and ELHT clinicians to explore options to expand the role. Evaluation and future options will be provided in January 2017.
- Reception capacity has been increased. Staff are in post and this is supporting timely handovers and more efficient transfer of patients from the department.
- Rapid Assessment of Treatment Process in ED had been reviewed and made leaner to improve the timeliness of assessment and to improve flow to enable an improvement in handover times.

Referral to Treatment (Graph 22-24)

Current Position

The 18 week referral to treatment (RTT) % ongoing position has been achieved with 92.0% patients waiting less than 18 weeks to start treatment at end of January, which is just above the 92% target.

The total number of ongoing pathways has reduced slightly to 26,143 from 26,189 last month. There were with 2082 patients waiting over 18 weeks at the end of the month, slightly reduced from last month's 2088.

The median wait has improved in January to 7.1 weeks from 7.3 in December.

Although no longer a national target, the proportion of admitted and non-admitted patients is included on the scorecard for information.

There were three Trauma & Orthopaedic patients waiting over 52 weeks at the end of January. There are pressures in the upper limb service which have caused lengthened waits for procedures, compounded by lack of beds and requirement for post-operative care. Patient initiated delays also impacted one of the pathways.

The latest figures from NHS England show a slight improvement of the ongoing standard nationally, with 90.5% of patients waiting less than 18 weeks to start treatment in November.

Risks

Increasingly, routine operations are being cancelled due to lack of beds. Pressures exist in the system with increasing demand and lack of capacity in some areas.

Full receipt of the sustainability and transformational funding of £12.5m is dependent on the RTT, 4 hour and 62 day cancer target. We continue to meet the requirement for 18 week RTT.

Forecast Position

It is anticipated that performance will remain above the national standard of 92%

Actions

Regular monitoring of patient tracking lists is undertaken and risks are escalated to senior managers.

Additional outpatient and theatre sessions are undertaken where possible and subject to bed availability, to manage demand and nurse clinics set up.

Cancer (Graph 25-29)

Current Position

The Trust has successfully achieved all cancer performance targets in December.

The 62 day target is not monitored nationally by tumour group and is included here for information only. At tumour site level, three groups did not meet the 62 day target in December; Haematology (80%), Head and Neck (75%) and Lung (80%). There were four patients in December treated after day 104 and these will have a detailed root cause analysis undertaken by the clinical director for theatres with the cancer directorate manager liaising with the Consultants involved in the pathway as required.

Risks

Cancer Services are under pressure to manage cancer targets alongside the 18 week referral to treatment target and the 4hr target. The cancer targets are being micromanaged to maintain compliance.

Full receipt of the sustainability and transformational funding of £12.5m is dependent on the cancer 62-day target, the 18 week referral to treatment target and the 4hr target.

Forecast Position

Currently prediction to achieve all cancer targets in January, subject to validation of data, although the 62 day target could be at risk.

Actions

Risks are escalated to senior managers and cancer performance is monitored through weekly cancer patient tracking list (ptl) meetings, Surgery and Integrated Care Group (ICG) performance weekly meetings and the director of operations weekly performance monitoring meeting.

Cancelled Operations – 28 Day breach

Current Position

There were three 'on the day' cancelled operations not rebooked within 28 days in January. These were as a result of no bed availability.

Risks

Financial penalties are imposed on the Trust for breaches of the standard at the Payment by Results tariff of the procedure.

Forecast Position

No further breaches anticipated.

Actions

Regular monitoring of patients that had procedures cancelled on the day to ensure dates are offered within the 28 days. Risks are escalated to senior managers and reviewed weekly by the director of operations.

Delayed Discharges (Graph 30)

Current Position

The number of delays reported against the delayed transfers of care standard has deteriorated to 5.8% against the December rate of 5.1% and remains above the threshold of 3.5%. This equates to an average of 47 beds lost per day, which has increased from 41 per day in December and 35 in January. The top three reasons for the delays are 'Awaiting completion of assessment' (43%), 'Awaiting domiciliary package of care' (18%) and 'Patient or Family Choice' (20%).

The failure of this target is multi-factorial, linked to complex discharge processes involving ELHT and partners.

There is now daily reporting at individual patient level in each category of delay so that any trends or specific issues can be escalated for resolution to the relevant partners. The Integrated Discharge Service operational team are attending an allocation meeting at regular points in the day to progress cases and ensure we are prioritising our work in accordance

with organisational clinical flow demands. Progress is reported across the IDS hub as required to expedite any barriers to progressing transfers of care.

Throughout January 2017 all work streams have come under significant pressure with high volume of referrals for multiple onward care plans. The acuity of patients has been high leading to increased length of stay and increased complex discharge problems. We have reviewed our position on a daily basis and operated differently to meet these increased operational demands. Focusing on home as first option and ensuring that the ward MDT's are allowing rehabilitation and recovery at the earliest opportunity.

Risks

The increase in delayed discharges will add further pressure to patient flow and the 4 hour target as available bed capacity is reduced.

Forecast Position

The actions being taken aim to reduce the number of delayed discharges.

Actions

A systematic 'micro-management' of all patients who are medically fit for discharge is now well embedded alongside partner agencies with daily meetings taking place to monitor this cohort of patients.

As a health economy, we now have a work stream to develop and implement a fully Integrated Discharge Service (IDS). It requires on-going refinement with partner organisations. This service has been co-produced with our commissioners and partner health and social care provider agencies. It is one of the major facets of our Community Services Transformation Programme alongside Intensive Home Support, Integrated Neighbourhood Teams and Frailty Pathway development. The key strands of work to improve delayed discharges are:

- Integrated discharge service - This will ultimately result in the delivery of a fully integrated discharge service including a trusted assessor role to support ELHT front door areas and wards. The service has been developed to use the 'Assess to Admit' and 'Discharge to Assess' principles of care.
- System Reviews – Audits and improvement events held to identify opportunities for improvement.
- Continuing Health Care – micromanaged to ensure patients are transferred out of hospital as soon as possible when fit for discharge.
- Home of Choice - Our allocation service is supporting families to make timely choices for onward care. Working daily with Care Home Selection service to ensure that we are fully updated on progress and that actions to facilitate discharge are completed in a timely manner.

Emergency Readmissions (Reported 1 month behind - Graph 31)

Current Position

The emergency readmission rate is reported at 12.5% in December 2016 compared with 13.3% in December 2015.

Risks

Readmissions add further pressures to bed capacity and the need to shorten length of stay to release capacity also increases the risk of readmission.

Forecast Position

The current trajectory has shown an improvement over the summer months however winter pressures are a risk for this standard.

Actions

Development of pathways to increase the role of community services, particularly for paediatrics and the elderly.

The Complex Case Management Team work within the ED and assessment units, to ensure that if care in the community has failed this can be reviewed by our duty teams if further admission to the hospital is not required.

Diagnostic Waits (Graph 32)

Current Position

This measures the proportion of patients exceeding the 6 week target for a diagnostic procedure. In January, 0.4% waited longer than 6 weeks, which has increased from last month (0.1%), however is still under the threshold of 1%. 35 patients were waiting longer than 6 weeks at the end of January.

Nationally, 1.1% of patients were waiting over 6 weeks at the end of November.

Risks

Due to significant operational pressures in January, the endoscopy unit has been used as an escalation area for emergency patients, resulting in the cancellation of non-urgent procedures. The majority of these patients were offered alternative dates and have been seen within the 6 week target, with a small minority waiting over 6 weeks.

Forecast Position

On track

Actions

Diagnostic patient tracking lists are monitored weekly and any breach risks are escalated to senior managers to ensure all are accommodated where possible.

Length of Stay (Graph 33)

Current Position

Trust non elective average length of stay has increased to 5.0 days in January, compared to 4.7 in December and 4.6 in January 2016.

The elective length of stay (excluding daycase) has decreased on last month to 2.2.

Dr Foster benchmarking shows the Trust length of stay to be below the expected when compared to national casemix adjusted, for elective and slightly higher than the expected for non-elective.

Risks

Long length of stay increases bed occupancy which at high levels puts pressure on other standards ie 4hr target and cancelled operations.

Forecast Position

The trend in non-elective length of stay appears to be increasing and is now slightly above the expected according to the DR. Foster casemix adjusted rate.

Actions

The action plan for delayed discharges will also reduce the average length of stay.
Divisional monitoring of length of stay and use of benchmarking software to identify outliers.

WELL LED

Sickness (Graph 37)

Current Position

The sickness absence rate increased to 5.2% in December 2016 from 5.1% in November 2016. This is higher than the previous year (4.7%). Long term sickness currently stands at 2.43% and short term sickness at 2.78%.

Risks

High sickness rates are a financial risk as bank and agency expenditure increases to cover shifts. The level of short term sickness is unusually high. Long Term sickness attributed to anxiety/stress and musculoskeletal problems continue to be the main reasons for sickness absence.

Forecast Position

Improvement due to intervention and actions but countered by expected seasonal increases over the winter period

Actions

- Corporate and Divisional action plans in place
- Sickness Absence Policy review complete and agreed with staff side – trigger levels now more robust and managers have further discretion.
- New Employee Assistance Programme launched
- Divisional sickness clinics and bespoke training taking place
- Internal Audit of Trust sickness absence procedures complete and recommendations being implemented
- Data Analysis of bank holiday sickness underway for Christmas and new year period– trends will be highlighted and data provided to managers for action
- ICG Divisional project aimed at reducing sickness including recruitment of 'Divisional Sickness Absence Taskforce'

Turnover rate and Temporary costs (Graph 38-39)

Current Position

Overall the Trust is now employing 7055 FTE staff in total. This is a net increase of 50 FTE from the previous month. The number of nurses in post at Jan 2017 stood at 2264 FTE which is a net increase of 04 FTE since last month and a net increase of 210 FTE since 1st April 2013.

There are a further 91 nurses in the recruitment pipeline.

The vacancy rate for nurses now stands at 10.5% (265 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 spent £24,607,589 (£16,469,869 agency; £8,137,720 bank).

In December the Trust spent £2,261,799 on bank and agency. This was more than in November 2016

(£2,559,186) and more than in December 2015 (£1,958,282). Total expenditure to date for 2016/17 is £20,337,498

Risks

Risk of not meeting NHSI targets, impact on staff engagement, attendance and patient care

Forecast Position

No change to vacancy rate. Forecast to not meet NHSI target (£10.5 million)

Actions

- Improving utilisation of Staffflow – now achieved 90%
- Additional eRostering training dates, and on ward training/refresher sessions
- Trust wide agency reduction task groups (medical and Non –Medical) and Executive Oversight Group established
- Each division now has an allocated eRostering expert lead/single point of contact, resulting in increased familiarity with their roster and therefore improved engagement.
- The 16/17 professional judgement meetings were concluded in November 2016. This resulted in required changes to the establishment, which will be documented in a separate paper for agreement.
- A proposal to change the annual leave allowance to a fixed percentage was agreed and so this will come into effect from the 1 April 2017 (updated policy has been agreed). This will have a positive impact in terms of being able to manage/flat line the 22% headroom across the year.
- A 60 unit role out plan has been developed for 2017/18 which will continue to see the Allocate tool being rolled out across the Trust. In December the Domestic workforce (299 WTE) were moved onto the eRoster and are now being paid via this tool. Several more units are now being progressed including, Catering, Portering, Therapies and multiple units within ICG and Family Care.
- A review of the eRoster training modules and the introduction of some eLearning modules are now complete and available via the Learning Hub. Customer feedback

has been used to inform this review. This has also included 400 domestics being trained to use Employee on Line.

- Full implementation of the Safecare.
- Reduce additional duties above demand/agreed staffing level. A full reconciliation has been done between the three systems which capturing the establishment (ESR, Ledger and eRoster), demonstrating that all three are aligned. However the actual levels at which the majority of wards are staffing to, is beyond the budget and the roster template that was agreed. Therefore further work is required in order to understand and address the reasons for this.
- Implementation of the Kendal Bluck recommendations within ED, including the harmonisation of shift patterns and the implementation of a seasonal roster.
- To review the way in which 1:1's are managed, given the month on month increase to establish whether there is a more efficient/cost effective way to identify and manage this required resource.
- Re-introduction of the Nurse Confirm and Challenge meetings (chaired by the Deputy Director of Nursing) to address areas of concern highlighted on the eRostering Dashboard (now that the draft dashboard has been developed). Oversight of this will be via the Executive Oversight Committee from January 2017 onwards.
- Reviewing the way in which the Allocate on Arrival process works to ensure that its managed in the most cost effective and efficient way, now that Safecare has been implemented and can be used to identify and manage the movement of staff.
- Promotion of medical staff bank – 30 more doctors active on bank since April 2016
- Centralisation of all medical locum bookings now complete
- 22 Candidates in the pipeline and have been offered the Intensive ILETTS training, 6 of which have passed and are in the CBT process.
- 18 doctors recruited from India in pipeline – 1st doctor to start in February 2017 with rest scheduled to start in Spring
- ED Recruitment national campaign continuing
- Project continuing to look at reducing recruitment time to hire across the Trust to support reducing the vacancy gap and reduction in bank/agency spend
- Social media project group established to support recruitment
- ED and Family Care open day's being planned for Spring 2017
- Attendance at the RCN jobs fair in February

Appraisals & Job Plans (Graph 41-43)

Current Position

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 January was 67%, including reviews that have taken place since January 2016. The Deputy Medical Director is working closely with the Divisional Directors to ensure that job plans are undertaken.

A new electronic job planning system has been purchased and is in process of being implemented.

There has been a new system implemented (MyL2P) to capture the appraisal rates for consultants and career grade doctors. The completion rates reported from this system are cumulative year to date, April - December 2016 and reflect the number of reviews completed that were due in this period.

The consultant appraisal rate is currently 92% and the other medical staff appraisal rate is now at 94%.

The AFC appraisal rates continue to be reported as a rolling 12 month figure and are currently at 59% which is below the threshold of 90%

Risks

None identified

Forecast Position

Compliance

Actions

There has been a range of actions to support compliance including:

- Additional PDR and Learning Hub sessions offered to staff from across the organisation
- Bespoke PDR and Learning Hub sessions provided to groups and individual staff undertaken and where requested this had taken place in the workplace.
- A quick PDR Guidance has been made available on the Learning Hub, the Message board and the Learning and Development page of the Intranet
- Flyers have been distributed across the organisation aimed at both Reviewers and Reviewee's detailing what PDR's are and whom to contact for further information
- Staffs are encouraged to consider how PDR's enhance their leadership and management role within their teams/services through various forms of facilitated activities.
- Service support up to the CQC inspection in 2015 was offered to support Divisions in inputting the dates of completed PDRs offered by the Learning and Development department.
- The *Get Ready for Revalidation Awareness Sessions* promotes Personal Development Reviews as a fundamental part of the process
- To promote Talent Management within the organisation we are in the process of implementing a *People Development Strategy* which will incorporate learning and development opportunities accessible to all, integrated within individuals appraisals and enable management of own development in accordance with their aspirations.
- An animated video is being developed which provides an overview of how to carry out an appraisal whilst promoting quality and engagement in the Personal Development Review process
- Work has commenced in making the Appraisal/PDR inputting onto the Learning Hub simpler in readiness for a new template which will be available from 1st January 2017
- '*Have you had the Conversation*' campaign commenced to promote a quality appraisal conversation

- Compliance rates reported and monitored through divisional and directorate management meetings.

Core Skills Training (Graph 45)

Current Position

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. The threshold has been set at 80% for all areas except Information Governance which has a threshold of 95%

All of the eleven areas are currently above target for training compliance, with the exception of two modules which are currently below the threshold 'Basic Life Support' (79%) and Information Governance'(91%) .

Risks

No risks identified

Forecast Position

Improvement is noted in all areas and compliance is expected to be achieved in the two areas below target.

Actions

- All new starters complete Core Skills Training via a combination of e-learning and classroom sessions during attendance at the Corporate Trust Induction programme
- A range of communications have continued centrally, via HROD bulletins and within compliance reports and meetings
- Training needs analysis document published on the Trust's intranet further reinforcing the message of who needs to do what training
- Compliance % reports are distributed at the beginning of each month centrally
- Reports training has been implemented from December 2015 and Managers now have direct access to run real time reports for their departments etc.
- All staff have the function available on learning hub to produce red, amber and green compliance reports for their team/area
- Ward and department support and bespoke support sessions in place
- Facilitated Core Skills e-learning sessions running once a fortnight for staff who cannot access this in the workplace or who need additional IT skills support
- Combined IT skills and facilitated Core Skills e-Learning sessions for Estates and Facilities staff
- Learning Hub sends out reminders to individual and their manager at 90, 60 and 30 days prior to expiry date and also once training has expired.
- Staff prompted around Core Skills Training when attending other courses
- Other controls – compliance checks in place before funded study leave

- Responsibilities included in new Nursing and Midwifery leadership programme
- Implementation of the Pay progression policy (May 2014)
- Improved compliance and attendance reports format for divisions
- Compliance rates reported and monitored through divisional and directorate management meetings
- 'Proud to be Green' with Core Skills Training campaign has been launched, rewarding teams and departments where all staff in the team/department are 100% compliant with their Core Skills Training. Qualifying teams/departments have been awarded with a 'Proud to be Green' certificate and cake. Information regarding the campaign has been circulated to all divisions, flyers are in the process of being put up around the Trust and will be included electronically in Trust/Divisional newsletters and message of the day over the coming weeks.
- A dedicated page on the staff intranet (OLI) has been developed containing detailed information and guidance on completion of Core and Essential Skills Training
- Compliance rates reported and monitored through divisional and directorate management meetings.

Financial Position (Graph 46-59)

Executive summary

1. The Trust is reporting a deficit of £3.0m at 31st January 2017. This position is within expectations for this point of the year.
2. The Trust has previously reported risk against this position relating to overspending positions in a number of areas. It is pleasing to note that we are continuing to see an improvement to this position overall, despite the Trust being under immense operational pressures. All divisions are showing a better financial position in January and the SRCP has a much improved position.
3. In addition, as reported at month 9, we have endeavoured to achieve additional savings to cover the reduction to STF funding that we have seen this year (£1.2m). This has in turn presented an opportunity relating to the new STF incentive scheme which will see the Trust receive an amount equal to this saving to improve its outturn position further, thus improving the cash position in 2017-18.
4. The Trust is continuing to improve its financial controls. A draft Trust financial recovery plan will be presented to the Finance and Performance Committee in February with the aim of achieving the following:
 - i. An increase in the recurrent SRCP position for 2016-17
 - ii. An improvement in the underlying Trust deficit position

- iii. Reduced reliance on centrally held reserves and one off gains
- iv. An improved agency spend position
- v. Improved financial controls

5. Key risks to highlight at month 10 include:

- Non achievement of the full sustainability funding (likely - minimal)
- Non-achievement of the Safely Releasing Cost Programme (SRCP) on a recurrent basis (unlikely - minimal)
- Increased agency and locum staff over and above the resources available (possible)
- The cash impact of any non-delivery (unlikely - minimal)

Finance and Use of Resources metrics

6. We are continuing to score a 3 against the Finance and Use of resources metrics, in line with our planned position, previous months and the year end forecast position.
7. This metric is a theme of NHSI's Single oversight framework (SOF). An overall score of 3 represents a potential concern to the financial position which is reflective of our planned deficit position and the impact of our PFIs on our balance sheet. The only indicator that is away from plan is the agency spend indicator, currently 42% above the threshold position.

Table 1: Finance and Use of Resources metrics

Area	Metric	Actual YTD		Forecast outturn	
		Performance	Score	Performance	Score
Financial sustainability	Capital service capacity	1.3	3	1.4	3
	Liquidity (days)	(7.1)	3	(8.4)	3
Financial efficiency	I&E margin	(0.8%)	3	(0.8%)	3
Financial control	Distance from financial plan	0.0%	1	0.0%	1
	Agency spend	42.1%	3	47.0%	3
Total			3		3

Break even duty

8. The Trust is reporting a deficit at month 10 of £3.0m, against an initial planned deficit of £3.1m. It is pleasing to note that we are continuing to see an

improvement to this position overall (detailed below), despite the Trust being under immense operational pressures. Divisional forecast positions have improved as per the table below.

Table 2 – Trust forecast position 2016-17 by Division

Division	Month 8 £000's	Month 9 £000's	Month 10 £000's
Integrated Care Group	(1,700)	(1,150)	(967)
Surgery and Anaesthetic Services	(4,700)	(4,000)	(4,000)
Diagnostic and Clinical Support	669	642	930
Family Care Division	(1,880)	(2,140)	(2,018)
Estates and Facilities	201	777	777
Corporate Services	592	962	1,115
Total Forecast Outturn Variance	(6,818)	(4,909)	(4,163)
Planned deficit for the year	(3,676)	(3,676)	(3,676)
Additional non-recurrent resource	(3,142)	(1,233)	(487)

9. The position above shows the level of non-recurrent resource required to meet the control total for 2016-17. In addition, the Trust has endeavoured to mitigate the risk of losing £1.2m of STF funding this year by achieving increased savings.
10. For the current forecast position, all areas have reviewed both their current and forecast spend. All areas bar Family Care have improved their forecasts since Month 8, although the division has put measures in to improve the position. Estates and Facilities, DCS and Corporate Services have continued to work towards their stretch targets to support the overall position. Surgical and Anaesthetic Services are improving their financial control and are forecasting a reduced position as a result. ICG have improved their position further.
11. The Trust has non-recurrent resource to bridge the gap to the control total in year, through a combination of increased savings, reserves and one-off gains relating to accruals no longer required. Further improvement in the financial position will reduce the reliance on this non-recurrent resource. It should be noted that the use of non-recurrent resources is a normal practice and the 2016-17 financial year is no different to previous years.

STF Incentive Scheme

12. The Trust will benefit from the new 'STF Incentive scheme' in 2016-17. For every £1 improvement to a Trusts control total, NHSI will match this in cash to the Trust on the understanding that it will be used to improve the Trusts outturn position and in turn improve the cash position going into 2017-18.
13. Our planned outturn position is a deficit of £3.7m. This is made up of a control total of a £16.2m deficit and planned STF funding of £12.5m. The first rule in order to achieve STF funding is the 'binary on/off switch' related to the financial control total. In other words, non-achievement of the £16.2m deficit will result in no access to any STF funding.
14. Achievement of the control total deficit of £16.2m 'switches on' access to STF, as follows:

Table 3 – STF finance and operational targets

Financial control total	70.0%
4 hour standard - 95% achievement	12.5%
RTT - 92% achievement	12.5%
Cancer 62 day achievement	5.0%
	100.0%

15. This means that the Trust is not penalised twice for not achieving its outturn position.
16. Current indications are that, in spite of appealing against non-payment, we will see a reduction to STF funding relating the 4 hour standard of £1.2m. As we have endeavoured to bridge this internally in order to sustain our cash position, we are in effect improving our performance against the control total (that is we are forecasting to achieve a £15m deficit against £16.2m).
17. Due to the new incentive scheme, this now means we will receive £1.2m of additional funding and as a result is now working towards an improved position of a £2.5m deficit for 2016-17.

Divisional performance to month 10

18. The divisional performance to the 31st January 20107 is shown in table 5.

Table 4 - Organisational performance (Appendix A)

	-----In Month-----			-----Year to date-----		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	39.8	40.1	0.3	395.8	396.3	0.5
Expenditure by division:-						
Integrated Care Group	(9.7)	(9.7)	(0.1)	(96.1)	(96.6)	(0.6)
Surgery and Anaesthetic Services	(7.9)	(8.1)	(0.1)	(76.6)	(80.4)	(3.7)
Diagnostic and Clinical Support	(8.7)	(8.5)	0.2	(82.2)	(81.4)	0.8
Family Care Division	(5.0)	(5.1)	(0.1)	(48.4)	(50.0)	(1.7)
Estates and Facilities	(3.1)	(3.1)	0.0	(31.4)	(31.2)	0.2
Corporate Services	(2.9)	(2.7)	0.2	(30.5)	(29.6)	0.9
Research and Development	(0.2)	(0.2)	0.0	(1.3)	(1.3)	0.0
Reserves	(1.0)	(1.4)	(0.4)	(11.7)	(8.0)	3.7
Total Expenditure	(38.5)	(38.8)	(0.3)	(378.2)	(378.5)	(0.4)
EBITDA : Earnings before interest, taxation, depreciation	1.3	1.3	(0.0)	17.7	17.7	0.1
PDC/Depreciation/Interest	(1.5)	(1.5)	0.0	(20.8)	(20.9)	(0.1)
Impairments	0.0	0.0	0.0	0.2	0.2	(0.0)
Retained (Deficit)	(0.2)	(0.2)	(0.0)	(2.9)	(2.9)	0.0
Impairments	0.0	0.0	0.0	(0.2)	(0.2)	0.0
Donated assets	(0.1)	(0.1)	0.0	0.1	0.1	0.0
Break-even duty	(0.3)	(0.3)	(0.0)	(3.1)	(3.0)	0.0

Divisional Trading Position

19. Appendix C shows the overall trading position for each division, taking account of income, expenditure and efficiency delivery. An extract of the clinical division's performance is shown in Figure 6 below.

Table 5 - Clinical divisional trading position

Division / Directorate	Cumulative Variance						
	WTE Variance	Income £000	Pay £000	Non-Pay £000	SRCP £000	Expenditure £000	Total £000
Integrated Care Group	(58)	(223)	(3,316)	2,059	700	(556)	(779)
Surgery and Anaesthetic Services	(6)	59	(1,759)	(1,041)	(929)	(3,729)	(3,670)
Diagnostic and Clinical Support	59	574	(78)	876	8	807	1,381
Family Care Division	19	(5)	(781)	(632)	(277)	(1,690)	(1,695)
Sub-total Clinical Divisions	14	405	(5,933)	1,262	(497)	(5,168)	(4,763)

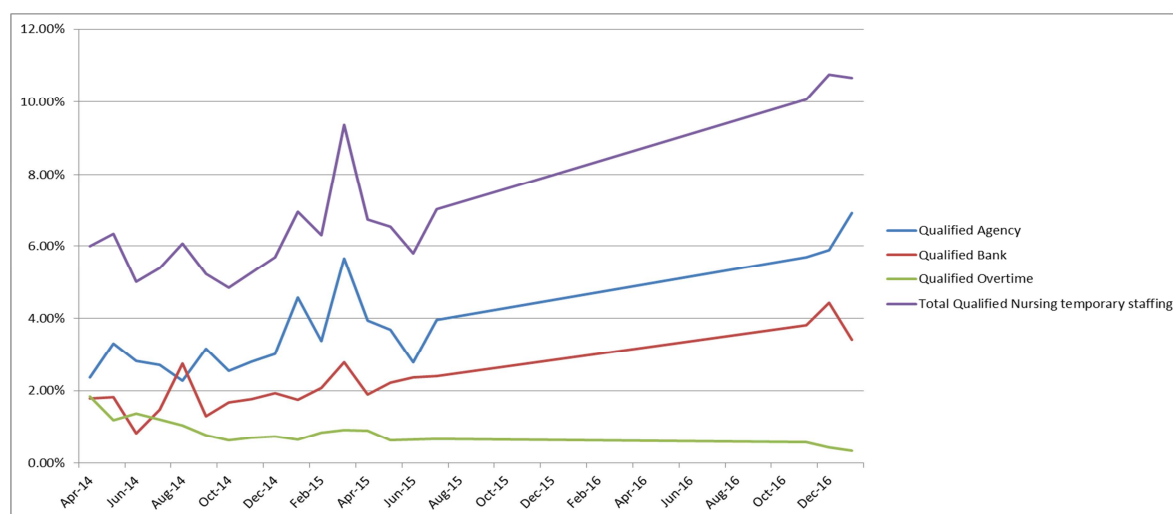
20. Cumulatively to the end of month 10 the Trust's clinical divisions have a net overspend of £4.7m (previous month £4.9m), with overspends against the non-achievement of the SRCP of £0.4m (previous month £1.2m).

Expenditure

21. Agency staffing spend for month 10 was £1.0m, taking it to a cumulative total of £12.6m over 10 months. This is similar to the reduced month 9 levels. We have continued to reduce our administration agency and are working towards zero tolerance for the use of agency for any non-clinical posts.

22. Figure 6 below shows the pressure on qualified nursing agency since April 2014. This shows the demand increasing over this period as a result of vacancies, sickness and specialising, with a resulting pressure on the nurse bank and a continued reliance on agency.
23. We are continuing to focus efforts on improving the position overall through a number of initiatives. These initiatives have Executive oversight with Executive sign off of cap breaches and weekly reporting.

Table 6: Qualified Nurse spend breakdown



24. Appendices E through to H show spending patterns for temporary bank and agency staff and consultancy within the Trust. The analysis summarised in Appendix E breaks down total staff costs by permanent and temporary staff against the total budget to date. This shows that of the £4.4m overspend on pay; £2.5m is against medical staff (£2.2m previous month), £3.5m is against nursing (£3.4m previous month). Allied Health Professionals, Scientific staff and non-clinical staff are under spending by £1.7m (£1.3m previous month).

Income

25. The Trust's income position is showing a cumulative surplus of £1.9m at month 10; a minimal movement from the month 9 position. An analysis of the Trusts performance by POD shows increases in non-elective and Accident and Emergency activity. This has resulted in a fall in day case and elective procedures primarily due to a high level of cancellations caused by a shortage of available beds.

Safely Releasing Cost Programme (SRCP)

26. The Trust has identified £13.9m (previous month £12.2m) of schemes against the annual £14.0m SRCP target (99%). £3.8m of this is non-recurrent. Figure 7 shows the breakdown by Division for 2016-17 and 2017-18. The position is reported in further detail in the Sustaining Safe, Personal and Effective Transformation paper.

Table 7: SRCP Forecast 2016-17 and 2017-18 position statement as at 31st January 2016

Division	2016-17	Identified Schemes					%				2016-2017
	3% Target £000's	Green £000's	Amber £000's	Red £000's	Non Rec £000's	Rec £000's	Total £000's	(Over) / Under £000's	Total Green Schemes %	Recurrent Schemes %	
Integrated Care Group	3,918	4,781	0	0	861	3,921	4,781	(863)	122%	100%	
SAS	3,276	2,118	0	0	416	1,702	2,118	1,158	65%	52%	
Family Care	1,727	1,425	2	0	791	636	1,427	299	83%	37%	
DCS	2,901	3,032	0	0	301	2,730	3,032	(131)	105%	94%	
Estates & Facilities	1,293	1,294	42	0	750	586	1,336	(43)	100%	45%	
Corporate Services	886	1,237	0	0	685	552	1,237	(351)	140%	62%	
Central		0	35	0	35	0	35	(35)			
Total	14,000	13,887	79	0	3,839	10,127	13,966	34			

Division	2017-2018	2017-2018	2017-2019	Identified Schemes					%		(Over) / Under £000's
	3% Target £000's	c/f £000's	Total £000's	Green £000's	Amber £000's	Red £000's	Non Rec £000's	Rec £000's	Total £000's		
Integrated Care Group	3,983	(3)	3,980	0	0	350	0	350	350		3,630
SAS	3,136	1,574	4,710	0	0	2,120	0	2,120	2,120		2,590
Family Care	1,759	1,091	2,850	0	0	413	189	224	413		2,437
DCS	2,804	171	2,975	0	1,249	1,820	0	3,069	3,069		(94)
Estates & Facilities	1,378	707	2,085	0	0	670	0	670	670		1,415
Corporate Services	940	334	1,274	0	0	1,000	0	1,000	1,000		274
Central			0	0	0	2,550	0	2,550	2,550		(2,550)
Total	14,000	3,874	17,874	0	1,249	8,923	189	9,983	10,172		7,703

STATEMENT OF FINANCIAL POSITION (SOFP)

Summary

27. Overall the total assets employed at the end of the reporting month are £166.3m which is a decrease of £0.2m as a result of the in-month retained deficit.

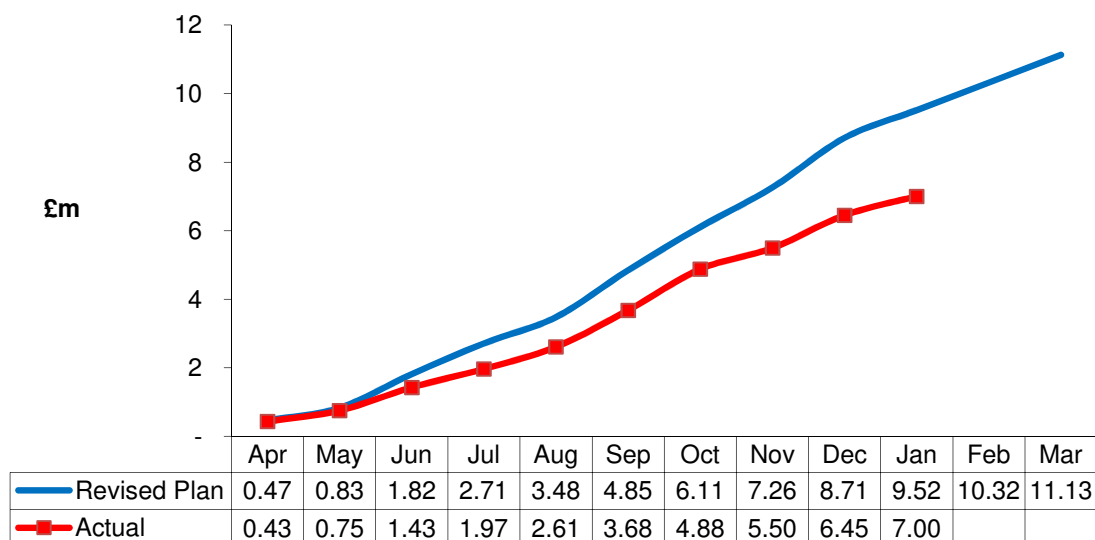
Non-Current Assets, including Capital Expenditure

28. The value of non-current assets has fallen by £0.2m to £286.2m, with the £1.0m monthly depreciation charge offset mainly by £0.6m of capital expenditure.

29. The Trust has invested £7.0m in capital to the 31st January which represents 67% of the planned expenditure for this period, a fall of 7% from the previous

month. Nevertheless, the capital expenditure for the financial year is forecast to exceed the targeted level of 85% of planned expenditure.

Table 8 - Capital expenditure



30. Since work on the £15.6m Phase 8 capital scheme is not now expected to start until April 2017, this scheme has now been taken out of the 2016/17 capital programme.

Current Assets

31. The value of current assets at the end of the reporting month equates to £47.5m, a reduction of £0.1m in month. While there are no significant movements shown in the Statement of Financial position, the prepayment of the £1.8m service payment for the main RBH PFI scheme in December was not repeated in January. NHS accrued income has increased by £2.3m, £0.9m of which relates to the increase in the accrual for the STF allocation not yet received.
32. In addition, the value of overdue system debt has increased by £0.4m. Within this, non-NHS debt has remained relatively static, although NHS debt overdue by less than 90 days has increased by £0.7m. As a result of these changes, there has been a small reduction in impairment provisions and total net debt overdue by more than 90 days has fallen from 65.4% to 49.7%.

Liabilities

33. Current liabilities have increased by £0.3m and the long term element of the PFI liability, which is the main component of non-current liabilities, has decreased by £0.3m.

Better Payment Practice Code (BPPC)

34. We continue to achieve the BPPC cumulatively and are forecasting to achieve all four targets for the year.

Conclusion










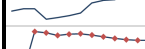











35. It is pleasing to note that despite the considerable operational pressure currently being experienced by the Trust, it is forecast that the year-end control total will be achieved and indeed improved on as a result of the STF matched funding, which mirrors our improved financial position for the year.

APPENDIX A – SCORECARD

Safe															
	Threshold 16/17	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Monthly Sparkline
M64 CDIFF	28	3	1	2	1	2	3	4	1	5	5	4	2	3	
M65 MRSA	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
M66 Never Event Incidence	0	1	0	1	0	0	0	1	0	0	0	0	0	0	
M67 Medication errors causing serious harm (Steis reported date)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
C28 Percentage of Harm Free Care	92%	99.1%	99.4%	99.1%	99.7%	98.8%	99.1%	99.4%	99.2%	99.1%	99.3%	99.2%	98.9%	99.1%	
M68 Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
C29 Proportion of patients risk assessed for Venous Thromboembolism	95%	99.4%	99.3%	99.1%	99.1%	99.0%	99.0%	99.2%	98.9%	98.2%	98.2%	97.5%	97.7%		
M69 Serious Incidents (Steis)		7	9	7	10	2	6	5	7	5	4	8	6	8	
M70 CAS Alerts - non compliance	0	0	0	0	0	0	0	0	1	2	0	0	0	0	
M146 Safer Staffing -Day-Average fill rate - registered nurses/midwives (%)	80%	89%	89%	86%	88%	89%	87%	86%	85%	87%	90%	90%	90%	90%	
M147 Safer Staffing -Day-Average fill rate - care staff (%)	80%	105%	105%	107%	110%	114%	116%	118%	126%	121%	123%	118%	112%	111%	
M148 Safer Staffing -Night-Average fill rate - registered nurses/midwives (%)	80%	97%	97%	97%	97%	99%	98%	99%	98%	99%	101%	99%	97%	99%	
M149 Safer Staffing -Night-Average fill rate - care staff (%)	80%	120%	120%	121%	124%	122%	129%	136%	142%	138%	134%	130%	122%	127%	
M150 Safer Staffing - Day -Average fill rate - registered nurses/midwives- number of wards <80%	0	8	12	19	16	11	17	15	21	21	9	5	5	7	
M151 Safer Staffing - Night -Average fill rate - registered nurses/midwives- number of wards <80%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
M152 Safer Staffing - Day -Average fill rate - care staff- number of wards <80%	0	3	4	3	2	0	1	1	0	1	1	1	3	4	
M153 Safer Staffing - Night -Average fill rate - care staff- number of wards <80%	0	3	2	3	2	1	1	1	1	1	1	1	2	1	

Caring															
	Threshold 16/17	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Monthly Sparkline
C38 Inpatient Friends and Family - % who would recommend	92.07%	99.1%	96.9%	98.4%	98.6%	97.9%	98.6%	98.5%	98.2%	98.4%	98.5%	97.7%	98.5%	98.1%	
C40 Maternity Friends and Family - % who would recommend	91.86%	93.4%	95.5%	96.6%	96.4%	96.7%	95.9%	95.8%	97.0%	97.8%	97.3%	96.2%	98.3%	97.4%	
C42 A&E Friends and Family - % who would recommend	74.90%	78.3%	80.8%	76.5%	80.4%	75.7%	76.3%	75.0%	73.9%	75.8%	76.7%	75.7%	76.1%	76.0%	
C44 Community Friends and Family - % who would recommend	88.62%	94.4%	93.7%	93.7%	94.0%	94.9%	94.3%	93.6%	94.3%	93.1%	92.5%	92.8%	92.8%	91.9%	
C15 Complaints – rate per 1000 contacts	0.4	0.3	0.3	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.4	0.3	0.3	
M52 Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Effective															
	Threshold 16/17	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Monthly Sparkline
M73 Deaths in Low Risk Categories - relative risk	Outlier	75.5	75.6	70.4	67.8	71.6	77.3	81.1	85.1	82.7	86.5				
M74 Hospital Standardised Mortality Ratio - Weekday (DFI Indicative)	Outlier	96.4	94.8	94.9	96.1	96.1	95.9	96.3	97.7	97.0	98.7				
M75 Hospital Standardised Mortality Ratio - Weekend (DFI Indicative)	Outlier	101.9	101.7	101.6	106.5	102.0	100.2	98.3	97.7	98.3	97.0				
M54 Hospital Standardised Mortality Ratio (DFI Indicative)	Outlier	97.8	96.6	97.0	99.1	97.6	97.0	96.8	97.7	97.4	98.3				
M53 Summary Hospital Mortality Indicator (HSCIC Published data)	Outlier			1.06			1.04								
C16 Emergency re-admissions within 30 days		13.3%	12.6%	12.8%	12.3%	13.0%	13.2%	11.0%	11.6%	12.7%	13.0%	12.4%	12.5%		
M89 CQUIN schemes at risk	0			2			0			3					

Responsive															
	Threshold 16/17	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Monthly Sparkline
C2 Proportion of patients spending less than 4 hours in A&E	95%	88.2%	90.0%	87.8%	89.3%	86.4%	86.4%	85.2%	79.3%	83.9%	84.1%	79.8%	77.3%	75.3%	
M62 12 hour trolley waits in A&E	0	0	1	0	2	3	3	7	9	2	3	3	0	17	
C1 RTT admitted: percentage within 18 weeks	95%	82.5%	83.2%	81.2%	78.5%	81.8%	79.2%	73.8%	79.0%	76.2%	78.1%	72.5%	75.3%	71.3%	
C3 RTT non- admitted pathways: percentage within 18 weeks	90%	95.3%	95.6%	96.3%	94.4%	94.4%	95.0%	93.8%	92.4%	92.0%	93.9%	92.7%	93.2%	91.3%	
C4 RTT waiting times Incomplete pathways	92%	94.5%	95.2%	95.6%	94.8%	93.7%	94.7%	95.7%	93.9%	93.9%	92.7%	92.9%	92.0%	92.0%	
C37.1 RTT 52 Weeks (Ongoing)	0	0	0	0	1	2	1	1	0	1	1	1	0	3	
C17 Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%	0.3%	0.3%	0.1%	0.1%	0.2%	0.1%	0.4%	
C18 Cancer - Treatment within 62 days of referral from GP	85%	93.7%	86.6%	88.4%	85.6%	82.8%	81.6%	87.8%	80.8%	86.5%	85.4%	93.6%	89.4%		
C19 Cancer - Treatment within 62 days of referral from screening	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	96.4%	96.9%	91.9%	95.8%	100.0%		
C20 Cancer - Treatment within 31 days of decision to treat	96%	98.3%	100.0%	98.9%	100.0%	98.4%	99.1%	99.4%	96.3%	98.9%	99.0%	99.0%	98.8%		
C21 Cancer - Subsequent treatment within 31 days (Drug)	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%		
C22 Cancer - Subsequent treatment within 31 days (Surgery)	94%	99.0%	97.3%	94.1%	97.1%	100.0%	97.8%	97.7%	97.5%	94.3%	100.0%	94.7%	100.0%		
C24 Cancer - seen within 14 days of urgent GP referral	93%	97.6%	95.5%	95.6%	95.2%	95.1%	94.3%	95.4%	93.9%	94.3%	95.1%	95.7%	96.9%		
C25 Cancer - breast symptoms seen within 14 days of GP referral	93%	96.4%	97.3%	93.6%	95.2%	94.1%	93.0%	97.5%	96.6%	98.7%	98.9%	95.6%	95.3%		
M9 Urgent operations cancelled for 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C27a Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	0	0	0	0	1	0	1	1	3	2	1	0	3	
M55 Proportion of delayed discharges attributable to the NHS	3.5%	4.4%	4.8%	4.8%	4.3%	4.4%	4.6%	5.5%	4.5%	5.8%	5.5%	4.3%	5.1%	5.8%	
M90 Average LOS elective (excl daycase)		2.9	3.0	2.8	2.8	2.6	2.9	2.3	3.0	2.3	2.9	2.3	2.5	2.2	
M91 Average LOS non-elective		4.6	4.6	4.9	4.8	5.0	5.0	4.5	4.9	5.0	4.7	4.7	4.7	5.0	

Well led															
	Threshold 16/17	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Monthly Sparkline
C31 NHS England Inpatients response rate from Friends and Family Test	16%	48.9%	48.5%	50.1%	45.9%	54.0%	50.5%	47.7%	51.2%	43.3%	43.2%	40.8%	51.2%	53.2%	
C32 NHS England A&E response rate from Friends and Family Test	4%	21.1%	21.7%	22.2%	21.8%	19.8%	19.7%	20.5%	21.5%	21.1%	20.8%	17.9%	19.1%	21.3%	
M77 Trust turnover rate	12%	9.3%	9.2%	8.7%	8.9%	8.9%	9.0%	9.0%	9.4%	9.6%	9.3%	9.2%	9.2%	9.2%	
M78 Trust level total sickness rate	3.75%	4.81%	4.74%	4.45%	4.5%	4.5%	4.9%	4.9%	4.8%	5.0%	5.1%	5.1%	5.2%		
M79 Total Trust vacancy rate	5%	7.8%	7.1%	7.3%	8.0%	6.7%	7.7%	8.0%	7.3%	6.2%	6.1%	5.7%	6.7%	6.5%	
M80.2 Safeguarding Children	80%	87.0%	87.0%	88.0%	88.0%	88.0%	90.0%	91.0%	93.0%	92.0%	91.0%	93.0%	93.0%	90.0%	
F8 Temporary costs as % of total paybill	4%	8%	9%	9%	7%	7%	8%	9%	10%	10%	9%	10%	9%	8%	
F9 Overtime as % of total paybill	0%	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
F1 Cumulative Retained Deficit for breakeven duty (£M)	(3.7)	(10.8)	(11.2)	(11.5)	(0.3)	(0.6)	(0.9)	(1.2)	(1.5)	(1.8)	(2.1)	(2.4)	(2.7)	(3.0)	
F2 SRCP Achieved % (green schemes only)	100.0%	62%	64%	64%	52%	54%	56%	59%	71%	74%	75%	81%	87%	99%	
F3 Liquidity days	>(14.0)	(14.0)	(14.4)	(5.0)	(5.3)	(5.9)	(5.6)	(5.5)	(5.8)	(6.2)	(6.6)	(6.9)	(7.1)	(7.1)	
F4 Capital spend v plan	85%	72%	71%	90%	93%	91%	79%	73%	75%	76%	80%	76%	74%	67%	
F16 Finance & Use of Resources (UoR) metric - overall	3										3	3	3	3	
F17 Finance and UoR metric - liquidity	3										2	2	3	3	
F18 Finance and UoR metric - capital service capacity	3										4	4	4	3	
F19 Finance and UoR metric - I&E margin	3										3	3	3	3	
F20 Finance and UoR metric - distance from financial plan	1										1	1	1	1	
F21 Finance and UoR metric - agency spend	1										3	3	3	3	
F12 BPPC Non NHS No of Invoices	95%	95.7%	95.5%	95.5%	96.8%	96.3%	96.0%	96.2%	96.4%	96.3%	96.5%	96.6%	96.8%	96.7%	
F13 BPPC Non NHS Value of Invoices	95%	95.3%	95.2%	95.4%	98.2%	96.7%	95.7%	95.8%	96.2%	96.0%	96.5%	96.6%	96.8%	96.8%	
F14 BPPC NHS No of Invoices	95%	95.2%	95.0%	95.0%	95.3%	95.3%	93.2%	93.7%	93.4%	93.7%	97.0%	96.7%	96.3%	96.1%	
F15 BPPC NHS Value of Invoices	95%	96.6%	96.6%	96.4%	99.5%	95.8%	95.9%	96.6%	96.6%	97.0%	99.2%	99.2%	98.9%	98.8%	

APPENDIX B – GRAPHS

Chart 1 - C Difficile actual against threshold

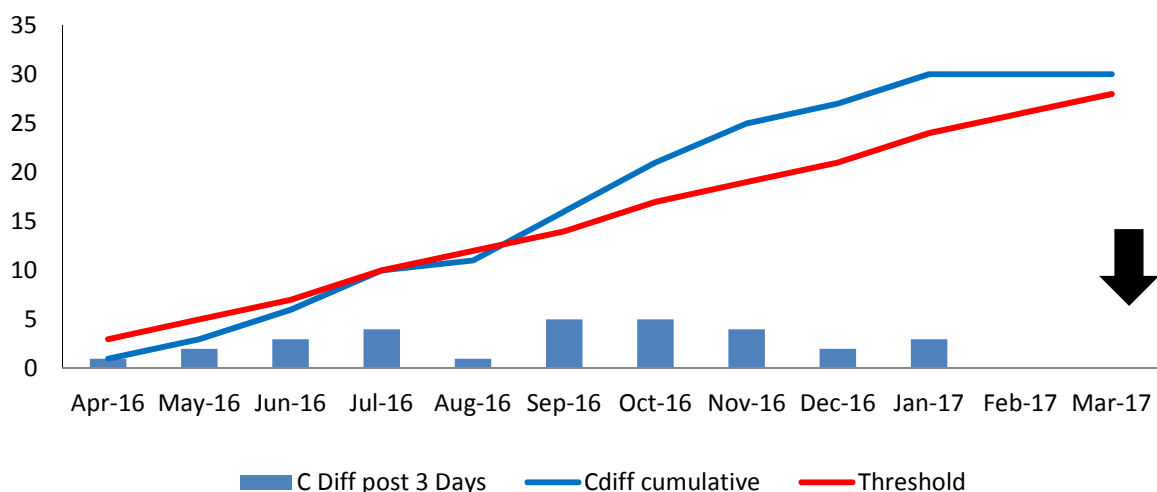


Chart 2 - Safe Infection Control - C Diff per 100,000 occupied bed days

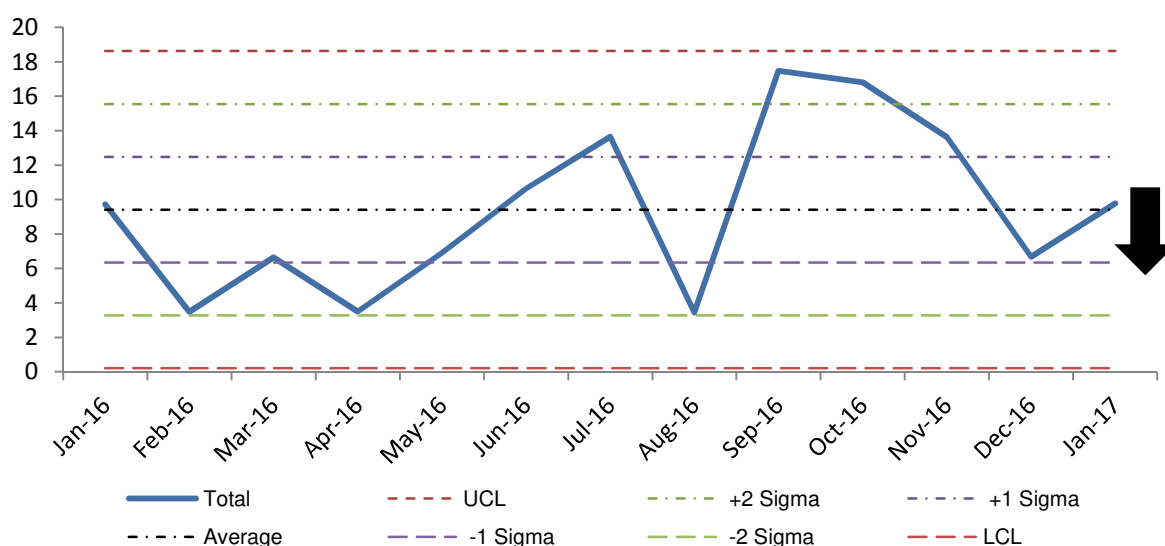


Chart 3 - C Diff benchmarking

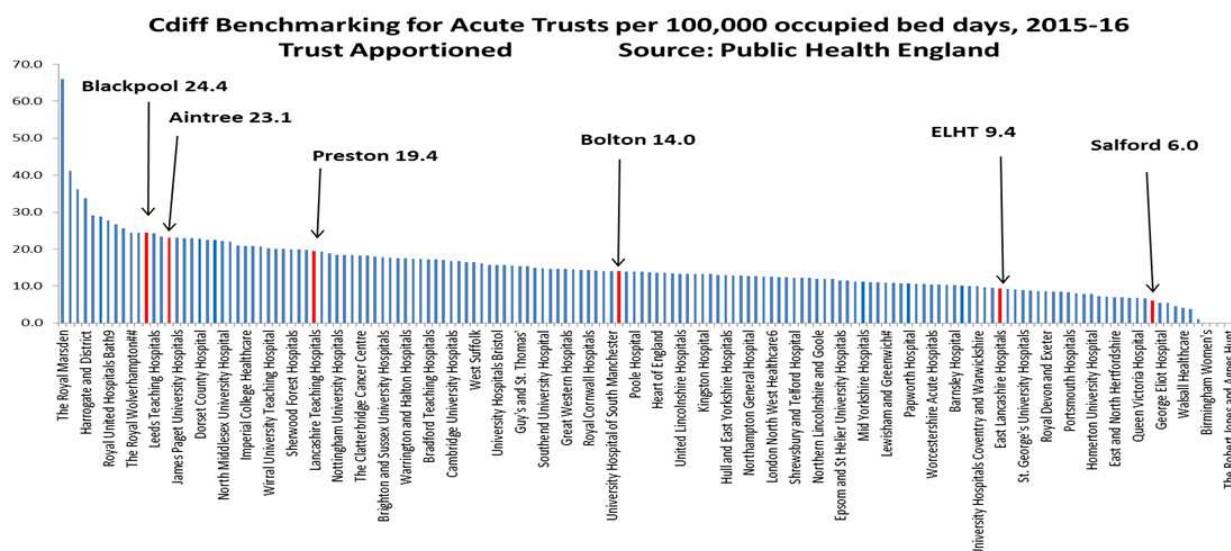


Chart 4 - % Harm Free Care from safety thermometer

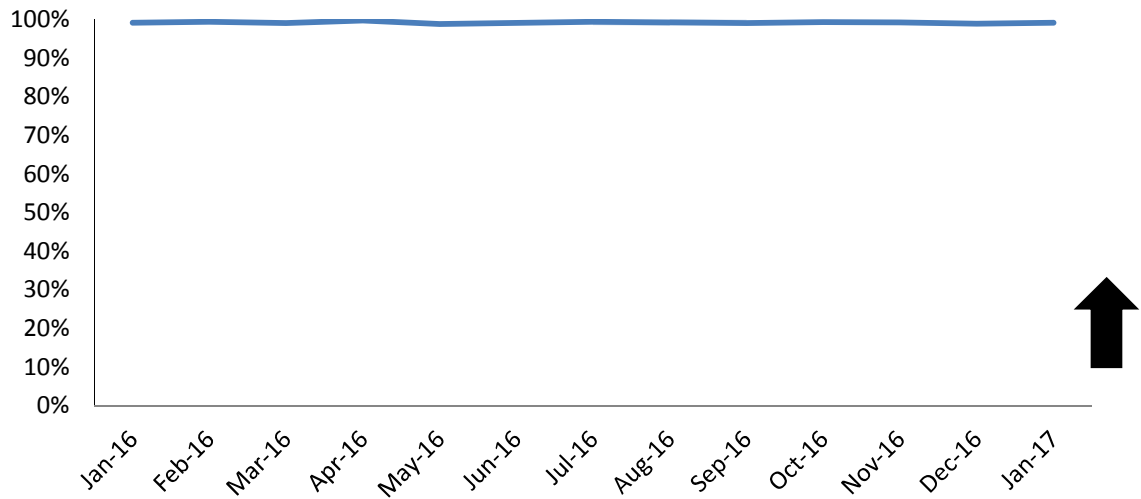


Chart 5 - VTE assessment

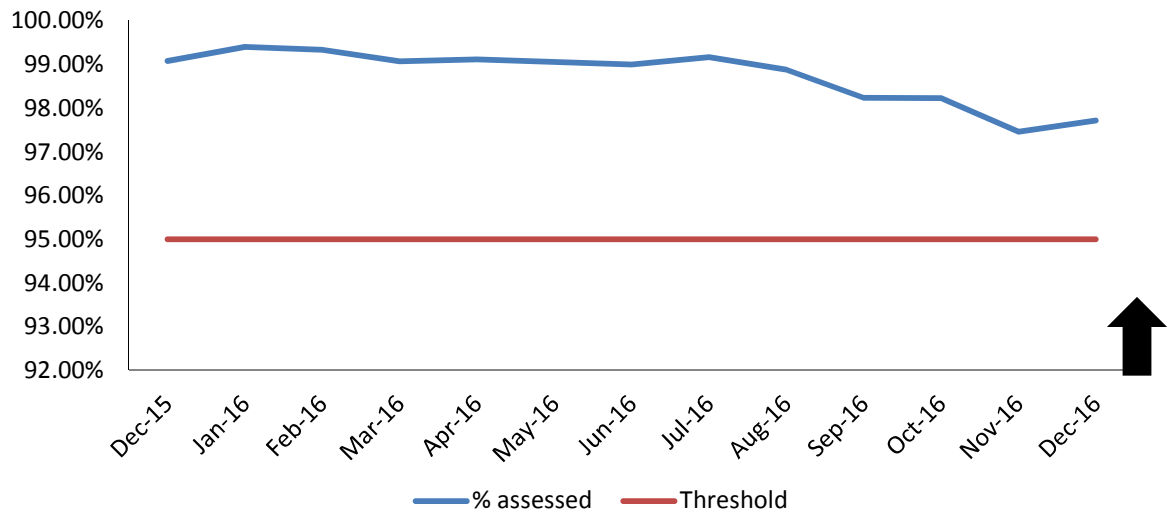


Chart 6 - Serious Incidents

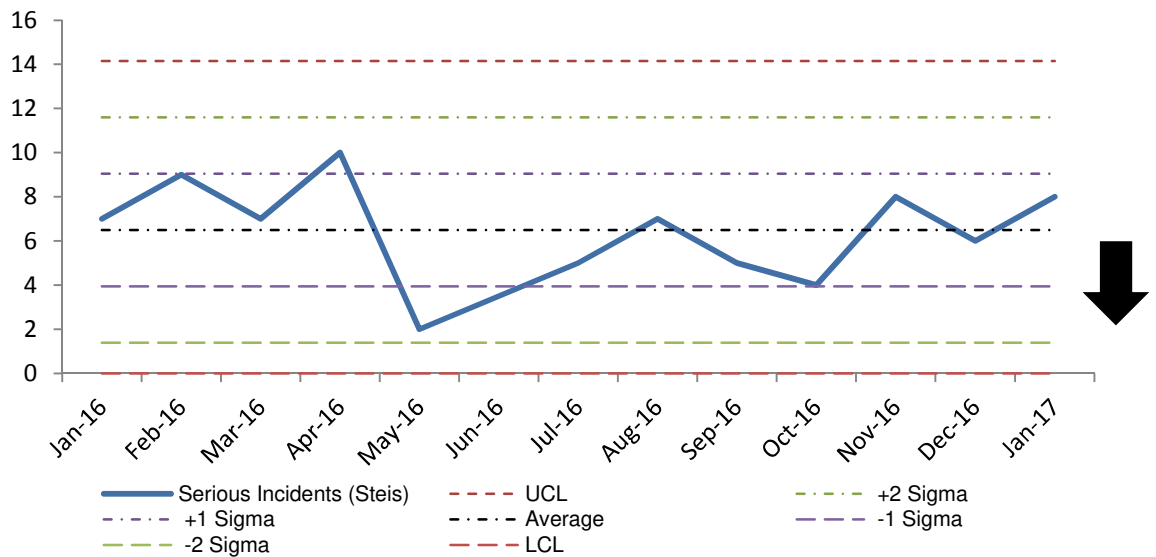


Chart 7 - Registered Nurses/Midwives

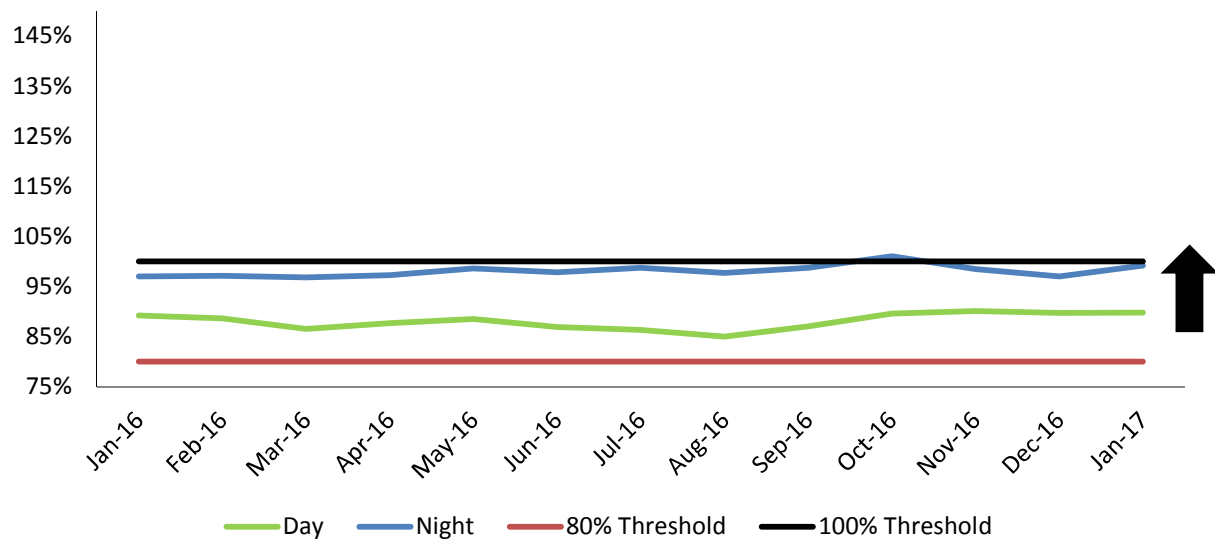


Chart 8 - Care Staff

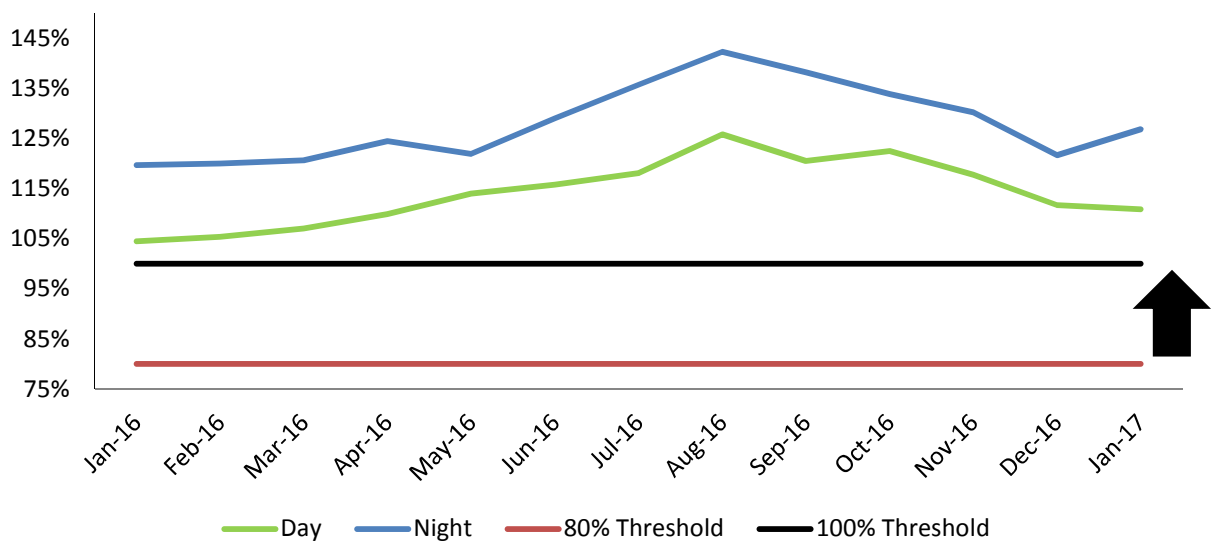


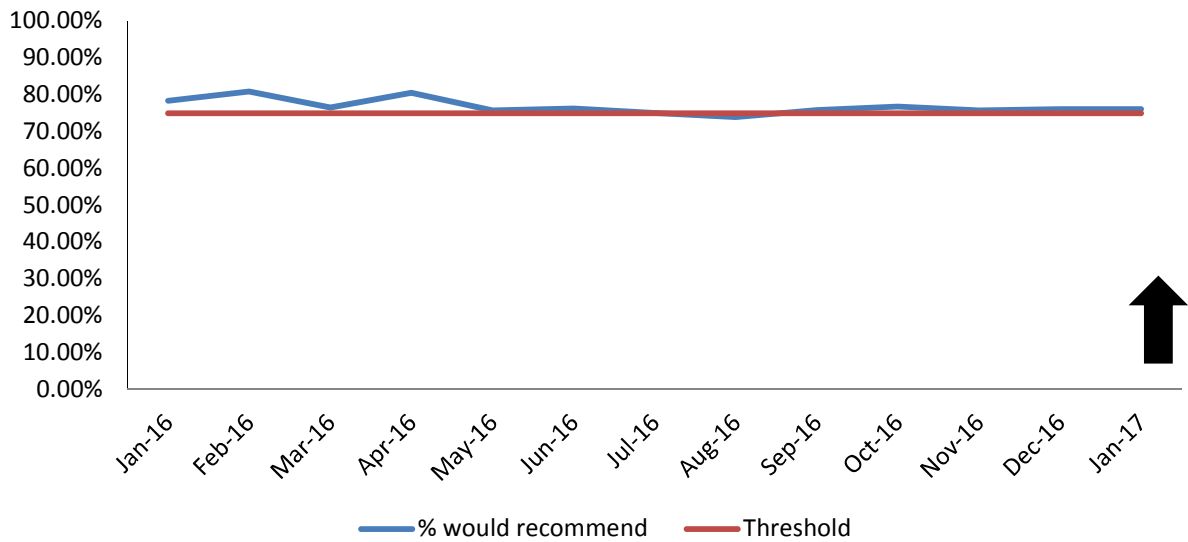
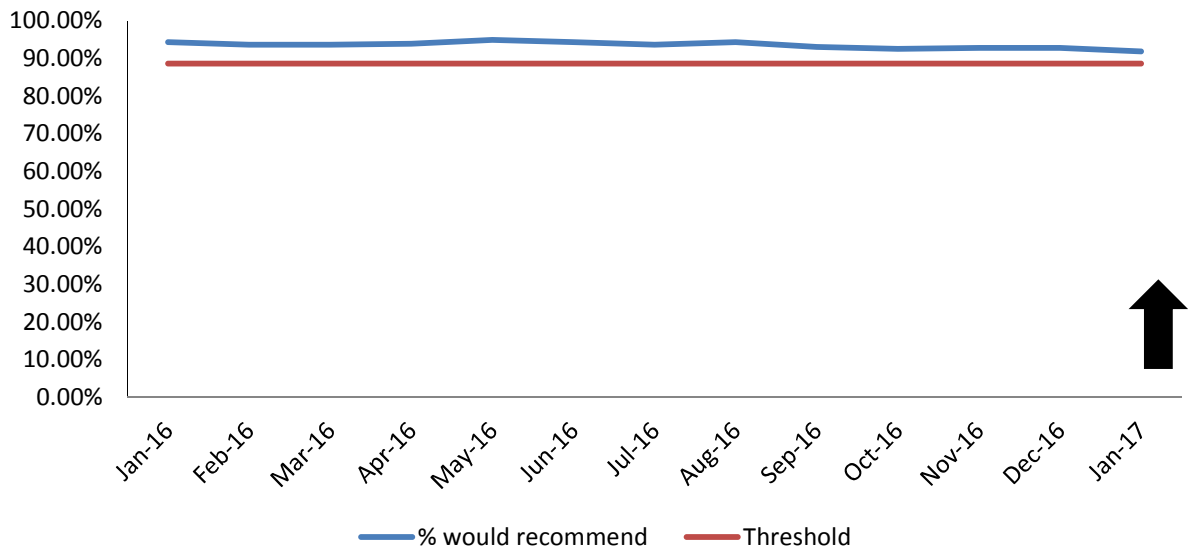
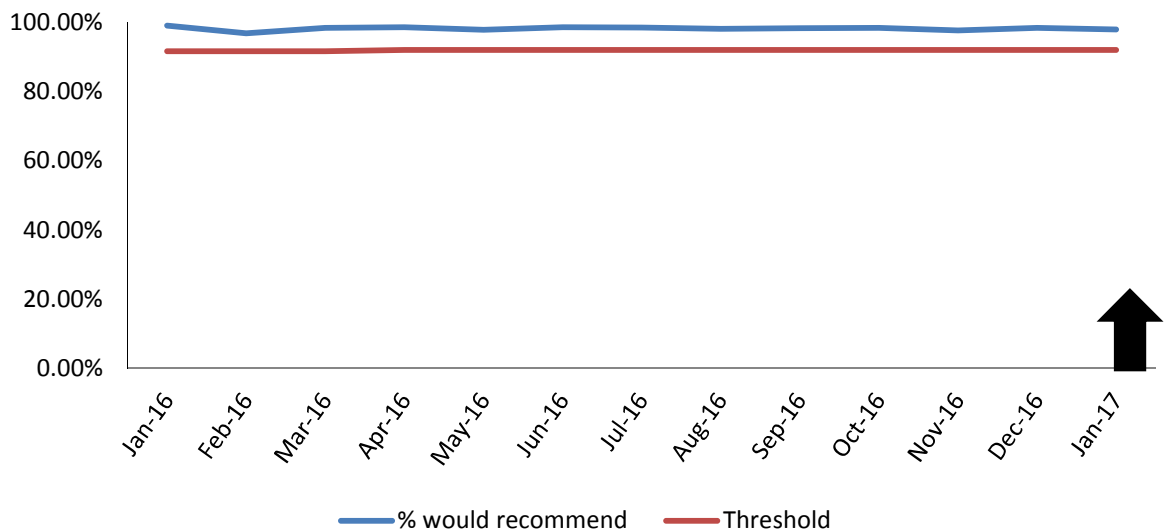
Chart 9 - Friends & Family A&E**Chart 10 - Friends & Family Community****Chart 11 - Friends & Family Inpatient**

Chart 12 - Friends & Family Maternity

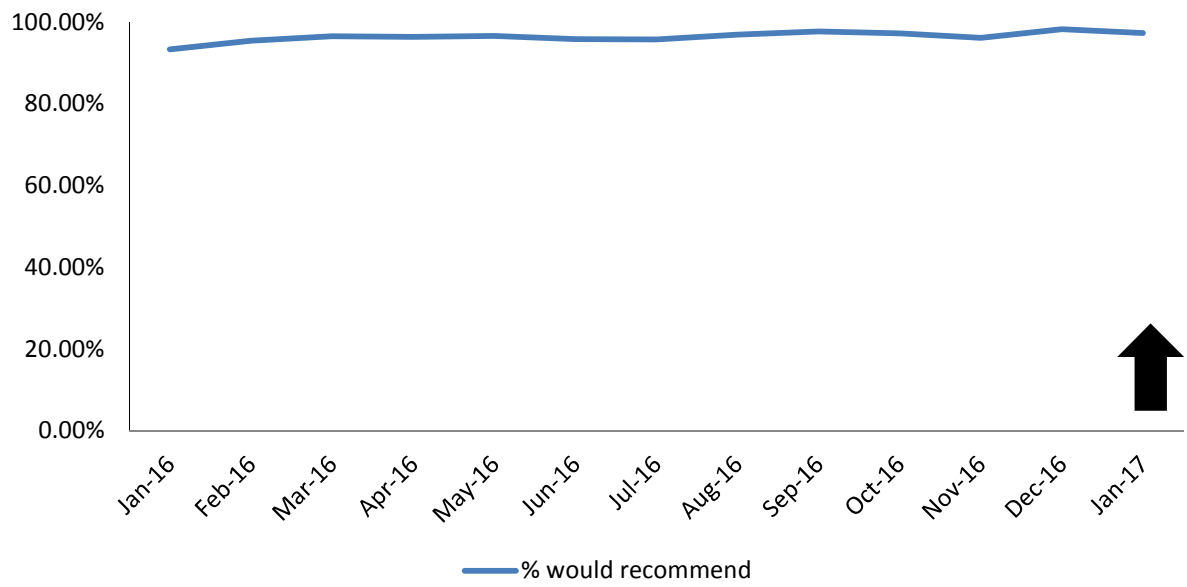
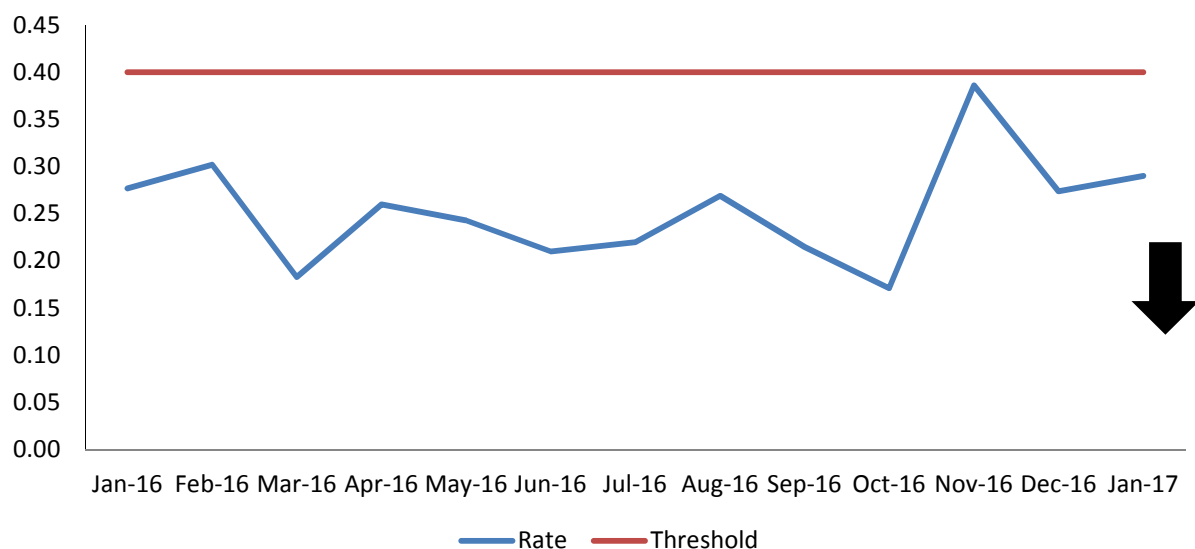


Chart 13 - Complaints per 1000 contacts**Chart 14 - Patient Experience**

January 2017 Totals	Overall		Dignity	Information	Involvement	Quality
	No.	%	%	%	%	%
Trust	2311	97	99	98	99	97
Integrated Care Group - Acute	715	97	99	99	99	97
Integrated Care Group - Comm	306	100	100	100	100	100
Surgery	297	97	99	97	99	98
Family care	630	97	99	97	99	97
Diagnostic and Clinical	350	96	96	95	98	96

Chart 15 - Dr. Foster Indicative HSMR monthly Trend

Diagnoses - HSMR | Mortality (in-hospital) | Nov 2015 - Oct 2016 | Trend (month)

Period: Month Model: Month: Jul 2016

As expected Low High 95% Confidence interval

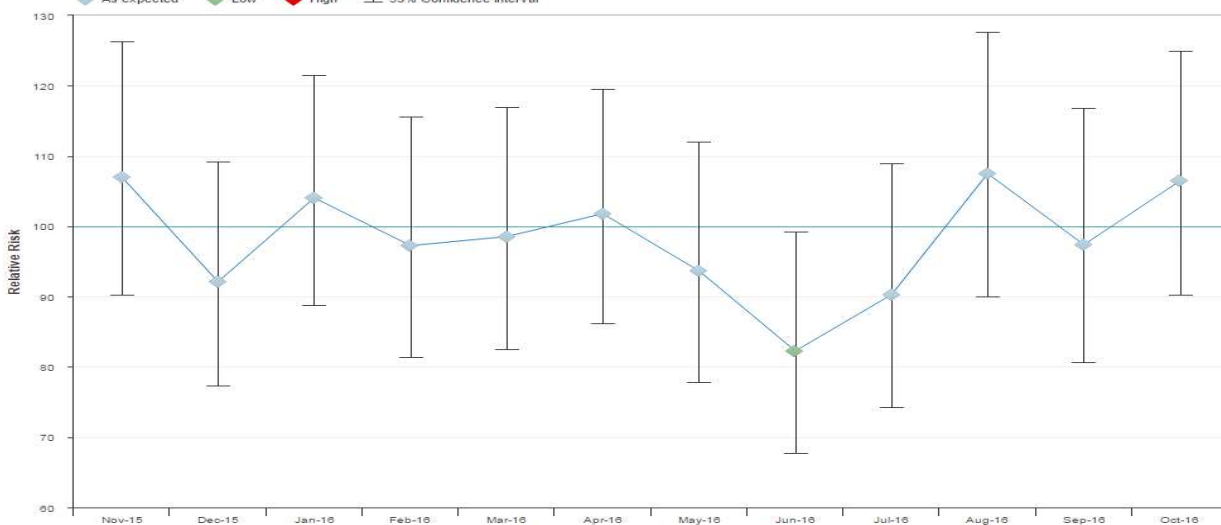


Chart 16 - SHMI Published Trend

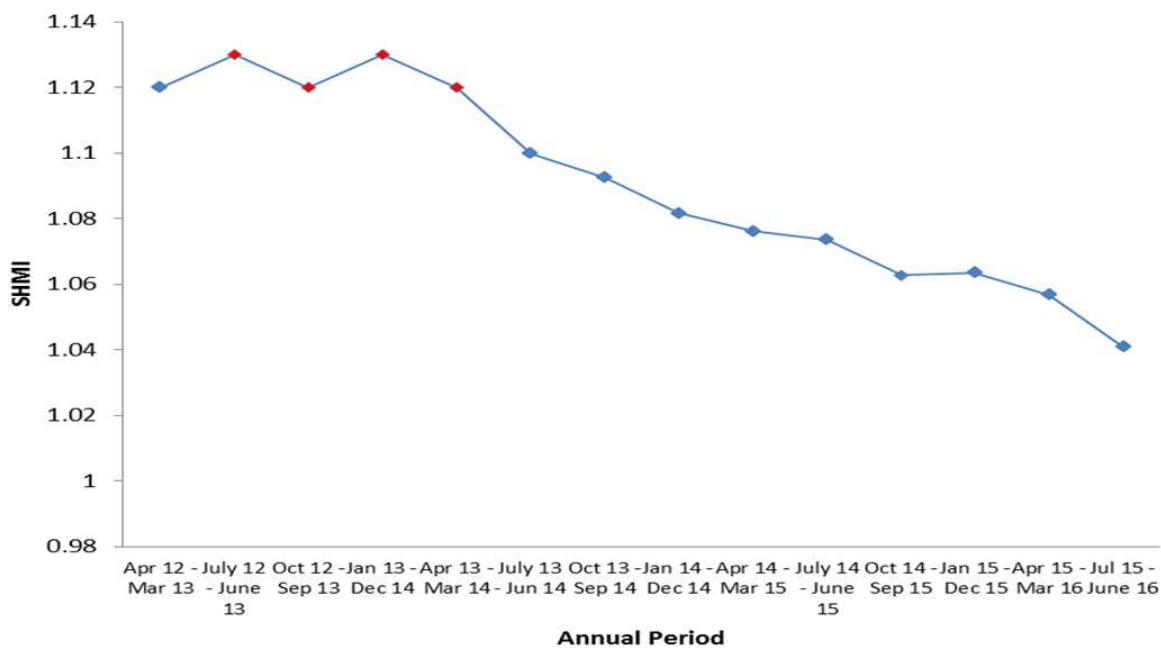


Chart 17 - DFI Indicative HSMR rolling 12 month

	TDA Reported HSMR July 14 – June 15	DFI Rebased on latest month Nov 15 – Oct 16 (Risk model July 16)
TOTAL	103.03	98.3 (CI 93.6 – 103.3)
Weekday		98.7 (CI 93.2 – 104.5)
Weekend	103.94	97.0 (CI 87.8 – 107.0)
Deaths in Low Risk Diagnosis Groups		86.5 (CI 54.2 – 131.0)

Chart 18 - Commissioning for Quality and Innovation (CQUIN)

CQUIN Scheme		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Q1	Q2	Q3
national	NHS STAFF HEALTH & WELLBEING - Flu Vaccine Uptake	75%												82.1%
national	SEPSIS PART A- screening in emergency department - Adult	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	- screening in emergency department - child	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
national	- antibiotic administration & review - adult - number eligible		4	6	0	4	1	1	1	0	0	10	6	1
national	- antibiotic administration & review - adult %		100.0%	66.7%	n/a	50.0%	100.0%	100.0%	100.0%	n/a	n/a	80.0%	66.7%	100.0%
national	- antibiotic administration & review - child - number eligible		0	0	0	0	0	0	0	0	0	0	0	0
national	- antibiotic administration & review - child %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
national	SEPSIS PART B- screening in an inpatient setting - adult	90.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.0%	100.0%	100.0%
national	- screening in an inpatient setting -child	90.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.0%	100.0%	100.0%
national	- antibiotic administration & review - adult - number eligible		8	5	2	1	1	1	3	4	1	15	3	8
national	- antibiotic administration & review - adult %		100.0%	100.0%	50.0%	100.00%	100.00%	100.0%	100.0%	75.00%	100.0%	93.3%	100.0%	88.0%
national	- antibiotic administration & review - child - number eligible		0	0	0	0	0	0	0	0	0	0	0	0
national	- antibiotic administration & review - child %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
national	ANTIMICROBIAL RESISTANCE PART B - Empiric Review of antibiotic prescriptions		84%	78%	74%	80%	82%	70%	79%	83%	88%	79%	77%	83%
local	SAVING BABIES LIVES - Induction rate		24.7%	23.9%	25.7%	23.7%	27.7%	25.2%	26.00%	27.20%	28.60%	24.80%	25.60%	27.30%
local	- Induction rate (FGR/ Reduced fetal movements) **		31.5%	29.3%	30.6%	26.9%	27.9%	26.8%	25.3%	19.7%	26.4%	30.5%	27.2%	23.9%
local	- No. Stillbirths, TOTAL		1	3	5	5	3	7	1	4	1	9	15	6
local	- No. Stillbirths, Avoidable		0	1	0	0	0	0	0	0	0	1	0	0
local	- No. Stillbirths, Unavoidable		1	2	5	5	3	7	1	4	1	8	15	6
local	-Smoking Status at Booking		18.2%	17.7%	17.6%	21.2%	18.0%	19.5%	18.3%	18.5%	21.5%	17.8%	19.6%	19.4%
local	-Smoking Status at Delivery		15.8%	16.2%	16.1%	17.9%	16.9%	17.7%	16.3%	17.5%	18.5%	16.1%	17.5%	17.4%
local	-Number of staff who have undertaken PROMPT (CTG training) - rolling 12 months		256	256	248	248	248	252	252	252	252	256	248	252
local	-Percentage of staff who have undertaken PROMPT (CTG training) - Rolling 12 months		86.6%	78.0%	76.0%	79.5%	80.9%	73.6%	71.7%	67.6%	74.1%	76.0%	73.6%	74.1%
local	-Training in the use of customised growth charts		90.2%	103.8%	90.2%	87.6%	80.6%	75.7%	77.9%	72.6%	74.1%	90.2%	75.7%	74.1%
local	-Feedback from women on information provided on reduced fetal movements		48.7%	47.0%	46.7%	51.8%	59.3%	43.2%	63.5%	100.0%	100.0%	47.5%	51.0%	87.8%
local	REFER TO PHARMACY - Referrals	Q1 1000 Q2 1300 Q3 1600 Q4 2000	1275	2168	2168	2168	2168	2168	2168	2168	2168	1275	2168	2616
Spec Comms	NEONATAL CRITICAL CARE - 2 year Outcomes		100%	100%	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%
Spec Comms	- Hypothermia Prevention - Temperature taken within 1 hr	98.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Spec Comms	- Hypothermia Prevention - Temperature >=36 degrees	95.0%	91%	100%	89%	100%	100%	89%	75%	93%	100%	93%	97%	93%
Spec Comms	CANCER - Dose Banding		0%	0%	67%	67%	67%	67%	67%	67%	67%	0%	67%	83%

Chart 19 - A&E 4 hour standard % performance, including National average

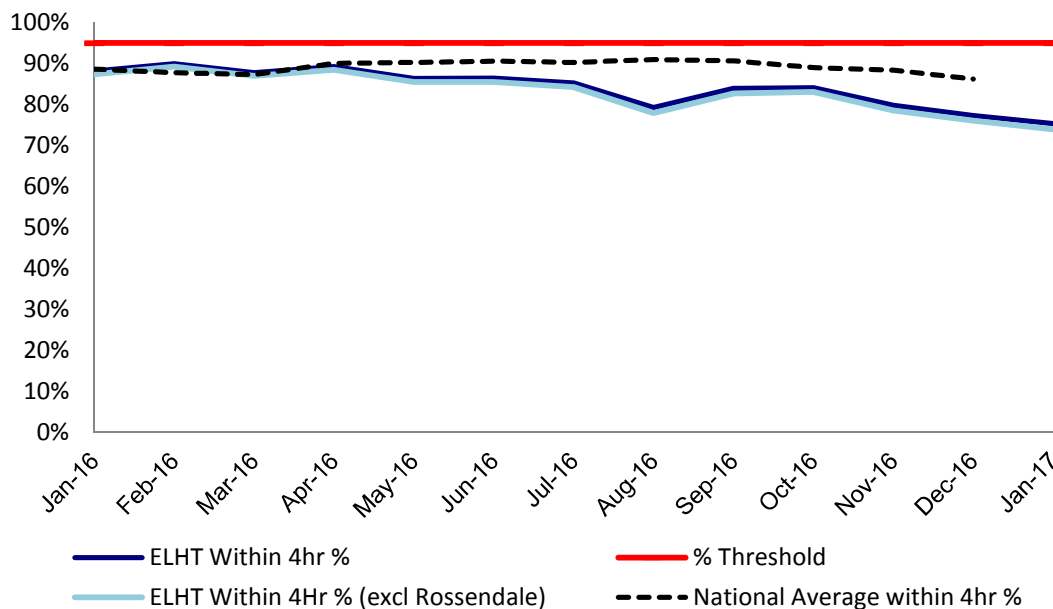


Chart 20 - Handovers

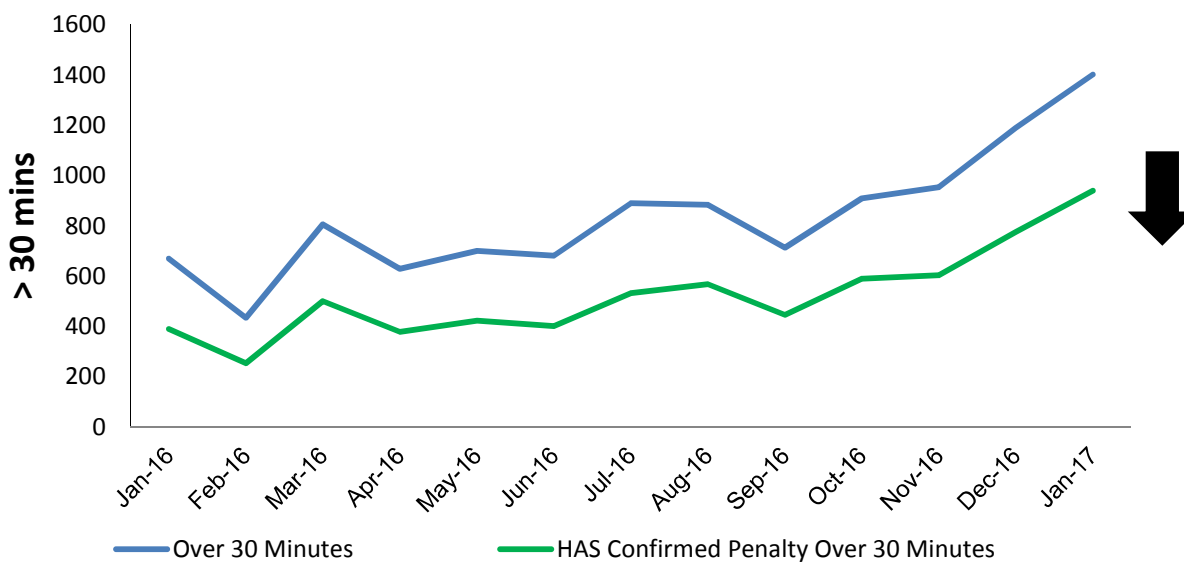


Chart 21 - HAS Compliance

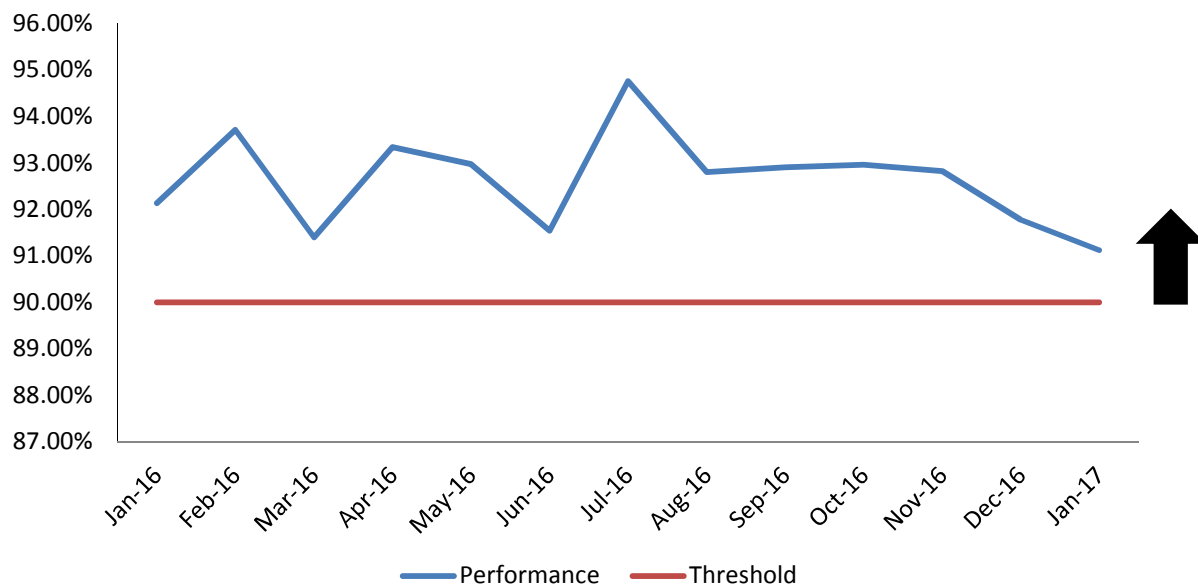


Chart 22 - RTT Ongoing

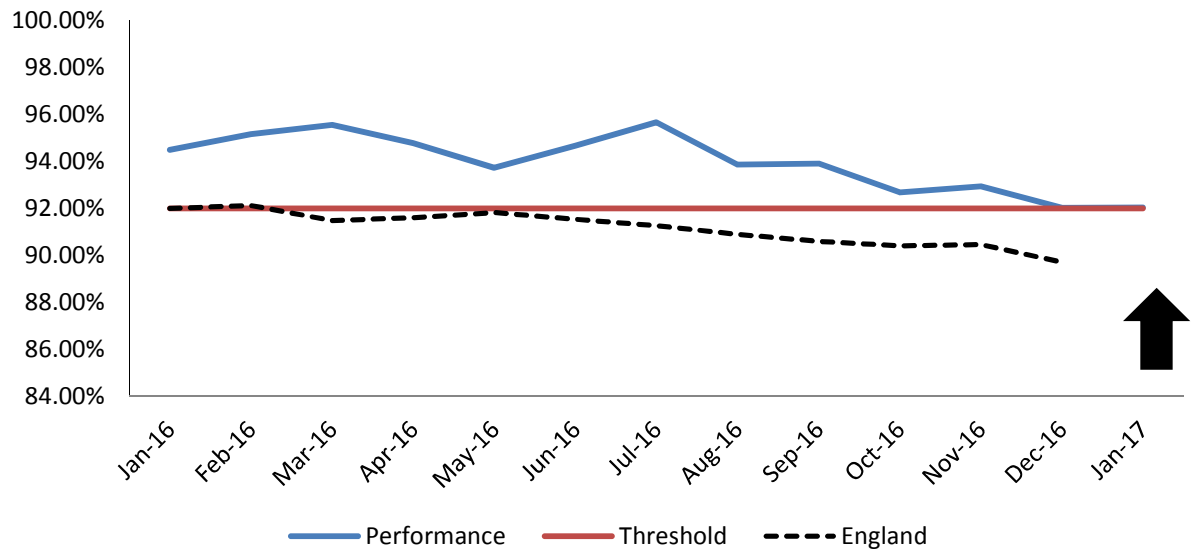


Chart 23 - RTT Ongoing 0-18 Weeks

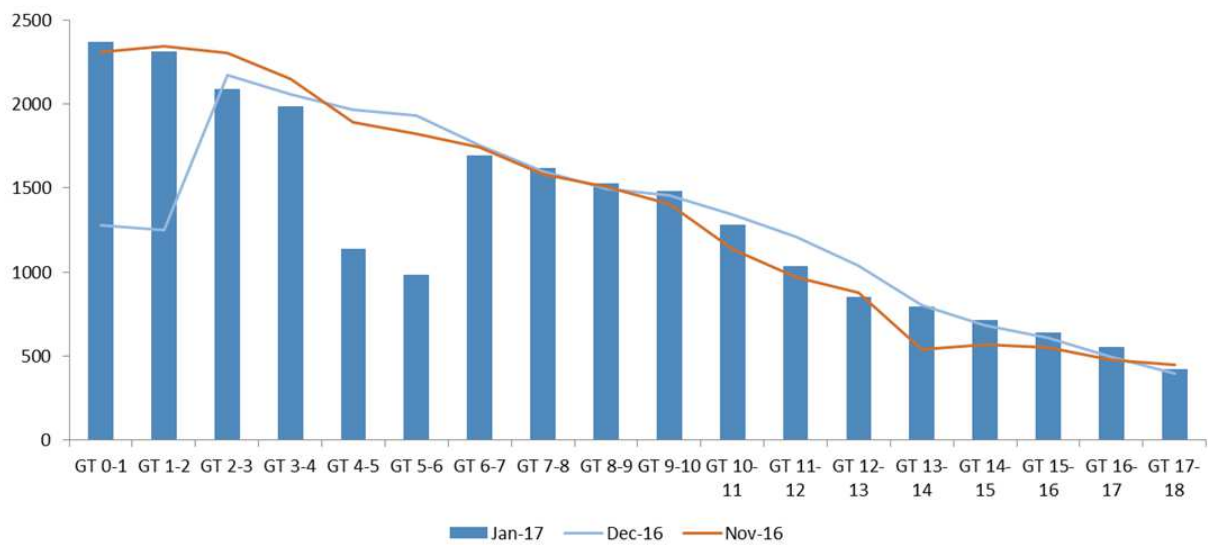


Chart 24 - RTT Over 18 weeks

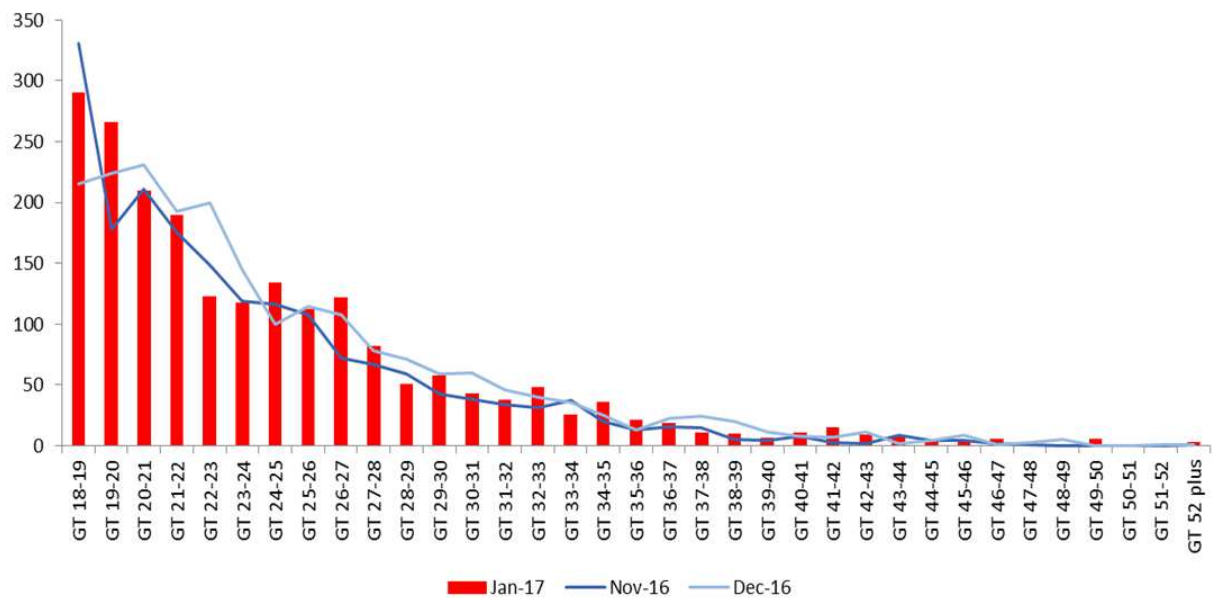


Chart 25 - Cancer 2 Week

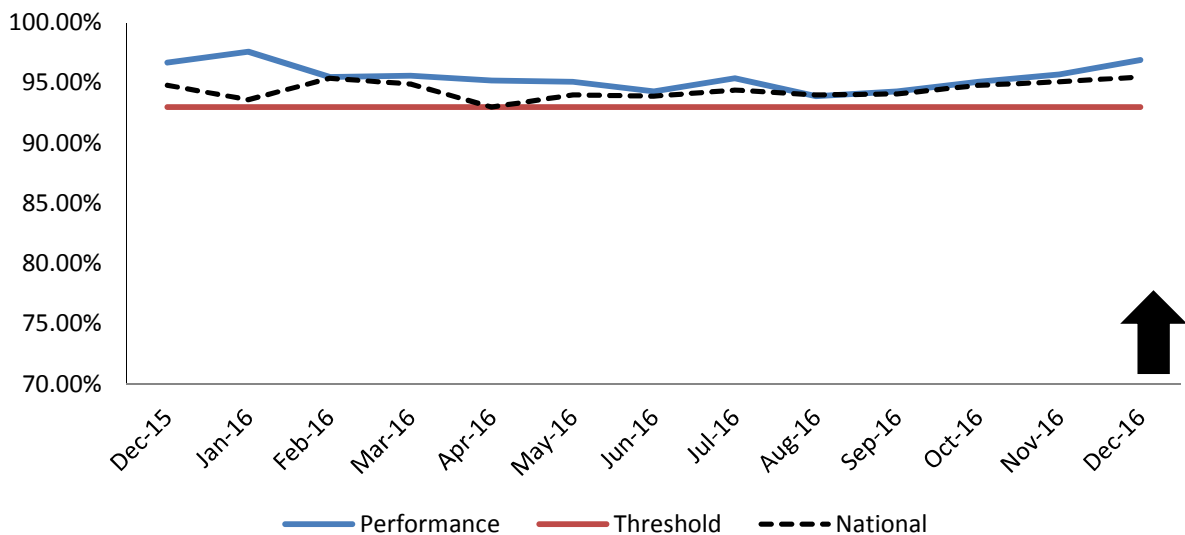


Chart 26 - 62 Day

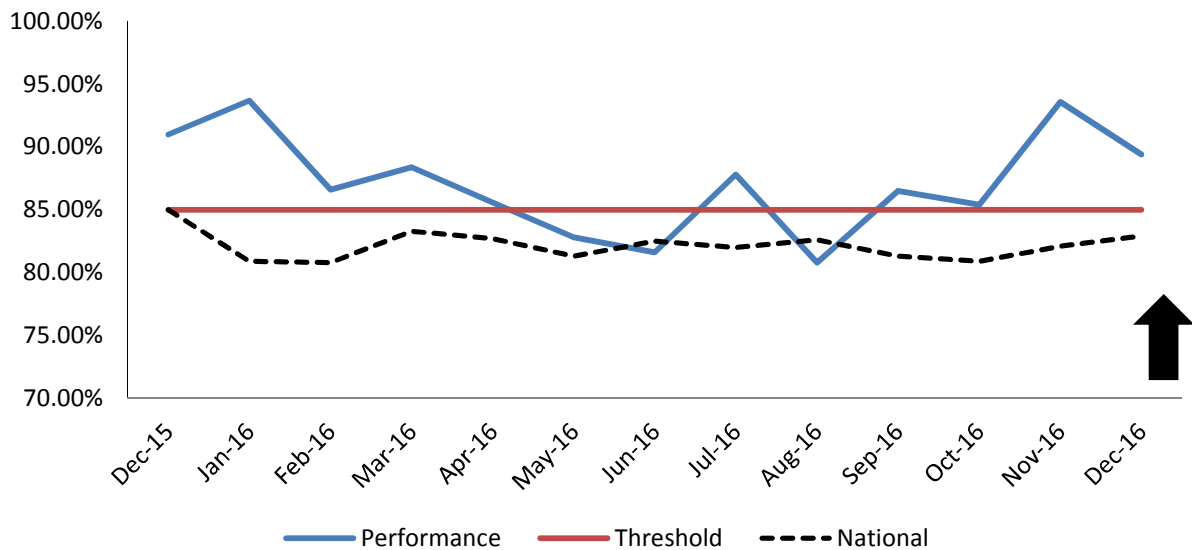


Chart 27 - Cancer Patients Treated > Day 104

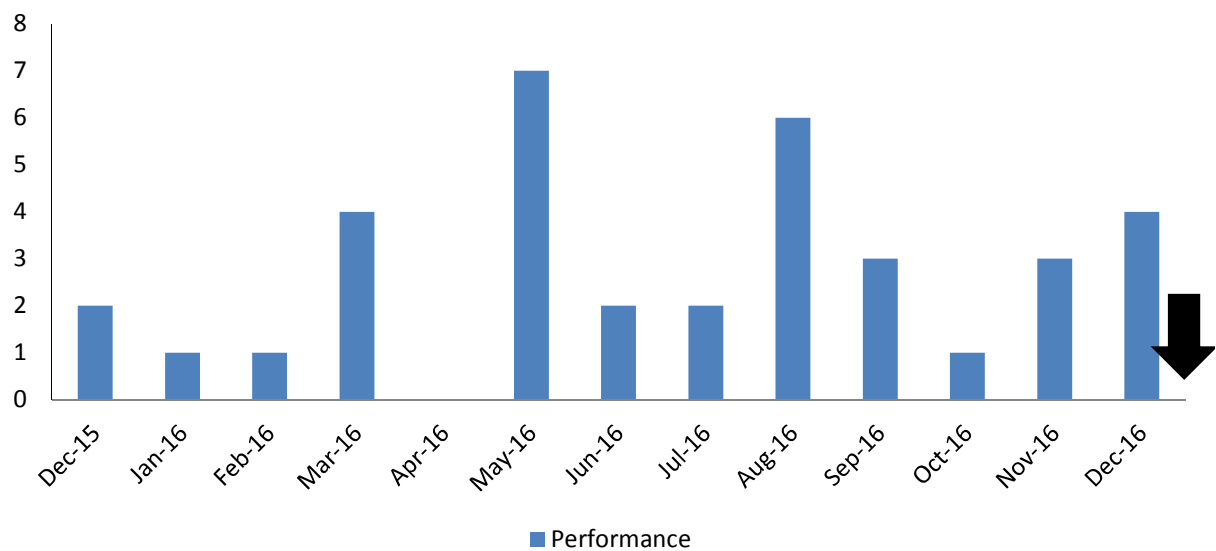


Chart 28 - 62 Day by Tumour Site

Tumour Site	Q1	Q2	Q3	Dec-16
Breast	98.1%	100.0%	98.0%	92%
Colorectal	71.4%	64.6%	82.0%	100%
Gynaecology	86.2%	100.0%	96.2%	91.70%
Haematology	79.3%	84.2%	78.3%	80%
Head & Neck	64.9%	78.3%	72.7%	75%
Lung	84.9%	89.1%	83.1%	80%
Other	100%	100%	50.0%	100%
Skin	89.0%	90.3%	98.1%	100%
Upper GI	58.5%	82.1%	86.7%	92.90%
Urology	85.0%	76.1%	90.7%	85.10%

Chart 29 - 62 Day Consultant Upgrade

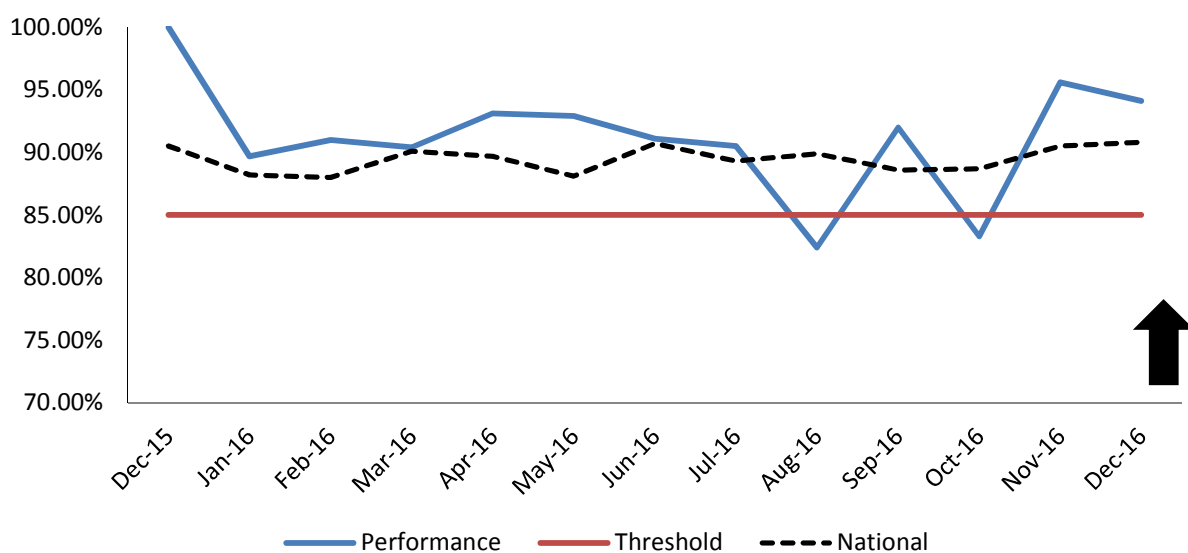


Chart 30 - Delayed Discharges per 1000 bed days

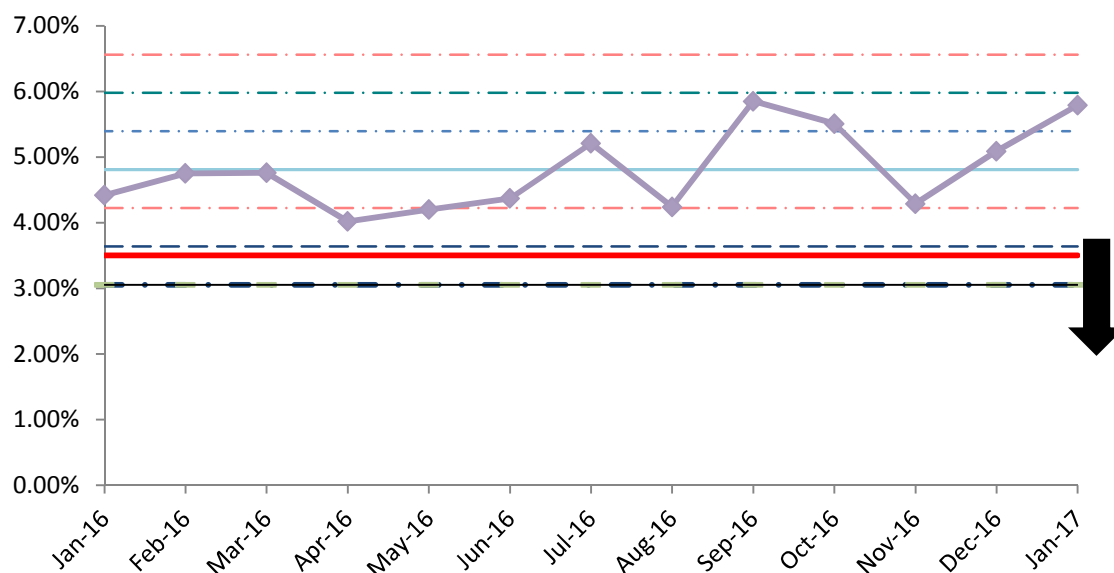


Chart 31 - Emergency Readmissions

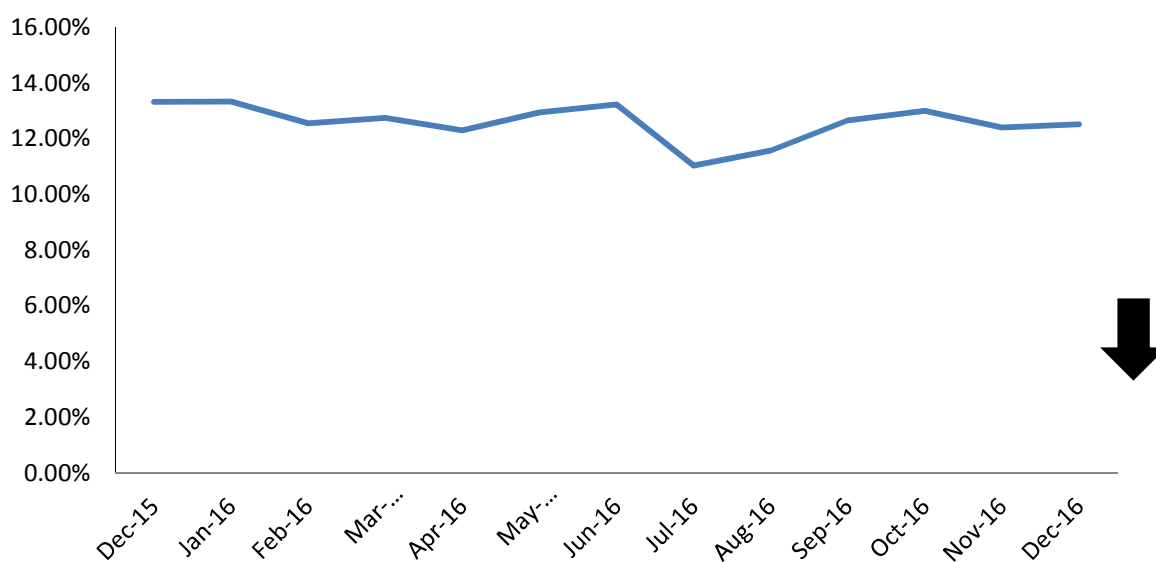


Chart 32 - Diagnostic Waits

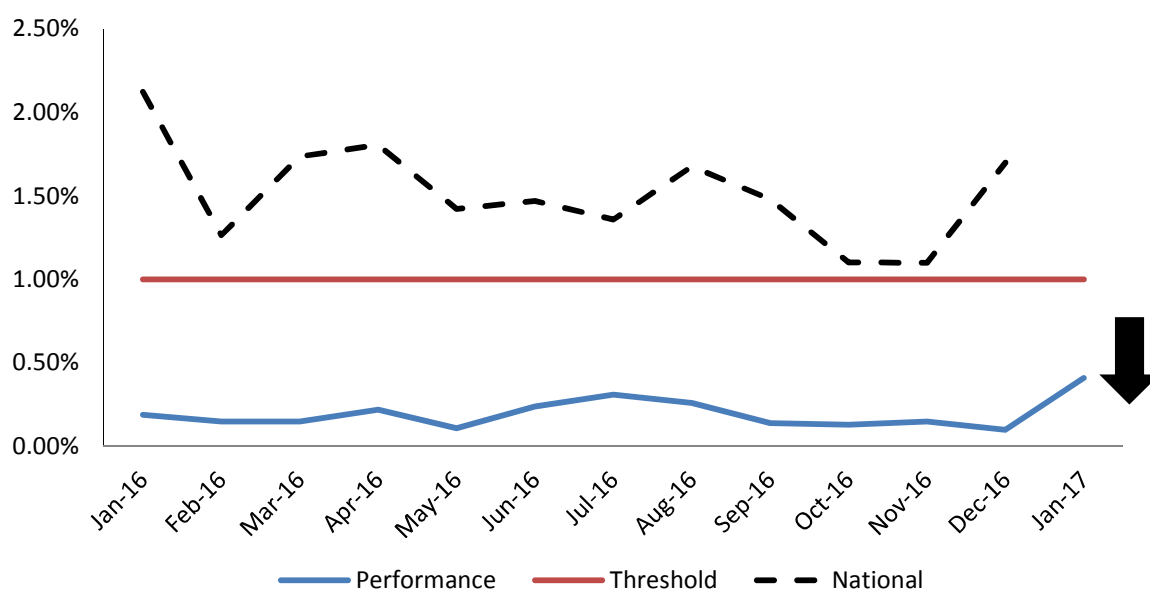
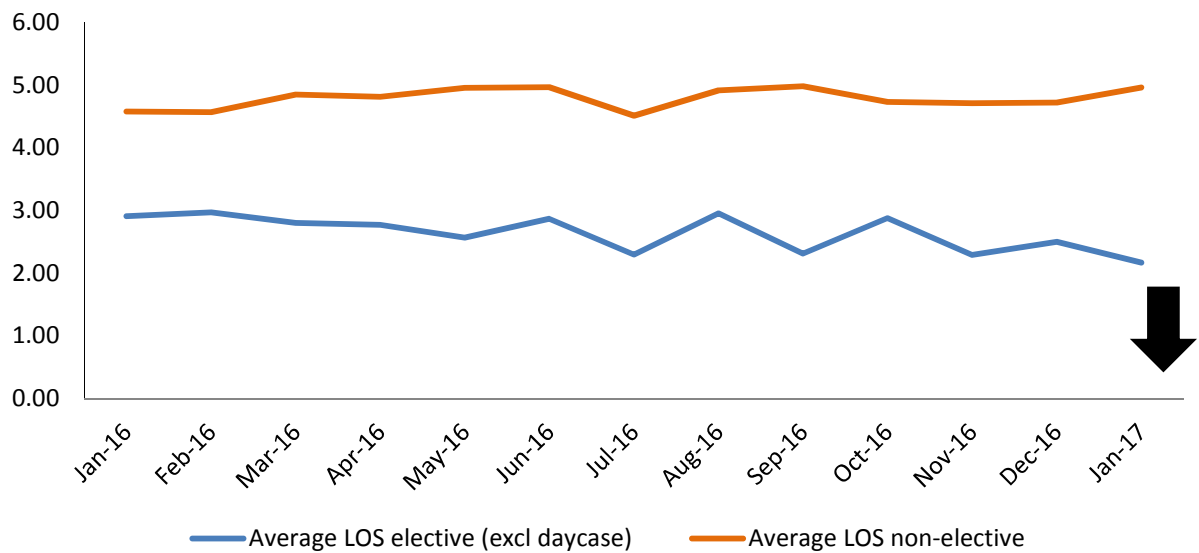


Chart 33 - Average Length of Stay**Chart 34 - Average Length of Stay VS expected, November 15 - October 16, Dr. Foster**

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	57,969	9,930	48,039	3.3	2.7	-0.6
Emergency	53,713	53,713	0	4.8	4.9	0.1
Maternity/Birth	14,492	14,492	0	2.1	2.5	0.3
Transfer	187	187	0	10.5	36.9	26.4

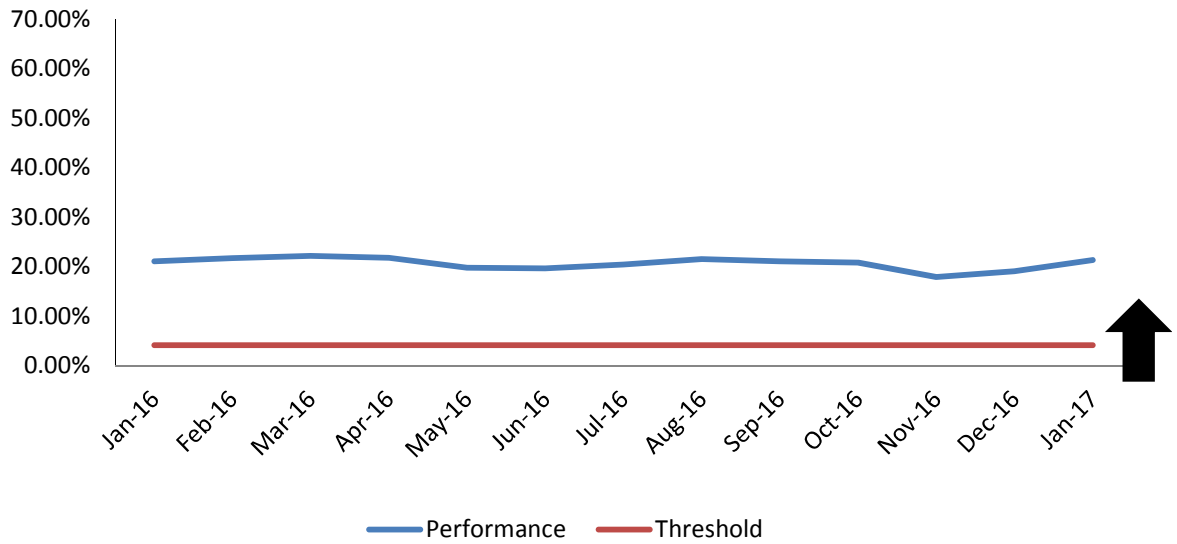
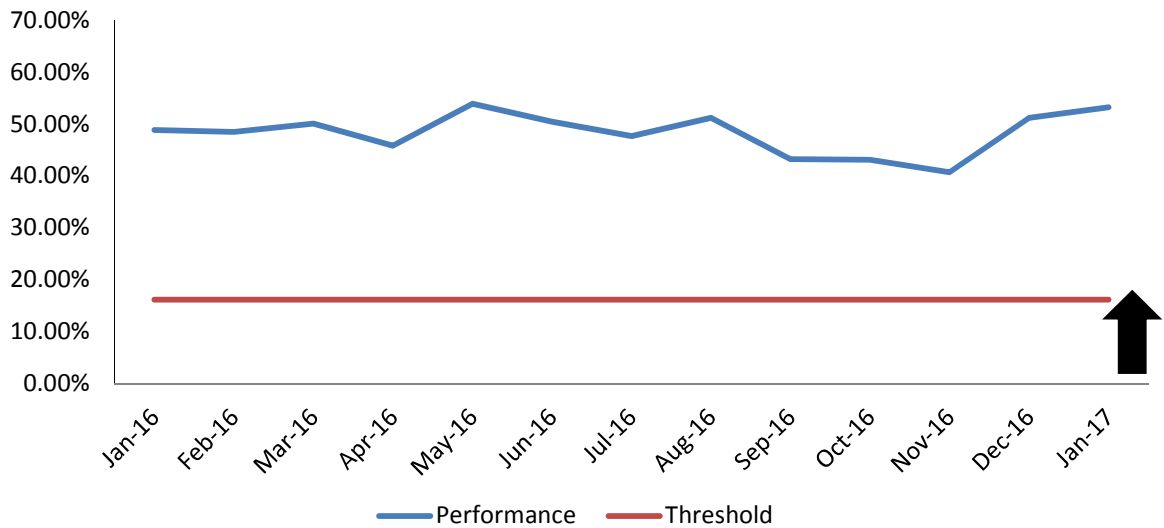
Chart 35 - Friends & Family A&E Response Rate**Chart 36 - Friends & Family Inpatient Response Rate**

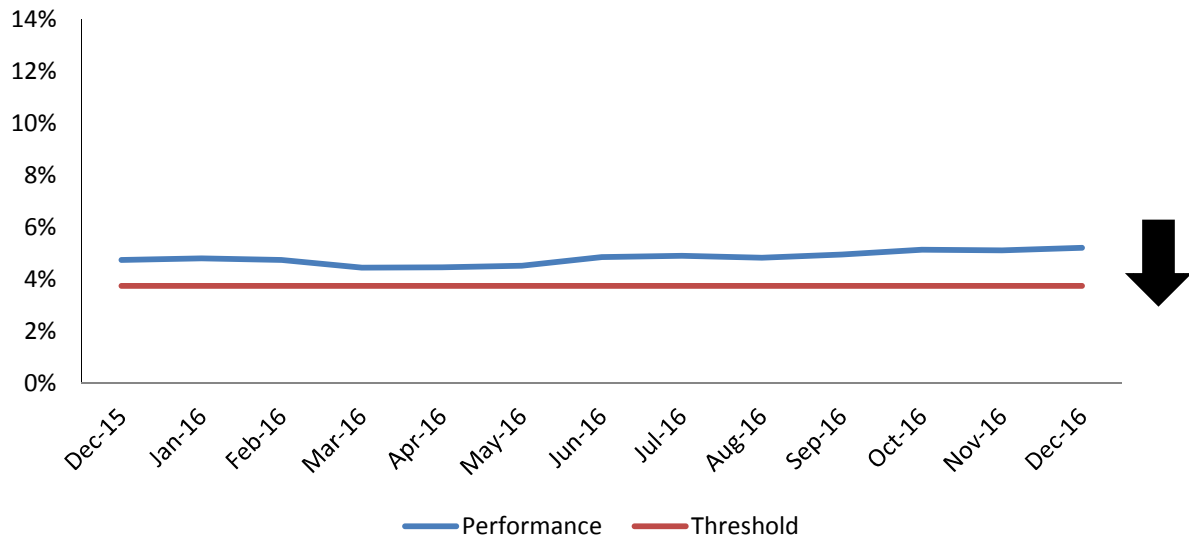
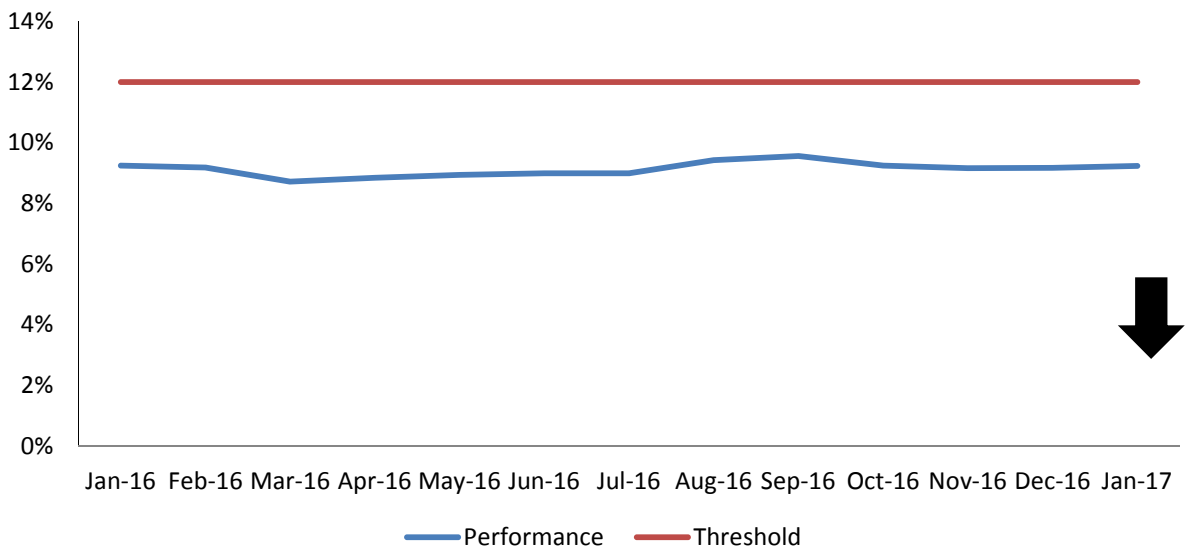
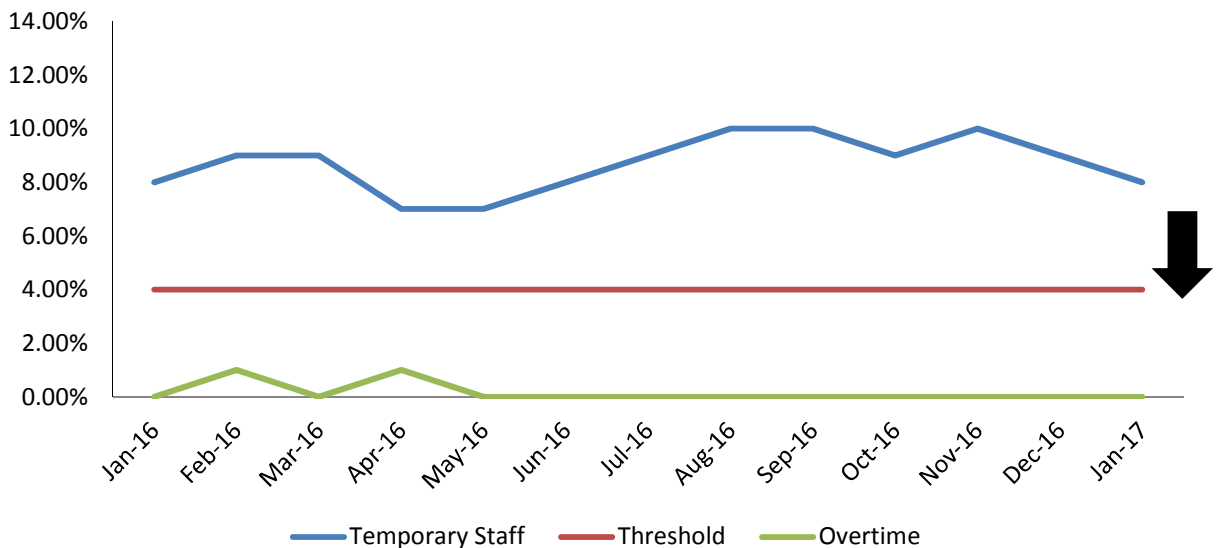
Chart 37 - Sickness**Chart 38 - Turnover Rate****Chart 39 - Temporary costs and overtime as % total paybill**

Chart 40 - Vacancy Rate

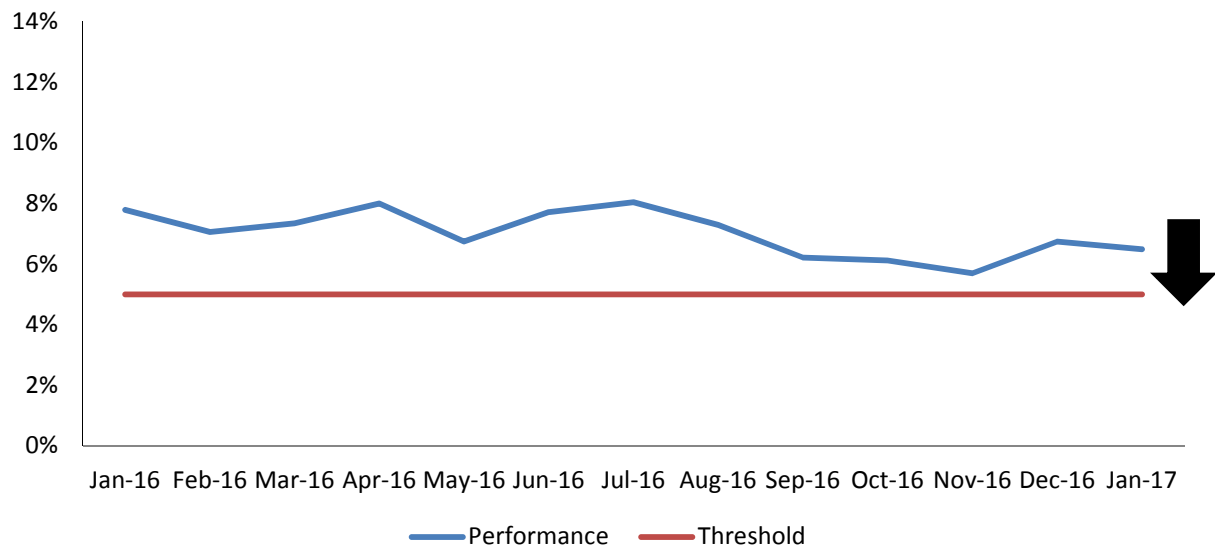
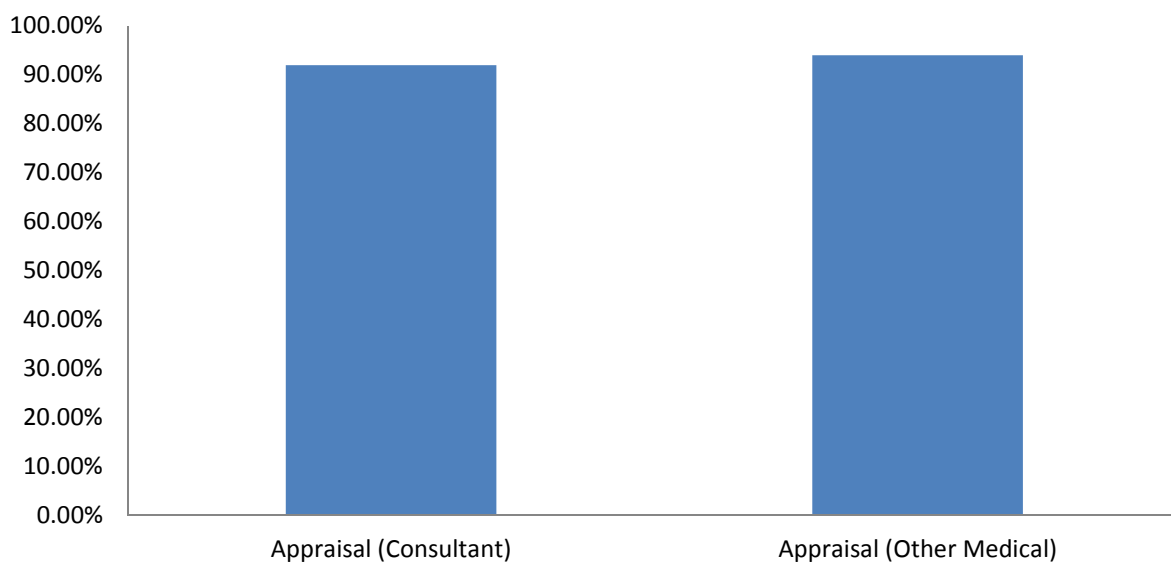
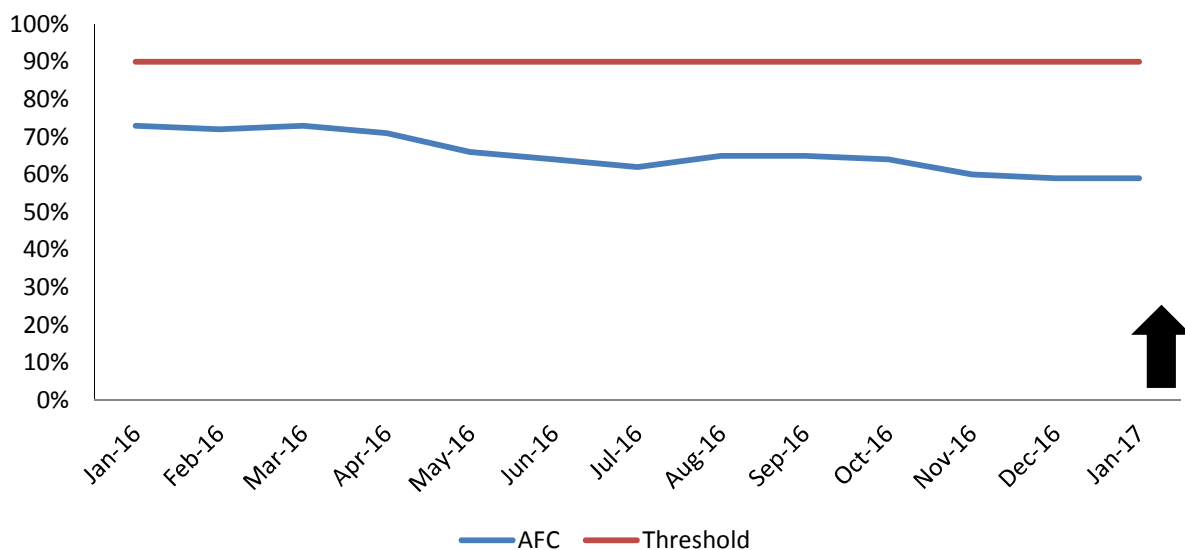
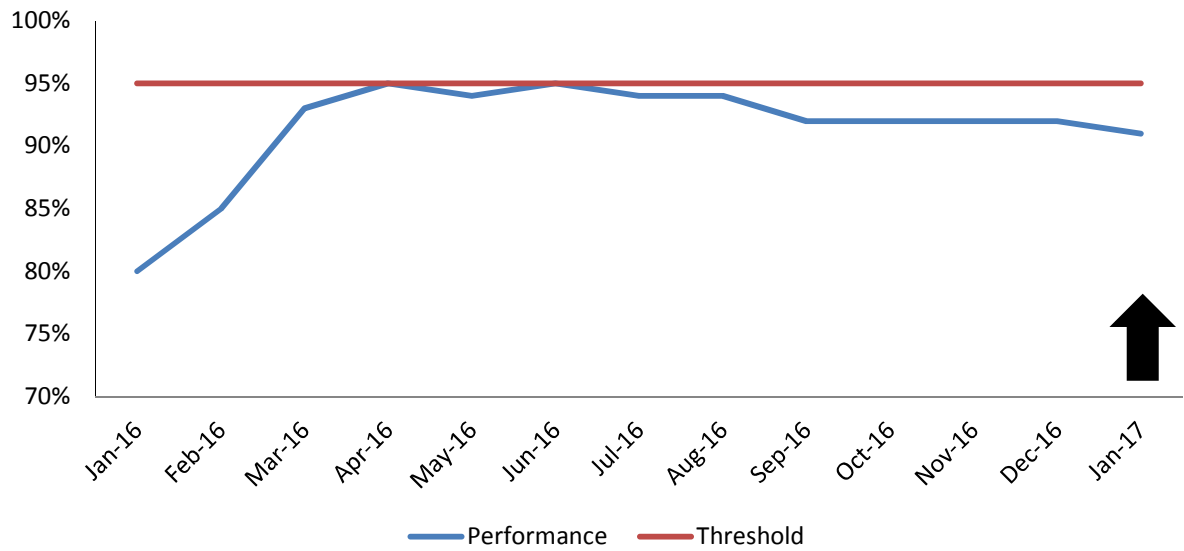


Chart 41 - Appraisals, Consultant & Other Medical**Chart 42 - Appraisals AFC****Chart 43 - Job Plans**

	2015	2016 (YTD)
Trust Total	80%	67%
Integrated Care Group	66%	3%
Surgery	75%	90%
Family Care	100%	77%
Diagnostics & Clinical Support	84%	80%

Chart 44 - Information Governance Kit



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Chart 45 - Core Skills Training % Compliance

Overall Trust Core Skills Training Compliance											
Data includes all staff on ESR (with the exception of bank only staff, FY1/FY2 doctors and Career Break Staff)											
	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 Healthwrap	Safeguarding Adults	Safeguarding Children	Safer Handling Theory
Target	80%	80%	80%	80%	80%	80%	95%	80%	80%	80%	80%
Chief Executive	-	89	87	82	75	74	93	89	73	92	89
Diagnostics & Clinical Support	84	94	95	83	86	85	93	90	80	94	94
Estates & Facilities	-	95	94	91	92	95	87	85	91	96	95
Family Care	86	95	96	88	89	88	94	85	80	85	93
Finance & Informatics	-	98	99	92	94	95	94	96	90	98	97
Governance	-	100	100	94	94	94	96	98	94	98	98
HR & OD	81	93	94	88	86	86	99	90	85	93	93
Integrated Care Group	76	92	93	82	84	83	88	77	76	89	92
Research & Development	71	100	100	97	97	87	100	92	92	97	100
Surgical & Anaesthetics Services	73	90	92	82	83	82	90	76	77	88	90
Compliance as at 1 Feb 17	79	93	94	84	86	85	91	83	80	90	93
Compliance as at 3 Jan 17	79	93	93	85	84	83	92	84	76	93	93
Trend analysis	-	-	↑	↓	↑	↑	↓	↓	↑	↓	-
	0	0	1	-1	2	2	-1	-1	4	-3	0

Chart 46 - Finance and Use of Resources metrics

Area	Metric		Actual YTD Performance	Score	Forecast outturn Performance	Score
Financial sustainability	Capital service capacity		1.3	3	1.4	3
	Liquidity (days)		(7.1)	3	(8.4)	3
Financial efficiency	I&E margin		(0.8%)	3	(0.8%)	3
Financial control	Distance from financial plan		0.0%	1	0.0%	1
	Agency spend		42.1%	3	47.0%	3
Total				3		3
Metric	Definition	Weighting	Scoring			
			1	2	3	4 ¹
Capital service capacity	Degree to which the provider's generated income covers its financial obligations	20%	> 2.5x	1.75 - 2.5x	1.25 - 1.75x	< 1.25x
Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	20%	> 0	(7) - 0	(14) - (7)	< (14)
I&E margin	I&E surplus or deficit / total revenue	20%	> 1%	1% - 0%	0% - (1%)	<=(1%)
Distance from financial plan	Year-to-date actual I&E surplus / deficit in comparison to year-to-date plan I&E surplus / deficit	20%	>= 0%	(1%) - 0%	(2%) - (1%)	<=(2%)
Agency spend	Distance from provider's cap	20%	<= 0%	0% - 25%	25% - 50%	> 50%

Chart 47 - Break Even Duty

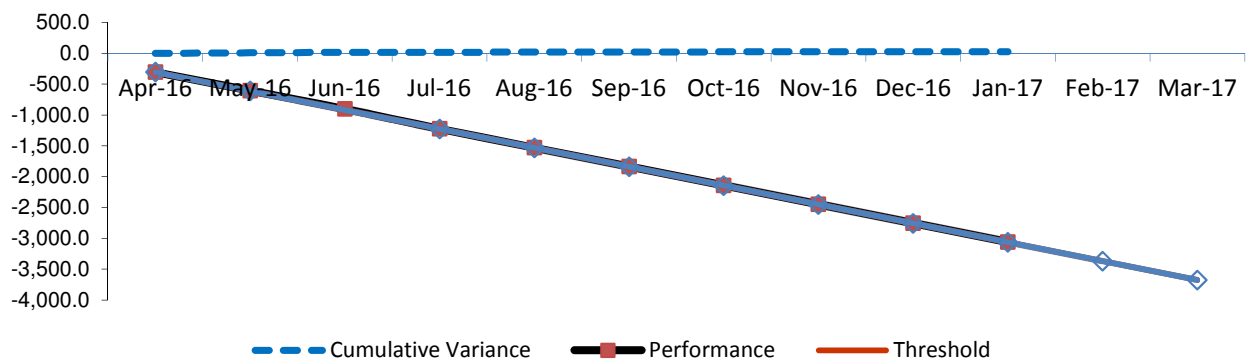


Chart 48 - Income and Expenditure variances

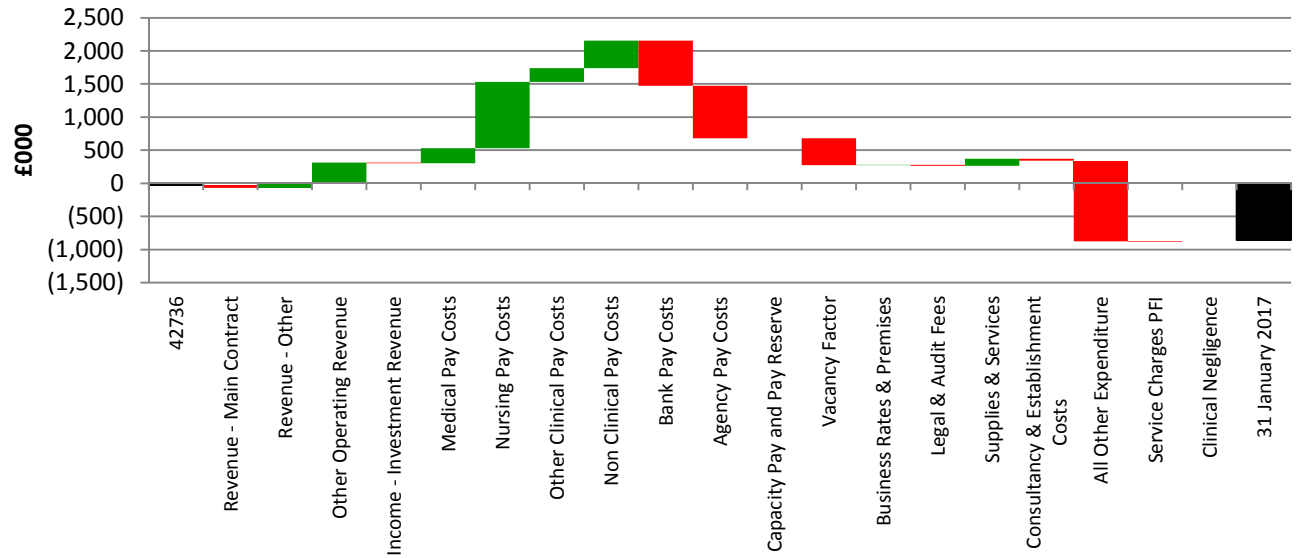


Chart 49 - Better Payment Practice Code (BPPC)

	Performance Target %	Actual in month	Actual YTD	Comments
Non NHS - No. of invoices	95.0%	95.8%	96.7%	Meeting target
Non NHS - Value of invoices	95.0%	95.7%	96.8%	Meeting target
NHS - No. of invoices	95.0%	95.0%	96.1%	Meeting target
NHS - Value of invoices	95.0%	97.5%	98.8%	Meeting target

Chart 50 - Total Trust Savings

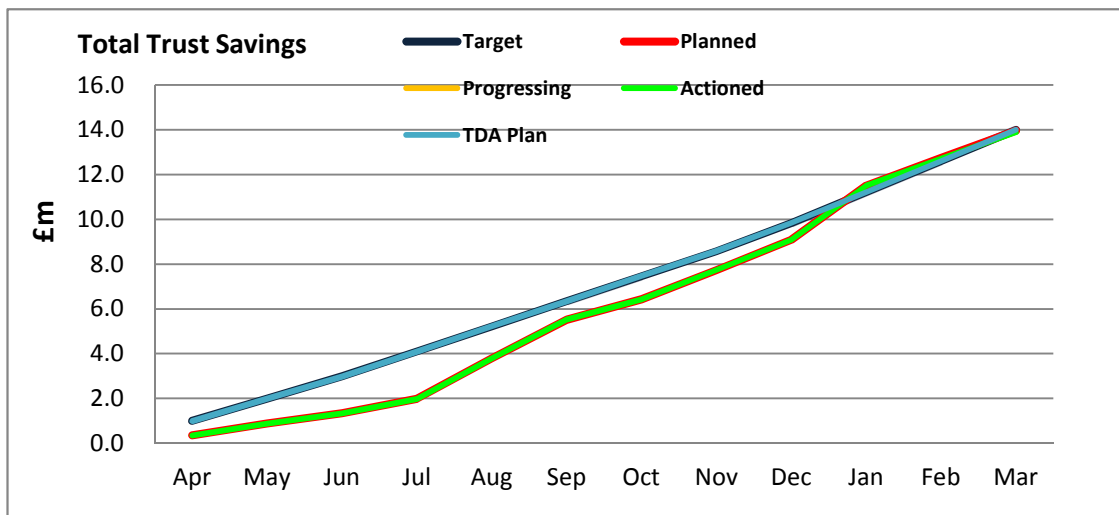


Chart 51 - Statement of Comprehensive Income by Division to 31st January 2017

surplus/(deficit)

	In Month			Annual Budget		In Month		Cumulative		Forecast Outturn		
	Est Funded	Wte Worked	Wte Contracted	Budget £000	Variance £000	Budget £000	Actual £000	Budget £000	Actual £000	Variance £000	Planned £000	Likely £000
Income												
Revenue from Patient Care Activities - Main Contract				427,332	(44)	27,422	27,378	357,903	357,803	11	427,332	429,112
Revenue from Patient Care Activities - Other				8,953	71	625	696	7,613	7,450	(162)	8,953	8,896
Other Operating Revenue				35,825	314	11,707	12,022	30,429	31,031	602	35,825	37,925
Total Income				472,109	341	39,755	40,095	395,833	396,284	451	472,109	475,932
Expenditure												
Clinical Divisions												
Integrated Care Group	2,319.2	2,376.9	2,045.4	(114,888)	(85)	(9,652)	(9,737)	(96,080)	(96,637)	(556)	(116,477)	(116,477)
Surgery and Anaesthetic Services	1,603.9	1,610.0	1,450.1	(91,811)	(149)	(7,903)	(8,053)	(76,647)	(80,377)	(3,729)	(95,811)	(95,811)
Diagnostic and Clinical Support	1,576.3	1,517.3	1,521.1	(99,290)	203	(8,745)	(8,542)	(82,207)	(81,400)	807	(98,361)	(98,361)
Family Care Division	1,002.2	982.9	897.5	(58,035)	(124)	(4,965)	(5,089)	(48,354)	(50,043)	(1,690)	(60,082)	(60,082)
Sub Total	6,501.6	6,487.1	5,914.0	(364,024)	(155)	(31,265)	(31,420)	(303,288)	(308,457)	(5,168)	(370,731)	(370,731)
Non-Clinical Divisions												
Estates and Facilities	718.8	709.3	655.0	(38,044)	21	(3,125)	(3,105)	(31,410)	(31,204)	205	(37,488)	(37,488)
Corporate Services	499.4	481.6	477.2	(36,911)	184	(2,912)	(2,728)	(30,506)	(29,603)	903	(35,738)	(35,738)
Research and Development	0.0	41.8	34.5	(1,558)	0	(161)	(161)	(1,304)	(1,304)	0	(1,558)	(1,558)
Reserves	0.0	0.0	0.0	(10,448)	(395)	(1,021)	(1,416)	(11,668)	(7,970)	3,698	(3,774)	(7,555)
Total Expenditure	7,719.8	7,719.8	7,080.7	(450,985)	(345)	(38,485)	(38,830)	(378,175.93)	(378,538)	(362)	(449,289)	(453,070)
EBITDA : Earnings before interest, taxation, depreciation and amortisation				21,124	(5)	1,270	1,265	17,658	17,746	89	22,820	22,863
Depreciation				(10,437)	(849)	(849)	(849)	(8,714)	(8,714)	(0)	(10,437)	(10,437)
Amortisation				(1,439)	(117)	(117)	(117)	(1,195)	(1,195)	0	(1,439)	(1,439)
Impairments				(7,241)	0	0	0	230	230	(0)	(7,241)	(7,241)
Investment Revenue				256	21	21	11	213	147	(66)	256	256
Other Gains and (Losses)				5	0	0	0	5	6	0	5	6
Finance Costs				(9,076)	(812)	(812)	(757)	(7,580)	(7,579)	1	(9,076)	(9,076)
Dividends payable on Public Dividend Capital (PDC)				(4,243)	(43)	(276)	(233)	(3,536)	(3,536)	0	(4,243)	(4,243)
Retained (deficit) for the year				(11,050)	(3)	(211)	(213)	(2,918)	(2,895)	23	(9,354)	(9,331)
Other Adjustments for break-even duty												
Donated asset reserve elimination				133	(95)	(96)	(95)	89	89	0	133	110
Non IFRIC12 (Impairments)/ Impairment reversals				7,241	0	0	0	(230)	(230)	0	7,241	7,241
IFRIC12 (Impairments)/ Impairment reversals				0	0	0	0	0	0	0	0	0
Retained (deficit) for Break-even duty				(3,676)	(309)	(306)	(309)	(3,059)	(3,036)	23	(1,980)	(1,980)

Chart 52 - Financial Position by Divisional Variances to 31st January 2017

Division / Directorate	Cumulative Variance					
	WTE Variance	Income £000	Pay £000	Non-Pay £000	SRCP £000	Total £000
Integrated Care Group	(58)	(223)	(3,316)	2,059	700	(779)
Surgery and Anaesthetic Services	(6)	59	(1,759)	(1,041)	(929)	(3,670)
Diagnostic and Clinical Support	59	574	(78)	876,4926	8	1,381
Family Care Division	19	(5)	(781)	(632)	(277)	(1,695)
Sub-total Clinical Divisions	14	405	(5,933)	1,262	(497)	(4,763)
Estates and Facilities	9	(223)	184	79	(58)	205
Chief Executive	(13)	4	(17)	(50)	37	(26)
Finance, Informatics and Procurement	12	91	723	(841)	439	413
HR and OD	11	141	442	68	(95)	557
Clinical Care & Governance	8	0	193	3	0	197
Reserves	0	31	0	3,609	0	3,641
Research and Development	0	(0)	0	0	0	(0)
Sub-total Non-Clinical Divisions	27	45	1,526	2,870	323	4,763
Subtotal	42	451	(4,408)	4,132	(175)	0
Depreciation	0	0	0	(0)	0	(0)
Amortisation	0	0	0	0	0	(0)
(Impairments)/Reversal of Impairments	0	0	0	(0)	0	(0)
Investment Revenue	0	(66)	0	0	0	(66)
Other Gains and (Losses)	0	0	0	0	0	0
Finance Costs	0	0	0	1	0	1
Dividends payable on Public Dividend Capital (PDC)	0	0	0	0	0	0
Sub-total before Impairments	42	384	(4,408)	4,133	(175)	(65)
Other Adjustments for break-even duty						0
Donated asset reserve elimination	0	0	0	0	0	0
Non IFRIC12 (Impairments)/ Impairment revers	0	0	0	0	0	0
IFRIC12 (Impairments)/ Impairment reversals	0	0	0	0	0	0
Retained Surplus / (Deficit) for Break-even	42	384	(4,408)	4,133	(175)	(65)
Planned Deficit	0	0	0	89	0	89
Total including planned deficit	42	384	(4,408)	4,222	(175)	24

Chart 53 - Expenditure analysis to 31st January 2017

	In Month			Annual Budget £000	In Month		Variance £000	Year to date		under / (over) spent	
	Est Funded	Wte	Wte Contracted		Budget £000	Actual £000		Budget £000	Actual £000		Variance £000
		Worked									
Pay Expenditure											
Registered Nursing, Midwifery & HV	2,495.7	2,196.4	2,278.1	102,940	8,770	7,821	949	85,670	76,547	9,123	
Scientific, Therapeutic & Technical	880.6	842.2	860.2	36,721	3,129	2,971	159	30,536	28,762	1,773	
Support to clinical staff - AHP	999.3	934.4	982.1	24,359	2,084	2,034	50	20,300	20,054	246	
Support to clinical staff - Nursing	307.1	282.8	289.1	7,288	629	577	51	6,073	5,800	272	
NHS Infrastructure Support staff	2,234.4	2,087.7	2,134.3	61,898	5,192	4,773	418	51,277	47,308	3,969	
Consultants	288.7	275.6	266.5	41,060.0	3,491.5	3,370.3	121	34,186	32,932	1,255	
Career and Staff Grades	165.3	135.4	133.5	12,114.9	1,026.6	942.1	85	10,049	9,288	761	
Trainee Grades	329.1	334.9	137.0	18,560.1	1,546.0	1,527.1	19	15,468	14,923	545	
Bank - Nursing	1.2	82.8	0.0	468.6	156	309	(153)	416	3,099	(2,684)	
Bank - Support to Clinical Staff - AHP	5.5	265.3	0.0	624.2	197	554	(357)	591	4,510	(3,919)	
Bank - NHS Infrastructure Support staff	1.2	105.2	0.0	160.1	32	194	(162)	133	2,109	(1,976)	
Bank - Scientific, Therapeutic & Technical	0.0	3.4	0.0	(0.1)	0	9	(9)	(0)	87	(87)	
Agency - Nursing Qualified	1.2	87.8	0.0	530	87	498	(412)	488	4,129	(3,641)	
Agency - Other Clinical	0.1	21.5	0.0	390	61	49	12	288	2,028	(1,741)	
Agency - Non Clinical	0.0	10.3	0.0	203	(101)	(87)	(14)	143	236	(93)	
Agency - Medical and Dental	10.6	54.3	0.0	2,584	223	601	(378)	2,153	6,265	(4,112)	
Capacity Pay and Pay Reserve	0.0	0.0	0.0	0	0	0	0	0	0	0	
Vacancy Factor	0.0	0.0	0.0	(4,917)	(409)	0	(409)	(4,098)	0	(4,098)	
Total Pay Expenditure	7,719.8	7,719.8	7,080.7	304,983.0	26,112.3	26,143.4	(31.1)	253,672.3	258,080.0	(4,407.7)	
Non-Pay Expenditure											
Purchase of Healthcare Non-NHS				649	31	127	(96)	537	735	(199)	
Supplies & Services Clinical				67,975	6,159	5,953	206	56,154	58,182	(2,029)	
Supplies & Services General				5,697	465	485	(21)	4,704	5,046	(342)	
Consultancy Services				239	4	17	(13)	201	350	(150)	
Establishment				5,711	494	459	35	4,767	4,622	145	
Transport				1,998	93	102	(10)	1,680	1,769	(90)	
Service Charges PFI				6,392	565	573	(7)	5,392	5,388	4	
Business Rates				2,658	172	158	14	2,313	2,249	64	
Premises				17,760	1,308	1,375	(67)	14,505	14,382	124	
Hospitality				(7)	(1)	(1)	0	(4)	4	(8)	
Legal Fees				598	13	30	(17)	432	467	(35)	
Audit Fees				78	18	9	9	183	140	43	
Clinical Negligence				18,159	1,513	1,513	(0)	15,133	15,133	(0)	
Education and Training				938	78	46	32	802	659	143	
All Other Expenditure				6,761	(840)	383	(1,223)	6,132	3,282	2,851	
Research & Development				89	41	41	0	81	80	0	
Total Non-Pay Expenditure				135,695	10,113	11,271	(1,157)	113,010	112,488	523	
Reserves & Safely Releasing Cost Programme				6,499	2,259	1,416	843	11,493	7,970	3,523	
Total Expenditure including Reserves & Red Rated saving scheme's				447,176	38,485	38,830	(345)	378,176	378,538	(362)	
Operating Expenses - Technical				24,641	1,502	1,490	12	20,789	20,789	0	
Total Expenditure				471,817	39,987	40,320	(333)	398,965	399,326	(361)	

Chart 54 - Agency Staffing Costs

2016-17 Agency Staffing Costs

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Agency 1617 outturn £000
Medical staff													
Consultants	272	220	327	215	211	267	280	307	243	259	284	272	3,157
Career and staff grades	24	23	86	44	26	45	109	83	62	86	97	109	794
Trainee Grades	342	358	398	448	383	404	314	433	454	347	303	290	4,474
Total Medical	638	601	811	707	620	716	703	823	759	692	684	671	8,425
Nursing staff													
Qualified	308	291	217	311	205	295	302	217	138	227	262	346	3,119
Unqualified	62	34	61	50	43	91	67	50	62	78	75	127	800
Total Nursing	370	325	278	361	248	386	369	267	200	305	337	473	3,919
Other Clinical/Scientific													
AHP	155	58	120	125	95	57	135	81	154	83	142	114	1,319
Scientific	13.4	32	43	45	32	23	26	38	60	66	65	58	501
Unqualified clinical / scientific	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Clinical	168	90	163	170	127	80	161	119	214	149	207	172	1,820
Total Clinical	1176	1016	1252	1238	995	1182	1233	1209	1173	1146	1228	1316	14,165
Non Clinical													
Administrative and clerical	106	93	65	86	89	-22	26	39	31	71	47	153	784
Estates	0	0	0	0	2	-2	0	0	0	0	0	0	0
Managerial	182	99	124	105	72	212	128	82	66	46	191	24	1,331
Other	15	9	8	-9	10	13	19	43	24	37	55	3	227
Total Non clinical	303	201	197	182	173	201	173	164	121	154	293	180	2,342
Grand Total	1479	1217	1449	1420	1168	1383	1406	1373	1294	1300	1521	1496	16,507

Chart 55 - Statement of Financial Position as at 31st January 2017

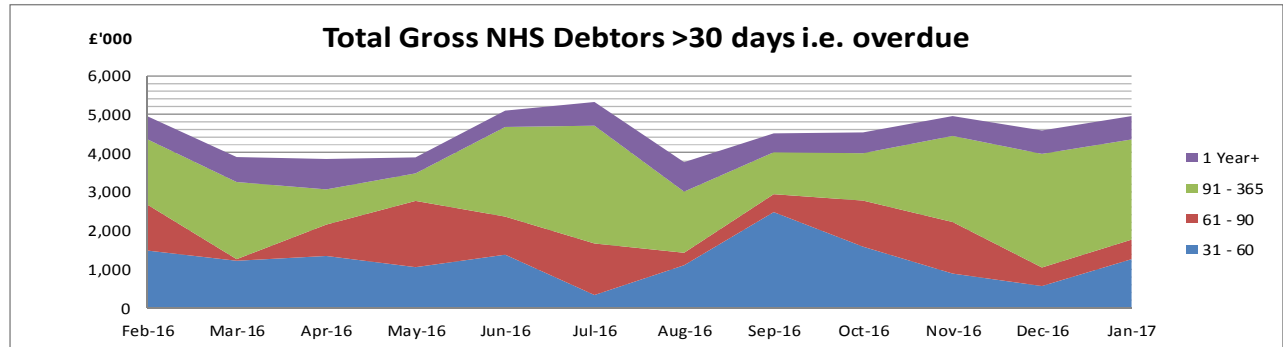
	Year to date movement		In Month		Year end
	Closing 31st March 2016 £000	As at 31 January 2017 £000	Prior Month £000	In-month Movement £000	
Non-Current Assets:					
Property, Plant And Equipment	282,650	280,873	281,123	(250)	274,588
Intangible Assets	4,605	3,699	3,745	(46)	4,605
Trade And Other Receivables	1,172	1,405	1,299	106	1,172
Total Non-Current Assets	288,427	285,977	286,167	(190)	280,365
Current Assets:					
Inventories	2,450	2,081	2,210	(129)	2,450
Trade And Other Receivables	21,021	29,491	29,266	225	21,021
Cash And Cash Equivalents	32,165	15,947	16,116	(169)	27,181
Total Current Assets	55,636	47,519	47,592	(73)	50,652
Total Assets	344,063	333,496	333,759	(263)	331,017
Current Liabilities:					
NHS Trade Payables	(3,042)	(5,379)	(6,272)	893	(3,042)
Non-NHS Revenue Payables	(45,071)	(42,211)	(41,042)	(1,169)	(45,108)
Non-NHS Capital Payables	(4,963)	(875)	(788)	(87)	(4,963)
Borrowings / DH Loan	(200)	(200)	(200)	0	(200)
Other Financial Liabilities - PFI	(3,347)	(3,250)	(3,251)	1	(3,202)
Provisions For Liabilities And Charges	(229)	(918)	(1,033)	115	(914)
Total Current Liabilities	(56,852)	(52,833)	(52,586)	(247)	(57,429)
Net Current Assets/(Liabilities)	(1,216)	(5,314)	(4,994)	(320)	(6,777)
Total Assets Less Current Liabilities	287,211	280,663	281,173	(510)	273,588
Non-Current Liabilities					
Borrowings / DH Loan	(1,600)	(1,500)	(1,500)	0	(1,400)
Other Financial Liabilities - PFI	(111,867)	(108,985)	(109,282)	297	(108,437)
Provisions For Liabilities And Charges	(4,575)	(3,904)	(3,904)	0	(3,904)
Total Non-Current Liabilities	(118,042)	(114,389)	(114,686)	297	(113,741)
Total Assets Employed	169,169	166,274	166,487	(213)	159,847
Financed By Taxpayers Equity					
Public Dividend Capital	174,173	174,173	174,173	0	174,214
Retained Earnings	(44,932)	(47,828)	(47,615)	(213)	(54,295)
Revaluation Reserve	39,928	39,929	39,929	0	39,928
Total Taxpayers Equity	169,169	166,274	166,487	(213)	159,847

Chart 56 - Statement of Cash Flows as at 31st January 2017

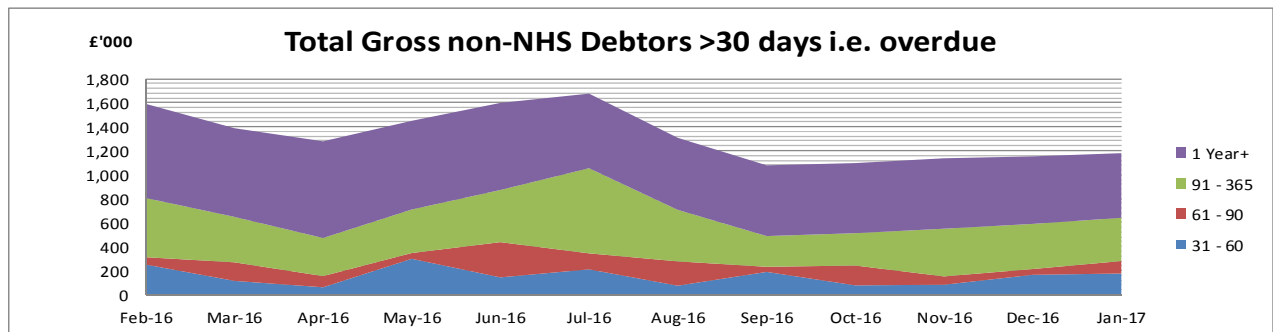
Cash Flow Statement	As at 31st March 2016 £000	Previous month £000	As at 31 January 2017 £000	Forecast £000
Operating Activities				
Operating Surplus/(Deficit)	18,011	7,768	8,067	3,746
Depreciation and amortisation	9,878	8,943	9,909	11,876
Impairments and reversals	3,096	(230)	(230)	7,241
Donated assets received credited to revenue but non cash	(192)	0	(117)	(140)
Interest paid	(8,611)	(6,859)	(7,620)	(9,048)
Dividend paid	(5,682)	(1,702)	(1,702)	(4,243)
(Increase) in inventories	(202)	240	369	0
Decrease/(Increase) in trade and other receivables	(6,573)	(10,820)	(11,423)	(3,264)
(Decrease)/Increase in trade and other payables	3,752	(2,865)	(2,356)	0
(Decrease)/Increase in provisions	1,311	169	58	(34)
Net cash inflow from Operating Activities	14,788	(5,356)	(5,045)	6,134
Cash Flows from Investing Activities				
Interest received	178	136	147	256
(Payments) for property, plant and equipment	(7,447)	(8,178)	(8,371)	(6,359)
Proceeds from disposal of property, plant and equipment	137	130	130	130
(Payments) for intangible assets	(129)	0	0	(1,411)
Proceeds from disposal of intangible assets	0	0	0	0
(Payments) for investment with DH	0	0	0	0
(Payments) for other financial assets	0	0	0	0
Proceeds from disposal investment with DH	0	0	0	0
Proceeds from disposal of other financial assets	0	0	0	0
Net cash inflow from Investing Activities	(7,261)	(7,912)	(8,094)	(7,384)
Net cash inflow before Financing	7,527	(13,268)	(13,139)	(1,250)
Cash Flows from Financing Activities				
Public dividend capital received	30	0	0	41
Public dividend capital repaid	(3,700)	0	0	0
New capital investment loans	0	0	0	0
Other capital receipts	0	0	0	0
Capital investment loans repayment of principal	(850)	(100)	(100)	(200)
Capital element of finance lease and PFI	(1,826)	(2,681)	(2,979)	(3,575)
Net cash outflow from Financing Activities	(6,346)	(2,781)	(3,079)	(3,734)
Decrease in cash	1,181	(16,049)	(16,216)	(4,984)
Cash at the beginning of the year	30,984	32,165	32,165	32,165
Cash at the end of the financial period	32,165	16,116	15,947	27,181

Chart 57 - Debtors Report as at 31st January 2017

Gross debtors	Not Due		No. of days overdue				Total overdue debt	
	0 - 30	31 - 60	61 - 90	91 - 365	1 Year+	M10	M9	
	£'000	£000	£000	£000	£000	£000	£000	
NHS	5,667	1,257	500	2,587	611	4,955	4,581	
% of total debt	53.4%	11.8%	4.7%	24.4%	5.8%			
Non-NHS	1,352	175	102	361	540	1,178	1,152	
% of total debt	53.4%	6.9%	4.0%	14.3%	21.3%			
Total gross debtors	7,019	1,432	602	2,948	1,151	6,133	5,733	



Top five NHS Gross Debtors by value	No of	No. of days overdue				Total overdue debt	
		31 - 60	61 - 90	91 - 365	1 Year+	M10	M9
		£'000	£'000	£'000	£'000	£'000	£'000
Blackburn with Darwen CCG	32	56	49	997	0	1,444	1,102
East Lancashire CCG	19	125	131	579	5	1,115	840
Nhs England - Y54 - Cheshire & Mersey - Q75	19	0	0	347	195	542	542
Nhs England - 13X - Nth East Comm hub	4	227	147	354	0	366	728
Lancashire Teaching Nhs FT	53	48	45	171	60	295	324
Balance	209	801	128	139	351	1,193	1,045
Total Gross Debtors	336	1,257	500	2,587	611	4,955	4,581



Top five non-NHS Gross Debtors by value	No of	No. of days overdue				Total overdue debt	
		31 - 60	61 - 90	91 - 365	1 Year+	M10	M9
		£'000	£'000	£'000	£'000	£'000	£'000
Blackburn With Darwen Borough Council	33	3	1	36	245	285	284
Lancashire County Council	8	5	19	63	(10)	77	72
Burnley College	2	20	0	35	0	55	37
Graham Curran	1	0	0	0	40	40	40
H.M County Coroner	4	9	9	17	0	35	26
Balance	1,173	138	73	210	265	686	693
Total Gross Debtors	1,221	175	102	361	540	1,178	1,152

£52k of last month's balance of overdue non-NHS debt was owed by Dansac Ltd, which is no longer outstanding.

Chart 58 - Debtors Report as at 31st December 2016

NHS	M10 2016-17 £	M9 2016-17 £
NHS debtors overdue	4,954,789	4,580,072
Over 90 days	3,198,066	3,538,597
% debt over 90 days	64.54%	77.26%
Total provision *	(1,376,473)	(1,391,698)
Total NHS debt after provision	3,578,316	3,188,374
Net debt over 90 days	1,821,593	2,146,899
Net % NHS debt over 90 days	50.91%	67.34%
NHS memorandum items		
Credit notes >90 days	22	12

Non NHS	M10 2016-17 £	M9 2016-17 £
Non NHS debt overdue	1,177,746	1,151,807
Over 90 days	900,896	941,486
% debt over 90 days	76.49%	81.74%
Total provision *	(717,356)	(726,418)
Total Non NHS debt after provision	460,390	425,389
Net debt over 90 days	183,540	215,068
Net % Non NHS debt over 90 days	39.87%	50.56%
Non NHS memorandum items		
Awaiting write off	(3,867)	(36,706)
Paying installments	(134,108)	(119,628)

Total		
Total debt after provisions	4,038,706	3,613,763
Total debt overdue by 90 days after provisions	2,005,133	2,361,967
% Net debt over 90 days	49.65%	65.36%

* The Trust only provides for specific debt overdue by less than 90 days.

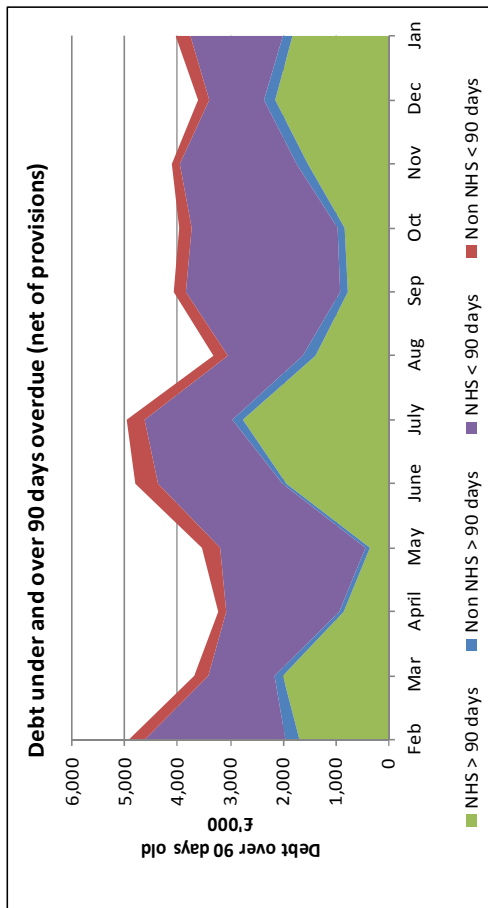
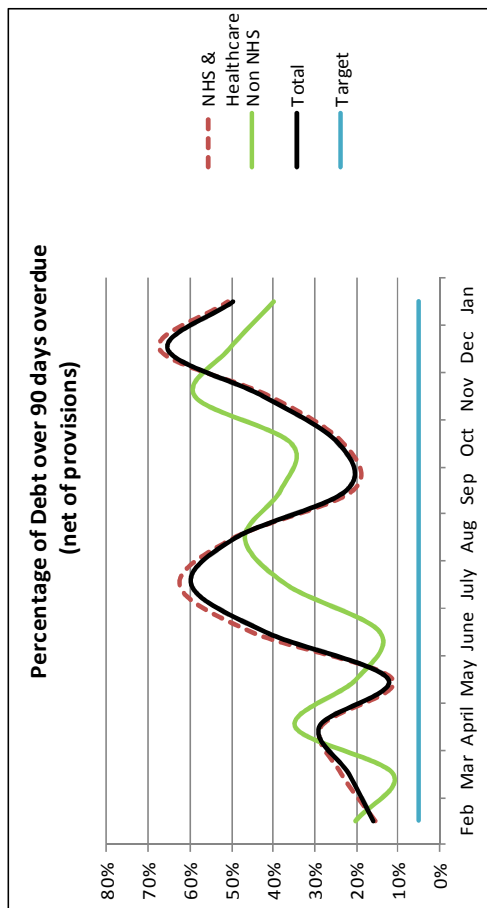


Chart 59 - Capital Spend

East Lancashire Hospitals NHS Trust
Review of 2016/17 Capital Spend to Date as at 31st December (M9)

Scheme	Annual Plan		Actual/Forecast		Under/ (Over) Spend
	Revised Plan	£'000	Actual spend to date	Forecast Outturn	
Total Building Infrastructure Schemes		22,808	1,927	22,851	(42)
Other Schemes		200		158	42
Total Maintenance and Statutory Compliance		250	135	250	0
Total Equipment		1,755	616	1,755	0
Total Information Technology		2,679	1,016	2,679	0
Total Fees		400	323	400	0
Donated Assets		100	0	100	0
Total Capital Expenditure (Non IFRIC 12)		28,193	4,002	28,193	0
Total PFI Life Cycle Costs		3,264	2,448	3,264	0
Charge against Capital Resource Limit including IFRS Impact		31,457	6,450	31,457	0

Capital Resource Limit (CRL)	
Capital Resource Limit (CRL)	
Allocation	10,993
PFI Allocation	3,264
Additional CRL required	17,100
Loan re IT	0
TOTAL	31,357
Capital Expenditure (Non IFRIC12)	28,193
Capital Expenditure (IFRIC12)	3,264
Less Donated Asset	(100)
Net Book Value of Asset disposals	(125)
TOTAL	31,233
(Over) / Under spend against Limit	124

Capital Expenditure Performance	
Planned expenditure to 31st December 2016	£'000
Actual expenditure to 31st December 2016	8,709
% of plan achieved to date	74%

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://f' in your URL)

http://www.ehl.nhs.uk/safe-staffing-data.htm

Comments

Only complete sites your organisation is accountable for																						
Hospital Site Details			Main 2 Specialities on each ward				Day		Night			Day		Night		Care Hours Per Patient Day (CHPPD)						
Site code - The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Speciality 1		Speciality 2		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
							Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RXR60	ACCRINGTON VICTORIA HOSPITAL	Ward 2	314 - REHABILITATION				1395	1027.5	930	1110	661	661	325.5	588	73.7%	119.4%	100.0%	180.6%	548	3.1	3.1	6.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE				2325	2002.5	1182.5	1612.5	987	1050	651	976.5	86.1%	138.7%	106.4%	150.0%	645	4.7	4.0	8.7
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY				2092.5	1935	1395	1350	666.5	666.5	666.5	720.25	92.5%	96.8%	100.0%	108.1%	745	3.5	2.8	6.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	100 - GENERAL SURGERY				1612	1339	806	962	682	693	341	770	83.1%	119.4%	101.6%	225.8%	511	4.0	3.4	7.4
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS				1612	1553.5	2418	2275	682	693	1705	1771	96.4%	94.1%	101.6%	103.9%	683	3.3	5.9	9.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS				1612	1521	1209	1456	682	693	682	1012	94.4%	120.4%	101.6%	148.4%	658	3.4	3.8	7.1
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE				1860	1597.5	2557.5	2572.5	661	661.5	1302	1312.5	85.9%	100.6%	101.6%	100.8%	737	3.1	5.3	8.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS				930	845.25	465	440	517.5	666.5	333.25	333.25	90.9%	94.6%	128.8%	100.0%	26	58.1	29.7	87.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE				1627.5	1597.5	1395	1785	666.5	688	666.5	1118	98.2%	103.2%	103.2%	167.7%	588	3.9	4.9	8.8
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE				1860	1575	1860	1740	651	756	976.5	997.5	84.7%	93.5%	116.1%	102.2%	674	3.5	4.1	7.5
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE				1860	1500	1162.5	1680	666.5	666.5	666.5	774	80.6%	144.5%	100.0%	116.1%	660	3.3	3.7	7.0
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY				2418	1865.5	1612	1670.5	1023	1023	1023	1111	77.2%	103.6%	100.0%	108.6%	985	2.9	2.8	5.8
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY				2418	2034.5	1612	1592.5	1023	1023	1023	1023	84.1%	98.8%	100.0%	100.0%	1048	2.9	2.5	5.4
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	301 - GASTROENTEROLOGY				1860	1545	1395	1710	999.75	989	666.5	1171.75	83.1%	122.6%	98.9%	175.8%	718	3.5	4.0	7.5
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY				2418	2080	1612	1657.5	1023	1100	1023	1243	86.0%	102.8%	107.5%	121.5%	981	3.2	3.0	6.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE				2092.5	1755	1860	1935	999.75	999.75	999.75	999.75	83.9%	104.0%	100.0%	100.0%	881	3.1	3.3	6.5
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	301 - GASTROENTEROLOGY				1860	1590	1162.5	1522.5	999.75	978.25	666.5	774	85.5%	131.0%	97.8%	116.1%	703	3.7	3.3	6.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE				1116	804	1542	1416	651	682.5	651	1035.5	72.0%	91.8%	104.8%	159.7%	431	3.4	5.7	9.1
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE				1860	1567.5	1395	1215	666.5	666.5	666.5	666.5	84.3%	87.1%	100.0%	100.0%	740	3.0	2.5	5.6
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE				1860	1560	1395	1710	666.5	677.25	666.5	1010.5	83.9%	122.6%	101.6%	151.6%	639	3.5	4.3	7.8
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE				2325	1980	1395	1672.5	999.75	1042.75	666.5	666.5	85.2%	119.9%	104.3%	100.0%	586	5.2	4.0	9.1
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE				1860	1515	1395	1770	666.5	666.5	666.5	1032	81.5%	126.9%	100.0%	154.8%	685	3.2	4.1	7.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS				4650	4632	1116	1248	3590.5	3528.5	325.5	789.4	99.6%	111.8%	98.5%	242.5%	1086	7.5	1.9	9.4
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY				1860	1732.5	465	787.5	999.75	989	0	10.75	93.1%	169.4%	98.9%	-	247	11.0	3.2	14.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE				6552	6565	1066	832	5511	5346	0	0	100.2%	76.0%	97.0%	-	599	19.9	1.4	21.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE				1860	1575	1395	1845	666.5	720.25	666.5	1010.5	84.7%	132.3%	108.1%	151.6%	656	3.5	4.4	7.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE				1860	1537.5	1395	1667.5	666.5	709.5	666.5	913.75	82.7%	118.8%	106.5%	137.1%	602	3.7	4.3	8.0
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMU)	300 - GENERAL MEDICINE				3487.5	3495	1743.75	2351.25	3138.75	2925	1046.25	1417.5	100.2%	134.8%	93.2%	135.5%	1307	4.9	2.9	7.8
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMU)	300 - GENERAL MEDICINE				4185	3945	2790	3112.5	2604	2499	1302	1312.5	94.3%	111.6%	96.0%	100.8%	1225	5.3	3.6	8.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS				5034	4850	372	240	4464	4212	372	216	96.3%	64.5%	94.4%	58.1%	713	12.7	0.6	13.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY				1612	1573	806	936	1023	1012	341	671	97.6%	116.1%	98.9%	196.8%	515	5.0	3.1	8.1
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS				1488	1480	744	724	1116	1116	744	744	100.1%	97.3%	100.0%	100.0%	132	19.7	11.1	30.9
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS				1395	1416.5	372	390	1116	1104	372	372	101.5%	104.8%	98.9%	100.0%	58	43.5	13.1	56.6
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS				3720	3732	744	792	3720	3702	756	780	100.3%	106.5%	99.5%	103.2%	209	35.6	7.5	43.1
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY				1332	1253	738	702	809.5	804.5	556.5	504	94.1%	95.1%	99.5%	90.6%	363	5.7	3.3	9.0

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

http://www.ehlnth.nhs.uk/safe-staffing-data.htm

Comments

Only complete sites your organisation is accountable for																						
Hospital Site Details			Main 2 Specialities on each ward						Day		Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Site code -The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Speciality 1		Speciality 2		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Cumulative count over the month of 23:59 each day	Registered midwives/nurses	Care Staff	Overall
			Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - registered nurses/midwives (%)
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward					2232	2220	1116	1098	2232	2052	1116	1344	99.5%	98.4%	91.9%	120.4%	887	4.8	2.8	7.6
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead					1395	1087.5	1860	2167.5	589	589	589	836	78.0%	116.5%	100.0%	141.9%	501	3.3	6.0	9.3
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15					1696.5	1280.5	1293.5	994.5	682	671	682	671	75.5%	76.9%	98.4%	98.4%	488	4.0	3.4	7.4
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16					2325	1935	1627.5	2182.5	651	651	976.5	1659	83.2%	134.1%	100.0%	169.9%	848	3.0	4.5	7.6
RXR70	BURNLEY GENERAL HOSPITAL - RXR70	Ribblesdale					2325	2002.5	1860	2475	976.5	987	976.5	1564.5	86.1%	133.1%	101.1%	160.2%	955	3.1	4.2	7.4
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Harley					1860	1432.5	1162.5	1485	866.5	866.5	866.5	881.5	77.0%	127.7%	100.0%	132.3%	736	2.9	3.2	6.1
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden					1860	1492.5	1860	1935	866.5	866.5	866.5	999.75	80.2%	104.0%	100.0%	150.0%	736	2.9	4.0	6.9
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reesford					1860	1425	1162.5	1455	866.5	866.5	866.5	989	76.6%	125.2%	100.0%	148.4%	734	2.8	3.3	6.2
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Elective Care Centre					1937	1956.5	1391	955.5	462	429	231	220	101.0%	68.7%	92.9%	95.2%	115	20.7	10.2	31.0