East Lancashire Hospitals **NHS**

NHS Trust

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING

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TRUST BOARD PART 1 MEETING

25 MAY 2016, 14:00, SEMINAR ROOM 4, ROYAL BLACKBURN HOSPITAL

AGENDA

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

	OPENING MATTERS			
TB/2016/	**Chairman's Welcome**	Chairman	v	14:00
TB/2016/	**Open Forum** To consider questions from the public	Chairman	v	
TB/2016/	**Apologies** To note apologies.	Chairman	v	
TB/2016/	**Minutes of the Previous Meeting** To approve or amend the minutes of the previous meeting held on 27 April 2016	Chairman	d✔	
TB/2016/	**Matters Arising** To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2016/	**Action Matrix** To consider progress against outstanding items requested at previous meetings.	Chairman	d✔	14:15
TB/2016/	**Declarations of Interest** To note any new declarations of interest from Directors.	Company Secretary	v	
TB/2016/	**Chairman's Report** To receive an update on the Chairman's activities and work streams.	Chairman	v	14:20
TB/2016/	**Chief Executive's Report** To receive an update on national, regional and local developments of note.	Chief Executive	d✔	14:25
	QUALITY AND SAFETY			
TB/2016/	**Patient Story** To receive and consider the learning from a patient story.	Director of Nursing	p	14:30
TB/2016/	**Board Assurance Framework** To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Medical Director	d✔	14:50
TB/2016/	**Corporate Risk Register** To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Medical Director	d✔	15:05
TB/2016/	**Serious Incidents Requiring Investigation Report** To receive information in relation to incidents in month or that may come to public attention in month and be aware of the associated learning.	Medical Director	d✔	15:15

Agenda

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STRATEGY				
TB/2016/	**Information and Technology Management Strategy**	Director of Finance	d✔	15:20
TB/2016/	**Fracture Clinic Relocation Report**	Medical Director	d✔	15:30
ACCOUNTABILITY AND PERFORMANCE				
TB/2016/	**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: • Performance • Quality • Finance • HR • Safer Staffing • Never Event	Director of Operations	d	15:45
GOVERNANCE				
TB/2016/	**Quality Committee Information Report** To note the matters considered by the Committee in discharging its duties (May 2016)	Committee Chair	d✔	15:55
TB/2016/	**Finance and Performance Committee Information Report** To note the matters considered by the Committee in discharging its duties (March and April 2016)	Committee Chair	d✔	16:00
TB/2016/	**Audit Committee Information Report and Terms of Reference** To note the matters considered by the Committee in discharging its duties (April 2016) and approve the revised terms of reference	Committee Chair	d✔	16:05
TB/2016/	**Remuneration Committee Information Report** To note the matters considered by the Committee in discharging its duties (March 2016)	Committee Chair	d✔	16:10
TB/2016/	**Trust Board Part Two Information Report** To note the matters considered by the Committee in discharging its duties (March and April 2016)	Chairman	d✔	16:15
FOR INFORMATION				
TB/2016/	**Any Other Business** To discuss any urgent items of business.	Chairman	v	16:20
TB/2016/	**Open Forum** To consider questions from the public.	Chairman	v	16:25
TB/2016/	**Board Performance and Reflection** To consider the performance of the Trust Board, including asking: • Has the Board focussed on the appropriate agenda items? Any item(s) missing or not given enough attention? • Has the Board agenda the correct balance between formulating strategy and holding to account? • Is the Board shaping a healthy culture for the Board and the organisation? • Is the Board informed of the external context within which it must operate?	Chairman	v	16:35

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	• Are the Trust's strategies informed by the intelligence from local people's needs, trend and comparative information? • Does the Board give enough priority to engagement with stakeholders and opinion formers within and beyond the organisation?			
TB/2016/	**Date and Time of Next Meeting** Wednesday 29 June 2016, 15.00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.	Chairman	v	16:40

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TRUST BOARD REPORT

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 27 April 2016 are presented for approval or amendment as appropriate.

Report linkages

Related strategic aim and corporate objective	As detailed in these minutes
Related to key risks identified on assurance framework	As detailed in these minutes

Impact

Legal	Yes	Financial	No
Maintenance of accurate corporate records			
Equality	No	Confidentiality	No

Previously considered by: NA

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East Lancashire Hospitals **NHS**

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EAST LANCASHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING, 27 APRIL 2016
MINUTES

PRESENT

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

IN ATTENDANCE

Mrs A Bosnjak-Szekeres	Company Secretary	
Mr M Hodgson	Director of Service Development	
Mr D Holden	Interim Governance Adviser	
Mrs C Hughes	Director of Communications & Engagement	
Miss K Ingham	Minute Taker	
Mr K Moynes	Director of HR and OD	
Mr B Parkinson	Shadow Public Governor, Rossendale	Observer/Audience
Mrs B Redhead	Shadow Public Governor, Ribble Valley	Observer/Audience
Mr B Todd	Member of the Public	Observer/Audience

APOLOGIES

Mr D Wharfe	Non-Executive Director	

TB/2016/128   CHAIRMAN'S WELCOME

Professor Fairhurst welcomed Directors, Governors and members of the public to the meeting. She took the opportunity to formally welcome Mrs Hughes to the Board, following her successful appointment to the post of Director of Communications and Engagement.

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Professor Fairhurst explained that the agenda for today's meeting would be shorter due to the junior doctor strike action which was taking place. She went on to report that from this month, alternate meetings would have a shorter agenda which would enable focus and discussion about the Integrated Performance Report and a strategy related item. Directors noted that the shorter meetings would commence at 3.00pm.

Professor Fairhurst confirmed that the Trust had commenced the process of recruiting to the vacant Non-Executive Director post and details could be found on the Trust website. Mrs Bosnjak-Szekeres confirmed that the members of the Trust had received an email containing the recruitment information earlier in the day; this included a closing date for applications of 19 May 2016.

TB/2016/129   OPEN FORUM

Mrs Redhead, Shadow Public Governor for Ribble Valley asked whether the new format of the meetings would mean that there would be no patient story in these months. Professor Fairhurst confirmed that that would be the case.

Mr Todd reported that he had requested information in relation to diabetes related amputations prior to the Trust Board meeting. He went on to ask whether there was an explanation for the increase in such amputations. Dr Riley reported that at a national level there were around 120 diabetes related amputations per week and the Trust were consistent, if not lower than the national average. He confirmed that the number of people within the local population being diagnosed with diabetes had increased as had other factors which exacerbate the condition. Good control of blood pressure, blood sugar and cholesterol levels are key to managing diabetes and poor control of these issues is often linked with amputations. Directors noted that earlier intervention at a primary care level would help to reduce the instances of amputation. Mr Todd asked whether there was a correlation between the increase in amputations and the withdrawal of diabetic podiatry services. Dr Riley confirmed that the Trust were unable to comment on this issue as the aforementioned services was commissioned by the local Clinical Commissioning Group (CCG) and advised Mr Todd to direct this particular enquiry to the CCG.

Mr Todd asked whether the Trust had a responsibility to advise or request that married patients who are discharged to care homes or rehabilitation facilities are located together. Mrs Simpson confirmed that the discharge team involved in a patient's domestic requirements upon leaving the Trust could recommend that patients remain together, however the final decision is made by the CCG.

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TB/2016/130   APOLOGIES

Apologies were received as recorded above.

TB/2016/131   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 March 2016 were approved as a true and accurate record.

TB/2016/132   MATTERS ARISING

Mr Hodgson confirmed that the Trust's Operating Plan was submitted to the Trust Development Authority by the deadline of 11 April 2016.

TB/2016/133   ACTION MATRIX

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

TB/2016/095: Matters Arising – Mr Moynes provided an update from the Population Centred Workforce Planning event that took place on 21 April 2016. He confirmed that in excess of 50 members of staff attended the session which was held in partnership with Health Education North West (HEENW). The session set out the workforce challenges in terms of demand versus capacity and the need to develop the workforce to manage the demand appropriately. Two pilot areas for workforce developments were noted to be the Musculoskeletal (MSK) and the Urgent Care pathway at the Royal Blackburn Hospital site.

TB/2016/104: Clinical Strategy – Mr McGee confirmed that the implementation of the Clinical Strategy would require input from stakeholders including those from the voluntary sectors.

TB/2016/115: Board Performance and Reflection – Mrs Bosnjak-Szekeres confirmed that invitations to future Board meetings would be sent to partners and stakeholders in time for the next meeting.

RESOLVED: The position of the action matrix was noted.

**   Mr Moynes to provide a further update about the progress with the population centred workforce development.**

TB/2016/134   DECLARATIONS OF INTEREST

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

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

TB/2016/135 **INTEGRATED PERFORMANCE REPORT**

Mrs Simpson reported that the Trust continues to meet all cancer targets and performance against the 18 week referral to treatment (RTT) targets. In relation to RTT compliance, Directors noted that due to the recent junior doctor strikes and the need to reschedule significant numbers of outpatient appointments and operations, backlogs will inevitably increase. She confirmed that the number of complaints received in month remained below the internal threshold. The Trust continues to receive positive scores for the Friends and Family Test. Both SHMI and HSMR mortality rates remain within the expected range. Directors noted that the Trust had the highest rate of staff (83.6%) in England that received a flu vaccination. Mrs Simpson confirmed that there had been one case of Methicillin-resistant Staphylococcus Aureus (MRSA) in the year which was one above trajectory; however there had been no impact on the patients' outcome as a result. There were two cases of Clostridium Difficile identified in month which brings the total number of cases for the year to 29, which was one above the set threshold. Delayed transfers of care remain above the threshold with 129 patients in month where there was a delay in their discharge. Directors noted that there had been one never event recorded in month which related to wrong site surgery. Mrs Simpson confirmed that there had been a total of four in the year 2015/16, none of which were related and all had been fully investigated and lessons learnt.

Performance against the four hour standard remains a significant challenge, with current performance at 87.75% against the 95% threshold. Directors noted that the overall performance for the year was 92.5% and whilst this was disappointing, it was noted that overall the Trust performance was ranked in the middle of all the Trusts at a national level. Mrs Simpson confirmed that during the month there had been an additional 2500 patients through the emergency care pathway than in the previous month. The last time similar patient numbers were seen was during July 2015.

Mrs Simpson confirmed that the Trust had successfully achieved the control total of £12m deficit set by the NTDA earlier in the year and reported a year end position of a £11.5 million deficit., Mrs Simpson confirmed that in March there were 19 wards that fell below the 80% nurse staffing threshold during daytime hours. She referred the Directors to the exception report relating to nurse staffing for further information on the actions being taken to address nurse staffing issues. Mrs Pearson confirmed that there were a number of staffing related 'red flags' reported in month, none of which resulted in a patient harm and were mainly related to either missed meal breaks or the inability to carry out intentional rounding. The Chairman queried whether there was a correlation between the low staffing numbers and

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holiday periods. Directors discussed the processes that are in place in relation to granting of annual leave and the acceptable numbers of staff who can be on leave at any one time. Mr Moynes provided a brief update regarding the recruitment of the nurses from the Philippines. Mr Barnes commented that there had been significant discussion at the Finance and Performance Committee earlier in the week regarding the four hour standard and delayed transfers of care and that they were assured by the actions taken to remedy the performance. He went on to report that the Committee had received and approved a business case to develop ward based pharmacists across the Trust.

Mr Wood provided an update in relation to the development of the Primary Care Assessment Unit and confirmed that the recently opened satellite centres had seen increased activity. Mr Rowe commented that he was pleased to see that the Trust would be investing in Pharmacists and Pharmacy Technicians, particularly in light of the high spend on drugs throughout the NHS and medication related admissions.

Directors discussed the issues relating to performance against the acute kidney injury (AKI) CQUIN measure. Dr Riley confirmed that there was no harm caused to patients and that the issues were mainly in relation to record keeping and the information contained within patient discharge letters.

Professor Fairhurst asked whether staff found the appraisals useful. Mr Moynes responded that of those staff

who have had an appraisal, most found it to be of benefit to them, but there is a requirement to improve the quality of appraisals.

RESOLVED: **Directors received the report and the actions being taken to recover performance in specified areas were supported.**

TB/2016/136 **DIRECTORS REGISTER OF INTEREST**

Mrs Bosnjak-Szekeres presented the report to Directors for approval or amendment. Directors confirmed that the register was accurate and approved it for inclusion in the Trust's Annual Report.

RESOLVED: **Directors confirmed that the Register of Interests was accurate and approved it for inclusion in the Trust's Annual Report.**

TB/2016/137 **DELEGATION OF AUTHORITY FOR THE ANNUAL REPORT AND ACCOUNTS 2015/16**

Mrs Bosnjak-Szekeres reported that due to the timeline for submission of the approved annual report and audited accounts for 2015/16, the annual governance statement and the quality accounts to the Department of Health it would not be possible for the Trust Board to

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formally sign off the documents. Therefore there was a request for the Trust Board to delegate the authority to the Audit Committee to approve the aforementioned documents at its next meeting on 1 June 2016 in time for submission on 2 June. Directors approved the request to delegate authority to the Audit Committee.

RESOLVED: **Directors approved the request to delegate authority to the Audit Committee.**

TB/2016/138 AUDITOR PANELS

Mrs Bosnjak-Szekeres presented the paper to Directors and confirmed that the Audit Committee had considered the most effective way to construct its Auditor Panel. The Committee recommended that the Panel be constituted from the members of the current Audit Committee and the Director of Finance of the Trust. Mrs Bosnjak-Szekeres provided brief overview of the role of the Panel and confirmed that pending the approval of the Board the Audit Committee terms of reference would be reviewed. Directors approved the recommendation to construct the Panel as set out in the paper.

RESOLVED: **Directors approved the setting up of the Auditor Panel, consisting of the existing membership of the Audit Committee and the Director of Finance.**

TB/2016/139 ANY OTHER BUSINESS

There were no further items of business brought to the Board.

TB/2016/140 OPEN FORUM

Mr Todd asked that when the contract for the patient transport service is revised, the Trust ensure that any early morning appointment times are covered by the service, as they are not currently covered. Mrs Simpson thanked Mr Todd for this information and confirmed that she had not been aware of this issue before today. She agreed to discuss the matter further with Mr Todd outside the meeting prior to liaising with the local CCG.Mr Todd requested an update in relation to information technology communication between the hospital and primary care providers. Mr Wood reiterated the update provided at a previous meeting about the positive changes and improvements that have already been achieved as a result of the investment in the IT infrastructure , but confirmed that the IT Strategy would take a number of years to fully implement and embed.

Mr Barnes commented that there was no member of the press at the meeting and suggested that a press release could be developed and circulated following the Trust Board meetings to provide an overview of the discussions that had taken place and any decisions made. Mrs

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Hughes agreed to consider this suggestion for future meetings.

Mr McGee took the opportunity to thank the staff involved in the Trust's planning for the junior doctor strike action, particularly those members of staff who were working in clinical areas to provide patient care under such difficult circumstances.

RESOLVED: **Mrs Simpson to liaise with Mr Todd outside the meeting prior to contacting the local CCG on the matter.**

TB/2016/014 **DATE AND TIME OF NEXT MEETING**

The next Trust Board meeting will take place on Wednesday 25 May 2016, 14:00, Seminar Room 4, Learning Centre, Royal Blackburn Hospital.

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East Lancashire Hospitals NHS
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TRUST BOARD REPORT

25 MAY 2016

Item 147

Purpose Action

Title	Action Matrix
Author	Miss K Ingham, Minute Taker
Executive sponsor	Professor E Fairhurst, Chairman

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

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

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ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
2015/66: Talent Management	Update report to be provided in early 2016	Director of HR and OD	June 2016	Agenda Item June 2016
2016/023: Safer Staffing Report	The professional judgement review report on beds in ward areas to be presented to a future Trust Board meeting.	Director of Nursing	When Available	Agenda Item (timing to be advised)
2016/133: Action Matrix	Update to be provided in relation to progress with the population centred workforce development	Director of HR and OD	When Available	Agenda Item (Date to be advised)
2016/140: Open Forum	Director of Operations to liaise with Mr Todd prior to contact the local CCG. Update for the next meeting.	Director of Operations	June 2016	Matters Arising

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East Lancashire Hospitals **NHS**
NHS Trust

TRUST BOARD REPORT

25th May 2016

Item | **150**

Purpose Information

Title	Chief Executive's Report
Author	Mr L Stove, Assistant Chief Executive
Executive sponsor	Mr K McGee, Chief Executive

Summary:

A summary of national, health economy and internal developments is provided for information.

Recommendation:

Members are requested to receive the report and note the information provided.

Report linkages

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

Impact (delete yes or no as appropriate and give reasons if yes)

Legal	No	Financial	No
Equality	No	Confidentiality	No

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Previously considered by: N/A

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National Updates

1. **NHS England announces new action to cut stillbirths** - NHS England has published new guidance to reduce stillbirths in England. The new guidance, called Saving Babies' Lives Care Bundle is part of a drive to halve the rate of stillbirths from 4.7 per thousand to 2.3 per thousand by 2030, potentially avoiding the tragedy of stillbirth for more than 1500 families every year.

2. **Health and care bodies reveal the map that will transform healthcare in England** - National health and care bodies in England have published details of the 44 'footprint' areas that will bring local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years, delivering the NHS Five Year Forward View.

3. **200,000 people given the skills to contact their doctor online, reducing NHS costs** - 200,000 homeless, older and vulnerable people have had 'lessons' to get online and contact their doctor reducing GP visits and costs to the NHS. In the first two years of the NHS England pilot scheme 'Widening Digital Participation' 14,000 people registered with a GP and looked online first before contacting the doctor. Half of those who would have gone to the GP or A&E said they would now use NHS Choices, 111 or a pharmacy first. Run by the Tinder Foundation for NHS England, the scheme works with hardest-to-reach communities giving them the skills and confidence to access online health information.

4. **Quick guide to support patients avoid long hospital stays published** - NHS England and partners have published a new quick guide, designed to help patients and families avoid long hospital stays, and support health and care systems to reduce delayed transfers of care. Drawing on the work of local government, health and social care organisations, the guide contains practical tips and links to useful documents that will be useful for both commissioners and providers.

5. **NHS England publishes Business Plan 2016/17** - Last week NHS England published the Business Plan for 2016/17 which reflects the main themes of the government's mandate and embodies the agenda of the Five Year Forward View. As with the previous plan, there remains strong continuity in the 10 business plan

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priorities for the year ahead. The priorities are grouped under the following themes: improving health, transforming care and controlling costs.

6. **Helping healthcare staff spot the signs of child sexual exploitation** - A video aimed at helping health and social care professionals to spot possible signs of child sexual exploitation (CSE) has been launched. Supported by Health Education England, in association with the Department of Health and NHS England, the video presents a series of scenarios involving a young person potentially at risk of CSE and uses the voice of a real-life victim who talks about her experiences at the hands of a CSE gang. The video provides practical advice on what to do if healthcare professionals and others suspect a patient or person in their care is at risk and makes it clear that there is a responsibility to report any activity that they think is suspicious.

7. **Be Clear on Cancer campaign – Respiratory symptoms -** The next national Be Clear on Cancer campaign will focus on the symptoms of a persistent cough and inappropriate breathlessness and will run in July and August 2016. Key messages are likely to be around: 'If you get out of breath doing things you used to be able to do, tell your doctor'. More information will be available on the National Awareness and Early Diagnosis Initiative (NAEDI) website, with campaign materials such as posters and leaflets available from the Public Health England Campaign Resource Centre.

8. **NHS England publishes plan to transform general practice -** The General Practice Forward View sets out a plan to support the transformation of general practice over the next five years and improve services for patients. By 2020/21 there will be an extra £2.4 billion a year going into general practice. In addition, there will be a one-off, five year £500 million investment to support GP practices. The General Practice Forward View includes plans to grow the workforce, increase use of technology, develop better premises and improve the way services are provided so patients have better access to the right service at the right time**.**

9. **CQC National Guardian's Office (Freedom To Speak Up letter) –** The Trust received a letter from the CEO and Chairmain of the CQC in relation to the above providing an update on the progress in establishing the National Guardian's Office and its priorities over the coming months.

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10. **Summary of Board Papers – Statutory Bodies** – The trust received copies of minutes of the **CQC Board Meeting** which took place on the 20th April 2016 it included the CEO's report and the 2016/17 business plan. The Trust also received copies of minutes of the **NHS Improvement Board Meeting** which took place on the 28th April 2016, it included the CEO's Report, the NHS Improvement Update and the Pricing Update.

11. **NHS England to re-commission flu vaccinations in community pharmacies for 2016/17 -** NHS England has announced it will recommission the Community Pharmacy Seasonal Influenza Vaccination programme in 2016/17, after nearly a quarter of a million more people benefited from vaccinations in a community pharmacy setting during the previous year.

Local Developments

12. **HSJ Awards Finalists** - East Lancashire Hospitals NHS Trust has confirmed its reputation as one of the region's top NHS organisations by being shortlisted for three prizes in the Health Service Journal (HSJ) Value in Healthcare Awards 2016. The only NHS Trust in Lancashire to be shortlisted in three categories, this national recognition underlines the progress being made at East Lancashire Hospitals NHS Trust in areas of high importance to NHS patients.

13. **Trust receives award for its continued commitment to hiring apprentices -** East Lancashire Hospitals NHS Trust (ELHT) has been awarded 'Large Business of the Year 2016' at Blackburn College's annual Apprenticeship & Employer Awards. The annual awards ceremony – which took place during National Apprentice Week - was attended by the Trust's Director of Human Resources and Organisational Development, Kevin Moynes, Sufiya Rasul, Project manager for Learning & Development and Robert O'Brien, Workforce Engagement Officer.

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14. **Mosque raises £2500 for Hospital -** Members of the Masjid Anwaar Mosque in Blackburn together with its children & young people have worked extremely hard to raise a staggering £2,500 with and for East Lancashire Hospitals NHS Trust in recognition of the Trust's excellent health care services being provided to the community. Members of the Mosque and some of the children from its after school madrasa were invited to present the money that they have raised to the trust board at a gathering of key Trust stakeholders celebrating a new era of strong partnership between the Mosques and the Trust.

15. **Pharmacy initiative gets Department of Health thumbs up -** An innovative new tool launched by East Lancashire Hospitals NHS Trust, which sees eligible patients receiving an appointment with their local community pharmacist on discharge from hospital, has grabbed the attention of the Department of Health. 'Refer-to-Pharmacy' is the first of its kind in England and essentially sees patients who are being treated in hospital visited by a hospital pharmacist or pharmacy technician. If required, an electronic referral appointment is then set up with the community pharmacist for when they return home, to ensure that they are taking their medicines correctly and offer additional advice where needed.

Use of Seal

1. The Trust seal has been applied on the 5 April 2016 to the contract for the purchase of land off Old Bank Lane from Blackburn with Darwen Borough Council. The contract has been signed by the Chairman and the Chief Executive.

Summary and Overview of Board Papers

1. **Patient Story** - These stories are an important aspect for the Trust Board and help to maintain continuous improvement and to build communications with our patients.

2. **ELHT Informatics Strategy** – The Trusts Informatics Strategy for the years 2016 to 2021, embraces the strategic changes and planned clinical transformation within both East Lancashire Hospitals NHS Trust and the wider pan Lancashire.

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3. **Fracture Clinic Relocation Report** – The Trust will be considering the Fracture Clinic

Summary of Chief Executive's Meetings for April 2016

01/04/16	Lancashire CEO's Development Workshop
04/04/16	Team Brief RBH, BGH
07/04/16	Lancashire & S Cumbria STP Localities Peer Review
07/04/16	Pennine Lancashire Transformation Programme Board
11/04/16	Pam Smith CEO Burnley Borough Council
12/04/16	Sharing Good Practice with the NHS - Leeds
13/04/16	Pennine Lancashire System Leaders Forum
14/04/16	Healthier Lancashire Executive Leadership Summit - Blackburn
15/04/16	Lancashire Chair and CEO's Meeting
18/04/16	Derek Cartwright CEO NWAS
18/04/16	Time Out Session, Burnley
19/04/16	Director of Communications Interviews
21/04/16	NHS Providers Regional Meeting, Wrightington
22/04/16	Meeting with MP's Evans, Berry and Stephenson
22/04/16	Meeting with MP's Hollern, Cooper and Jones
25/04/16	Interview with Channel 5
26/04/16	Meeting with Russ Mclean
27/04/16	Interview with Radio Lancashire
27/04/16	Trust Board
28/04/16	Team Brief Rossendale Primary Care, Accrington, Clitheroe
29/04/16	Team Brief RBH, BGH, Pendle
29/04/16	Star Awards

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Summary of Chief Executive's Meetings for May 2016

04/05/16	Primary Care and ELHT Meeting
04/04/16	Mark Hindle, Calderstones Partnership NHS Foundation Trust
05/05/16	NHS Improvement Delivery Meeting
05/05/16	Pennine Lancashire Transformation Programme Board
05/05/16	Pennine Lancashire System Resilience Group
06/05/16	Lancashire CEO's Meeting
09/04/16	Meeting between the Chair's and Chiefs Execs of ELCCG and ELHT
10/05/16	Rothwell Douglas Workshop
12/05/16	Post Graduate Monitoring Visit
18/05/16	GGI Leaders Forum – Leeds
19/05/16	GGI Leaders Forum – Leeds
23/05/16	ELHT/ELCCG Fortnightly Catch Up Meeting
24/05/16	Meeting with Russ Mclean
25/05/16	Trust Board
26/05/16	Meeting Professor StJohn - UCLAN
27/05/16	Team Brief RBH

Summary of Chief Executive's Meetings for June 2016

08/06/16	Board Development Session – GGI
09/06/16	Burnley College
14/06/16	Welcome Service for New Chaplains - RBH
15/06/16	NHS Confederation Annual Conference
16/06/16	NHS Confederation Annual Conference
17/06/16	NHS Confederation Annual Conference
20/06/16	Burnley College
21/06/16	Health and Wellbeing Board – Blackburn
23/06/16	Burnley College
29/06/16	Trust Board

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East Lancashire Hospitals **NHS**

NHS Trust

TRUST BOARD REPORT

25 May 2016

Item 152

Purpose Information

Action

Title	Board Assurance Framework (BAF) Review
Author	Angela Bosnjak-Szekeres, Company secretary
Executive sponsor	Dr Damian Riley, Executive Medical Director

Summary: The Board has discussed the risks that will be monitored on the BAF at its last development session on the 11 May 2016. The revised BAF shows those risks, together with the controls and assurances in place, gaps in those and actions taken to address them.

Recommendation: The Board is asked to review the BAF risks and the risk scores and agree the recommendation for monitoring the individual risks at Committee level as set out in the report.

Report linkages

Related strategic aim and corporate objective

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: At the Board development session and by the Executive Medical Director.

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The revised BAF shows the 6 risks the Board agreed to monitor. In accordance with the new format, the key controls and assurance are listed for each risk, together with any gaps. The scoring of the risk has been carried out in accordance to the matrix in Appendix 1 with the likelihood and consequence score shown for each risk.

In order to provide assurance to the Board and efficiently monitor the BAF risks it is proposed that each BAF risk is allocated to a sub-committee of the Board which would then at each meeting carry out a 'deep-dive' of the individual BAF risks and also ensure that the BAF and the Corporate Risk Register are aligned.

The proposal is for BAF risks 1, 2, 4 and 5 to be allocated to the Finance and Performance Committee and BAF risks 3 and 6 to the allocated to the Quality Committee. Should the Board be minded to agree this suggestion, the individual risks would be presented in more detail to the Committees from June.

Following the review of the BAF the reporting templates will be changed to reflect the new risks.

Angela Bosnjak-Szekeres, Company Secretary, 18 May 2016

Board Assuran Board Assurance Framework

Ref	Ref No	Principle Director	Strategic Risk *What could prevent these objectives being achieved.*	Risk related to strategic objectives	Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control *Where we are failing to put controls/systems in place. Where we are failing in making them effecitve.*	Gaps in Assurance *Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.*	Actions Planned / Update *Dates, notes on slipage or controls/assurance failing.*
											Q1	Q2	Q3	Q4			
BAF/16/01	BAF/16/01	Director of Service Improvement	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives	Aligned to Strategic Objectives 1,2,3 and 4.	Integrated transformation plans agreed at organisational level, overarching tracker for transformation and SRCP, Tranformation Board meetings (internal and external stakeholders), divisional Transformation Boards report into the Transfromation Board that reports into the Finance & Perfromance Commitee. Membership of the Pennine Lancashire Transformation Board (6 workstreams). Tranformation/business plans linked to the clinical strategy, high level workforce and estate interdependencies identified.	Monthly report demonstrating progress agains key targets reported to the Transformation Board and the Finance & Perfromance Committee	15	10	12	3x4					Capacity for delivery of transofrmation programme Service redesign methodolgy developed by the Trust (accepted by Pennine Lancashire) but ownership and training in relation to service redesign is outstanding.	Assurance in place about the process, but assurance about the delively and benefits is still work in progress at this stage. Dependency on stakeholders to deliver key pieces of transformation.	Meeting with the NEDs to agree reporting format held - new reporting format from May - review in July Using part 2 of the Transofrmation Board meetings and our membership on Pennine Lancashire to influence delivery of transformation - update in July Resources allocated for the delivery of the transofrmation programme, but further resources needed, to be agreed by the Executive by June Ownership/training in relation to the service redesign to be driven by the clinical leadership and by identifying early engagers to deliver the service redesign. Early engagers to be identified by June.
BAF/16/02	BAF/16/02	Director of HR/OD	Recruitment and workforce planning fail to deliver the Trust objectives	Aligned to Strategic Objectives 2, 3 and 4.	Transformation plans relating to workforce in place monitored through Transformation Board. Divisional Workforce Plans aligned to Business & Financial Plans, Divisional Performance Meetings, Reports to Finance & Performance Committee, Workforce Controls Group, Population/Person Centric Workforce Planning Methodology	Performance measures, time limited focus groups with action plans, board and committee reports, regulatory and inspection agencies, stakeholders, internal audit	16	10	12	3x4					National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions	Further work required on assurance reporting	PIDS and project plans agreed for transformation programmes. Overseas recruitment campaigns continue. 3 distinct Workforce Transformation (WFT) Pilots identified
BAF/16/03	BAF/16/03	Medical Director	Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways	Aligned to strategic objectives 3 and 4.	New clinical pathways agreed at Care Professional Group of Pennine Lancashire and reporting to the Transformation Steering Group. Governance controls in place feeding into the Clinical Effectiveness Committee and into the Quality Committee	Clinical Effectiveness Committee acting as a governance mechanism for the agrement of the internal pathways and gudieline. Stroke pathway already inlcuded in the transformation programme. ELHT Transformation Board has urgent care pathway reporting process.	9	6	9	3x3					Not all pathway developments linked in fully with the transformation programme	No seprate programme is in place to consolidate internal clinical pathways. Mechanism for prioritisation of pathway development not in place at divisional/organisational level	Prioritisation mechanisam to be resolved at 2 levels - internally as part of the transformation programme & externally as part of the Pennine Lancashire. Work at Pennine Lancashire level to establish clinical priorities due to be signed off by June.
	Ref No	Principle Director	Strategic Risk *What could prevent these objectives being achieved.*	Risk related to strategic objectives	Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control *Where we are failing to put controls/systems in place. Where we are failing in making them effecitve.*	Gaps in Assurance *Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.*	Actions Planned / Update *Dates, notes on slipage or controls/assurance failing.*

											Q1	Q2	Q3	Q4			
BAF/16/04	BAF/16/04	Chief Executive/ Director of Finance/ Director of Service Improvement	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	3,4,5	Senior Leaders' Forum meets to discuss strategy. Engagement by senior leaders in wider transformation programmes. Regular Board updates and decsions on key actions. Strengether links between internal transformation and external change processes.	Verbal and written updates, where appropriate Board approvals will be established abd permissions will be provided by the Board to ket Executives to progress the generations of ideas and options with external stakeholders.	16	12	16	4x4						Concise summarisation of discussions and decsisions	Regular updates provided to Board
BAF/16/04	BAF/16/05	Director of Finance	The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating.	3,4,5	Ensure suitable controls are in place to maintain budgetary control (income and expenditure). These controls need to extend to effective workforce arrangements. In addition to controls the Trust must ensure that measures are in place to close the financial gap (SRCP).	Monthly reporting to Finance and Performance reports and the Board to reflect financial position. Separate reporting available to support assurances on the transformaiton programme.	16	12	16	4x4						Additional workforce controls are required, poliies and procedures may require amendments where they are no longer fit for purpose.	Utilise the internal audit programme to test for assurance on core controls and SRCP.	Regular updates to Board and Finance and Performance Committee
BAF/16/06	BAF/16/06	Director of Operations/ Director of Nursing/Medical Director	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements	Aligned to strategic objectives 1, 3 and 4.	Divisional busines plans, weekly operational perfromance meetings, quarterly divisional perfromance meetings feeding into the ODB and Finance and Perfromance Committee, emergency pathway and elective pathway work linking into the broader Trust wide transformation. Engagement meetings with CQC, quality and safety complinace assessed by each division, divisional assurance boards feeding into the operational sub-committees and teh Quality Committee.	IPBR reporting to the ODB and at Board/Committee level, regualr reporting to the NHSI, monthly intergrated delivery meeting with the NHSI and system resilience group (SRG). Positive feedback from the last CQC visit, no active acton notices from the CQC since April 2014, regular reporting from the divisions into the operational sub-committees and the Quality Committee. Alignement with national priorities through the quality and safety governance mechanisms.	15	9	15	5x3						Timelines for the delivery of the trasformation projects not in place. Staffing not sufficent to deal with the imapct of external environment & high demand, difficulties with discharges. Staff guardian role not yet fully embedded across the Trust, complaints are a potential source of action by the CQC. Work needed on improving standardised clinical multiprofessional care.		Timeline for the transformation of the emergency pathway plan to be agreed by July. Working as part of the SRG to resolve demand issues and participating in the delayed discharge collaborative with the NHSI. Work on-going on publishing the staff guardian role and on reducing number of complaints, 50+ days complaints to be cleared by the end of July. Work on the AMU/urgent care centres/model wards continues.

Model Matrix:

Definitions from the National Patient Safety Agency

Table 1 Consequence scores

	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating

				Critical report	Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L)

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

Instructions for use

1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

2 Use table 1 (page 13) to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

3 Use table 2 (above) to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

4 Calculate the risk score the risk multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)

5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

East Lancashire Hospitals **NHS**

NHS Trust

TRUST BOARD REPORT

25 MAY 2016

Item 153

Purpose Action

Title	Corporate Risk Register
Author	Mr D Tansley, Associate Director of Quality and Safety
Executive sponsor	Dr D Riley, Executive Medical Director

Summary:

This paper reviews the current Corporate Risk Register

Recommendation:

It is recommended that the Committee:

a.   Note the Corporate Risk Register

b.   Support the arrangements for the introduction of a Risk Assurance Group

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Introduction

1. There have been no additional risks incorporated into the Trusts Corporate Risk Register during April 2016.

2. A Risk Assurance Group has been introduced as a formal sub-committee of the Patient Safety and Risk Assurance Committee. Further detail on this development is set out below

3. The current risk register of those items scored at 15 and above is attached as Appendix 1.

Risk Assurance Group

The Associate Director of Quality and Safety has facilitated the introduction of a Risk Assurance Group. The group will provide the forum for review and standardisation of significant and extreme risks (risk scores of 9 or above) appearing on Risk Registers to ensure that the potential impact they have on the Trust's business objectives is understood, and to ensure they

a) Have consistent risk scores and formats

b) Are appropriately recorded on DATIX

c) Are regularly reviewed

d) Are appropriately managed

e) Are appropriately escalated and de-escalated

f) Are considered in the management and reporting of the Board Assurance Framework and other corporate publications

The secondary purpose of the group is to encourage engagement between operational risk managers/risk owners and the Trust's senior management team giving each group the opportunity to consider risks in both an operational and strategic context.

The group will meet monthly with its first meeting having place on 12th April 2016

Recommendations

4. It is recommended that the Board:

a. **Note** the Corporate Risk Register and the discrepancies highlighted with register entries.

b. **Support** the development of the Risk Assurance Group and Risk Register through training to governance and divisional leads.

David Tansley, Associate Director of Quality and Safety, 03 May 2016

Appendix 1 - Corporate Risk Register as at 03/05/2016

ID	Opened	Due for review	Title	Controls in place	Risk Lead	Lead Division	Rating (initial)	Rating (current)	Rating (Target)	Action summary	Open actions / comments
5790 Linked to divisional risks **4488 5702 908 6487**	11/09/2015	June 2016	Aggregated risk - high usage of medical locums resulting in risk of increased costs	Use of Framework Use of Staff-Flow management Refreshed advertising for ED posts GP advertisements Engaging a recruitment agency Consultants current do cross cover at times of need Requiring agency override forms to be signed by MD. Only authorising on grounds of patient safety. Ward based competencies programme underway	**Kevin Moynes**	Trust-wide	15	15	9	Local Plans in place to manage medical vacancies but national shortages of some specialists, and locum agency cap deters some applicants.	Ian Stanley and David Smithson handlers of risk,
5791 Linked to divisional risks **3804 4640 4708 5789**	11/09/2015	June 2016	Aggregated risk - Nursing shortages requiring high agency spend	• Daily staffing teleconference each morning to ascertain staffing "hot spots" and reallocation of staff • Corporate Safer Staffing steering group Planned duty rosters set out to deliver numbers and skill mix, aiming to ensure appropriate senior nurse with skills and experience on duty to achieve 1:8 (daylight hours); All supervisory management time has been identified and is utilised to deliver 'hands	**Chris Pearson**	Trust-wide	15	15	8	Local plans in place to manage and fill vacancies but national shortages of some nursegroups, and locum agency cap deters some applicants	Christine Pearson identified as handler

ID	Date	Review	Risk	Controls/Actions	Owner	Division					Lead
				on' nursing care. • E-rostering utilised • Robust systems implemented to manage and monitor the utilisation of temporary staff, and overtime; • A strategic recruitment campaign and improved processes has resulted in a significant reduction in unfilled vacancies, and monitoring of same • Reduced bed base and increased efficiency in managing length of stay to make more effective and safe use of staffing resource:							
2310	23/04/2014	June 2016	Failure to deliver 18 week Referral to treatment waiting times	Performance management meetings with the surgical division. Individual specialties being examined and plans put in place to improve waiting time performance	Gill Simpson	Trust-wide	3	15	10	-	Divisional General Managers leading. .
6828 Linked to divisional risks 2256 2051	03/05/2016	June 2016	Aggregated risk - Failure to deliver stroke care within national guidance and to meet at least "C" in SSNAP audit	Rectification action plan in place Care pathways and bundles be improved Improving patient flow Healthier Lancashire priority discussions	(Medicine CD)Roberts, Dr Nick	Medical	15	15	10	Pan Lancahsire group being established to address challenges. New Stroke care booklet launched in ELHT for improved coding	John Bannister and Johanne Deegan

| 5180 | 29/04/2015 | June 2016 | Failure to meet the HIMOR standards of living in the Staff residence buildings at RBH | Faults are reported to BBW. Highlighted to head of Estates that action needs to be taken to rectify these faults immediately. | James Maguire | Corporate | 20 | 16 | 8 | Works planed for upgrades by November 2016 | (Facs) Henderson, Heather |
| 1660 | 17/10/2012 | June 2016 | Risk of unsuitable ward areas due to cancelling Statutory refurbishment programme | No controls available - All works have to be suspended as no decant ward area available on site to continue with programmed works. | James Maguire | Corporate | 20 | 16 | 12 | As wards become available works are being commenced and further work is being done to identify ward flows to free wards for works to take place | (Facs) Grendall, Lisa |

TRUST BOARD REPORT

Item   **154**

25ᵗʰ MAY 2016

Purpose   Monitoring

Title	Serious Incident Report
Author	Mrs D Hunter, Assistant Director of Safety and Risk Assurance
Sponsor	Dr D Riley, Medical Director

Summary: The report provides an update on the progress of investigations into Serious Incidents, their outcomes and learning and the delivery of the Duty of Candour

Recommendation: Members are asked to receive the report, note the contents and discuss the findings and learning from incidents and events

Report linkages

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

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Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

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Introduction

1. This paper provides the Board with:

•   **Part 1:**
    An overview of all Serious Incidents Requiring Investigation (SIRIs) that have been reported during March and April 2016 and a Duty of Candour status report

•   **Part 2:**
    A Never Event status report

•   **Part 3:**
    Assurance on the lessons learned and actions taken as a result of a cluster review of incidents associated with suboptimal care of the deteriorating patient

Part 1: Overview of SIRIS reported

STEIS SIRIs reported in March and April 2016

2. There have been 17 Strategic Executive Information System (STEIS) events reported in March and April 2016 which is an increase of 1 compared with the last reporting period. All will undergo Root Cause Analysis (RCA) which will be performance managed by the Trust's SIRI Panel and East Lancashire Clinical Commissioning Group.

No	Eir1	Division	Ward/ dept.	Description	Inquest	Complaint
1	98497	SAS	Theatre 10	Wrong site nerve block	No	No
2	99098	ICG	Community	Missed diagnosis	No	No
3	103507	SAS	Ward C22	Treatment delay	No	Yes
4	103872	ICG	AMU B	# Neck of femur	No	No
5	104259	ICG	Ward C18	# Neck of femur	No	Yes
6	104302	ICG	Urgent Care	# Neck of femur	No	No
7	104326	FC	Neonatal ICU	Neonate death	Yes	No
8	104895	DCS	Radiology	Missed diagnosis (cancer)	No	No

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No	Eir1	Division	Ward/ dept.	Description	Inquest	Complaint
9	101261	ICG	Reedyford	Serious fall	Yes	No
10	105413	ICG	Respiratory	Missed diagnosis (cancer)	No	No
11	104653	SAS	Theatre 11	Treatment delay	Yes	No
12	105025	SAS	Ward C22	Sub optimal care of deteriorating patient	No	No
13	105172	ICG	Ward D1	# Neck of femur	Yes	No
14	105524	ICG	Ward 23 (BGH)	Grade 3 Pressure ulcer	No	No
15	105667	ICG	Emergency department	12 hour breach	No	No
16	106499	ICG	Reedyford	# Neck of femur	No	No
17	106607	SAS	Surgery admissions discharge unit	# Neck of femur	No	No

Non STEIS SIRIs reported in March and April 2016

3. There were 3 non STEIS incidents deemed to be serious incidents requiring investigation in January/February 2016 compared with 9 in the previous reporting period. All will undergo RCA, performance managed by the Serious Incident Review Group (SIRG).

No	Eir1	Division	Ward/ dept.	Description	Inquest	Complaint
1	102657	ICG	Emergency department	Misdiagnosis (cancer)	No	Yes
2	103975	ICG	Ward C5	Inadequate discharge	No	No
3	104444	DCS	Radiology	Misdiagnosis (cancer)	No	No

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4. SIRIs reported above in graphical format

StEIS SIRIs

Non-StEIS SIRIs
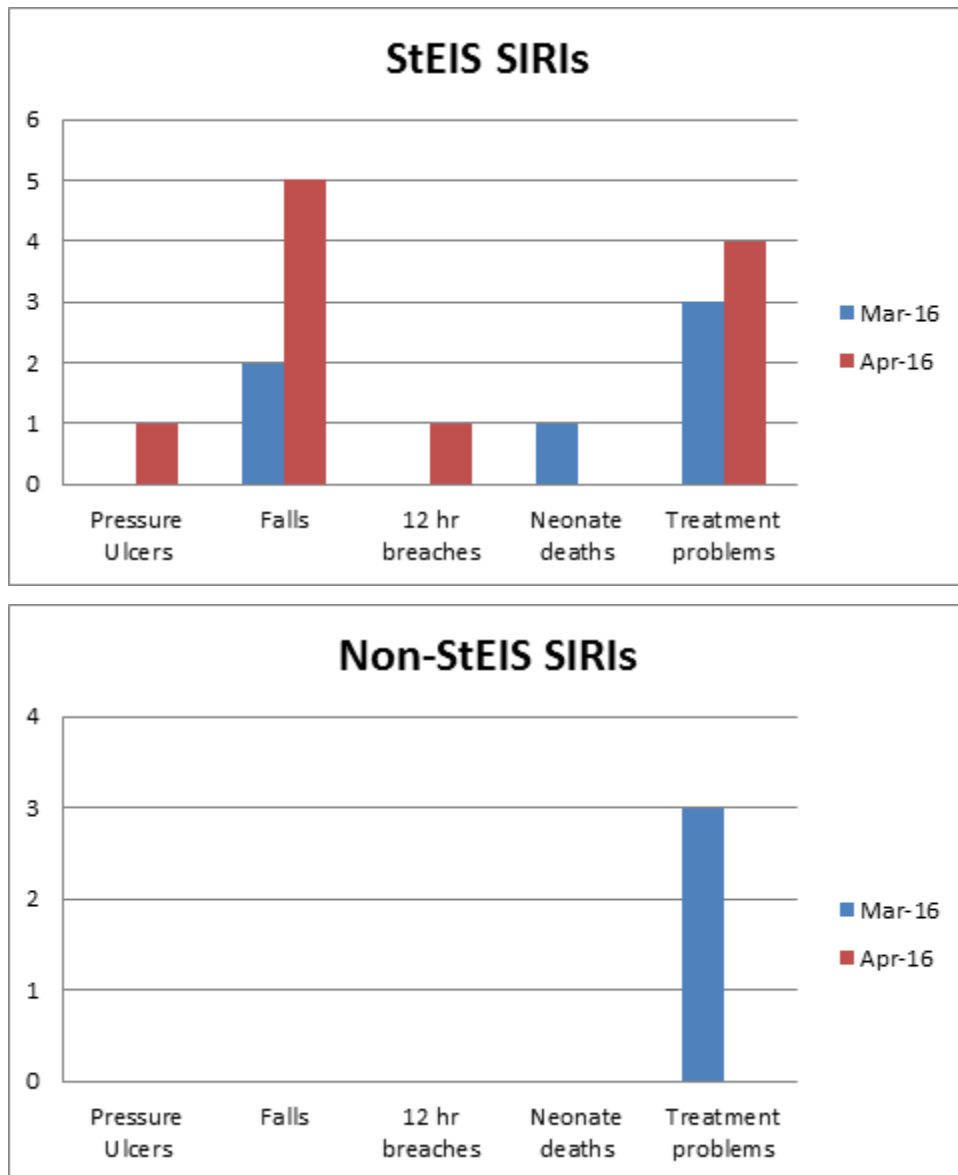
Never Events Update

5. The Trust reported 1 Never Event in March 2016 although this incident actually occurred in November 2015. This incident involved a patient who was undergoing a day case knee arthroscopy on the LEFT side but the femoral nerve block was placed on the RIGHT side. The incident was identified 4 months after it had occurred by way of a routine audit. The incident was reported on the STEIS system and an investigation is now underway. The outcome report will be presented to the SIRI panel on 19th May 2016

No Never Events were reported in April 2016

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Work has also continued to progress the investigations into the two other Never Events that were reported by the Trust in December 2015 (wrong site surgery) and January 2016 (retained foreign object). Both investigation outcome reports have been submitted to the CCG for closure and a response is awaited

Part 2: Duty of Candour (DoC)

6. 49 patient safety incidents graded as moderate or above were reported in March and April 2016 which was an increase on the 26 that were reported in the previous reporting period.

   These incidents are subject to the DoC regulations which dictate that DoC should be served within a 10 day timeline.

   There are currently 4 incidents where Duty of Candour has not as yet been served within the 10 day timeline and the Trust's Deputy Medical Director has been working with the responsible individuals to ensure this matter is resolved

   An update report setting out the rationale for the non-completion of DoC is shared with the Deputy Medical Director on a daily basis. The aim of this report is to facilitate a discussion between the Deputy Medical Director and the senior lead clinician responsible for each of the DoC cases to resolve any perceived difficulties

   In addition, a weekly meeting is held with the divisional governance leads to review any outstanding DoC cases and to agree plans to bring them back on track.

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Part 3: Learning from Incidents: Grouped Analysis of Learning Points from all Cases of Deteriorating Patient SIRIs

7. Between 1st June 2015 and 31st March 2016, six SIRIs were reported to the STEIS system which concluded with the finding as a key theme *of sub-optimal care of the deteriorating patient*.

   Whilst the full investigation reports identify all root cause analyses and contributory factors, the table below sets out the key findings individual to that case, and gives an overview of associated actions being planned or already taken.

High level summary of actions and the learning resulting from RCAs associated with the deteriorating patient		
	Key findings	**Associated actions**
1.	The escalation policy in place was not followed leading to a prolonged stay in Emergency Department for the patient	The final decision on which is the most appropriate specialty to admit a patient should be taken by the ED Consultant when agreement cannot be made between specialties A review of the Trust's escalation policy and care pathways is to be undertaken The junior doctors pack is to include information on how to escalate to a senior clinician / contact clinician on call
2.	Lack of adequate escalation and expedition of care of a severely unwell patient which resulted in failure to carry out early management of septic shock. The care pathway was not followed adequately.	The Sepsis bundle will be promoted to all junior doctors to ensure: • early identification of source of sepsis within the Emergency Department • escalation of the appropriate level of care of the sick post-operative patient for Senior Surgical opinion to minimise any delays in getting CT scans completed and insertion of

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High level summary of actions and the learning resulting from RCAs associated with the deteriorating patient		
	Key findings	**Associated actions**
		NG tube. • referral to appropriate speciality for on-going care in a timely manner The ICG and SAS to discuss and review the need for mandatory surgical involvement in patients readmitted within 2 weeks of surgery.
3.	Furosemide cover should be considered when giving blood transfusions Ensure that DNAR is discussed and completed early in the care of the patient	Update relevant gastro staff re the correct procedure to manage blood transfusions 7 day service in Endoscopy to be pursued via the development of a business case
4.	Improved awareness needed amongst all critical care staff regarding how to look after a tracheostomy whilst moving a patient Effective mechanisms are needed to identify patients on	Increase awareness of critical care staff with regards to the management of tracheostomy patients to minimise the risk of dislodgement by discussion at the Critical Care Share to care meetings, nursing staff meetings and on-going induction programs. Introduction of a SOP with regards to management and maintenance of the airway /tracheostomy during moving and handling Modification of the Percutaneous Tracheostomy record of

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	High level summary of actions and the learning resulting from RCAs associated with the deteriorating patient	
	Key findings	**Associated actions**
	anti-coagulants and anti-platelet agents so that these patients would be considered for an open surgical tracheostomy instead of a percutaneous tracheostomy.	procedure document to be undertaken to assist critical care staff in identify patients with coagulation disorders and patients on anti-coagulants and consider the option of inserting an open surgical tracheostomy.
	Need to review post MI heart failure patients	Audit current compliance with the acute cardiac failure NICE guidance
		Ensure early access to Cardiac echocardiogram service to ensure effective management of cardiac failure.
		Raise awareness for the need for daily cardiology review of patients in critical care post cardiology intervention
5.	When transferring patients from ICU to the Ward via a diagnostic support unit such as radiology, a comprehensive medical plan and hand-over needs to be fully completed, including plans to review the scan.	Nursing staff must ensure that even in urgent situations they must capture patient care and any urgent referrals in the care record prior to urgent transfer to another area.
	Clinical documentation needs to reconcile with the main volume to ensure there are no gaps in the patient's medical history.	Guidance from the Nursing and Midwifery Council should be disseminated to all staff to ensure nursing assessments are documented appropriately

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	High level summary of actions and the learning resulting from RCAs associated with the deteriorating patient	
	Key findings	**Associated actions**
		Outreach team to review and develop safer storage of patient sensitive information from assessments
		Junior Medical Staff need to be reminded of the need to check previous entries in case notes and follow up on planned investigations when indicated.
		Junior Medical Staff to be made aware of the need to fully complete the Patient Summary Sheet before transfer to another ward area. This should also clearly document the need to review any recently requested investigations
	The pathway for undertaking Ultrasound Scans within the Radiology Department for acutely ill patients on ICU requires review	Review of the pathway for undertaking Ultrasound Scans within the Radiology Department for acutely ill patients on ICU to be undertaken
6.	Insertion of NG tube in ED needs to be carried out effectively when indicated	NPSA guidelines on insertion of NG tubes to be cascaded to wards and ED to share in education and share to care meetings
	A clear pathway for patients presenting with a bowel obstruction needs to be in place	Task and finish group to develop bowel obstruction pathway which will be communicated widely through the division and audited.

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The above are the highlights from the Root Cause Analyses and associated actions of the 6 cases whereby key findings arose as part of the investigations. Grouping together all findings from one year of such cases allows scrutiny for any possible trend or recurring theme. At this point there is no obvious single recurring root cause or key finding.

The Trust Medical Director has directed that these are now forwarded to Dr Paul Dean who is Trust lead clinician for the Deteriorating Patient faculty, and has asked that the faculty group will supply an update to the Clinical Effectiveness Committee of all actions taken, and of any outstanding required actions to be taken. Results will then be notified to the Quality Committee. Ths way the Trust will gain an assurance that all required actions are being taken.

Debbie Hunter
Assistant Director of Safety and Risk Assurance
16th May 2016.

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East Lancashire Hospitals NHS

NHS Trust

TRUST BOARD REPORT

Item	**155**

25 MAY 2016

Purpose Information

~~Action~~

~~Monitoring~~

Title	Informatics Strategy Summary 2016 - 2021
Author	Mark Johnson, Associate Director of Performance and Informatics
Executive sponsor	Jonathan Wood, Deputy Chief Executive/Director of Finance

Summary:

This Informatics Strategy Summary for the years 2016 to 2021, embraces the strategic changes and planned clinical transformation within both East Lancashire Hospitals NHS Trust and the wider pan Lancashire (including Pendle) area. The Strategy, following narrative relating to the Trust, its strategic direction, the current state of Informatics services and the aspirations for the future, sets out 9 key delivery areas.

The full strategy sets out how the aspirations will be achieved over the next 5 years and how each of the delivery areas fit together. The vast majority of activity takes place in years 1 and 2 as infrastructure is built to prepare the way for the integrated electronic patient record. However, in years 3 to 5, as the Trust consolidates this infrastructure it is able to build on this platform and implement the record. In addition to this, the groundwork is laid, via tactical solutions (eportal, ewhiteboards, video conferencing, unified communications etc), to equip the Trust staff with the skills, knowledge and experience to embrace and deliver the integrated record.

A significant proportion of this strategy focusses upon the patient / citizen and explores how we can use technological advances to increase their involvement in their own health care and support the wider health and social care economy to be aware of their needs and requirements, through such things as population health and 'big data'.

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The strategy, does not go into detail around the costs of its implementation, as it is felt that much of the activity can be done within existing budgets and where necessary (as in the case of the ePR) a separate detailed business case will be produced. The strategy does identify 98 actions that will be delivered during the strategy period for the 9 delivery areas (see appendix)

Finally, the strategy firmly puts, at the centre of all this activity, the clinician. The governance of the programme sits squarely with the eHealth and Clinical Reference groups, with a commitment made that no major investments or developments will be passed to the Trust Board or Executive, without being fully (and formally) supported by these groups.

The strategy was considered by the eHealth Board on the 18th March 2016 and the Finance and Performance Committee on the 21st March.

This short summary outlines the key aspects of the strategy. A full version is available on request.

Recommendation: The Board is asked to note and support the strategy with the understanding that any additional expenditure, required to deliver the full range of actions identified in the document, will be subject to detailed business cases approved via the normal channels within the Trust.

Report linkages

Related strategic aim and corporate objective *(Delete as appropriate)*	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 *(Delete as appropriate)*	Transformation schemes fail to deliver anticipated benefits Partnership working fails to support delivery of sustainable safe, personal and effective care The Trust fails to achieve a sustainable financial position The Trust fails to achieve required contractual and

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national targets and its improvement priorities

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

Impact *(delete yes or no as appropriate and give reasons if yes)*

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

Previously considered by:

ELHT Informatics Strategy

(Supporting Clinical Transformational Change)

2016 – 2021

SUMMARY

Table of Contents

EXECUTIVE SUMMARY

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THE REALITY – HOW ARE THINGS NOW?

The Trust's developing Clinical Strategy will drive and deliver:

- Safe, Personal and Effective Care.
- Sustainable services which demonstrate affordability.
- Standardised and consolidated services which demonstrate efficiency.
- Clinical leadership and professional networking, both *within and between* organisations.

The Trust faces some significant challenges which, whilst recognised by many other acute Trusts around the country, have a particular resonance to ELHT due to its demographic, specific health and social care challenges and wider collaborative objectives moving forward.

Within ELHT, our Clinical Strategy develops in line with our evolving business planning and the financial modelling of all proposals and transformation programmes. The governance and priorities for these will increasingly be shaped by the influence of Pennine Lancashire (via the Sustainability and Transformation Plan) and Healthier Lancashire Programmes.

In order for the Trust to achieve its strategic goals, particularly transforming care and improving the patient experience, it is recognised that the way services are provided must be transformed. Part of this transformation is to be able to provide seamless care both within the Trust and between the Trust and its partners in the local health economy. This integrated and seamless care can only become a reality if it is underpinned by seamless and integrated information.

The Trust Executive is conscious of the importance in ensuring integration of health and social care services to support the local community. Future significant procurements and service enhancements must take advantage of any opportunities for collaboration and thus optimise any available economies of scale that may arise from these partnerships. In addition to this, the emerging Digital Lancashire agenda must be central to future developments.

This vision is for a comprehensive patient centric clinical record for each patient, accessible by the patient and by those providing care. Engagement and ownership

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of the clinical and operational teams is central to choice and deployment of the local health care solution.

The key drivers are for: -

- An intuitive yet sophisticated end user experience
- A resilient, highly available mobile solution
- Access to the clinical record in real or near real time
- Improved communications between the GP, members of the community teams, wider health and social care providers and the hospital
- Sharing of clinical information that is accurate and timely
- Reducing the amount of, and reliance on, paper and paper based systems
- A single version of the truth
- A shared record across primary, secondary and social care
- Optimal clinical workflows and more time to care
- Patient access and patient control
- A financially viable and sustainable solution
- Clinical decision support
- Patient decision support.

Aspiration and ambitions within and across the Trust

The Trust has a level of ambition based partly on its adoption of technology to date and partly on its experiences and knowledge of other organisations in the North West. The Trust recognises that IT enablement will play a critical role in helping realise the benefits associated with the current clinical strategy.

The development of new technologies, the demands for more integrated care across organisational boundaries and the increasing expectations of patients to be directly involved and informed in their own care, make this an ideal time to present a forward view.

The Trust is clear that central and pivotal to supporting clinicians and patients between now and 2020 will be the procurement of a new electronic patient record, both in a community setting (integrating with primary care and other community

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services) and in the acute setting (providing enhanced clinical decision support and supporting the seamless flow of patient information through the Trust.

The Trust is currently taking steps to improve its infrastructure and Informatics expertise in readiness for the EPR with an aspiration of being one of the most technologically advanced healthcare providers in the region. Divisional and Directorate Business Plans currently describe a need to reduce manual processes, remove paper from clinical processes wherever possible and to have electronic records across the organisation within the next 5 to 10 years. A significant proportion of this strategy relates to this improvement path.

Effective, early leadership from sponsors and change agents is critical in signalling clear intent, building momentum, raising credibility and overcoming initial resistance before early results are visibly achieved. This predominantly is the domain of the Trust Board, the Director team, Clinical Directors and all those with a responsibility for others.

Linking technology-associated change with financial recovery is almost as powerful as linking technology with an increase in patient safety. There is a small but growing body of evidence to support the notion that the organisations that survive in difficult economic times are the ones who successfully innovate.

Current Informatics provision

The Informatics infrastructure within the Trust is a complex one, made up of a wide range of function based systems with some integration with only limited interoperability. The development of systems has been on a gradual piece-meal basis with deployments being mainly tactical in nature. The next phase of the strategy needs to address interoperability and improved decision making.   The current systems in the Trust are not capable of supporting the next level of functionality required to underpin the Trust's strategic goals. This will constrain the ambitions of the Trust in terms of achieving the five high level priorities. It is therefore, timey that a revised Informatics strategy is being published now.

The Informatics teams responsible for delivering the service has also undergone a number of significant changes recently. These are mainly viewed as being extremely positive with service users detecting some real difference in the quality

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and timeliness of the current provision. Now the systems and services are provided by an integrated directorate – Performance and Informatics Directorate, with all services reporting, via an Associate Director, through to the Director of Finance and thus to the Trust Executive.

A key benefit of this current structure is that innovation, service development and integration with clinical enhancement, can be done as a single unit. All senior leaders within the Directorate share a common goal and a common responsibility for delivery. Historical barriers relating to systems delivery, infrastructure provision and information feedback are removed, providing a leaner and output focussed service.

Delivering clinical transformation using informatics – the 9 key elements of ELHT strategy

In order to provide an optimum environment for the delivery of the clinical strategy and ELHT Busness plans (both Trust wide and locally determined), there are 9 key delivery and development areas that this strategy will focus upon (more detail can be found in the complete strategy).

- Underlying Infrastructure
  The Trust is gradually replacing and updating its Informatics infrastructure (networks, storage and data centres), working with industry experts, using the latest and scalable technologies that offer best value for money and provide sustainability and security well into the future. Where possible the Trust will work alongside other public bodies to ensure best value for money and fit to the organisational strategic plans moving forward.

- Systems
  Centralisation of systems support, reduction in overall system numbers (where appropriate) and integration of clinical systems are central to the Strategy. The move towards a centralised single electronic patient record (ePR) underpins both the clinical and IT strategy for the next 5 years. The Trust will explore how patients may get best access to systems to support their choices and decision making.

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- Unified Communications

  Ensuring that clinicians, other operational staff and patients are able to communicate effectively and across organisational boundaries is important in facilitating the delivery of care. In addition to this, digital technologies can provide opportunities to enhance this communication never before seen. The strategy sets out a vision for linking this communication infrastructure together, using video and mobile computing more effectively and ensuring financial and operational economies are made by working collaboratively across provider groups.

- User computer Interface

  Over the year's staff have been presented with multiple and often confusing desktops and displays. The Trust will standardise and streamline the desktop, provide consistency in the user experience and ensure stability of systems. In the future, by adopting a 'virtual desktop', Trust users will be able to access their systems from a range of devices in multiple locations.

- Information Management

  Whilst focus is given to the effective capture and distribution of information, significant progress is being made in the re presentation of information back to the operational and clinical users, and to patients. The strategy sets out a vision for delivering 'real time' information, easily accessible and understandable. In addition to this, where possible, national returns would be generated automatically, thus freeing resources in the Trust to concentrate on providing analytical services to operational colleagues to enhance patient care. The Trust will continue to invest in its coding services to ensure accurate representation of clinical activity, and improved income protection.

- Governance and Security

  Building on best practice and the highest industry standards the Trust has formalised and further invested in all its cybersecurity systems and ensure through internal and external reviews that security of patient and corporate data is maintained at all times. This is an ever evolving area and the strategy identifies additional structures that will be put in place to maintain the required level of vigilance and scrutiny. Great improvements have been made in the Information Governance arena over 2015/2016, the strategy identifies that

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these improvements will need to be maintained and sets out how (by investment, training, audit, policy and communications) this will be achieved.

- Service Development and Testing

During 2016, ELHT performance and informatics services will be undergoing assessment to be an accredited, Informatics Skills Development Network - ISDN, service. This an overarching accreditation model to measure the effectiveness of an informatics organisation in working towards becoming an excellent learning and development service. This demonstrates the commitment of the service to provide an excellent environment for staff to develop and grow and ensures that teams provide the highest level of quality to the organisation. Since 2015 a significant of effort has been deployed to improve clinical and operational integration and 'buy in' form the services for informatics initiatives – this will continue and increase pace over the next few years with a commitment that no major investments and developments take place without the sign off of the eHealth board and various clinical bodies. A full time Chief Nursing Information Officer and a , a part time Chief Clinical Information Officer will be employed, with the options reviewed for extending information officer roles to Divisional leads.

No software, devices or applications will be released into the operational environments without rigorous and documented user acceptance testing and 'pilots' will be kept to a minimum.

- Health Economy Integration

The Pennine Lancashire leadership (ELHT, ELCCG, BWDCCG, Lancashire Care FT, BWD Local Authority and Lancashire County Council) have confirmed an intention to work together on the formation of an accountable care system. Such service reviews and transformations require access to robust, accurate and timely data sets for planning and monitoring, high resilience informatics infrastructure for care delivery and enhanced communication systems for service coordination. Working alongside partners the Performance and Informatics Teams are part of a wider 'Systems Enablers Group' that will support and facilitate change.

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Lancashire has an established Digital Health Board which draws representation from health and social care providers, the third sector, Universities and the Lancashire Enterprise Partnership. This Board and the associated programme of work, forms part of a system-wide transformation programme called Healthier Lancashire. To ensure there is strong clinical leadership and co-production in the design and implementation of our digital roadmap, Lancashire has an established Digital Health Clinical Advisory Group which forms part of the governance described above. ELHT will continue to provide support and leadership to the Pan Lancashire digital health agenda.

Working alongside the Greater Manchester Academic Health Sciences network and the Lancashire Digital Health Board, the Trust will, via the Performance and Informatics Directorate, support development in the collection, collation and analysis of data to support population health analysis and promote positive change through the effective use of such data.

- Procurement
  Currently, the Performance and Informatics team spends around £4m annually both maintaining the Trust current systems and procuring new items of computing and equipment to support clinical practice and the operation of services. The directorate recognises the necessity to ensure that the Trust operates with high levels of probity and transparency whilst optimising value for money and return on this significant investment. Working alongside the Trust procurement department, a dedicated procurement link has been identified and provides both expertise and advice relating to all matters of purchase. Opportunities for joint procurement with other parties to support strategic developments and ensure value for money will be actively explored.

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Timeline and key deliverables

The full list of actions for the programme are outlined below.

Actions and Timelines

No	Action	2016-17				2017-18				2018-19				2019-20				2020-21			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Networks																				
1	During 2016/2017 the Trust will work with NWSIS to reprocure a new/ enhanced Wide Area Network.	█	█	█	█																
2	During 2016 / 2017 all networks in outlying ELHT establishments will be reviewed and plans for remedial action to enhance coverage will be presented to the Board for investment decisions.	█	█	█	█																
	Wireless Access																				
3	By July 2016 additional wireless access points will be installed in AVH prior to a wider network assessment.		█																		
4	During 2016 the Trust will continue the roll out of clinician Wi-Fi and enhance coverage and stability.	█	█	█																	
5	During 2016 the Trust will increase the wireless access points across the estate and ensure coverage across all clinical and operational areas.	█	█	█																	
	Data Centres & Servers																				
6	By June 2016, the Trust will have moved its primary data centre to a new location on the main RBH hospital site	█																			
7	By September 2016, additional disaster		█																		

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#	Task	Timeline
	recovery infrastructure will be sited at BGH.	▮
8	During 2016 the Trust will review all its SQL (server) estate and where appropriate upgrade to SQL 2016.	▮▮▮
Storage		
9	By November 2016, a new Storage Area Network will be fully installed and operational at ELHT.	▮
Systems		
10	By March 2017, ELHT will have identified a preferred supplier for the new integrated ePR.	▮
11	By April 2018, ELHT will replace the existing PAS system and begun to implement integrated ED systems, patient flow management, order communications, outpatient booking and operating theatre management modules.	▮
12	By April 2019, ELHT will begin to implement clinical decision support and the electronic capture of clinical notes.	▮
13	By April 2020 , ELHT will no longer use historical paper notes.	▮
Community Systems		
14	(PAS replacement & set up data sharing agreements) –by 30th June 2016 the Trust will have completed roll out of PAS functionality, completed PC Refresh, have 100% sign up of data sharing agreements with GP's across local CCG's activated, and ensured all services can order and receive results into EMIS from ICE Desktop	▮

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1 5	Phase 2 (Evaluation of EMIS for non CPAS Services) will be completed by September 2016	▉																			
1 6	Phase 3 (Clinical Template & Mobile Access) – will be completed by 30th June 2017 which includes, testing and roll out of mobile devices to support clinical recording of data and roll out clinical capture template building (removing paper records).			▉																	
	Legacy Systems																				
1 7	By December 2016, a full systems review/comparison will be undertaken as part of the ePR procurement and a final decision made on which systems can be removed.		▉																		
	Electronic Patient Tracking Systems																				
1 8	By July 2016 – the current EPTS system will be upgraded to version 3 with a two way interface to Pas being developed.	▉																			
1 9	By August 2016, Version 3 of EPTS will be rolled out and used across the estate in real time.	▉																			
2 0	By January 2017 all current nursing electronic assessments will be integrated into the ePTS solution.			▉																	
2 1	By April 2017, Medical Early Warning Scores will be captured and displayed via the ePTS system			▉																	
2 2	By June 2017 – nursing observations will be			▉																	

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#	Description																					
	captured using the ePTS system.				▮																	
	Clinical Portal																					
23	By January 2018, the Trust will have a defined strategy for the use and migration of the Clinical Portal during the implementation of the ePR.						▮															
	Electronic Prescribing and Medicines Management																					
24	By May 2016 the Trust will deploy an updated version of the ePMA software which will include interactive medication charts and speed enhancements.	▮																				
25	By June 2016, the Trust will begin to extend the roll out of ePMA to the ICG Division and other sites across area.	▮																				
26	By August 2017, ePMA will be rolled out across the whole of the Trust estate		▮																			
27	By April 2018 a decision relating to the future of the current ePMA system will be made and a detailed plan re its future operation / migration will be published.							▮														
	PACS Services																					
28	By August 2016 – A new Vendor Neutral Archive (VNA) will be built by Siemens.	▮																				
29	By July 2016 – A new 10gb dedicated PACS only network will be constructed and deployed to the Trust.	▮																				
	Departmental Systems																					
30	By April 2020, except in exceptional circumstances, all unique departmental																		▮			

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#	Description
	systems will be replaced by the ePR.
Office Systems	
31	In March 2017 and March 2018, the current Microsoft licensing model will be reviewed and licensing requirements adjusted accordingly.
32	In March 2019 a new contract will be signed with a relevant software supplier which provides for a range of office and operating system requirements required by the Trust.
33	By January 2017 a new policy relating to the base offering of PC's and systems will be produced and deployed.
Mobile and remote working	
34	By July 2016 the Trust will upgrade ELHT's Airwatch Mobile Device Management System
35	By September 2016 the Trust will implement Secure Content Locker (Corporate Drop Box)
36	By April 2017 the Trust will have signed off a comprehensive BYOD policy and implementation plan.
37	By October 2016 all Trust mobile devices will operate in a secure environment with an identified range of specific applications targeted at enhancing care delivery and patient safety.
Unifed Communications	
38	By June 2016 the Trust will upgrade the Cisco Call Manager to the latest stable version.

#	Description
3 9	By September 2016 the Trust will implement extension mobility locally and externally with agreement from our NHS neighbours.
4 0	In October 2016 the Trust will start the decommissioning work of the Analogue systems.
	Mobile Telecoms
4 1	By May 2016 the Trust will make a direct award for mobile phone / smart device contacts to *a* single provider.
	Email , Instant messaging and Presence (video)
4 2	By May 2016 the Trust will implement an Edge Server to facilitate communication to other organisations and the general public.
4 3	By June 2016 the Trust will implement an Expressway Gateway to enable communication between Cisco IM&P and Microsoft IM&P
	Bleep and Pager Systems
4 4	By November 2016, all current providers of paging and messaging systems will have been contacted and presented enhanced alternatives for paging and messaging to the Teams.
4 5	By April 2017, dependent upon an investment business case being accepted by the Board, a new paging system will be in operation across the Trust
	User Computer Interface

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4 6	By June 2016 the Directorate will engage with external providers to cost out a managed migration.	■																								
4 7	By November 2016 a 200 client based VDI pilot will be in operation across selected operational directorates			■																						
4 8	By April 2017, following the VDI pilot, a decision will be made and costed to move the solution further into the ELHT estate.					■																				
4 9	By April 2018, a VDI environment will be fully rolled out across the ELHT estate.								■																	
	Clinical Environment Displays																									
5 0	By August 2016, all wards will have a touch screen display and micro PC wall mounted with wireless access to Trust systems.		■																							
5 1	By April 2017, all other clinical areas, requiring interactive displays (following assessment) will have them installed and operational.					■																				
	Patient Facing Interfaces and Clinical Support																									
5 2	During 2016 – 2021 the directorate will work with the Trust patient engagement teams to provide informatics links to patient services and information.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
5 3	By January 2017, the Trust will publish real time activity and quality information on its external facing website (including waiting times at Trust facilities across the area).				■																						

East Lancashire Hospitals **NHS**
NHS Trust

#	Objective	Timeline
54	By July 2017 – the Trust will demonstrate the EMIS patient portal for all community services and roll out as appropriate.	(bar)
55	By April 2019 – All patients will have on line access to a range of booking and information services directly related to the new PAS and ePR systems.	(bar)
Information Management		
56	By June 2016 the Directorate will have aligned the workforce to ensure that the differing requirements of each Division are effectively serviced	(bar)
57	By March 2017 the directorate will have planned the resource and structure needed to support the implementation of the ePR	(bar)
National Returns and Commisioning Data		
58	By June 2016 the team will formalise all current local data flows managed by the department.	(bar)
59	During 2016/17 all data flows will be reviewed and automated were possible	(bar)
60	During 2017/18 appropriate data flows will be migrated to the ePR, maintaining the automation were possible.	(bar)
Analytical Support for Services		
61	By June 2016 one post from corporate information will be transferred to the data platforms team,	(bar)

ID	Milestone	Timeline
62	dedicated to the automation of routine data flows.	▓
62	By June 2016 the extension of a corporate information analyst role to a dedicated contracting analyst to support the production of contracting data and the direct support of contract queries will be completed.	▓
63	By April 2016 the team, working with the clinical governance team, will investigate the resourcing of a dedicated quality improvement analyst to support specific quality improvement projects	▓
	Information Access and Portals	
64	By June 2016 the Trust will go live with the single point of access	▓
65	By June 2016 the Trust go live with the score card system	▓
66	During 2016/17 the Trust will migrate all measures to the score card system ensuring all measures are fully documented	▓▓▓▓
67	During 2016/17 the Trust will review and migrate all online reports to the new data warehouse structure where appropriate	▓▓▓▓
68	During 2017/18 the information team identify which reports will not be available directly from the ePR	▓▓▓▓
69	during 2016 the team will review options for the visualisation and presentation of information.	▓▓▓
	Data Warehousing	

7 0	By June 2016 a detailed plan of all systems, data tables and cubes that will be required for reporting will be produced.	■																	
7 1	During 2017/18 all data required to support the ePR will be migrated to the new system.				■	■	■	■											
	Benchmarking Services																		
7 2	By August 2016 a preferred supplier of benchmark services will be identified	■																	
7 3	Ongoing from August 2016 a benchmarking group will be set up to ensure the system is fully utilised and embedded within the organisations reporting structure	■																	
	Clinical Coding																		
7 4	By April 2018, the Coding department will be coding 25% of in-patient activity using current electronic systems. By 2020, all coding to be done from EPR							■											
7 5	From December 2016 the department will aim to provide a robust Clinical Coding audit / training programme that incorporates clinical input into the audit process. Both programmes will be adapted to meet the demands of the EPR introduction in 2018.		■																	
7 6	From April 2016, the Coding department will continue to involve clinicians in the coding process and engage with them in regards to electronic coding solutions. The	■																	

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	department will also support the introduction of automated electronic coding solutions in the medium term (post 2020).	
	Governance and Security	
7 7	By April 2017, all Information security policies will be reviewed and updated	
7 8	By April 2017, all procurement terms and conditions for procurement, delivery, running and decommissioning of systems that deal with Information will be review	
7 9	By April 2017, guidance for individuals and department to support the compliance agenda additional bespoke guidance will be published.	
8 0	During 2017-18 pre and post-delivery project assessment to ensure adherence to quality and IG compliance standards will be introduced	
8 1	From April 2016 all potential system purchases will need to pass through a full information security assessment and have conformance approved by the Information Security sub-group of the E-Health Programme Board.	
	Cyber Security	
8 2	By May 2016 an Information Security Group to monitor and advise on all matters of Information Security will be implemented.	

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#	Description	Timeline
8 3	By May 2016 a dedicated Asset & Information Security Officer post will be created	▇
	Informatics Skills Development Network (ISDN) Accreditation	
8 4	By April 2017 the Trust Performance and Informatics Teams will be ISDN Accredited.	▇
	eHealth and Clinical Reference Group	
8 5	As from April 2016, no significant procurement decision or informatics initiative will be developed without first being supported by the eHealth Board.	▇
8 6	As from April 2016, no clinical software (including ePR) will be purchased without the support of the Clinical Reference group.	▇
	Software Development	
8 7	during 2016/17 develop and implement a complete accident and emergency electronic casualty card.	▇▇▇▇
8 8	during 2016/17 the software development team will develop and implement a range of agreed electronic care bundles	▇▇▇▇
8 9	by April 2018, the software development team will be trained in new programming interfaces and the use of the preferred ePR supplier forms creation software.	▇
	Service Development and Education	
9 0	By June 2016 – working with the Learning and Development team all ELHT staff will be made	▇

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	aware of free Microsoft training available to them.	▮
9 1	during 2016 – 2021 the Trust will continue to work with local educational institutions to provide support for trainee programmes and seize opportunities for service development based on best practice and feedback.	▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
	Sustainability and Transformation Plans	
9 2	Between 2016 and 2021 the Directorate will fully support the STP and the Systems Enablers Group.	▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
	Digital Lancashire	
9 3	Between 2016 and 2021 the Directorate will continue fully support the Digital Lancashire Agenda	▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
	NWSIS	
9 4	Between 2016 and 2021 the Directorate will integrate local developments with NWSIS workstreams and programmes.	▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
	Population Health	
9 5	During 2016 – 2021, the Directorate will remain committed to providing resource to enhance data collection to support population health analysis.	▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
	Joint Procurement / Collaboration	
9 6	As from April 2016, no major procurement decisions will be made by the Directorate without formally exploring the opportunities for collaboration and joint procurement.	▮

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9 7	As from April 2016, all major procurements of services, systems or infrastructure will be accompanied by a formal contact with periodic quality review milestones being set.																									
9 8	By May 2016 engage with our NHS neighbours to work collaboratively on a single managed printer service.																									

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East Lancashire Hospitals **NHS**

NHS Trust

TRUST BOARD REPORT

25 May 2016

Item	**156**

Purpose Action

Title	Review of relocation of Fracture Clinic, Burnley General Hospital to Royal Blackburn Hospital
Author	Joanne Preston, Directorate Manager of Trauma and Orthopaedics
Executive sponsor	Dr Damian Riley, Executive Medical Director
	Mrs G Simpson, Executive Director of Operations

Summary:
This paper reviews the relocation of the Fracture Clinic from Burnley General Hospital to Royal Blackburn Hospital. Board Members are asked to review this paper and make a decision on the most clinically appropriate and quality assured model of service. The Board is asked to recognise the weight of clinical opinion, relating in significant part to the clinical efficacy of the present clinic arrangement, and make recommendations to the CCG.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Work with key stakeholders to develop effective partnerships
Related to key risks identified on assurance framework	Transformation schemes fail to deliver anticipated benefits
	Partnership working fails to support delivery of sustainable safe, personal and effective care

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Executive Directors and members of the Operational Delivery Board.

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Executive Summary

1. In September 2015, the Fracture Clinic held at Burnley General Hospital relocated to the Royal Blackburn Hospital site. This was agreed on a trial basis in an effort to improve the long waiting times at Burnley General Hospital and enhance patients' experience of the service.

2. The average wait time for the Fracture Clinic at Blackburn Royal Hospital is now under 72 hours, meeting the quality measure of the British Orthopaedic Association, and patient feedback has been positive.

Background

3. Over the last six months there has been a trial relocation of the former weekly Fracture Clinic held at Burnley General Hospital (BGH). In this time all fracture clinic services have been consolidated on the Royal Blackburn Hospital (RBH) site. The expected benefits of this trial were predicated on there being an improved quality of service available to patients. This is because patients would be seen sooner, in better facilities, and in the same hospital as all the trauma and fracture surgery was conducted, with more reliable specialist staffing cover. An Equality Impact Assessment has been undertaken and its findings considered when making a recommendation about the service relocation.

4. The Fracture Clinic previously located at Burnley General Hospital was run by a single consultant for four hours once per week, offering appointments to patients with an orthopaedic injury or fracture. Patients frequently waited over two weeks for an appointment, contrary to the British Orthopaedic Association Guidelines which state the importance of a Fracture Clinic appointment within 72 hours.

5. The long waiting times were as a result of significant orthopaedic demand, with the Trust providing services to approximately 500,000 people. Other contributing factors included changes in consultant work patterns with consultant ward rounds twice a day at Royal Blackburn Hospital, requirements for junior doctor supervision, and finite resources available to cover leave.

6. The Fracture Clinic at Burnley General Hospital was not fit for purpose, with concerns about patient confidentiality due to its layout. There were challenges with skills and resources in relation to staff having to transfer from the Blackburn Royal Hospital Plaster Room, resulting in reduced plaster technicians at the Blackburn site and creating a strain on the service. Listing patients for surgery from the Burnley Clinic

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was a problem as the consultant did not have a trauma list the next day to operate on at Royal Blackburn Hospital as all trauma lists within Orthopaedics are fully utilised.

7.   The relocation of the Fracture Clinic to Royal Blackburn Hospital was undertaken with the aim of improving quality and safer care for all patients, to reduce waiting times and enhance patient experience. Improvements to waiting times were a priority to ensure patient safety, and this was particularly important for children who cannot safely wait for Fracture Clinic appointments.

Current waiting times

8.   The average wait at Blackburn Fracture Clinic October 2015-December 2015 was under 72 hours. This has been maintained and is a significant improvement for patients, meeting the quality measure indicated by the British Orthopaedic Association.

Patient Feedback

9.   The Trauma and Orthopaedic Directorate management team have provided evidence of an improved efficiency of the service in terms of waiting times and numbers of patients seen in a reduced timescale. The Trauma and Orthopaedic Directorate have also conducted patient experience surveys as part of their evaluation, indicating patient satisfaction with the present configuration.

10. Friends and Family survey results (September 2015 to January 2016) showed that 88% of 92 patients attending the Fracture Clinic at Blackburn would recommend it to friends and family. There was just one comment referring to the location, however the patient also stated that they would be extremely likely to recommend the service, complimenting the friendliness of staff and quality of service.   Patient satisfaction survey results and texted responses for the same period was also very positive about the care received and contained no comments regarding the location.

11. Friends and Family results and patient satisfaction results for Burnley (January to September 2015) are not directly comparable as they did not differentiate between Fracture patients and Elective Orthopaedic patients.

12. Healthwatch Lancashire visited Blackburn Fracture Clinic in November 2015 and offered patients the opportunity to share their views and comments about the service. From a small sample of 16 patients they reported that 81% felt that the location was convenient, with 19% stating that it was not as convenient as Burnley General Hospital. There was excellent feedback in a number of areas, such as the service received from the staff, cleanliness of the environment and 100% of the patients

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reported that their appointment date and time was convenient. There were a number of recommendations made, such as improvements to patient information and communication. All the recommendations have been addressed and an action plan implemented. It has since been recognised that the visit was undertaken when Elective Orthopaedic clinics were being held instead of Fracture clinics, however this was not known at the time by either Healthwatch or the Patient Experience Team who facilitated the visit. Chief Executives from both Healthwatch Blackburn with Darwen and Healthwatch Lancashire are aware of this and are in the process of planning a repeat visit in late May or early June.

13. There have been no formal complaints recorded from patients on the relocation of the Fracture Clinic from Burnley General Hospital to Royal Blackburn Hospital. However the consolidation of fracture clinic services onto the RBH site has generated a number of enquiries to the Chief Executive in which concerns have been expressed by local residents and their representatives. These have been taken into account when undertaking this decision.

14. In August 2015 an enquiry was received from Julie Cooper, Member of Parliament for Burnley, regarding the relocation of the fracture clinic, which was responded to by the Chief Executive outlining the reasons for the trial at that time. The Medical Director for East Lancashire Hospitals also received a petition that Julie Cooper M.P had sourced from the local population. This was entitled "Hands off Burnley Fracture Clinic – I support my MP, Julie Cooper in opposing the East Lancashire Hospital Trust's Plans to close Burnley Hospital fracture clinic and to transfer the service to the Royal Blackburn Hospital. I call upon the Trust to reconsider this decision and for the Government to properly fund the hospital services to this Town" and contained 524 signatures.

15. Since July 2015 a weekly meeting has been in place between the Patient Experience Team and Commissioning Support Unit, where issues from GPs are raised for discussion. During this time, no cases have been raised by GPs regarding the fracture clinic relocation.

16. A further patient survey of 227 patients was undertaken at Blackburn during a two week period from 28th March 2016. Whilst there were a small number of comments about the location of the clinic, 96% of patients were satisfied with the quality of care received. Appendix 1 details the responses from the survey.

17. Soft intelligence has been monitored, for example NHS Choices, patient opinions and mailboxes, and there have been no comments made by patients regarding the fracture clinic location.

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Clinical Opinion

18. Clearly any change to the location of a clinical service such as fracture clinic needs to be informed by user feedback, clinical and quality considerations, as well as financial, efficiency and sustainability considerations. Trust Board have separately received information relating to improved service efficiency and patient feedback.

19. Clinical opinion has been sought on the reconfiguration of the service, and this has been received from:

   - Mr Qaisar Choudry (Orthopaedic Surgeon and Clinical Director for Trauma and Orthopaedics)

   - Mr Chris Thomas (Orthopaedic Surgeon and Clinical Director for Trauma)

   - Mr Andrew Sloan (Orthopaedic Surgeon and Directorate Lead for Clinical Governance)

   - Mr Kevin Sharpe (Orthopaedic Surgeon and Clinical Effectiveness Lead for Trauma and Orthopaedics)

   The senior clinical opinion is overwhelmingly in support of the present single site fracture clinic configuration as a means of delivering the optimal care clinically, allowing patients to be reviewed in a more timely fashion, with better facilities, thus allowing the service to be in line with British Orthopaedic Association standards. Therefore to configure clinics differently to the currently arrangement, for example to revert to the former split-site arrangements, is seen – from a clinical perspective – as likely to reduce the quality of care provided.

Conclusions and Recommendation

20. As previously stated, the waiting time for the Fracture Clinic at Burnley General Hospital exceeded 14 days. Since relocating to Blackburn Royal Hospital, the average wait is less than 72 hours. This meets the recommendation of the British Orthopaedic Association and reflects the improvements in quality and safer care. The whole patient journey has improved with excellent feedback and staff morale is good. There are no financial implications with the relocation and ongoing work is being undertaken with the Emergency Department to make further quality and safety improvements to the Trauma and Orthopaedics service.

21. It is recommended that the relocation of the Fracture Clinic from Burnley General Hospital to Royal Blackburn Hospital continues on a permanent basis. In making a decision, the Board are asked to consider the clinical opinions expressed in this

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report alongside the patient feedback received about the quality of service received, and the Board is asked to communicate this to the CCGs.

Joanne Preston

Directorate Manager, Trauma and Orthopaedics

Appendix 1 – Customer Feedback

A survey of 227 patients attending Fracture Clinic was undertaken during a two-week period commencing 28th March 2016.

Demographics

- 122 females and 105 males responded to the survey
- Patients ranged in age (43 < 20yrs, 63 aged 20 – 40, 75 aged 41-60, 46 aged 61+)
- 83% travelled by car to the appointment (n=188), 7% by taxi (n=16), with the remainder travelling by bus / other means
- Patients were asked to state the nearest town or village in which they lived:
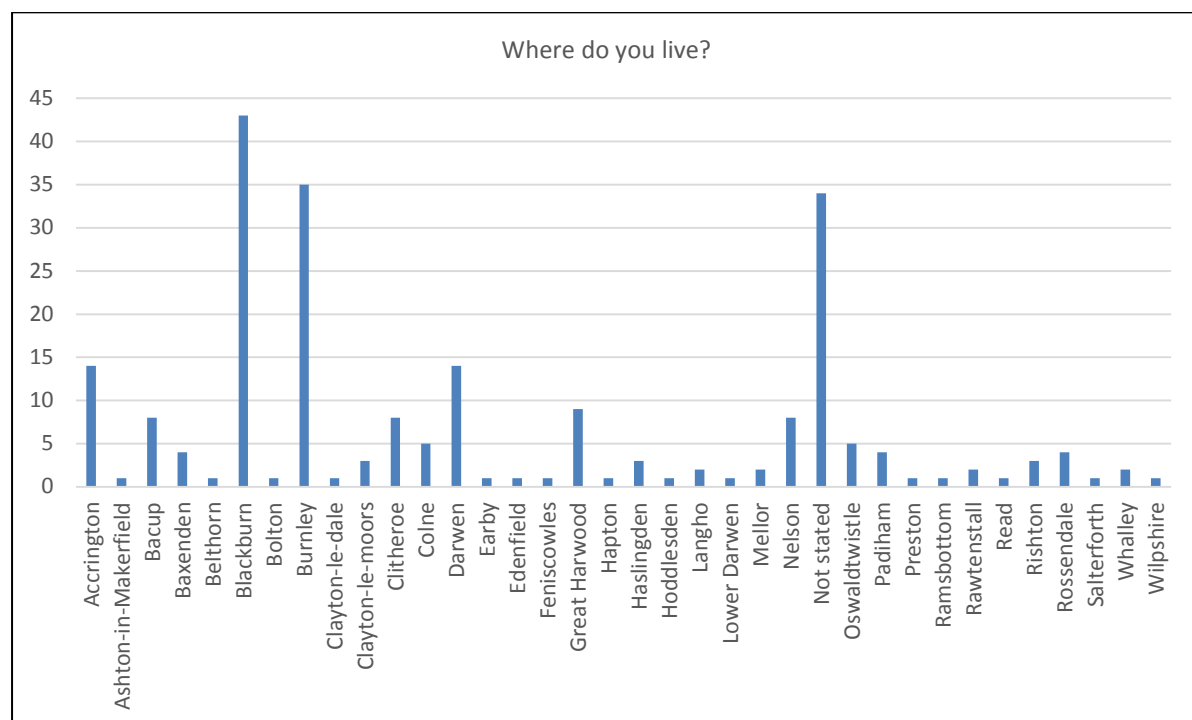
Satisfaction with the service

Patients were asked to rate their satisfaction on the following:

- How convenient was the location of the clinic
- Helpfulness of the directions / signage to find the clinic
- Comfort of the waiting area
- Cleanliness of the waiting area
- Information on the notice boards
- Friendliness / professionalism of staff
- Overall rating of care received in the clinic
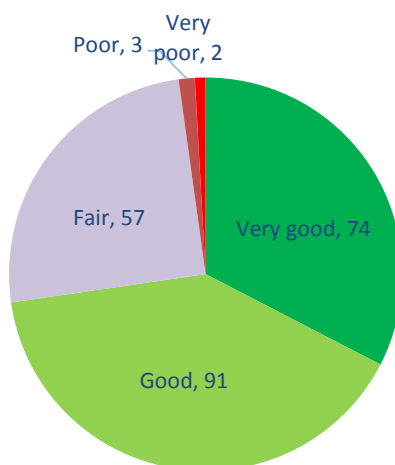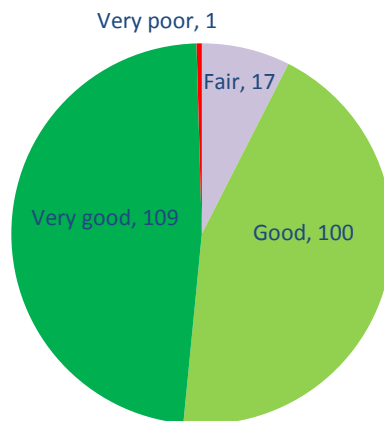
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How convenient was the location of the clinic?

Very poor, 6
Poor, 5
Fair, 37
Good, 87
Very good, 92

Helpfulness of directions / signage to clinic

Very poor, 1
Poor, 1
Not stated, 1
Fair, 15
Good, 85
Very good, 124

Comfort of the waiting area

Poor, 3
Very poor, 2
Fair, 57
Good, 91
Very good, 74

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Cleanliness of the waiting area

Very poor, 1
Fair, 17
Very good, 109
Good, 100

Information on the noticeboards

Not stated, 4
Poor, 1
Fair, 30
Very good, 100
Good, 92

Friendliness / Professionalism of Staff

Good, 75
Very good, 142
Fair, 7
Poor, 1
Very poor, 1
Not stated, 1

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Overall how would you rate the care you received?

Fair, 9   Poor, 1   Not stated, 7

Good, 80   Very good, 130

Waiting Time for Appointment

Patients were asked how long from their scheduled appointment time they waited to see a doctor:

Waiting Time for appointment

Not applicable	< 15 mins	15 - 30 mins	30 - 60 mins	Over 60 mins	Not stated
20	72	46	50	30	9

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East Lancashire Hospitals **NHS**

NHS Trust

TRUST BOARD	**Item**	**157**
25TH May 2016	**Purpose**	Monitoring

Title	Integrated Performance Report for the period to April 2016
Author	Mark Johnson - Associate Director of Performance and Informatics
Executive sponsor	Gillian Simpson – Executive Director of Operations

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

Report linkages

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

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	Corporate functions fail to support delivery of the Trust's objectives		
Impact (delete yes or no as appropriate and give reasons if yes)			
Legal	~~Yes~~/No	Financial	~~Yes~~/No
Equality	~~Yes~~/No	Confidentiality	Yes/~~No~~
Previously considered by:			Not applicable

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Board of Directors, Update
Corporate Report – May 2016
Key Messages of this Report
All of the national cancer waiting time targets continue to be achieved. 18 week ongoing pathways continue to achieve. Accident and emergency four hour failed in April 2016 alongside the number of ambulance handover over 30 minutes The number of delayed transfers of care remains above threshold.

Introduction/Background

1. This paper presents the corporate performance data for April 2016 against the Trust Development Authority Standards and other key measures.
    Except:
    - Mortality – January 2016
    - Cancer performance – March 2016
    - Sickness rates – March 2016
    - Commissioning for Quality and Innovation (CQUIN) – December 2015
    - Ambulance indicators – March 2016
    - Patients risk assessed for Venous Thromboembolism – March 2016

Achievements

2. **Main achievements for April 2016:**

    - No MRSA infections for April 2016

    - There was one Clostridium difficile toxin positive isolate identified in April 2016 against a trajectory of three.

    - All National cancer targets achieved since February 2015

    - Complaints remain below the 0.4 threshold

    - The latest Trust SHMI continues to be within expected levels, as published in March 2016 at 1.06

    - The latest indicative 12 month rolling HSMR (Feb 15 – Jan 16) is reported as expected at 97.81 against the monthly rebased risk model.

    - The Trust continues to receive a high response rate and positive scores for the friends and family test.

    - The Trust continues to achieve the hospital ambulance screen data quality compliance measure.

    - Referral to treatment incomplete pathways remains above the 92% threshold.

        o There is one patient waiting over 52 weeks at the end of April 2016, this wait is due to patient choice.

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- The new Trust core skills training package has been implemented replacing the core mandatory training. This will provide compliance monitoring against the eleven mandatory subjects.

Key Issues

3. **Main issues for April 2016:**

- A root cause analysis has been produced for the one never event reported to StEIS in March relating to wrong site surgery, this is due to go to panel on the 19th May.

- Overall performance against the Accident and Emergency four hour standard continues to under achieve with 88.50% in April 2016.

- There was one 12 hour trolley wait for a mental health patient in April 2016.

- There were 501 validated over 30 minute handover breaches in March 2016.

- The number of delayed transfers of care remains above threshold with 4.02%. This equates to 116 patients delayed in month with 41 patients still delayed at the month end.

- Sickness rates remain above threshold at 4.45% in February.

- Commissioning for Quality and Innovation (CQUIN) schemes

  o Acute Kidney Injury has not achieved at quarter 4.

  o Still awaiting final data for Sepsis.

Key

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

The data for this measure is not currently available for this period.
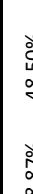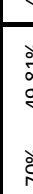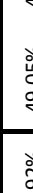
These arrows identify whether high or low performance is required to achieve the standard.

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

Caring

	Threshold 16/17	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Monthly Sparkline
C38 Inpatient Friends and Family - % who would recommend	91.76%	98.19%	98.08%	97.71%	98.90%	98.59%	98.71%	98.16%	98.10%	98.77%	99.08%	96.90%	98.44%	98.63%	
C40 Maternity Friends and Family - % who would recommend		96.37%	94.38%	95.38%	95.68%	94.15%	94.90%	94.09%	95.80%	92.60%	93.37%	95.50%	96.60%	96.42%	
C42 A&E Friends and Family - % who would recommend	77.83%	77.20%	78.96%	82.88%	77.42%	84.42%	84.66%	83.20%	83.90%	85.14%	78.28%	80.80%	76.52%	80.44%	
C44 Community Friends and Family - % who would recommend		92.58%	94.69%	92.07%	93.52%	93.51%	91.57%	94.59%	93.90%	93.67%	94.37%	93.70%	93.70%	93.95%	
C15 Complaints – rate per 1000 contacts	0.4	0.22	0.15	0.26	0.23	0.25	0.20	0.22	0.21	0.18	0.28	0.30	0.18	0.26	
M52 Mixed Sex Breaches	0	0	0	0	0	0	0	2	0	0	0	0	0	0	

Effective

	Threshold 16/17	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Monthly Sparkline
M73 Deaths in Low Risk Categories - relative risk	Outlier	107.48	104.26	92.97	92.87	85.68	89.25	92.54	92.16	91.85	74.69				
M74 Hospital Standardised Mortality Ratio - Weekday (DFI Indicative)	Outlier	105.89	104.24	103.72	102.22	101.37	102.23	99.63	99.91	97.57	96.3				
M75 Hospital Standardised Mortality Ratio - Weekend (DFI Indicative)	Outlier	102.21	104.92	106.18	104.82	106.39	105.80	106.08	102.85	100.69	102.16				
M54 Hospital Standardised Mortality Ratio (DFI Indicative)	Outlier	105.03	104.43	104.38	102.96	102.73	103.23	101.28	100.66	98.41	97.81				
M53 Summary Hospital Mortality Indicator (HSCIC Published data)	Outlier			1.07			1.06								
C16 Emergency re-admissions within 30 days		12.61%	12.42%	13.10%	13.01%	12.75%	12.65%	12.69%	13.44%	13.33%	13.34%	12.56%	12.49%	10.31%	
M89 CQUIN schemes at risk	0						0			3					

Responsive

Code	Indicator	Threshold 16/17	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Monthly Sparkline
C2	Proportion of patients spending less than 4 hours in A&E	95%	92.5%	93.42%	94.78%	93.36%	93.32%	94.79%	93.56%	94.42%	94.49%	88.15%	89.95%	87.77%	88.50%	
M62	12 hour trolley waits in A&E	0	0	0	0	0	0	0	0	1	2	0	1	0	1	
C1	RTT admitted: percentage within 18 weeks	95%	93.0%	93.3%	94.0%	91.1%	89.9%	85.0%	85.3%	85.0%	86.3%	82.5%	83.2%	81.2%	78.5%	
C3	RTT non- admitted pathways: percentage within 18 weeks	90%	98.4%	98.7%	98.0%	97.6%	97.5%	97.5%	96.3%	97.5%	95.9%	95.3%	95.6%	96.3%	94.4%	
C4	RTT waiting times Incomplete pathways	92%	97.6%	98.0%	97.5%	97.5%	97.9%	96.7%	95.9%	94.6%	93.9%	94.5%	95.2%	95.6%	94.8%	
C37.1	RTT 52 Weeks (Ongoing)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1%	0.00%	0.04%	0.04%	0.01%	0.09%	0.11%	0.02%	0.1%	0.08%	0.19%	0.15%	0.15%	0.22%	
C18	Cancer - Treatment within 62 days of referral from GP	85%	87.40%	89.50%	85.40%	85.10%	86.6%	85.90%	93.2%	89.2%	91.0%	93.7%	86.6%	88.4%		
C19	Cancer - Treatment within 62 days of referral from screening	90%	100.0%	94.3%	93.8%	100.0%	93.9%	95.70%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
C20	Cancer - Treatment within 31 days of decision to treat	96%	100.0%	96.8%	98.9%	98.9%	98.1%	100.00%	100.0%	100.0%	100.0%	98.3%	100.0%	98.9%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94%	96.9%	100.0%	97.1%	97.1%	100.0%	100.00%	97.4%	100.0%	100.0%	99.0%	97.3%	94.1%		
C24	Cancer - seen within 14 days of urgent GP referral	93%	96.30%	97.10%	96.90%	96.60%	96.0%	96.40%	96.3%	96.7%	96.7%	97.6%	95.5%	95.6%		
C25	Cancer - breast symptoms seen within 14 days of GP referral	93%	94.70%	95.30%	96.30%	94.90%	94.6%	94.70%	97.1%	93.0%	97.2%	96.4%	97.3%	93.6%		
M9	Urgent operations cancelled for 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C27	Not treated within 28 days of last minute cancellation due to non clinical reasons	0	4.44%	3.03%	0.00%	0.00%	1.92%	0.00%	0.00%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	
M55	Proportion of delayed discharges attributable to the NHS	3.5%	4.07%	3.94%	3.84%	4.75%	3.69%	3.62%	3.64%	3.0%	4.16%	4.42%	4.75%	4.76%	4.02%	
M90	Average LOS elective and daycase		2.7	2.3	2.9	3.2	3.5	2.8	2.4	2.9	2.8	2.9	3.0	2.8	2.8	
M91	Average LOS non-elective		4.5	4.8	4.6	4.7	4.7	4.4	4.6	4.6	4.6	4.6	4.6	4.9	4.8	

Well led

	Threshold 16/17	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	Monthly Sparkline
C31 NHS England Inpatients response rate from Friends and Family Test	16%	51.1%	56.92%	59.79%	57.90%	55.12%	45.92%	49.05%	43.70%	49.81%	48.87%	48.50%	50.14%	45.89%	
C32 NHS England A&E response rate from Friends and Family Test	4%	23.8%	23.09%	25.52%	23.08%	25.44%	25.04%	25.42%	23.00%	23.69%	21.06%	21.71%	22.18%	21.80%	
M77 Trust turnover rate	12%	10.0%	10.0%	10.0%	9.9%	9.6%	9.7%	9.6%	9.5%	9.4%	9.3%	9.2%	8.7%	8.9%	
M78 Trust level total sickness rate	3.75%	4.8%	4.8%	4.79%	4.99%	4.87%	4.81%	4.91%	4.93%	4.74%	4.81%	4.74%	4.45%		
M79 Total Trust vacancy rate	5%	6.9%	6.2%	6.3%	6.3%	6.1%	5.2%	6.8%	6.5%	7.5%	7.8%	7.1%	7.3%	8.0%	
M80.1 Mandatory Training	95%	68.0%	72.0%	73.0%	81.0%	84.0%	89.0%	92.0%	93.0%	90.0%	89.0%	85.0%	82.0%		
M80.2 Safeguarding	80%	78.0%	78.0%	78.0%	81.0%	81.0%	84.0%	85.0%	86.0%	86.0%	87.0%	87.0%	88.0%	88.0%	
F8 Temporary costs as % of total paybill	4%	8%	7%	6%	8%	7%	8%	8%	8%	8%	8%	9%	9%	7%	
F9 Overtime as % of total paybill	0%	0%	0%	0%	0%	0%	1%	0%	1%	0%	0%	1%	0%	1%	
F1 Cumulative Retained Deficit for breakeven duty (£M)	0.0	(1.7)	(3.4)	(5.0)	(6.7)	(7.5)	(8.2)	(8.8)	(9.5)	(10.1)	(10.8)	(11.2)	(11.5)	(0.3)	
F2 SRCP Achieved % (green schemes only)	100.0%	11%	15%	20%	24%	33%	46%	49%	54%	60%	62%	64%	64%	52%	
F3 Liquidity days	0	(2.5)	(5.9)	(7.7)	(8.4)	(10.8)	(13.2)	(12.7)	(13.2)	(13.5)	(14.0)	(14.4)	(5.0)	(5.1)	
F4 Capital spend v plan	85%	75%	80%	90%	77%	81%	75%	72%	71%	71%	72%	71%	90%	93%	
F5 COSR (Continuity of risk rating)	2	2	2	2	2	2	2	2	2	2	2	2	3	2	
F6 COSR - Liquidity rating	3	3	3	3	3	3	3	2	2	2	1	1	3	3	
F7 COSR - Capital Servicing Capacity rating	1	1	1	1	1	1	1	1	1	1	1	1	3	2	
F10 COSR - I&E Margin	1								1	1	1	1	4	2	
F11 COSR - I&E Margin variance from plan	1								4	4	4	4	4	3	
F12 BPPC Non NHS No of Invoices	95%	96.4%	96.6%	96.5%	96.2%	96.2%	96.0%	96.0%	95.9%	95.90%	95.65%	95.55%	95.50%	96.80%	
F13 BPPC Non NHS Value of Invoices	95%	95.5%	95.6%	94.9%	95.1%	95.1%	94.5%	94.8%	94.8%	95.08%	95.30%	95.15%	95.38%	98.20%	
F14 BPPC NHS No of Invoices	95%	94.9%	95.6%	95.6%	95.6%	95.4%	95.8%	95.6%	95.5%	95.63%	95.17%	94.86%	94.98%	93.30%	
F15 BPPC NHS Value of Invoices	95%	93.2%	95.0%	96.4%	96.1%	96.4%	97.0%	97.0%	96.6%	96.61%	96.56%	96.58%	96.38%	93.20%	

Safe – Infection Control (M64, M65)

No MRSA infections detected in March post 2 days of admission. One attributed YTD against threshold of zero. The post infection review panel acknowledged there were no lapses in care and therefore no financial penalty applicable.

There were two Clostridium difficile toxin positive isolate identified in the laboratory in March which were post 3 days of admission. The final year end figure is 29 against the trust target of 28.

C Diff per 100,000 occupied bed days

Cdiff Benchmarking for Acute Trusts per 100,000 occupied bed days, 2014-15
Source: Public Health England
Trust Apportioned

C Difficile
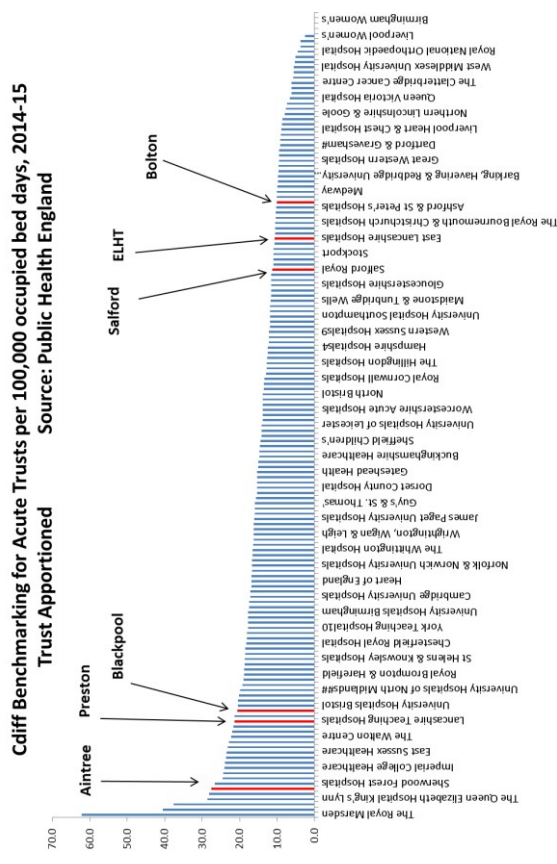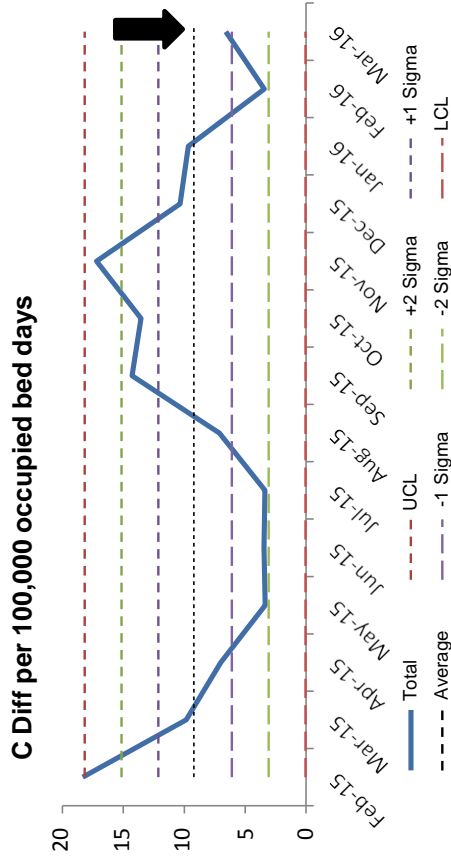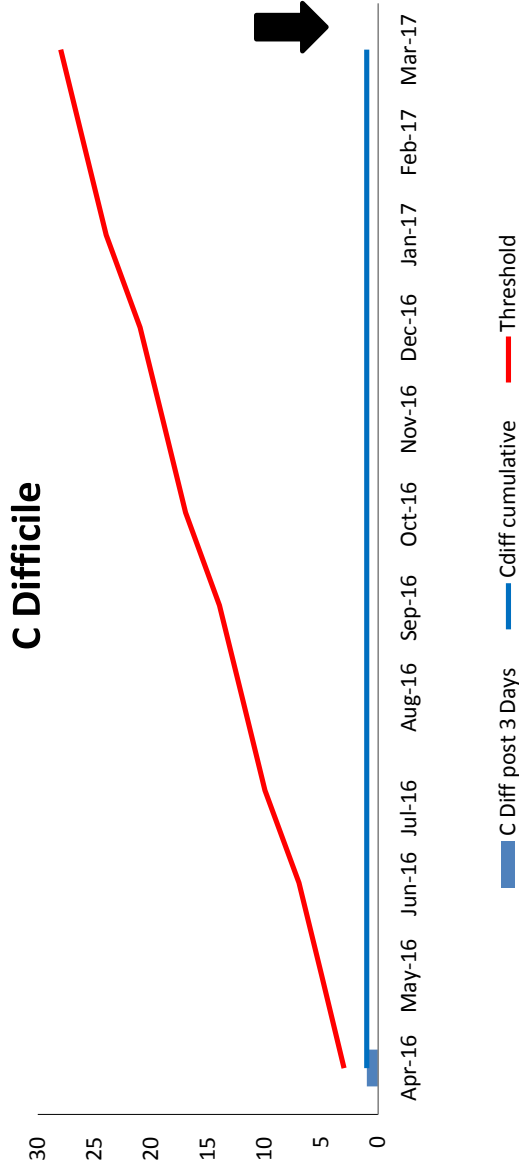
Safe – Harm Free Care

Never events
There were no never events reported to Steis in April.

Serious Incidents
The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in the month of April was ten incidents. These incidents were categorised as three slips, trips and falls, three diagnosis problems, one medical device problem, one discharge/transfer problem, one pressure ulcer and one treatment problem.
A detailed report providing assurance on the management of each of the STEIS reported incidents is submitted monthly to the Patient Safety and Risk Assurance Committee.

Harm free Care
The Trust remains consistent with the percentage of patients with harm free care at 99.74% for April 2016 using the National safety thermometer tool.

For April 2016 we are reporting the unverified position as two grade 2 inpatient hospital acquired pressure ulcers.

% Harm Free Care
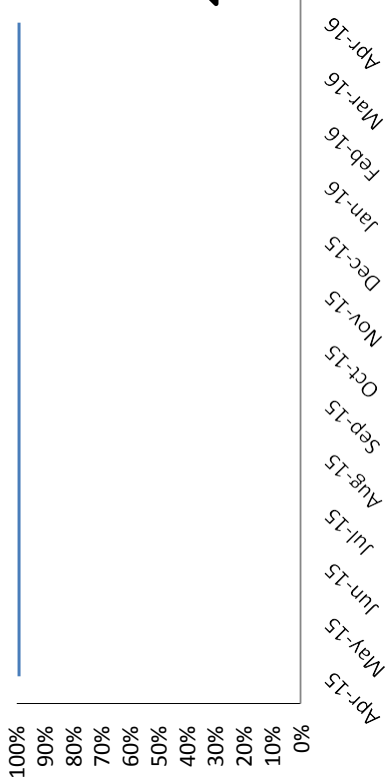
Serious Incidents
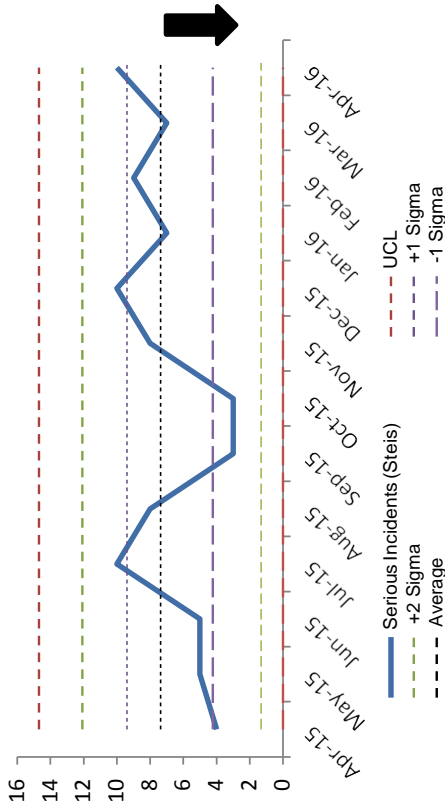
VTE assessment
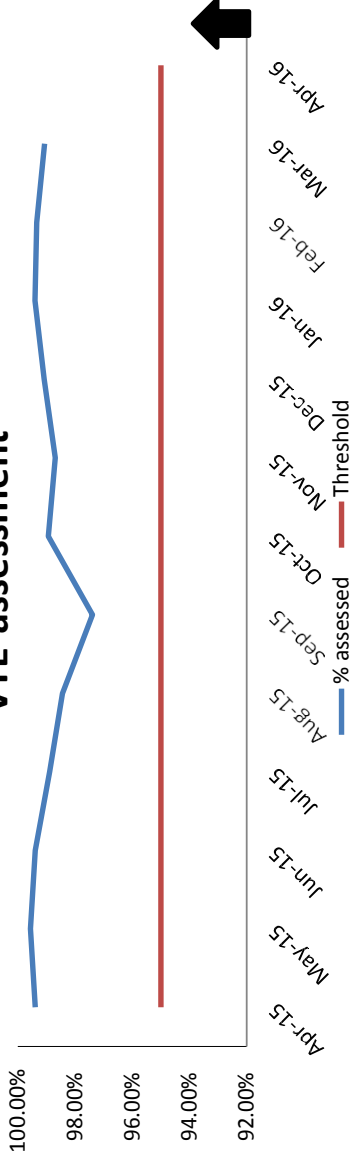
Safe – Safer Staffing

Average fill rate Day/Night-

The Month of April remained challenging in respect of nurse and midwifery staffing caused by similar factors as in previous months.

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

Active recruitment is on going and 3 Filipino nurses are due to arrive in the UK on the 19th May

The UNIFY data does not depict staffing against acuity and dependency, bed occupancy or women in labour. Safe care continues to roll our across the organisation

Care Staff

Legend: Day — Night — 80% Threshold — 100% Threshold

Registered Nurses/ Midwives

Legend: Day — Night — 80% Threshold — 100% Threshold
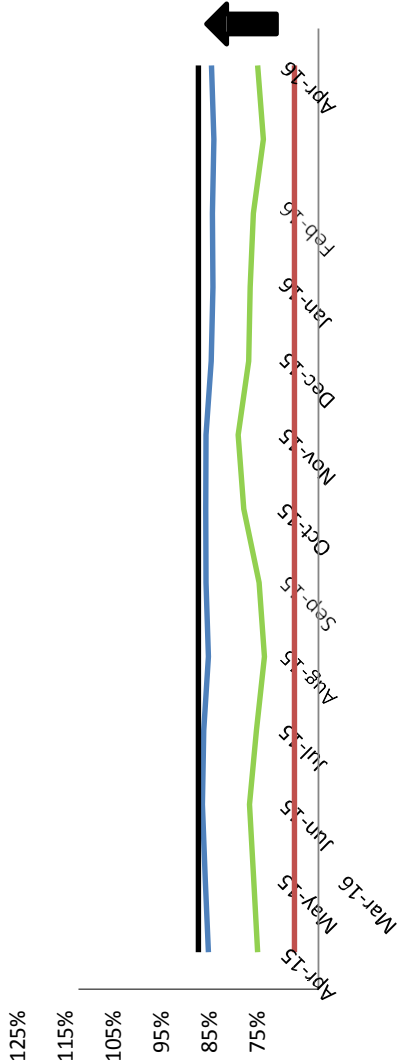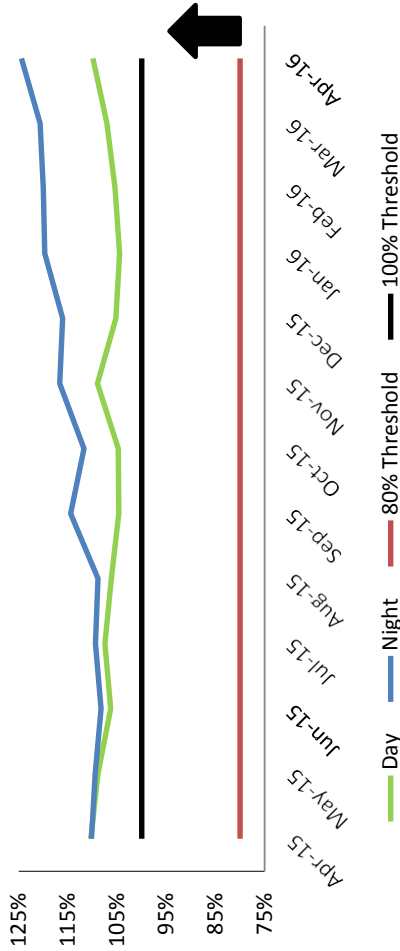
Caring – Friends and Family Test (C38, C42)

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

In April the number that would recommend A&E to friends and family increased slightly to 80.4%, whilst the proportion that would recommend inpatient services, increased to 98.6%. Community services would be recommended by 94.0% and maternity 96.4%

Friends & Family Inpatient

— % would recommend — Threshold

Friends & Family Maternity

— % would recommend

Friends & Family A&E

— % would recommend — Threshold
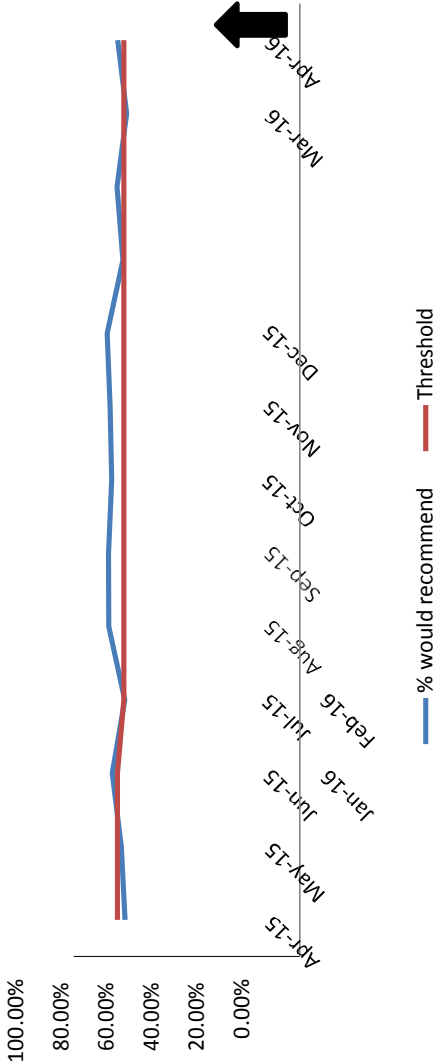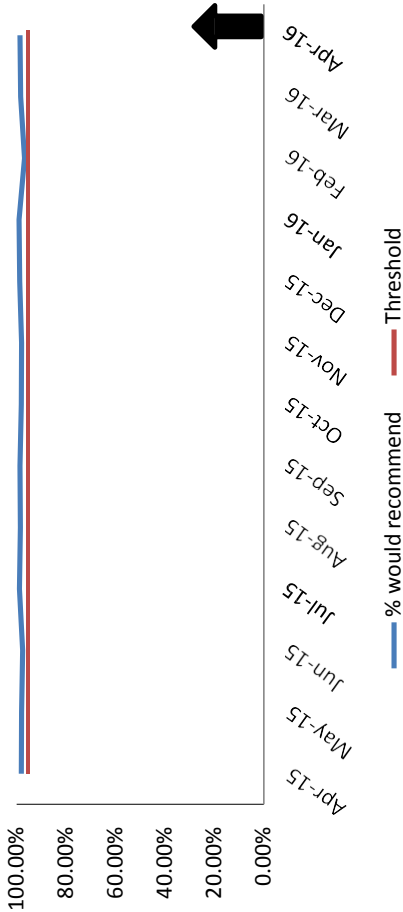
Friends & Family Community

— % would recommend
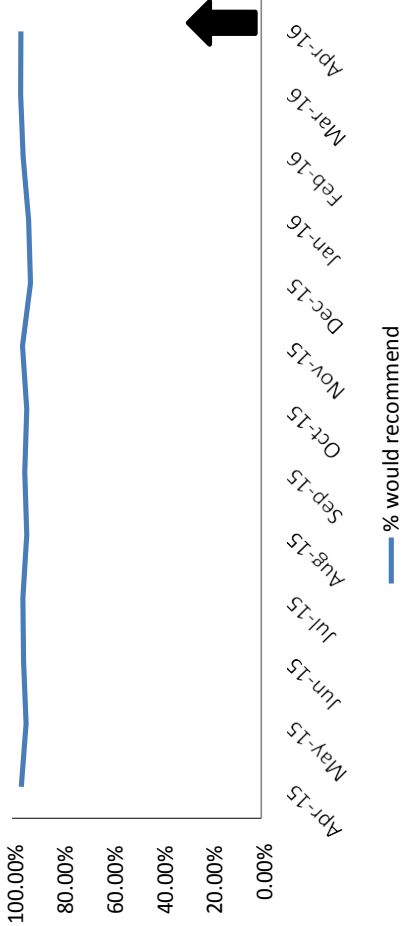
Caring – Complaints and Patient Experience

Complaints

The Trust received 28 new complaints during April which is slightly higher than last month.

Patient Experience Surveys

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

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

Performance by the Integrated Care Group – Acute against the dignity competency increased to 100% in April and performance against the quality competency also increased to 97% from 96% the previous month.

Performance by the Integrated Care Group – Community continues to be high with scores of 100% for Dignity and Quality in April. Performance against the involvement competency decreased slightly to 99% in April.

Surgery's overall performance fell to 96% in April from 98% the previous month. There were slight decreases in performance against the information, involvement and quality competencies.

The Family Care Division's overall performance fell to 95% in April from 97% the previous month. However, there were slight decreases in performance against the dignity and involvement competencies.

Complaints per 1000 contacts

Legend: — Rate   — Threshold
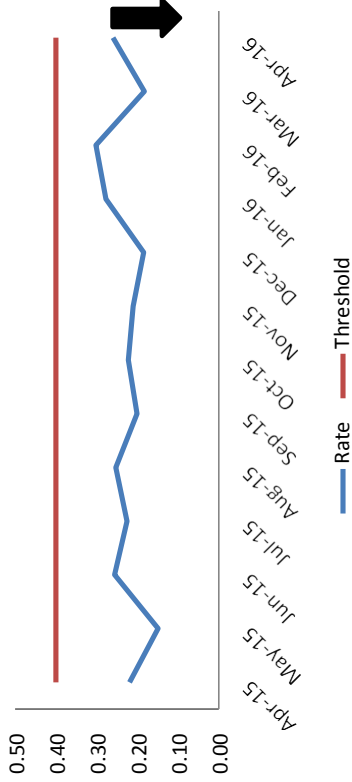
April 2016 Totals	Overall		Dignity	Information	Involvement	Quality
	No.	%	%	%	%	%
Trust	2398	97%	98%	97%	99%	97%
Integrated Care Group - Acute	564	98%	100%	98%	99%	97%
Integrated Care Group - Community	401	99%	100%	99%	99%	100%
Surgery	561	96%	98%	97%	97%	98%
Family care	410	95%	98%	95%	98%	95%
Diagnostic and Clinical	447	95%	96%	95%	97%	97%

Effective - Mortality

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

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

DFI Indicative HSMR - rolling 12 month - Green rating
The latest indicative 12 month rolling HSMR (Feb 15 – Jan 16) has improved further and is reported 'as expected' at 97.81 against the monthly rebased risk model.

	TDA Reported HSMR July 14 – June 15	DFI Rebased on latest month Feb 15 – Jan 16 (Risk model Sep 15)
TOTAL	103.03	97.81 (CI 93.05 – 102.76)
Weekday		96.3 (CI 90.86 – 101.98)
Weekend	103.94	102.16 (CI 92.52 – 112.53)
Deaths in Low Risk Diagnosis Groups		74.69 (CI 46.22 – 114.17)

SHMI Published Funnel Plot

Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation. England, October 2014 - September 2015

ELHT

Dr. Foster Indicative HSMR monthly Trend

Effective/Responsive - Readmissions, Diagnostic Waits, Delayed Discharges

Delayed Discharges. The number of delays reported against the delayed transfers of care standard has remained above threshold at 4.02%.

Emergency Readmissions (Reported 1 month behind). The emergency readmission rate is reported at 12.49% in March 2016 compared with 12.50% in March 2015.

Diagnostic Waits. This measures the proportion of patients exceeding the 6 week target for a diagnostic procedure. In April, 0.22% waited longer than 6 weeks.

Delayed Discharges per 1000 bed days
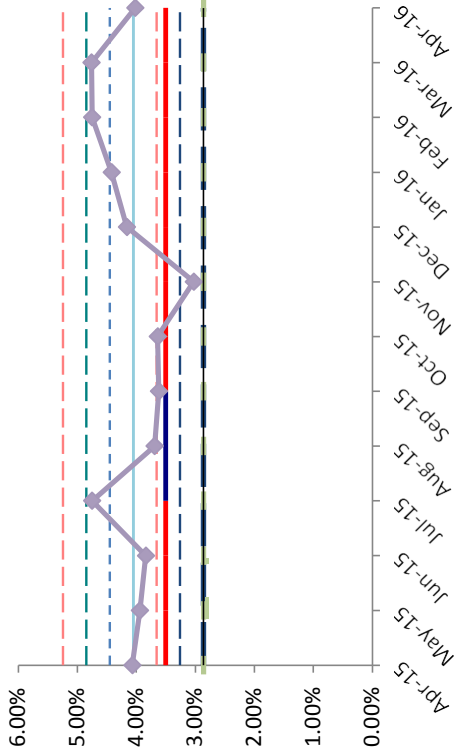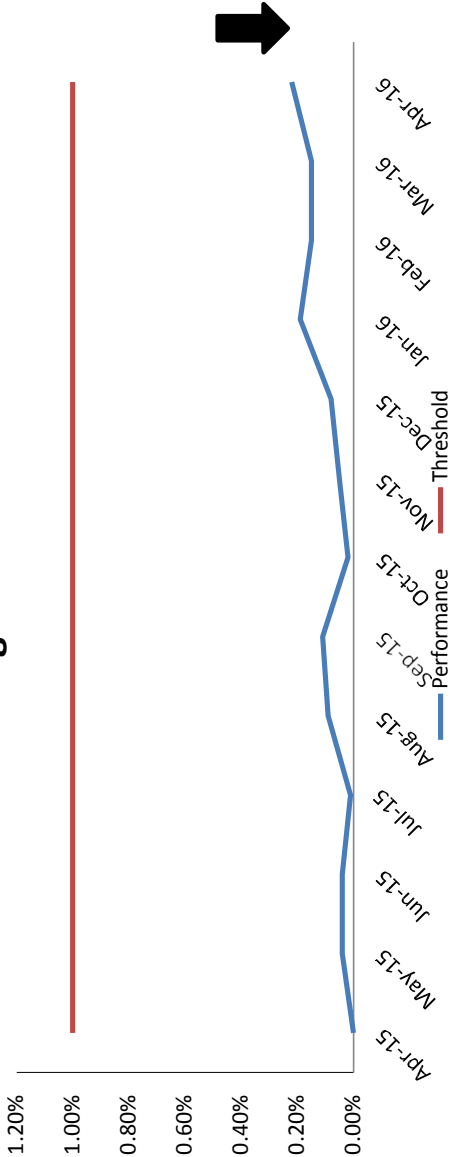
Emergency Readmissions

Legend: Readmission rate

Diagnostic Waits

Legend: Performance — Threshold
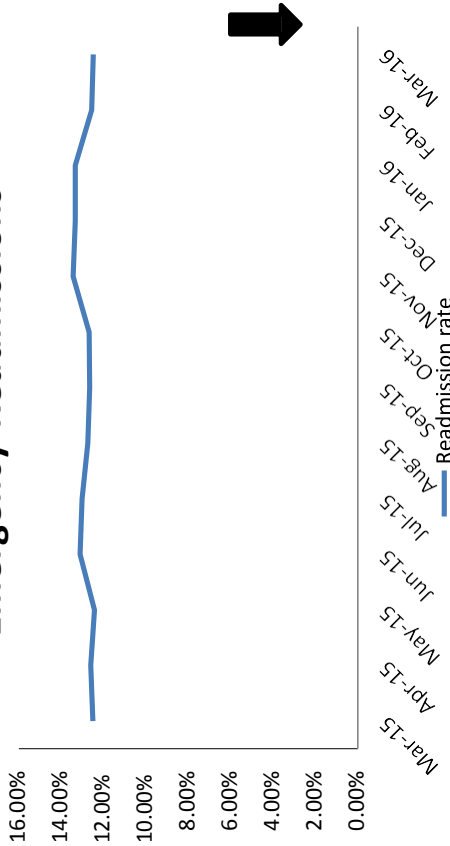
Commissioning for Quality and Innovation (CQUIN) - Acute Kidney Injury not achieved at quarter 4. Still awaiting final data for Sepsis screening and antibiotic administration.

CQUIN	Scheme	Reporting Freq	Baseline	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1	Q2	Q3	Q4
national	ACUTE KIDNEY INJURY	Mthly	n/a	>90% by Q4	20.0%	24.0%	23.0%	43%	36%	25%	31%	35%	39%	40%	59%	46%	22.3%	35.0%	35.0%	48%
national	SEPSIS - Screening	Mthly	n/a	>90% by Q4	28.6%	41.2%	25.0%	86.0%	100.0%	100.0%	100.0%	100.0%	100.0%				31.6%	95.0%	100.0%	
national	- Antibiotic Administration	Mthly	n/a	>90% by Q4	n/a	n/a	n/a	100%	67%	n/a	75%	100%	67.70%					75%	75%	
national	DEMENTIA AND DELIRIUM - FAIRI Standards - indicator 1 - dementia case finding	Mthly		90.0%	96.80%	93.45%	94.39%	96.88%	94.64%	93.3%	96.8%	92.44%	92.6%	94.2%	93.4%	91.1%	94.8%	95.0%	93.9%	92.9%
national	DEMENTIA AND DELIRIUM - FAIRI Standards - indicator 2 - diagnostic assessment & investigate	Mthly		90.0%	97.30%	98.35%	95.62%	95.65%	97.92%	98.2%	98.5%	97.78%	97.3%	97.2%	99.2%	95.4%	97.0%	97.2%	97.8%	97.2%
national	DEMENTIA AND DELIRIUM - FAIRI Standards - indicator 3 - referral for specialist diagnosis	Mthly		90.0%	100.00%	100.00%	100.00%	96.55%	100.00%	100.0%	100.0%	100.00%	97.1%	100.0%	96.3%	100.0%	100.0%	98.9%	98.9%	98.8%
national	REDUCING THE PROPORTION OF AVOIDABLE EMERGENCY ADMISSIONS TO HOSPITAL - ambulatory care sensitive emergency admissions as % total emergency admissions	Mthly	28.86%	n/a	28.13%	27.97%	27.21%	26.80%	24.63%	25.37%	27.42%	30.14%	31.01%	29.55%	29.35%		27.77%	25.63%	29.52%	
local	- Number of 0 LOS avoidable admissions (ACS) patients discharged directly from AMBC/MAU/STU	Mthly	2005	n/a	157	191	178	163	156	146	130	117	158	146	146		526	465	405	
local	- % of all avoidable admissions (ACS) age >19 discharged directly from AMBC/MAU/AMU//STU	Mthly	18.27%	n/a	18.47%	21.27%	19.96%	18.01%	18.73%	18.07%	15.01%	13.70%	16.90%	15.24%	16.86%		19.92%	18.26%	15.25%	
local	- Number of 0 LOS avoidable admissions (ACS) patients discharged directly from COAU/CMIU <19	Mthly	2952	n/a	240	209	200	211	123	161	249	319	293	249	251		649	495	861	
local	- % of all avoidable admissions (ACS) age <19 discharged directly from COAU/CMIU	Mthly	54.40%	n/a	54.18%	47.50%	53.05%	56.87%	48.24%	46.67%	56.21%	54.72%	53.47%	54.01%	54.92%		51.51%	50.98%	54.70%	
national	IMPROVING DIAGNOSES AND REATTENDANCE RATES OF PATIENTS WITH MENTAL HEALTH NEEDS AT A & E	Mthly	68%	85%	84.2%	84.5%	85.1%	85.2%	83.7%	85.3%	86.4%	83.4%	82.3%	85.2%	88.4%	87.4%	84.6%	84.7%	84.1%	87.0%
local	DISCHARGE LETTERS - timeliness (within 48 hours)	Mthly		n/a		94%			94%		97%	97%			94%		94%	94%	97%	94%
local	DISCHARGE LETTERS - compliance	Mthly		n/a		92%			91%			88%			90%		92%	91%	88%	90%
local	STILLBIRTH - Induction rate	Mthly		n/a	28.7%	26.7%	26.9%	27.8%	26.9%	30.9%	25.9%	29.2%	29.3%	24.7%	25.7%	25.0%	27.4%	28.5%	28.1%	25.1%
local	- No. Stillbirths	Mthly		n/a	2	1	5	2	9	5	3	3	3	6	3	1	8	16	9	10
local	- Stillbirth rate (Quarterly) - Proportion of all births	Mthly		n/a		0.5%			0.9%			0.5%			0.6%		0.5%	0.9%	0.5%	0.6%
local	- Early Neonatal Deaths >7days	Mthly		n/a	2	2	0	0	1	0	2	0	1	0	1	0	4	1	3	1
local	- Babies Requiring Cooling	Mthly		n/a	3	0	4	0	0	0	0	0	0	2	0	0	7	0	0	2
local	- Smoking Status at Booking	Mthly		n/a	21.0%	18.9%	17.0%	20.5%	19.5%	19.3%	17.0%	19.8%	18.2%	18.1%	17.4%	19.8%	18.9%	19.7%	18.3%	18.4%
local	PROMPT (CTG training) - Number of staff who have undertaken - rolling 12months	Qtrly		n/a	285	291	271	271	271	287	265	283	265	265	273	270	271	287	265	270
local	PROMPT (CTG training) - Percentage of staff who have undertaken - Rolling 12months	Qtrly		n/a	85.6%	87.1%	81.1%	81.6%	81.1%	86.7%	78.9%	83.7%	79.1%	78.4%	80.5%	80.1%	81.1%	86.7%	79.1%	80.1%

CQUIN Scheme		Reporting Freq	Baseline	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1	Q2	Q3	Q4
local	-Training in the use of customised growth charts	Qtrly	24.3%	n/a	34.5%	35.6%	53.3%	54.5%	64.4%	68.6%	73.5%	83.7%	88.1%	83.1%	91.4%	89.3%	53.3%	68.6%	88.1%	89.3%
local	CANCER PATHWAYS - 31 day decision to treat - Upper GI	Qtrly		n/a		22.7%			13.0%			22.2%					22.7%	13.0%	22.2%	
local	CANCER PATHWAYS - 31 day decision to treat - Colorectal	Qtrly		n/a		20.0%			28.0%			21.7%					20.0%	28.0%	21.7%	
local	CANCER PATHWAYS - 31 day decision to treat - Haematology	Qtrly		n/a		24.4%			7.1%			14.3%					24.4%	7.1%	14.3%	
local	CANCER PATHWAYS - 31 day decision to treat - Gynaecology	Qtrly		n/a		31.0%			40.0%			63.6%					31.0%	40.0%	63.6%	
Spec Comms	CANCER – ELIGIBLE PATIENTS RECEIVING A NICE DG10 COMPLIANT TEST (ONCOTYPE DX) - Number of tested Patients	Monthly		n/a	2	0	2	3	2	0	0	3	4	1	1	0	4	5	7	2
Spec Comms	-Untested patients having chemotherapy	Monthly		n/a	0	1	1	2	0	0	0	0	0	0	0	0	2	2	0	0
Spec Comms	-Untested patients not having chemotherapy	Monthly		n/a	1	1	1	0	1	0	0	3	2	0	0	1	3	1	5	1
Spec Comms	DATA COMPLETENESS FOR NEONATAL CRITICAL CARE no. questions achieving >=90% data completeness	Qtrly		4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Spec Comms	- Babies <29 weeks gestation: temperature taken within first hour after birth (episode=1)	Qtrly		>=90%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%
Spec Comms	Retinopathy screening (all babies <1501g or 32 weeks at birth)	Qtrly		>=90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Spec Comms	Mother's milk at discharge - babies <33 weeks at birth	Qtrly		>=90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Spec Comms	Parental Consultation by senior member within 24 hrs of admission	Qtrly		>=90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	99%	100%	100%
Spec Comms	TWO YEAR OUTCOMES FOR INFANTS <30 WEEKS GESTATION	Qtrly		40.0%	67%	50%	50%	100%	50%	100%	100%	100%	100%	100%	100%	100%	57%	67%	100%	100%
Spec Comms	HIV – REDUCING UNNECESSARY CD4 MONITORING	Annual	n/a	>=90%	In development - Annual Data Submission															

Responsive – A&E

Overall performance against the Accident and Emergency four hour standard was reported as 88.5%, below the 95% threshold. The Trust saw fewer attendances than previous months, at 14,413.

There has been one breach of the 12 hour standard from decision to admit, in April. This was due to a delay in admission to a mental health trust. A root cause analysis is being completed for each breach.

The ambulance handover compliance indicator is reported at 93.3% in April, which is above the revised 90% threshold.

The number of handovers over 30 minutes has reduced to 630 for April compared to 807 for March.

The validated NWAS penalty figures for April are not available at the time of this report and so data is as at March. There are 215 missing timestamps, 410 handover breaches (30-60 mins) and 91 handover breaches (>60 mins).

Handovers

Legend: Over 30 Minutes — HAS Confirmed Penalty Over 30 Minutes

HAS Compliance

Legend: Performance — Threshold

A&E 4 hour Target

Legend: Within 4hr % — % Threshold — Total Attendances
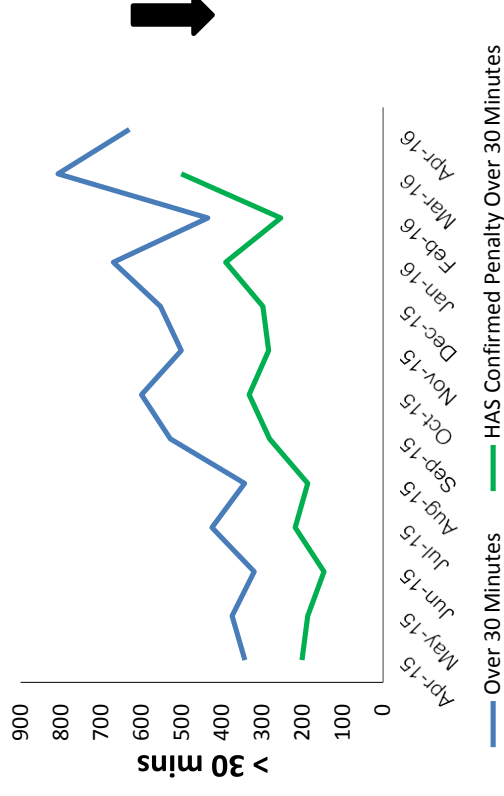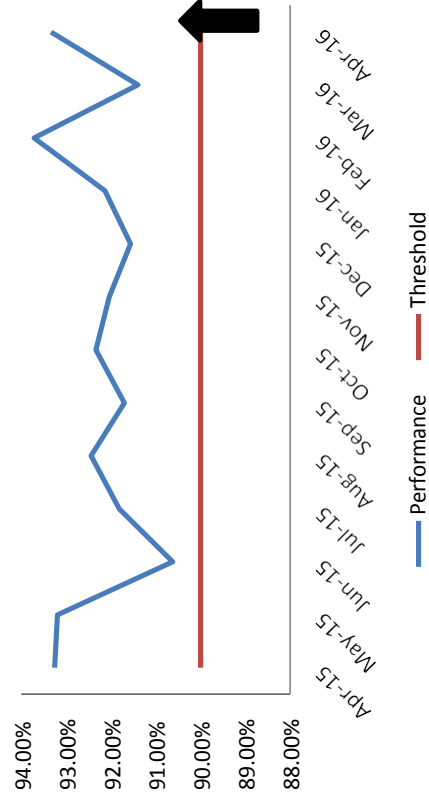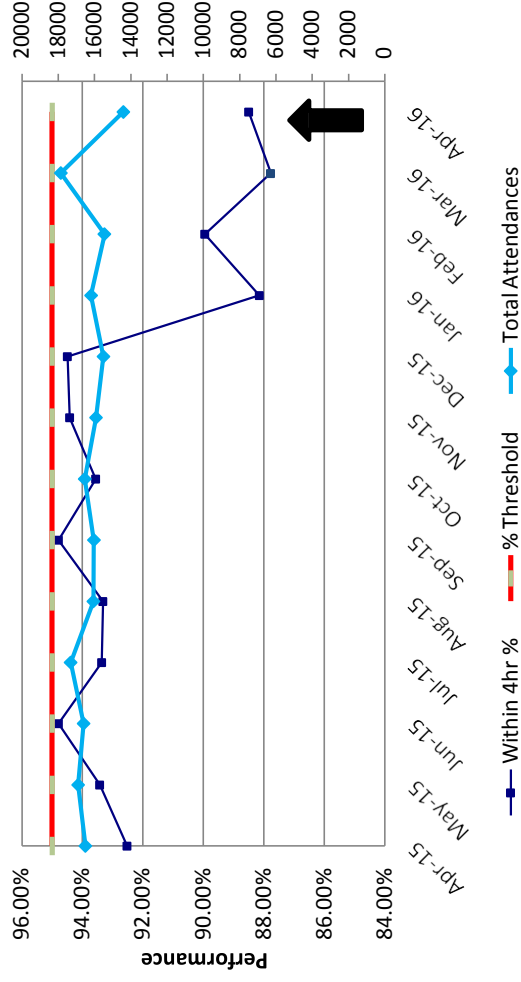
Responsive – Referral to Treatment (18 week target)

The 18 week referral to treatment % ongoing position is reported at 94.8% against the 92% threshold for April 2016.

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

RTT ongoing

Legend: Performance — Threshold
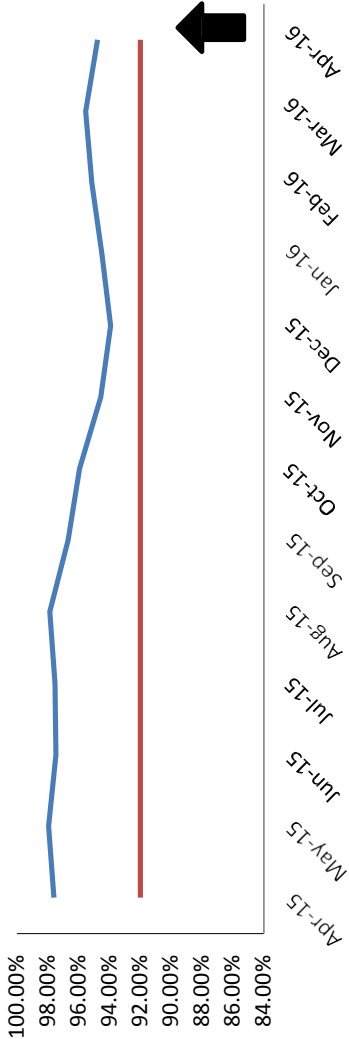
RTT Over 18 weeks
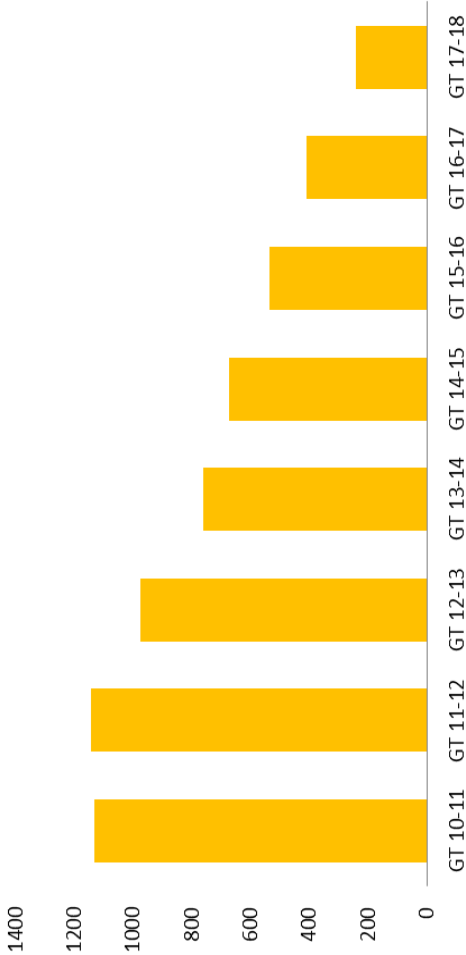
RTT Ongoing 10 - 18 weeks
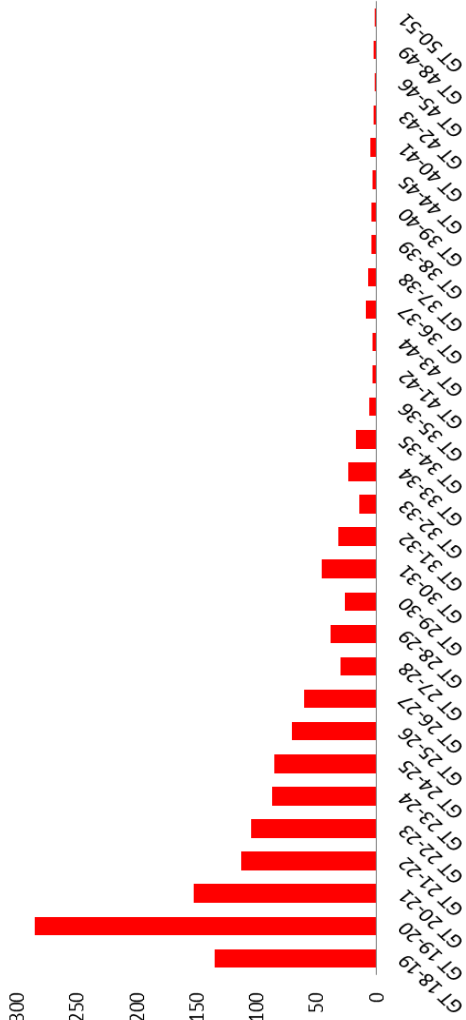
Responsive – Cancer Waits

All cancer targets have been met in March. At tumour site level, five groups did not meet the 62 day target in March Colorectal, haematology, head & neck, upper GI and lung . There were four patients in March treated after day 104.

Cancer 2 Week Breast
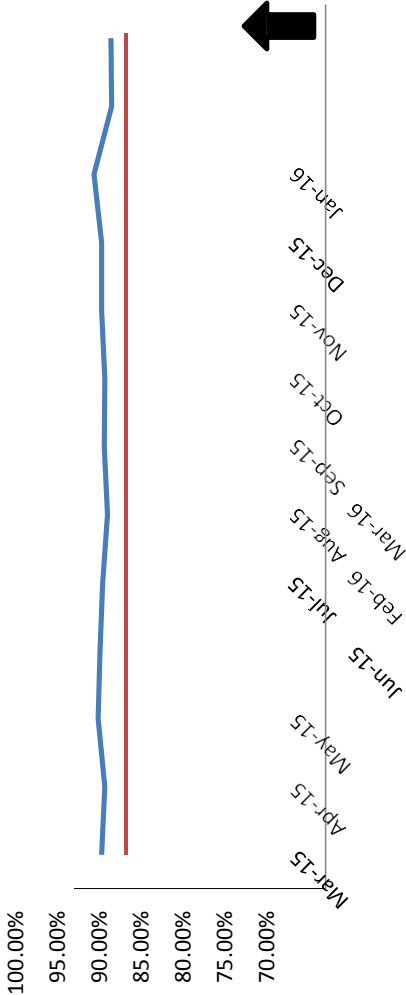
Legend: Performance, Threshold

Cancer 2 Week

Legend: Performance, Threshold

Cancer 31 Day Surgery

Legend: Performance, Threshold

Cancer 31 Day

Legend: Performance, Threshold

Cancer 62 Day

— Performance
— Threshold

Cancer 31 Day Drug

— Performance
— Threshold

Cancer 62 Day Screening

— Performance
— Threshold
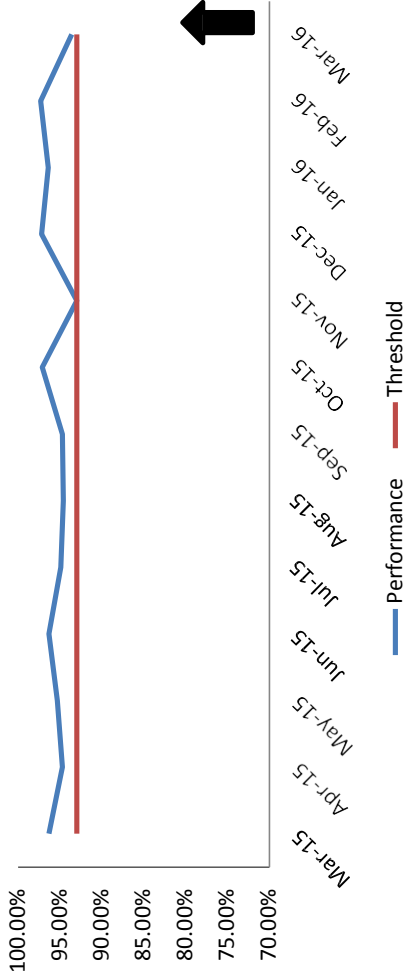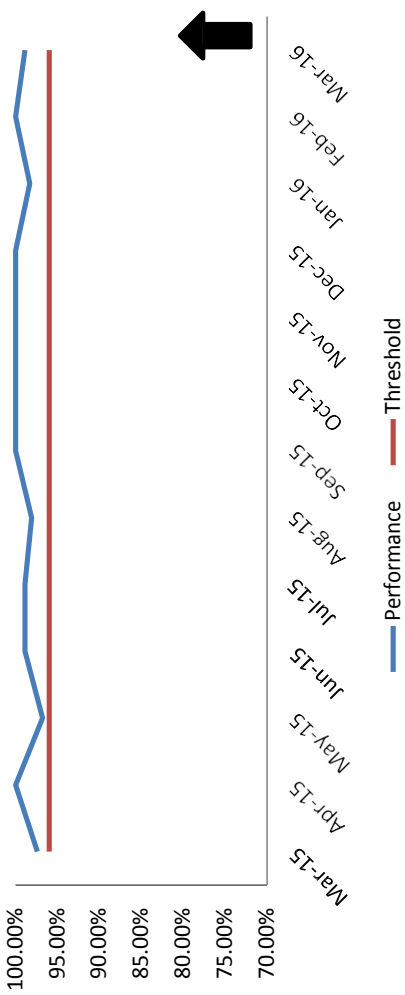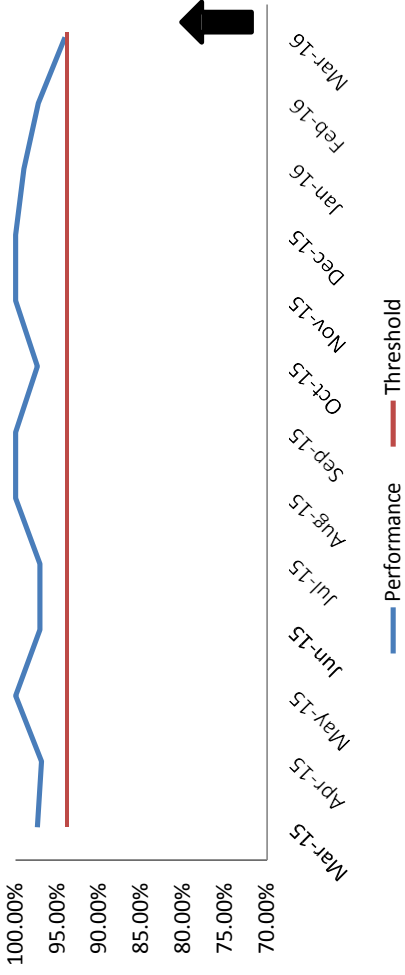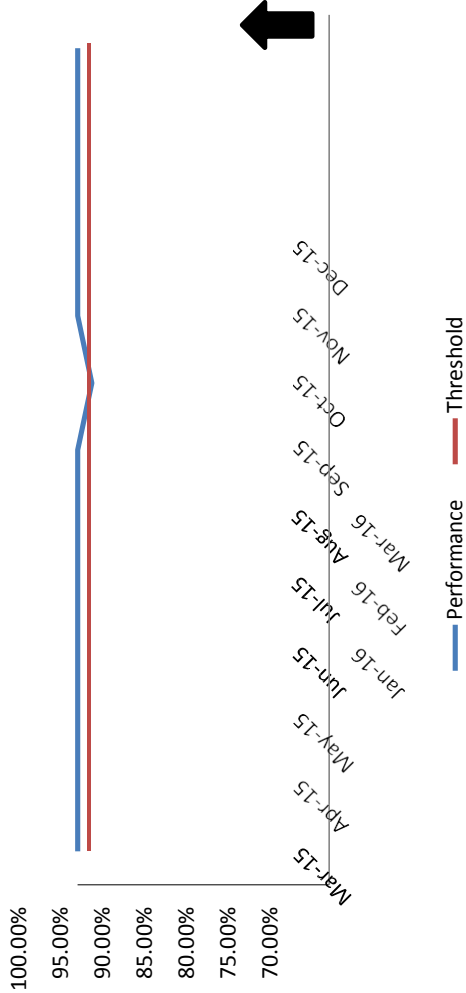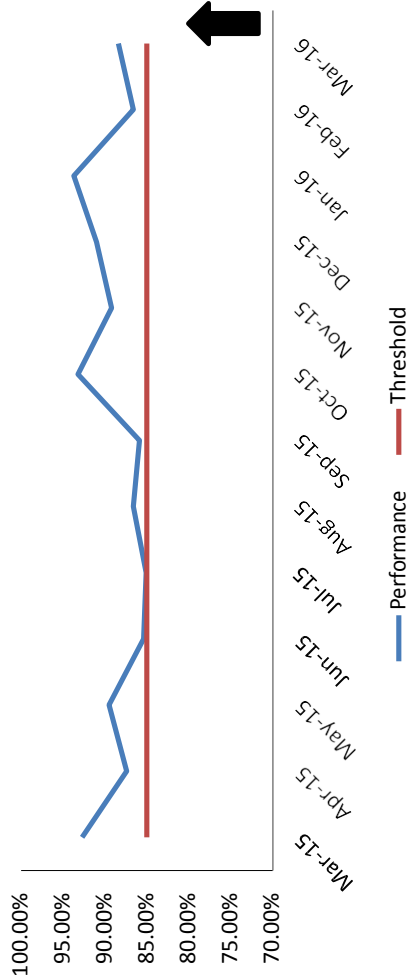
Cancer 62 Day by Tumour Site

Tumour Site	Q1	Q2	Q3	Q4	Mar-16
Brain	100.0%				
Breast	98.7%	97.8%	100.0%	97.3%	100.0%
Colorectal	76.4%	78.7%	57.8%	74.6%	81.8%
Gynaecology	88.1%	100.0%	100.0%	92.7%	95.5%
Haematology	85.7%	48.1%	91.7%	84.6%	76.9%
Head & Neck	82.2%	78.6%	96.2%	95.2%	80.0%
Lung	90.3%	76.9%	90.0%	81.3%	88.0%
Skin	95.9%	100.0%	97.9%	98.7%	94.7%
Upper GI	69.0%	81.6%	80.0%	90.9%	83.3%
Urology	86.7%	84.3%	95.4%	89.3%	84.2%

Cancer Patients Treated > Day 104

Cancer 62 Day Consultant Upgrade
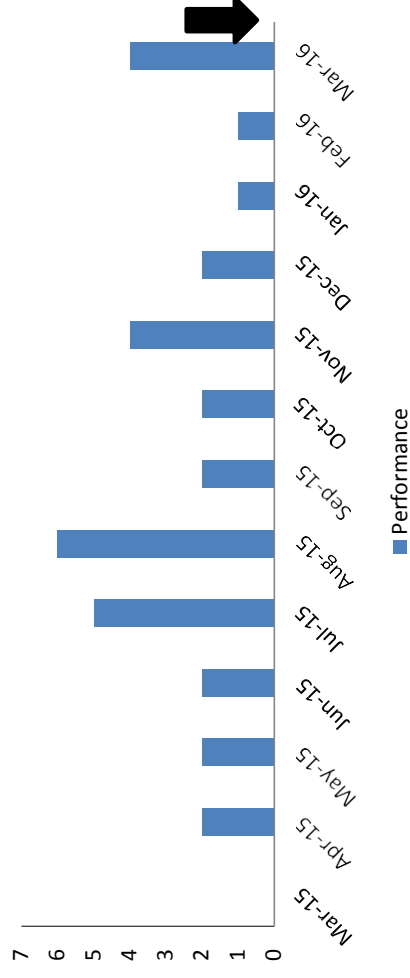
Responsive – Average Length of Stay

Trust non elective average length of stay is similar to last month at 4.84 for April

The elective length of stay is also similar to last month at to 3.01.

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

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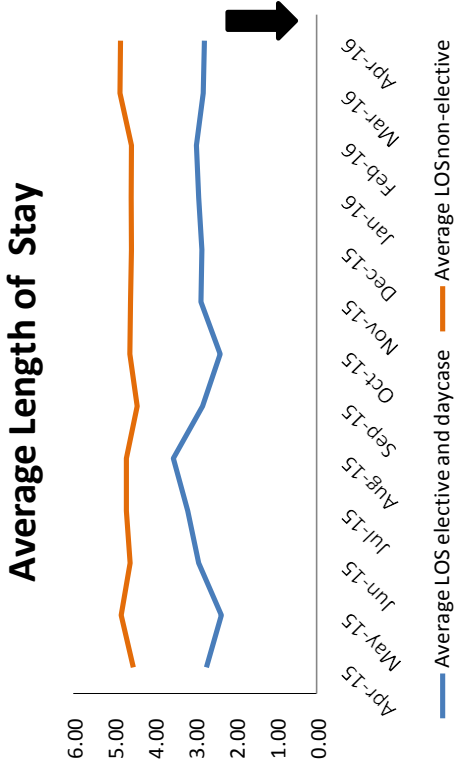
Average Length of Stay vs expected, Feb 15 - Jan 16, Dr Foster   Information

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Emergency	55,982	55,982	0	4.8	4.74	-0.06
Elective	58,559	10,258	48,301	3.34	2.88	-0.46
Maternity/Birth	14,379	14,379	0	2.06	2.48	0.42
Transfer	218	218	0	11.03	30.57	19.54

Well Led – Response Rates from Friends & Family Test

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

Friends & Family - Inpatient Response Rate

Friends & Family - A&E Response Rate
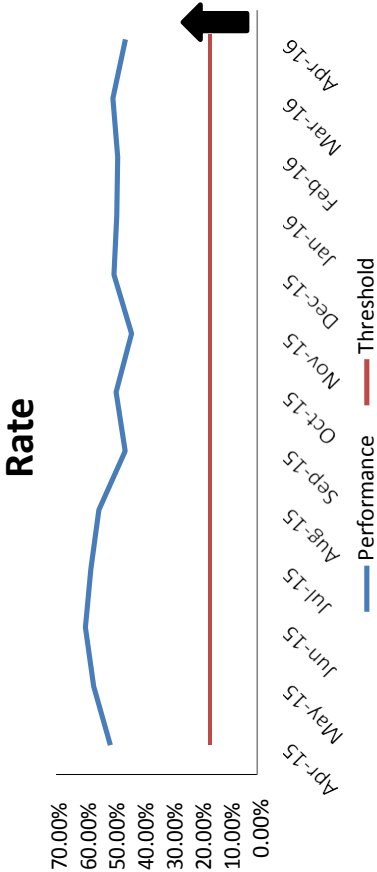
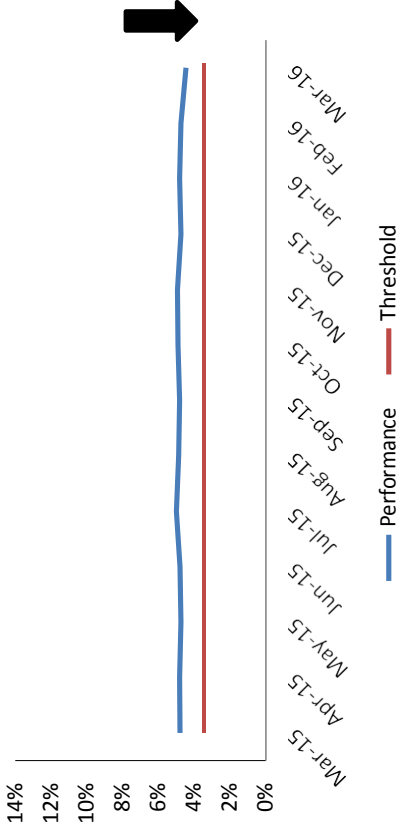# Well Led – Workforce - Sickness

Sickness rate - Amber rating

The sickness absence rate decreased slightly from 4.74% in Feb 2016 to 4.45% in Mar 2016. This is lower than in the previous year (4.80%). The final average for 2015/16 is 4.86%.

Rates are highest in Estates (currently 6.83%) and ICG (currently 5.56%). High levels of short term seasonal sickness (2.22%). Long Term sickness (2.23%) attributed to anxiety/stress and musculoskeletal problems continue to be the main reasons for sickness absence.

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

Sickness Rate

Legend: Performance, Threshold

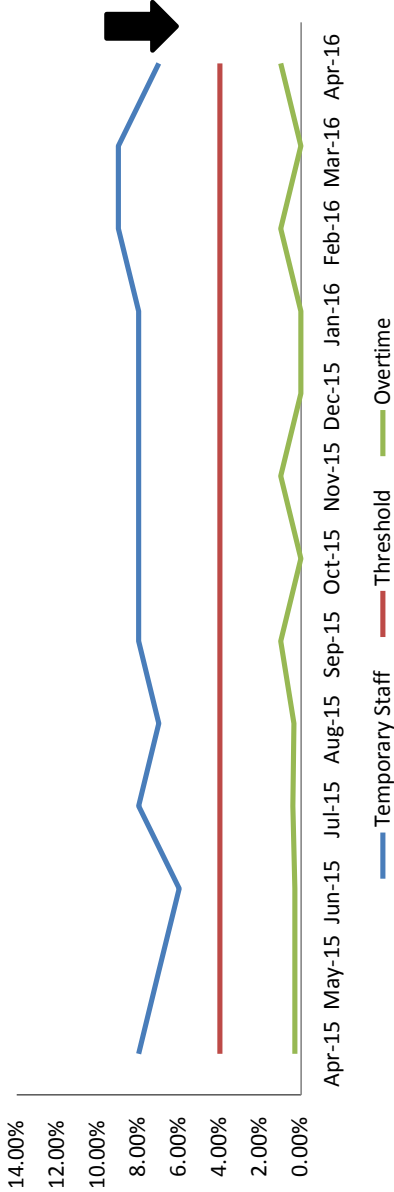# Well Led – Workforce – Staff in Post, Recruitment

Turnover rate, Vacancy rate and temporary costs - Amber rating

Overall the Trust is now employing 6846 FTE staff in total. This is a net decrease of 52 FTE from the previous month. The number of nurses in post at April 2016 stood at 2228 FTE which is a net decrease of 25 FTE since last month and a net increase of 174 FTE since 1st April 2013. There are a further 206 nurses in the recruitment pipeline. The vacancy rate for nurses now stands at 11.2% (280 FTE)
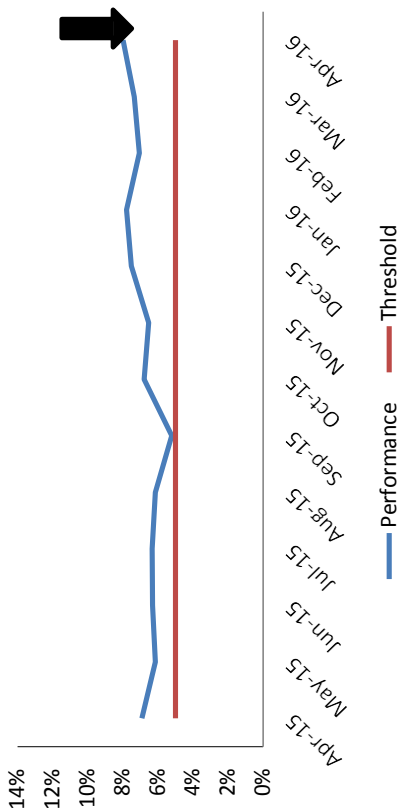
Turnover Rate

Legend: Performance, Threshold

Vacancy Rate

Legend: Performance, Threshold
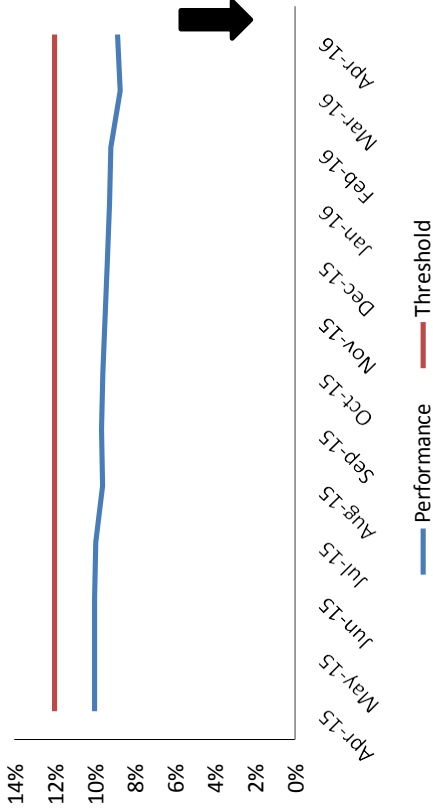
Temporary costs and overtime as % total paybill

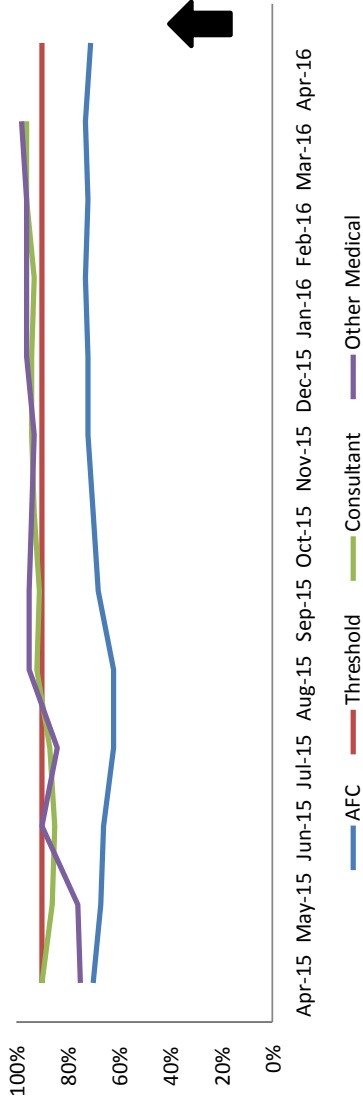Legend: Temporary Staff, Threshold, Overtime

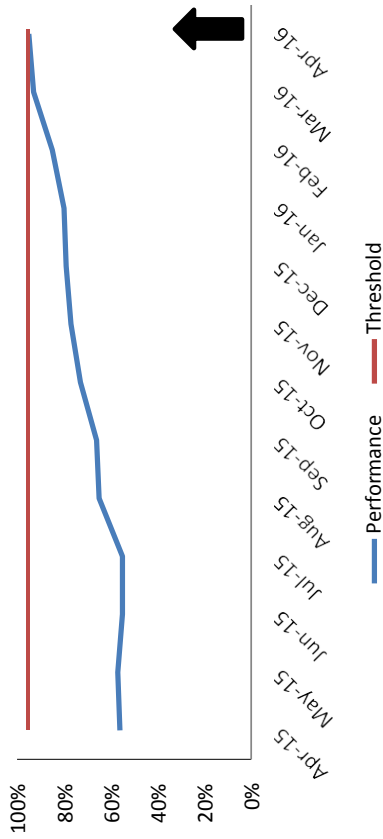# Well Led – Workforce – Training and appraisals

The number of job plans which have been completed to date as at April 2016 is 80%.

The compliance rate for the information governance toolkit training has been achieved this month at 95% for April 2016.

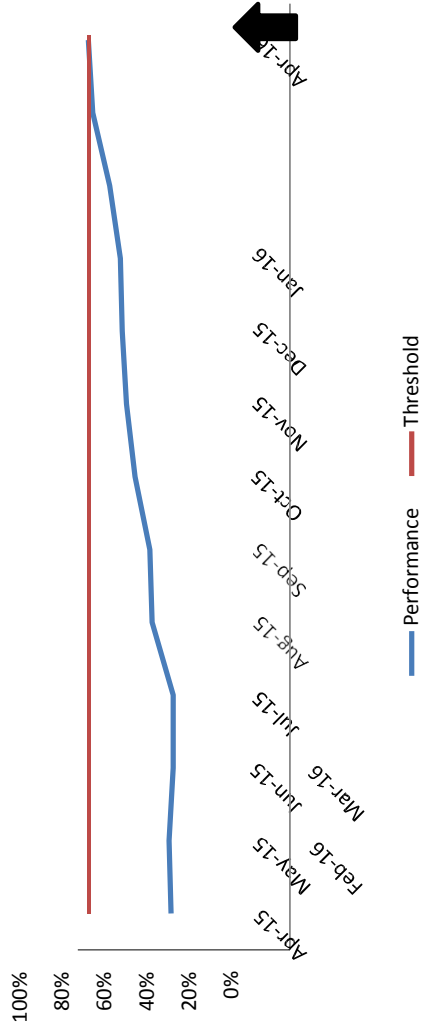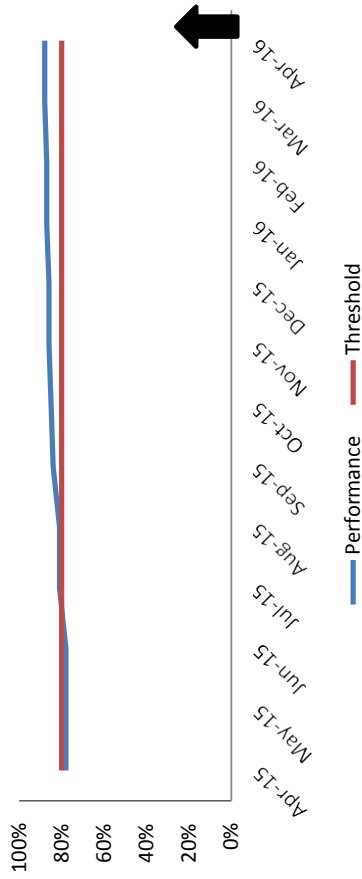## Information Governance Toolkit

Legend: Performance, Threshold

Appraisals

Legend: AFC, Threshold, Consultant, Other Medical

Safeguarding Training

Legend: Performance, Threshold

Information Governance Training

Legend: Performance, Threshold
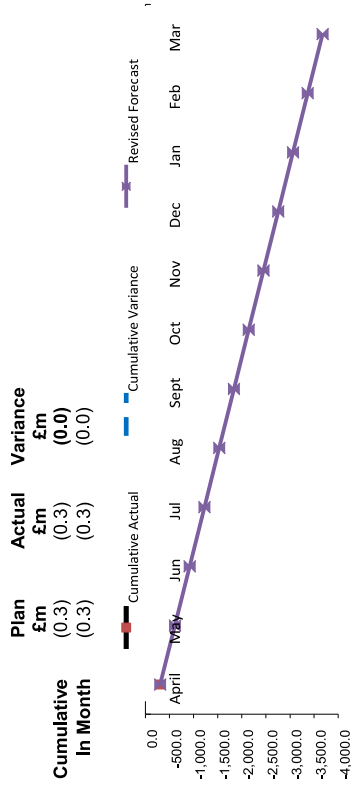
Well Led – Workforce – Core Skills Training

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

% Compliance

| Core Skills Training Compliance - Excluding New Starters | | | | | | | | | | | |
| Month ending 30th April 2016 | | | | | | | | | | | |
	Chief Executive	Diagnostics & Clinical Support	Estates & Facilities	Family Care	Finance & Informatics	Governance	HR & OD	Integrated Care Group	Research & Development	Surgical & Anaesthetics Services	Total
Basic Life Support	-	76	-	80	-	100	-	85	71	82	81
Conflict Resolution Training Level 1	53	85	73	79	87	94	85	77	94	75	79
Equality, Diversity and Human Rights	51	84	57	85	86	96	81	73	88	74	76
Fire Safety	55	81	50	59	87	96	83	60	94	62	65
Health, Safety and Welfare Level 1	This is a new topic and staff have been allowed a 6 month grace period to access the training and become compliant										
Infection Prevention	This is a new topic and staff have been allowed a 6 month grace period to access the training and become compliant										
Prevent Healthwrap	62	71	45	59	84	90	72	62	76	48	60
Safeguarding Adults	This is a new topic and staff have been allowed a 6 month grace period to access the training and become compliant										
Safeguarding Children	74	90	82	86	92	100	90	88	94	87	88
Safer Handling Theory	62	87	76	76	81	88	82	82	79	79	81
Information Governance	98	97	100	96	100	100	97	92	97	92	95

East Lancashire Hospitals NHS Trust: Financial Overview as at 30th April 2016

Break-even duty

	Plan £m	Actual £m	Variance £m
Cumulative	(0.3)	(0.3)	(0.0)
In Month	(0.3)	(0.3)	(0.0)

Cumulative Actual — Cumulative Variance — Revised Forecast

Statement of Comprehensive Income

	Annual Budget £000	In Month Budget £000	In Month Actual £000	In Month Variance £000	Cumulative Budget £000	Cumulative Actual £000	Cumulative Variance £000
Gross employee benefits	(295.0)	(25.1)	(25.2)	(0.1)	(25.1)	(25.2)	(0.1)
Other operating costs	(139.1)	(11.0)	(10.7)	0.2	(11.0)	(10.7)	0.2
Revenue from patient care activities	424.1	35.0	34.8	(0.2)	35.0	34.8	(0.2)
Other operating revenue	21.4	2.0	2.1	0.1	2.0	2.1	0.1
Operating Surplus	11.4	1.0	1.0	0.0	1.0	1.0	0.0
Investment Revenue	0.3	0.0	0.0	(0.0)	0.0	0.0	(0.0)
Other gains and (losses)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Finance Costs	(9.7)	(0.8)	(0.8)	(0.0)	(0.8)	(0.8)	(0.0)
(Deficit) for the year	1.9	0.2	0.2	0.0	0.2	0.2	0.0
Public Dividend Capital dividends payable	(5.6)	(0.6)	(0.6)	0.0	(0.6)	(0.6)	0.0
Retained (deficit) for the year	(3.7)	(0.3)	(0.3)	0.0	(0.3)	(0.3)	0.0
Adjustment in respect of donated asset	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Adjusted retained (deficit) for breakeven duty	(3.5)	(0.3)	(0.3)	0.0	(0.3)	(0.3)	0.0

Safely Releasing Cost Programme Performance

Total Trust Savings

Target — Planned — Progressing — Actioned

Working Capital

Creditors — Cash — Debtors — Total

Capital Expenditure

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Revised Plan	0.466	0.947	2.033	3.229	4.92	6.191	7.372	8.523	9.52	16.627	23.824	41.46
Actual	0.434											
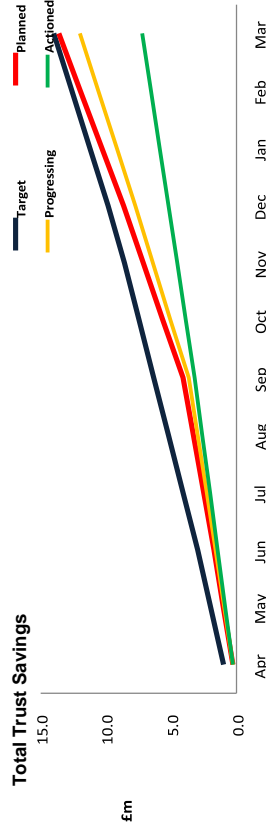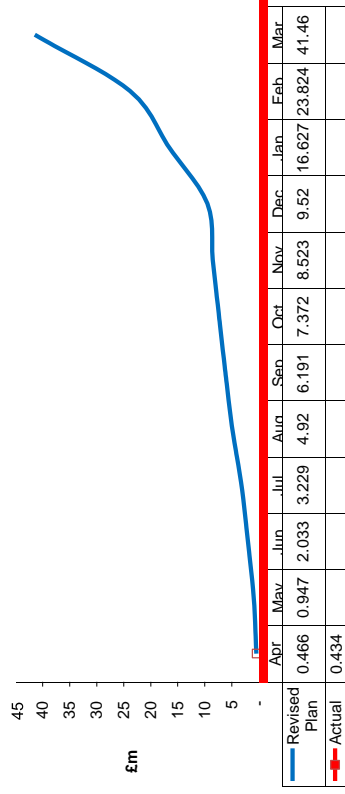
Summary Balance Sheet

	YTD £m	Prior Month £m	Movement £m
Total Assets	338	344	(6)
Total Liabilities	(169)	(175)	6
Total Assets Employed	169	169	(0)
Financed by;			
Taxpayers Equity	169	169	(0)

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

East Lancashire Hospitals NHS Trust

016-17

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.elht.nhs.uk/safe-staffing-data.htm

Comments

Only complete sites your organisation is accountable for

Site code	Hospital Site name	Ward name	Specialty 1	Specialty 2	Day Registered midwives/nurses Total monthly planned staff hours	Day Registered midwives/nurses Total monthly actual staff hours	Day Care Staff Total monthly planned staff hours	Day Care Staff Total monthly actual staff hours	Night Registered midwives/nurses Total monthly planned staff hours	Night Registered midwives/nurses Total monthly actual staff hours	Night Care Staff Total monthly planned staff hours	Night Care Staff Total monthly actual staff hours	Day Average fill rate - registered nurses/midwives (%)	Day Average fill rate - care staff (%)	Night Average fill rate - registered nurses/midwives (%)	Night Average fill rate - care staff (%)
RXR60	ACCRINGTON VICTORIA HOSPITAL	Ward 2	314 - REHABILITATION		1350	1020	967.5	1200	630	630	315	472.5	75.6%	124.0%	100.0%	150.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		2250	1762.5	1125	1147.5	945	913.5	630	829.5	78.3%	102.0%	96.7%	131.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY		2025	1657.5	900	945	645	645	645	645	81.9%	105.0%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	145 - ORAL & MAXILLO FACIAL SURGERY		1612	1215.5	806	819	682	682	341	363	75.4%	101.6%	100.0%	106.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS		1612	1332.5	1612	1989	682	682	1023	1562	82.7%	123.4%	100.0%	152.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS		1560	1456	1170	1293.5	660	649	660	847	93.3%	110.6%	98.3%	128.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE		1800	1410	1575	2002.5	630	693	630	1113	78.3%	127.1%	110.0%	176.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		1350	1164.5	450	297	967.5	903	322.5	322.5	86.3%	66.0%	93.3%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE		1575	1267.5	1350	1440	645	645	645	784.75	80.5%	106.7%	100.0%	121.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1800	1492.5	1575	1635	630	651	630	808.5	82.9%	103.8%	103.3%	128.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1800	1402.5	1125	1590	645	645	645	946	77.9%	141.3%	100.0%	146.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY		2340	1859	1560	2034.5	990	968	990	1430	79.4%	130.4%	97.8%	144.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY		2340	1781	1560	1534	990	979	1320	990	76.1%	98.3%	98.9%	75.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	300 - GENERAL MEDICINE		1800	1410	1125	1372.5	645	645	645	688	78.3%	122.0%	100.0%	106.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY		2340	2002	1560	1566.5	990	990	990	1100	85.6%	100.4%	100.0%	111.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE		412.5	412.5	330	472.5	236.5	236.5	215	215	100.0%	143.2%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	300 - GENERAL MEDICINE		1800	1387.5	1125	1402.5	645	645	645	849.25	77.1%	124.7%	100.0%	131.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE		1080	756	1446	1216	630	640.5	630	1081.5	70.0%	84.1%	101.7%	171.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1800	1522.5	1125	1042.5	645	645	645	645	84.6%	92.7%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1800	1447.5	1125	1207.5	645	645	645	645	80.4%	107.3%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	2250	1770	1125	1230	967.5	967.5	645	709.5	78.7%	109.3%	100.0%	110.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1800	1380	1350	1687.5	645	645	645	946	76.7%	125.0%	100.0%	146.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS		4140	4002	1080	996	3150	3066	315	336	96.7%	92.2%	97.3%	106.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1800	1687.5	450	510	967.5	967.5	0	0	93.8%	113.3%	100.0%	
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		7150	7137	819	754	5445	5390	0	0	99.8%	92.1%	99.0%	-
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1800	1387.5	1350	1380	645	655.75	645	677.25	77.1%	102.2%	101.7%	105.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE		1800	1327.5	1125	1260	645	645	645	978.25	73.8%	112.0%	100.0%	151.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE		3375	3322.5	1687.5	2216.25	3037.5	2722.5	1012.5	1271.25	98.4%	131.3%	89.6%	125.6%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		3600	3532.5	2700	3090	1890	1890	1260	1386	98.1%	114.4%	100.0%	110.0%

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

East Lancashire Hospitals NHS Trust

016-17

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.elht.nhs.uk/safe-staffing-data.htm

Comments

Only complete sites your organisation is accountable for

Hospital Site Details			Main 2 Specialties on each ward		Day				Night				Day		Night	
Site code "The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 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 (%)
					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		1350	1020	967.5	1200	630	630	315	472.5	75.6%	124.0%	100.0%	150.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS		4880	4692	360	204	4320	4164	360	181	96.1%	56.7%	96.4%	50.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY		1560	1579.5	780	972.5	990	990	330	682	101.3%	124.7%	100.0%	206.7%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS		1440	1419	720	708	1080	1062	720	720	98.5%	98.3%	98.3%	100.0%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS		1350	1294.5	360	346.5	1080	1091	360	360	95.9%	96.3%	101.0%	100.0%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS		3600	3294	720	720	3600	3300	720	696	91.5%	100.0%	91.7%	96.7%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY		1330	1306	642	630	810	805.5	576	576	98.2%	98.1%	99.4%	100.0%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS		2160	2142	1080	1160	2160	1740	1080	1428	99.2%	107.4%	80.6%	132.2%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION		1350	1432.5	1900	1680	570	570	570	855	106.1%	93.3%	100.0%	150.0%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS		1482	1449.5	1007.5	981.5	660	671	594	638	97.8%	97.4%	101.7%	107.4%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE		2250	1710	1575	1897.5	630	630	945	1207.5	76.0%	120.5%	100.0%	127.8%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 23	300 - GENERAL MEDICINE		1680	1222.5	1470	1432.5	616	605	616	847	72.8%	97.4%	98.2%	137.5%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 28	300 - GENERAL MEDICINE		1380	1402.5	435	397.5	172	172	172	172	101.6%	91.4%	100.0%	100.0%
RXR70	CLITHEROE COMMUNITY HOSPITAL	Ribblesdale	314 - REHABILITATION		2250	1935	1867.5	2040	945	913.5	945	1449	86.0%	109.2%	96.7%	153.3%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION		1800	1492.5	1125	1425	645	645	645	903	82.9%	126.7%	100.0%	140.0%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION		1800	1500	1800	1867.5	645	645	645	903	83.3%	103.8%	100.0%	140.0%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION		1800	1470	1125	1552.5	645	645	645	967.5	81.7%	138.0%	100.0%	150.0%

Ward Staff Summary - Apr 2016

Division: All 3 Available Divisions Selected
Directorate: All 16 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected

This report is based on the 44 wards which submitted data for the monthly Safer Staffing return

Vacancies: R:≥ 5% | G:< 5% Sickness/Absence: R:≥ 3.75% | G:< 3.75% R:> 0 | G: = 0 Fill Rate: R: ≥±10% | A: ≥±5% | G: < ±5%

Site	Cost Centre Code	Ward	Day Shift RN/M Planned	Day RN/M Actual	Day RN/M Fill Rate	Day Care Planned	Day Care Actual	Day Care Fill Rate	Night RN/M Planned	Night RN/M Actual	Night RN/M Fill Rate	Night Care Planned	Night Care Actual	Night Care Fill Rate	PU G2	PU G3	PU G4	Falls w/Harm	C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate
EC: Surgical & Anaes Services																								
EC02: General Surg Services																								
RBH	5142	Ward C14	2,340	1,859	79.44%	1,560	2,034.50	130.42%	990	968	97.78%	990	1,430	144.44%	0	0	0	0	0	0	10.07	20.69%	86.00	7.21%
	5143	Ward C18	2,340	1,781	76.11%	1,560	1,534	98.33%	990	979	98.89%	1,320	990	75.00%	0	0	0	0	0	0	8.36	17.85%	147.33	12.75%
	5144	Surgical Triage Unit	1,560	1,579.50	101.25%	780	972.50	124.68%	990	990	100.00%	330	682	206.67%	0	0	0	0	0	0	5.08	16.15%	31.71	3.96%
EC03: Urology																								
RBH	5128	Ward C22	2,340	2,002	85.56%	1,560	1,566.50	100.42%	990	990	100.00%	990	1,100	111.11%	0	0	0	0	0	0	8.06	16.97%	29.76	2.53%
EC04: Orthopaedic Services																								
BGH	4393	Ward 15	1,482	1,449.50	97.81%	1,007.50	981.50	97.42%	660	671	101.67%	594	638	107.41%	0	0	0	0	0	0	1.38	3.98%	38.20	3.83%
RBH	5366	Ward B24	1,560	1,456	93.33%	1,170	1,293.50	110.56%	660	649	98.33%	660	847	128.33%	0	0	0	0	0	0	2.63	8.10%	24.80	2.77%
	5367	Ward B22	1,612	1,332.50	82.66%	1,612	1,989	123.39%	682	682	100.00%	1,023	1,562	152.69%	0	0	0	0	0	0	6.85	17.40%	101.73	10.71%
EC05: Head & Neck																								
RBH	5175	Ward B20 Max Fac	1,612	1,215.50	75.40%	806	819	101.61%	682	682	100.00%	341	363	106.45%	0	0	0	0	0	0	26.04	96.30%	0.00	0.00%
EC09: Anaesth & Critical Care																								
RBH	5362	Elht Critical Care	7,150	7,137	99.82%	819	754	92.06%	5,445	5,390	98.99%	0	0	-	0	0	0	0	0	0	5.54	4.53%	103.63	2.94%
ED: Family Care																								
ED07: General Paediatrics																								
RBH	5210	Inpatient	4,140	4,002	96.67%	1,080	996	92.22%	3,150	3,066	97.33%	315	336	106.67%	0	0	0	0	0	0	1.96	2.55%	66.11	2.94%
ED08: Gynae Nursing																								
BGH	4169	Gynae And Breast Care Ward	1,330	1,306	98.20%	642	630	98.13%	810	805.50	99.44%	576	576	100.00%	0	0	0	0	0	0	4.87	14.05%	17.92	1.99%
ED09: Obstetrics																								
	4165	Birth Suite	3,600	3,294	91.50%	720	720	100.00%	3,600	3,300	91.67%	720	696	96.67%	0	0	0	0	0	0	-1.29	-1.94%	103.52	4.98%
BGH	4192	Burnley Birth Centre	1,350	1,294.50	95.89%	360	346.50	96.25%	1,080	1,091	101.02%	360	360	100.00%	0	0	0	0	0	0	0.52	11.93%	0.00	0.00%
	4200	Antenatal Ward 12	1,440	1,419	98.54%	720	708	98.33%	1,080	1,062	98.33%	720	720	100.00%	0	0	0	0	0	0	-7.13	-27.22%	16.88	1.69%
	4203	Postnatal Ward 10	2,160	2,142	99.17%	1,080	1,160	107.41%	2,160	1,740	80.56%	1,080	1,428	132.22%	0	0	0	0	0	0	0.12	0.20%	52.00	3.02%
RBH	5256	Blackburn Birth Centre	1,350	1,164.50	86.26%	450	297	66.00%	967.50	903	93.33%	322.50	322.50	100.00%	0	0	0	0	0	0	0.65	14.10%	0.00	0.00%
ED11: Neonates																								
RBH	4215	Nicu	4,880	4,692	96.15%	360	204	56.67%	4,320	4,164	96.39%	360	181	50.28%	0	0	0	0	0	0	7.15	8.95%	93.23	4.35%
EH: Integrated Care Group																								
EH15: Acute Medicine																								
	5045	C4 Fast Flow	1,800	1,387.50	77.08%	1,125	1,402.50	124.67%	645	645	100.00%	645	849.25	131.67%	0	0	0	0	0	0	0.00	-	-	-
RBH	5058	Medical Assessment Unit	3,375	3,322.50	98.44%	1,687.50	2,216.25	131.33%	3,037.50	2,722.50	89.63%	1,012.50	1,271.25	125.56%	0	0	0	0	0	0	11.88	13.73%	31.20	1.40%
	6095	Ward C2	1,800	1,410	78.33%	1,125	1,372.50	122.00%	645	645	100.00%	645	688	106.67%	0	0	0	0	0	0	3.55	10.26%	-	-

For any queries regarding this report please contact the information department information@elht.nhs.uk
Report Location: /Operational Reports/Ward Scorecard Monthly Trend/Ward Staff Summary

* Vacancies and Sickness metrics include the Staff Groups 'Nursing and Midwifery Registered' & 'Additional Clinical Services' only.

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Ward Staff Summary - Apr 2016

Division: All 3 Available Divisions Selected
Directorate: All 16 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected

This report is based on the 44 wards which submitted data for the monthly Safer Staffing return

Legend: R: ≥ ±10% | A: ≥ ±5% | G: < ±5% R: > 0 | G: = 0 R: ≥ 5% | G: < 5% R: ≥ 3.75% | G: < 3.75%

Site	Cost Centre Code	Ward	Day Shift RN/M Planned Hours	RN/M Actual Hours	RN/M Avg Fill Rate	Day Care Staff Planned Hours	Care Actual Hours	Care Avg Fill Rate	Night Shift RN/M Planned Hours	RN/M Actual Hours	RN/M Avg Fill Rate	Night Care Staff Planned Hours	Care Actual Hours	Care Avg Fill Rate	PU G2	PU G3	PU G4	Falls (Mod & Above)	C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate
EH20: Respiratory																								
	5063	Ward C6	1,800	1,522.50	84.58%	1,125	1,042.50	92.67%	645	645	100.00%	645	645	100.00%	0	0	0	0	0	0	3.87	12.72%	13.41	1.70%
RBH	5064	Ward C8	2,250	1,770	78.67%	1,125	1,230	109.33%	967.50	967.50	100.00%	645	709.50	110.00%	0	0	0	0	0	0	7.54	20.54%	2.96	0.34%
	6027	Ward C7	1,800	1,447.50	80.42%	1,125	1,207.50	107.33%	645	645	100.00%	645	645	100.00%	0	0	0	0	0	0	7.06	22.89%	48.80	6.93%
EH25: Cardiology																								
RBH	5095	Coronary Care	1,800	1,687.50	93.75%	450	510	113.33%	967.50	967.50	100.00%	0	0	-	0	0	0	0	0	0	1.75	6.63%	40.88	5.54%
	5097	Ward B18	2,025	1,657.50	81.85%	900	945	105.00%	645	645	100.00%	645	645	100.00%	0	0	0	0	0	0	4.32	13.32%	15.81	1.87%
EH30: Gastroenterlogy																								
RBH	5042	C1 (Gastro)	1,575	1,267.50	80.48%	1,350	1,440	106.67%	645	645	100.00%	645	784.75	121.67%	0	0	0	0	0	0	0.00	-	-	-
	5061	Ward C3	412.50	412.50	100.00%	330	472.50	143.18%	236.50	236.50	100.00%	215	215	100.00%	0	0	0	0	0	0	0.00	-	-	-
	6028	Ward C11	1,800	1,402.50	77.92%	1,125	1,590	141.33%	645	645	100.00%	645	946	146.67%	0	0	0	0	0	0	4.63	14.28%	-	-
EH35: Mfop & Complex Needs																								
BGH	4613	Rakehead Nursing Staff	1,350	1,432.50	106.11%	1,800	1,680	93.33%	570	570	100.00%	570	855	150.00%	0	0	0	0	0	0	5.20	13.93%	12.48	1.30%
	6094	Ward 16 Sept 13	2,250	1,710	76.00%	1,575	1,897.50	120.48%	630	630	100.00%	945	1,207.50	127.78%	0	0	0	0	0	0	1.45	4.60%	49.60	5.38%
	4581	Marsden Ward	1,800	1,500	83.33%	1,800	1,867.50	103.75%	645	645	100.00%	645	903	140.00%	0	0	0	0	0	0	2.75	8.12%	30.36	3.32%
PCH	4582	Reedyford Ward	1,800	1,470	81.67%	1,125	1,552.50	138.00%	645	645	100.00%	645	967.50	150.00%	0	0	0	1	0	0	3.45	10.62%	16.84	1.94%
	4583	Hartley Ward	1,800	1,492.50	82.92%	1,125	1,425	126.67%	645	645	100.00%	645	903	140.00%	0	0	0	0	0	0	0.08	0.25%	46.91	4.90%
	5036	Acute Stroke Unit (B2)	2,250	1,762.50	78.33%	1,125	1,147.50	102.00%	945	913.50	96.67%	630	829.50	131.67%	0	0	0	0	0	0	2.66	7.61%	69.52	6.97%
	5037	Ward B4	1,800	1,410	78.33%	1,575	2,002.50	127.14%	630	693	110.00%	630	1,113	176.67%	0	0	0	0	1	0	0.64	2.06%	51.48	6.19%
	5048	Ward C10	1,800	1,492.50	82.92%	1,575	1,635	103.81%	630	651	103.33%	630	808.50	128.33%	0	0	0	0	0	0	-2.09	-7.04%	86.44	9.29%
RBH	6025	Ward C9	1,800	1,380	76.67%	1,350	1,687.50	125.00%	645	645	100.00%	645	946	146.67%	0	0	0	0	0	0	2.94	9.38%	-	-
	6058	Ward D1	1,800	1,387.50	77.08%	1,350	1,380	102.22%	645	655.75	101.67%	645	677.25	105.00%	0	0	0	1	0	0	7.16	23.63%	-	-
	6096	Ward C5	1,080	756	70.00%	1,446	1,216	84.09%	630	640.50	101.67%	630	1,081.50	171.67%	0	0	0	1	0	0	5.55	17.45%	99.20	12.44%
EH44: Speciality Medicine																								
BGH	6093	Ward 28	1,380	1,402.50	101.63%	435	397.50	91.38%	172	172	100.00%	172	172	100.00%	0	0	0	0	0	0	3.33	18.96%	34.88	8.16%
RBH	5040	Ward D3	1,800	1,327.50	73.75%	1,125	1,260	112.00%	645	645	100.00%	645	978.25	151.67%	0	0	0	0	0	0	3.60	12.08%	125.20	15.47%
EH70: Comm In Patient Care																								
AVH	R133	Avch Ward 2	1,350	1,020	75.56%	967.50	1,200	124.03%	630	630	100.00%	315	472.50	150.00%	0	0	0	0	0	0	0.41	1.81%	43.28	6.48%
BGH	R215	Ward 23	1,680	1,222.50	72.77%	1,470	1,432.50	97.45%	616	605	98.21%	616	847	137.50%	1	0	0	0	0	0	6.16	18.71%	94.00	12.13%
CLI	R141	Ribblesdale Ward	2,250	1,935	86.00%	1,867.50	2,040	109.24%	945	913.50	96.67%	945	1,449	153.33%	0	0	0	0	0	0	9.02	20.04%	71.48	6.43%
Total for 44 wards shown					87.25%			109.69%			97.14%			125.14%	1	0	0	3	1	0	177.76	11.14%	1,897.55	4.84%

For any queries regarding this report please contact the information department information@elht.nhs.uk
Report Location: /Operational Reports/Ward Scorecard Monthly Trend/Ward Staff Summary

* Vacancies and Sickness metrics include the Staff Groups 'Nursing and Midwifery Registered' & 'Additional Clinical Services' only.

East Lancashire Hospitals NHS
NHS Trust

TRUST BOARD REPORT
25 MAY, 2016

Item **158**

Purpose Information

Title	Quality Committee Summary Report – 21st March, 2016
Author	Mr D Holden, Interim Governance Advisor
Sponsor	Mr P Rowe, Chairman of the Committee

Summary:

A summary of the key items discussed and actions taken by the Committee is presented for information.

Report linkages

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

Impact

Legal	No	Financial	No
Maintenance of accurate corporate records			
Equality	No	Confidentiality	No

Safe | Personal | Effective

QUALITY COMMITTEE MEETING

Monday, 21 March, 2016

At the last meeting of the Quality Committee held on Monday, 21 March, 2016 members considered the following key matters and undertook to ensure actions as appropriate, would be taken as outlined below:

1. The Committee were notified of a recent visit by the Food Standards Agency, Environmental Health to the **Royal Blackburn Hospital Kitchens**. **Action**: A report from the Council is awaited and would be reported to the next meeting of the Committee.

2. The Committee discussed the 3 **Never Events** which took place in the 2015/16 financial year. **Action**: It was agreed that a report would be produced for the next Committee meeting which would include an update following a letter from the NHS Trust Development Authority regarding Never Events and on lessons learned within the Trust.

3. The Committee discussed the requirement to ensure that the portfolio of the **Health and Safety Committee** was kept under review. **Action:** Mr Rowe and Mr Holden are to discuss membership and Non-Executive oversight of the H&S Committee with the Trust Chairman.

4. Mr Moynes presented the report on **Core Mandatory Training**. The Committee were pleased to hear that the '**Flu vaccine uptake rate** was the highest in the Country and **the Committee commended the Occupational Health Department** for this work. The Committee heard that Safeguarding Training, 86% and Appraisal rates (Clinical 94% and Non-Clinical 96%) were now progressing well against the target of 95%. Core Mandatory Training now stands at 90%. **Action:** It was agreed that continued action needs to take place to ensure that all training rates are maintained and enhanced where necessary. Reports would continue to be produced to come to future meetings of the Committee.

5. The Committee discussed the **Board Assurance Framework (BAF)** and agreed that the BAF score for Risk 003 – Partnership Working fails to support delivery of sustainable, safe, personal and effective care be increased. This matter would be discussed by the Trust Board at its meeting in March, 2016 The Committee noted that the BAF was under development and also that a Board Development Session is to be held in 2016 to discuss risk, risk appetite and tolerance.

Safe | Personal | Effective

East Lancashire Hospitals **NHS**

NHS Trust

6. The Committee discussed the **Quality Dashboard** and noted the exception reports on the A&E 4 hour wait, including the work to recruit ED Consultants and hand hygiene. The Committee had lengthy discussions regarding both issues. **Action:** It was agreed that an update report on the A&E 4 hour wait, following a Trust Workshop would be brought back to the next meeting along with an update on work to promote hand hygiene. It was agreed that the Committee required information on the funding for the Trust's "Helping hands" service to ensure this is appropriate.

7. The Committee informed members of the 90 day collaborative relating to **delayed discharges**. The scheme will be discussed at the Trust Board in the next few months.

8. Dr Riley presented the **Fracture Neck of Femur** report and advised that **Action**: the action plan associated with the report would be managed by the Clinical Effectiveness Sub-Committee and regular updates would be brought back to the Quality Committee.

9. **The Committee were concerned to hear that the current level of fire training was currently only 54%.** After much discussion, it was agreed that: **Action**: the Fire Training Action Plan be brought back to the Committee in May, 2016.

10. **Property Management** – Mr Tansley brought the Committees attention to a number of issues in regard to property management. **Action:** it was agreed that an update on this matter would be brought back to the next Committee meeting.

11. **PLACE Annual Report** – **Action**: The Committee will be presented with the results from the PLACE report at its next meeting together with any action plan required.

12. **Staff Survey** – Mr Moynes updated the Committee on the 2015 NHS Staff Survey results. He advised that the Trust is now in the top 12 Trust's in the Country who used this survey provider. He advised that the survey findings are broadly positive and staff engagement and experience continues to improve, despite significant pressures being seen across the organisation on a number of financial pressures. A more detailed report would be presented to the Trust Board, at the end of the month when more details of the survey are known.

13. The Committee obtained an update from Mr Tansley on the arrangements for the production of the **Quality Account.**

14. **Other Matters Reported to the Committee:** The Committee receive reports from: the Patient Safety and Risk Sub-Committee, the Patient Experience Sub-Committee and the Clinical Effectiveness Sub-Committee. The Committee also received and

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reviewed the terms of reference from the; Infection Control Sub-Committee, Health and Safety Sub-Committee and the Internal Safeguarding Board.

DjH/13/04/16.ends.

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East Lancashire Hospitals **NHS**
NHS Trust

TRUST BOARD REPORT

25 MAY 2016

Item	159a

Purpose Information

Title	Finance and Performance Committee – Summary Report – 21 March, 2016
Author	Mr David Holden, Interim Governance Advisor
Executive sponsor	Mr David Wharfe, Non-Executive Director

Summary: A summary of the discussions of the Committee is presented for information

Report linkages

Related strategic aim and corporate objective (Delete as appropriate)	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
	Become a successful Foundation Trust
Related to key risks identified on assurance framework	Transformation schemes fail to deliver anticipated benefits
	The Trust fails to deliver and develop a safe, competent workforce
	Partnership working fails to support delivery of sustainable safe, personal and effective care
	The Trust fails to achieve a sustainable financial position
	The Trust fails to achieve required contractual and national targets and its improvement priorities
	Corporate functions fail to support delivery of the Trust's objectives.

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Safe | **Personal** | **Effective**

Finance and Performance Committee – 21 March, 2016.

At the last meeting of the Finance and Performance Committee held on Monday 21st March, 2016 members considered the following key matters and undertook to ensure actions would be taken as outlined below:

1. The Committee discussed the <u>Trust's 2016-17 Draft Financial Plan</u>. In line with the constraints placed on public spending, the Committee discussed the on-going financial challenges for NHS Providers that must be met by delivering systematic transformational change. The paper provided a 'worst', 'likely' and 'best' case revenue scenario for the Trust with forecast overspends of £12.2m, £3.7m and £1.1m respectively. Each of the scenarios had assumed a contribution from the Sustainability and Transformation Fund of £12.5m and the need for the Trust to address a gap of £14m through the 2016-17 Safely Releasing Cost Programme (SRCP) of 3.0%. The Committee noted that the Trust Board would be requested to approve a budgetary plan that will deliver an outturn deficit of £3.7m (in line with NHS Trust Development Authority's assumptions and a deficit no worse than £3.8m).

   Non Executive members of the Committee were concerned that many of the SRCP targets for the Divisions and Directorates looked to be difficult to achieve, however, the Executive Team stated that much initial planning of the schemes outlined had already taken place and with a good, early start to the financial year, the planned targets would be met.

   The Committee discussed the A&E trajectory and the associated Sustainability and Transformation Fund and the likelihood of these monies being received and on a recurrent basis.

   Resolved: The Committee noted the Draft Financial Plan and that this would be reviewed by the full Trust Board in March 2016. The Committee remained concerned regarding the challenging SRCP targets for the next financial year.

2. The Committee received a report on the <u>Business Planning for 2016-2018.</u> The paper set out the plans and governance arrangements for the delivery of the Trust's Safely Releasing Cost Programme (SRCP) over the next 2 financial years to deliver a £30 million cost savings required and also, for the Trust to return to a recurrent balance position. Non-Executive Directors were concerned that the SRCP profile for 2016-17 showed that all schemes were rated 'amber' or 'red'. Executive Directors advised that progress would be seen on the current status as soon as the new financial year begins.
   Action: It was agreed that the Committee would discuss on a monthly basis, assurance and exception reports on SRCP process. Further, and in order to provide Non-Executive colleagues with a greater level of assurance, it was agreed that, at the next meeting, the Committee would review the implementation and delivery of 4 or 5 of the larger schemes that have plans to save over £500,000.

Safe | Personal | Effective

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3. The Committee received an update on the <u>Information, Management and Technology (IM&T) Strategy</u>. Members noted that the Strategy looks to embrace the planned strategic changes and clinical transformation required both in East Lancashire but also across Pennine Lancashire including Pendle.

The Committee noted that the Strategy, did not detail the costings of implementation, as it was stated that much of this activity would be done within existing budgets and where necessary, via a separate detailed business case will be produced. The strategy firmly puts, at the centre of all this activity, the clinician. The governance of the programme sits squarely with the e-Health and Clinical Reference groups, with a commitment made that no major investments or developments would be passed to the Trust Board or Executive Team, without being fully (and formally) supported by these groups.

The Committee noted that the Strategy was to be reviewed by the Trust Board in April or May, 2016.

4. <u>Integrated Performance Report (IPR)</u> – The Committee reviewed the latest IPR report, with particular emphasis being placed on reviewing the A&E 4 hour wait target and also patient flow through the hospital. Executive Directors advised of the Workshop which was to be held on 22 March, 2016 to discuss these matters.

   Action: The Committee agreed to receive feedback at its next Meeting on the Workshop session established to review improvement in the 4 hour A&E target and patient flow through the hospital.

5. <u>Tender Update</u> – Members of the Committee received an update on the live procurements the Trust is currently involved with including; the Community Equipment Service and Diabetic Eye Screening.

   Action: The Committee agreed that they would hold a short Workshop session before the next Committee meeting to understand more fully the Tender Process.

6. <u>Other Matters discussed by the Committee included</u>: the Monthly Workforce Analytics, Contract and Data Quality, E-Health Board Minutes, an update on Healthier Lancashire and an update on Pennine Lancashire work.

Ends/djh/12/03/16

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East Lancashire Hospitals **NHS**

NHS Trust

TRUST BOARD REPORT

Item   **xx**

25 May 2016

Purpose Information

Title	Finance and Performance Committee Update Report (25 April 2016)
Author	Angela Bosnjak-Szekeres, Company Secretary
Executive sponsor	Mr David Wharfe, Non-Executive Director

Summary: The report sets out the matters discussed and decisions made at the Finance and Performance Committee meeting held on the 25 April 2016.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Safe | Personal | Effective

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Previously Considered by: NA

Safe | **Personal** | **Effective**

1. At the last meeting of the Finance and Performance Committee held on Monday 25 April 2016 members considered the following matters and undertook to ensure actions would be taken as outlined in the report.

2. The Committee received a briefing session before the start of the meeting about the tender processes across the Trust with regular tender updates planned for the future.

3. The Committee were given a short overview of the work undertaken of the transformation work that is being undertaken in the Stroke Services and Intermediate Care Services, with a full report requested for presentation at the May meeting.

4. The Committee received the year-end review of the work carried out under the Estates Strategy in 2015/16 and the timetable for the implementation of the Travel Strategy. Members noted that that the revision of the Estates Strategy is being carried out in line with the Clinical Strategy. The timeline for the implementation of the Travel Strategy was viewed as ambitious, but the Committee welcomed the cost savings that are planned for the current year.

5. The Committee received the report on Sustaining Safe, Personal and Effective Care about the work carried out on prioritising the transformation schemes for the next 2 years and the Safely Releasing Cost Programme. The Committee felt that the report did not provide sufficient assurance and it was agreed that the Non-Executive Directors will meet with staff responsible for the reporting to discuss the information to be included in future reports and how assurance could be provided to the Committee.

6. The Committee considered the Ward Based Pharmacy Business Case following a presentation by Mr Fletcher and Mr Gray. The Committee welcomed the enthusiasm behind the business case and were pleased that both cost savings and patient safety/experience benefits were identified. The Committee approved the implementation of the initial phase of the business case and requested an annual evaluation report for March 2016.

7. The Committee also received the Integrated Performance Report, Finance Report, Monthly Workforce Analytics and Reference Costs Report.

Angela Bosnjak-Szekeres, Company Secretary, 16 May 2016

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East Lancashire Hospitals **NHS**
NHS Trust

TRUST BOARD REPORT
25 MAY 2016

Item | **160**

Purpose Information

Title	Audit Committee Assurance Report - 15 July, 2015
Author	Mr D Holden, Interim Governance Advisor
Executive sponsor	Mrs E Sedgley, Non-Executive Director

Summary: The paper provides a summary of the discussions and decisions of the Committee

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Safe | **Personal** | **Effective**

() Audit Committee Assurance Report

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Audit Committee Report – 13 April, 2016

At the last meeting of the Audit Committee held on Wednesday, 13 April, 2016 members considered the following matters and undertook to ensure actions would be taken as outlined below:

- **Nursing Assessment Update** – Mrs Pearson, Director of Nursing, provided an overview of the Nursing Assessment and Performance Framework Programme. Members noted that of the wards visited, eight were rated as 'green', seven were rated as 'amber' and six have been rated as 'red'. Mrs Pearson advised that the CQC, on their visit to the Trust had recognised the process as an area of best practice. Mrs Pearson reported that a plan had been developed to visit all ward areas within the first year of the programme, however, this may need to be revised due to staff sickness within the facilitation team. Members noted that the assessment framework would be amended to suit other areas across the organisation including, community and paediatric services prior to full roll out of the programme.

  The Committee commended the work that had been undertaken to date, particularly in relation to the developments within Ward B4, which had moved from a 'red' to 'green' rating. Members discussed the framework in conjunction with the Quality Spot-check work that had been undertaken by MIAA. The Committee considered that greater alignment was required between this Programme and the Quality Spot Checks. The Committee considered the suggestion that a member of the internal audit team be included on the assessment visit team or alternatively, MIAA would be asked to audit the Framework Programme rather than create a separate piece of work. Members agreed that regular reporting on the Nursing Assessment and Performance Framework should be routed through to the Quality Committee with an annual report being submitted to the Audit Committee. **Action:** Mrs Sedgley stated that the precise nature of the programme and how it is audited, together with how it should report, would need to be discussed with Mr Rowe, Chairman of the Quality Committee. The Audit Committee supported the need for additional resources to be allocated to the facilitation team. **Action**: Mr Wood and Mrs Pearson will meet to discuss additional resources for the team.

- **Arrangements for Raising Concerns** - Mr Moynes reported that in addition to the Trust Policy for Raising Concerns, a national policy had been received by the Trust which was most likely to be adopted by the organisation.

  In terms of the specific instances of Whistleblowing, members noted there were several individuals within the organisation who were points of contact for Whistleblowing and as such a central database was required to capture these matters. Mr Moynes confirmed that following unsuccessful attempts to develop the database within the 'Datix' system, a central stand-alone database was being developed. Mr Moynes reported that in the period of time since Mrs Barton was appointed to the role of Staff Guardian, she had received 20 individual disclosures. Mr Moynes stated he had received a small number of disclosures and Mrs Sedgley had received none. Members noted that, of the issues raised, there had been no true cases of Whistleblowing. The majority of issues raised related to disputes between staff and managers or grievance issues of staff. **Action**: Mr Moynes agreed to provide the initial iteration of the new database to the Quality Committee in May 2016 for information.

- **Management Response to Internal Audit Reports – Prescription Income Audit Response** – Members received a report advising that a card payment

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machine had been installed at the Burnley General Hospital site for receipt of prescription fees. **Action**: The Committee agreed that Internal Auditors would verify the information provided in the report and would check that the procedure at the Burnley site was working satisfactorily before providing a full assurance report to the Committee.

- **Board Governance Assurance Framework** – Mr Holden, Interim Governance Advisor provided the background to this work which included reviewing the Trust's strategic objectives and associated risks with the lead Executive Director. **Action:** Members agreed that a session would be held at a future Informal Board Meeting to discuss the management of risk, the Board Assurance Framework, risk appetite and risk tolerance.

- **Internal Audit Work Plan 2016/17** – Mrs Wainwright, Internal Audit Manager Mersey Internal Audit (MIAA) presented the Audit Work Plan for 2016/17 which had been developed using a risk assessment approach with links to the Trust's Assurance Framework. The proposed work, which had been agreed with the Trust' Executive Team aligned to 8 specific areas: quality governance, financial performance and sustainability, information and technology, governance and leadership, planning and management, workforce, compliance and performance and follow up and contingency. **Action**: The Committee approved the Work Plan 2016/17.

- **Internal Audit Progress Report** – Mrs Wainwright, Internal Audit Manager, MIAA, provided the Committee with an update since the previous meeting on progress with internal audits. She advised that 7 reports had been finalised since the last meeting, with 3 reports providing significant assurance and 2 reports providing limited assurance. The paper also provided audit opinions on the Trust's Assurance Framework and Divisional Risk Maturity. The Committee and Auditors agreed that good progress had been made in these areas but further work was still required as outlined in the report. The report also provided the list of a further 9 reports at draft stage and currently awaiting response from Trust officers. The full list of audits received at this Committee meeting is as follows:

  - Quality Spot Checks – Limited Assurance
  - Information Governance Toolkit – Limited Assurance
  - Cash Flow Management – Significant Assurance
  - Payment Validation Process – Significant Assurance
  - Referral To Treat Systems Review – Significant Assurance
  - Assurance Framework Opinion
  - Divisional Risk Maturity

- **Internal Audit Annual Report and Opinion –** Mrs Wheatcroft, Operations Director, MIAA, presented the report and confirmed that the internal audit opinion of the Trust for the year is one of **significant assurance**. She provided the rationale for the opinion and informed members that whilst there had been a number of limited assurance reports issued throughout the year, all required actions had been completed.

- **EXTERNAL AUDIT WORK PLAN 2015/16** – Mrs Murray, Director, Grant Thornton, reported that the External Work Plan was risk based and as such there would be no areas of surprise to members. Members discussed the materiality

statement contained within the plan and auditors confirmed that it had been set at £6.4 million which equated to 1.5% of expenditure with a triviality threshold of £250,000. The Committee noted this figure is £2 million less than the previous year due to the increased scrutiny and public profile of NHS finances.

Mrs Murray provided an overview of the identified risks, which were noted to be common across all NHS organisations. The Committee noted that the risk relating to the valuation of property, plant and equipment had been included due to the recent revaluation of the Trust estate.

Members noted that the criteria for the Value for Money assessment had changed since last year and the Trust must now have appropriate decision making processes in place which are supported by suitable governance frameworks. Mrs Murray confirmed that there were no anticipated issues in being able to deliver an appropriate value for money conclusion at the end of the financial year.

- **COUNTER FRAUD ANNUAL WORK PLAN 2016/17**
  Mrs Procter, Anti-Fraud Specialist, MIAA presented the proposed plan for the coming year and provided an overview of the work across the four key areas: Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account. The Committee noted that a particular area of focus in the coming year would be the raising the awareness of the Trust's Whistleblowing Programme. The Committee noted that, during the last financial year, fifteen fraud investigations had been undertaken/were ongoing. From this, the Committee noted that no criminal sanctions had been taken to date although five disciplinary sanctions had been made and several financial recoveries are pending.

- **Auditor Panels** – The Committee considered the new regulations in relation to Auditor Panels. **Action**: The Committee are to make a recommendation to the April Trust Board Meeting that the Auditor Panel would consist of the current Audit Committee members and the Trust's Director of Finance.

- **Annual Governance Statement (AGS)** – Mr Holden, Interim Governance Advisor, presented the AGS asking members of the Committee for their views before submission of the statement to the Trust's Auditors. Mr Holden advised that the report had been reviewed by the Trust's Executive Team. It was noted that the statement would be presented to the Trust Board.

- The Committee also discussed the **Review of Financial and Accounting Policies** and the **Review of Losses and Special Payments**. The Committee also noted that a new **Code of Conduct Policy** was being produced which would provide managers with guidance on declarations of interest and hospitality.

Ends/DjH/16/5/16

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East Lancashire Hospitals **NHS**

NHS Trust

TRUST BOARD REPORT

25 May 2016

Item | **161**

Purpose Information

Title	Remuneration Committee Information Report – 30th March 2016
Author	Mr David Holden, Interim Governance Advisor
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The list of matters discussed at the last Remuneration Committee is presented for Board members' information.

Recommendation: This paper is brought to the Committee for information.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: N/A

Safe | **Personal** | **Effective**

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Remuneration Committee – 30th March, 2016

The Committee considered the following matters:

1. Harmonising Terms and Conditions of Employment

2. The creation of a Director of Communications and Engagement post; the terms and conditions of such a post and; the selection and interview arrangements.

3. A Voluntary Severance Scheme application.

TRUST BOARD REPORT

25 May 2016

Item	**162**

Purpose Information

Title	Trust Board Part Two Information Report
Author	Angela Bosnjak-Szekeres, Company Secretary
Executive sponsor	Professor Eileen Fairhurst, Chairman

Summary: The report details the agenda items discussed in Part 2 of the Board meetings held in March and April 2016.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
	Become a successful Foundation Trust
Related to key risks identified on assurance framework	Transformation schemes fail to deliver anticipated benefits
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Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: n/a

Safe | Personal | Effective

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(2016/162) Trust Board Part Two Information Report

Meetings of the Trust Board held in private – (Part 2): 30 March 2016 and 27 April 2016

1.   At the meeting of the Trust Board on 30 March 2016, the following matters were discussed in private:

   a) Draft Care Quality Commission Report
   b) Royal Blackburn Hospital Primary Care Assessment Centre
   c) Healthier Lancashire: Completing the Strategic Planning Phase
   d) Fracture Clinic Update
   e) Draft Budget 2016/17
   f) Finance Report
   g) Sustaining Safe, Personal and Effective Care 2015/16
   h) Serious Untoward Incident Report
   i) Doctors with Restrictions

2.   2.   At the meeting of the Trust Board on 27 April 2016, the following matters were discussed in private:

   a) Draft Care Quality Commission Report Update
   b) Healthier Lancashire: Response Letter
   c) Draft Annual Governance Statement
   d) Finance Report
   e) Sustaining Safe, Personal and Effective Care 2015/16
   f) Serious Untoward Incident Report
   g) Doctors with Restrictions

3.   The matters discussed were private and confidential and/or identified individuals and/or were commercially sensitive at this time and so the decision was taken that these items should not be discussed in the public domain. As these items progress, reports will be reported to Part 1 of Board Meetings at the appropriate time.

Safe | **Personal** | **Effective**