

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective



TRUST BOARD PART 1 MEETING
27 JANUARY 2016, 14:00, SEMINAR ROOM 4

AGENDA

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

OPENING MATTERS				
TB/2016/012	Chairman's Welcome	Chairman	v	14:00
TB/2016/013	Open Forum To consider questions from the public	Chairman	v	
TB/2016/014	Apologies To note apologies. • Mr D Wharfe, Non-Executive Director	Chairman	v	14:15
TB/2016/015	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 27 November 2015.	Chairman	d✓	14.20
TB/2016/016	Matters Arising To discuss any matters arising from the minutes that are not on this agenda	Chairman	v	14.25
TB/2016/017	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	14.30
TB/2016/018	Declarations of Interest To note any new declarations of interest from Directors.	Interim Governance Advisor	v	14.35
QUALITY AND SAFETY				
TB/2016/019	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	14.40
TB/2016/020	Chief Executive's Report To receive an update on national, regional and local developments of note.	Chief Executive	d✓	14.50
TB/2016/021	Patient Story To receive and consider the learning from a patient story.	Chief Nurse	p	15.00
TB/2016/022	Safer Staffing Report To note actions being taken to ensure safe staffing levels are maintained.	Chief Nurse	d✓	15.10
TB/2016/023	Imperial College Study on Stillbirths and The Trust's Response To note the update in relation to a number of recent national reports regarding stillbirth rates at NHS Trusts.	Medical Director	d✓	15.20
STRATEGY				
TB/2016/024	2016/17 Planning Guidance To note the Planning Guidance for the forthcoming financial year	Director of Service Development	d✓	15.30

TB/2016/025	Letter from NHSE: NHS Preparedness for a Major Incident The is a statement of readiness prepared by the Trust has been requested by NHS England in regard to our Emergency Preparedness Resilience and Response procedures.	Director of Operations	d✓	15.40
ACCOUNTABILITY AND PERFORMANCE				
TB/2016/026	Integrated Performance Report To note performance against key indicators and actions being taken to recover areas of exception to expected performance. The following specific areas will be discussed: <ul style="list-style-type: none"> • Performance • Quality • Finance • HR 	Director of Operations	d✓	16.10
GOVERNANCE				
TB/2016/027	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✓	16.20
TB/2016/028	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 objectives.	Medical Director	d✓	
TB/2016/029	Trust Board Self Certification To consider and approve the self-certification against TDA requirements.	Chief Executive	d✓	16.30
TB/2016/030	Finance and Performance Committee Update Report To note the matters considered by the Committee in discharging its duties. (November 2015)	Committee Chair	d✓	16.35
TB/2016/031	Audit Committee Update Report To note the matters considered by the Committee in discharging its duties. (December 2015)	Committee Chair	d✓	16.40
TB/2016/032	Trust Charitable Funds Committee Update Report To note the matters considered by the Committee in discharging its duties. (December 2015)	Committee Chair	d✓	16.45
TB/2016/033	Quality Committee Update Report To note the matters considered by the Committee in discharging its duties. (December 2015 and January 2016)	Committee Chair	d✓	16.50
TB/2016/034	Trust Board Part Two Information Report To note the matters considered by the Committee in discharging its duties. (November 2015)	Chairman	d✓	16.55
FOR INFORMATION				
TB/2016/035	Any Other Business To discuss any urgent items of business.	Chairman	v	17.00
TB/2016/036	Open Forum To consider questions from the public.	Chairman	v	17.05

TB/2016/037	Board Reflection To reflect on the Board meeting: <ul style="list-style-type: none"> • Do we have a good understanding of the quality of patient care? • Are there any gaps in the assurances we received today? • Have we been accepting of any deterioration in quality or safety? • Are we sufficiently focused on improving quality, despite the challenging operational environment? • Has the agenda been a good balance between operational and strategic issues? 	Chairman	v	17.15
TB/2016/038	Date and Time of Next Meeting Wednesday 24 February 2016, 14.00, Boardroom, Trust Headquarters, Royal Blackburn Hospital.	Chairman	v	17.20

TRUST BOARD REPORT

Item **16**

27 January 2016

Purpose Action

Title Minutes of the Previous Meeting

Author Miss K Ingham, Minute Taker

Executive sponsor Professor E Fairhurst, Chairman

Summary:

The draft minutes of the previous Trust Board meeting held on 30 November 2015 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

(16) Minutes of the Previous Meeting

**EAST LANCASHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING, 25 NOVEMBER 2015
MINUTES**

PRESENT

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

IN ATTENDANCE

Mr K Cockerill	Staff Governor, HCA's and Support Staff	Observer/Audience
Canon J Duxbury	Public Governor, Ribble Valley	Observer/Audience
Mr M Hodgson	Director of Service Development	
Mr D Holden	Interim Governance Adviser	
Mrs C Hughes	Interim Director of Communications	
Miss K Ingham	Minute Taker	
Mr K Moynes	Director of HR and OD	
Mr G Parr	Public Governor, Pendle	Observer/Audience
Mrs B Redhead	Public Governor, Ribble Valley	Observer/Audience

APOLOGIES

Professor E Fairhurst	Chairman
-----------------------	----------

TB/2015/245 CHAIRMAN'S WELCOME

Mr Rowe welcomed Directors, Governors and members of the public to the meeting. He confirmed that he would be chairing the meeting today in the absence of Professor Fairhurst.

TB/2015/246 **OPEN FORUM**

Canon Duxbury, Public Governor for Ribble Valley commented that he had received an update from Mr Morgan, Director of Estates and Facilities confirming that the Trust had met with Ribble Valley Borough Council regarding car parking availability at the Clitheroe Community Hospital Site. He reported that agreement had been reached to allocate 43 new spaces at the site, 20 for staff and 23 for patients. He thanked Mr Morgan and Mr McGee for their continued efforts in relation to this issue.

Mrs Redhead, Public Governor for Ribble Valley asked how the Trust Board planned to manage the recently announced cap on training funding for nurses. Mrs Pearson reported that whilst it was likely that there would be a decrease in the numbers of people applying for nursing training, the overall effect should not be detrimental. This is because the number of applicants for nurse training places outweighs the number of places available by around five to one. The position would continue to be monitored.

Mrs Redhead asked how the agency rate cap would affect the Trust in its ability to manage winter pressures. Mr Wood confirmed that the rates that the temporary staffing agencies used by the Trust currently charge significantly below the capped rate. Mrs Pearson confirmed that weekly monitoring is in place in relation to addressing demand for staff and there is work being undertaken within the Human Resources Directorate to recruit nursing staff to the Trust's staff bank.

Mr Cockerill, Staff Governor, Healthcare Assistants and Support Staff asked what the announcement of additional funding from NHS England would mean for the Trust. Mr Wood confirmed that the Trust welcomed the news of an additional £3.8 billion being brought into the NHS, however at this time the organisation was unsure of the allocation of monies and therefore unsure of the impact on the organisation. He confirmed that a report would be presented to the January Board meeting relating to this matter.

Mr Cockerill asked whether the recently recruited nurses from the Philippines had commenced with their entry examinations. Mrs Pearson reported that a number of the nurses have begun work on their English examination preparations. She went on to report that she receives weekly updates from the recruitment company on this matter. Once English examinations are passed at level 7 or above, the recruits can take their clinical skills tests and apply for their visas once they are passed.

Mr Cockerill asked what planning had taken place in relation to the potential Junior Doctor strikes and how the plans would be communicated to patients and staff. Mrs Simpson reported that robust plans had been developed for management of the three potential strike days on the 1st, 8th and 16th December 2015. She reported that ward level cover was good however; a number of elective and outpatient appointments had been rearranged to allow

appropriate cover in other areas of the Trust. Communication with the patients affected had been carried out as necessary. Mrs Hughes confirmed that the local communication campaign echoed the national campaign and that a number of national media outlets may be on site to conduct interviews with a number of staff members.

RESOLVED: **A report to be presented to the January Board meeting relating to the impact on the Trust of the additional £3.8 billion national funding to the NHS.**

TB/2015/247 APOLOGIES

Apologies were received as recorded above.

TB/2015/248 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.

RESOLVED: **The minutes of the meeting held on 28 October were approved as a true and accurate record.**

TB/2015/249 MATTERS ARISING

Dr Riley reported that the Trust were continuing to develop the Clinical Strategy and work was currently taking place within the Divisions to develop their individual plans, standardise practices and develop non-elective and urgent care pathways. Directors noted that there would be a requirement to consider the impact of the work being carried out in Pennine Lancashire and Healthier Lancashire in the development of the Strategy. Mr Hodgson reported that the Programme Management Office (PMO) was providing support to the Divisions in their development of divisional and directorate plans.

RESOLVED: **Directors noted the update provided.**

TB/2015/250 ACTION MATRIX

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

TB/2015/223: Winter Planning – Mrs Simpson confirmed that Dr Riley had requested that the Commissioning Care Group's share details of primary care clinical offering over the Christmas and New Year period with the Trust at the last System Resilience Group (SRG) meeting. Directors noted that the SRG agreed to dedicate the December meeting to the finalisation and sharing of plans.

TB/2015/223: Winter Planning – Mrs Hughes confirmed that the Trust is utilising the

national communication plan 'Stay Well This Winter' and is working across agencies to proactively communicate with stakeholders.

TB/2015/232: Board Reflection – Mrs Pearson confirmed that a broader range of patient stories will be presented to the Trust Board from January 2016 and would take a number of different forms, such as written accounts, personal presentations and video.

RESOLVED: The position of the action matrix was noted.

TB/2015/251 DECLARATIONS OF INTEREST

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

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

TB/2015/252 CHAIRMAN'S REPORT

Mr Rowe presented the Chairman's report on behalf of Professor Fairhurst. He reported that Professor Fairhurst and Mr McGee had hosted a meeting with Sir Keith Pearson, Chairman of Health Education England and Sally Cheshire, Chairman of Health Education North West. They recognised and were impressed with the amount of work that had been undertaken in the organisation in relation to cadets, nurses and apprentices. Mrs Pearson commented that Sir Keith Pearson had committed to visit a local school to promote the Trust and its apprenticeship programme.

Mr Rowe reported that Professor Fairhurst would be in attendance at the first Healthier Lancashire governance workshop on 30 November, 2015. Mr McGee commented that Healthier Lancashire will be a key piece of work for the Trust and the local and regional health and social care economy in the coming months. The work will be used to address, at a regional level, the funding, workforce and service development issues that the NHS is facing.

Finally Mr Rowe reported that Professor Fairhurst would be attending the Trust Carol Concert on 30 November, 2015 and the Christmas Party for Volunteers on 12 December, 2015.

RESOLVED: The report was received and Directors noted the updates provided.

TB/2015/253 CHIEF EXECUTIVE'S REPORT

Mr McGee referred members to his report and highlighted the new national plan for Learning Disability Services, particularly the drive to reduce inpatient beds and increase community

provision. He commented that there would be implications for Calderstones Partnership NHS Foundation Trust and local commissioners were working closely with the organisation to develop plans as appropriate.

He went on to provide a national update in relation to the 'Stoptober' smoking cessation campaign which ran throughout October and commented that the campaign was particularly pertinent to the local population and the demand for associated services. Directors noted that there were 215,000 people across the country who signed up to the campaign.

Mr McGee commented that the national 'Stay Well This Winter' campaign had commenced, he emphasised the increased pressure that emergency services would be under in the coming months and confirmed that the Trust would be working with local providers to ensure people were treated by the most appropriate service for their needs.

Mr McGee provided an overview of the local issues and news items, including the various awards that staff and teams from the Trust have been shortlisted for. Directors noted that there were a number of staff members and teams who had been shortlisted for the North West Leadership Awards, including Mr Moynes, Director of HR and Organisational Development, Mrs Hollings, Divisional General Manager for Family Care, Mr Hargreaves, Business Support Officer and Mr Keavey, Practice Education Facilitator.

Mr McGee drew Directors attention to the Urology Robot Open day which took place on 19 November, 2015, the session was noted to have been well attended with attendees commenting that the service offering was of real benefit to the population of Lancashire and South Cumbria. Directors noted the overview of the Board papers contained within the report and the summary of the Chief Executive's calendar.

In response to Mr Barnes query, Mr McGee confirmed that the Trust submitted a bid to become a Vanguard Site but were unsuccessful in that bid. However, there is an expectation that should any further funding be released, the Trust would wish to be part of that process submit another bid

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

TB/2015/254 PATIENT STORY

Mr Rowe welcomed Mrs Thornton to the meeting and explained that she would be sharing her experience of the Trust's Surgery services. Mrs Thornton reported that she had been suffering with stomach pains, raised temperature, headache and nausea on 30 June and following a home visit from the GP she was admitted to the Surgical Triage Unit with suspected appendicitis. Whilst on the unit she reported having a number of tests and regular observations until she was seen by the Doctor. From the Unit she was admitted to a

ward overnight which was reported to be clean and the staff were very welcoming. Following the results of the blood tests she was taken to theatre for an appendectomy. Mrs Thornton confirmed that the procedure and anaesthetic processes was explained to her by the care team. She reported that she received excellent post-operative care whilst an inpatient and commented that the atmosphere on the ward was professional and relaxed.

Mrs Pearson asked Mrs Thornton whether she felt that there was any further learning for the Trust based on her experience. She commented that during the night shift there was an agency nurse who did not seem to be familiar with the processes and protocols to follow within the Trust and that this could be an area for learning and improvement to ensure agency staff are appropriately trained before going onto wards. Mrs Pearson confirmed that the Trust was currently working to ensure that all agency nurses were aware of the Trust's policies and procedures prior to commencing work.

RESOLVED: Directors received and noted the patient story.

TB/2015/255 SAFER STAFFING REPORT

Mrs Pearson presented the report to the Board, reporting that it detailed staffing information regarding nursing, midwifery and care staff. Directors noted the fill rates and reasons for reductions in the anticipated rates for the month of October, 2015. It was noted that six wards fell below the 80% fill rate for daytime and one ward fell below the fill rate for night time hours in month in relation to qualified nurse staffing.

There were 95 staffing related incidents reported in the month which was a decrease in the number of incidents reported the previous month. Of these incidents, five were classed as 'red flags', three in relation to missed meal breaks, and one related to less than 2 registered nurses being on a shift. Directors noted that none of the incidents resulted in a harm being caused to a patient. The average fill rate in daylight hours for registered Nurses and Midwives in October was 90.6% and 98.5% for night time hours.

Mrs Pearson provided an update on recruitment to nursing roles within the Trust, and confirmed that a recruitment event would be held in early 2016. Directors noted that work continues with the safer care project regarding shift harmonisation among the four early adopter wards.

Mrs Sedgley welcomed the marked improvement in the staffing rates and commented that it was pleasing to note. Mrs Pearson thanked Mrs Sedgley, and commented that whilst there had been an improvement in the numbers reported, they did not present a comprehensive picture as they did not take into account the specialised requirements of some patients, final placement figures for student nurses or therapy teams working in the ward environment. Mr McGee thanked Mrs Pearson and her team for the continued efforts to improve nurse

staffing rates and quality within the organisation

RESOLVED: Directors received and noted the report provided.

TB/2015/256 INTEGRATED PERFORMANCE REPORT

Mrs Simpson presented the Integrated Performance Report for the month of October 2015, highlighting the continued good performance against Cancer targets and Referral to Treatment (RTT) 18 week indicators, with the latter reporting an out-turn figure of 95.9% for the month. Directors noted that NHS England have carried out an RTT stress test, which the Trust had performed well against. NHS England suggested that the Trust only had a 5% chance of failing the indicator within the next six months and was rated quite well at 127 out of 155 Trusts in the country. In response to Mr Rowe's question, Mrs Simpson confirmed that the Trust will maintain the hard work undertaken to ensure that the 18 week RTT indicator is met consistently. She went on to report that the Trust continues to see low rates of complaints and both Hospital Summary Mortality Ratio (HSMR) and Summary Hospital Mortality Indicator (SHMI) mortality rates remain within the expected range.

Mrs Simpson reported that the issues in relation to the number of cases of Clostridium-Difficile (C-Diff) and methicillin-susceptible Staphylococcus aureus (MSSA) are being monitored and reported to the Trust Board through the Patient Safety and Governance Committee. There had been four C-Diff cases identified and treated within the month. Dr Riley reported that the four cases that had been identified had all been typed and confirmation had been gained that the cases were not linked. Directors noted that the cases were highly likely to have been brought into the hospital by patients when admitted. Dr Riley suggested that patients do not always volunteer sensitive or potentially embarrassing information, such as diarrhoea, therefore work must be undertaken to ensure that such issues are discussed with patients. He went on to report that once a case of c-difficile is identified, there can be issues in isolating the patient, due to the lack of availability of side rooms in the hospital. These rooms are often used for the treatment of terminally ill patients or patients with safeguarding/Deprivation of Liberty orders.

The four hour standard out-turn figure was at 93.56% for October 2015. Directors noted that the reconfigured Acute Medical Unit (AMU) is having a positive effect on flow through the emergency pathway but issues in surgery had negatively impacted the achievement of the four hour standard in month. Mrs Simpson reported that daily monitoring of patients with a delayed transfer of care (DTOC) takes place and this showed that the Trust currently had 27 patients who are classed as having a delayed transfer of care under the revised guidelines. Mr Wood commented that although there have been improvements in DTOC, the proposed reductions in Local Authority Social Care budgets would inevitably have a negative impact

on the Trust.

Mrs Simpson confirmed that there had been two mixed sex breaches in month, both within the Critical Care Unit. She went on to provide a brief overview of the two incidents and confirmed that root cause analysis procedures had been carried out. Directors noted that there had not been a breach of this kind in the past 30 months.

Directors noted that there had been one patient who had waited over 52 weeks for treatment. Mrs Simpson provided a brief overview of the case and confirmed that due to an administrative error, the patient had not been recalled for surgery following cancellation of surgery on their original date. Directors noted that the patient has now received the required treatment and there was no harm caused to the patient by the delay.

Mr Wood reported that at the end of month seven, the Trust were reporting a deterioration in the financial position by £660,000, with a total deficit to date of £8.8 million. Directors noted that the out-turn position was an improvement against the initially forecast position but remained some way away from the required position in order to meet the NTDA's revised control total. The Trust was however still working hard to achieve the £12 million revised year end control total. Mr Wood reported that East Lancashire Clinical Commissioning Group (CCG) had allocated additional resources to the Trust for the management of winter pressures. Mr Wood went on to provide an update in relation to the delivery of the Safely Releasing Costs Programme (SRCP) schemes and confirmed that there had been an improvement in identified efficiencies of around £600,000 in month.

In response to Mr Rowe's question, Mr Wood confirmed that the Trust must deliver all green and amber Safely Releasing Costs Programme (SRCP) schemes to reach a year end position that is close to the required control total. Mr Rowe asked should the Trust achieve the required control total deficit of £12.118 million, would the Trust carry the deficit into the new financial year. Mr Wood confirmed that this would be the case and highlighted that a number of the savings/efficiencies realised in year were non-recurrent and therefore the starting position in the new financial year would be a higher deficit than the £12.118 million.

In response to Mrs Sedgley's query in relation to staff sickness figures, Mr Moynes confirmed that there were a small number of business areas with high sickness rates, such as Estates and Facilities, but this was largely related to the physical nature of the roles within the area. He confirmed that the re-drafted staff attendance policy had been presented for discussion at the last Joint Negotiating and Consultation Committee (JNCC) meeting, however agreement had not been reached on a number of the points in the document and further work was being undertaken by Mrs Cloney, Deputy Director of HR and OD. Mr Moynes confirmed that Mrs Cloney would be liaising with a number of other Trusts to examine areas of best practice. Directors noted that the percentage of staff who had

received their flu vaccination currently stood at just under 75%.

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

TB/2015/257 BOARD ASSURANCE FRAMEWORK

Dr Riley presented the framework to Directors for information and confirmed that there had been one new risk added to the framework since the last meeting. Risk reference SR/BAF007: Continuity of Service Risk Rating (CoSR) was added following discussion and recommendations made at the last Trust Board meeting. This matter will be monitored and managed through the Finance and Performance Committee. Mr Wood provided context around the requirement of the risk, reporting that the current liquidity and cash positions of the Trust meant that a loan from the Department of Health may be required early in the New Year and as such there was a risk to business continuity. It was noted by Directors that such a loan would mean much greater scrutiny being placed on the Trust by the NTDA and Department of Health going forward.

Mr Barnes asked how confident the Executive Directors were in the current rating of risk SR/BAF003: "Partnership working fails to support the delivery of sustainable safe, personal and effective care". Mr Hodgson suggested that the Board may wish to review the rating however, discussions would be taking place across a number of forums in the near future to improve and increase partnership working across both Pennine Lancashire and the Healthier Lancashire areas of business.

**RESOLVED: Directors received and noted the Board Assurance Framework and the addition of risk: SR/BAF007: Continuity of Service Risk Rating (CoSR).
Executive Members to review risk SR/BAF003: Partnership working fails to support the delivery of sustainable safe, personal and effective care and revise the rating as appropriate.**

TB/2015/258 TRUST BOARD SELF CERTIFICATE

Mr McGee discussed the monthly Trust Board Self Certification declaration of compliance with the Trust Development Authority (TDA). He advised that, in the previous month, there was a declared risk against the financial position and that continues into this month as discussed today. He went on to draw the Board's attention to the trajectory for the Emergency Department compliance and advised that there is a plan in place to ensure that the Trust will be compliant by March 2016. Mr McGee asked the Board to note that the TDA will most likely want to undertake some further work on this target with the Trust. Directors

noted that there could be no declaration of compliance against the Information Governance (IG) Toolkit, as the Trust was not meeting the target for level 2 training at this time. IG will be a topic for discussion at the January, 2016 Finance and Performance Committee.

RESOLVED: The Trust Board confirmed their agreement with the self-certificate declaration.

TB/2015/259 PATIENT SAFETY AND GOVERNANCE COMMITTEE UPDATE REPORT

Mr Rowe presented the report and confirmed that it accurately reflected the discussions that had taken place at the last meeting. He highlighted the discussion and recommendation relating to the title of the Committee. Directors discussed and approved the proposal to rename the Committee the "Quality Committee" as of 1st January 2016. Mr Rowe went on to report that following a recent Environmental Health re-inspection of the Catering Service at Burnley General Hospital a 'good' rating (a rating of "4") had been given. Directors noted that the Cancer Operational Policy had been presented to the Committee and had been praised for its thoroughness.

Dr Riley provided an update in relation to the discussion that had taken place at the Committee in relation to the changes to the way that the Trust measures reliability of care and the additional capacity that the changes would provide.

Mr Holden confirmed that the Committee had spent some time discussing the risk management and the risk appetite of the Trust and the Committee had proposed a further Board Development Session in relation to risk. This would be arranged in the New Year and would be in line with the Trust's work with the new Clinical Strategy.

Mr Rowe and Mr Holden advised that following the Committee meeting, they would be discussing the standing of health and safety governance in the Trust.

RESOLVED: Directors received and noted the report provided.
Directors approved the renaming of the Committee to the Quality Committee from 1 January 2016.
Directors agreed to hold a Board Development Session in relation to risk management.
Mr Rowe and Mr Holden to meet with Professor Fairhurst to discuss Health and Safety governance.

TB/2015/260 FINANCE AND PERFORMANCE COMMITTEE UPDATE REPORT

Mr Wharfe presented the report and confirmed that it accurately reflected the discussions that had taken place at the last meeting. He highlighted that the Committee members were

keen to ensure that the revised control total set by the NHS Trust Development Authority (NTDA) must be achieved. In relation to the revised control total, the Committee heard from two of the Trust's Divisions on progress towards reaching their Safely Releasing Costs Programme (SRCP): Diagnostic and Clinical Services (DCS) and the Integrated Care Group (ICG). Directors noted that the Committee had been heartened by the progress made by the DCS Division in realising their SRCP target for 2015/16 early and that planning for the forthcoming financial year 2016/17 had already begun. However, performance across the other three Divisions remained a concern and this was especially so for ICG.

Mr Slater asked whether, regardless of progress made to date, the Committee had been assured that there was an appreciation from the Divisions of what was required. Mr Wharfe reported that there was a growing appreciation across the Divisions but that there was variation in the levels of appreciation and further work in certain areas was still required.

RESOLVED: Directors received and noted the report provided.

TB/2015/261 TRUST BOARD PART 2 INFORMATION REPORT

Mr Rowe informed the Board that this report documented the items discussed at the last private Board meeting in October 2015. He advised that items will be brought to Part 1, the meeting in public, at the appropriate time subject to issues of confidentiality and commercial in confidence. The items listed will remain under Part 2 whilst there remain aspects of confidentiality.

Mrs Simpson reported that the Board had received an update regarding the first phase of the reconfigured Acute Medical Unit (AMU) which had been open since mid-October 2015. She provided a brief overview of the service, highlighting the increase in bed numbers and the impact that the unit has had on patient flow through the emergency pathway. Directors noted that there would be a review of the initial phase prior to the initiation of phase two of the scheme.

RESOLVED: Directors received and noted the report provided.

TB/2015/262 REMUNERATION COMMITTEE INFORMATION REPORT

Mr Rowe informed the Board that this report documented the items discussed at the last Remuneration Committee meeting in October 2015.

RESOLVED: Directors received and noted the report provided.

TB/2015/263 ANY OTHER BUSINESS

Mrs Sedgley suggested that the Trust develop and circulate information regarding the achievements and positive progress that the Trust has made in the last year. Directors felt

that this would be a good way to reflect the work of the organisation.

RESOLVED: Mrs Hughes to co-ordinate the work to develop and circulate news on achievements and positive progress.

TB/2015/264 OPEN FORUM

Canon Duxbury commented that during one of the CQC inspection preparation mini-inspections, he had visited the Lancashire Womens and New-borns Centre at Burnley General Hospital. He confirmed that he had been very impressed with the levels of patient care provided and suggested that there should be more positive media reporting by the Trust. He went on to report that, when discussing the needs of the staff team at the centre, they had commented that they did not have enough computer terminals to adequately manage the demands of the service. He asked why this was and whether there was a way to rectify this issue. Mr McGee agreed to investigate this issue and commented that the Trust had a sound Information Management and Technology (IM&T) Strategy that would be looking to address these issues across the organisation in the coming months and years.

Mrs Hughes thanked Canon Duxbury for his comments regarding media coverage and confirmed that the Trust currently has a ratio of eight positive stories to one negative story in the local print media.

Mrs Redhead asked how the proposed cuts to social care budgets would impact on the Trust, particularly around delayed transfers of care. Mrs Simpson reported that there would inevitably be an impact on the Trust by the reductions in social care budgets. She went on to report that the Trust has recently implemented the Intensive Home Support Team to identify appropriate patients who are able to be discharged or treated at home with temporary additional support packages in place.

Mr Cockerill asked which organisations had Mrs Cloney been asked to liaise with in relation to the updating of the Staff Attendance Policy. Mr Moynes confirmed that Mrs Cloney would be liaising with the Christie NHS Foundation Trust, Countess of Chester Hospital NHS Foundation Trust and Wrightington, Wigan and Leigh Hospitals NHS Foundation Trust in the first instance.

Mr Parr, Public Governor for Pendle commented that he had undertaken some work with the Trust and the British Orthopaedic Association over the last few days. Whilst on one of the wards, he had noticed a member of staff pulling a large computer trolley around the ward area that looked to be very heavy and he had asked whether there was a better, less cumbersome way of ensuring electronic prescribing/reviews could be undertaken in the ward environment. Mr Wood commented that there are a number of Computers on Wheels (COW) trollies across the Trust in addition to a number of hand held devices. However,

currently there is not enough availability for each ward area to have their own stock of hand held devices, hence the COW had been used. The position is under review.

Mr Rowe reported that the BBC would be broadcasting a news piece in relation to still births and requested that the organisation carry out a local evaluation in preparation for discussion at the next Trust Board meeting in January, 2016

RESOLVED: **Mr McGee to ask Mr Wood to investigate the need for more computer terminals at the Lancashire Womens and New-borns Centre at Burnley to ensure that the staff can cope with the demand placed on the service.**

TB/2015/265 BOARD REFLECTION

Mr Rowe asked Directors whether there had been sufficient balance in discussion between the clinical quality outcomes, performance and finance matters during the course of the meeting. Directors briefly discussed the question and it was concluded that there had been significant debate regarding all three areas. Mrs Sedgley commented that there had been considerable attention paid to patient care during the course of the meeting. Mr McGee commented that there were times in the year when discussions at Trust Board meetings needed to focus on specific issues, for example finance, but there had been a good balance of discussion during the meeting today.

TB/2015/266 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday 27 January 2016, 14:00, Seminar Room 4, Learning Centre, Royal Blackburn Hospital.

Meeting closed at 4-25pm.

TRUST BOARD REPORT

Item **18**

27 January 2016

Purpose Action

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

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

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Safe | Personal | Effective

ACTION MATRIX

Item Number	Action	Assigned To	Status
2015/66: Talent Management	Update report to be provided in early 2016	Director of HR and OD	Agenda Item
TB/2015/221: Safer Staffing Report	The results of the collaborative learning will be reported to the Quality Committee in the new year.	Chief Nurse	Agenda Item
TB/2015/246: Open Forum	A report to be presented to the January Board meeting relating to the impact on the Trust of the additional £3.8 billion national funding to the NHS.	Director of Finance	Agenda Item
TB/2015/257: Board Assurance Framework	Executive Members to review risk SR/BAF003: Partnership working fails to support the delivery of sustainable safe, personal and effective care and revise the rating as appropriate.	Executive Directors	Oral Report
TB/2015/259: Patient Safety and Governance Committee Update Report	Directors agreed to hold a Board Development Session in relation to risk management.	Interim Governance Advisor	Oral Report
TB/2015/259: Patient Safety and Governance Committee Update Report	Mr Rowe and Mr Holden to meet with Professor Fairhurst to discuss Health and Safety governance.	Interim Governance Advisor/Mr Rowe	Oral Report
TB/2015/263: Any Other Business	Mrs Hughes to co-ordinate the work to develop and circulate news on achievements and positive progress.	Director of Communications	Oral Report

East Lancashire Hospitals



NHS Trust

Item Number	Action	Assigned To	Status
TB/2015/264: Open Forum	Mr McGee to ask Mr Wood to investigate the need for more computer terminals at the Lancashire Womens and New-borns Centre at Burnley to ensure that the staff can cope with the demand placed on the service.	Chief Executive/Director of Finance	Immediately Oral Report

TRUST BOARD REPORT

Item **21**

27 January 2016

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

Report linkages

Related strategic aim and corporate objective	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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: NA

DRAFT

National Updates

- 1. More than 400 pharmacists to be recruited to GP surgeries** - More than seven million patients will soon have access to expert advice from a clinical pharmacist when they visit their GP, thanks to the [expansion of a new scheme to fund, recruit and employ pharmacists in local practices](#). NHS England has more than doubled funding from £15m to £31m for its [clinical pharmacists in general practice pilot](#). The successful applications will receive funding covering 698 GP practices and including recruitment of 403 clinical pharmacists. From spring 2016 patients can expect extra help to manage long-term conditions, specific advice for those with multiple medications and better access to clinical advice on treatments.
- 2. Allied Health Professionals can help build a healthier NHS** - NHS England's Chief Allied Health Professions (AHP) Officer, Suzanne Rastrick, has [backed a new review](#) from the British Dietetic Association (BDA) on building a healthy workforce. The BDA's white paper entitled '[Work Ready Programme: Supporting healthier working lives through dietitian-led wellness initiatives](#)' identifies how good nutrition and hydration, alongside other healthy habits and good employment practices, keep the UK workforce healthy and productive. Suzanne says the paper highlights the recent announcement from NHS England's Chief Executive, Simon Stevens, of a £5 million fund to support well-being initiatives for his staff. She has called on the AHP workforce to engage in delivery of the initiative and lead by example.
- 3. Government unveils unprecedented investment in the NHS** - [The Government has announced](#) £3.8 billion extra next year for the NHS (on top of the £1.8 billion this year which was a down payment on the NHS Five Year Forward View) and £1.5 billion next year and then the rest of the £8 billion by 2020/2021. Simon Stevens, Chief Executive of NHS England, has welcomed this news: "This settlement is a clear and highly welcome acceptance of our argument for frontloaded NHS investment. It will help stabilise current pressures on hospitals, GPs, and mental health services, and kick start the NHS Five Year Forward View's fundamental redesign of care. In the context of constraints on overall public spending, our case for the NHS has been heard and actively supported."
- 4. Helping the elderly can also help the NHS this winter** - The NHS '[Stay Well this Winter](#)' campaign encourages people to help the frail and elderly this winter by keeping a watchful eye on elderly neighbours and relatives. Age UK is also running the '[No one should have no one at Christmas](#)' campaign, which highlights that over a million older people say they haven't spoken to a friend, neighbour or family member for over a month.

5. **Friends and Family Test Awards 2016** - The [Friends and Family Test](#) (FFT) is now operating across most of the NHS to gather feedback on patient experiences. NHS England is holding the [Friends and Family Test Awards 2016](#) to recognise the services and people in the NHS who are making a difference and celebrate the positive changes to healthcare that are resulting from patient feedback. Winners will be announced at a national FFT and Insight Conference in Leeds on 17 March 2016. Entries will be used as case studies on the NHS England website to show how the FFT is working and share details of service improvement with other providers.
6. **Health Committee report calls for action on childhood obesity** - Treating obesity and its consequences is currently estimated to cost the NHS £5.1 billion every year. It is one of the risk factors for type 2 diabetes, which accounts for spending of £8.8 billion a year, almost 9 per cent of the NHS budget. The wider costs of obesity to society are estimated to be around three times this amount. By contrast, the UK spends only around £638 million on obesity prevention programmes. The Health Committee report, [Childhood obesity – brave and bold action](#), points to the need for measures to reduce calorie intake as well as increasing physical activity in children.
7. **Improved vaccine uptake for children, pregnant women and older people** - The [first monthly flu vaccination figures for at-risk groups](#) are now available. Flu vaccination uptake rates for older people, pregnant women and children are at encouraging levels compared to the same point last year, according to the first monthly GP patient data for the 2015/16 flu season. Despite the encouraging figures, flu experts at Public Health England stress there is no room for complacency, urging people who are eligible for the free vaccine, particularly those under 65 years with an underlying health condition, to take it up before the virus starts to circulate more widely, to help them stay well this winter.
8. **New framework supports care closer to home** - Health Education England's new [District and General Practice Nursing Service, Education and Career Framework](#) sets out the specialist knowledge and skills needed to deliver and advance in district nursing and general practice nursing. The framework will underpin the shift from acute to primary and community care by setting out standardised roles and responsibilities. The document contains frameworks for both district nursing and general practice nursing services and outlines the career pathways for both professions, while clearly setting out the key responsibilities and roles at each level of advancement.
9. **Hundreds of schools to benefit from £3 million investment in mental health in schools** - NHS England and the Department of Education (DE) have launched a multimillion pound joint mental health pilot scheme for hundreds of schools. The [Mental Health Services and Schools Link Pilots](#) will test having a named single point of

contact in 255 schools and in 22 pilot areas, meaning more joined-up working between schools and child and adolescent mental health services. This has been backed by £1.7 million funding from NHS England and £1.5 million from DE. 27 CCGs are each working with at least 10 schools to trial this new way of working. As a result, children and young people will have better, consistent access to local, specialist mental health services.

10. **Baroness Martha Lane Fox sets out key digital proposals for the NHS** - Baroness Martha Lane Fox has made [four recommendations for the digital future of the NHS](#). These are: making sure those with the most health and social care needs, who are often the least likely to be online, are included first in any new digital tools being used across the NHS; free wi-fi in every NHS building; building the capability of the NHS workforce to ensure they have the basic digital skills to support people's health needs; and at least 10 per cent of patients in each GP practice should be using a digital service such as online appointment booking, repeat prescriptions or access to records by 2017.
11. **New video highlights the patient benefits of access to GP online records** - By 31 March 2016, everyone can request to see detailed information in their GP online records. This includes medication, allergies and adverse reactions, immunisations, illnesses and test results. All GP practices across England are currently getting ready for this change and some are already offering this service. At Street Lane Practice in Leeds, about 600 patients have signed up so far. [Watch the short video](#) or the [long video to hear more about the benefits](#). For further information email england.patient-online@nhs.net.
12. **Care Quality Commission to involve members of the public on more inspections than ever before** - The Care Quality Commission (CQC) has awarded contracts to two organisations – Remploy and Choice Support – to run its extended [Experts by Experience programme](#) across England from 1 February 2016. Experts by Experience are people who have experience of using care services and who take part in inspections of health and social care services and visits to monitor the use of the Mental Health Act. During inspections, they spend time talking to people who use the service and observing the environment. CQC currently work with around 500 Experts by Experience. For further information contact CQC at enquiries@cqc.org.uk.
13. **NHS Planning Guidance 2016/17 – 20/21** - National health and care bodies have come together to publish shared [NHS Planning Guidance](#), setting out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, well-being and NHS finances. Organisations are being asked to develop two plans: (1) a local health and care system 'Sustainability and

Transformation Plan', covering the period October 2016 to March 2021; and (2) a plan by organisation for 2016/17. The guidance is backed by [£560 billion of NHS funding](#), including a new Sustainability and Transformation Fund. Drafts of the technical guidance will be shared shortly, with a view to the final drafts being published in January.

14. **NHS England allocates £560 billion to deliver Five Year Forward View** - The NHS England Board has decided [how the health service will spend its budget for the next five years](#), including the additional £8.4 billion funding growth announced in the November Spending Review. The health service is being given a five-year settlement so that leaders locally can put services on a stable financial footing and develop robust plans to accelerate the redesign of care set out in the NHS Five Year Forward View. This will enable improvements in primary care, mental health and cancer services across the country.
15. **More CCGs set to take on commissioning of GP services** - NHS England has announced that [another 52 Clinical Commissioning Groups](#) (CCGs) have been authorised to take on delegated responsibility for commissioning GP services. Delegated commissioning gives CCGs further opportunities to improve out-of-hospital services. It will support the development of the new care models set out in the NHS Five Year Forward View and provides further opportunities to develop commissioning based on improved health outcomes for people on a local basis. The 52 CCGs will be able to operate under the new arrangements from April 2016, meaning that in addition to those already taking on these arrangements in 2015/16, approximately half of CCGs will have delegated responsibility in 2016/17.
16. **NHS England statement in advance of industrial action on Tuesday 12 January and Wednesday 13 January** - NHS England says that everything possible is being done to ensure the provision of safe emergency care and to minimise the impact on patients. But it expresses regret that thousands of planned procedures would have to be rearranged and that people would have to wait longer for treatment as a result. [Advice for patients](#) is available on the NHS England website
17. **Transforming end of life care in acute hospitals: The route to success 'how to' guide** - NHS England has published a revised and updated version of the [Transforming end of life care in acute hospitals: The route to success 'how to' guide](#), first published in December 2015. The publication marks another significant milestone to improve the quality and experience of care at end of life for patients and their families. It offers practical advice and support for frontline clinicians and leaders for the work required to transform end of life care in acute hospitals

18. **80,000 additional healthcare staff to be available for employment in the NHS by 2020** - Health Education England (HEE) has published its [Commissioning and Investment Plan 2016/17](#) setting out the investment it will make in its education and training programmes. Key areas identified as priorities are general practice, emergency medicine, adult nursing and paramedics. There will be 80,000 additional staff available by 2020; more staff available in the professions where HEE has commissioning responsibility by 2020; and growth of nearly 15 percent in nursing and midwifery, and a similar figure for the number of doctors in general practice, by 2020.
19. **NHS Funding** - The NHS England Board paper of 17th December confirmed that NHS funding in England is to rise in 'real terms' by £3.8bn in 2016-17, i.e. a cash increase of £5.5bn (a real terms rise of £8.4bn was committed by 2020-21). For 2016-17 CCG cash allocations will rise by a national average of 3.4% (3.05% in Pennine Lancashire or £22m), the GP allocation will rise by 4.2% (3.3% in Pennine Lancashire or £2.3m) and the allocation for specialist services will rise by 7% (7.1% in Pennine Lancashire or £9.6m). The total 'placed based' allocation for the residents of Pennine Lancashire will rise in cash terms from £723m by £33.9m to £745.0m in 2016-17. A separate Sustainability and Transformation funds has been created with £1.8bn targeted towards bringing the NHS provider sector into balance. Details of this and the significance for ELHT will be confirmed at the Trust Board meeting in March. This funding will help to address many of the growing deficits across the NHS; however it will still leave challenging efficiency targets across the service.

Local Developments

20. **Consultant Outcome Publication in Bowel Cancer Surgery 2015** - Our Trust has been shown to have *lower* than average mortality for complex colorectal cancer surgery. The Association of Coloproctology of Great Britain and Ireland (ACGBI) have just published the national mortality results for bowel cancer surgery. These results are based on data provided by the [National Bowel Cancer Audit](#) for patients whose bowel cancer was diagnosed between April 2010 and March 2014 and then removed by surgery at a planned (not emergency) operation. The report gives the outcome and mortality results for all relevant colorectal surgeons individually and for their hospital. East Lancashire Hospitals NHS Trust mortality for scheduled colorectal cancer resections for 2010 to 2014 is 2.4%. This is lower than the average across all Trusts in Great Britain of 2.8% mortality. None of our included surgeons had higher risk adjusted mortality than expected. In other words, these results show us to be performing better than the Great Britain average for this type of complex surgery, and is an indication of the good work done by our skilled surgeons.

21. **Falls, Fracture Liaison Steady On and Community Equipment Service team** - A great example of our values being put into practice is the Falls, Fracture Liaison Steady On and Community Equipment Service team. In December they have retained their BSI accreditation. I am sure many, if not all of you, will understand that it is often at least as difficult to retain such accreditation as it is to get it in the first place. It is a great achievement and I am sure the team is mightily relieved, as well as being very pleased. Your efforts have been worthwhile and I'd like to congratulate and thank everyone in the team. Well done!
22. **Security and Governance** - Congratulations to Security and Governance Manager Jed Morris and our Cofely-GDF Suez Security Officers, who in December won a Health Business Award. In partnership with the Lancashire Constabulary, our Security Officers were equipped with personal cameras in a new initiative which created a safer environment for patients and staff, and achieved a significant fall in the number of physical assaults reported in the Emergency Department. The importance of patient and staff safety cannot be overstated and this has been a very successful initiative.
23. **Lord Carter Review** – In December The Chairman Eileen Fairhurst and I were invited to a reception at **No. 10 Downing Street** following our participation in the review of acute provider productivity by Lord Carter of Coles. We were of course delighted to accept the invitation and enjoyed the reception very much. It was a great opportunity to raise the profile of the Trust further. Lord Carter's review has focused on productivity in Trusts like ours to see how we can increase standardisation to **maximize our efficiency and effectiveness**. Whilst I can assure you all that we will continue to invest in improving quality, this can only be justified if we are sure we are getting the absolute maximum value out of every pound that is invested in us on behalf of our patients. You will have heard me say this before, but it is essential that we work relentlessly to achieve our financial performance goals, and meet the control target we have been set at the year end. I know you are all working really hard to do this, but there can be no letup – we must keep working towards this goal.
24. **Refer to Pharmacy** – December 2015 saw the launch of a truly innovative project, a first in England, and designed here for the patients of ELHT. **'Refer to Pharmacy'** is an electronic tool which means patients who are due to be discharged will receive a bespoke appointment with their community pharmacist when they get home. This is a great example of us working closer with our communities, and collaboration between our own pharmacy service and those in the community. The aim is to alert community pharmacists to a patient's discharge, giving them vital information about medication changes which they can then use to support patients at an agreed

convenient time. This will help them get the best from their medicines, and stay healthy at home. Around 20,000 people will benefit from this initiative. We are ready to train around 125 pharmacists to use the system, so the scope for positively affecting our patients, and saving valuable resources, is immense. **Congratulations to Alastair Gray, the driving force behind this – all your hard work has paid off! Thank you.**

25. **Use of the Trust Seal** - On the 21st December 2015 the Trust Seal was used to complete a transaction. This was in regard to the sale of two Bungalows owned by the Trust. The receipts from the sale are to be reinvested in the Trusts own Staff Accommodation which includes Junior Dr Accommodation. These were reported as for Sale in the CEO's November 2015 Board report and approximate evaluation was £140k for the two premises.
26. **Charitable Funds** - The Charitable Funds Committee agreed to fund a bid for the Scan Trainer equipment (£45,000) for use across the Trust. This matter had been raised as part of a closed Board item in September 2015 when the issue of Still Births was raised.
27. **Ward Reconfiguration/Vascular Service** - Operational Delivery Board (ODB) discussed a paper in November, 2015 concerning the reorganisation of the surgical wards in the Trust and how this would assist in the achievement of the dedicated vascular ward. Members were clear that the Trust is committed to being a stand-alone vascular centre and there was a requirement for further operationalization and as such the paper was supported, pending further work in relation to income attribution.
28. **Responsible Officer (RO)** – The appointment of a Responsible Officer for medical revalidation is a statutory requirement for Trust Boards pursuant to The Medical Profession (Responsible Officers) Regulations 2010¹ and as amended in 2013. This role of RO for ELHT is currently under review.

Summary and Overview of Board Papers

29. **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.
30. **Safer Staffing** - The paper details the Boards commitment to the publishing of staffing data regarding nursing, midwifery and care staff. It provides details of the staffing fill rates (actual versus planned) in hours published on the NHS Choices Website each month

¹ <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

31. **Imperial College Study on Stillbirths and The Trust's Response** – The paper provides an update in relation to the number of recent national reports relating to stillbirth rates in NHS Trusts.
32. **Planning Guidance** – This paper details the key content of the national planning guidance 2016-17 and particularly describes the requirements of ELHT, both as an individual organisation and also as critical component of the wider health and social care system. Specifically underpinning the planning guidance is the requirement for organisations to remain clinical and financially sustainable.

Summary of Chief Executive's Meetings for January 2016

04/01/16	BwD CCG Meeting regarding finance
06/01/16	Mr Daudia MSC Chair
06/01/16	Councillor Azhar Ali
07/01/16	TDA IDM Meeting
07/01/16	Pennine Lancs System Resilience Group
08/01/16	Shadow of Councillors Formal Meeting
11/01/16	Board Development Session - GGI
12/01/16	BwD Health Conference
13/01/16	Pennine Lancashire CEOs System Leaders Forum
14/01/16	Specialising Event, Manchester
14/01/16	Meeting with the Chair of LSAB/LSCB & CEOs
15/01/16	Fundraising Meeting, Burnley Football Club
19/01/16	Pam Smith CEO Burnley Borough Council
19/01/16	Stakeholder Event re new ophthalmology Build at Burnley GH
21/01/16	Helen Dabbs, Portfolio Director. TDA
21/01/16	Nigel Bolton
22/01/16	Dr Saravannan George Eliot Hospital
22/01/16	Consort PFI Meeting with Managing Director
26/01/16	ELMS Meeting
26/01/16	Health Settings Meeting
28/01/16	Graham Burgess, Chairman BwD CCG
28/01/16	Healthier Lancashire

Summary of Chief Executive's Meetings for February 2016

02/02/16	Team to Team with BwD Council
04/02/16	Leadership Roundtable with Minister for Care Quality
05/02/16	Lancashire Chief Executives Meeting

05/02/16	Andrew Corbett Nolan - GGI
10/02/16	Executive Team Development Workshop
10/02/16	Board Development
11/01/16	Major Provider Conference - London
24/02/16	Trust Board

DRAFT

TRUST BOARD REPORT

Item **23**

27 January 2016

Purpose Monitoring

Title	Safer Staffing Report
Author	Mrs J Molyneaux, Deputy Chief Nurse
Executive sponsor	Mrs C Pearson, Chief Nurse

Summary: The paper details the Boards commitment to the publishing of staffing data regarding nursing, midwifery and care staff. It provides details of the staffing fill rates (actual versus planned) in hours published on the NHS Choices Website each month.

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

Impact

Legal	No	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: NA

Purpose of the report

1. This report will provide the Trust Board with a staffing exception report for December 2015, actual and planned staffing figures. As there was no December Trust Board, Appendix 3 details the Unify upload of actual and planned staffing figures for November 15.

Summary Headlines

2. Nurse staffing in December continued to be challenging caused by similar factors as in previous months. Contributory factors detailed below:
 - a) Vacancies
 - b) Maternity leave
 - c) Sickness and absence levels
 - d) Limited coordinators on daylight shifts
 - e) Ability to match demand for nurse staffing with bank and agency fill rate/availability
 - f) Escalation areas opened

Areas for Concern – December (below 80% actual versus planned)

3. 9 wards fell below 80% for actual versus planned for registered nurse hours on daylight shifts.
4. 2 wards fell below 80% for actual versus planned for care staff for daylight hours, an improvement on last month
5. 0 ward fell below 80% actual versus planned for registered nurses for night duty.
6. 1 ward fell below 80% actual versus planned for care staff for night duty,

Composite percentage for all wards ELHT (Appendix 1 details Unify upload of safe staffing return)

	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Dec-15	89.5%	105.2%	97.3%	116.1%

Issues affecting actual versus planned (Appendix 2 highlights safe staffing return and nurse sensitive indicators)

7. Factors affecting staffing in December remain relatively the same as in previous months. However the Trust did see high levels of acuity and dependency and as a consequence flow through the organisation was disrupted which was further impacted by delayed transfers of care. Escalation areas were opened proactively and safely to support patient admission to the organisation.
8. No harms have been identified within the divisions as a consequence of staffing. The actual and planned staffing levels do not reflect the levels of acuity, bed occupancy or in family care the amount of women in labour
9. All shifts above 100%, particularly for care staff are in relation to them being utilised to compensate for registered nurse deficits or to provide 1:1 care.

December 2015 Recruitment Update

10. Following the Trust visit to the Philippines in August this year to recruit Nurses, 97 offers of employment have been accepted and these candidates are now undertaking the required tests prior to applying for their visas to enable them to come over and work for the Trust in 2016. Nationally, Nurses have been added to the Shortage Occupation List as a temporary measure which will support our application for certificates of sponsorship which are required for these candidates to work for the Trust.
11. With regards to recruitment, the following pieces of work are on-going:
 - a) Nurse recruitment open day taking place 2nd February
 - b) Sessions were held in December for our own September 2016 UCLAN Placement Students to prepare them for the future recruitment process
 - c) Developing communications for local colleges about Trust vacancies
 - d) Continuing promotion of flexible retirement
 - e) Continuing promotion of Return to Practice
12. Safe care project is on-going, shift harmonisation meetings are taking place with the four early adopter wards and are looking to trial 12 hour shift system. Working closely with staff side. Training dates for Safe care have taken place early January

Summary

13. Staffing continues to be challenging and active recruitment is on-going alongside robust sickness and absence management and the movement of staff as appropriate.

14. A professional judgment review of safe staffing numbers has concluded, and is in the process of being written up, the outcome of which will be presented to March Trust Board. Early indications would suggest that on the whole, apart from some pressures within family care, registered nurse establishment remain adequate. As part of the review this time, there was a particular focus on House keeper and Health Care Support worker requirements.

Recommendation

15. The Trust Board is asked to receive the report and agree its content.

Christine Pearson, Chief Nurse, 19 January 2016

Hospital Site Details		Ward name		2 Specialities on each:		Day		Night		Care Staff		Registered midwives/nurses		Total monthly actual staff hours		Total monthly planned staff hours		Total monthly actual staff hours		Total monthly planned staff hours		Day		Night	
Site code	Hospital Site name	Ward	Speciality 1	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
RXR60	ACCRINGTON VICTORIA HOSPITAL - RXR60	Ward 2	314 - REHABILITATION	1,395	1,110	990	1,350	651	609	326	609	326	609	79.6%	136.4%	100.0%	136.4%	100.0%	136.4%	100.0%	136.4%	100.0%	136.4%	100.0%	136.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE	1,860	1,763	1,163	1,328	977	924	651	851	651	851	114.2%	114.2%	100.0%	114.2%	100.0%	114.2%	100.0%	114.2%	100.0%	114.2%	100.0%	130.6%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY	2,093	1,973	930	930	667	667	667	667	667	667	94.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	145 - ORAL & MAXILLO FACIAL	1,411	1,242	806	889	682	682	682	682	682	682	88.0%	104.0%	100.0%	104.0%	100.0%	104.0%	100.0%	104.0%	100.0%	100.0%	100.0%	106.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDIC	2,412	1,612	1,599	1,612	682	682	1,023	1,309	1,023	1,309	82.3%	99.2%	100.0%	99.2%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	100.0%	128.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDIC	1,612	1,573	1,209	1,216	682	693	682	682	682	682	97.6%	100.5%	101.6%	100.5%	101.6%	100.0%	100.5%	101.6%	100.0%	100.5%	101.6%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE	1,860	1,433	1,628	1,973	651	924	651	924	651	924	77.0%	121.2%	100.0%	121.2%	100.0%	100.0%	121.2%	100.0%	100.0%	121.2%	100.0%	141.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B6	430 - GERIATRIC MEDICINE											0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B8	300 - GENERAL MEDICINE											0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	300 - GENERAL MEDICINE	1,395	1,269	465	254	1,000	332	333	312	312	312	91.0%	54.5%	96.5%	54.5%	96.5%	91.0%	54.5%	96.5%	91.0%	54.5%	96.5%	93.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	501 - OBSTETRICS	1,628	1,455	1,395	1,403	667	774	667	774	667	774	89.4%	101.6%	100.0%	101.6%	100.0%	101.6%	100.0%	101.6%	100.0%	101.6%	100.0%	116.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE	1,860	1,598	1,628	1,605	667	860	667	860	667	860	85.9%	101.8%	100.0%	101.8%	100.0%	100.0%	101.8%	100.0%	100.0%	100.0%	100.0%	125.8%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE	1,860	1,425	1,163	1,605	667	667	667	667	667	667	76.6%	138.1%	100.0%	138.1%	100.0%	100.0%	138.1%	100.0%	100.0%	100.0%	100.0%	129.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY	2,418	2,028	1,612	1,944	1,023	1,023	1,023	1,023	1,023	1,023	83.9%	120.6%	98.9%	120.6%	98.9%	98.9%	120.6%	98.9%	98.9%	100.4%	100.4%	134.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY	1,860	1,612	1,209	1,619	1,023	1,375	1,023	1,375	1,023	1,375	90.3%	100.4%	100.0%	100.4%	100.0%	100.0%	100.4%	100.0%	100.0%	100.0%	100.0%	100.8%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	100 - GENERAL MEDICINE	1,860	1,650	1,163	1,578	667	667	667	667	667	667	88.7%	136.8%	100.0%	136.8%	100.0%	100.0%	136.8%	100.0%	100.0%	100.0%	100.0%	129.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY	1,814	1,963	1,411	1,378	1,023	1,001	682	924	682	924	108.2%	97.7%	97.8%	97.7%	97.8%	97.8%	97.7%	97.8%	97.8%	97.7%	97.8%	135.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE	1,035	1,050	825	818	570	559	570	559	570	559	101.4%	99.1%	103.8%	99.1%	103.8%	103.8%	99.1%	103.8%	103.8%	103.8%	99.1%	98.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	300 - GENERAL MEDICINE	1,860	1,695	1,163	1,328	667	677	667	677	667	677	91.1%	114.2%	101.6%	114.2%	101.6%	101.6%	114.2%	101.6%	101.6%	101.6%	101.6%	114.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE	1,860	1,116	1,502	1,276	651	882	651	882	651	882	70.4%	85.0%	100.0%	85.0%	100.0%	100.0%	85.0%	100.0%	100.0%	100.0%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	300 - RESPIRATORY MEDICINE	1,860	1,553	1,163	1,095	667	667	667	667	667	667	83.5%	94.2%	100.0%	94.2%	100.0%	100.0%	94.2%	100.0%	100.0%	100.0%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE (PEDIATRIC)	1,860	1,440	1,163	1,338	667	667	667	667	667	667	77.4%	116.8%	100.0%	116.8%	100.0%	100.0%	116.8%	100.0%	100.0%	100.0%	100.0%	112.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	300 - GENERAL MEDICINE	2,325	1,890	1,163	1,133	1,000	1,000	1,000	1,000	1,000	1,000	81.3%	97.4%	100.0%	97.4%	100.0%	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	126.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE	1,680	1,215	1,260	1,163	548	548	570	720	548	720	72.3%	126.0%	100.0%	126.0%	100.0%	100.0%	126.0%	100.0%	100.0%	100.0%	100.0%	96.8%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS	4,092	3,936	1,116	1,112	3,255	3,213	326	315	315	315	95.2%	95.2%	100.0%	95.2%	100.0%	100.0%	95.2%	100.0%	100.0%	100.0%	100.0%	96.8%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY	1,860	1,770	465	443	1,000	1,000	-	-	-	-	98.9%	98.9%	99.4%	98.9%	99.4%	99.4%	98.9%	99.4%	99.4%	99.4%	99.4%	
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	390 - CRITICAL CARE MEDICINE	7,020	6,942	806	780	5,357	5,324	667	667	667	667	83.8%	114.5%	100.0%	114.5%	100.0%	100.0%	114.5%	100.0%	100.0%	100.0%	100.0%	138.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE	1,860	1,560	1,395	1,598	667	667	667	667	667	667	83.8%	98.1%	100.0%	98.1%	100.0%	100.0%	98.1%	100.0%	100.0%	100.0%	100.0%	112.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE	1,860	1,523	1,163	1,140	667	667	667	667	667	667	81.9%	98.1%	100.0%	98.1%	100.0%	100.0%	98.1%	100.0%	100.0%	100.0%	100.0%	112.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D5	300 - GENERAL MEDICINE	3,488	3,323	1,744	2,104	2,869	1,103	1,046	1,103	1,103	1,103	95.3%	120.6%	91.4%	120.6%	91.4%	91.4%	120.6%	91.4%	91.4%	91.4%	91.4%	105.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMU)	300 - GENERAL MEDICINE	3,720	3,585	2,790	3,210	1,974	1,302	1,302	1,302	1,302	96.4%	115.1%	101.1%	115.1%	101.1%	101.1%	115.1%	101.1%	101.1%	101.1%	101.1%	100.0%	
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS	4,672	4,416	372	308	3,492	228	372	228	228	228	82.8%	82.8%	93.9%	82.8%	93.9%	93.9%	82.8%	93.9%	93.9%	93.9%	93.9%	61.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY	1,612	1,560	805	774	1,023	1,012	341	488	341	488	96.8%	100.0%	98.4%	100.0%	98.4%	98.4%	100.0%	98.4%	98.4%	98.4%	98.4%	143.1%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS	1,112	1,104	372	372	744	372	372	360	360	360	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS	1,392	1,357	372	347	1,080	324	372	324	324	324	97.5%	93.1%	95.7%	93.1%	95.7%	95.7%	93.1%	95.7%	95.7%	95.7%	95.7%	87.1%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS	3,720	3,546	744	732	3,720	3,396	744	720	720	720	95.3%	98.4%	91.3%	98.4%	91.3%	91.3%	98.4%	91.3%	91.3%	91.3%	91.3%	96.8%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY	1,304	1,245	612	606	833	797	305	317	317	317	95.5%	95.5%	95.7%	95.5%	95.7%	95.7%	95.5%	95.7%	95.7%	95.7%	103.9%	
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS	2,322	2,208	1,116	1,116	2,232	1,944	1,116	1,116	1,116	1,116	88.9%	100.0%	87.1%	100.0%	87.1%	87.1%	100.0%	87.1%	87.1%	87.1%	122.6%	
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakefield	314 - REHABILITATION	1,395	1,223	1,860	1,598	589	570	589	589	589	589	87.6%	85.9%	96.8%	85.9%	96.8%	96.8%	85.9%	96.8%	96.8%	96.8%	125.8%	
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDIC	1,482	1,391	1,073	975	682	583	572	583	583	583	93.9%	90.9%	100.0%	90.9%	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	101.9%	
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE	2,325	1,890	1,628	1,673	651	1,092	651	1,092	651	1,092	81.3%	100.5%	100.0%	100.5%	100.0%	100.0%	100.5%	100.0%	100.0%	100.0%	101.8%	
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 23	300 - GENERAL MEDICINE	1,860	1,433	1,628	1,673	682	1,023	682	1,023	682	1,023	77.0%	102.8%	100.0%	102.8%	100.0%	100.0%	102.8%	100.0%	100.0%	100.0%	100.0%	150.0%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 28	300 - GENERAL MEDICINE	1,373	1,290	49																			

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

Please provide the URL to the page on your trust website where your staffing information is available
 (Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

<http://www.elht.nhs.uk/safe-staffing-data.htm>

Comments

Only complete sites your organisation is accountable for

Hospital Site Details		Main 2 Specialities on each ward		Day		Night		Day		Night							
Site code - The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Speciality 1	Speciality 2	Registered midwives/nurses	Total monthly planned staff hours	Total monthly actual staff hours	Care Staff	Total monthly planned staff hours	Total monthly actual staff hours	Care Staff	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
RXR60	ACCRINGTON VICTORIA HOSPITAL	Ward 2	314- REHABILITATION		1395	1110	990	1350	651	651	325.5	609	609	79.6%	136.4%	100.0%	197.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		1860	1762.5	1162.5	1327.5	976.5	924	651	850.5	850.5	94.8%	114.2%	94.6%	130.6%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320- CARDIOLOGY		2092.5	1972.5	930	930	666.5	666.5	666.5	666.5	666.5	94.3%	100.0%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	145- ORAL & MAXILLO FACIAL SURGERY		1410.5	1241.5	806	838.5	682	682	341	363	363	88.0%	104.0%	100.0%	106.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110- TRAUMA & ORTHOPAEDICS		1612	1326	1612	1599	682	682	1023	1309	1309	82.3%	99.2%	100.0%	128.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110- TRAUMA & ORTHOPAEDICS		1612	1573	1209	1215.5	682	683	682	682	682	97.6%	100.5%	101.6%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430- GERIATRIC MEDICINE		1860	1432.5	1627.5	1972.5	651	651	924	924	924	77.0%	121.2%	100.0%	141.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		1395	1269	465	253.5	999.75	965.25	333.25	311.75	311.75	91.0%	54.5%	96.5%	93.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE		1627.5	1455	1395	1402.5	666.5	677.25	666.5	774	774	89.4%	100.5%	101.6%	116.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1860	1597.5	1627.5	1657.5	651	651	651	819	819	85.9%	101.9%	100.0%	125.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1860	1425	1162.5	1605	666.5	666.5	666.5	860	860	76.6%	138.1%	100.0%	129.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY		2418	2028	1612	1943.5	1023	1012	1023	1375	1375	83.9%	120.6%	98.9%	134.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY		2418	2184	1612	1618.5	1023	1001	1364	1375	1375	90.3%	100.4%	97.8%	100.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	300 - GENERAL MEDICINE		1860	1650	1162.5	1590	666.5	666.5	666.5	860	860	88.7%	136.5%	100.0%	129.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY		1813.5	1963	1410.5	1378	1023	1001	682	924	924	108.2%	97.7%	97.8%	135.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE		1035	1050	825	817.5	569.75	591.25	569.75	559	559	101.4%	98.1%	103.8%	98.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	300 - GENERAL MEDICINE		1860	1695	1162.5	1327.5	666.5	677.25	666.5	763.25	763.25	91.1%	114.2%	101.5%	114.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430- GERIATRIC MEDICINE		1116	786	1502	1276	651	651	882	882	882	70.4%	85.0%	100.0%	135.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	300 - GENERAL MEDICINE		1860	1562.5	1162.5	1095	666.5	666.5	666.5	666.5	666.5	83.5%	94.2%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	300 - GENERAL MEDICINE		1860	1440	1162.5	1357.5	666.5	666.5	666.5	752.5	752.5	77.4%	116.8%	100.0%	112.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	300 - GENERAL MEDICINE		2325	1890	1162.5	1132.5	999.75	999.75	666.5	666.5	666.5	81.3%	97.4%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1680	1215	1280	1162.5	546.25	548.25	569.75	720.25	720.25	72.3%	92.3%	100.0%	126.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Childrens Unit	420 - PAEDIATRICS		4092	3936	1116	1111.5	3213	325.5	315	315	315	98.2%	99.6%	98.7%	96.8%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1860	1770	465	442.5	999.75	999.75	0	0	0	95.2%	95.2%	100.0%	-
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		7020	6942	806	780	5357	5324	0	0	0	98.9%	96.8%	99.4%	-
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1860	1560	1395	1597.5	666.5	666.5	666.5	924.5	924.5	83.9%	114.5%	100.0%	138.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE		1860	1522.5	1162.5	1140	666.5	666.5	666.5	752.5	752.5	81.9%	98.1%	100.0%	112.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMU)	300 - GENERAL MEDICINE		3487.5	3322.5	1743.75	2103.75	3138.75	2888.75	1046.25	1102.5	1102.5	95.3%	120.8%	91.4%	105.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		3720	3585	2790	3210	1963	1974	1302	1302	1302	96.4%	115.1%	101.1%	100.0%

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

Please provide the URL to the page on your trust website where your staffing information is available
 (Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

<http://www.elht.nhs.uk/safe-staffing-data.htm>

Comments

Only complete sites your organisation is accountable for

Site code - The Site code is automatically populated when a Site name is selected	Hospital Site Details		Main 2 Specialities on each ward		Day		Night		Day		Night				
	Hospital Site name		Ward name		Care Staff		Registered midwives/nurses		Care Staff		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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
RXR60	ACCRINGTON VICTORIA HOSPITAL	Ward 2	314 - REHABILITATION	1385	1110	990	1350	651	651	325.5	609	79.6%	136.4%	100.0%	197.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS	4672	4416	372	308	3720	3492	372	228	94.5%	82.8%	93.9%	61.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY	1612	1560	805	773.5	1023	1012	341	488	96.8%	96.1%	98.9%	143.1%
RXR10	ROYAL BLACKBURN HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS	1112	1104	372	372	744	732	372	360	99.3%	100.0%	98.4%	96.8%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS	1392	1357	372	346.5	1128	1080	372	324	97.5%	93.1%	95.7%	87.1%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS	3720	3546	744	732	3720	3386	744	720	95.3%	98.4%	91.3%	96.8%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY	1304	1245	612	606	833	797	304.5	316.5	95.5%	99.0%	95.7%	103.9%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS	2232	2208	1116	1116	2232	1944	1116	1368	98.9%	100.0%	87.1%	122.6%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION	1395	1222.5	1860	1597.5	589	570	589	741	87.6%	85.9%	96.8%	125.8%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS	1482	1391	1072.5	975	682	682	572	563	93.9%	90.9%	100.0%	101.9%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE	2325	1890	1627.5	1635	651	651	976.5	1092	81.3%	100.5%	100.0%	111.9%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 23	300 - GENERAL MEDICINE	1860	1432.5	1627.5	1672.5	682	682	682	1023	77.0%	102.9%	100.0%	150.0%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 28	300 - GENERAL MEDICINE	1372.5	1290	450	322.5	150.5	150.5	150.5	150.5	94.0%	71.7%	100.0%	100.0%
RXR70	CLITHEROE COMMUNITY HOSPITAL	Ribblesdale	314 - REHABILITATION	2325	1702.5	1920	2040	976.5	955.5	976.5	1218	73.2%	106.3%	97.6%	124.7%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION	1860	1492.5	1162.5	1530	666.5	666.5	666.5	806.25	80.2%	131.6%	100.0%	121.0%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION	1860	1612.5	1860	1627.5	666.5	666.5	666.5	666.5	86.7%	87.5%	100.0%	100.0%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION	1860	1440	1162.5	1560	666.5	677.25	666.5	795.5	77.4%	134.2%	101.6%	119.4%

Validation alerts (see control panel)

Ward Staff Summary - Dec 2015

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

R: ≥ ±10% | A: ≥ ±5% | G: < ±5% R: ≥ 5% | G: < 5% R: ≥ 3.75% | G: < 3.75%

Site	Cost Centre Code	Ward	Day Shift						Night Shift						Pressure Ulcers Acquired			Falls with Harm (Mod & Above)			Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence (RegN/M + HCA)*			
			Registered Nurses / Midwives			Care Staff			Registered Nurses / Midwives			Care Staff			G2	G3	G4	C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate					
			Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate														
EC: Surgical & Anaes Services																												
EC02: General Surg Services																												
RBH	5142	Ward C14	2,418	2,028	83.87%	1,612	1,943.50	120.56%	1,023	1,012	98.92%	1,023	1,375	134.41%	0	1	0	0	0	0	0	0	0	0	1.87	3.87%	109.11	7.58%
RBH	5143	Ward C18	2,418	2,184	90.32%	1,612	1,618.50	100.40%	1,023	1,001	97.85%	1,364	1,375	100.81%	0	0	0	0	0	0	0	0	0	0	2.53	5.40%	117.93	8.59%
RBH	5144	Surgical Triage Unit	1,612	1,560	96.77%	805	773.50	96.09%	1,023	1,012	98.92%	341	488	143.11%	0	0	0	0	0	0	0	0	0	0	7.23	21.60%	97.43	11.75%
EC03: Urology																												
RBH	5128	Ward C22	1,813.50	1,963	108.24%	1,410.50	1,378	97.70%	1,023	1,001	97.85%	682	924	135.48%	0	0	0	0	0	0	0	0	0	0	6.17	16.09%	83.00	8.32%
EC04: Orthopaedic Services																												
BGH	4393	Ward 15	1,482	1,391	93.86%	1,072.50	975	90.91%	682	682	100.00%	572	583	101.92%	0	0	0	0	0	0	0	0	0	0	1.71	4.88%	48.53	4.68%
RBH	5366	Ward B24	1,612	1,573	97.58%	1,209	1,215.50	100.54%	682	693	101.61%	682	682	100.00%	0	0	0	0	0	0	0	0	0	0	1.17	3.59%	90.00	9.16%
RBH	5367	Ward B22	1,612	1,326	82.26%	1,612	1,599	99.19%	682	682	100.00%	1,023	1,309	127.96%	1	1	0	0	0	0	0	0	0	0	2.69	6.83%	219.85	19.10%
EC05: Head & Neck																												
RBH	5175	Ward B20 Max Fac	1,410.50	1,241.50	88.02%	806	838.50	104.03%	682	682	100.00%	341	363	106.45%	0	0	0	0	0	0	0	0	0	0	1.61	5.97%	29.60	3.76%
EC09: Anaesth & Critical Care																												
RBH	5362	Elht Critical Care	7,020	6,942	98.89%	806	780	96.77%	5,357	5,324	99.38%	0	0	-	0	0	0	0	0	0	0	0	0	0	6.40	5.22%	128.73	3.58%
ED: Family Care																												
ED07: General Paediatrics																												
RBH	5210	Inpatient	4,092	3,936	96.19%	1,116	1,111.50	99.60%	3,255	3,213	98.71%	325.50	315	96.77%	0	0	0	0	0	0	0	0	0	0	-0.54	-0.69%	126.05	5.19%
ED08: Gynae Nursing																												
BGH	4169	Gynae And Breast Care Ward	1,304	1,245	95.48%	612	606	99.02%	833	797	95.68%	304.50	316.50	103.94%	0	0	0	0	0	0	0	0	0	0	4.39	12.66%	0.00	0.00%
ED09: Obstetrics																												
RBH	4165	Birth Suite	3,720	3,546	95.32%	744	732	98.39%	3,720	3,396	91.29%	744	720	96.77%	0	0	0	0	0	0	0	0	0	0	-1.74	-2.62%	104.09	4.95%
BGH	4192	Burnley Birth Centre	1,392	1,357	97.49%	372	346.50	93.15%	1,128	1,080	95.74%	372	324	87.10%	0	0	0	0	0	0	0	0	0	0	0.68	15.60%	10.88	6.81%
BGH	4200	Antenatal Ward 12	1,112	1,104	99.28%	372	372	100.00%	744	732	98.39%	372	360	96.77%	0	0	0	0	0	0	0	0	0	0	-3.24	-12.33%	44.92	4.96%
RBH	4203	Postnatal Ward 10	2,232	2,208	98.92%	1,116	1,116	100.00%	2,232	1,944	87.10%	1,116	1,368	122.58%	0	0	0	0	0	0	0	0	0	0	-4.44	-7.75%	35.88	1.79%
RBH	5256	Blackburn Birth Centre	1,395	1,269	90.97%	465	253.50	54.52%	999.75	965.25	96.55%	333.25	311.75	93.55%	0	0	0	0	0	0	0	0	0	0	1.37	29.72%	2.28	2.27%
ED11: Neonates																												
RBH	4215	Nicu	4,672	4,416	94.52%	372	308	82.80%	3,720	3,492	93.87%	372	228	61.29%	0	0	0	0	0	0	0	0	0	0	6.87	8.60%	55.71	2.47%
EH: Integrated Care Group																												
EH15: Acute Medicine																												
RBH	5045	C4 Fast Flow	1,860	1,695	91.13%	1,162.50	1,327.50	114.19%	666.50	677.25	101.61%	666.50	763.25	114.52%	1	0	0	0	0	0	0	0	0	0	0.00	-	-	-
RBH	5058	Medical Assessment Unit	3,487.50	3,322.50	95.27%	1,743.75	2,103.75	120.65%	3,138.75	2,868.75	91.40%	1,046.25	1,102.50	105.38%	0	0	0	0	0	0	0	0	0	0	6.06	7.02%	112.52	4.52%
RBH	6095	Ward C2 Oct 13	1,860	1,650	88.71%	1,162.50	1,590	136.77%	666.50	666.50	100.00%	666.50	860	129.03%	0	0	0	0	0	0	0	0	0	0	0.00	-	-	-

Ward Staff Summary - Dec 2015

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

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						Night Shift						Pressure Ulcers Acquired			Falls with Harm (Mod & Above)			Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence (RegN/M + HCA)*									
			Registered Nurses / Midwives			Care Staff			Registered Nurses / Midwives			Care Staff			G2	G3	G4	C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate											
			Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	G2	G3	G4	C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate								
EH20: Respiratory																																		
	5063	Ward C6	1,860	1,552.50	83.47%	1,162.50	1,095	94.19%	666.50	666.50	100.00%	666.50	666.50	100.00%	0	0	0	0	0	0	0	4.03	12.79%	54.85	6.43%									
RBH	5064	Ward C8	2,325	1,890	81.29%	1,162.50	1,132.50	97.42%	999.75	999.75	100.00%	666.50	666.50	100.00%	0	0	0	0	0	0	0	8.74	23.81%	32.96	3.61%									
	6027	Ward C7	1,860	1,440	77.42%	1,162.50	1,357.50	116.77%	666.50	666.50	100.00%	666.50	752.50	112.90%	0	0	0	0	0	0	0	5.10	16.53%	43.00	5.39%									
EH25: Cardiology																																		
RBH	5095	Coronary Care	1,860	1,770	95.16%	465	442.50	95.16%	999.75	999.75	100.00%	0	0	-	0	0	0	0	0	0	0	1.08	4.10%	54.08	6.70%									
	5097	Ward B18	2,092.50	1,972.50	94.27%	930	930	100.00%	666.50	666.50	100.00%	666.50	666.50	100.00%	0	0	0	0	0	0	0	2.16	6.70%	11.84	1.33%									
EH30: Gastroenterology																																		
	5042	C1 (Gastro)	1,627.50	1,455	89.40%	1,395	1,402.50	100.54%	666.50	677.25	101.61%	666.50	774	116.13%	0	0	0	0	0	0	0	-1.00	-	0.00	0.00%									
RBH	5061	Ward C3	1,035	1,050	101.45%	825	817.50	99.09%	569.75	591.25	103.77%	569.75	559	98.11%	0	0	0	0	0	0	0	0.00	-	-	-									
	6028	Ward C11	1,860	1,425	76.61%	1,162.50	1,605	138.06%	666.50	666.50	100.00%	666.50	860	129.03%	0	0	0	0	0	0	0	0.00	-	-	-									
EH35: Mfop & Complex Needs																																		
BGH	4613	Wakehead Nursing Staff	1,395	1,222.50	87.63%	1,860	1,597.50	85.89%	589	570	96.77%	589	741	125.81%	0	0	0	0	0	0	0	5.82	15.60%	42.04	4.52%									
	6094	Ward 16 Sept 13	2,325	1,890	81.29%	1,627.50	1,635	100.46%	651	651	100.00%	976.50	1,092	111.83%	1	0	0	0	0	0	0	-1.11	-3.50%	71.88	7.09%									
	4581	Marsden Ward	1,860	1,612.50	86.69%	1,860	1,627.50	87.50%	666.50	666.50	100.00%	666.50	666.50	100.00%	0	0	0	0	0	0	0	3.87	11.43%	62.52	6.51%									
PCH	4582	Reedford Ward	1,860	1,440	77.42%	1,162.50	1,560	134.19%	666.50	677.25	101.61%	666.50	795.50	119.35%	0	0	0	0	0	0	0	1.85	5.70%	4.67	0.49%									
	4583	Hartley Ward	1,860	1,492.50	80.24%	1,162.50	1,530	131.61%	666.50	666.50	100.00%	666.50	806.25	120.97%	0	0	0	0	0	0	0	-1.48	-4.63%	62.11	6.08%									
	5036	Acute Stroke Unit (B2)	1,860	1,762.50	94.76%	1,162.50	1,327.50	114.19%	976.50	924	94.62%	651	850.50	130.65%	0	0	0	0	0	0	0	2.18	6.23%	119.00	11.73%									
	5037	Ward B4	1,860	1,432.50	77.02%	1,627.50	1,972.50	121.20%	651	651	100.00%	651	924	141.94%	0	0	0	0	0	0	0	-1.26	-4.05%	67.81	6.72%									
RBH	5048	Ward C10	1,860	1,597.50	85.89%	1,627.50	1,657.50	101.84%	651	651	100.00%	651	819	125.81%	0	0	0	0	0	0	0	0.35	1.23%	37.64	4.32%									
	6025	Ward C9	1,680	1,215	72.32%	1,260	1,162.50	92.26%	548.25	548.25	100.00%	569.75	720.25	126.42%	0	0	0	0	0	0	0	0.00	-	-	-									
	6058	Ward D1 Winter Escalation	1,860	1,560	83.87%	1,395	1,597.50	114.52%	666.50	666.50	100.00%	666.50	924.50	138.71%	0	0	0	0	0	0	0	26.14	93.02%	0.00	0.00%									
	6096	Ward C5	1,116	786	70.43%	1,502	1,276	84.95%	651	651	100.00%	651	882	135.48%	0	0	0	0	0	0	0	3.59	11.29%	50.97	5.83%									
EH44: Speciality Medicine																																		
BGH	6093	Ward 28	1,372.50	1,290	93.99%	450	322.50	71.67%	150.50	150.50	100.00%	150.50	150.50	100.00%	0	0	0	0	0	0	0	3.33	18.96%	9.80	2.28%									
RBH	5040	Ward D3	1,860	1,522.50	81.85%	1,162.50	1,140	98.06%	666.50	666.50	100.00%	666.50	752.50	112.90%	0	0	0	0	0	0	0	2.76	9.28%	39.56	4.71%									
EH70: Comm In Patient Care																																		
AVH	R133	Avch Ward 2	1,395	1,110	79.57%	990	1,350	136.36%	651	651	100.00%	325.50	609	187.10%	0	0	0	0	0	0	0	1.24	5.45%	34.04	5.12%									
BGH	R215	Ward 23	1,860	1,432.50	77.02%	1,627.50	1,672.50	102.76%	682	682	100.00%	682	1,023	150.00%	0	0	0	0	0	0	0	5.21	15.84%	34.08	3.97%									
CLI	R141	Ribblesdale Ward	2,325	1,702.50	73.23%	1,920	2,040	106.25%	976.50	955.50	97.85%	976.50	1,218	124.73%	0	0	0	0	0	0	0	8.54	18.97%	140.20	12.17%									
			Total for 44 wards shown			89.26%			104.71%			97.16%			3			2			0			6			3		1		2,389.58		5.62%	

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

Please provide the URL to the page on your trust website where your staffing information is available
(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

<http://www.eiht.nhs.uk/safe-staffing-data.htm>

Comments

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name		Main 2 Specialities on each ward		Day				Night				Day		Night	
Site code - The Site code is automatically populated when a Site name is added	Hospital Site name			Speciality 1	Speciality 2	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	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
RXR20	ACCRINGTON VICTORIA HOSPITAL			314 - REHABILITATION		1350	1080	968	1463	630	630	315	630	80.0%	151.1%	100.0%	200.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1800	1740	1125	1358	945	903	630	788	96.7%	120.7%	95.6%	125.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			320 - CARDIOLOGY		2025	1935	900	923	645	645	645	645	95.6%	102.6%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			145 - ORAL & MAXILLO FACIAL SURGERY		1313	1241.5	780	884	660	660	330	418	94.6%	113.3%	100.0%	126.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			110 - TRAUMA & ORTHOPAEDICS		1560	1345.5	1560	1573	660	660	990	1221	86.3%	100.9%	100.0%	123.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			110 - TRAUMA & ORTHOPAEDICS		1560	1449.5	1170	1215.5	660	660	660	726	92.3%	103.9%	100.0%	110.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			430 - GERIATRIC MEDICINE		1800	1523	1575	1883	630	641	630	924	84.6%	119.6%	101.7%	146.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			501 - OBSTETRICS		1350	1260	450	202	967.5	967.5	322.5	301	93.3%	44.9%	100.0%	93.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1575	1403	1350	1410	645	645	645	828	89.1%	104.4%	100.0%	128.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1800	1628	1575	1635	630	630	630	945	90.4%	103.8%	100.0%	150.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1800	1403	1125	1545	645	645	645	828	77.9%	137.3%	100.0%	128.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			100 - GENERAL SURGERY		2700	2317.5	1800	2265	900	870	900	1280	85.5%	125.9%	98.7%	142.2%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			100 - GENERAL SURGERY		2340	2119	1650	1651	990	1012	1320	1320	90.6%	105.3%	102.2%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1800	1628	1125	1328	645	667	645	785	90.4%	118.0%	103.4%	121.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			101 - UROLOGY		2168	2272	1664	1656	890	800	620	620	104.8%	99.5%	100.0%	103.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1050	1095	840	743	624	624	624	581	104.3%	88.5%	100.0%	93.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1800	1830	1125	1335	645	656	645	763	101.7%	118.7%	101.7%	118.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			430 - GERIATRIC MEDICINE		1080	786	1446	1580	630	630	630	1008	72.8%	109.3%	100.0%	160.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1800	1628	1125	1013	645	645	645	645	90.4%	90.0%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			340 - RESPIRATORY MEDICINE		1800	1478	1125	1178	645	645	645	645	82.1%	104.7%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		2250	1928	1125	1095	968	968	645	645	85.7%	97.3%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1800	1478	1125	1560	645	645	645	1150	82.1%	138.7%	100.0%	178.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			420 - PAEDIATRICS		3860	3610	1080	1000	3150	3118.5	315	294	96.2%	92.6%	99.0%	93.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			320 - CARDIOLOGY		1800	1748	450	428	968	988	0	0	97.1%	95.1%	100.0%	-
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			192 - CRITICAL CARE MEDICINE		6838	6612	923	910	5214	5181	0	0	99.6%	98.6%	98.4%	-
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1800	1613	1350	1440	645	645	645	774	89.6%	106.7%	100.0%	120.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		1800	1613	1125	1440	645	645	645	774	89.6%	128.0%	100.0%	120.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		3375	3154	1688	2183	3038	2891	1013	1046	95.5%	129.3%	95.2%	103.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			300 - GENERAL MEDICINE		3600	3555	2700	3015	1890	1827	1575	1228.5	98.8%	111.7%	98.7%	76.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20			420 - PAEDIATRICS		4532	4380	360	378	3600	3612	360	321	96.6%	105.0%	100.3%	89.2%

Validation alerts (see control panel)

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

Please provide the URL to the page on your trust website where your staffing information is available
 (Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

<http://www.ehlt.nhs.uk/safe-staffing-data.htm>

Comments

Only complete sites your organisation is accountable for

Hospital Site Details		Main 2 Specialities on each ward				Day				Night				Day		Night	
Site code - The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name		Care Staff		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - care staff registered nurses/midwives (%)		Average fill rate - care staff registered nurses/midwives (%)	
		Speciality 1	Speciality 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - care staff registered nurses/midwives (%)	Average fill rate - care staff registered nurses/midwives (%)		
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY	1560	1482	760	741	990	990	990	990	330	330	95.0%	95.0%	100.0%	154.5%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS	1076	1088	360	360	720	708	708	708	336	336	101.1%	100.0%	98.3%	93.3%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS	1350	1268	365.5	327.5	1104	1082	1104	1082	348	348	93.9%	92.1%	98.9%	89.7%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS	3600	3468	720	678	3600	3420	3600	3420	720	720	96.3%	94.2%	95.0%	101.7%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY	1318	1274	612	586	810	796.5	810	796.5	360	348	96.7%	95.5%	98.3%	96.7%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS	2160	2160	1080	1080	2160	1896	2160	1896	1080	1308	100.0%	100.0%	87.8%	121.1%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION	1350	1335	1800	1673	570	561	570	561	732	732	96.9%	92.9%	98.4%	128.4%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS	1443	1436.5	975	968.5	660	671	660	671	561	572	99.5%	99.3%	101.7%	102.0%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE	2250	1890	1575	1928	630	630	630	630	945	1239	84.0%	122.4%	100.0%	131.1%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 23	300 - GENERAL MEDICINE	1800	1478	1575	1523	660	649	660	649	660	968	82.1%	96.7%	98.3%	146.7%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 28	300 - GENERAL MEDICINE	1388	1178	443	398	183	183	183	183	183	183	84.9%	88.8%	100.0%	100.0%
RXR20	CULTHEROE COMMUNITY HOSPITAL - RXR20	Ribblesdale	314 - REHABILITATION	2250	1815	1868	1995	945	914	945	914	945	1218	80.7%	106.8%	95.7%	128.0%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Harley	314 - REHABILITATION	1800	1335	1125	1500	645	645	645	645	645	688	74.2%	133.3%	100.0%	106.7%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION	1800	1493	1800	1778	645	645	645	645	645	645	82.3%	98.5%	100.0%	100.0%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reagford	314 - REHABILITATION	1800	1508	1725	1410	645	645	645	645	645	667	83.8%	125.3%	100.0%	103.4%
	Total			93171	85461.5	52507.5	57235.5	50081.5	49271.5	50081.5	49271.5	27936.5	32591.5				

Validation alerts (see control panel)

TRUST BOARD REPORT

Item **24**

27 January 2016

Purpose Information
Action
Monitoring

Title Imperial College Study on Stillbirths and The Trust's Response

Author Dr D Riley, Executive Medical Director
Mrs E Martindale, Consultant Obstetrics & Gynaecology
Mrs C Schram, Chief Medical Officer

Executive sponsor Dr D Riley, Executive Medical Director

Summary:

This paper provides an update on the November 2015 Board meeting in relation to a number of recent national reports regarding stillbirth rates at NHS Trusts.

Whilst ELHT has not been identified as at high risk, a full gap analysis has been undertaken in response to the MBRRACE perinatal and stillbirth report, identifying the actions being undertaken to address the report conclusions. This is being presented to a forthcoming Clinical Effectiveness Committee, but no significant gaps in clinical care have been identified.

A scan simulator trainer has been obtained for ongoing midwife training via the Trust's Charitable Funds.

No evidence has been uncovered to suggest any 'weekend effect' in ELHT or that rotas or staffing changes need to be instituted.

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	Yes	Confidentiality	No

Previously considered by: NA

East Lancashire Hospital NHS Trust (ELHT) Update on Stillbirth and Perinatal Mortality: Action planning in the context of recent national reports.

Background

1. At the November 2015 Board meeting an update was requested in relation to a number of recent national reports regarding stillbirth rates at NHS Trusts.

Introduction

2. The principal national database and formalised reporting of stillbirth is being undertaken by MBRRACE-UK. MBRRACE-UK is an academic and healthcare multi-organisation alliance based at the National Perinatal Epidemiology Unit in the University of Oxford. The acronym is short for Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK.

Recent Reports

3. On 19th November 2015 MBRRACE-UK released their report "*Perinatal Confidential Enquiry Report 2015 – Term, Singleton, Normally-formed, Antepartum Stillbirth*".
4. **Appendix 1** gives the reference for this report and the highlighted findings. In essence the report found that half of all term, singleton, normally-formed, antepartum stillbirths had at least one element of care that required improvement which might have made a difference to the outcome. The report also drew a number of conclusions and recommendations for actions by Trusts. A full gap analysis has been done by our lead Obstetrician for perinatal mortality and is being presented to the Clinical Effectiveness Committee This will report through to Patient Safety and Risk Assurance Committee.
5. A Supplementary Report was released by MBRRACE-UK in December 2015, ("MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for births from January to December 2013 Supplementary Report UK Trusts and Health Boards") in which individual Trust's stillbirth rates were benchmarked and Trusts were "RAG rated" according to their perceived risk. ELHT was amber-rated, the category which indicates that "local review" of stillbirths and perinatal mortality is the advised review process. Reference to the Supplementary report is given in **Appendix 2**.
6. A full case note review does occur in the case of any stillbirth at ELHT.

Recent Research Paper

7. In November 2015, a research paper “*Association between day of delivery and obstetric outcomes: observational study*” was published in the British Medical Journal, from a team at Imperial College London. **Appendix 3** gives an abstract of this article. This observational implied a “weekend effect” with performance across four of seven measures significantly worse for women admitted, and babies born, at weekends. In particular, the perinatal mortality rate was 7.3 per 1000 babies delivered at weekends, 0.9 per 1000 higher than for weekdays. No consistent association between outcomes and staffing was identified.
8. This paper however sparked a degree of controversy, and attracted criticism from professional bodies including the Royal College of Obstetricians and Gynaecologists. Their response was published in the BMJ online (**see Appendix 4**) and describes the original paper as having “a number of clinical and methodological flaws, which ultimately lead to an inaccurate presentation of the results, unjustified extrapolations of what these results mean in terms of avoidable harm, and misleading evidence guiding policy”.

ELHT Position statement:

9. In ELHT a rigorous case note review takes place for all stillbirths and perinatal deaths
10. The findings are discussed in the Divisional Meetings.
11. Stillbirth reporting to Board occurs if there are more than seven stillbirths per month, and a detailed report was brought in September 2015 to Board for this purpose
12. Whilst ELHT has not been identified as at high risk in the MBRRACE supplementary RAG ratings report, a full gap analysis has been undertaken in response to the MBRRACE perinatal and stillbirth report, identifying the actions being undertaken to address the report conclusions. This is being presented to a forthcoming Clinical Effectiveness Committee, but no significant gaps in clinical care have been identified.
13. A scan simulator trainer has been obtained for ongoing midwife training
14. No evidence has been uncovered to suggest any ‘weekend effect’ in ELHT or that rotas or staffing changes need to be instituted.

Board is asked to

15. Note the continuing professional debates about creating an up to date database for stillbirths and identifying risk factors for perinatal mortality.
16. Note there are Divisional and ELHT actions being taken through Clinical Effectiveness Committee

17. Receive regular updates if there are more than seven stillbirths per month.

Dr Damian Riley, Medical Director, 4 January 2016

Appendix 1: MBRRACE-UK 2015 Perinatal Confidential Enquiry Term, singleton, normally-formed, antepartum stillbirth

November 2015

<https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Perinatal%20Report%202015.pdf>

The most recent MBRRACE-UK confidential enquiry report was launched on the 19th November 2015. The findings were the result of review of the pregnancy notes for 133 stillbirths following a full term pregnancy of which 85 were reviewed in detail against national care guidelines by a panel of clinicians, including midwives, obstetricians and pathologists who considered every aspect of the care.

The enquiry review found that:

- Half of all term, singleton, normally-formed, antepartum stillbirths had at least one element of care that required improvement which might have made a difference to the outcome.
- Two thirds of women with a risk factor for developing diabetes in pregnancy were not offered testing – a missed opportunity for closer monitoring.
- National guidance for screening and monitoring growth of the baby was not followed for two thirds of the stillbirths reviewed.
- Almost half of the women had contacted their maternity units concerned that their baby's movements had slowed, changed or stopped. In half of these there were missed opportunities to potentially save the baby including a lack of investigation, misinterpretation of the baby's heart trace or a failure to respond appropriately to other factors.
- Documentation indicating that an internal review had taken place was only present in one quarter of cases and the quality of these reviews was highly variable.
- Only half of the stillbirths selected for confidential enquiry had a post mortem carried out; the majority of post mortems were of satisfactory or good quality.
- A good standard of bereavement care was provided for parents immediately following birth including the offer of an opportunity to create memories of their baby.

Opportunities were missed in three main areas:

Diabetes: around half of the women had at least one risk factor for developing diabetes in pregnancy – mainly women who were obese or from a high risk ethnic group.

Poor growth of the baby in the womb: in nearly two thirds of cases reviewed national

guidance for screening and monitoring the growth of the baby was not followed.

Baby's movements: almost half the women had contacted their maternity units concerned that their baby's movements had slowed, changed or stopped. In half of these there were missed opportunities to potentially save the baby.

Appendix 2: MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for births from January to December 2013 Supplementary Report UK Trusts and Health Boards

<https://www.npeu.ox.ac.uk/downloads/files/mbrpace-uk/reports/MBRRACE-UK%20-%20Perinatal%20Surveillance%20Report%202013%20-%20Supplementary.pdf>

We would like to reassure you by clarifying the following:

- The MBRRACE-UK Supplementary Report which focuses on perinatal mortality rates for Trusts and Health Boards was commissioned in the summer of 2015, at which time only information on deaths of babies born in 2013 were available. With the recent availability of national birth data to enable us to calculate rates we will be in a position to publish all analyses relating to births in 2014 at national, regional and Trust and Health Board level simultaneously in May 2016.
- The stabilised & adjusted methodology used in our analyses has been used widely in the United States of America and these methods have been endorsed by their leading statistical societies [1]. This method is used by the Centers for Medicare and Medicaid Services to allow patients to compare hospitals across the USA [2].
- The categorisation of outcomes using colour codes was employed to help provider organisations position themselves against their peers and to flag where additional scrutiny of their outcomes may be appropriate. Of course good practice demands that all perinatal deaths are reviewed locally which is what we recommend that **all** Trusts and Health Boards do. It is only through continuous quality improvement that we will see the perinatal mortality rate in the UK continue its downwards decline; our surveillance data are published to support this work in individual Trusts and Health Boards.

Appendix 3: Association between day of delivery and obstetric outcomes: observational study

BMJ 2015; 351 doi: <http://dx.doi.org/10.1136/bmj.h5774> (Published 24 November 2015) Cite this as: *BMJ* 2015;351:h5774

1. William L Palmer, honorary research fellow¹, manager²,
2. A Bottle, senior lecturer¹,
3. P Aylin, professor of epidemiology and public health¹

Author affiliations

1. ¹*Dr Foster Unit, Department of Primary Care and Public Health, Imperial College London, London SW7 2AZ, UK*
2. ²*National Audit Office, London, UK*

<http://www.bmj.com/content/351/bmj.h5774>

Study question What is the association between day of delivery and measures of quality and safety of maternity services, particularly comparing weekend with weekday performance?

Methods This observational study examined outcomes for maternal and neonatal records (1 332 835 deliveries and 1 349 599 births between 1 April 2010 and 31 March 2012) within the nationwide administrative dataset for English National Health Service hospitals by day of the week. Groups were defined by day of admission (for maternal indicators) or delivery (for neonatal indicators) rather than by day of complication. Logistic regression was used to adjust for case mix factors including gestational age, birth weight, and maternal age. Staffing factors were also investigated using multilevel models to evaluate the association between outcomes and level of consultant presence. The primary outcomes were perinatal mortality and—for both neonate and mother—infections, emergency readmissions, and injuries.

Study answer and limitations Performance across four of the seven measures was significantly worse for women admitted, and babies born, at weekends. In particular, the perinatal mortality rate was 7.3 per 1000 babies delivered at weekends, 0.9 per 1000 higher than for weekdays (adjusted odds ratio 1.07, 95% confidence interval 1.02 to 1.13). No consistent association between outcomes and staffing was identified, although trusts that complied with recommended levels of consultant presence had a perineal tear rate of 3.0% compared with 3.3% for non-compliant services (adjusted odds ratio 1.21, 1.00 to 1.45). Limitations of the analysis include the method of categorising performance temporally, which

was mitigated by using a midweek reference day (Tuesday). Further research is needed to investigate possible bias from unmeasured confounders and explore the nature of the causal relationship.

What this study adds This study provides an evaluation of the “weekend effect” in obstetric care, covering a range of outcomes. The results would suggest approximately 770 perinatal deaths and 470 maternal infections per year above what might be expected if performance was consistent across women admitted, and babies born, on different days of the week.

Funding, competing interests, data sharing The research was partially funded by Dr Foster Intelligence and the National Institute for Health Research (NIHR) Imperial Patient Safety Translational Research Centre in partnership with the Health Protection Research Unit (HPRU) in Healthcare Associated Infection and Antimicrobial Resistance at Imperial College London. WLP was supported by the National Audit Office.

Appendix 4: Association between day of delivery and obstetric outcomes: observational study

BMJ 2015; 351 doi: <http://dx.doi.org/10.1136/bmj.h5774> (Published 24 November 2015) Cite this as: *BMJ* 2015;351:h5774

http://www.bmj.com/content/351/bmj.h5774/rr-13?utm_source=hootsuite&utm_medium=email&utm_campaign=5915339_David%20Richmond%20-%20Template&utm_content=read-andlike&dm_i=15N0,3ISAZ,78DK9K,DXDH8,1

The impact of different models of labour ward staffing on perinatal outcomes is part of the important current debate about how the safety of NHS maternity care for women and babies can be assured. It is therefore disappointing that the study by Palmer et al.¹ contains a number of clinical and methodological flaws, which ultimately lead to an inaccurate presentation of the results, unjustified extrapolations of what these results mean in terms of avoidable harm, and misleading evidence guiding policy. The publication of this paper is even more regrettable as it immediately follows the recent controversy that arose after another *BMJ* paper which purported that “patients admitted on Saturday and Sunday...have an increased likelihood of death within 30 days even when severity of illness is taken into account,”² a result “prone to be misrepresented”.³

We have the following concerns with the paper by Palmer et al.:

1. The authors state that for in-hospital perinatal mortality, there is a ‘highly statistically significant increase’ observed at the weekend. However, the mortality indicator selected includes antepartum stillbirths that occur before the onset of labour, which account for 86% of stillbirths.⁴ This undermines the interpretation that weekend deliveries are more “dangerous” as these antepartum deaths will in most cases occur some days prior to the delivery of the baby. Therefore for a relevant and interpretable analysis of the association between day of delivery and perinatal mortality, deliveries of babies who have died before the onset of labour should have been excluded from the analysis.
2. The day-of-the-week results are presented using Tuesday as the reference day. Using this reference day, in-hospital perinatal mortality (defined by the authors as including antenatal stillbirth; see above) is statistically significantly increased not only on Saturday and Sunday but also on Wednesday, Thursday and Friday (according to results presented in the paper’s Figure). In our view, this demonstrates that the authors’ statement “that babies born at the weekend had an increased risk of being

stillborn or dying in hospital” is at best an example of selective reporting and at worst an example of a misleading conclusion that can misguide the discussion on adequate staffing levels on weekdays and weekends.

3. Another issue is that since 2012 over half of maternity units have moved to staffing levels that provide full consultant cover during the daytime at weekends. This is a further argument against the interpretation that the safety of deliveries at the weekend is compromised. Furthermore, a visual inspection of the pattern of the other six outcomes (apart from in-hospital perinatal mortality) represented in the Figure included in this paper could be used as another indication that current staffing patterns provide consistent safety during the entire week (including the weekend). When Palmer et al. studied the relationship between consultant staffing levels and their outcomes of interest, they found no consistent evidence for a relationship. Only one out of seven outcomes was marginally statistically significant.
4. The authors suggest “770 perinatal deaths and 470 maternal infections per year above what would have been expected if performance was consistent across the week”. This statement is based on all days having the same rate as Tuesdays. A large proportion of this number is therefore not related to delivery at the weekend and is explained by the higher rates observed during other weekdays. The authors’ statement can be easily misinterpreted, as it has been in a number of headlines that appeared in the national press immediately following the publication of this paper.^{5,6} It is misleading because it suggests that the difference corresponds to avoidable events, whilst ignoring the influence of the play of chance (i.e. random variation) and other factors that are not amenable to quality improvement. We should not underestimate that impact that such headlines will have on public confidence in maternity services. It is regrettable that the authors provide this estimate in their paper because it has previously been pointed out in this journal that this type of interpretation is “enough to make a statistician sob.”⁷

In our view, this paper presents misleading evidence which will unnecessarily undermine the public’s confidence in maternity services and potentially misguide policies aiming to increase out-of-hours safety levels. This could have been avoided if the authors had sought essential clinical input in the design, analysis and interpretation of the study. There are a number of ongoing national programmes that are examining the quality of care in maternity services which aim to provide evidence that is clinically relevant and methodologically robust so that it can adequately inform quality improvement initiatives to further improve the outcomes for pregnant women and their babies. 4,8,9,10

References

- 1 www.bmj.com/content/351/bmj.h5774
- 2 www.bmj.com/content/351/bmj.h4596
- 3 www.bmj.com/content/351/bmj.h5624
- 4 Manktelow BM, et al. on behalf of the MBRRACE-UK collaboration. Perinatal Mortality Surveillance Report UK Perinatal Deaths for births from January to December 2013. Leicester: The Infant Mortality and Morbidity Group, Department of Health Sciences, University of Leicester. 2015.
- 5 Gregory A. Betrayal of our babies: 770 die a year because they're born at the weekend. The Daily Mirror. 2015 Nov 25.
- 6 Spencer M. Risk of having a weekend baby: Major study reveals greater threat of stillbirth or death. The Daily Mail. 2015 Nov 25.
- 7 <http://www.bmj.com/content/347/bmj.f4893>
- 8 Knight HE, Cromwell D, van der Meulen J, et al. Patterns of maternity care in English NHS hospitals 2011/12. Royal College of Obstetricians and Gynaecologists, 2013.
- 9 <https://www.rcog.org.uk/eachbabycounts>
- 10 <https://www.england.nhs.uk/ourwork/futurehhs/mat-review/>

Competing interests: No competing interests

25 November 2015

David Richmond

President

Hannah E Knight, Professor Alan Cameron, Mr Ian Currie, Professor Gordon C Smith, Dr

David Cromwell, Professor Jan H van der Meulen

Royal College of Obstetricians and Gynaecologists

27 Sussex Place, London NW1 4RG

TRUST BOARD REPORT

Item **25**

27 January 2016

Purpose Information

Title	2016/17 Planning Guidance
Author	Mr M Hodgson, Director of Service Development
Executive sponsor	Mr M Hodgson, Director of Service Development

Summary:

This report details the key content of the national planning guidance 2016-17 and particularly describes the requirements of ELHT, both as an individual organisation and also as critical component of the wider health and social care system. Specifically underpinning the planning guidance is the requirement for organisations to remain clinical and financially sustainable i.e. for ELHT that is encapsulated in our vision of sustaining **Safe, Personal and Effective Care**.

A brief description of the process in place across the organisation to address the various submission deadlines is provided.

Report linkages

Related strategic aim and corporate objective	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 Yes/No Financial Yes/No

Equality Yes/No Confidentiality Yes/No

Previously considered by: NA

Introduction

1. Planning guidance (2016/17 – 2020/21) was issued from NHS England on 22nd December 2015. The guidance has been produced in partnership with the five arm's length bodies (NHS Improvement (Monitor and TDA), Health Education England, the National Institute for Clinical Excellence, Public Health England and the Care Quality Commission).
2. It is published in the context of the recent spending review announcements, and is explicitly positioned to set out how the NHS (and partners) is expected to deliver the Five Year Forward View by 2020, 'restore and maintain financial balance' and 'deliver core access and quality standards for patients.'
3. This year, organisations within the NHS will be required to produce two plans:
 - a) All local health and care systems will be required to develop a five year sustainability and transformation plan (STP), covering the period October 2016 to March 2021. These plans will be subject to a formal assessment in July 2016 following submission in June 2016
 - b) All trusts are required to develop and submit one year operational plans for 2016/17. These plans will need to be 'consistent with the emerging STP' and in time to enable contract sign off by end of March 2016.

Local health system sustainability and transformation plans (STP)

4. Local health and care systems (place based planning) are required to produce a STP covering the period October 2016 to March 2021.
5. Plans should be a holistic and ambitious local footprint for accelerating the implementation of the Five Year Forward View and closing the gaps in health inequalities, quality and finance.
6. Local leaders are encouraged to come together to develop a shared plan.
7. However where local areas are not able to develop a plan, NHS England and NHS Improvement will be 'more hands on than at present in seeking and securing remedies.'

Access to future transformation funding

8. Local NHS planning will become the application process for additional national funding through the sustainability and transformation fund.
9. This protected funding is for initiatives including the spread of new care models, primary care access and infrastructure, technology roll-out and clinical priorities such as diabetes, learning disability, cancer and mental health.

10. The guidance states that the 'most compelling and credible sustainability and transformation plans will secure the earliest funding.'
11. In releasing funding for STPs, NHS England will consider:
 - a) The quality of plans, scale of ambition, track record of delivery, evidence of learning from others
 - b) Reach and quality of the engagement process with partners and the community
 - c) Strength and unity of local partners and governance
 - d) Their confidence that implementation actions will be delivered, underpinned by governance and capability.

Content of STPs

12. STPs are expected to cover all areas of CCG and NHS England commissioned activity including specialised services where the planning will be led by ten collaborative commissioning hubs; primary medical care; and better integration with local authority services including prevention, social care and reflecting health and wellbeing strategies. NHS organisations are also reminded that they will need to consider a 'system wide' approach to finance and sustainability within their STP.
13. Annex 1 of the Planning Guidance document sets out a comprehensive list of 'national challenges' to be considered within the STP and which may 'give an early sense of what is needed to gain sign-off and attract additional investment.' The prompts are structured around the three 'gaps' of health inequality, care and quality and funding identified in the five year forward view.

Agreeing 'transformation footprints'

14. Local health and care systems are asked to consider their planning footprint and make proposals to NHS England and NHS Improvement by 29 January 2016.
15. These footprints should be locally defined, but will require national agreement. They should be based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required.
16. Further guidance to be issued on the STP process in January 2016.

National 'must do's' for 2016/17

17. Trusts' are required to submit one year operational plans for 2016/17. One year plans must be submitted earlier than STPs but the one year plan should reflect the emerging STPs.

18. The planning guidance articulates nine “must do’s” for the year ahead:
- a) Develop a high quality and agreed STP and subsequently deliver agreed milestones in 2016/17
 - b) Return the system to aggregate financial balance, including NHS providers engaging with Lord Carter’s productivity work programme, and complying with agency rules, and CCGs delivering savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality
 - c) Developing and implementing a local plan to address the sustainability and quality of general practice including workforce and workload issues
 - d) Getting back on track with access standards for A&E and ambulance waits (95% patients wait no more than four hours in A&E and that ambulances respond to 75% of Category A calls within eight minutes)
 - e) Improvement and maintenance of NHS Constitution standards for referral to treatment (more than 92% patients on non-emergency pathways wait no more than 18 weeks from referral to treatment) including offering patient choice
 - f) Deliver Constitutional standards on cancer care, including the 62 day cancer waiting standard and the constitutional two week and 31 day cancer standards, making progress in earlier diagnosis and improving one year survival rates
 - g) Achieve and maintain the two new mental health access standards (more than 50% people experiencing a first episode of psychosis will commence treatment with a NICE approved package within two weeks of referral; 75% referrals to IAPT will be treated within six weeks and 95% within 18 weeks). Continue to meet dementia diagnosis targets
 - h) Deliver actions in local plans to transform care for people with learning disabilities including enhanced community provision, reducing inpatient capacity and rolling out care and treatment reviews
 - i) Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition providers are required to participate in the annual publication of avoidable mortality rates by individual trust.
19. In addition, this section of the planning guidance document draws particular attention to:
- a) The delivery of seven day services: notably the ambition that by March 2017, 25% of the population will have access to acute hospital services that comply with four priority clinical standards (Standards 2,5,6 and 8) every day, and that 20% of the population will have enhanced access to primary care. The document

articulates three challenges with regard to implementing seven day working: reducing excess deaths at the weekend; improving access to out of hours care; and increasing capacity within primary care to improve access to services at weekends and in the evenings.

- b) The document also articulates an expectation that the 'development of new care models will feature prominently within STPs' In addition to existing approaches (PACs, MCPs), two new approaches will be trialled with volunteers in 2016/17 which are:
- I. Secondary mental health providers managing care budgets for tertiary mental health services;
 - II. The reinvention of the acute medical model in small district hospitals.

Organisational operational plans 2016/17

20. Local leaders are asked to 'run a shared and open-book operational planning process for 2016/17 covering activity, capacity, finance and 2016/17 deliverables emerging from the STP.
21. Commissioner and provider plans for 2016/17 will need to be agreed by NHS England and NHS Improvement based on contracts, signed by March 2016.
22. The 2016/17 Operational Plan should be regarded as 'year one of the five year STP' and contribute to the transformation agenda. All operational plans will need to demonstrate:
 - a) How to reconcile finance with activity (and where a deficit exists, how to return to balance)
 - b) Planned contribution to efficiency savings
 - c) Plans to deliver the 'must do's' for 2016/17 set out above
 - d) How quality and safety will be maintained and improved for patients
 - e) How risks across the local health economy plans have been jointly identified and mitigated through an agreed contingency plan
 - f) How the plan links with and supports local emerging STPs.
23. A support programme is under development by the national bodies to assist in preparing robust plans for 2016/17 and beyond.

Timetable

Action	Date
Publish planning guidance	22 December 2015
Publish 2016/17 indicative prices	22 December 2015
Issue commissioner allocations, and technical annexes to planning guidance	Early January 2016
Launch consultation on standard contract, announce CQUIN and Quality Premium	January 2016
Issue further process guidance on STPs	January 2016
Localities to submit proposals for STP footprints	By 29 January 2016
1 st submission full draft 16/17 operational plans	8 February 2016
National Tariff consultation	January/February 2016
Publish national tariff	March 2016
Board of providers and commissioners approve budgets and final plans	By 31 March 2016
National deadline for signing of contracts	31 March 2016
Submission of final 16/17 operational plans, aligned with contracts	11 April 2016
Submission of full STPs	End June 2016
Assessment and review of STPs	End July 2016

Operational Plans - Technical Guidance

24. Technical guidance in support of the development of Operational Plans for 2016/17 was issued on Tuesday 12th January. It outlines that operational plans must:
- a) Plan for a reasonable and realistic level of activity
 - b) Demonstrate the capacity to meet this
 - c) Provide adequate assurance on the robustness of workforce plans and the provider's approach to quality
 - d) Be stretching from a financial perspective, taking full advantage of efficiency opportunities (including Lord Carter and new agency rules)
 - e) Demonstrate improvement in the delivery of core access and NHS Constitution standards
 - f) Contain affordable, value-for-money capital plans that are consistent with the provider's clinical strategy and clearly demonstrate the delivery of safe, productive services
 - g) Be aligned with commissioners plans, and underpinned by contracts that balance risk appropriately

- h) Link to the local health and care system’s emerging STP, the requirements for which are set out in Delivering the Forward View: NHS Planning Guidance 2016-17 to 2020-21
 - i) Be internally consistent between activity, workforce and finance plans
25. In a change from previous years there is no requirement to produce a series of planning checklists covering operational performance, quality and workforce but rather the production of a narrative plan which will be accompanied by activity, finance and workforce templates (these templates are largely unchanged from previous years).
26. The narrative plan requirements are summarised below:

Section No.	Required Section Headings and Sub-headings	Max No. of Pages
	Executive Summary – NOT REQUIRED	
1	Approach to activity planning	2
2	Approach to quality planning	4
2.1	<i>Approach to Quality Improvement</i>	
2.2	<i>Seven Day Services</i>	
2.3	<i>Quality Impact Assessment Process</i>	
2.4	<i>Triangulation of Indicators</i>	
3	Approach to Workforce Planning	4
4	Approach to financial planning	6
4.1	<i>Financial Forecasts and Modelling</i>	
4.2	<i>Efficiency Savings for 2016/17</i>	
4.3	<i>Lord carter’s provider productivity work programme</i>	
4.4	<i>Agency Rules</i>	
4.5	<i>Procurement</i>	
4.6	<i>Capital Planning</i>	
5	Link to emerging ‘Sustainability and Transformation Plan’	2

27. A robust action plan has been developed to ensure the production of the operational plan narrative to ensure submission within required timescales and appropriate sign off by the Trust Board by 31st March.

ELHT planning requirements and associated timescales

28. In order to enable the Trust to respond to the national requirements outlined above, a revised business planning process has been developed which will enable Directorates, Divisions and therefore the Trust to develop robust plans in respect of:
- a) Our revised clinical strategy
 - b) Key quality and safety improvements and initiatives
 - c) Delivery of sustained operational performance
 - d) Workforce transformation
 - e) Safely releasing costs programme
29. The revised business planning process will enable the organisation to define a single integrated plan that encompasses the individual divisional plans, the associated enablers and delivers the necessary strategic objectives of the trust.

Conclusion

30. This paper outlines the requirements of the 2016/17 national planning guidance.
31. A process is in place to address the first of the milestones, specifically the submission of a draft operational plan for 2016/17 by February 8th 2016.
32. The Board is asked to note the contents of the report and discuss the key feature

Martin Hodgson, Director of Service Development, 27th January 2016

TRUST BOARD REPORT

Item **26**

27 January 2016

Purpose Action

Title	Letter from NHSE: NHS Preparedness for a Major Incident
Author	Mrs G Simpson, Executive Director of Operations, Accountable Office for Emergency Planning
Executive sponsor	Mrs G Simpson, Executive Director of Operations Accountable Office for Emergency Planning

Summary:

The report is a statement of readiness as requested by NHS England.

Report linkages

Related strategic aim and corporate objective Put safety and quality at the heart of everything we do

Related to key risks identified on assurance framework 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: Executive Management Team

Introduction

1. The Chief Executive received a letter from NHS England Director of Commissioning in early December (see appendix A), requesting assurance with regard to emergency planning in light of the recent events in Paris.
2. All Trusts were requested to provide a statement of readiness to the public Trust Board as a response to the letter.
3. This document is the Board's response.
 - a) You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including a loss of primary communications system:
 - i. **Trust response:** we have tested our cascade communications arrangements on 23 June 2015 and have a further scheduled test for 11 January 2016. Communications outside the primary communications system would be managed via our communications department using any available media at the time of the incident, and as part of the command and control county wide system Strategic Coordination Group.
 - b) You have arrangements in place to ensure the staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency.
 - i. **Trust response:** The Lancashire Resilience Forum (LRF) Mass Casualties Plan would be invoked in the event of transportation issues following a major incident. Medical logistics would be a priority (as per section 6 of the plan) and a command and control system would be used to identify the need and access resources outside of those in our direct control, e.g. establishing a priority access routes for our staff and arranging transportation and emergency rendezvous points.
 - c) Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident including where patients may need to be supported for a period of time prior to transfer for definitive care.
 - i. **Trust response:** We will invoke our major incident plan. In terms of critical care this includes the use theatres, recovery and post-operative care unit. Our new anaesthetic machines are as good as any critical care ventilator and we have 14 critical care trained consultants. Many of the theatre and recovery nurses have done some critical care training as part of the theatre

course so we have additional resource available. All elective care would be cancelled. We would co-ordinate our response with the rest of the country via the Strategic Command Centre. This is in line with our own major incident plan and the Lancashire Resilience Forum plans for mass casualties.

d) You have given due consideration as to how the Trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

i. **Trust response:** We have given this matter due consideration. Our current position is that we will work closely with our local Major Trauma Centre. As such we would expect to receive appropriate caseload of patients, coordinated on a wider incident management basis by NHS England and the Regional Trauma Network. We will seek assistance and clinical expertise as required. We will follow NHS England guidance, with the expert opinion of the National Clinical Director (NCD) for Trauma. We will follow the advice issued by the NCD for Major Trauma in November 2015 which was as follows:

ii. **Military Advice to Civilian Authorities (MACA):**

- Experienced military clinicians are available to give telephone advice or visit Major Trauma Centres in the event of a Major Incident. This may be as an individual or as a team. NHS indemnity is in place.
- Ministry Of Defence holds a list of military specialists with experience in ballistic injuries.
- Specialties available include: Anaesthetics, Emergency Medicine, General Surgery, Plastics, Radiology and Trauma and Orthopaedics.
- Role will be to give advice on management strategy and it is not anticipated that they will need to undertake procedures. Attendance at Day-2 Multi-Disciplinary Team would be very helpful.
- To activate, telephone national Emergency Preparedness, Resilience and Response (EPRR) Major Incident Line: 0844 822 2888 and ask for “NHS 05”

iii. We are also prepared to contact University Hospital of Birmingham (Combat Trauma app) as necessary.

4. The Board is asked to agree this response.

Gillian Simpson, Executive Director of Operations, 29 December 2015.

**Publications Gateway Reference
No.04494**

Dame Barbara Hakin
National Director: Commissioning
Operations
NHS England
Skipton House
80 London Road
London
SE1 6LH

E-mail: england.epr@nhs.net

To:
NHS Trust Chief Executives
NHS Trust Medical Directors
Accountable Emergency Officers

9 December 2015

Dear Colleague

RE: NHS preparedness for a major incident

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: <https://www.england.nhs.uk/ourwork/epr/gf/>. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;
- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and
- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

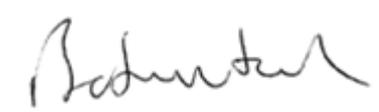
Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully



Dame Barbara Hakin
National Director: Commissioning Operations

Cc.

Prof. Sir Bruce Keogh – National Medical Director – NHS England
 Prof. Keith Willett – NHS England – Director for Acute Care
 Dr Bob Winter – NHS England – National Clinical Director EPRR
 Richard Barker – NHS England - North
 Paul Watson – NHS England – Midlands & East
 Anne Rainsberry – NHS England – London
 Andrew Ridley – NHS England – South
 Hugo Mascie-Taylor - Monitor
 Helen Buckingham – Monitor
 Dr K McLean – NHS Trust Development Authority
 Peter Blythin – NHS Trust Development Authority
 National on Call Duty Officers NHS England
 NHS England Heads of EPRR
 NHS England Medical Directors

High quality care for all, now and for future generations

TRUST BOARD REPORT

Item **27**

27 January 2016

Purpose Monitoring

Title	Integrated Performance Report for the period to January 2016
Author	Mr M Johnson, Associate Director of Performance and Informatics
Executive sponsor	Mrs G Simpson, Executive Director of Operations

Summary: This paper presents the corporate performance data at December 2015 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
- Corporate functions fail to support delivery of the Trust's objectives

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	Yes

Previously considered by: NA

Board of Directors, Update

Corporate Report – January 2016

Key Messages of this Report

All of the national cancer waiting time targets continue to be achieved.

All of the Commissioning for Quality and Innovation (CQUIN) schemes are on track at quarter two.

Accident and emergency four hour continues to be a risk alongside the ambulance handover within 30 minutes.

There have been three breaches of the 12 hour standard from decision to admit, one in November and two in December.

There was a breach of the 52 week target in December 2015, in Ophthalmology.

The number of delayed transfers of care has risen in December.

The Trust is reporting a £10.1 million deficit with a £9.1 million safely releasing cost program gap.

Introduction/Background

1. This paper presents the corporate performance data for December 2015 against the Trust Development Authority Standards and other key measures.

Except:

- a) Mortality – September 2015
- b) Cancer performance – November 2015
- c) Sickness rates – November 2015
- d) Commissioning for Quality and Innovation (CQUIN) – September 2015

Achievements

2. Main achievements for December 2015:

- a) All National cancer targets achieved since January 2015
- b) Complaints remain low and have achieved the less than 0.4 complaints per 1,000 contacts since November 2014
- c) Compliance with safeguarding training continues to achieve.
- d) The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission is within expected levels, as published in October 2015 at 1.08

- e) The latest indicative 12 month rolling HSMR (Oct 14 – Sep 15) is reported as expected at 101.20 against the monthly rebased risk model.
- f) The Trust continues to receive a high response rate and positive scores for the friends and family test within all areas.
- g) The Trust continues to achieve the hospital ambulance screen data quality compliance measure.

Key Issues

- 3. Main issues for December 2015:
 - a) There was one recorded never event in December 2015 relating to wrong site surgery, however there remains some ambiguity in terms of whether the incident meets the never event criteria.
 - b) There was a breach of the 52 week target in December 2015, in Ophthalmology. A full root cause analysis is underway.
 - c) There have been three breaches of the 12 hour standard from decision to admit, one in November and two in December.
 - d) Referral to treatment incomplete pathways remains above the 92% however the number of patients waiting over 18 weeks is increasing.
 - e) There were three Clostridium difficile toxin positive isolates identified in the laboratory in December which were post 3 days of admission. The YTD figure is 23 against the cumulative threshold of 21.
 - f) Overall performance against the Accident and Emergency four hour standard continues to under achieve with 94.49% in December, below the 95% threshold.
 - g) There were a total of 501 over 30 minute handover breaches in November 2015 with 284 validated over 30 minute.
 - h) Sickness rates remain above threshold at 4.93% in November 2015.
 - i) The Trust is reporting a £10.1m deficit.
 - j) The Trust is reporting a £9.1m safely releasing cost program gap year to date.
 - k) The Trust has a continued reducing cash balance.

Key

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



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



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

Safe

	Threshold 15/16	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Monthly Sparkline
M64 CDIFF	24	3	3	5	3	2	1	1	1	2	4	4	5	3	
M65 MRSA	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
M66 Never Event Incidence	1	0	0	0	0	0	0	0	1	0	0	0	0	1	
M67 Medication errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C28 Percentage of Harm Free Care	92%	98.74%	98.99%	98.96%	99.01%	99.08%	98.98%	99.42%	98.69%	98.77%	99.37%	98.96%	99.11%	99.20%	
M68 Maternal deaths	1	0	0	0	0	1	0	0	0	0	0	0	0	0	
C29 Proportion of patients risk assessed for Venous Thromboembolism	95%	97.93%	97.83%	97.22%	98.61%	99.39%	99.56%	99.40%	99.30%	98.80%	98.60%	98.94%	98.63%		
M69 Serious Incidents (Steis)		8	9	8	5	4	5	5	10	8	3	3	8	10	
M70 CAS Alerts - non compliance	0	0	0	0	0	0	0	0	0	4	0	0	0	0	

Caring

	Threshold 15/16	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Monthly Sparkline
C38 Inpatient Friends and Family - % who would recommend	91.76%	97.66%	96.78%	97.68%	98.25%	98.19%	98.08%	97.71%	98.90%	98.59%	98.71%	98.16%	98.10%	98.77%	
C40 Maternity Friends and Family - % who would recommend		95.78%	96.12%	94.97%	95.47%	96.37%	94.38%	95.38%	95.68%	94.15%	94.90%	94.09%	95.80%	92.60%	
C42 A&E Friends and Family - % who would recommend	80.62%	74.45%	80.15%	80.93%	80.51%	77.20%	78.96%	82.88%	77.42%	84.42%	84.66%	83.20%	83.90%	85.14%	
C44 Community Friends and Family - % who would recommend			95.27%	93.49%	90.61%	92.58%	94.69%	92.07%	93.52%	93.51%	91.57%	94.59%	93.90%	93.67%	
C15 Complaints – rate per 1000 contacts	0.4	0.34	0.38	0.25	0.31	0.21	0.14	0.26	0.22	0.25	0.20	0.21	0.20	0.18	
M52 Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	2	0	0	

Effective

	Threshold 15/16	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Monthly Sparkline
M73 Deaths in Low Risk Categories - relative risk	Outlier	110.69	108.56	109.00	113.07	109.66	103.24	95.87	95.78	88.65	95.78				
M74 Hospital Standardised Mortality Ratio - Weekday (DFI Indicative)	Outlier	104.54	106.76	107.06	104.95	104.67	102.91	102.36	100.77	99.63	100.30				
M75 Hospital Standardised Mortality Ratio - Weekend (DFI Indicative)	Outlier	99.66	99.838	102.26	104.16	101.36	103.78	104.98	103.46	105.08	103.56				
M54 Hospital Standardised Mortality Ratio (DFI Indicative)	Outlier	103.35	105.05	105.86	104.78	103.90	103.15	103.05	101.53	101.10	101.20				
M53 Summary Hospital Mortality Indicator (HSCIC Published data)	Outlier	1.08			1.08										
C16 Emergency re-admissions within 30 days		12.79%	13.02%	12.54%	12.50%	12.61%	12.42%	13.10%	13.01%	12.75%	12.65%	12.69%	13.36%		
M89 CQUIN schemes at risk	0														

Responsive

	Threshold 15/16	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Monthly Sparkline
Proportion of patients spending less than 4 hours in A&E	95%	89.1%	91.2%	94.8%	94.7%	92.5%	93.42%	94.78%	93.36%	93.32%	94.79%	93.56%	94.42%	94.49%	
A&E patients waiting over 12hrs from decision to admit	0	0	0	0	0	0	0	0	0	0	0	0	1	2	
RTT admitted: percentage within 18 weeks	n/a	91.0%	91.7%	89.6%	93.6%	93.0%	93.3%	94.0%	91.1%	89.9%	85.0%	85.3%	85.0%	86.3%	
RTT non- admitted pathways: percentage within 18 weeks	n/a	98.3%	98.0%	97.9%	98.1%	98.4%	98.7%	98.0%	97.6%	97.5%	97.5%	96.3%	97.5%	95.9%	
RTT waiting times Incomplete pathways	92%	96.6%	96.7%	97.4%	97.7%	97.6%	98.0%	97.5%	97.5%	97.9%	96.7%	95.9%	94.6%	93.9%	
RTT patients treated over 52 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1%	0.23%	0.05%	0.15%	0.01%	0.00%	0.04%	0.04%	0.01%	0.09%	0.11%	0.02%	0.1%	0.08%	
Cancer - Treatment within 62 days of referral from GP	85%	87.90%	85.10%	85.80%	92.70%	87.40%	89.50%	85.40%	85.10%	86.6%	85.90%	93.2%	89.2%		
Cancer - Treatment within 62 days of referral from screening	90%	91.7%	80.0%	96.0%	100.0%	100.0%	94.3%	93.8%	100.0%	93.9%	95.70%	100.0%	100.0%		
Cancer - Treatment within 31 days of decision to treat	96%	99.4%	96.2%	97.9%	97.4%	100.0%	96.8%	98.9%	98.9%	98.1%	100.00%	100.0%	100.0%		
Cancer - Subsequent treatment within 31 days (Drug)	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	98.3%	100.0%		
Cancer - Subsequent treatment within 31 days (Surgery)	94%	97.1%	91.5%	97.6%	97.4%	96.9%	100.0%	97.1%	97.1%	100.0%	100.00%	97.4%	100.0%		
Cancer - seen within 14 days of urgent GP referral	93%	97.20%	97.00%	98.00%	96.70%	96.30%	97.10%	96.90%	96.60%	96.0%	96.40%	96.3%	96.7%		
Cancer - breast symptoms seen within 14 days of GP referral	93%	95.20%	97.90%	96.90%	96.30%	94.70%	95.30%	96.30%	94.90%	94.6%	94.70%	97.1%	93.0%		
Urgent operations cancelled for 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Not treated within 28 days of last minute cancellation due to non clinical reasons	0	0	5.71%	0%	0%	4.44%	3.03%	0.00%	0.00%	1.92%	0.00%	0.00%	0.0%	0.00%	
Proportion of delayed discharges attributable to the NHS	3.5%	5.52%	6.45%	4.53%	4.03%	4.07%	3.94%	3.84%	4.75%	3.69%	3.62%	3.64%	3.0%	4.16%	
M62 12 hour trolley waits in A&E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
M90 Average LOS elective and daycase		3.3	2.7	2.5	2.8	2.7	2.3	2.9	3.2	3.5	2.8	2.4	2.9	2.8	
M91 Average LOS non-elective		4.6	5.2	4.9	5.0	4.5	4.8	4.6	4.7	4.7	4.4	4.6	4.6	4.5	

Well led

	Threshold 15/16	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Monthly Sparkline
C31 NHS England Inpatients response rate from Friends and Family Test	16%	48.1%	47.5%	54.1%	55.4%	51.1%	56.92%	59.79%	57.90%	55.12%	45.92%	49.05%	43.70%	49.81%	
C32 NHS England A&E response rate from Friends and Family Test	4%	25.4%	23.2%	23.3%	22.6%	23.8%	23.09%	25.52%	23.08%	25.44%	25.04%	25.42%	23.00%	23.69%	
M77 Trust turnover rate	12%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	9.9%	9.6%	9.7%	9.6%	9.5%	9.4%	
M78 Trust level total sickness rate	3.75%	5.5%	5.4%	4.9%	4.8%	4.8%	4.8%	4.79%	4.99%	4.87%	4.81%	4.91%	4.93%		
M79 Total Trust vacancy rate	5%	6.4%	6.7%	6.4%	6.7%	6.9%	6.2%	6.3%	6.3%	6.1%	5.2%	6.8%	6.5%	7.5%	
F8 Temporary costs as % of total payroll	4%	8%	11%	9%	9%	8%	7%	6%	8%	7%	8%	8%	8%	8%	
F9 Overtime as % of total payroll	0%	1%	1%	1%	1%	0%	0%	0%	0%	0%	1%	0%	1%	0%	
F1 Cumulative Retained Deficit for breakeven duty (£M)	0.0	(1.6)	(0.6)	0.5	1.3	(1.7)	(3.4)	(5.0)	(6.7)	(7.5)	(8.2)	(8.8)	(9.5)	(10.1)	
F2 SRCP Achieved % (green schemes only)	100.0%	51%	52%	52%	59%	11%	15%	20%	24%	33%	46%	49%	54%	60%	
F2.1 SRCP Achieved £m						0.2	0.6	1.2	1.9	3.1	4.4	5.9	7.6	10.2	
F3 Liquidity days	0	(1.9)	(0.8)	(1.2)	(1.3)	(1.3)	(2.9)	(4.0)	(7.0)	(9.0)	(12.0)	(13.0)	(13.0)	(13.5)	
F4 Capital spend v plan	85%	88%	88%	89%	74%	75%	80%	90%	77%	81%	75%	72%	71%	71%	
F5 COSR (Continuity of risk rating)	2	3	3	3	3	2	2	2	2	2	2	2	2	2	
F6 COSR - Liquidity rating	3	3	3	4	3	3	3	3	3	3	3	2	2	2	
F7 COSR - Capital Servicing Capacity rating	1	2	2	1	3	1	1	1	1	1	1	1	1	1	
F10 COSR - I&E Margin	1											1	1	1	
F11 COSR - I&E Margin variance from plan	1											1	4	4	
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%	
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%	
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%	
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%	

Safe – Infection Control (M64, M65)

Current rating:

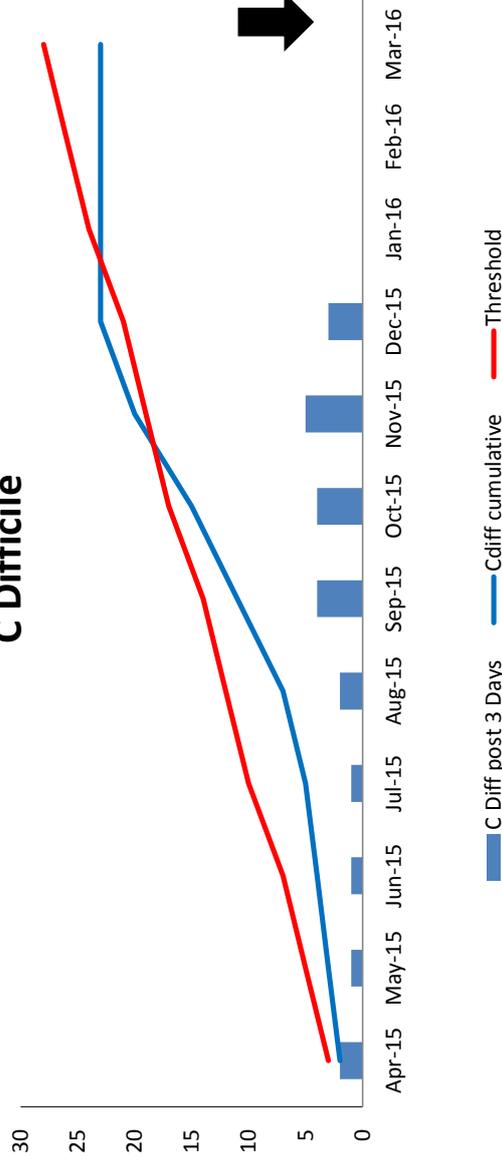
Amber Rating due to infection rates higher than the established threshold

One MRSA infection detected in December post 2 days of admission, however it has not been agreed on whether this should be attributed to ELHT yet. Decision on this is awaited from NHS England. Zero attributed YTD against threshold of zero.

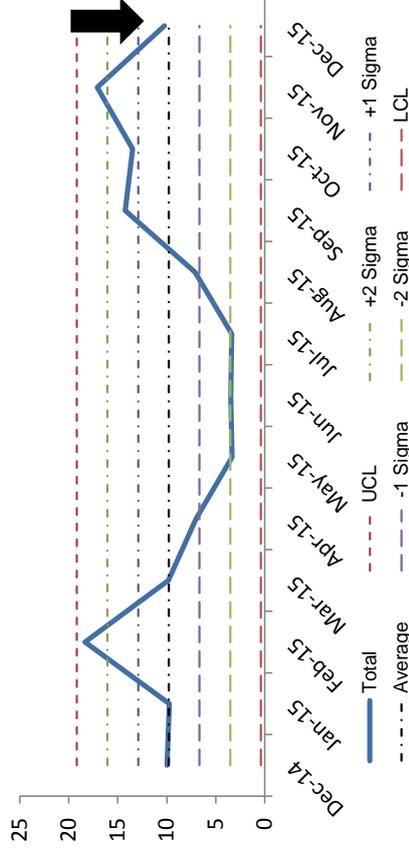
There were three Clostridium difficile toxin positive isolates identified in the laboratory in December which were post 3 days of admission. The YTD figure is 23 against the cumulative threshold of 21. The trust target for the year is 28 with an internal stretch target of 24. Actual infection rates are now higher than the established threshold

Comparisons with other acute trusts show East Lancashire ranked at 44th out of 155 Trusts for trust apportioned cases, with 10.6 infections per 100,000 bed days.

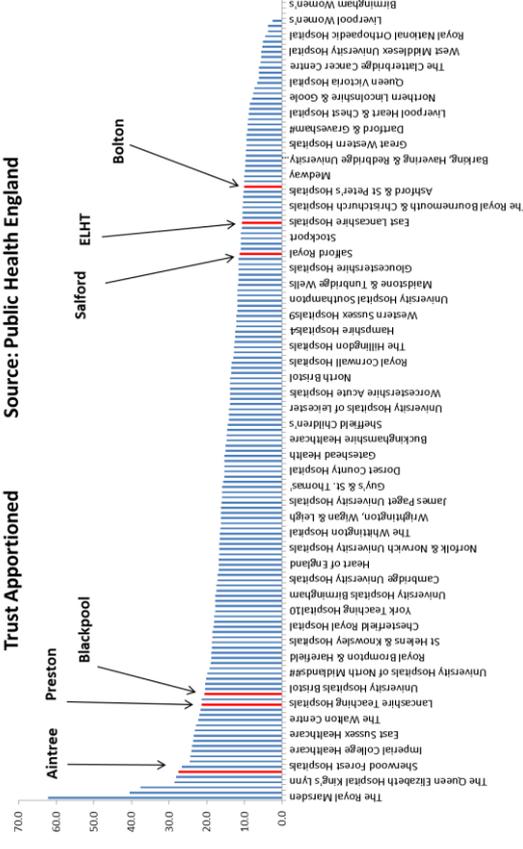
C Difficile



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



Safe – Harm Free Care

Current rating:

Never events

There was one never event in December, relating to wrong site surgery.

Serious Incidents

The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in the month of December was ten incidents. These incidents were categorised as three pressure ulcers, two slips, trips & falls, two commissioning incidents, two diagnostic incidents and one sub optimal care incident.

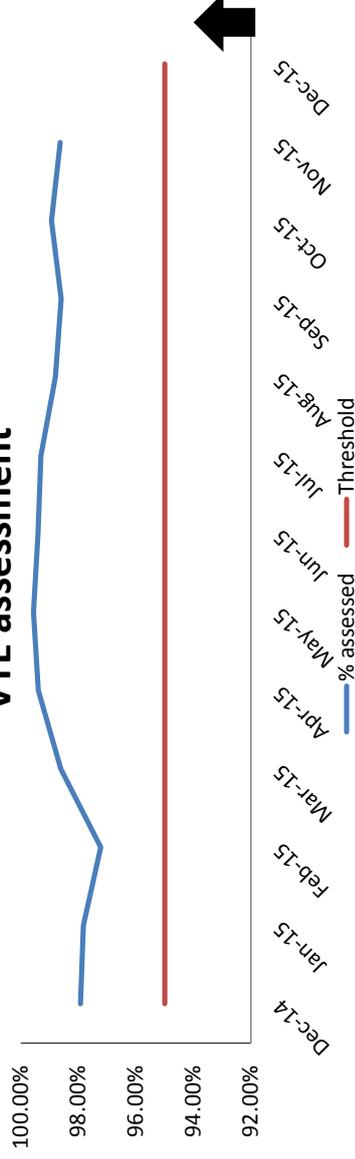
A detailed report providing assurance on the management of each of the STEIS reported incidents is submitted monthly to the Patient Safety and Risk Assurance Committee.

Harm free Care

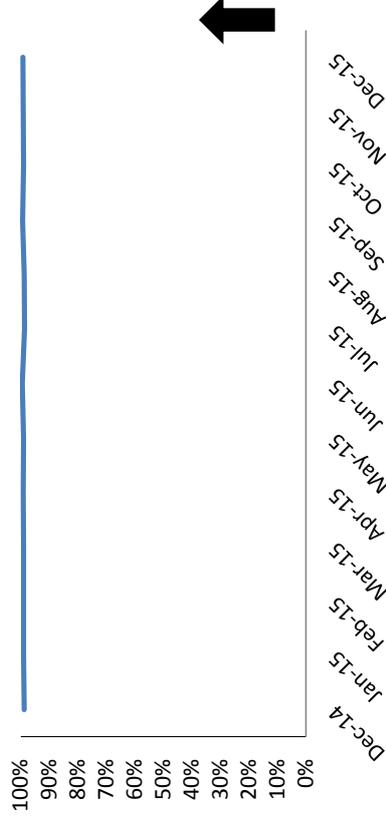
The Trust remains consistent with the percentage of patients with harm free care at 99.20% for December 2015 using the National safety thermometer tool.

For December 2015 we are reporting the unverified position as two grade 3 and three grade 2 inpatient hospital acquired pressure ulcer.

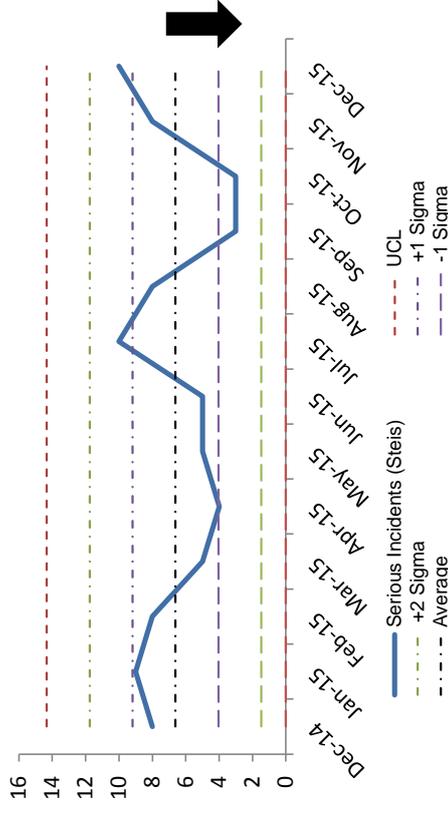
VTE assessment



% Harm Free Care

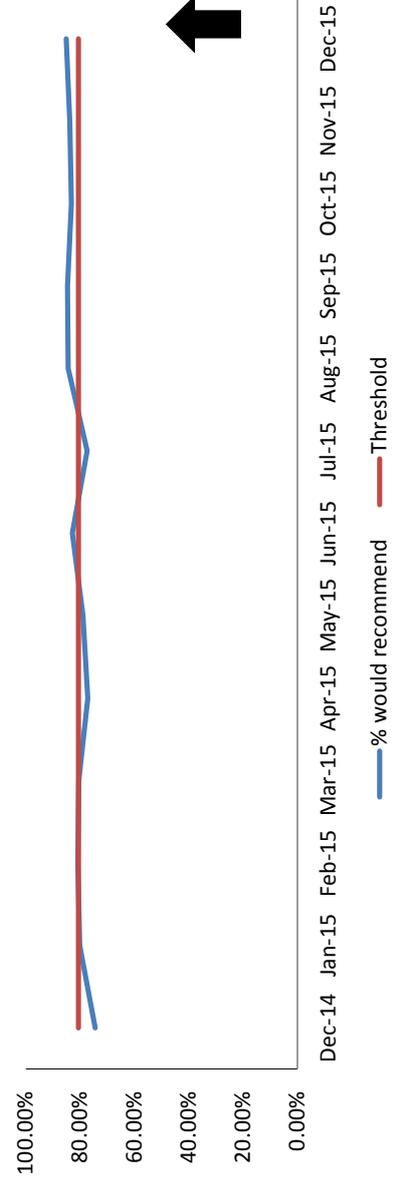


Serious Incidents

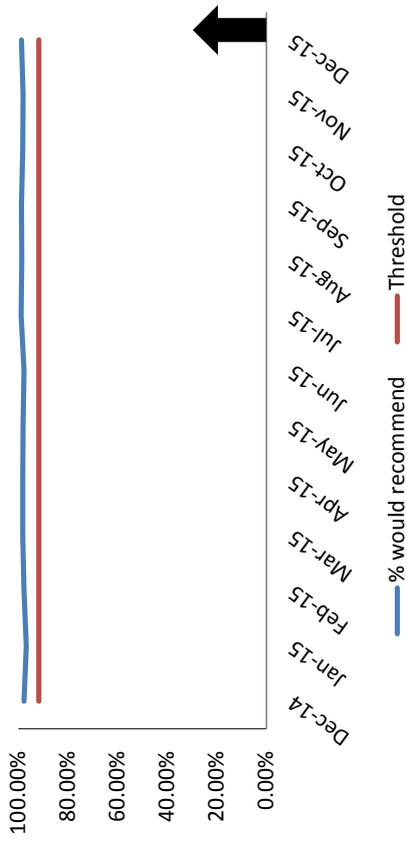


This report reflects national measurement methodology, which measures the proportion of patients that would recommend the Trust to friends and family. The latest Trust development authority thresholds have been included where available. In December 85.14% would recommend A&E to friends and family and 98.77% would recommend inpatient services. Community services would be recommended by 93.67% and maternity 92.60%

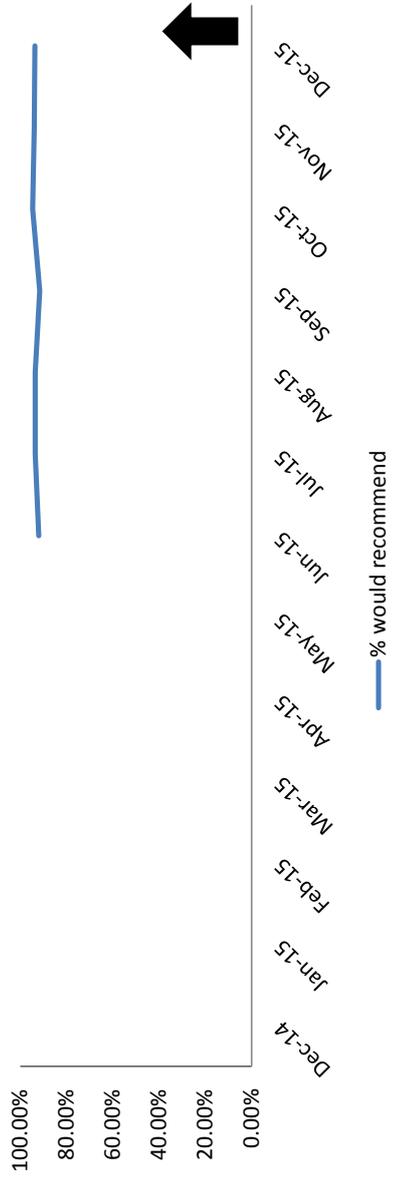
Friends & Family A&E



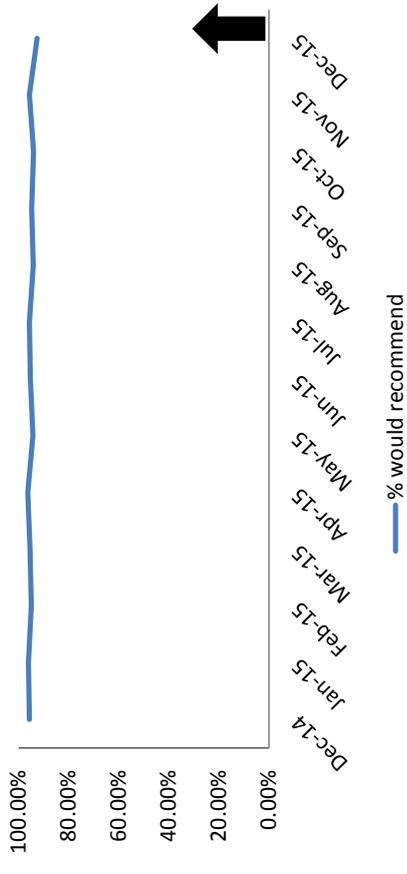
Friends & Family Inpatient



Friends & Family Community



Friends & Family Maternity



Complaints

The Trust received 20 new complaints during December a decrease on November with 27. The majority group (10) were related to 'all aspects of clinical care'.

Patient Experience Surveys

Table 1 demonstrates divisional performance from the range of patient experience surveys for December 2015. 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 for December 2015 is above the threshold of 90% for all of the 4 competencies.

The scores for the Integrated Care Group continue to be high with the Integrated Care Group – Community scoring 100% against the dignity, involvement and quality competencies in December.

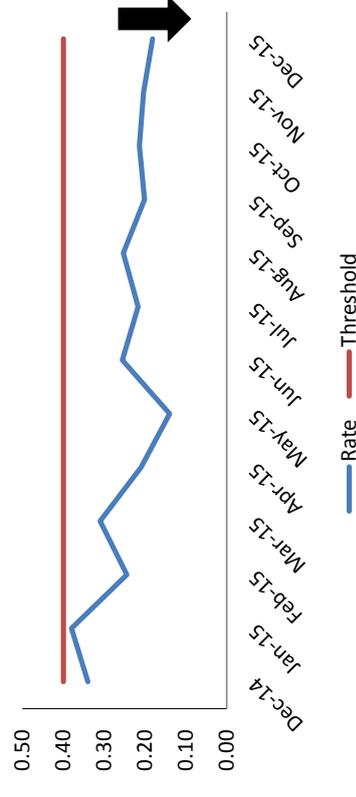
The Integrated Care Group – Acute scored 99% across all 4 competencies in December.

Surgery's overall performance in December fell slightly to 96% and performance against dignity, information and involvement also fell slightly.

Family Care showed a slight increase in overall performance, however, performance against the information competency fell to 92% in December from 94% in November. There were slight increases against involvement and quality.

Diagnostic and Clinical Care Directorate's overall performance, and against the dignity, information and involvement competencies increased slightly in December.

Complaints per 1000 contacts



December 2015 Totals	Overall		Dignity	Information	Involvement	Quality
	No.	%				
Trust	2313	97%	98%	96%	99%	98%
Integrated Care Group - Acute	584	99%	99%	99%	99%	99%
Integrated Care Group - Community	435	99%	100%	99%	100%	100%
Surgery	291	96%	98%	97%	97%	97%
Family care	451	96%	99%	92%	98%	96%
Diagnostic and Clinical	538	95%	96%	96%	98%	95%

Effective - Mortality

Current rating:

The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission is within expected levels, as published in October 2015 at 1.08

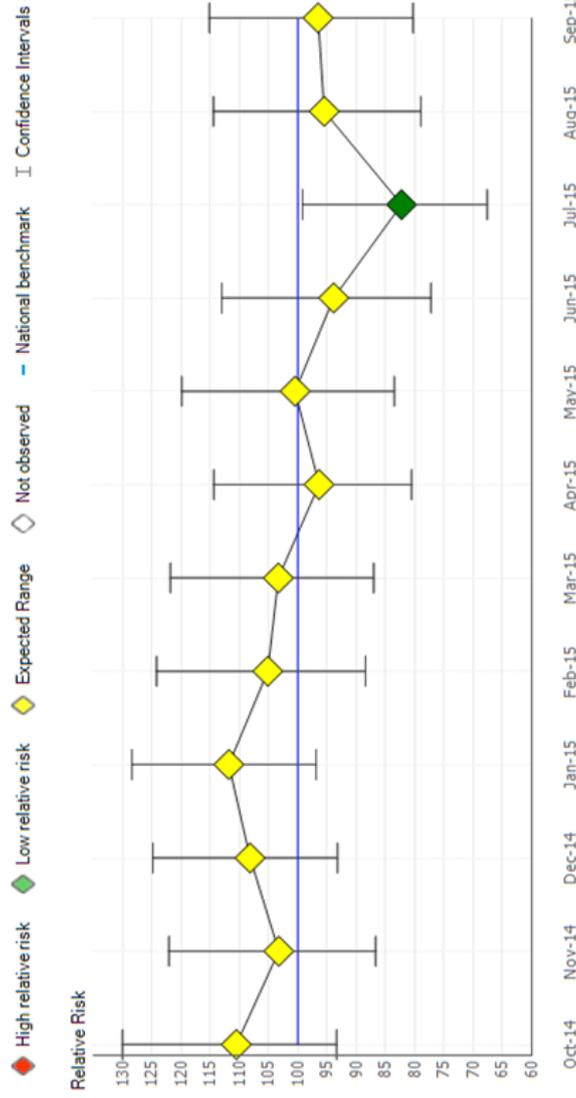
The quarterly published CQC HSMR has improved to 104.38 from 104.72 (Jan 14 – Dec 14) at the last publication.

DFI Indicative HSMR - rolling 12 month - Green rating

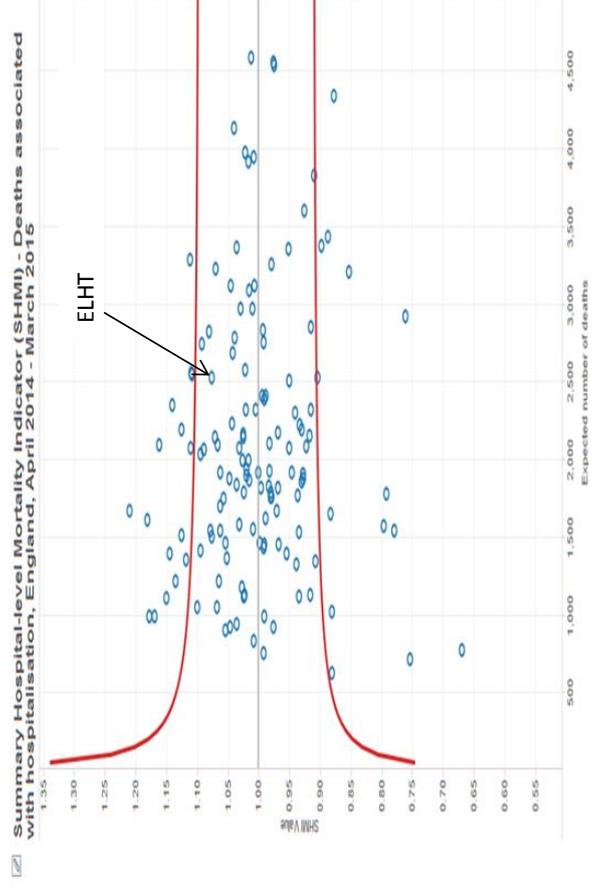
The latest indicative 12 month rolling HSMR (Oct 14 – Sep 15) is reported as expected at 101.20 against the monthly rebased risk model.

	CQC Latest Quarterly HSMR Jan 14 – Dec 14	DFI Rebased on latest month Oct 14 – Sep 15 (Risk model Jun 15)
TOTAL	104.38 (CI 92.33 – 108.10)	101.20 (CI 96.40 – 106.17)
Weekday	104.60 (CI 91.01 – 109.59)	100.30 (CI 94.79 – 106.05)
Weekend	99.89 (84.92 – 116.86)	103.56 (CI 94.02 – 113.82)
Deaths in Low Risk Diagnosis Groups	0.68 (0.28 – 0.96)	95.8 (CI 63.10 – 139.36)

Dr. Foster Indicative HSMR monthly Trend



SHMI Published Funnel Plot



Effective/Responsive

Readmissions, Diagnostic Waits, Delayed Discharges

Current rating:

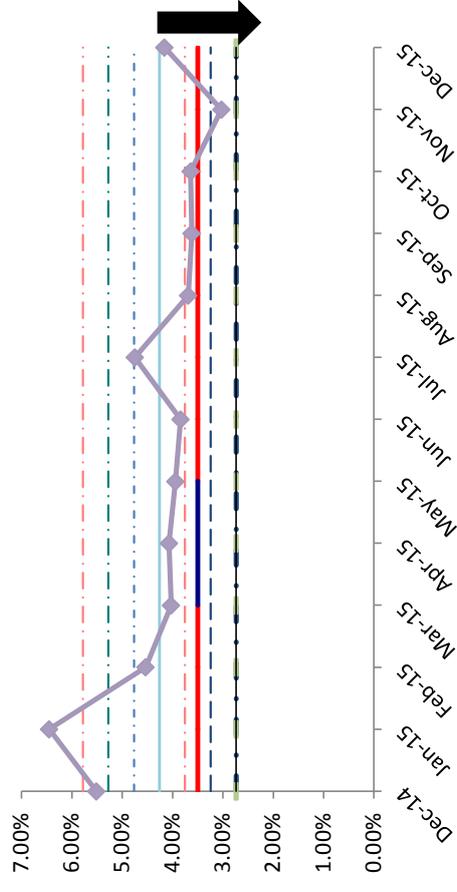
Red rating due to the under achievement of the delayed transfers of care threshold.

Delayed Discharges. The number of delays reported against the delayed transfers of care standard has deteriorated in December and is now breaching the threshold at 4.16%.

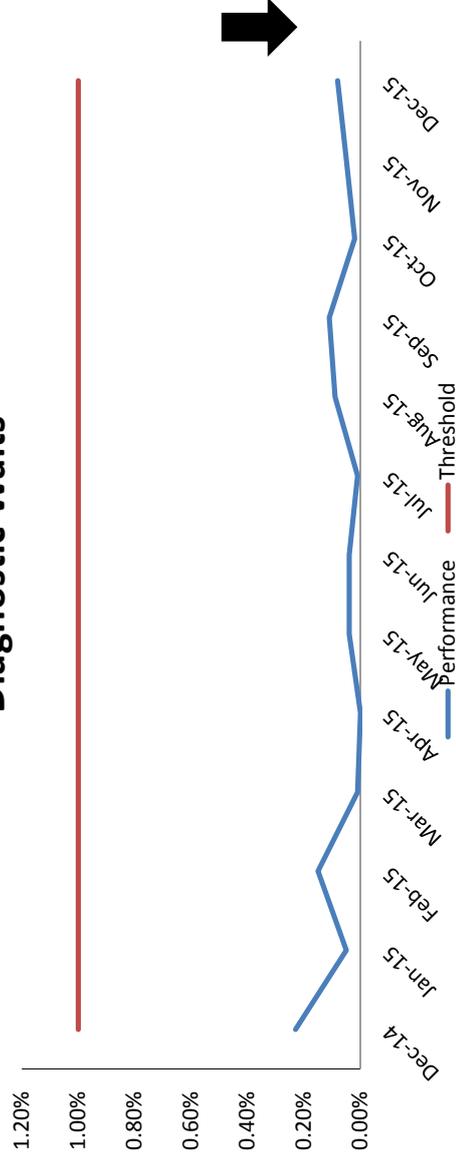
Emergency Readmissions (Reported 1 month behind). The emergency readmission rate has decreased to 13.36% in November 2015 compared with 13.70% in November 2014.

Diagnostic Waits. This measures the proportion of patients exceeding the 6 week target for a diagnostic procedure. In December, 0.08% waited longer than 6 weeks.

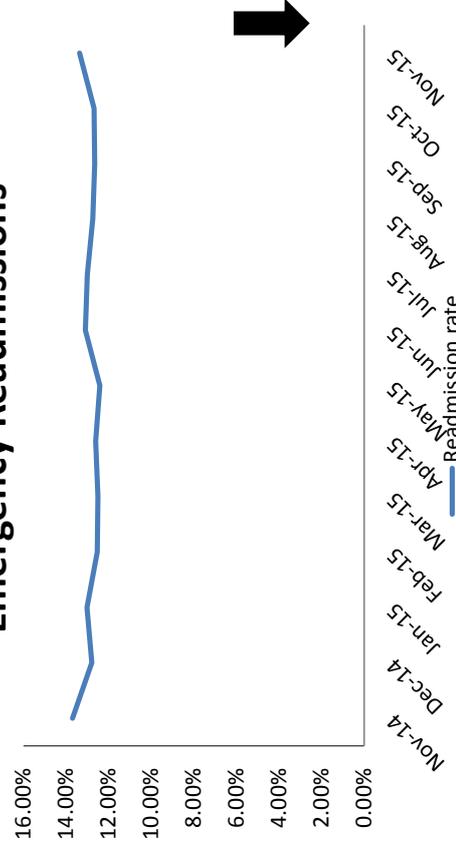
Delayed Discharges per 1000 bed days



Diagnostic Waits



Emergency Readmissions



Effective - CQUIN

Current rating:

Commissioning for Quality and Innovation (CQUIN) - All schemes on track at Q2.

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%	n/a					22.3%	34.7%		
national	SEPSIS - Screening	Mthly	n/a	>90% by Q4	28.6%	41.2%	25.0%	86.0%	100.0%	100.0%	n/a	n/a					31.6%	95.0%		
national	- Antibiotic Administration	Mthly	n/a	>90% by Q4	n/a	n/a	n/a	100%	67%	n/a	n/a	n/a						75%		
national	DEMENTIA AND DELIRIUM - FAIR Standards - indicator 1 - dementia case finding	Mthly	90.0%	90.0%	96.80%	93.45%	94.39%	96.88%	94.64%	93.3%	96.8%	n/a					94.8%	95.0%		
national	DEMENTIA AND DELIRIUM - FAIR Standards - indicator 2 - diagnostic assessment & investigate	Mthly	90.0%	90.0%	97.30%	98.35%	95.62%	95.65%	97.92%	98.2%	98.5%	n/a					97.0%	97.2%		
national	DEMENTIA AND DELIRIUM - FAIR Standards - indicator 3 - referral for specialist diagnosis	Mthly	90.0%	90.0%	100.00%	100.00%	100.00%	96.55%	100.00%	100.0%	100.0%	n/a					100.0%	98.9%		
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%	26.76%	24.58%	25.15%	26.80%	n/a					27.77%	25.52%		
local	- Number of LOS avoidable admissions (ACS) patients discharged directly from AMBC/MAU/STU	Mthly	2005	n/a	157	191	178	162	156	146	132	n/a					526	464		
local	- % of all avoidable admissions (ACS) age <19 discharged directly from AMBC/MAU/STU	Mthly	18.27%	n/a	18.47%	21.27%	19.96%	17.94%	18.77%	18.30%	15.77%	n/a					19.92%	18.33%		
local	- Number of LOS avoidable admissions (ACS) patients discharged directly from COAU/CMIU <19	Mthly	2952	n/a	240	209	200	211	123	161	249	n/a					649	495		
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%	n/a					51.51%	50.98%		
national	IMPROVING DIAGNOSES AND REATTENDANCE RATES OF PATIENTS WITH MENTAL HEALTH NEEDS AT A & E	Mthly	68%	85%	82.1%	82.4%	82.9%	82.8%	81.6%	83.3%	84.4%	81.2%					82.5%	82.6%		
local	DISCHARGE LETTERS - timeliness (within 48 hours)	Mthly	n/a	n/a	94%	94%			94%			n/a					94%	94%		
local	DISCHARGE LETTERS - compliance	Mthly	n/a	n/a	92%	92%			91%			n/a					92%	91%		
local	STILLBIRTH - Induction rate	Mthly	n/a	n/a	28.7%	26.7%	26.9%	27.8%	26.9%	30.9%	n/a	n/a					27.0%	28.5%		
local	- No. Stillbirths	Mthly	n/a	n/a	2	1	5	2	9	5	n/a	n/a					8	16		
local	- Stillbirth rate (Quarterly) - Proportion of all births	Mthly	n/a	n/a	0.51%	0.51%			0.94%		n/a	n/a					0.50%	0.94%		
local	- Early Neonatal Deaths >7days	Mthly	n/a	n/a	2	2	0	0	1	0	n/a	n/a					4	1		
local	- Babies Requiring Cooling	Mthly	n/a	n/a	3	0	4	0	0	0	n/a	n/a					7	0		
local	-Smoking Status at Booking	Mthly	n/a	n/a	21.0%	18.9%	17.0%	20.5%	19.5%	19.3%	n/a	n/a					18.9%	19.7%		
local	-Number of staff who have undertaken PROMPT (CTG training) - rolling 12 months	Qtrly	n/a	n/a	285	291	271	271	271	287	n/a	n/a					178	829		
local	-Percentage of staff who have undertaken PROMPT (CTG training) - Rolling 12 months	Qtrly	n/a	n/a	85.6%	87.1%	81.1%	81.6%	81.1%	86.7%	n/a	n/a					81.1%	86.7%		
local	-Training in the use of customised growth charts	Qtrly	24.3%	n/a	34.5%	35.0%	53.3%	54.5%	64.4%	68.6%	n/a	n/a					53.3%	68.6%		
local	CANCER PATHWAYS - 31 day decision to treat - Upper GI	Qtrly	n/a	n/a	22.7%	22.7%			13.0%		n/a	n/a					22.7%	13.0%		
local	CANCER PATHWAYS - 31 day decision to treat - Colorectal	Qtrly	n/a	n/a	20.0%	20.0%			28.0%		n/a	n/a					20.0%	28.0%		
local	CANCER PATHWAYS - 31 day decision to treat - Haematology	Qtrly	n/a	n/a	24.4%	24.4%			7.1%		n/a	n/a					24.4%	7.1%		
local	CANCER PATHWAYS - 31 day decision to treat - Gynaecology	Qtrly	n/a	n/a	31.0%	31.0%			40.0%		n/a	n/a					31.0%	40.0%		

CQUIN Scheme		Reporting Baseline Target												Q1	Q2	Q3	Q4	
		Mar-16	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16				
		Target	Freq															
Spec Comms	CANCER – ELIGIBLE PATIENTS RECEIVING A NICE DG10 COMPLIANT TEST (ONCOTYPE DX) - Number of tested Patients	n/a	2	0	2	3	2	0	n/a	n/a					4			
Spec Comms	'Untested patients having chemotherapy	n/a	0	1	1	2	0	0	n/a	n/a					2			
Spec Comms	'Untested patients not having chemotherapy	n/a	1	1	1	0	1	0	n/a	n/a					3			
Spec Comms	DATA COMPLETENESS FOR NEONATAL CRITICAL CARE no. questions achieving >=90% data completeness	4	3	4	4	4	4	4	4	4					4	4		
Spec Comms	- Babies <29 weeks gestation: temperature taken within first hour after birth (episodes=1)	>=90%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100%		
Spec Comms	Retinopathy screening (all babies <150lg or 32 weeks at birth)	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%		
Spec Comms	Mother's milk at discharge - babies <33 weeks at birth	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%		
Spec Comms	Parental Consultation by senior member within 24 hrs of admission	>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	95.70%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.9%	98.5%		
Spec Comms	TWO YEAR OUTCOMES FOR INFANTS <30 WEEKS GESTATION	40.0%	66.7%	50.0%	50.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	57.0%	67.0%		
Spec Comms	HIV – REDUCING UNNECESSARY CD4 MONITORING	n/a	In development - Annual Data Submission															

Responsive – A&E

Current rating:

Red rating due to the under achievement of the four hour standard and the number of handovers over 30 minutes.

Overall performance against the Accident and Emergency four hour standard continues to under achieve with 94.49% in December, below the 95% threshold.

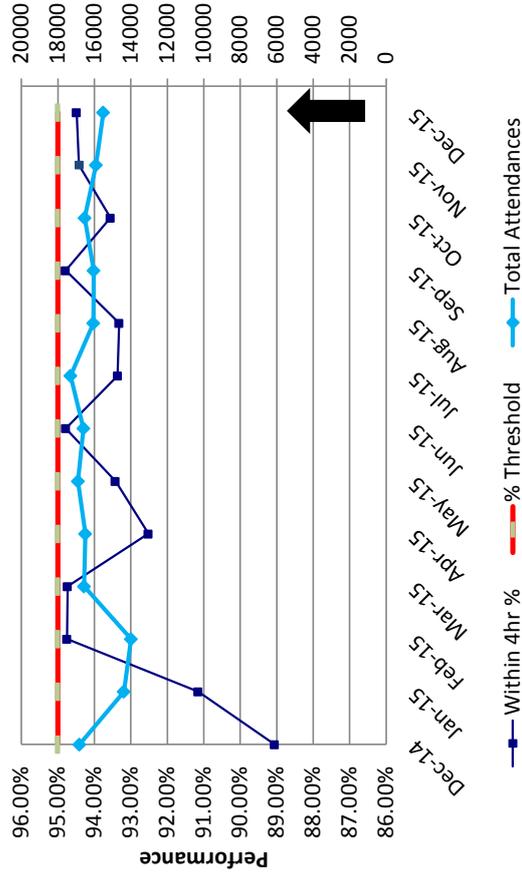
There have been three breaches of the 12 hour standard from decision to admit, one in November and two in December. A root cause analysis is being completed for each breach.

The ambulance handover compliance indicator is reported at 91.56% in December, which is above the revised 90% threshold.

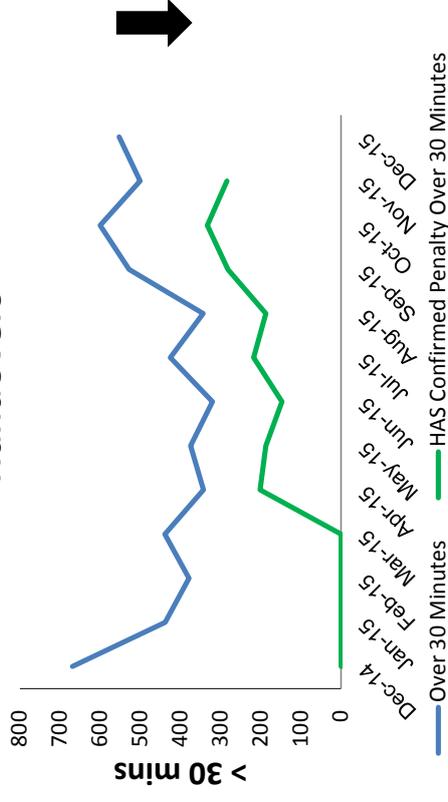
The number of handovers over 30 minutes has increased to 553 for December compared to 501 for November.

The validated NWAS penalty figures for November are 145 missing timestamps, 243 handover breaches (30-60 mins) and 41 handover breaches (>60 mins).

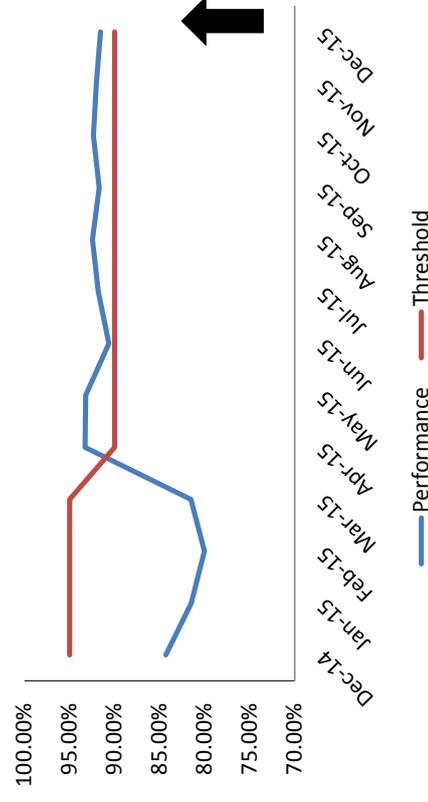
A&E 4 hour Target



Handovers



HAS Compliance



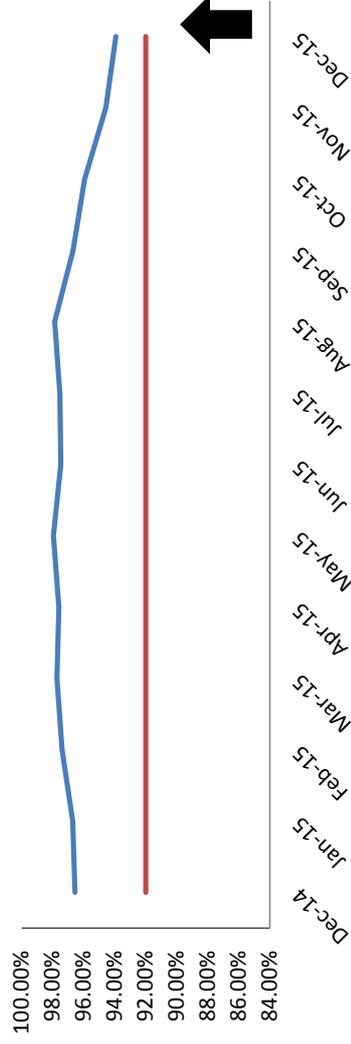
Responsive – Referral to Treatment (18 week target)

Current rating:

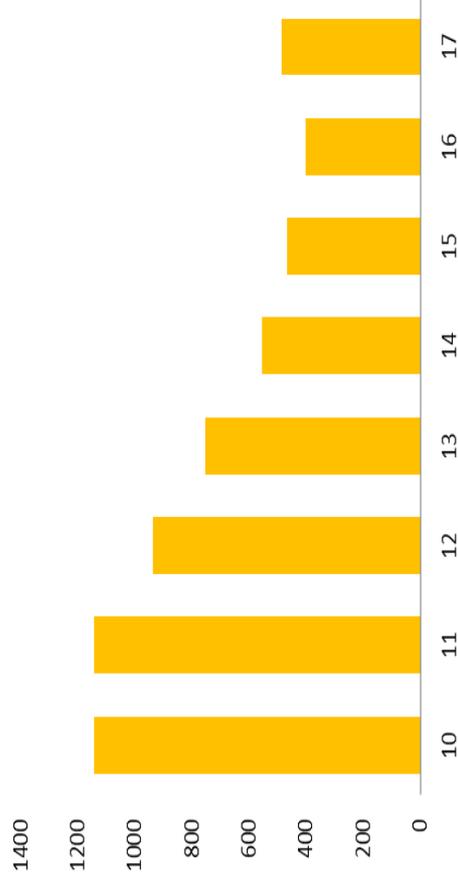
The Trust continues to achieve the ongoing standard at 93.93% in December, however performance has deteriorated since August. The graphs below show the numbers of patients still waiting for treatment at the end of December, by weeks waited over 10 weeks.

There was a breach of the 52 week target in December, in Ophthalmology. A full root cause analysis is underway.

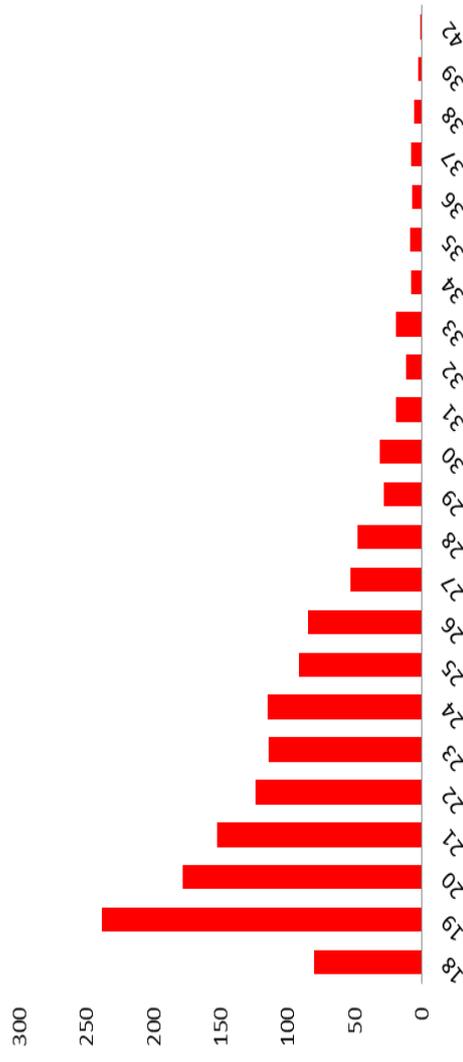
RTT ongoing



RTT Ongoing 10 - 18 weeks



RTT Over 18 weeks

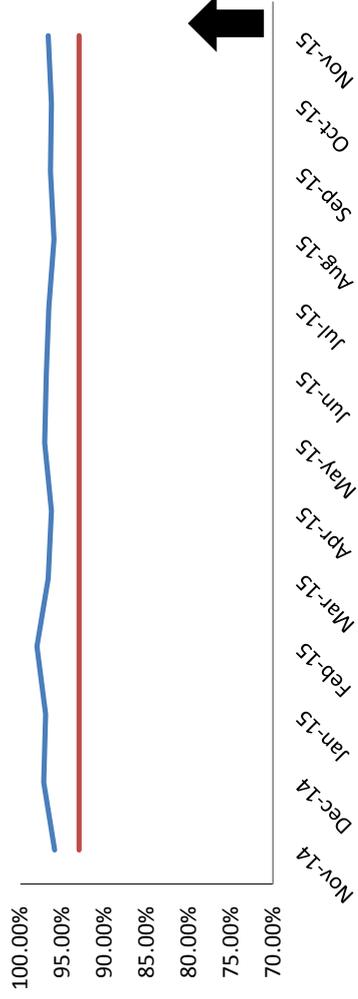


Responsive – Cancer Waits

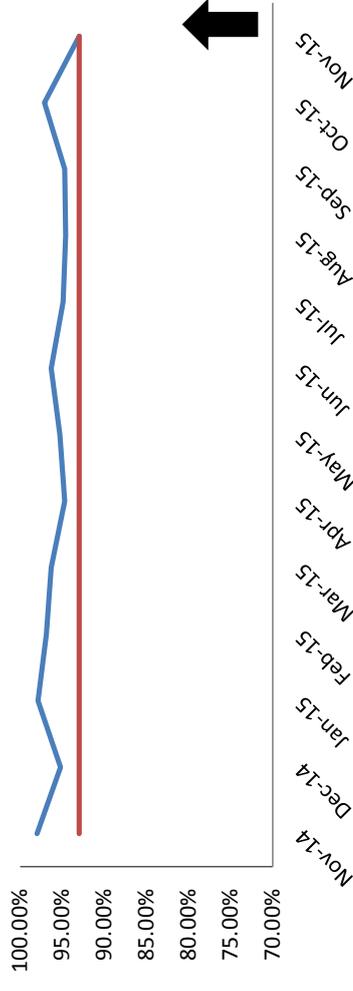
Current rating:

All cancer targets have been met in November. Two week performance for breast referrals has dipped in month to 93% which is just on target. There were four patients in November treated after day 104.

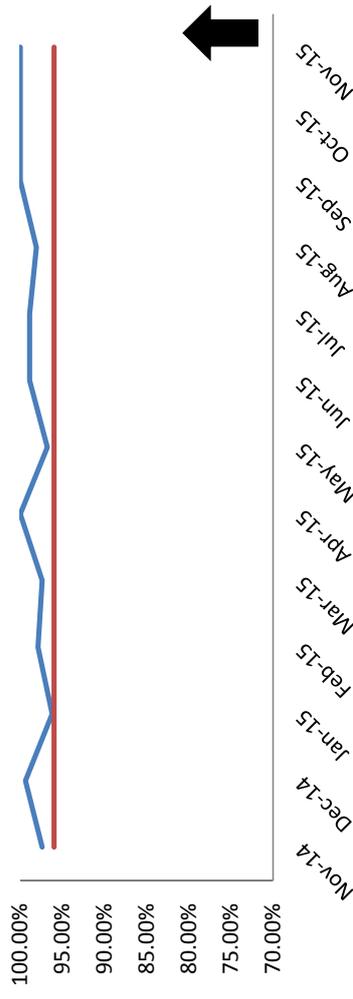
Cancer 2 Week



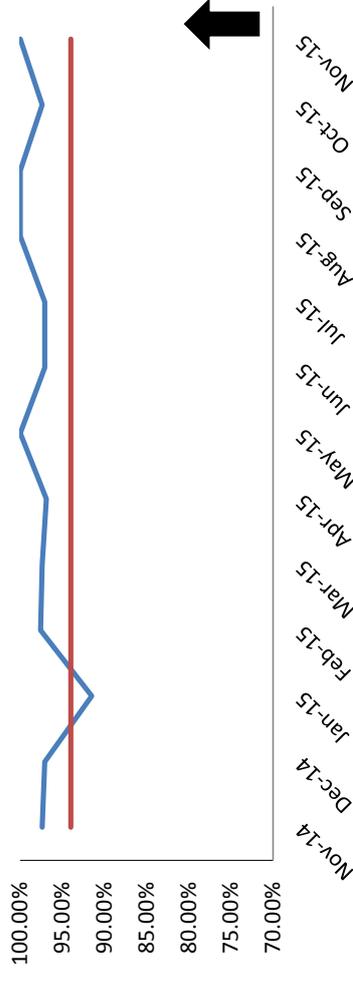
Cancer 2 Week breast



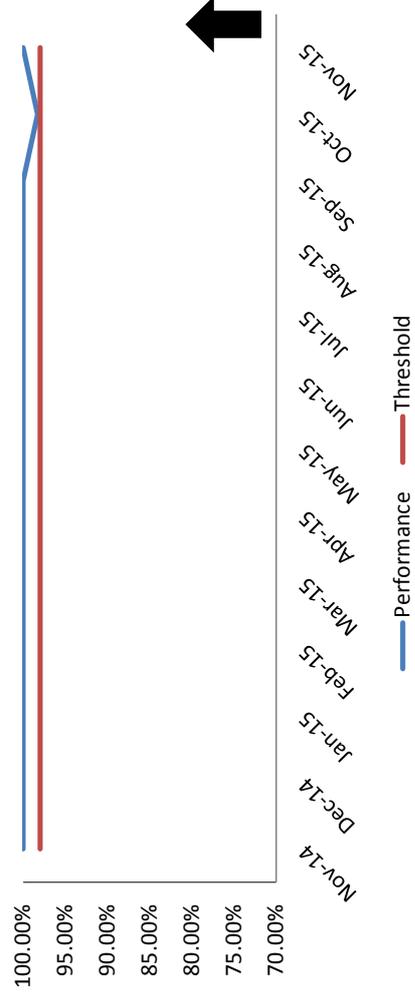
Cancer 31 Day



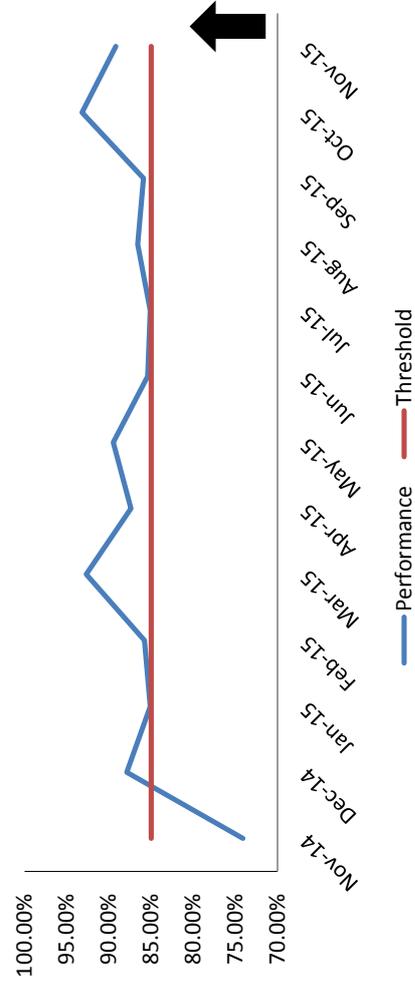
Cancer 31 Day Surgery



Cancer 31 Day Drug



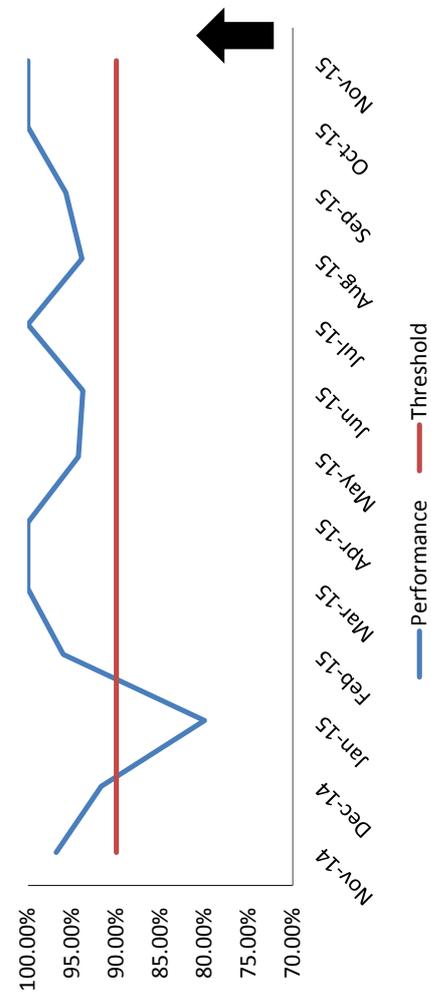
Cancer 62 Day



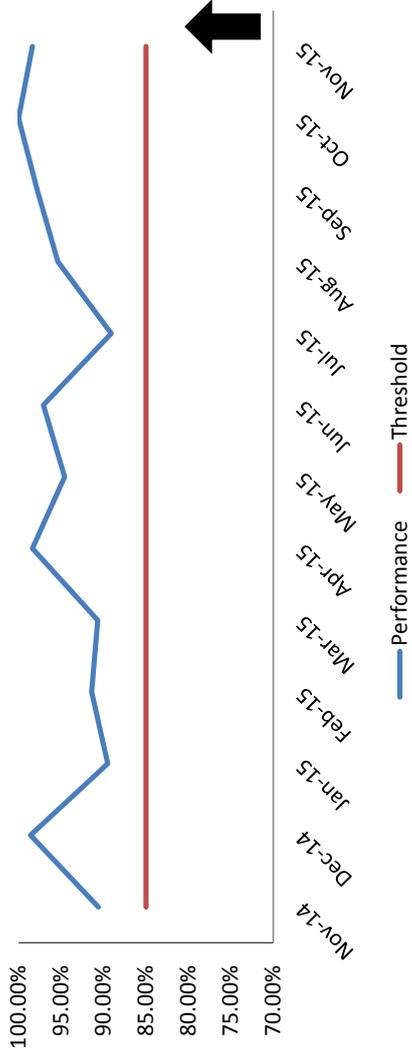
Cancer 62 Day by Tumour Site

Tumour Site	Q1	Q2	Nov-15
Brain	100.0%		
Breast	100.0%	97.8%	100.0%
Colorectal	76.4%	80.4%	43.8%
Gynaecology	88.6%	100.0%	100.0%
Haematology	85.7%	48.1%	50.0%
Head & Neck	82.2%	79.5%	87.5%
Lung	90.3%	75.8%	92.9%
Skin	95.9%	100.0%	93.3%
Upper GI	69.0%	77.5%	84.6%
Urology	86.7%	84.3%	95.5%

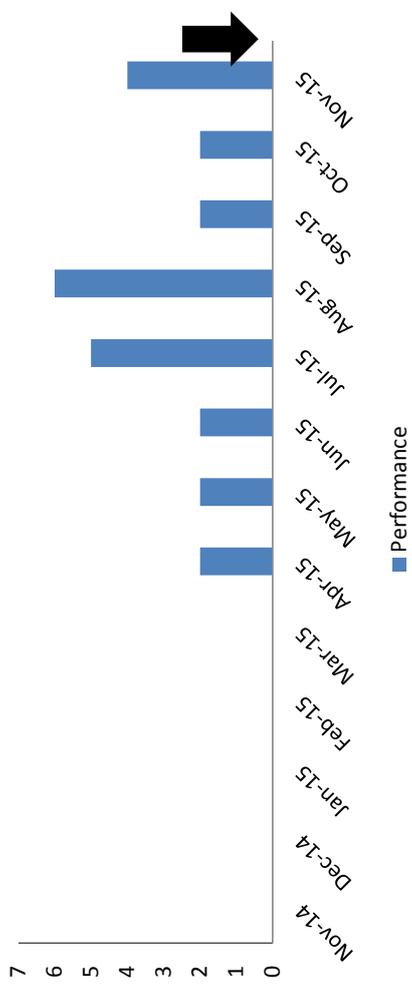
Cancer 62 Day Screening



Cancer 62 Day Consultant Upgrade



Cancer Patients Treated > Day 104



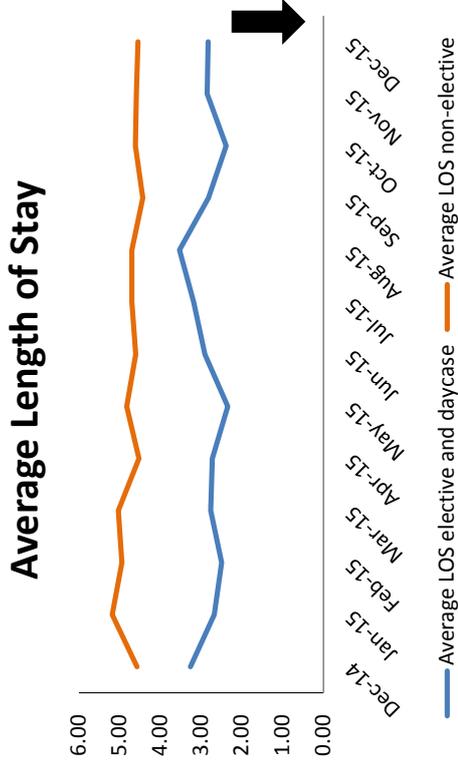
Responsive – Average Length of Stay

Current rating:

Trust non elective average length of stay has remained static against last month at 4.5 for December.

The elective length of stay has also remained static in December at 2.8.

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

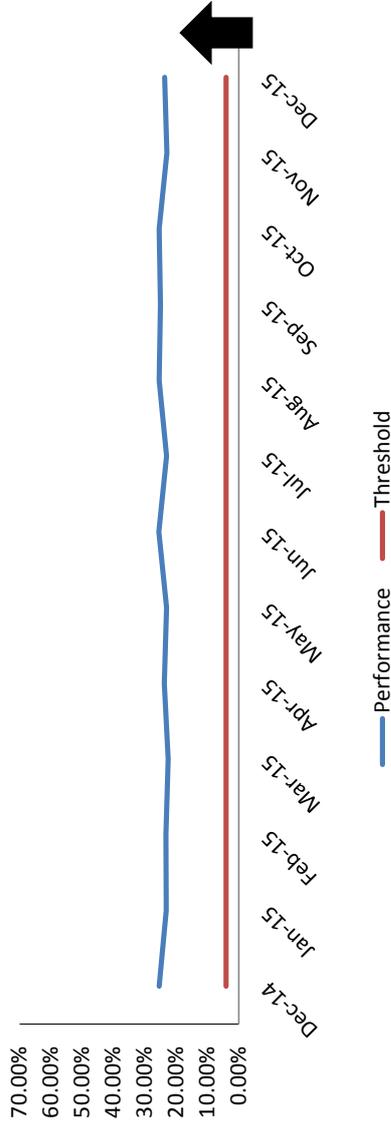


Average Length of Stay vs expected, Oct 14 - Sep 15, Dr Foster Information

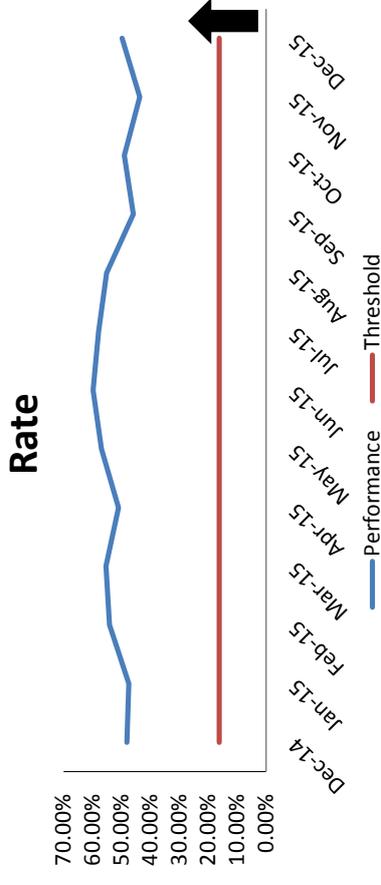
	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Emergency	56,629	56,629	0	4.8	4.7	-0.1
Elective	57,203	10,115	47,088	3.3	3	-0.3
Maternity/Birth	14,291	14,291	0	2.2	2.6	0.4
Transfer	235	235	0	12.2	30.5	18.3

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

Friends & Family - A&E Response Rate



Friends & Family - Inpatient Response Rate



Sickness rate - Amber rating

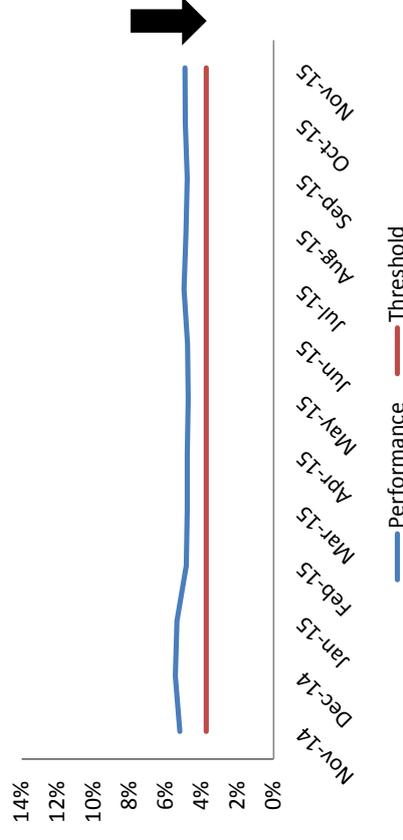
The sickness absence rate increased slightly from 4.91% in Oct 2015 to 4.93% in Nov. This is lower than in the previous year (5.21%). The year to date average for 2014/15 is 4.99%.

Between April 2015 and June 2015 the average sickness absence rate for the NHS in England was 3.94%. ELHT performance (4.84%) in Q1 was worse than the national (3.94%) and North West average of 4.59%.

The following actions are being taken to reduce sickness absence:

- Developing a corporate managing attendance action plan linking in to the Trust's Health and Wellbeing strategy which will then inform the further development of Divisional action plans
- Reviewing sickness absence policy
- Re-tender for employee assistance programme on-going - the current provider has been extended to March 2016.
- Current review of Mental Health Strategy – Mental Health First Aid training successful pilot which will be rolled out across the organisation in the new year
- Reviewing the training for managers in relation to managing attendance
- Reviewing the Divisional IPR
- Continuing provision of Fast physio and Worksmart services - Occupational Therapist Wellbeing Practitioner in place who supports recommendations relating to returns to work
- Letters of recognition for staff with no sickness have been sent out
- Referral of all staff highlighting stress/anxiety and musculoskeletal problems to Occupational Health Services from day one of sickness absence
- Continuing promotion of health & wellbeing initiatives – annual football tournament (mixed teams) in August, planned department sports events
- 2016 Flu Campaign – 82% uptake so far (ahead of our position this time last year)

Sickness Rate



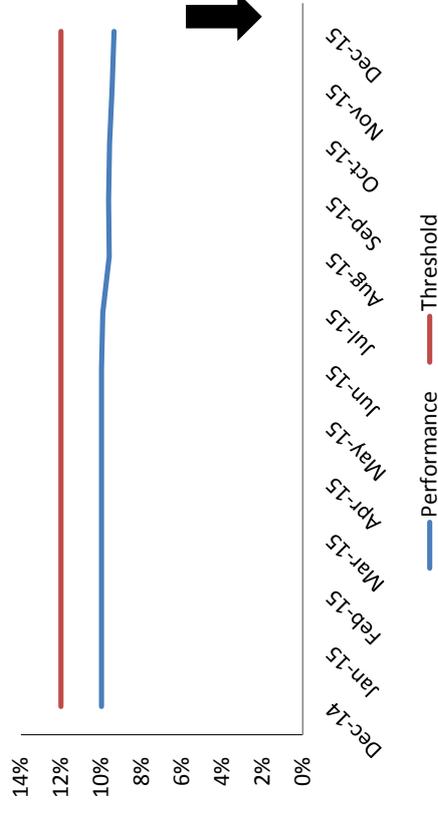
Well Led – Workforce – Staff in Post, Recruitment

Current rating:

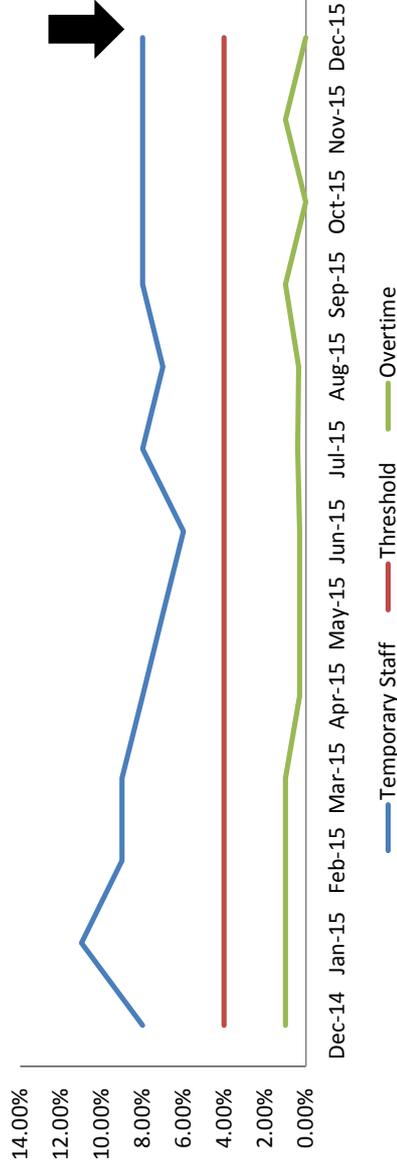
Turnover rate, Vacancy rate and temporary costs - Amber rating

Overall the Trust is now employing 6883 FTE staff in total. This is a net decrease of 15 FTE from the previous month. The number of nurses in post at December 2015 stood at 2264 FTE which is a net increase of 4 FTE since last month and a net increase of 210 FTE since 1st April 2013. There are a further 177 nurses in the recruitment pipeline. The vacancy rate for nurses now stands at 9.9% (248 FTE)

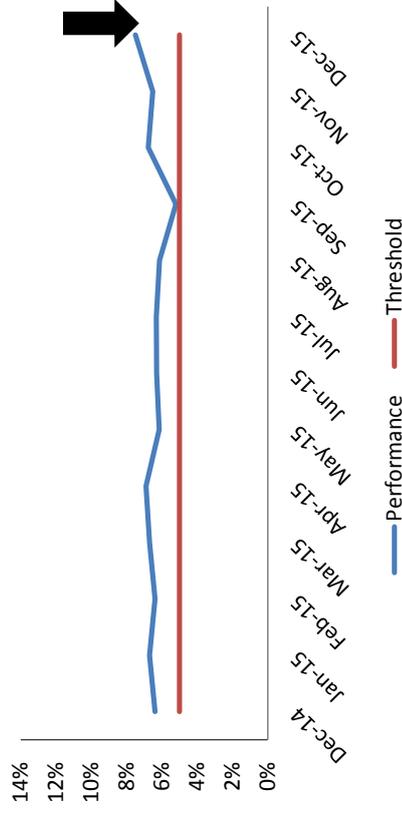
Turnover Rate



Temporary costs and overtime as % total payroll



Vacancy Rate



Well Led – Workforce – Training and appraisals

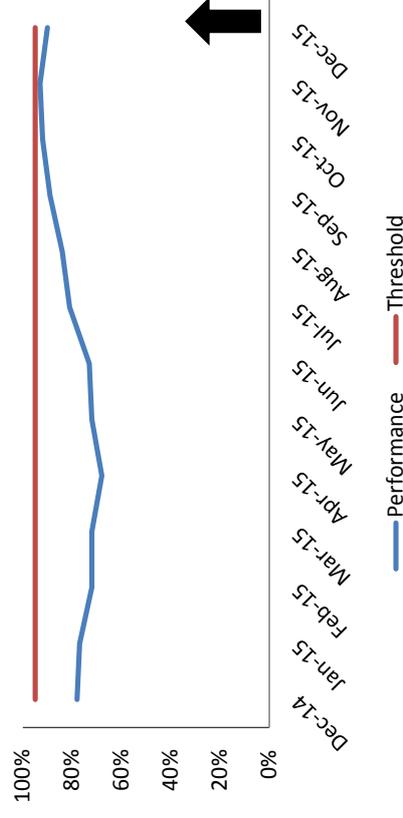
Current rating:

Appraisal/ Job Plans

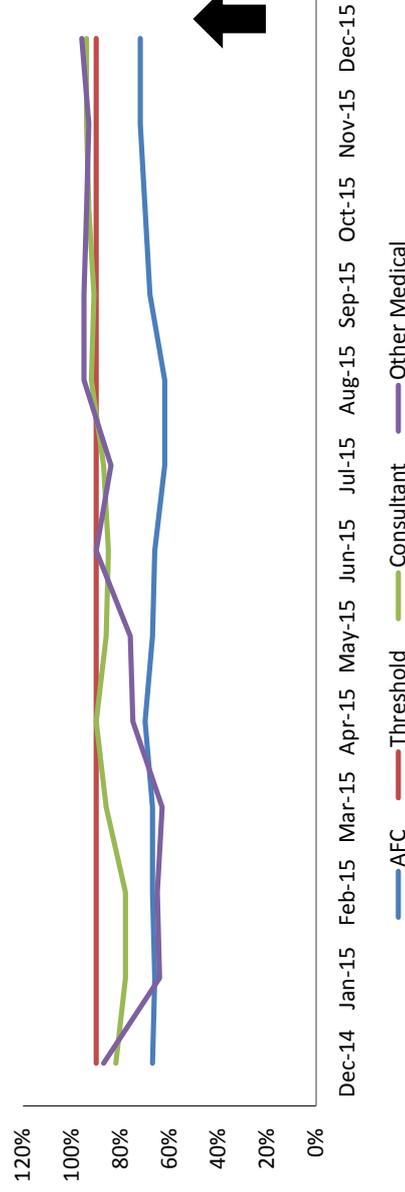
The number of job plans which have been completed to date as at December 2015 is 78% which is an increase from 71% in November 2015.

The current compliance rate for the information governance toolkit training is 79% for December 2015.

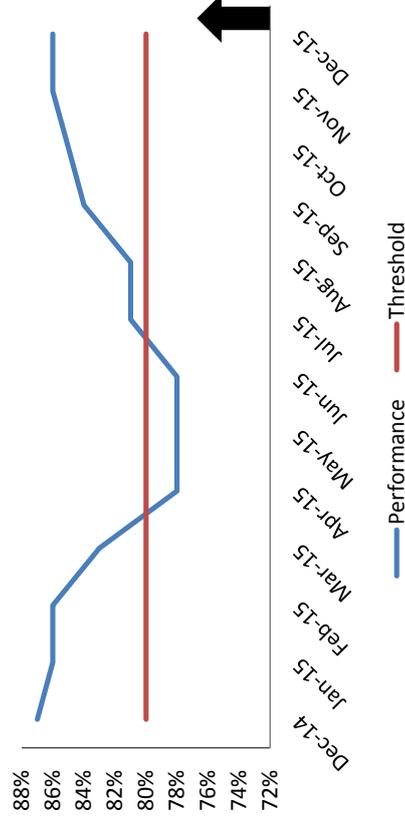
Mandatory Training



Appraisals



Safeguarding Training

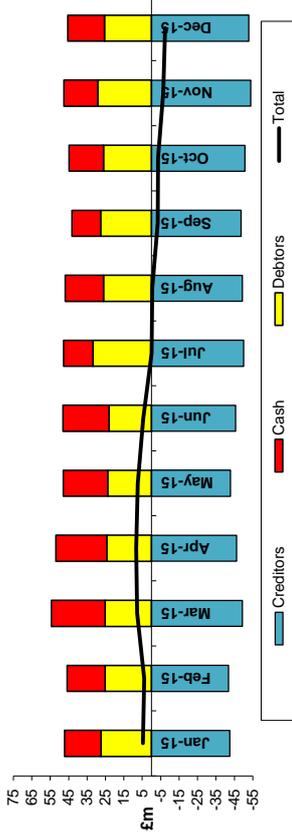
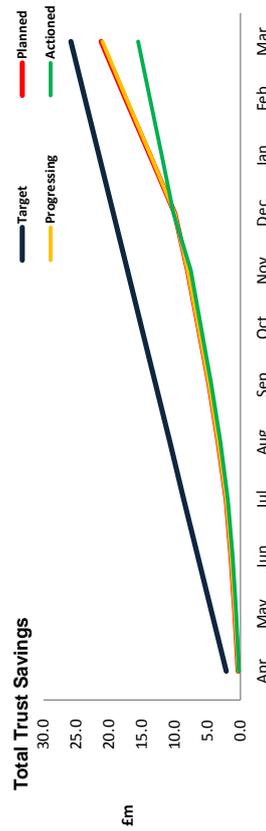


East Lancashire Hospitals NHS Trust: Financial Overview as at 31st December 2015

Statement of Comprehensive Income

	Annual Budget £000	In Month Actual £000	Variance £000	Budget £000	Cumulative Actual £000	Variance £000
Gross employee benefits	(290.1)	(24.8)	0.0	(24.8)	(221.1)	(3.7)
Other operating costs	(162.7)	(11.9)	1.3	(125.8)	(116.9)	8.9
Revenue from patient care activities	420.8	34.9	(0.3)	318.0	317.8	(0.2)
Other operating revenue	25.1	2.2	(0.0)	19.5	19.8	0.3
Operating Surplus	(6.9)	0.4	1.0	(5.6)	(0.3)	5.3
Investment Revenue	0.3	0.1	0.1	0.2	0.2	(0.0)
Other gains and (losses)	0.4	0.0	0.0	0.4	0.4	(0.0)
Finance Costs	(8.7)	(0.7)	0.0	(6.5)	(6.5)	0.0
(Deficit) for the year	(14.9)	(0.2)	1.0	(11.5)	(6.2)	5.3
Public Dividend Capital dividends payable	(5.4)	(0.5)	0.0	(4.1)	(4.1)	0.0
Retained (deficit) for the year	(20.3)	(0.7)	1.1	(15.6)	(10.3)	5.3
Adjustment in respect of donated asset	0.1	0.0	0.0	0.2	0.2	(0.0)
Adjusted retained (deficit) for breakeven duty	(20.2)	(0.7)	1.1	(15.4)	(10.1)	5.3

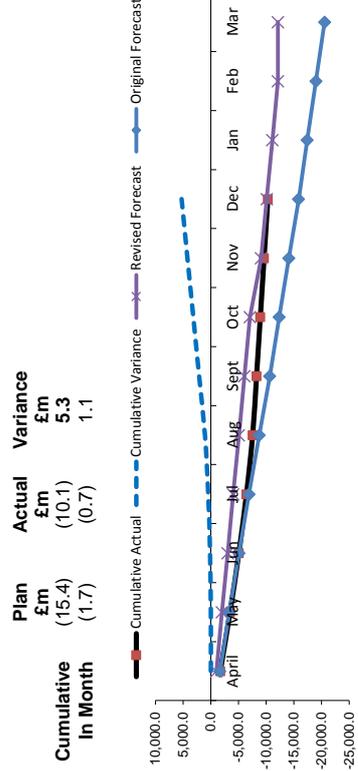
Working Capital



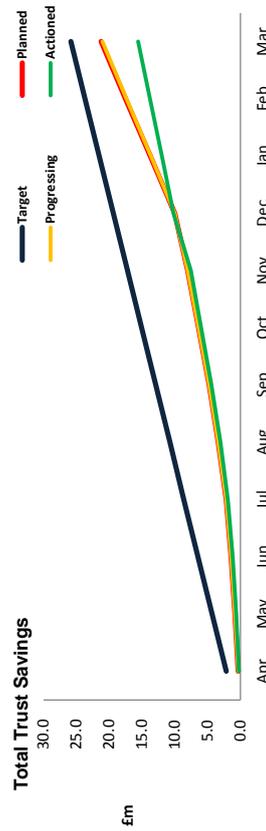
Summary Balance Sheet

	YTD £m	Prior Month £m	Movement £m
Total Assets	341	344	(2)
Total Liabilities	(175)	(177)	2
Total Assets Employed	166	167	(1)
Financed by:			
Taxpayers Equity	166	167	(1)

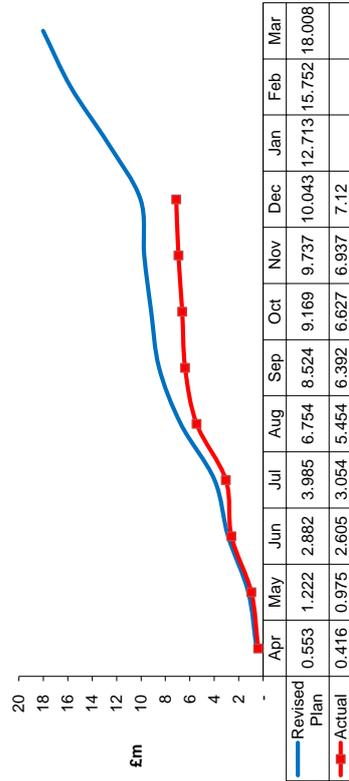
Break-even duty



Safely Releasing Cost Programme Performance



Capital Expenditure



TRUST BOARD REPORT

Item 28

27 January 2016

Purpose Monitoring

Title	Board Assurance Framework
Author	Mr D Holden, Interim Governance Advisor
Executive sponsor	Dr D Riley, Medical Director

Summary: The report outlines the Board Assurance Framework (BAF) for 2015/16.

Recommendation: Members are asked to:

- a) review the strategic risks on the BAF and the change to the scoring of risk SR/BAF005;
- b) consider whether there are any additional strategic risks or other changes that need to be reflected in the Board Assurance Framework

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 Encourage innovation and pathway reform, and deliver best practice.
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

Safe | Personal | Effective

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: NA

Executive summary

1. The Assurance Framework is the main tool by which the Trust Board monitors the risks to the organisation in relation to achieving the strategic objectives. The framework maps the organisation's objectives to principal risks, controls and assurances.

Background

2. The Trust Board held a Development session on 8th July 2015, to review and strengthen work in the development of the Trust Board Assurance Framework and considered the risk management strategy and risk appetite of the Trust.
3. It was agreed that there was a need to define more clearly, deliverable milestones and outcomes for the Trust's strategic objectives to manage current strategic risks and against which progress could be monitored and success judged. From this, work has begun to define more clearly the current strategic objectives of the Trust. These strategic objectives will need to be reviewed along-side the new clinical strategy as this develops in the next few months.

Update on the Board Assurance Framework (BAF) and Risk Management

4. Appendix 1 has been updated to show the risk positions at the end of the third quarter of the financial year.
5. In January, 2016 work will commence on ensuring that the BAF is recorded within DATIX, the Trust's risk management system and is closely aligned with the corporate risk register.
6. Risk review meetings with the lead Executive Director, Associate Director Safety and Quality and Company Secretary to review risks will be re-instigated in January, 2016.
7. At its November, 2015 meeting, the Quality Committee reviewed and discussed BAF risk SR/BAF002 – "The Trust fails to deliver and develop a safe, competent workforce" but considered that the risk score of "12" remained at the correct level at this time.
8. However, the Board is asked to note that following the Quality Committee meeting on 13th January, 2016, it was agreed that BAF risk SR/BAF005 – "The Trust fails to achieve required contractual and national targets and its improvement priorities", should have its score increased from "12" to "15". This is because the likelihood of not meeting all of the national targets, including the 4 hour wait, is now more likely.

Conclusion/recommendations

Members are asked to:

- a) review the strategic risks on the BAF and the change to the scoring of risk SR/BAF005;
- b) consider whether there are any additional strategic risks or other changes that need to be reflected in the Board Assurance Framework and;
- c) note the ongoing work to enhance the BAF and risk management in the Trust.

Damian Riley, Medical Director, 19 January 2016

STRATEGIC AIMS: BOARD ASSURANCE FRAMEWORK 2015/16
SUMMARY OF CURRENT SCORES - Appendix 1

REF	Risk related to these Strategic Objectives (see key below)	Strategic Risk	Principle Executive Director	Assurance To	Current Risk Score	Target Risk Score	Q1	Q2	Q3	Q4
SR/BAF001	1, 2, 3, and 4	Transformation schemes fail to deliver anticipated benefits	Director of Operations	Trust Board Operational Delivery Board Finance & Performance Committee Patient Safety & Governance Committee	15	10	15	15	15	
SR/BAF002	2, 3 and 4	The Trust fails to deliver and develop a safe, competent workforce	Director of HR/OD	Trust Board Operational Delivery Board Finance & Performance Committee Patient Safety & Governance Committee	8	8	12	12	12	

REF	Risk related to these Strategic Objectives (see key below)	Strategic Risk	Principle Executive Director	Assurance To	Current Risk Score	Target Risk Score	Q1	Q2	Q3	Q4
SR/BAF003	3 and 4	Partnership working fails to support delivery of sustainable safe, personal and effective care	Chief Executive	Trust Board Operational Delivery Board Finance & Performance Committee Quality Committee	9	6	9	9	9	
SR/BAF004	1,2,3,4 and 5	The Trust fails to achieve a sustainable financial position	Director of Finance	Trust Board Operational Delivery Board Finance & Performance Committee	20	10	20	20	20	
SR/BAF005	1, 3 and 4	The Trust fails to achieve required contractual and national targets and its improvement priorities	Medical Director	Trust Board Operational Delivery Board Finance & Performance Committee Quality Committee	15	8	12	12	15	
SR/BAF006	1,4 and 5	Corporate functions	Deputy	Trust Board	12	8	15	15	15	

Safe | Personal | Effective

REF	Risk related to these Strategic Objectives (see key below)	Strategic Risk	Principle Executive Director	Assurance To	Current Risk Score	Target Risk Score	Q1	Q2	Q3	Q4
		fail to support delivery of the Trust's objectives	CEO	Operational Delivery Board Finance & Performance Committee Quality Committee						
SR/BAF007	1, 4 and 5	Continuity of Service Risk Rating (CoSR)	Director of Finance	Trust Board Finance and Performance Committee	20	8	N/A	20	20	

Key: (for column 2 above)

Risk related to these Strategic Objectives

- 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

Safe | Personal | Effective

TRUST BOARD REPORT

Item **29**

27 January 2016

Purpose Action

Title	Corporate Risk Register
Author	Mr D Tansley, Associate Director of Quality & Safety
Executive sponsor	Mr D Tansley, Associate Director of Quality & Safety

Summary:

This paper reviews the current Corporate Risk Register

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do 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

Discussion

1. The current risk register is attached as Appendix 3.
2. Where aggregations can be made, these have been undertaken and the aggregated risk is shown together and the divisional risks that contribute and are related to the Trust wide risk listed below.

Newly escalated risks

3. Appendix 2 details risks that have been recently escalated through divisional scrutiny for inclusion in the corporate risk register.
 - a) ID 4530 - Pathways for Spinal fractures.
 - b) ID 2995 - Risk of not meeting financial outturn
 - c) ID 6487 - Inability to fill staffing gaps following introduction of agency/ locum capped rates: impact on patient safety and continuity

De-escalated risks

4. Risk 5253 has been de-escalated which relates to the potential failure of the Trust to meet the Environmental Health Standards at the BGH site. Following an inspection, the facility is now fully compliant with standards and therefore the risk is de-escalated (see Appendix 1).

Support and challenge

5. In the preparation for the writing of the report the Associate Director of Quality and Safety has meet or had telephone discussions with the senior management teams and or the Divisional Quality and Safety leads to support and challenge them in the description and evaluation of the risk recorded on the risk management system scoring 15 or more.
6. A number of actions need to be undertaken to strengthen the risks and risk management process. Risks continue to be recorded as statements of an issue and or potential concern and are not articulated in terms of their actual and or potential impact on the Trust achieving its objectives.
7. In preparation for previous CQC inspections the Trust coordinated a series of support and challenge sessions with divisional senior management teams. It is proposed that to strengthen the on-going management of the Trust risk register that this will be instigated as a regular monthly meeting, the membership will include the Trust The Associate Director of Quality and Safety, the Medical Director (or delegated representative) and Director of Finance (or delegated representative).

Recommendations

8. It is recommended that the Committee:
 - a. Note the Corporate Risk Register
 - b. Consider the new risks that have been identified
 - c. Support the development of a risk management group

David Tansley, Associate Director of Quality and Safety, 19 January 2016

Appendix 1 – Risk Register

De-escalated risks

ID	Title	Controls in place	C	T	Handler	Division
5253	Failure to meet Environmental Health Standards for food safety and food hygiene	Divisional Action plan managed through Divisional Management Board	3	2	Director of Operations	Head of Estates & Facilities

Appendix 2 - Newly identified risks

ID	Title	Description	Controls in place	C	T	Handler	Division
453	Pathway for Spinal fractures	<p>Request for orthotic is subject to miscommunication and patient at risk of receiving inappropriate treatment which could cause significant harm, paralysis or death.</p> <p>Patients can also end up on any ward in the hospital and nursing staff are reluctant to remove the collar/brace to clean skin or adjust position putting patient at risk of ulceration.</p>	<p>Met with Anaesthetist Paul Dean. He is aware of issues with current pathway and is working with Preston to ensure written pathways are in place. There are now named liaison nurses in place at Preston who the orthotists and the trauma nurses can contact if concerned regarding the treatment. Nurses can be asked to arrange an OT moulded collar if required as these not currently provided in ELHT.</p> <p>Orthotists have and will assess patient and challenge any request for treatment that is inappropriate.</p> <p>Action also to contact Moving and handling trainers to see if they could incorporate moving a patient with spinal damage into the training.</p> <p>By end of October 2014 a web based written referral system will be in place. There will be a written care plan in place that will follow the patient to the ward or nursing home so that the staff aware of how to nurse patient. Review Feb 2015 - this is still not in place.</p>	5	5	(Dietetics)/Parkington, Tracey	Diagnostic & Clinical Support

ID	Title	Description	Controls in place	C	T	Handler	Division
2995	Risk of not meeting financial outturn	<p>"Risk of not meeting financial balance with a potential forecast of circa £12M by the end of the financial year.</p> <p>Risk of not meeting SRCP plans</p> <p>Continuing usage of locum and agency medics / bank / agency nursing"</p>	<p>Weekly performance meetings with Executive team, working through financial recovery plan</p> <p>Financial recovery plan broken down to directorates to ensure accountability"</p>	16	6	Logan, Mrs Catriona	ICG

ID	Title	Description	Controls in place	C	T	Handler	Division
6487	Inability to fill staffing gaps following introduction of agency/ locum capped rates: impact on patient safety and continuity	In the event of staffing gaps, there are potential risks to service continuity and safety. This may include, but is not necessarily limited to, increased waits in the emergency department, poor nurse staff - patient ratios in the emergency department, decreased frequency and delays in patient review on Trust wards, both by consultant and junior staff, poor nurse staff-patient ratios on Trust wards. Requirement to provide emergency cover may impact on the provision of elective or non-emergency services. Increased demands on permanent staff risk damage to staff morale, increased sickness and absenteeism.	<p>Medical staffing are reviewing rotas on a regular basis and putting out uncovered shifts to other agencies within caps.</p> <p>Regular review of position at clinical flow meetings and 0800 meeting, in liaison with clinical lead staff.</p> <p>Negotiation is taking place with locum agencies in order to mitigate the effect and impact of the cap.</p>	15	4	Medical Director / Chief Nurse	ICG

Appendix 2

Corporate risk register as at 15.01.2016

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
5791 Linked to Div risks 3804, 4640, 4708, 6487.	Aggregated risk - Nursing shortages requiring high agency spend	<p>Daily staffing teleconference each morning to ascertain staffing "hot spots" and reallocation of staff to address deficits in skills/numbers;</p> <p>Corporate Safer Staffing steering group reviewing ward staffing levels and numbers;</p> <p>Planned and actual nurse staffing numbers recorded daily and formally reported monthly following quality assurance processes;</p> <p>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);</p> <p>Monitor red flags, IR1s, complaints and other patient experience data</p> <p>All supervisory management time has been identified and is utilised to deliver 'hands on' nursing care. However, this is not sustainable in the longer term and may impact adversely on clinical managerial responsibilities such as workforce management, training requirements, governance;</p> <p>E-rostering utilised</p> <p>Robust systems implemented to manage and monitor the utilisation of temporary staff, and overtime;</p> <p>A strategic recruitment campaign and improved processes has resulted in a significant reduction in unfilled vacancies, and monitoring of same;</p> <p>Reduced bed base and increased efficiency in managing length of stay to make more effective and safe use of staffing resource</p>	15	8	Chief Nurse	Trustwide	Local plans in place to manage and fill vacancies

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
5790, Linked to Div risks 4488, 5702, 908, 6487.	Aggregated risk - high usage of medical locums resulting in risk of increased costs	Re-applying for consultant post Re-advertise other medical vacancies Consultants current do cross cover at times of need	15	9	Medical Director	Trustwide	Local Plans in place to manage medical vacancies
4999 - Linked to Div risks 1487, 2995, 2109.	Aggregated Risk - Failure to deliver the Safely Releasing Costs Programme	Safely releasing Costs Programme plans in place for all Divisions with regular management review	16	12	Director of Operations	Trustwide	Monthly performance meetings Divisional action plans to manage SRCP compliance
2154	Risk of not retaining contract for pan-Lancashire Community Equipment Store resulting in financial loss for the Trust	CCG representation on commissioning group. Service meets commissioning quality requirements and produces monthly activity reports. Highly motivated staff with low turnover. Registered with CECOPS and working towards accreditation status. Working towards achievement of quality standard ISO 9001 High patient satisfaction Low complaints	16	4	Divisional Director - ICG	ICG	Kick Off Meeting Deadline for Bidder Clarification Questions Deadline for ITT Responses ITT Bid Evaluation
5083	Failure to have a robust system to assess and manage patients with mental health needs	risk assessments and care plans to identify and support staff to care for patients at risk safe guarding support meetings with LCFT ongoing to improve joint working education to staff	15	5	Deputy Chief Nurse - ICG	ICG	meeting to review shared care table top exercise LCFT board and ELHT coordinated by NHS England ELHT to consider pathway for Mental Health patients in Ed joint pathway meetings

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
2309	Failure to contact and appropriately treat all patients with failing metal on metal hip implants (in compliance with MHRA)	<p>GP practices in receipt of same MHRA alert and GPs informed by CCG- this will ensure appropriate patients are referred into the T and O service.</p> <p>Mass media campaign to provide information to relevant patients regarding need to refer to T and O service if relevant symptoms present.</p> <p>Telephone advice line and process identified for patients to contact trust via PALS</p> <p>Some consultants using own records to contact relevant patients.</p> <p>Guidelines for secretaries for patients who contact them directly. Following several conversations/meets with representatives from the PCT/CCG ELHT where limited acknowledgement and response was forthcoming, ELHT were advised that they would need to absorb the Added costs and activity.</p> <p>National Joint Registry monitoring of data completion and to provide assurance of patient outcome (last report published March 2014 showed no concerns).</p> <p>GAPS</p> <p>Current process only for patients who proactively contact Trust.</p> <p>No long term capacity solutions identified.</p>	16	8	Divisional Director – Surgical & Anaesthetic Services	Surgical & Anaesthetic Services	Action plan developed and reported via Clinical Effectiveness Committee
5180	Failure to meet the HIMOR standards of living in the Staff residence buildings at RBH	<p>Highlighted to head of Estates that action needs to be taken to rectify these faults immediately.</p>	16	20	Director of Estates	Corporate	Review of finances required

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
1660	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.	16	12	Director of Estates	Corporate	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
5283	The Safeguarding Adults and Children Unit are at risk of losing resources if funding is not agreed	a) Prioritisation of patients who need to be assessed and monitored by the Safeguarding Unit b) Review of individual team member's caseloads at team meetings c) Caseload takes priority over strategy development	16	9	Divisional Director, Family Care	Family Care	Meeting in October with Commissioners
2053	Workload in pharmacy chemotherapy unit leading to delays in treatment	8 week training programme for pharmacists, 14 week training programme for pharmacy technicians and pharmacy assistants (but high turnover of assistants) to ensure competency of staff. Third party dispensing and final checking of oral chemotherapy medicines from September 2012 to alleviate some capacity. Dose Banding some high usage chemotherapy medicines to enable outsourcing to help relieve pressure on patient waiting times. Trying to purchase room temperature outsourced medicines to relieve pressure on cool storage facilities. Constant training of all staff groups. Short expiry and high cost of medicines restricts outsourcing.	16		Divisional Director DCS	DCS	Work ongoing to purchase extra equipment to provide more capacity
2311	Failure to meet the unplanned care needs of patients using the emergency care pathway	Escalation plan Winter plan Improved discharge planning Additional community capacity	16	10	Director of Operations	ICG	

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
2256 / 2051	Failure to deliver stroke care within standard time frame	<p>Rectification action plan in place</p> <p>Care pathways and bundles be improved</p> <p>Improving patient flow</p> <p>Therapy input into stroke is prioritised from staffing across all services during periods of annual leave and sickness. This ensures that limited therapy cover is provided.</p>	15	10	Director of Operations	ICG / DCS	Stroke care action plan developed
1489 / 2310	Failure to meet the 18 week activity standard / Referral to treatment	<p>Strong monitoring at Trust, divisional and directorate level.</p> <p>Weekly meeting within division to ensure awareness of current position and to ensure controls are continuously put in place to ensure the achievement of the standard.</p> <p>Planning & information produced for trajectories.</p> <p>Monitoring at directorate and divisional level at Directorate meetings and DMB. Attendance of divisional information manager at directorate meetings to provide information regarding current position.</p> <p>Strong management of standard at DMB and performance meeting with exec team. Exception report provided by divisional information manager for all specialities where the standard is not being met.</p>	15	10	Director of Operations	ICG / SAS	

TRUST BOARD REPORT

Item **30**

27 January 2016

Purpose Monitoring

Title	Trust Board Self Certification
Author	Mr D Holden, Interim Governance Advisor
Executive sponsor	Mr K McGee, Chief Executive Officer

Summary: The TDA, in line with their Accountability Framework for NHS Trusts, require Boards to self-certify against a number of Board Statements and Compliance with Monitor Licence requirements. A summary of the self-certification for December 2015, due for submission on the 29st January 2016, is attached for discussion by the Board.

It is recommended the Board declares compliance with most of the standards but should note the on-going risk to the Trust's financial position in 2015-16, and; that the Trust is currently not meeting the Accident and Emergency 4 Hour wait target nor the Information Governance Toolkit target as first discussed at the July, 2015 Trust Board Meeting.

Report linkages

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

Impact

Legal No Financial No

Equality No Confidentiality No

Previously considered by: NA

Introduction

1. In April 2014, the NHS Trust Development Authority (TDA) published a revised Accountability Framework '*Delivering for Patients: The Accountability Framework for NHS Trust Boards*'. The framework sits alongside the previously discussed planning guidance and covers the TDA's approach to measuring and overseeing NHS Trusts, including escalation and intervention.
2. The refreshed Framework reflects some of the changes to the health and care system over the past year, including the development of the Chief Inspector of Hospitals regime and the "special measures" process. It also reflects learning from the TDA's first year supporting NHS trusts. While much of the detail of the Accountability Framework has changed, the core principles that underpin it remain the same, namely:
 - a) To set out in one place all of the key policies and processes which govern the relationship between NHS trusts and the TDA, supporting a single conversation between the TDA and trusts.
 - b) To ensure that the TDA's approach is closely aligned with partners, particularly regulators and commissioner.
 - c) To maintain a clear focus on quality. This sits at the heart of the TDA's oversight model.
 - d) To focus on supporting and developing NHS trusts, improving culture, leadership and governance.
3. As part of the oversight model, the TDA requires each NHS Trust to self-report on a monthly basis against a number of conditions and statements. These are intended to form an important part of the conversation with NHS Trusts in relation to on-going oversight. These cover:
 - a) compliance against relevant NHS Trust Monitor licence conditions and;
 - b) self-assessment against Board Statements.

Summary of our proposed self-certification submission for January, 2016, covering December 2015 performance:

Monitor Licence conditions	Compliance
Fit and proper persons as Governors and Directors	YES
Having regard to Monitor Guidance	YES
Registration with the Care Quality Commission	YES
Patient eligibility and selection criteria	YES
Recording of information	YES
Provision of information	YES
Assurance report on submissions to Monitor	YES
Compliance with the National Tariff	YES
Constructive engagement concerning local tariff modifications	YES
The right of patients to make choices	YES
Competition oversight	YES
Provision of integrated care	YES

Board statements	Compliance
<i>Clinical Quality</i>	
Effective monitoring arrangements	YES
CQC registration	YES
Medical practitioner registration / revalidation	YES
<i>Finance</i>	
Remain a going concern	RISK
<i>Governance</i>	
NTDA Accountability Framework / NHS Constitution	YES
Risks identified and plans to address	YES
Board considered all likely future risks to compliance	YES
Processes in place to deliver the annual operating plan	YES
Annual Governance statement in place	YES
Compliance with all existing targets	RISK
Information Governance Toolkit – at least level 2 compliance	NO
Board ensure the Trust operates effectively	YES

Board statements	Compliance
Board has appropriate qualifications	YES
Management team has capacity / capability to deliver annual plan	YES

Action required by the Board

- Members are asked to self-certify against the Board Statements and Compliance with Monitor Licence Requirements as recommended in this report for submission to the NHS Trust Development Agency (NHS TDA).

David Holden, Interim Governance Advisor, as at 14 January 2016.

TRUST BOARD REPORT

Item **31**

27 January 2016

Purpose Information

Title Finance and Performance Committee Update Report (23 November, 2015)

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

Previously Considered by: NA

Finance and Performance Committee – 23 November, 2015

1. At the last meeting of the Finance and Performance Committee held on Monday 23rd November, 2015 members considered the following key matters and undertook to ensure actions would be taken as outlined below:
2. The Committee were advised that the Trust had been unsuccessful in tender exercises led by Blackburn with Darwen Clinical Commissioning Group and Lancashire County Council to provide genitourinary medicine (GUM) services.
 - a) **Action:** The Committee asked that a briefing paper on lessons learned and financial implications be brought back to the next meeting of the Committee in January, 2016.
3. Some concern was expressed by Committee members that the Family Care Division still had a gap of over £2m worth of unidentified Safely Releasing Cost Programme (SRCP) works. Discussion took place on the future planning that the Division needs to undertake as well as the work being undertaken nationally to review the service tariff. The Division discussed service developments and challenges. Members of the Committee and Family Care Division held a discussion on future levels of service provision and the potential that staffing levels in the future could be lower than they are currently.
 - a) **Action:** Family Care Division to return to the Committee in January 2016 to advise on how the SRCP gap of £2m unidentified schemes can be reduced and also to provide a paper on “future planning”.
4. The Committee discussed the Trust’s Travel Strategy and a number of related papers.
 - a) **Action:** The Estates and Facilities Directorate are to produce a paper for the attention of the Committee in the New Year which will report on the Directorate’s SRCP in totality. The paper would then be potentially subject to Board review and ratification.
 - b) **Action:** The Committee asked that a new Estates Strategy be brought to the Committee early in the New Year.
5. The Integrated Care Group (ICG) Division with the support of the Programme Management Office (PMO) gave a presentation on the work to quantify more precisely, the work to be undertaken in order to deliver the Divisions SRCP for this year, including the stretch target and plans for the next financial year.

6. The Committee also received reports on: the Integrated Performance Report, Finance Report, Service Line Reporting, Better Payment Practice Code, Cash Modelling, Monthly Workforce Analytics and Support and Challenge Meeting documentation.
7. Finally, the Committee noted that a national meeting is scheduled to take place on 4th December, 2016 which will discuss the future financial planning and modelling for the NHS over the next 3 to 5 years.
 - a) **Action:** From this, the Committee agreed that they may require an extra-ordinary Committee meeting or perhaps Board Meeting in December, 2015 to discuss assumptions and planning following the meeting of the 4th.

David Holden, Interim Governance Advisor, 24 November 2015

TRUST BOARD REPORT

Item **32**

27 January 2016

Purpose Information
Monitoring

Title Audit Committee Update Report (2 December 2015)

Author Mr D Holden, Interim Governance Advisor

Executive sponsor Mr E Sedgley, Non-Executive Director

Summary: The paper provides a summary of the discussions and decisions of the Committee held on 2 December, 2015.

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: NA

Audit Committee Report – 2 December, 2015

1. At the last meeting of the Audit Committee held on Wednesday, 2 December, 2015 members considered the key following matters and undertook to ensure actions would be taken as outlined below:
2. The Committee obtained an update on the Appraisal Rate Improvement Plan.
 - a) Action: It was agreed that the plan to improve the current appraisal rate, currently standing at 72% would be managed and monitored by the Quality Committee.
3. The Committee obtained an update report on progress with the Emergency Department's Agency Staffing Audit and Re-Implementation of E-Rostering System. It was noted that good progress was reported and that internal audit would be undertaking a re-audit in the next month. The results would be presented to the Quality Committee.
4. Mr Johnson, Associate Director of Performance and Informatics provided the Management response to the Information Technology (IT) Asset Management Audit Report - It was noted that the Internal Audit report gave two high level priority areas for improvement: asset disposal weaknesses and incomplete software management processes and a further medium priority area: asset management system, reconciliation and tracking. Members noted the actions that had been implemented to improve all three areas including; the obtaining of certification from a third party asset Disposal Company and on-going monthly audits, the secure storage of assets which are to be disposed of, creation of and, appointment to a number of software management posts, implementation of software tracking. Mr Johnson confirmed that all actions in relation to the asset disposal weakness had been completed by 19 November, 2015. The Committee commended the progress made by Mr Johnson and his team over the previous 6 months. On a separate matter, the Committee obtained an update briefing in relation to the IT server rooms, which had been discussed at the last meeting of the Committee. Mr Johnson confirmed that this work had not been completed but that there were plans in place to do so. The Committee noted progress to date.
5. Internal Audit Progress Report - Mrs Wainwright, Audit Manager, Mersey Internal Audit Agency (MIAA) reported that there had been six internal audit reports finalised since the last meeting. Of these reports, three received significant assurance, one was an advisory report and two were given limited assurance. The Committee had received an update on the limited assurance report on IT Asset Management earlier in the meeting. The other limited assurance report concerned the Prescription

Income Audit Report regarding the Burnley General Hospital site and it was agreed that

- a) Action: Mrs Wild, Head of Integrated Acute Care would be invited to attend the next meeting of the Committee to provide the Management response to the report.
6. The Committee noted and agreed with the recommendation of the Quality Committee to hold a further Board development session on risk management and risk appetite in 2016.
7. External Audit Progress Report – Mrs Bellard presented her report to members for information and confirmed that there had been no detailed work planned for 2016/17 at this time. She highlighted the revised guidance issued to auditors from the National Audit Office in relation to determining the Value for Money (VfM) conclusions for NHS bodies in the coming years.
8. Counter Fraud Service Report – Mrs Proctor, Counter Fraud Officer, provided a verbal update report to the Committee.
 - a) Action: It was agreed that Mr Moynes be asked to look at raising the awareness of the fraud issue regarding Trust staff members working for other organisations whilst claiming to be off sick from this organisation.
9. The Committee obtained an update report on Divisional Governance Arrangements. It was reported that specific risks had been identified within the Estates and Facilities Directorate in particular and as a consequence, MIAA have carried out a specific review of the area and significant assurance has now been received. The Committee heard that Divisional governance across the Trust was much improved over the last 12 months but further work was still required in order to ensure that the Trust's journey to "well led" will continue.
 - a) Action: Mr Tansley to update the Committee at its next meeting on progress with the action plan report.
10. The Committee received reports on Losses and Special Payments; a report from Patient Safety and Governance (Quality) Committee and arrangements for Raising Concerns.

David Holden, Interim Governance Advisor, 16 December 2016

TRUST BOARD REPORT

Item **33**

27 JANUARY 2016

Purpose Information

Title	Trust Charitable Funds Committee Update Report (16 December 2015)
Author	Mr D Holden, Interim Governance Advisor
Executive sponsor	Mr D 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

- 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: NA

Meeting of the Charitable Funds Committee, Wednesday, 16 December 2015.

1. At the last meeting of the Trust's Charitable Funds Committee held on Wednesday, 16 December, 2015 members reviewed the action matrix and considered the following matters:
2. The Committee discussed an application by the Family Care Division to use charitable funds to procure a Scan Trainer at a cost of £85,000. (The need for a Scan Trainer had previously been discussed at the September Trust Board Meeting.) The Committee agreed the proposal subject to the Scan Trainer be kept by the Central Training Team, in order that it may be used by other Divisions if required. The Committee noted that the Division had raised £25,000 towards the cost of this equipment;
3. The Committee agreed the final draft of the Trust's Charitable Funds Annual Report and Accounts subject to final agreement from Grant Thornton, External Auditors and final internal checks being undertaken by the Trust before 31st January, 2016;
4. The Committee received and agreed the Letter of Representation from Grant Thornton, External Auditors;
5. Discussed the Charitable Funds Investment Report, fund performance and Utilisation Report;
6. Considered the proposal and agreed to the consolidation of dormant funds into a general purpose Charitable Fund;
7. Reviewed the Risk Register for Charitable Funds;
8. Discussed and agreed the proposal to raise awareness of Charitable Funds in the Trust and with the general public;
9. The Committee were made aware of the Charity Commission's consultation on the new draft guidance document "Charity Fundraising: A Guide to Trustee Duties".
10. Finally, the Committee discussed the requirement to appoint a second Non-Executive Director to the Committee membership.

David Holden, Interim Governance Advisor, 17 December 2015

TRUST BOARD REPORT

Item 35

27 JANUARY 2016

Purpose Information

Title	Quality Committee Summary Report (16 December 2015 and 13 January 2016)
Author	Mr D Holden, Interim Governance Advisor Mrs F Murphy, Deputy Company Secretary
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

1. At the last meeting of the Quality Committee held on Wednesday, 16th December, 2015 members considered the following key matters and undertook to ensure actions as appropriate, would be taken as outlined below:
 - a) **Mortality Data** - The Committee discussed the recent communication from the Care Quality Commission (CQC) regarding Mortality data. The CQC use the company "Healthcare Evaluation Data" (HED) to analyse and provide Mortality data; the Trust use "Dr Foster" to undertake the same work. Both sets of data show that the Trust is within expected tolerances at this time. However, the CQC's HED data suggests that the direction of travel for the mortality rate for the Trust is now heading in the wrong direction. The Dr Foster data suggests that this is not the case.
 - i. **Action:** A teleconference with the CQC to discuss this matter had been arranged and an update will be provided to the next Committee Meeting in January 2016.
 - b) **Quality Dashboard – Infection Prevention, Clostridium difficile and hand Hygiene** – The Committee noted the work being undertaken to improve the current issues with infection prevention, hand hygiene and c-difficile. It was noted that Dr Stanley is producing an action plan in response to the current c-difficile rate. This plan will be rolled out across the Trust. In regard to hand hygiene, the Committee agreed
 - i. **Action:** to a new Communications Plan for the Trust in order to tackle the current poor rates reported on hand hygiene. This Plan would include ensuring all Trust staff, patients and members of the public understand hand hygiene and; know that they should challenge staff, patients and members of the public who do not follow the hand hygiene code. The Communications Plan would be used to re-energise staff, patients and the public regarding the importance of hand hygiene. It was requested that other organisations be contacted in order to obtain good hand hygiene practice. Further work is required on ensuring hand gel machines are used, regularly checked and kept filled. It was requested that each hand gel dispenser has a label attached advising the user to inform a member of staff should the dispenser be empty. It was agreed that the results of the next hand hygiene audit would be reported to the Committee in the Spring, 2016.

- c) **Burnley Catering Service – Re-audit** – The Committee received the “close down” report on this matter. The service is now scoring “4” out of “5”.
- i. **Action:** The Committee asked that the Estates and Facilities Directorate ensure they continue to manage and have active oversight of this service.
 - ii. **Action:** Members asked that the next half yearly audit report on the service be reported to the Committee or indeed any adverse incidents also be brought to the Committees attention.
- d) The Committee noted that 2 **Regulation 28 Notices** had been received from the Coroner’s office. 1 concerned a diagnosis and the other, the care of a patient who had committed suicide. The Committee noted the strengthening relationships with the Coroner’s Offices.
- e) **Nursing Assessment Update** – The Committee commended Mrs Pearson for leading the work on the Nursing Assessments. It was noted that currently, 6 ward/areas are rated “green,” 6 “amber” and 4 “red”. Concern was expressed by the Committee in regard to the potential that capacity might be reduced from the team currently undertaking these assessments.
- i. **Action:** The Committee supported the recommendation that additional resources should be explored to support the assessments.
- f) The Committee stated they do not want Nursing Assessments to be reduced in frequency or detail and advised that they wished to be informed should the capacity be threatened with a reduction. Mrs Pearson is to advise the Committee on future capacity of this work and the proposal in her paper. Currently 1 nursing assessment takes place each week.
- g) **Harm Reduction Programme and Harm Reduction Programme Reporting Structure** The Committee were advised that the harm reduction programme is now moving into its second phase of harm reduction and is making the system more resilient. This includes looking at “human factors”.
- i. **Action:** More work is to be undertaken on future reports which will show exceptions against performance. The statistics and measures would be standardised and written in a format that the lay person could understand. Dr Stanley was commended for his work to date.
- h) **Board Assurance Framework (BAF) and Corporate Risk Register (CRR)** – The Committee reviewed the BAF and CRR. Discussion took place on risk **SR/BAF002** – “The Trust fails to deliver and develop a safe, competent workforce.” After much discussion, including on the current on-going work to strengthen and recruit to the clinical workforce and measures against other

similar organisations, the Committee agreed to keep the risk score rated as “12” the same at this time. With regard to the CRR, the Committee noted a potential new risk, which was currently being evaluated concerning the “Pathway for Spinal Fractures” and the work with Preston. The Committee also noted that agency rates had been capped. This was causing some initial pressure in the Trust in regard to Emergency Care Doctors and Sonographers. It is understood that this is a pattern across the Country.

- i. **Action:** The situation is being monitored and will be risk rated. Members were advised that a clinician had recently resigned from a Trust contract due to the change in the day rate; only to then be commissioned by the private sector to undertake similar work. The local commissioners are to be contacted to discuss this matter. The Committee wish to understand the outcome of the discussions.
- i) **CQUIN** – The Committee noted that the CCG’s had accepted the levels and quality of CQUIN activity for quarter 2 and had released all the monies expected in respect of quarter 2.
- j) The Committee received **summary reports** from the **Patient Safety and Risk Sub-Committee**; the **Patient Experience Sub-Committee**, whereby it was noted that “Health watch” are providing soft intelligence to the meeting and the **Clinical Effectiveness Sub-Committee**.
- k) The Committee was provided with an update on the most recent **policies approved**.
 - i. **Action:** The Committee asked that in future, they wished to be informed of the policies that had not been approved and/or where out of date and required updating and any action plan in place to address this matter. They also wished to understand who was the responsible officer(s).

David Holden, Interim Governance Advisor, 21 December 2015

Quality Committee Meeting Wednesday, 13 January 2016

1. At the last meeting of the Quality Committee held on Wednesday, 13th January 2016, members considered the following key matters and undertook to ensure actions as appropriate, would be taken as outlined below:
 - a) **SIRI Panel Report** - The Committee considered the outcomes and learning being applied across the organisation from serious incidents and progress of investigations. Assurance was received on compliance with Duty of Candour requirements and the arrangements for introducing a report on “always events” within the organisation were briefly discussed
 - b) The Committee noted the **Summary Report of the Health and Safety Committee** particularly in relation to the assessment of ligature risks and the deployment of a software solution to improve COSHH management across the organisation. Members noted progress in the review of the Lone Worker Policy.
 - c) The Committee monitored the ongoing work of the Patient Experience Committee particularly noting the reduction in the number of complaints received in the Trust and the support being provided to Divisions to manage complaints in a timely manner.
 - d) **Quality Dashboard** – Members reviewed performance to date against the key performance indicators noting exceptions to expected performance. Members discussed the number of C Difficile cases as the internal stretch target was approaching and noted the close monitoring of the hand hygiene action plan within the Divisions. Members discussed ways in which awareness could be raised among visitors and it was agreed that Dr Stanley will undertake some further work in this area as part of the development of a wider communications plan.
 - e) The **Board Assurance Framework** was reviewed and members considered and agreed an increase in the risk score to 15 of the risk of failing to achieve contractual and national targets and improvement priorities after reviewing the evidence presented.
 - i. Members recommended the proposed increase in the risk score to the Trust Board.
 - f) The **Corporate Risk Register Update** was provided and members noted that there had been no significant changes in month. Members discussed ongoing management of a number of risks, particularly in relation to the implant register.

- g) A summary of the work of the **Clinical Effectiveness Committee** was received and members noted that the format of the report would change in future meetings as Directorates will start to provide individualised reports to the Clinical Effectiveness Committee. Members discussed the risk assessment process in divisions for Melanoma assessments and received assurance on the implementation of NICE guidance. A positive outcome to the recent external assessment of the Nuclear Medicine Department was noted and the Committee offered its congratulations to the Community Equipment Loan Store on receiving accreditation for BSI 9001 quality standards. Members noted the ongoing monitoring of the clinical audit forward plan and the support being provided to Divisions to identify quality improvement resources required to ensure compliance with Advancing Quality requirements.
- h) The **Committee Business Cycle** was reviewed and approved with minor amendments.
- i) The **Committee Attendance Report** was received and no issues were noted arising from the report.

Frances Murphy, Deputy Company Secretary, 20 January 2016

TRUST BOARD REPORT

Item 35

27 JANUARY 2016

Purpose Information

Title	Trust Board Part Two Information Report (25 November 2015)
Author	Mr D Holden, Interim Governance Advisor
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The paper details the agenda items discussed in Part 2 of the Board Meeting held in November 2015 and provided here 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: NA

Meeting of the Trust Board held in private (Part 2), Wednesday, 25 November, 2015

1. At the last meeting of the Trust Board on 25 November 2015, the following matters were discussed in private:
 - a) Acute Medical Unit - Update
 - b) Healthier Lancashire - Update
 - c) Clinical Strategy Report - Update
 - d) Finance Report
 - e) Sustaining Safe, Personal and Effective Care - Update
 - f) Serious Incidents Requiring Investigation (SIRI) Report
 - g) Doctors with Restrictions
2. The Board were advised that the Good Governance Institute (GGI) report on Shadow Governor Working had been delayed as further research was being undertaken. The Board were also advised that the Care Quality Commission (CQC) inspection report had not been received.
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.