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East Lancashire Hospitals
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EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING

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East Lancashire Hospitals NHS Trust

TRUST BOARD MEETING (OPEN SESSION)

15 JANUARY 2020, 13.00

SEMINAR ROOM 4, ROYAL BLACKBURN HOSPITAL

AGENDA

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

	OPENING MATTERS			
TB/2020/001	**Chairman's Welcome**	Chairman	v	
TB/2020/002	**Open Forum** To consider questions from the public	Chairman	v	
TB/2020/003	**Apologies** To note apologies.	Chairman	v	
TB/2020/004	**Declaration of Interest** To note the directors register of interests and note any new declarations from Directors.	Chairman	v	
TB/2020/005	**Minutes of the Previous Meeting** To approve or amend the minutes of the previous meeting held on 13 November 2019.	Chairman	d✓	Approval
TB/2020/006	**Matters Arising** To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2020/007	**Action Matrix** To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2020/008	**Chairman's Report** To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2020/009	**Chief Executive's Report** To receive an update on national, regional and local developments of note.	Chief Executive	d✓	Information
	QUALITY AND SAFETY			
TB/2020/010	**Patient/Staff Story** To receive and consider the learning from a patient story.	Executive Director of Nursing	p	Information/ Assurance
TB/2020/011	**Corporate Risk Register** To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Strategic Clinical Lead on behalf of Executive Medical Director	d✓	Assurance/ Approval
TB/2020/012	**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.	Strategic Clinical Lead on behalf of Acting Executive Medical Director	d✓	Assurance/ Approval

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TB/2020/013	**Serious Incidents Requiring Investigation Report** To receive information in relation to incidents in month or that may come to public attention in month and be assured about the associated learning.	Strategic Clinical Lead on behalf of Executive Medical Director	d✔	Information/ Assurance
	ACCOUNTABILITY AND PERFORMANCE			
TB/2020/014	**Integrated Performance Report** To note performance against key indicators and to receive assurance about the actions being taken to recover areas of exception to expected performance. The following specific areas will be discussed, with items being raised by exception: a) Introduction (Acting Chief Executive) b) Safe (Executive Director of Nursing and Strategic Clinical Lead on behalf of Acting Executive Medical Director) c) Caring (Executive Director of Nursing) d) Effective (Strategic Clinical Lead on behalf of Acting Executive Medical Director) e) Responsive (Director of Operations) f) Well-Led (Executive Director of HR and OD and Executive Director of Finance)	Executive Directors	d✔	Information/ Assurance
	STRATEGY			
TB/2020/015	**People Strategy and Delivery Plan**	Executive Director of HR and OD	d✔	Information/ Approval
	GOVERNANCE			
TB/2020/016	**Finance and Performance Committee Update Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✔	Information/ Assurance/ Approval
TB/2020/017	**Quality Committee Update Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✔	Information/ Assurance/ Approval
TB/2020/018	**Trust Charitable Fund Reporting** a) Trust Charitable Funds Update Report	Committee Chair	d✔	Information/ Assurance
	b) Charity Annual Accounts and Report (*Board is meeting as Corporate Trustee for this item)*	Executive Director of Finance	d✔	Approval
TB/2020/019	**Remuneration Committee Information Report and Terms of Reference** To note the matters considered by the Committee in discharging its duties	Chairman	d✔	Information

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TB/2020/020	**Trust Board Part Two Information Report** To note the matters considered by the Committee in discharging its duties	Chairman	d✔	Information
FOR INFORMATION				
TB/2020/021	**Any Other Business** To discuss any urgent items of business.	Chairman	v	
TB/2020/022	**Open Forum** To consider questions from the public.	Chairman	v	
TB/2020/023	**Board Performance and Reflection** To consider the performance of the Trust Board, including asking: a) Has the Board focussed on the appropriate agenda items? Any item(s) missing or not given enough attention? b) Is the Board shaping a healthy culture for the Board and the organisation and holding to account? c) Are the Trust's strategies informed by the soft intelligence from local people's needs, trends and comparative information? d) Does the Board give enough priority to engagement with stakeholders and opinion formers within and beyond the organisation? e) Does the Board take into account the collaboration agenda when setting its strategy? f) To what extent have we made collaboration and system working part of our business as usual?	Chairman	v	
TB/2020/024	**Date and Time of Next Meeting** Wednesday 11 March 2020, 1.00pm, Seminar Room 4, Learning Centre, Royal Blackburn Teaching Hospital.	Chairman	v	

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TRUST BOARD REPORT

15 January 2020

Item   **5**

Purpose   Action

Title	Minutes of the Previous Meeting
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The minutes of the previous Trust Board meeting held on 13 November 2019 are presented for approval or amendment as appropriate.

Report linkages

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

Impact

Legal	Yes	Financial	No

Maintenance of accurate corporate records

Equality	No	Confidentiality	No

Previously considered by: NA

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East Lancashire Hospitals
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EAST LANCASHIRE HOSPITALS NHS TRUST

TRUST BOARD MEETING, 1.00PM, 13 NOVEMBER 2019

MINUTES

PRESENT

Professor E Fairhurst	Chairman	Chairman
Mr K McGee	Chief Executive/Accountable Officer	
Mr S Barnes	Non-Executive Director	
Mrs M Brown	Executive Director of Finance	
Mr M Hodgson	Executive Director of Service Development/ Deputy Chief Executive	
Mrs C Hughes	Executive Director of Communications and Engagement	Non-voting
Miss N Malik	Non-Executive Director	
Mr K Moynes	Executive Director of HR and OD	Non-voting
Mrs F Patel	Associate Non-Executive Director	
Mrs C Pearson	Executive Director of Nursing	
Mr R Smyth	Non-Executive Director	
Professor M Thomas	Associate Non-Executive Director	Non-voting
Mr M Wedgeworth	Associate Non-Executive Director	Non-voting
Mr D Wharfe	Non-Executive Director	

IN ATTENDANCE

Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mr D Byrne	Corporate Governance Officer	Minutes
Mrs EL Cooke	Senior Communications Manager	Observer
Mrs D Gee	ELHT&Me Fundraising Manager	Observer
Mr J Grundy	Greenstaff Medical	Observer
Miss K Ingham	Corporate Governance Manager/Assistant Company Secretary	Minutes
Dr G Kerr	Consultant in Public Health Medicine, Blackburn with Darwen Borough Council	
Mrs U Krishnamoorthy	Associate Medical Director for Appraisal and Revalidation	Observer
Mrs J Molyneaux	Deputy Director of Nursing	Observer
Mr T McDonald	Director of Operations	

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Mrs K Quinn	Operational Director of HR and OD	
Dr D Riley	Strategic Clinical Lead	
Mrs G Warburton	Directorate Lead For Allied Health Professionals	Observer

APOLOGIES

| Mr H Catherall | Associate Non-Executive Director | Non-voting |

TB/2019/134   CHAIRMAN'S WELCOME

Professor Fairhurst welcomed the Directors and members of the public to the meeting. Professor Fairhurst extended a warm welcome to Dr Gifford Kerr, Consultant in Public Health medicine at Blackburn with Darwen Borough Council to the meeting. She also formally welcomed Mrs Brown to the Board meeting in her post as Executive Director of Finance.

TB/2019/135   OPEN FORUM

There were no matters raised from members of the public

TB/2019/136   APOLOGIES

Apologies were received as recorded above.

TB/2019/137   DECLARATIONS OF INTEREST REPORT

Directors received the report for information.

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

TB/2019/138   MINUTES OF THE PREVIOUS MEETING

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

TB/2019/122: Emergency Preparedness and Resilience Report – "the Trust was compliant with 59 of the 62 core standards" should have read "the Trust was compliant with **59 of the 64** core standards."

RESOLVED: **The minutes of the meeting held on 11 September 2019 were approved as a true and accurate record pending the aforementioned correction.**

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TB/2019/139   MATTERS ARISING

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

TB/2019/140   ACTION MATRIX

Directors noted the revised format of the action matrix, particularly the information relating to completed actions. All items on the action matrix were reported as complete or were to be presented as agenda items at this meeting or subsequent meetings. The following updates were provided:

TB/2019/123: Integration and Intermediate Care (Pennine Lancashire Update) – Dr Riley confirmed that despite a significant amount of work being undertaken across the ICP and presented through the Pennine Lancashire Leadership Forum, a strategy had not yet been developed. He went on to report that a version of the presentation given by him at the last Trust Board meeting had been provided to the same ICP forum.

RESOLVED: The position of the action matrix was noted.

An update on the development of the Integration and Intermediate Care Strategy will be provided at the next meeting.

TB/2019/141   CHAIRMAN'S REPORT

Professor Fairhurst reported that, since the last meeting, she had attended the ground breaking ceremony for the new Phase Six development at the Royal Blackburn Teaching Hospital site. She went on to confirm that she had attended a meeting with Dr Duncan Selbie, Chief Executive at Public Health England. The meeting was a repeat of a visit to the Blackburn area that he made soon after his appointment to the role. She commented that the meeting was very interesting and Dr Selbie had indicated that it was impressive that Professor Harrison had been invited to contribute as a consultant to the Trust Board in relation to the public health agenda. Dr Kerr commented that during his visit Dr Selbie had compared the work which had been undertaken since his original visit and the partnership working that is taking place and direction of travel.

Professor Fairhurst reported that she had attended an NHS Improvement/England (NHSI/E) leadership compact co-production event in Manchester and a CQC event for Executive reviewers. She confirmed that both events were valuable, particularly the CQC event.

Finally, Directors noted that the Trust was in the midst of a Non-Executive Director recruitment campaign with interviews taking place on Tuesday, 19 November 2019. It was

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confirmed that due to the purdah period, no announcement could be made on the appointments until after the general election on 12 December 2019.

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

TB/2019/142 **CHIEF EXECUTIVE'S REPORT**

Mr McGee referred Directors to the previously circulated report and highlighted a number of matters for information. He reported that there were additional funds available to the NHS to support the health and wellbeing of staff within the NHS as a whole. He went on to comment that this is something that the Trust takes seriously and as the pressure on services increases, so does the pressure on staff. It is essential therefore that we continue to look after staff members and support them where necessary.

Directors noted the introduction of a taskforce to look at mental health and learning disability services.

Mr McGee confirmed that there had been a review of the Emergency Care standards with a view to changing the targets. He went on to confirm that the way in which patients flow through the emergency care pathway had been highlighted as part of the review and the focus would be on identifying acutely unwell patients early and treating them first.

Mr McGee highlighted a number of regional and local items within his report, including the work being carried out across the ICP and ICS collaboration, in line with the requirements of the NHS Long Term Plan.

Directors noted that the Phase Eight building work at the Burnley General Teaching Hospital (BGTH) site had been completed and the facilities were now open for use. The new building has been named the Fairhurst Building in honour of Professor Fairhurst, Trust Chairman.

Mr McGee reported that he and Professor Fairhurst attended the Trust's long service awards evening in October, celebrating members of staff with 25 years of service in the Trust.

He went on to confirm that Dr Riley had stepped down from his post as Executive Medical Director and Acting Chief Executive. He will continue to play a significant role in the Trust and will work to develop and embed the Trust's Clinical Strategy. Dr Jawad Husain has been appointed as the substantive Medical Director and will join the Trust in February 2020 from his current post as Medical Director at the Pennine Acute Hospitals NHS Trust, which is part of the Northern Care Alliance NHS Group. Mr Martin Hodgson will continue to act as Deputy Chief Executive alongside his substantive role of Executive Director of Service Development.

RESOLVED: **Directors received the report and noted its content.**

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TB/2019/143   PATIENT/STAFF STORY

Mrs Pearson read out a patient's account of their contact with the Trust whilst undergoing knee surgery at the Trust's elective centre at the Burnley General Teaching Hospital (BGTH) site.

She explained that the patient had been to see their GP and was referred to the Trust for two separate matters, a hernia and an issue with their right knee. The referral in relation to the hernia was classed as an urgent referral, but in the end the issue with the patient's knee was managed before the hernia was rectified.

The patient was scheduled for an MRI scan on their knee, but when they attended their appointment, the preparations for the procedure had been planned for the left knee. Mrs Pearson went on to confirm that when the results of the MRI scan were reviewed, the patient was offered steroid injections. The first one took place six weeks before the initial appointment was scheduled. When the patient attended the appointment for the injection, he explained to the person administering the injection that they had a fear of needles and that hospital staff managed his anxiety well.

In relation to the hernia, there was a delay to treatment of around nine to ten weeks. The patient reported that they had undertaken a check on NHS Choices on the surgeon allocated to their surgery. A good level of information was provided at the consultation, although it was nothing that the patient did not already know. The patient asked what the arrangements would be for same day discharge, as they had domestic carer obligations which required careful planning, if an overnight stay was required. He went on to request that a senior consultant undertakes the procedure in order to make the surgery and recovery as easy and smooth as possible, in order to cause the least complication at home. Two days later, the pre-operative assessment was carried out and the patient asked again how long they would need to be in hospital and explained why this information was important.

On the day of admission it was unclear whether the consultant would be available to visit the ward prior to their theatre list starting. Unfortunately, on this occasion it was not possible for the patient to speak to the consultant before the surgery.

The patient commented that the documents relating to consent were long and informed him of a number of risks, particularly those relating to mesh and implants. He went on to confirm that the consent process seemed to be rushed and did not allow for a conversation or questions to be asked and answered. A further comment made by the patient was around the ability to hear other people's conversations in the ward area, as the beds are sectioned off with curtains rather than more substantial barriers. As a result, he was able to hear too

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much information about another patient's operation and anticipated that others could also hear about his procedure.

Mrs Pearson reported that one of the theatre team thought that they knew the patient and before the procedure had sought him out to ask whether he was comfortable with her being on his care team and offered to remove herself from the team. It was agreed with the patient that the nurse would not form part of the care team for his procedure. He went on to confirm that the consultant anaesthetist came to see him before he was taken into theatre and asked probing questions in a gentle way.

The patient picked up on a number of other seemingly small issues, such as the reference to an incorrect telephone number on a letter than he received and reference to the 'Social Security Office' which has been known as the Department of Work and Pensions for a number of years.

Mrs Pearson provided responses to the issues highlighted in the account, particularly the risk ratings of surgical procedures and consultants carrying out the most complex and high risk ones, with middle grade surgeons undertaking routine and low risk procedures, such as hernias. In relation to the gaining of consent, Mrs Pearson confirmed that this is usually sought at the pre-operative assessment appointment where more time can be spent discussing questions that the patient may have.

In response to Mrs Hughes's question, Mrs Pearson confirmed that feedback is not routinely provided to patients who have shared their story, unless they specifically ask for it.

Professor Fairhurst commented that the story provided a good illustration of how small things make the biggest difference to the patient and in the future this should be taken into account more.

RESOLVED: **Directors received the Patient Story and noted its contents.**

TB/2019/144 **CORPORATE RISK REGISTER (CRR)**

Dr Riley referred Directors to the previously circulated report and confirmed that there were two risks proposed for inclusion on the register. One risk was presented with a recommendation for an increased score and another one was presented for de-escalation. The two risks suggested for inclusion on the CRR were noted to be *Risk ID 7762: Risks associated with providing High Dependency Unit (HDU) care in district general hospital (DGH) for which no funding is provided* (risk score 20) and *Risk ID 8184: Inability to meet the set numerators in the falls CQUIN* (risk score 15).

Dr Riley went on to confirm that the scoring of *Risk ID 8126: Potential delay in the*

implementation of Electronic Patient Record (EPR) system had increased to 20 due to the ongoing issues and lack of clear support for the system at ICS level.

Directors noted that *Risk ID 8060: Potential to compromise patient care/deliver sub-optimal care on the elective centre and infusion suite* had reduced to a risk score of 12 and therefore should be removed from the CRR.

Dr Riley went on to report that the risk relating to PACS downtime (Risk ID 7552) would likely be recommended for de-escalation and removal from the register at the next meeting of the Board due to the work that was planned for completion in December 2019.

Directors approved the revisions to the CRR.

RESOLVED: **Directors approved the proposed revisions to the register.**

Confirmation of the de-escalation of Risk ID 7552 (PACS Downtime) will be provided at the next meeting.

TB/2019/145 **BOARD ASSURANCE FRAMEWORK (BAF)**

Dr Riley presented the report to the Board and confirmed that all the risks had been reviewed by the relevant Directors and reviewed at either the Finance and Performance Committee or Quality Committee prior to presentation at the Board for approval.

He went on to confirm that a number of updates had been provided, but that there were no proposed changes to the risk scores.

Professor Fairhurst thanked Dr Riley and commented that is was pleasing to note the stability in the BAF. Mr McGee asked that the context of the Long Term Plan be included in future revisions of the document.

Directors agreed that there was sufficient assurance that risks are being identified, managed and addressed appropriately within the Trust.

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

TB/2019/146 **SERIOUS INCIDENTS REQUIRING INVESTIGATION REPORT**

Dr Riley referred Directors to the previously circulated report and confirmed that an incorrect statement had been identified in the report. The statement in question referred to the number of stillbirths which had been identified in the reporting period. He provided clarification that the statement referred to the number of incidents which were being investigated by the Healthcare Safety Investigation Branch (HSIB) and not the number of stillbirths reported in the period.

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Dr Riley went on to confirm that the mistake had been rectified in the report and the correct version had been uploaded to the Trust website as part of the Trust Board papers for the meeting.

Directors noted that, although the report related to performance over the months of August and September, there had been one never event in October 2019. The incident related to a guidewire that had been left in place. No harm was caused to the patient as a result.

Professor Fairhurst commented that it was a great source of assurance that incidents, which were reportable through the Strategic Executive Information System (StEIS) were presented to the Trust Board. This emphasised the culture of reporting and learning that had been embedded across the Trust.

RESOLVED: **Directors received the report and noted its content.**

TB/2019/147   INTEGRATED PERFORMANCE REPORT

Mr McGee introduced the report to members and advised the format would continue to evolve over the coming months to show more clearly any areas of variation or change. Mr McGee explained that, although the Trust's A&E performance figures were not ideal, it was still one of the most consistent across the county and asked members to note this in light of the significant challenges facing the NHS in general, as it moved into the winter period.

a)   Safe

Mrs Pearson reported that staffing to required standards remained a challenge for both nursing and midwifery and explained this had been compounded by the number of registered nurse vacancies in escalation areas and sickness in A&E. Mrs Pearson also reported that two areas had fallen below the 80% fill rate during the day, with another falling below the standard overnight. Mrs Pearson advised that staff who had commenced in post towards the end of September were starting to have a positive impact and confirmed that no patients had come to any harm.

Dr Riley highlighted some of the changes to the infection control elements of the report, explaining that all hospitals were now using a new metric to record clostridium difficile (C.diff) infections. He clarified that this meant that all infections now needed to be reported, even if the patients concerned had already been infected when admitted. Dr Riley reported the Trust was tracking slightly above its trajectory, set by the NHSI, of 51 C.diff infections for the year. He stressed that that the Trust was still below the average for the number of hospital bed days. Dr Riley was also pleased to report that the Trust had recently recorded its lowest ever

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mortality indices in terms of Summary Hospital-level Mortality Indicator (SHMI), at 0.4, and confirmed the results for Hospital Standardised Mortality Ratios (HSMR) were also either at expected or better than expected levels. Dr Riley advised that Secondary Judgement Reviews (SJRs) continued to be done on regular basis, with no evidence of poor care having been discovered through the process thus far.

Mr McGee praised Dr Riley and his clinical colleagues for their efforts in reducing mortality and stated that he felt it was a good indicator of the overall quality of the Trust. Professor Fairhurst echoed this praise and asked members to note that such results were only possible due to the hard work and diligence of each staff member working for the Trust and their commitment to delivering safe, personal and effective care.

RESOLVED: **Directors noted the information provided under the Safe section of the Integrated Performance Report.**

b)   Caring

Mrs Pearson reported that the response rates for the Friends and Family test had continued to improve and advised that the Trust was now waiting to see what changes would be made following the publication of new national guidance. Mrs Pearson stated that the Trust would need to change the way it gathered data following these changes and confirmed that these changes would be reflected in future reports. She reported that the number of complaints had fallen from previous months and that patient experience feedback continued to be very positive in all areas with the exception of Diagnostic and Clinical Services.

RESOLVED: **Directors noted the information provided under the Caring section of the Integrated Performance Report.**

c)   Effective

Dr Riley stated that many of the effective metrics had already been covered in his earlier mortality update.

RESOLVED: **Directors noted the information provided under the Effective section of the Integrated Performance Report.**

d)   Responsive

Mr McDonald reported the Trust's Emergency Care 4 hour standard performance at 85.2% and noted that, although this was below trajectory, it was an improvement from the reported performance over the same period the previous year. He added that this had also been the

case for the 4 hour performance in the previous 3 months. Mr McDonald reported that there had been 6 breaches of the 12 hour trolley wait standard in September, all of which were a result of patients waiting for mental health beds. He again noted that this was an improvement from the same period the previous year, in which 21 such breaches had been reported. Mr McDonald confirmed that ambulance handover times had shown significant improvements and explained that this was an important quality indicator to consider in relation to patient care.

Mr McDonald reported that the total number of patients on pathways currently was 32,678, above the end of year target of 29,619. He also reported that the numbers of pathways over 40 weeks had increased in September, with particularly high pressure being reported by the maxillofacial directorate. Mr McDonald confirmed that a robust recovery plan was in place and that actions were being progressed to provide additional activity and reduce waiting times. Mr McDonald advised that other issues relating to senior medical vacancies and the impact on capacity caused by the ongoing pension dispute were also being addressed, with one new consultant dermatologist already appointed and adverts out for two additional consultant posts in head and neck surgery.

Mr McDonald reported that the 62 day cancer standard had not been achieved in August, with a final result of 74.8%. He provided assurances that a comprehensive recovery plan was in place to address this drop in performance, but asked members to recognise it would take some time for the Trust to recover its position. Mr McDonald explained that the drop had been partially caused by ongoing issues in both pathology and advised that additional support was now being provided by Morecambe Bay while recruitment efforts were ongoing. He informed members the Trust was also considering accepting insourcing support from an external organisation to reduce the backlog of work.

Mr McDonald report Delayed Transfer of Care (DToC) performance at 4.1% for September, above the threshold of 3.5% and confirmed steps were being taken to improve this, including the recent recruitment of a DTOC recovery lead. He advised that there had already been a significant improvement in relation to lost bed days following this appointment and explained that the focus would now shift to conversations with partners in the wider system. Mr McDonald concluded his update by confirming that the diagnostic wait standard had been achieved in September.

Professor Fairhurst noted the mix of good news and areas of challenge reported and stated that it was important for members to feel they had gained assurance that the issues outlined by Mr McDonald would be addressed by the recovery plans in place. Dr Riley confirmed that

everything was being done that could be in terms of recruitment. Mr McGee stated that he felt the actions being worked on provided the necessary amount of assurance and asked members to take into account the constraints the Trust had to work under due to the ongoing pension dispute. Mr Hodgson advised that the action plans discussed had been considered in some detail at the most recent Finance and Performance Committee and confirmed the situation would continue to be actively monitored.

Miss Malik requested clarification on the length of the longest 12 hour breach; Mr McDonald responded that he could not say for certain, but was sure that the longest had been over 72 hours. He pledged to look into this and confirm the exact figure after the meeting.

RESOLVED: **Directors noted the information provided under the Responsive section of the Integrated Performance Report.**

     Mr McDonald to clarify the duration of the longest 12 hour trolley breach and update Miss Malik after the meeting.

     An update on the action plan for the pathways in excess of 40 weeks (specifically Maxillo-Facial services) will be provided at the next meeting.

     An update will be provided on the 62 day cancer standard recovery plan will be provided at the next meeting

     An update will be provided on the DTOC recovery plan will be provided at the next meeting

e)   **Well-Led**

Mrs Quinn reported that overall sickness levels in the Trust were still above the threshold, but had started to drop significantly from the previous months and were lower than during the same period the previous year. She confirmed that an update would be provided at the meeting due in January regarding the impact of the new sickness management approach and the EASE service. She advised that early insights showed that there had been a positive impact.

Mrs Quinn reported that vacancy rates had fallen significantly from earlier in the year, but were still above threshold. She stated that she expected a further improvement in the New Year, once the new approach to recruitment had been implemented. Mrs Quinn explained that temporary staffing costs continued to be an area of challenge and that the Trust was actively working with its partners across the ICS to manage agency rates, in addition to ensuring agency staff were only utilised when absolutely necessary. She advised that

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appraisal compliance was still falling short and that as part of the Agenda for Change (AfC), pay progression would now be linked to appraisal completion. Flu vaccination levels were reported at 65% and staff survey completion at 37%. Mrs Quinn confirmed that efforts were ongoing to improve both results as much as possible before their respective closing dates in February and November.

Mr Smyth enquired how long it would likely take before the Trust could expect to see any improvement in appraisal rates given their importance. Mrs Quinn explained the situation was being actively monitored on a monthly basis and confirmed there had already been a significant increase in appraisal completion once they had been linked to pay progression. She agreed on the need for a further increase and that more work would be needed over the coming months for this to be achieved.

Mr Wharfe noted that there had been a significant increase in spend on nursing staff reported in the Finance and Performance Committee earlier in the week and enquired whether there were any solutions from a workforce transformation perspective that could help to solve the issue. Mrs Pearson confirmed that a number of areas were already being actively worked on, including the development of nursing associate roles and recruitment of additional nursing staff through the Global Learning Programme. Mrs Quinn agreed that the issue was not merely a question of supply and that that Trust would need to consider how to utilise its existing workforce in new ways and offer potential applicants more flexibility going forward.

Professor Fairhurst enquired, given the generally high levels of sickness in the region, whether it would be possible to determine if there was a link between absence rates relative to where staff lived and whether anything could be done. Dr Kerr explained that an interactive map of the region had already been developed by one of the analysts in his team and confirmed that it should be possible to compare any aspects of the workforce against the characteristics of specific areas. Professor Fairhurst requested that this work was explored and progressed by Mr Moynes and the HR team after the meeting. Mr McGee advised that the Trust had already been challenged by regional and national colleagues around what measures it was going to put in place to improve staff wellbeing and encouraged colleagues to consider what other avenues could be pursued over the coming months, particularly in A&E and acute medicine.

Mrs Brown reported that the Trust's cash balances were all within expected limits, but stressed there were still significant risks as the Trust moved into the second half of the year. She confirmed work was underway to address this with the divisions and stated regular

reports would be provided via the Sub-Committees for assurance.

RESOLVED: **Directors noted the information provided under the Well-Led section of the Integrated Performance Report.**

Professor Fairhurst requested that the work to compare aspects of the workforce against the characteristics of specific areas be explored and progressed by Mr Moynes and the HR team after the meeting.

Mrs Quinn will provide an update on the EASE approach at the January 2020 Board meeting.

TB/2019/148 **EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) STATEMENT UPDATE**

Mr Hodgson presented the report to members and extended his thanks to Mr McDonald and the Trust's EPRR Manager, Alison Whitehead, for their efforts in preparing it. He advised that the report provided comprehensive assurance in relation to the Trust's position around its EPRR measures and confirmed that it had declared itself to be compliant with the majority of the core standards. Mr Hodgson explained the report also highlighted the Trust's activity over the previous 12 month period, including the development of comprehensive business continuity plans for each division and an overarching corporate business continuity plan.

RESOLVED: **Directors received the report and agreed to ratify the report.**

TB/2019/149 **FLU VACCINATION PROGRAMME UPDATE**

Mrs Quinn reported the flu vaccination figure at 65%. She advised that the Trust had been the third highest achiever in the country the previous year and that she and her colleagues were aiming to do even better in the current year.

Mr McGee noted that compliance across all Trusts would likely be higher in the current year, with many expected to be over 90% and encouraged all in attendance to do everything possible to raise the final score as high as possible. Mrs Quinn reported that drop-in sessions were being carried out on a regular basis and that the vaccine was being heavily promoted through social media. She confirmed that uptake would continue to be actively monitored through the weekly Executive Team meetings.

Miss Malik advised that at a previous organisation she had worked at staff members were encouraged to be vaccinated by linking it to a raffle scheme and suggested that the Trust may want to explore similar ideas to increase the uptake.

Mr McGee explained that ensuring uptake was high would help to ease pressures in the workforce. He stated that the Trust had performed exceptionally well over the recent years and that it was up to all to ensure that this was maintained.

RESOLVED: **Directors received the report and noted its content.**

TB/2019/150 **AUDIT COMMITTEE UPDATE REPORT**

Mr Smyth presented the report to Directors for information and highlighted the discussions which had taken place at the last meeting, particularly the discussions around the risk management follow-up report and confirmed that all the actions that had been recommended as a result of the initial audit had been completed.

He went on to highlight the report that the Committee received regarding the cyber essentials toolkit and confirmed that the Trust was making good progress towards compliance.

RESOLVED: **Directors received the report and noted its content.**

TB/2019/151 **FINANCE AND PERFORMANCE COMMITTEE UPDATE REPORT**

Mr Wharfe referred Directors to the previously circulated report and commented that the majority of the discussions undertaken and items discussed at the meeting today had also been discussed at the previous Finance and Performance Committee meeting. He highlighted the discussions that had taken place at the Committee in relation to the ICS Five Year Plan, particularly about the preliminary assumptions made, giving the Trust and others within the ICS a significant challenge.

He went on to highlight the presentation that had been provided to the Committee by the Trust's Education Directorate and the way that they utilise funds. Directors noted that a further update on this matter would be provided to the Committee in March 2020.

RESOLVED: **Directors received the report and noted its content.**

TB/2019/152 **QUALITY COMMITTEE UPDATE REPORT**

Miss Malik referred Directors to the previously circulated report and highlighted the discussion that had taken place, particularly those relating to the annual report of the Director of Infection Prevention and Control received on behalf of the Trust Board. Directors confirmed that they had received adequate levels of assurance in relation to this particular report and thanked the Infection Prevention and Control Team for their efforts.

Professor Fairhurst thanked Miss Malik for undertaking the role of Committee Chair while

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Mrs Anderson was away from the Trust.

RESOLVED: **Directors received the report and noted its contents.**

TB/2019/153 **REMUNERATION COMMITTEE INFORMATION REPORT**

The report was presented to the Board for information.

RESOLVED: **Directors received the report and noted its contents.**

TB/2019/154 **TRUST BOARD (CLOSED SESSION) INFORMATION REPORT**

 The report was presented to the Board for information.

RESOLVED: **Directors received the report and noted its contents.**

TB/2019/155 **ANY OTHER BUSINESS**

Professor Fairhurst confirmed that the agenda for the meeting had not had a strategy item included due to the restrictions of purdah.

TB/2019/131 **OPEN FORUM**

There were no further comments or questions from members of the public.

TB/2019/132 **BOARD PERFORMANCE AND REFLECTION**

Professor Fairhurst sought the views of the Board members in relation to the meeting, particularly in relation to conducting the necessary items of business whilst observing the constraints associated with purdah. Mr Hodgson commented that there had been a significant amount of attention paid to engagement and soft intelligence throughout the meeting, particularly in relation to the patient story that had been presented and that it offered food for thought for the Trust. Mr Wedgeworth agreed with the points raised by Mr Hodgson and suggested that more could be done to reassure patients about the procedures/surgery that would be undertaken as this is often a very stressful time for patients.

Mrs Anderson commented that it was pleasing to see the developments and improvements that had been undertaken since she had last attended a Board meeting and suggested that for those services where waiting lists were long, patients are communicated with regularly to update them on their treatment/waiting times.

It was agreed that an overview of the Trust's progress over the previous year would be developed in a 'State of the Trust' type document.

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RESOLVED:	**Directors noted the feedback provided.**
	It was agreed that an overview of the Trust's progress over the previous year would be developed in a 'State of the Trust' type document.

TB/2019/133   DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday, 15 January 2020, 13:00, Seminar Room 4, Learning Centre, Royal Blackburn Teaching Hospital.

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East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

	Item	7

15 January 2020 **Purpose** Information

Title	Action Matrix
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The outstanding actions from previous meetings are presented for discussion. Directors are asked to note progress against outstanding items and agree further items as appropriate

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

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Page 1 of 5
Retain 30 years
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Page 22 of 189

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
TB/2019/096: People Strategy/ Creating Supportive Staff Culture	A report will be provided to the next available Board meeting about the resources needed to implement the strategy.	Executive Director of HR and OD	January 2020	Agenda Item January 2020
TB/2019/120: Integrated Performance Report	Mrs Quinn will provide an update on the EASE approach at the January 2020 Board meeting.	Operational Director of HR and OD	January 2020	**Update:** EASE stands for Early Access to Support for Employees and aims to get day one support to staff that ago off sick with MSK or Mental Health issues as evidence shows that this reduces the amount of time taken off sick benefitting the member of staff and the organisation. MSK and Mental Health are consistently the highest causes of sickness for ELHT. The service has been implemented alongside new sickness management approaches since October and while it is early to determine full impact, we are seeing reduction in time taken off sick

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Item Number	Action	Assigned To	Deadline	Status
				and SPC charts show that while sickness continues to follow normal variation, sickness for the last 4 months compared to the same 4 months last year is lower. Will present a 6 month evaluation of the impact to the Finance and Performance Committee.
TB/2019/140: Action Matrix	*TB/2019/123: Integration and Intermediate Care (Pennine Lancashire Update):* An update on the development of the Integration and Intermediate Care Strategy will be provided at the next meeting.	Strategic Clinical Lead	January 2020	**Update:** The Strategy is still in development. An Intermediate Care Board has been established and Julie Higgins, Accountable officer for Blackburn with Darwen and East Lancashire CCGs is the Senior Responsible Officer representing the ICP.
TB/2019/144: Corporate Risk Register (CRR)	Confirmation of the de-escalation of Risk ID 7552 (PACS Downtime) will be provided at the next meeting.	Strategic Clinical Lead	January 2020	**Complete:** the report presented to the Board in January 2020 indicates that this item has been de-escalated from the CRR.

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Page 2 of 5
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Item Number	Action	Assigned To	Deadline	Status
TB/2019/147: Integrated Performance Report	*Responsive*: Mr McDonald to clarify the duration of the longest 12 hour trolley breach and update Miss Malik after the meeting.	Director of Operations	January 2020	**Update:** Mr McDonald confirmed that for the month of October 2019, the longest mental health related wait from decision to admit was 29 hours 41mins and longest stay in department (including decision to admit) was 42 hours 23 mins.
	An update on the action plan for the pathways in excess of 40 weeks (specifically Maxillo-Facial services) will be provided at the next meeting.	Director of Operations	January 2020	This update will be included as part of the Integrated Performance Report.
	An update will be provided on the 62 day cancer standard recovery plan will be provided at the next meeting	Director of Operations	January 2020	This update will be included as part of the Integrated Performance Report.
	An update will be provided on the DTOC recovery plan will be provided at the next meeting	Director of Operations	January 2020	This update will be included as part of the Integrated Performance Report.

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Item Number	Action	Assigned To	Deadline	Status
	Well-Led: Professor Fairhurst requested that the work to compare aspects of the workforce against the characteristics of specific areas be explored and progressed by Mr Moynes and the HR team after the meeting.	Executive Director of HR and OD	January 2020	**Update:** Mrs Quinn is arranging a discussion with Dr Kerr to determine how we might map workforce sickness data with place of residence to ascertain if there is any correlation between their ill health and wider social health determinants.
TB/2019/132: Board Performance and Reflection	It was agreed that an overview of the Trust's progress over the previous year would be developed in a 'State of the Trust' type document.	Executive Director of Communications and Engagement	January 2020	**Update:** Work is progressing and further information is available from Mrs Hughes.

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TRUST BOARD REPORT

15 January 2020

Item   **9**

Purpose   Information

Title	Chief Executive's Report
Author	Mrs E-L Cooke, Senior Communications Manager
Executive sponsor	Mr K McGee, Chief Executive

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

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Plan (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

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Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

CEO Report
January 2020

This report is divided into five sections. Section one details major national headlines, section two reports news from across Pennine Lancashire, and section three notes Trust news and initiatives which are aligned to the Trust's values. The fourth section shows the external communications and engagement interactions with the final section summarising the Chief Executive's diary.

One - National Headlines

Top news reports gathered from NHS England, NHS Improvement, NHS Providers and other reputable news sources.

DNA testing to fast track diagnosis

A new form of DNA test, capable of rapidly diagnosing rare diseases for critically ill babies and children, will be available on the NHS in England. The use of world leading technologies to improve care for the sickest infants forms part of the Long Term Plan.

The technique, known as 'whole exome sequencing', doubles the chance of a diagnosis and can reveal what is wrong with patients in days rather than weeks, reducing waits for worried families. Up to 700 babies and children will benefit each year.

Improved migraine care to save thousands of hospital stays

Headache and migraine sufferers are to benefit from better diagnosis and care, through planned improvements in local health services.

NHS Digital data shows the number of hospital admissions for these neurological conditions has increased by 14% over the last five years. At the same time, around 2.5 million primary care appointments are linked to headaches and migraines; around 100,000 of which are referred to hospital for further assessment. In total, it is estimated that around £150 million per year is spent on treating migraines, with £250 million on care for headache sufferers.

Developed by clinical experts in the NHS and the Neurological Alliance, the NHS RightCare Headache and Migraine Toolkit could help prevent 16,500 emergency hospital admissions every year. The toolkit provides expert practical advice and guidance on how to address headache and migraine challenges.

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Short term response to pension issues

Simon Stevens, NHS England Chief Executive confirmed a temporary solution to the pension tax impact on the health service. This proposed workaround would "ensure that clinicians who exceed their NHS pension annual allowance in this financial year are not left out of pocket".

The temporary scheme will apply to doctors, nurses, allied health professionals and other clinicians who are members of the NHS pension scheme - but not non-clinicians.

Trusts must help improve the health and wellbeing of staff

The General Medical Council has published independent findings from a UK-wide review into the wellbeing of doctors and medical students.

The Caring for Doctors, Caring for Patients report identifies a need to address the wellbeing of doctors faced with higher workloads, whose own health may impact on patient care.

The report identifies eight recommendations, including compassionate leadership models giving doctors more say over the culture of their workplaces, adopting minimum standards of food and rest facilities, and standardising rota designs which take account of workload and available staff.

NHS Support sees people lose the weight of 43 ambulances

Almost 90,000 people finishing the world leading NHS Diabetes Prevention Programme have lost a combined weight of almost 200,000kg

Around four million people in the UK live with type two diabetes, with diabetes and its complications costing the NHS more than £10 billion to treat every year.

The world first service is the first of its kind to have achieved a full national roll-out.

Number of nurses growing but still a long way to go

New data published by the Nursing and Midwifery Council (NMC) reveals the number of nurses and midwives on the register has grown but there has been a fall in the number of professionals coming from the EU/EEA.

The register also shows that the number of people on the register approaching retirement age is growing quicker than the number of those under 30.

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Bold approaches to overcome workforce challenges

The move to integrated care and partnership working between health and care organisations can help the sector to overcome severe workforce challenges, according to a new briefing from NHS Providers.

A place to work: System approaches to workforce challenges in the NHS, produced in partnership with health and social care lawyers Hempsons, shares examples of how NHS Trusts and Foundation Trusts have worked together and with partners across the wider system to develop joined-up workforce solutions, support the workforce with system transformation, tackle challenges in recruitment and retention, and address skills gaps.

Rising tide of gambling ill health

A rising tide of gambling related ill health is hitting the NHS as more betting addicts than ever before are being taken to hospital.

The State of the Nation's Health Report released from NHS Digital show a record number of admissions last year related to gambling addiction, including care for severe mental ill health conditions like psychosis.

The number of gambling related hospital admissions has more than doubled in the last six years from 150 to 321. Cases of pathological gambling, where people turn to crime to fund their addiction has increased by a third in the last 12 months, bringing the total to 171.

The steady rise in admissions has prompted the NHS to commit to opening 14 new problem gambling clinics by 2023/24, alongside the first ever gambling clinic aimed at young people earlier this year.

Two - Pennine Lancashire Headlines

Important updates and information reflecting work being carried out by the integrated health and care partnership for Pennine Lancashire.

Together a Healthier Future becomes Healthier Pennine Lancashire

Together a Healthier Future, the integrated care partnership (ICP) across Pennine Lancashire has recently refreshed its strategic narrative, delivery focus and delivery infrastructure. As we continue to integrate our health and care system in Pennine Lancashire, it is crucial that the partnership becomes a brand that not only our workforce, but everyone, can recognise and own.

This has provided an excellent opportunity to consider how we are seen by those we work with and serve and to increase our impact and recognition. As such, we have decided to move from being known as Together a Healthier Future to the more up-to-date, clearer and simpler Healthier Pennine Lancashire.

Collaborative working for a healthier Pennine Lancashire

CEOs from the Trusts across Lancashire and South Cumbria have actioned a Memorandum of Understanding describing new arrangements for collaboration and collective decision making across provider organisations.

These new arrangements will develop a shared Work Programme that will assure the delivery of a collective agreement for Clinical Service Transformation, Service Productivity, Strategic Developments and Values and Code of Behaviour. Providers and clinicians will work to agree what secondary care will look like with integrated working.

It is expected that the scope of the Work Programme will progressively be extended to further widen collaboration and efficiency between other services and functions and include clear integrated and standardised models, networks, and alternative service delivery models.

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Mental health transformation plan

Pennine Lancashire has been chosen as the area to receive the accelerated Mental Health Transformation programme, the learning and outcomes of which will be shared and rolled out across the Lancashire and South Cumbria footprint.

The elements that will be under consideration in the programme of work are Access, Assessment and Treatment Pathways. The initial area to be developed will be around access and assessment including a single point of access for all presentations or an Initial Response Service (IRS), self-referrals and more opportunities for professionals to seek advice and support from one another.

Together an Active Future

In September, Together and Active Future (TaAF) submitted the Pennine Lancashire Pathfinder Funding submission, Nothing to Something and Something to More to Sport England, showcasing TaAF's creative approach to their Local Delivery Pilot Programme.

The Pathfinder Submission underwent an internal review before it was unanimously approved and an initial £3M of funding will be release into the Pennine Lancashire TaAF Local Delivery Programme through Blackburn with Darwen Borough Council and shared between the District Councils and localities.

In 2020 there will be an expansion of the work streams including target work with the Department of work and Pensions, Locality Networks co-design and Pennine Wide opportunities to better understand and support people to be more active.

Campaign to end male suicide stigma

Organisations and businesses who want to find out how to support staff and their community have been invited to take part in Lancashire and South Cumbria Suicide Prevention Team's male suicide anti-stigma campaign, "Let's Talk To Prevent Male Suicide".

In Lancashire and South Cumbria the suicide rates are the third highest in England. To address this, a partnership of NHS, local authority, police, public sector, education and businesses is working to reduce suicide and demonstrate that we all can make a difference.

Award-winning support for local health and care

Lancashire and South Cumbria has been recognised as leading the way in supporting staff who are looking for new opportunities to do so in within the local healthcare system. Retaining and supporting people working in health and care is a big challenge and a priority across Lancashire and South Cumbria. The five NHS hospital Trusts, including ELHT, are working together to make it easier for staff to move between roles across the region.

The "It's Your Move" team works with the Trusts to help identify and facilitate suitable job moves for staff within the Lancashire and South Cumbria ICS.

Successes at this year's General Practice Awards

A local GP team has been recognised at a prestigious event honouring excellence and innovation in primary care across the UK. The General Practice Awards saw hundreds of nominations made across 20 categories, with almost 650 healthcare and industry professionals attending the ceremony in November. Three awards were won by Lancashire teams, with local teams also highly commended in two categories.

Darwen Healthcare scooped both the Practice Nursing Award and GP Team of the Year.

Multi-Disciplinary Team campaign

New materials have been produced for practices to help them promote the various health care professionals who work alongside GPs, and within the local community.

The multidisciplinary team materials use the national Help Us Help You brand with the strapline 'Get the right care'. Materials will be available shortly on the PHE resource centre.

Pennine Lancashire Volunteer Project

A new report has been published outlining the Pennine Lancashire Volunteer Project. The project, funded by Health Education England (HEE), has been two years in the making and was set up to review volunteer services across the NHS, Local Authority and Voluntary, Community, Faith Social Enterprise to develop a holistic approach to supporting volunteers in the Healthier Pennine Lancashire Integrated Care Partnership.

Launched in 2017, the Pennine Lancashire Volunteer Project was a two-year initiative involving 12 organisations from across the Pennine Lancashire footprint that formed the project

partnership working group. This working group represents thousands of active volunteers deployed in Health and Social Care and has worked to develop a project that is supported by a strong spirit of partnership and co-production.

Digital GP retention

An innovative pilot scheme to help retain GPs who may be thinking of leaving the profession will see doctors in Lancashire and South Cumbria using digital equipment to enable them to have virtual appointments with their patients.

The digital GP retention scheme is initially being trialled with 20 GPs working in practices in every part of Lancashire and South Cumbria – Pennine Lancashire, Central Lancashire (Preston, Chorley and South Ribble), Fylde Coast, Morecambe Bay and West Lancashire. Those taking part include two GPs who are about to go on maternity leave and other GPs who had been considering taking retirement.

The rollout of video consultations is also a key part of the GP Retention Intensive Support Scheme, which is providing additional support to retain GPs in the first and final five years of their careers in Morecambe Bay, Blackpool and West Lancashire.

Three - ELHT Headlines

Important news and information from around the Trust which supports our vision, values and objects.

Use of the Trust Seal

The Trust seal has been applied to the following documents since the last report to the Board:

- On **10 December 2019** the seal was applied to the following underleases between the Trust and Community Health Partnerships Ltd:
    - Yarnspinners Primary Health Care Centre
    - Accrington Acorn Health Centre
    - Darwen Health Centre
    - St Peters Health Centre
    - Rossendale Primary Health Care Centre
    - Bacup Health Care Centre
    - Accrington PALs Health Centre

    The documents were all signed by Mr Kevin McGee, Chief Executive and Mrs Michelle Brown, Executive Director of Finance.

- On **19 November 2019** the seal was applied to the Settlement Deed between the Trust and Burnley General Hospital Phase V SPC Ltd. The deed was signed by Mr Kevin McGee, Chief Executive and Mrs Michelle Brown, Executive Director of Finance.

- On **18 November 2019** Mrs Michelle Brown, Executive Director of Finance signed the Contract for the sale of freehold land with vacant possession (being part of Burnley General Hospital) between the Trust and Calico Homes Ltd. The Trust's seal was not required on this document.

Young Person's Mental Health Service Achieves Extra Accreditation

The Burnley-based East Lancashire Child and Adolescent Service (ELCAS) has become just the second service in the UK to receive a national accreditation for quality. The ELCAS service, based at Burnley General Teaching Hospital, has been accredited by the Royal College of Psychiatry's Quality Network for Community CAMHS (QNCC).

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The accreditation is valid for three years (March 2022), subject to continued evidence of compliance and a yearly review to ensure ELCAS upholds standards. ELCAS is also the only young person's mental health service in England to achieve both QNCC accreditation and an 'Outstanding' from the Care Quality Commission which was announced in February 2019.

National accreditation for endometriosis service

ELHT has been accredited by the British Society for Gynaecological Endoscopy (BGSE) as a National Centre for Endometriosis.

The Trust's Lancashire Women and Newborn Centre at Burnley General Teaching Hospital is one of only three in the region providing a specialised service for patients with endometriosis and the BSGE accreditation cements the position of ELHT as a leading centre in this area of gynaecological care.

The ELHT team are of one of only three specialist services north of Manchester, and referrals are made to them from across the region, covering a wide area from Blackpool in the west, Manchester in the south, up to the Lake District and West Yorkshire in the East.

New Emergency Surgical Unit opens

A new, fast flow 35-bedded Emergency Surgical Unit (ESU) has been opened on the Royal Blackburn Teaching Hospital. This development is part of the ongoing redesign of the acute surgical pathway. The new unit will improve patient experience and flow and complements the Surgical Ambulatory Emergency Care Unit which opened in January 2019.

The ESU is the next stage of development and aims to improve patient care by reducing unnecessary ward moves and improved continuity of care. The unit will operate as an emergency admission point for urgent surgical patients referred directly by their GPs.

Patient safety publication wins GOLD award

The Communications and Quality and Safety teams celebrated winning GOLD at the Chartered Institute of Public Relations (CIPR) North West Pride awards.

The team was one of only three to be shortlisted and were recognised in the 'Best Publication' category for their 'Share2Care – Human Factors' publication which focuses on patient safety.

The judges' comments stated: "This publication deals with a very tricky subject but reminds us of the critical human impact one can have. The design was clean and engaging, but it was the critical core content that the judges felt made this publication stand out. It's easy for an organisation to say it will learn from its mistakes – this publication makes that a reality."

Lights switch on by Blackburn Rovers star Darragh Lenihan

Darragh joined staff, patients, friends and family for a festive afternoon at Royal Blackburn Hospital hosted by ELHT&Me, the hospital's official charity.

The event, held on the same day as the ELHT&Me's Christmas Markets opened, featured performances from Blackburn People's Choir and Darwen Brass Band, and an appearance from Father Christmas, courtesy of Blackburn Round Table.

Attendees enjoyed non-alcoholic mulled wine, hot chocolate and mince pies, and were able to browse stalls at the charity's Christmas Markets.

Darragh and Director of Communications and Engagement, Christine Hughes, started the event off by pressing the 'big button' and lighting up the hospital's Christmas tree and main entrance.

Festive giving

We are extremely grateful to the players and managers from Blackburn Rovers FC, Burnley FC and Accrington Stanley FC for taking the time out of their busy schedules to visit our young patients and their families during the festive period.

Our patients and staff were delighted with the many generous gifts they received over the festive period through kind donations by patients, relatives and members of the community. Once again we have been overwhelmed by the public's kindness and generosity. There is no doubt these gifts lifted many people's spirits on Christmas day and aided their recovery knowing that they are thought of at this special time of year.

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Four – Communications and Engagement

A summary of the external communications and engagement activity.

November 2019

Communications and Engagement
Monthly Media Update

Top Stories...

- Share2Care wins 'best publication' award
- Increased interest in a family complaint
- A&E pressures
- National accreditation for endometriosis service
- Welcoming 172 student nurses
- Research award triumph
- Celebrating 1,700 years of loyal NHS service

Christmas lights switch on

Press and Media Relations...

36	**15**	**8**	**96%**	**+38**
Mentions in all media	Media enquiries handled	Media releases issued this month	of stories were positive or neutral	The monthly media net score (positive minus negative)

Projects the Communications Department has supported...

- Healthier Pennine Lancashire rebrand
- Well newsletter
- Staff flu vaccinations
- MEC transformation
- Perfect week

- Antibiotic awareness week
- Surgical robot demonstration
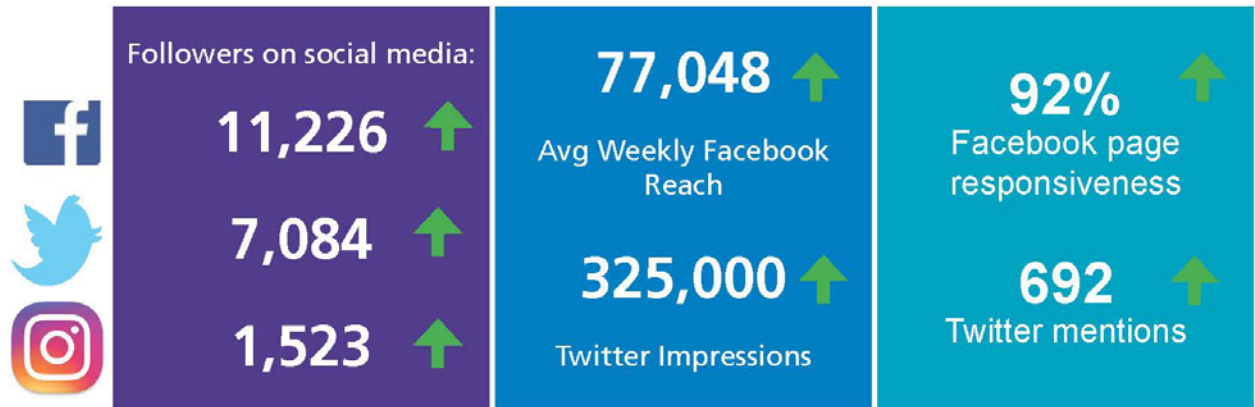- Jasper the Therapy Dog
- Winter messages

Website...

Our website got **110,652** page views by **38,395** people.

The most viewed webpage was – **Shuttle Bus times**

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Social media and digital...

Followers on social media:

Facebook: **11,226** ↑

Twitter: **7,084** ↑

Instagram: **1,523** ↑

77,048 ↑
Avg Weekly Facebook Reach

325,000 ↑
Twitter Impressions

92% ↑
Facebook page responsiveness

692 ↑
Twitter mentions

The most talked about issues on our social networks..

- A&E busy
- Education Open Day
- New Nurses
- Jasper's 5th Birthday

Posts of the month...

East Lancashire Hospitals NHS Trust
26 November at 19:30 · 🌐

Our hospital is very busy so please don't use A&E if it's not urgent - see a pharmacist, GP or call @NHS111 instead http://ow.ly/l8ws307DmnU #MakeTheRightChoice

18,214 People reached   1,185 Engagements   Boost Post

😊 19   1 Comment 193 shares

👍 Like   💬 Comment   ↪ Share

Nov 2019 · 30 days

TWEET HIGHLIGHTS

Top Tweet earned 5,845 impressions

Congratulations to @janedean1975 one of our most experienced and respected nurses, who has taken her next career step to become #ELHT's newest Nurse Consultant #rockingthered
pic.twitter.com/dc3PVpLiAW

↰ 10   ↻ 5   ♥ 131

View Tweet activity   View all Tweet activity

Facebook review rating:

4.5 out of 5

Routine activity:

Weekly staff bulletin
Team Brief meetings and video
Our Trust Your News
Supporting events with photography
Supporting ELHT&Me

If you would like any further information about this report please email communications@elht.nhs.uk

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Communications and Engagement
Monthly Media Update

Top Stories...

- New Emergency Surgical Unit
- Mobile breast screening service hits road to Rossendale
- Compassionate carer honoured with hospital's top award
- Students get hands-on to benefit Pendle patients
- Christmas services in the Chapels

Patient safety magazine wins GOLD award

Press and Media Relations...

23 Mentions in all media

5 Media enquiries handled

5 Media releases issued this month

96% of stories were positive or neutral

+13 The monthly media net score (positive minus negative)

Projects the Communications Department has supported...

- Healthier Pennine Lancashire
- Well newsletter
- Staff flu vaccinations
- MEC transformation

- Christmas visits
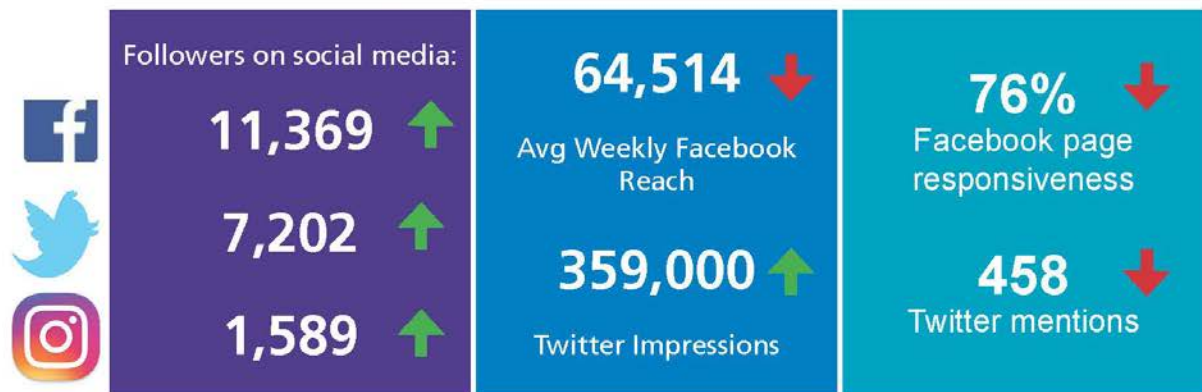- Charity Christmas donations
- Christmas events

Website...

Our website got **95,593** page views by **32,766** people.

The most viewed webpage was – **Waiting Times**

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Social media and digital...

Followers on social media:

f 11,369 ⬆

🐦 7,202 ⬆

📷 1,589 ⬆

64,514 ⬇
Avg Weekly Facebook Reach

359,000 ⬆
Twitter Impressions

76% ⬇
Facebook page responsiveness

458 ⬇
Twitter mentions

The most talked about issues on our social networks..

- A&E busy
- Suicide Prevention
- Employee of the Month
- Burnley Football Visit

Posts of the month...

East Lancashire Hospitals NHS Trust
30 December 2019 at 22:00 ·

A&E is currently very busy. A&E is for serious and life-threatening emergencies only. If unsure about the service you need check here http://ow.ly/l8ws307DmnU #MakeTheRightChoice

Boost Post

Rachel Johnson, Tracey Burgess and 21 others   93 shares

👍 Like   💬 Comment   ➤ Share

Top Tweet earned 11.9K impressions

⚽ Thank you very much to @Rovers for visitng the Children's Unit at Royal #Blackburn Teaching Hospital yesterday, and donating some amazing #Christmas presents to our young patients! ⚽ You really are #ChristmasHeroes! #NHS #ELHT #Football #Rovers
pic.twitter.com/bQhkqStlfk

🔁 6   ❤ 27

Facebook review rating:

4.5 out of 5

Routine activity:

Weekly staff bulletin
Team Brief meetings and video
Our Trust Your News
Supporting events with photography
Supporting ELHT&Me

If you would like any further information about this report please email communications@elht.nhs.uk

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Five - Chief Executive's Meetings

Below are a summary of the meetings the Acting Chief Executive has chaired or attended.

December 2019 Meetings

Date	Meeting
3 December	Chairman update
4-6 December	HFMA Annual Conference
10 December	Team Brief Blackburn and Burnley
11 December	Meeting with BwD Council
11 December	Telecon: Graham Urwin
13 December	Telecon: NWAS stakeholder call
17 December	NHS Leadership Meeting – London
18 December	Lancashire and South Cumbria Integrated Care System Leaders Executive
18 December	Pennine Lancashire Chief Officers
18 December	Partnership Leaders Forum
31 December	Site visit to Accrington Victoria and Burnley General Teaching Hospital

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January 2020 Meetings

Date	Meeting
8 January	Lancashire and South Cumbria meeting with Amanda Doyle
8 January	CAHMS redesign event
8 January	Team Briefs
9 January	NW Improvement Board – Manchester
10 January	Telecon: Lancashire and South Cumbria STP High Potential Scheme
14 January	Senior Management Team/Executive Directors
14 January	David Fillingham visit
14 January	Chairman update
15 January	Trust Board
17 January	Provider Collaborative with Sir David Dalton
20 January	Laing Buisson Staffing Report – London
21 January	Senior Management Team/Executive Directors
21 January	Chairman update
21 January	Diagnostics meeting
22 January	ICS System Leaders Executive meeting
22 January	Pennine Lancashire Chief Officers
22 January	Partnership Leaders Forum
28 January	Operational Delivery Board
28 January	Team Brief filming
28 January	Chairman update
28 January	EPR meeting

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East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

15 January 2020

Item	**11**
Purpose	Monitoring

Title	Corporate Risk Register
Author	Mr M Stephen, Head of Safety & Risk
Executive sponsor	Dr D Riley, Clinical Strategic Lead

Summary: This report presents an overview of the Corporate Risk Register (CRR) as of the 20/12/2019 these risks which were reviewed at the Risk Assurance Meeting (RAM) on the 13/12/2019 by the Divisions and Corporate services for review, scrutiny, assurance.

Recommendation: Members are requested to receive, review, note and approve this report and to gain assurance that the Trust Corporate Risk Register is robustly reviewed, scrutinised and managed in line with best practice.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	Yes
Equality	No	Confidentiality	No

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Table 1: The Corporate Risk Register (CRR) as of 20/12/2019

No	ID	Risk Title	Risk Description	Current Score	Top 5 Controls	Actions in place and on track (Datix)	Date last reviewed	Movement
1	7010	**Aggregated Risk** - Failure to meet internal and external financial targets in year will adversely impact the continuity of service	Failure to meet the targets will result in the Trust having an unsustainable financial position going forward and the likely imposition of special measures	20	1) Robust financial planning arrangements, to ensure financial targets are achievable and agreed based on accurate financial forecasts; 2) Monthly monitoring of financial performance against financial plans by service managers and senior managers, supported by the Finance Department, with monthly financial performance reports prepared for each meeting of the Operational Delivery Board and Finance and Performance Committee; 3) Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits; 4) Arrangements to monitor and improve delivery of the Waste Reduction Programme; and 5) Daily monitoring of the Trust's cash position to ensure the Trust is able to continue to meet its financial liabilities.	(No actions in progress)	28/11/2019	⬌
2	8126	**Aggregated Risk** - Potential delay in the implementation of Electronic Patient Record (EPR) System	The absence of a Trust Wide Electronic Patient System, the reliance on paper case notes, assessments, prescriptions and the multiple minimally interconnected electronic systems in the Trust.	20	1) Stable PAS system (albeit 25+ years old) 2) ICE system 3) EMIS system 4) Improved infrastructure (including storage) to maintain and manage existing systems. 5) Register of non-core systems capturing patient information in place.	1 action on-going	11/12/2019	⬌

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|							
3	7762	Risks associated with providing HDU (High Dependency Unit) care in DGH with no funding for HDU provision	ELHT provides HDU (High Dependency Unit) care as does most District General Hospitals with the tertiary centres providing formal HDU In recent years with increasing demand and limited tertiary capacity the provision for HDU care is increasing. We have received no funding to manage this provision and yet provide an estimated 1404 HDU days per year (70 % being Level 2 HDU). This presents a series of risks	20	1) Safer staffing is reviewed for nursing on a daily basis at Matron and Trust Director of nursing level. Staffing is managed according to acuity and therefore managed in a safe manner. 2) Medical staffing actions have been taken to mitigate risk of medical cover to HDU activity in winter months -specific winter planning takes place. 3) HDU competencies and training completed and co-ordinated in the Directorate to ensure suitable skills. 4) Safer staffing for nursing completed on a daily basis and acuity of patients managed at Matron/Trust level. 5) Medical staffing support monitored and winter planning actions put in place to support increased HDU activity.	2 actions on-going	04/12/2019
4	8061	**Aggregated Risk** - Management of Holding List	Patients waiting past their intended date for review appointment and subsequently coming to harm due to a deteriorating condition or suffering complications due to delayed decision making or clinical intervention.	16	1) There is a process in place to ensure all follow up patients are assigned a RAG rating at time of putting them on the holding list. This process is for outpatients predominantly. A process forward discharge is currently being developed. 2) There is an automated daily report to provide oversight of the holding lists by speciality. 3) Underlying demand and capacity gaps must be quantified and plans put in place to support these specialities in improving the current position and reduce the reliance on holding lists in the future. 4) Report being provided weekly to the Executive Team. 5) Holding List performance is discussed as part of the weekly performance meetings.	2 actions on-going	04/12/2019
5	8221	**(NEW)** Lack of recurrent investment and review of CNP services resulting in service at risk	CNP is currently undergoing a service review which has stalled due to lack of resource from a CCG perspective. This is due to the service working under a block contract which has not been reviewed for a number of years. A number of roles and services are being funded non recurrently and this funding stops in march 2020.	16	1) Review meetings with our commissioner monthly. 2) Escalated through CNP spec board and DMB also SMWRG With DGM and Lead for Children and Young People Pennine CCG. 3) Risk assessment completed. **(New risk being further, controls being further assessed)**	4 actions on-going	23/11/2019

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6	1810	**Aggregated Risk** - Failure to adequately manage the Emergency Capacity and Flow system.	Lack of capacity across the Trust can lead to extreme pressure resulting in a delayed delivery of the optimal standard of care across departments. At times of extreme pressure this increase in the numbers of patients within the emergency pathway makes medical/nursing care difficult and impacts on clinical flow	15	1) Further in-reach to department to help to decrease admission 2) Workforce redesign aligned to demands in ED 3) Review of processes across Acute / Emergency medicine in line with Coronial process and incidents 4) Work with CCG on attendance avoidance 5) Phase 6 build commenced - completion Nov 2020	**2** actions on-going	29/11/2019
7	5791	**Aggregated Risk** - Failure to adequately recruit to substantive nursing and midwifery posts may adversely impact on patient care and finance.	Use of agency staff is costly in terms of finance and levels of care provided to patients	15	1) Daily staffing teleconference, chaired by Divisional Director of Nursing, who balances and mitigates risks based on professional judgment, debate and acuity and dependency. 2) The use of the Safe Care Tool within Allocate to support decisions regarding acuity an dependency 3) Reallocation of staff to address deficits in skills/numbers, based on the above 4) Various points throughout the day review of acuity/dependency and staffing levels 5) Monitor red flags, IR1s, complaints and other patient experience data	**4** actions on-going	02/12/2019
8	5790	**Aggregated risk** – Failure to adequately recruit to substantive medical posts may adversely impact on patient care and finance.	Gaps in medical rotas require the use of locums to meet service needs at a premium cost to the Trust.	15	1)Consultants current do cross cover at times of need 2)Divisional Director sign off for locum usage 3)Ongoing advertisement and recruitment programme for medical vacancies 4)Consultant cross cover where possible 5)Retire and Return Policy that helps support the return of skilled staff	**4** action on-going	04/12/2019
9	7008	Failure to comply with the 62 day cancer waiting time.	Cancer treatment delayed. Potential to cause clinical harm to a patient if the treatment is delayed.	15	1)CNS engagement with virtual PTL 2)Cancer escalation process modified and re-issued 3)Cancer Hot List issued twice weekly 4)Additional theatre capacity 5)Daily prioritisation of elective and cancer activity by	**5** actions on-going	02/12/2019

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10	8184	Inability to meet the set Numerators in the falls CQUIN	The trust has not met the requirements in quarter one for the set numerators of the national falls CQUIN. The numerators are not necessarily embedded practice within the organisation, in the detail that is required to meet the criteria for achievement within the CQUIN. Success requires 80% achievement in a sample of 100 patients randomly selected in all three numerators. This is worth around £1,000,000 worth of CQUIN money.	15	1) Email sent to all ward managers to remind them that patients over 65 require lying and standing BP. 2) Task and finish group set up with key stakeholders to influence practice. 3) Targeted support to wards via falls specialist nurse which are non-compliant with the set numerators. 4) CQUIN standards communicated out to staff via message of the day 5) Standards identified in the CQUIN added to the ward mangers monthly falls audit. This is now embedded as business as usual.	**1** action on-going	02/12/2019	⟷
11	7552	Risk that PACS downtime occurs and brings delay to patient pathways or delays in operating theatre activity.	Lack of data available while treating patient could cause harm. The system is periodically failing / turning over so that images are not available as required. This may be due to PACs or networking issues. The impact of this for the Orthopaedic team is that clinics are delayed/ overrunning and patients are waiting longer than required. On occasion patients have left having not been able to get the necessary information to talk through their appropriate care. The impact for theatres is also real and in the past cases has had to be cancelled due to delays and unavailability of appropriate images.	6	**This risk has now been de-escalated**	**Actions Completed**	04/12/2019	⬇

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Table 2: CRR Risk Heat map

- Risks in Blue all score over **(15)**
- Risk in Green has been de-escalated from the Corporate Risk Register, this risk now scores a **(6)**.
- Risk in Red is new to the Corporate Register and was recently approved scoring **(16)**.
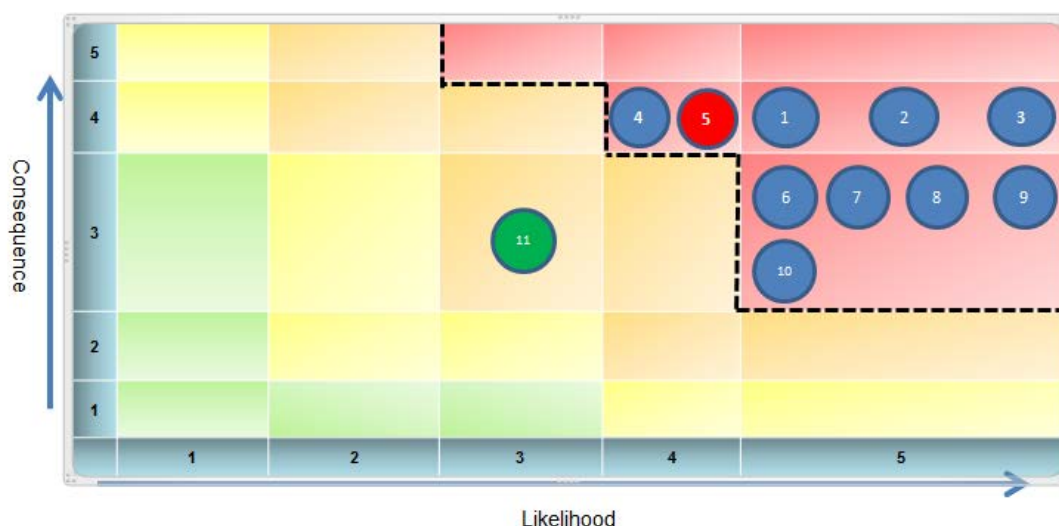
Risks recommended for inclusion on the (CRR) since the last Trust Board

No	Risk	Title	Score at escalation	Added to Corporate Risk Register?
1	8284	Failure to comply with the 62 day cancer waiting time target and potential (Endoscopy)	15	NO
2	7846	Clinical and Financial risk of elevated temperature storage of Medicines in Clinical areas	15	NO
3	8221	Lack of recurrent investment and review of CNP services resulting in service at risk	16	YES

Table 3: items recommended for the (CRR) in November and December.

1. **Risk 8284 –** This risk was escalated to RAM in December and reviewed by the meeting attendees. This risk is around issues within Endoscopy which may have contributory factors to failure to comply with the 62 day target for cancer waiting times. It was agreed at RAM that this would be linked into the overarching risk that

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already scores (15) and sits on the CRR. It was agreed that a regular review would take place in RAM to ensure the risk gets the same traction but doesn't sit on the overall CRR due to similarities.

2.   **Risk 7846 –** This risk was escalated to RAM in December and was reviewed by the meeting attendees. This risk was noted to have two parts to the risk, one being the compliance of fridge temperatures across the trust which was highlighted in the last CQC inspection. It was confirmed that there are more controls around this and the score was lower for this specific element of the risk. The second part was around the temperatures of where the fridges are stored, such as wards and store rooms. This will be raised as a separate risk and will be linked with estates. It was agreed that this risk will be split and the score will be reduced.

3.   **Risk 8221 –** This was escalated to RAM December. Community and Neurodevelopmental Paediatrics (CNP) service is currently under review with CCG's but has stalled due to lack of resource, funding is coming to an end for this service in March 2020 which will have a direct impact on roles that support this service and finance to the trust. It was agreed at Operational Executive Briefing that this risk would sit on the CRR.

De-escalated risks from the Corporate Risk Register

No	Risk	Title	Previous Score	New score
1	7552	Risk that PACS downtime occurs and brings delay to patient pathways or delays in operating theatre activity	15	6

4.   **Risk 7552** – This risk has had its score reduced due to the successful implementation of the new PACS system. This has been confirmed by the trust's CIO (Chief Information Officer) and agreement has been made to keep the risk open at a low score to allow the system to embed and monitor any incidents that may occur because it is a new system and process.

Corporate Risk Register:

5.   Details of the current Corporate Risk Register can be provided if required and includes the management of actions and controls within the risk. This has been updated with the latest information following the RAM meeting on the 13th December. Outstanding actions have been chased with the relevant handler and controls have

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been reviewed. There are 11 risks on the CRR with 1 risk being de-escalated from the register.

Conclusion

6. Members are requested to:

   a) Review, scrutinise and approve the Corporate Risk Register.

   b) Gain assurance that risks on the CRR are being robustly managed in line with best practice and the Trust Risk Management Strategy.

   c) Support the ongoing management of Corporate Risk Register risks within respected functions/divisions throughout the Trust.

East Lancashire Hospitals
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TRUST BOARD REPORT

15 January 2020

| Item | 12 |

Purpose Assurance

Approval

Title	Board Assurance Framework (BAF)
Authors	Mrs A Bosnjak-Szekeres, Director of Corporate Governance/Company Secretary
	Miss K Ingham, Corporate Governance Manager/ Assistant Company Secretary

Summary: The Executive Directors have revised the BAF and examined the controls and assurances, together with any gaps, to establish whether they have changed since the November 2019 Trust Board meeting.

The Quality Committee and the Finance and Performance Committee received the BAF at their meetings on 8 January 2020.

Recommendation: Members are asked to discuss the content and agree the Committees' recommendations to the Trust Board.

The Finance and Performance Committee members considered the finance risk and discussions were held about likelihood of the risk score for BAF risk 4 (finance) increasing during the final quarter in respect of the 2019/20 financial year position and the financial plan for 2020/21 and going forward.

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by:

Finance and Performance Committee, 8 January 2020

Quality Committee, 8 January 2020

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1. The Board Assurance Framework (BAF) brings together in one document all of the relevant information on the risks to the Trust's strategic objectives. By regularly reviewing it, the Trust is in a position to identify whether the BAF remains fit for purpose and whether it provides the Board with real confidence that it is having a thorough oversight of the strategic risks.

2. The effective application of assurance processes in producing and maintaining the BAF is enabling the Board to consider the process of securing the necessary assurance using formal procedures that promote good governance and accountability, whilst gaining a clear and comprehensive understanding of the risks faced by the Trust in pursuing its strategic objectives.

3. The BAF informs the Board about the types of assurance currently obtained, so consideration can be given whether they are effective and efficient and enables the Board to identify areas where the existing controls might be failing and the risks that are more likely to occur as a consequence. The BAF also gives the Board the ability to better focus the existing assurance resources.

4. Some of the BAF risks are considered by both the Quality Committee and Finance and Performance Committee (risks 1, 2, 3 and 5) due to their overarching nature, however each Committee only discusses the risk elements under their specific remits and are aligned to their Terms of Reference.

Risk 1: Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.

5. It is proposed that the risk score remains at **16 (likelihood 4 x consequence 4)**,

6. The internal sources of assurance have been updated to include the following:

   a) Operational and Executive oversight will be provided via: Operational Delivery Board - monthly

   b) Board Development Session held in November 2019 where VSA/improvement was discussed.

   c) Strategic Clinical Lead appointed as the Professional Lead for the Pennine Lancashire ICP influencing the collaborative work on transformation.

7. External sources of assurance have been updated with the following:

   a) System-wide reporting is currently being developed through the Pennine Lancs Business Intelligence group and the Healthier Pennine Lancashire Partnership.

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Risk 2: Recruitment and workforce planning fail to deliver the Trust objectives

8.   It is proposed that the **risk score remains at 20 (likelihood 5 x consequence 4).**

9.   The key controls section has been updated to include the following:

   a) Development of Inclusion Strategy for presentation to Operational Delivery Board (ODB) in January 2020.

10.   Gaps in assurance have been updated to include the following:

   a) Awaiting national approach for long term solution to pension issue.

11.   Actions and updates have been updated to include the following:

   a) There are an additional 6 Physician Associates who have commenced in post in September 2019 who work across the ICP as part of the LIFT 2 pilot. An additional 34 are in training across the ICS.

   b) HCA recruitment continues, contributing to the reduction in HCA bank shift requests adding further stability and flexibility to our support workforce. 160 applicants being processed following recent campaign.

   c) Establishment of a Care Academy for Pennine Lancashire to secure a talent pipeline locally to be commenced February 2020.

   d) Reverse mentoring scheme commenced.

   e) The Trust has agreed a range of measures with ICS colleagues to help address the pensions challenges along with implementation of NHSE's interim solution for financial year 2019/20.

Risk 3: Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.

12.   The **risk score remains 12** (likelihood 3 x consequence 4).

13.   The internal sources of assurance section has been updated to include the following:

   a) First meeting of Community Integrated Board discussed models of care. Senior representatives from the Trust were present at the meeting and positive feedback was received.

   b) Continued good performance regarding DTOC and long LOS, this performance is relatively better than other Trusts in the ICS.

   c) Call to action by senior clinicians regarding the ownership by medical staff on the financial position of the Trust. An action plan has been agreed including the

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Trust and local GP's and will be launched by Trust and CCG Accountable Officers.

Risk 4: The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework

14. The **risk score remains at 20** (likelihood 5 x consequence 4).

15. All reference to Safely Releasing Costs Programme (SRCP) has been replaced to reflect the revised programme being titled Waste Reduction Programme (WRP).

16. The key controls section has been updated to include:

   a) All areas are completing a Financial Recovery Plan to reduce the current overspending position in 2019-20 and to develop efficiency plans for 2020-21. Financial Recovery plans oversight is through the FAB and Finance and Performance Committee.

17. The internal assurances had been revised as follows:

   a) In addition to Model Hospital data, PLICS has also been included as a source of data used to improve improvement and mitigate deterioration.

   b) Reinstatement of the monthly Finance Assurance Board (FAB) chaired by the Chief Executive. Attended by Executive, Divisional Management Teams and Finance colleagues to review and discuss the financial position, forecast and Waste Reduction Programme (WRP) performance.

18. The Finance and Performance Committee member considered the finance risk and discussions were held about the risk score increasing during the final quarter in respect of the 2019/20 financial year position and the financial plan for 2020/21 and going forward.

Risk 5: The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

19. The **risk score** remains at **16** (likelihood **4** x consequences **4**).

20. Key controls have been updated to include the following:

   a) Weekly IPR to Exec Team including RTT, Cancer, Holding Lists, DTOC, LOS etc.

21. Internal sources of assurance have been updated to include:

   a) Perfect week held 04/11/19 - Informed the Winter Plan and a number of actions taken e.g. Piloting, Phlebotomy, SNCD earlier in day, therefore results are received earlier for Ward Rounds to enable discharge earlier in the day. Further

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plan 13 January will focus in particular on same day emergency areas as well as acute assessment units and involve system partners.

b) OPRA opened.

c) Emergency Surgery Unit planned for 28 December. Facilitates the opening of fast flow medical ward which will assist patient flow and reduce medical outliers.

d) Successful recruitment in Histopathology Consultant post expected in January 2020.

e) Successfully recruited to Dermatology start in January 2020 (vacant 2 years).

f) Significant improvement in DTOC position and LLOC since divisional ownership process put in place.

22. The actions have been updated to include the following items:

a) Business case approved by the Trust Board and submitted to NHSI in July 2018 for the extended acute medical facility. Building commenced due for completion winter 2021.

b) CQC report published on 12 February 2019, improvements in some areas and outstanding services. Action plan monitored by the CQC and through the Quality Committee. Returned action plan in relation to notices regarding fridges, document storage and fluid thickening. Continue to audit to ensure consistence etc.

c) NHSI have confirmed the dates for this year's PLACE assessments as running from the 16th of September to the 22nd of November. Oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Lisa Grendall to provide training for key members. Completed. Results submitted, outcome expected at the end of January 2020, which will then be published.

d) Agreement being reached in relation to Histopathology services with University Hospitals Morecambe Bay (UHMB) to support additional capacity. This is expected to commence in November 2019. Commenced in November and continuing to show improvements in waiting times.

e) Cancer and 18 weeks additional activity being scoped for insourcing to be provided over winter.

f) Launching live situation report (sitrep) on Wednesday 11 December 2019 enabling the Trust to work with live data.

Angela Bosnjak-Szekeres, Associate Director of Corporate Governance, December 2019

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Our Strategic Objectives

1   **Put safety 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**

Reference Number:	BAF/01
Responsible Director(s):	Director of Finance and Medical Director
Aligned to Strategic Objectives:	1, 2, 3 and 4.

Strategic Risk: Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.

Consequences of the Risk Materialising:
1. Ability to deliver against the constitutional standards and organisational delivery would be adversely affected
2. Inability to provide financial assurance to the Board
3. Reduced ability to integrate primary and secondary care
4. Reduced ability to have the right workforce planning
5. Reduced ability to achieve access and operational standards
6. Reduced ability to improve quality standards

Key Controls *What controls/ systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score			
						2018/19	2019/20		
						Q4	Q1	Q2	Q3
We have developed the 2019 plan for the Trust in conjunction with the Pennine Lancashire ICP partners to achieve a single plan for the ICP. This focusses on delivering our quadruple aim of balancing quality with delivery/performance, finances and impact of change on people (patients, staff or the public).

The Trust has invested in an Improvement Practice team who will work with transformation and quality improvement teams across Pennine Lancashire and the Trust to lead, facilitate and deliver improvement in line with the agreed priorities from the planning round. The programme also aligns the improvement methodologies utilised across the Trust and wider-ICP to ensure consistency of approach.

The ICP programme is monitored through the Pennine Lancashire Programme Office and reports through the System leaders.

The ELHT programme is monitored through the Improvement Practice Office who report to the Operational Delivery Board, Finance and Performance Committee, Quality Committee and the Executives through the leadership wall and Improvement Guiding Board.

The Quality Improvement programme is monitored through Divisional Clinical Effectiveness committees and Quality Improvement project triage group. A QI register details the projects by Division and Harm (if applicable). Contained within the Quality Improvement programme is the Harm Free Care programme which includes Falls, Deteriorating Patient, Medication errors, Pressure Ulcers, Infection Prevention.

Divisional improvement is monitored through the Divisional Governance structures.

Participation in the five year planning process which will bring CCG, ICP and Trust processes together (November 2019). This will allow alignment of finances across the ICP area. | **Internal Assurances**
The Trust planning process has been designed to enable the identification of a single set of transformation priorities for the Trust in conjunction with ICP Partners. The priorities identified are aligned to the Trust's Clinical Strategy, the ICP priorities as outlined in the Pennine Plan, to key ICS priorities and to the NHS Long-Term Plan.

The Trust has adopted and is implementing (and building capacity to undertake) improvement (incorporating quality improvement, transformation/service development and improvement) utilising a consistent improvement approach based on Lean.

The Trust has invested in dedicated improvement capacity through the development of the Improvement Practice Team/Office and has sought, through the planning round, to align capacity across the organisation to the delivery of a single plan. The Trust has invested in external expert advice and support via the NHS Improvement Vital Signs Programme to ensure improvement is delivered to a high standard.

Through alignment of priorities to the Improvement Practice Office there will be oversight of all improvement work.

Operational and Executive oversight will be provided via:
• Executive Visibility Wall – monthly
• Guiding Board (Improvement Board) - monthly
• Operational Delivery Board - monthly

Board Development Session held in November 2019 where VSA/improvement was discussed.

Board assurance will be provided via reporting to:
• Finance and Performance
• Quality Committee
• Trust Board (information papers and minutes)

A revised clinical divisional structure has been implemented with a newly formed community services and intermediate care division to strengthen our leadership and provide capacity to support the transformation and partnership working with the wider system.

Strategic Clinical Lead appointed as the Professional Lead for the Pennine Lancashire ICP influencing the collaborative work on transformation.

Director of Operations responsible for community and intermediate care services is one of the portfolio delivery leads for the Pennine Lancs ICP.

NHSI/E Vital Signs Programme Consultant now in place.

External Assurances
System-wide reporting is currently being developed through the Pennine Lancs Business Intelligence group and the Healthier Pennine Lancashire Partnership.

ICP system level aiming to prioritise health improvements that can deliver beneficial outcomes more quickly.

Care Professional Board workshop with a wider audience held in Q2 resulted in the creation of Pennine Lancashire Clinical Senate bringing together relevant professionals to support the Pennine Lancashire transformation. Several senior ELHT clinicians attending and actively participating in the Clinical Senate and associated workshops.

System wide reviews completed including a discharge community and intermediate care diagnostic assessment by Newton Europe and a Lancashire intermediate care review completed by Carnall Farah. The progressions of these reviews and their associated recommendations are being overseen by the Pennine Lancashire intermediate care programme board which reports into the Pennine Lancashire Together a Healthier Future programme.

To support a whole system multi agency approach to the development of community services, Integrated Neighbourhood Local Community partnerships (LCP's) have been established for Blackburn with Darwen and East Lancashire and these report into the Pennine Lancs Together Healthier Future programme.

There is commitment to the alignment of the improvement approach across the ICP. Work is on-going to align approaches and deliver associated training to upskill across the ICP

There has been good participation by system partners in several system-agreed improvement events.

There is ongoing alignment of improvement resources across the ICP including commissioning portfolios.

System-wide Programme Boards are currently being developed which will focus on delivery of system priorities and will dovetail to the Improvement Practice Office.These Boards cover Urgent and Emergency Care, Scheduled Care, Integrated Community Care and Mental Health. A Programme Coordination Group, consisting of senior responsible officers and delivery leads, is also being established and this will replace the existing Partnership Delivery Group.

System-wide reporting is currently being developed through a review of current ICP governance structures.

Internal / External Assurances
A revised clinical divisional structure has been implemented with a newly formed community services and intermediate care division to strengthen our leadership and provide capacity to support the transformation and partnership working with the wider system. In addition a community services transformation board meets monthly and this includes a commissioner representative as part of its membership. A community systems board has also been established which meets monthly, reporting to the community services transformation board. | 16 | 10 | 16 | 4x4 | 20 | 20 | 16 | 16 |

Gaps in Control	Gaps in Assurance	Actions Planned / Update
Where we are failing to put controls/ systems in place. *Where we are failing in making them effective.*	*Where we are failing to gain evidence that our controls/ systems, on which we place reliance, are effective.*	*Dates, notes on slippage or controls/assurance failing.*
Capacity and resilience building in relation to improvement is in early phase	Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.	There will be a re-focus on delivery and impact via the Guiding Board and Executive Visibility Board which will improve assurance to Trust Board sub-committees
Short term regulatory targets detracting from the delivery of short to medium term objectives of the transformation programme resulting in competing priorities in delivery of business as usual and improvement work	Lack of unified approach in relation to procurement by Commissioners.	Improve the robustness of reporting of impact through adoption of A3
	Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases.	Improvement Practice Team now fully established. Staff undertaking practice coach training and have an agreed portfolio of work aligned to agreed priorities.
Dependency on stakeholders to deliver key pieces of transformation	Future role of NHSE/NHSI merged teams to be determined.	Continued alignment of improvement approach for the Trust – The Pennine Lancashire Way
Financial constraints	Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.	Establishment of system-wide Programme Boards e.g. Scheduled Care Board to ensure alignment of priorities across the ICP
Transformation priorities not yet fully aligned to appraisal and objective setting		Consider options for continuation of external support
Capacity and time to release staff to attend training	Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system.	Discussions are ongoing regarding the linking of QI and transformation.
Linking between clinical effectiveness/quality improvement and the Improvement Office needs to be further developed	It is unclear what the impact of the changes in senior leadership in partner organisations will be.	Refocus of the Improvement Guiding Board is almost complete. Completion date has been set for early Q4.
System wide working is still developing, and priorities are not yet completely aligned	Understanding what is happening to providers with regard to financial milestones in the ICS.	
	Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances.	

Reference Number: BAF/02
Responsible Director(s): Director of HR and OD
Aligned to Strategic Objectives: 2, 3 and 4.
Strategic Risk: Recruitment and workforce planning fail to deliver the Trust objectives

Consequences of the Risk Materialising:
1. Gaps on rotas impacting adversely on ability to deliver safe, personal and effective care
2. Negative impact on financial position through high use of agency staff
3. Inability to staff escalation areas
4. Inability to create an integrated workforce
5. Unable to recruit a representative workforce
6. Inability to release staff for training and appraisal

Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score			
						2018/19	2019/20		
						Q4	Q1	Q2	Q3
Workforce Transformation strategy in place and associated Divisional and Trust-wide plans monitored through the ICS Workforce Transformation Board. Divisional Workforce Plans aligned to Business & Financial Plans. Divisional Performance Meetings and Operational Delivery Board monitor on-going performance, actions and risks. Reports to Finance & Performance Committee Recruitment strategy and plans linked to Workforce Plans. Trust Workforce Controls group in place to review all vacancies and support the Workforce Transformation strategy. One Workforce Planning Methodology across Pennine Lancashire Workforce planning at ICS level, e.g. Apprenticeships, recruitment and retention initiatives, collaborative medical banks and talent management. Pennine Lancashire Workforce Transformation Group. People Strategy aligned to deliver National ICS, ICP and Trust workforce objectives and is cognizant of the NHS Interim People Plan. Development of Inclusion Strategy for presentation to Operational Delivery Board (ODB) in January 2020. Workforce Solutions Group meeting to target areas of concern.	**Internal Assurances** On-going monitoring of vacancies and bank/agency usage at Trust Operational Delivery Board via Trust performance report. Performance measures, time limited focus groups with action plans, board and committee reports, regulatory and inspection agencies, stakeholders, internal audit. WRES action plan with timelines in place. Regular reporting to the Board on progress. Work with the Fanshawe Report. Ongoing monitoring of workforce diversity through the re-establishment of the Diversity and Inclusion Steering Group and Trust Operational Delivery Board. Workforce Control Group regularly reports to the Executive on workforce control measures and indicators. Dashboard developed. Annual report to the Quality Committee. Joint Medical and Non-Medical Agency Group in place. Dashboard giving overview of bank/agency usage presented to the Executive team meeting monthly. Additional scrutiny from a nursing perspective. The Performance Assurance Framework Lean Programme (Vital Signs) overall linking into workforce transformation. Implementation of Allocate rostering/ publication dates for rosters. Uptake of flu vaccine across the workforce. Completion rates of the annual staff survey and low rates of turnover. Integrated performance report. Implementation of new absence management process to support staff attendance and to mitigate need for use of bank and agency. Workforce Dashboard reporting key performance indicators within division on a monthly basis, Details of these reported on a quarterly basis to the Finance & Performance committee. A Senior Medical Staffing Performance Review Group established - responsibility for reviewing all consultant job plans, consultant vacancies etc. adding further rigor on our appropriate use of resource. Workforce Solutions Board now aligned to deliver Trust Business Plan & Clinical Strategy. **External Assurances** Friends and family test (further detail in BAF risk 5) Benchmarking of agency spend is available through the Model Hospital data. Collaboration across the ICS on agency usage. Joint work taking place across the ICS to consider implications and options to mitigate the impact on pensions. Broader quality and diversity group and a better understanding of workforce demographics in relation to the over 55 workforce. ICS collaboration on Careers, International Recruitment and Workforce mobility. Pensions link to Finance and Performance 'Gaps in Assurance'. ICS wide LWAB (Local Workforce Action Board) - looking at nurse recruitment across the whole system. Establishment of Pennine Lancashire Workforce Group.	16	10	20	5 x 4	20	20	20	20

Gaps in Control	Gaps in Assurance	Actions Planned / Update
Where we are failing to put controls/systems in place. Where we are failing in making them effective.	*Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.*	*Dates, notes on slippage or controls/assurance failing.*
National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions. Reduction of CPD monies from HEE (could be off-set by the apprenticeship levy). Varying incentive schemes/packages across provider sector. Implications of Brexit on the workforce - uncertainty/ workforce are yet to be determined. Integrated workforce assurance group The impact of the changes to the pension rules and taxation has resulted in a significant reduction in capacity and additional work being undertaken by senior medical staff. This has resulted in a reduction in clinical capacity.	Inability to control external factors (Brexit, visas etc). Awaiting national approach for long term solution to pension issue. Regulators stance on safe staffing and substitution of roles in place of registered workforce. Lack of data/intelligence regarding the number of nurses and clinical staff in the 55+ age category and the related risk of 'brain drain' in the coming years. Work has been done by ICS across the system but it does not contain the level of detail needed for each Trust. Efforts need to be made to understand and refine the workforce data in order to address the issues in the Trust.	28 nurses have been sourced and started via the Global Learners Programme with a further 41in the registration process for the programme, with 11 of them likely to commence employment with the Trust by the end of January 2020. There are an additional 6 Physician Associates who have commenced in post in September 2019 who work across the ICP as part of the LIFT 2 pilot. An additional 34 are in training across the ICS. HCA recruitment continues, contributing to the reduction in HCA bank shift requests adding further stability and flexibility to our support workforce. 160 applicants being processed followng recent campaign. E&D Action Plan updated and developing Equality and Inclusion Strategy in October. Annual Festival of Diversity planned for May 2020. Culture and Leadership Programme 12 month delivery plan ongoing. The new Equality and Inclusion Group has been established to consider the wider diversity agenda. Three staff networks have been agreed to be stablished (BME, LGBTQ and Disability) Shadow Board completed its run, with participants being offered Talent Conversations. Vital Signs improvement programme is underway to improve employee experience from recruitment through to them leaving the organisation. The Hire to Retire VSA has now delivered improvements and is now working on refreshing potential improvement opportunities, including the Recruitment Strategy which is being reviewed and developed, the document will go to the Operational Delivery Board (ODB) in January 2020. An ICP workforce strategy has been developed and we are in the process of re-focusing the workforce transformation group. We are working with ICP partners to undertake systematic and integrated workforce transformation linked to the NHSI LEAN improvement programme. We are working across the ICS to develop a mobility agreement to assist with the movement of staff across the region. A Recruitment and Retention Strategy is being developed to underpin a system wide approach to recruitment. 2 Workforce Repository and Planning Tool (WRAPT) planning projects are underway across the organisation. HEE funding secured to develop clear clinical leadership for workforce transformation through the WRAPT process. Training commenced in May 2019 and future funding agreed for next year. Establishment of a Care Academy for Pennine Lancashire to secure a talent pipeline locally to be commenced February 2020. Participation in ICS Bank and Agency Collaborative to manage agency rates across the region. Reverse mentoring scheme commenced. The Trust hs agreed a range of of measures with ICS colleagues to help address the pensions challenges along with implementation of of NHSE's interim solution for financial year 2019/20.

Reference Number: BAF/03

Responsible Director(s): Chief Executive, Director of Finance, Director of Service Development and Medical Director

Aligned to Strategic Objectives: 3 and 4

Strategic Risk: Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.

Consequences of the Risk Materialising:
1. Failure to engage leadership and wider stakeholder groups
2. Failure to secure key services for Pennine Lancashire.
3. Failure to maximise our potential as a provider of key specialist services (Stroke etc.) across the ICS footprint.
4. Delay in the speed of implementing integrated solutions and planning public engagement due to less effective partnerships.
5. Capability and capacity to deliver their component of the partnership working and deliver their own statutory obligations could cause a transfer of risks from partners to the Trust.

Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score			
						2018/19	2019/20		
						Q4	Q1	Q2	Q3
Pennine Lancashire System Leaders' Forum meets to discuss strategy. Engagement by senior leaders in wider transformation programmes. Regular Board updates and decisions on key actions. At Pennine Lancashire level health improvement priorities agreed (HIMPs). HIMPs reporting to the Professional Leadership Committee (PLC) Number of senior clinicians involved with ICS work groups. Professional Leadership Committee (PLC) has ELHT representation. ICS Finance Group and ICP Finance and Investment Group with ELHT senior representation. The ELHT Accountable Officer is the senior responsible officer (SRO) for the Pennine Lancashire Transformation Programme, sits on the System Leaders Forum and on the Integrated Care System for Lancashire and South Cumbria (ICS) Programme Board. The Trust's Acting Chief Executive is the professional lead for the Pennine Lancashire ICP. Vital Signs Programme ensures the ICP as a system is having a significant participation as part of the transformation programme. Improvement and transformation programmes reviewed by ICP teams during October 2019.	**Internal Assurances** Verbal and written updates, where appropriate Board approvals will be established and permissions will be provided by the Board to let Executives progress the generation of ideas and options with external stakeholders. Potential gains in strengthened reputation with regulators and across the ICS footprint with regular reporting to the Board via the Finance and Performance Committee on progress, milestones and risks linked to the gateway process. Mitigation in place for creating single teams across the system, e.g. 'one workforce' with timelines for implementation. Progress covered under BAF risk 2. First draft of the ICP Five Year Plan has been submitted to the ICS. Draft Five Year Pipeline included within the Trust's Clinical Strategy. First meeting of Community Integrated Board discussed models of care. Senior representtion from the Trust were at the meeting and positive feedback was received. Continued good performance regarding DTOC and long LOS. this performance is relatively better than other Trusts in the ICS. Call to action by senior clinicians regarding the ownership by medical staff on the financial position of the Trust. An action plan has been agreed including the Trust and local GP's and will be lauched by Trust adn CCG Accountable Officers. **Internal/External Assurances** The Pennine Lancashire and ICS Cases for Change have been published. Pennine Lancashire resource in post working on developing models of care against specific improvement priorities (paediatrics, respiratory and frailty). Health and Wellbeing Improvement Partnerships (HIMPs) at Pennine Lancashire level reviewed around the health improvement priorities and the majority are relatively well established with minor changes needed to link into the new structures. ICS governance oversight forms part of the Audit Committee standing agenda for 2018/19. Fostering good relationships with GP practices and Federations e.g. service pilots and as a result of tenders and general dialogue. Pennine Lancashire ICP Memorandum of Understanding agreed by stakeholders. ELHT Chief Executive chairing the ICS Providers' Forum. ELHT hosting the Providers Programme Director for the ICS Provider Board who reports to the Chief Executive of ELHT. Director of Service Development leading on the construction of the work programme with the Directors of Strategy from all the providers. Component business cases at Pennine Lancashire level forming a draft overarching ICP plan. Plan on a page for the ICP, connecting to the Plan on a page for ELHT completed and shared with the Commissioners. CEO of ELHT and Accountable Officer of East Lancashire CCG jointly chairing the Pennine Lancashire ICP Programme. Posts for Portfolio Holders at ICP level are in development. Cultural development programme for system level leadership established with involvement of all senior leaders across the ICP. ICS architecture on clinical services is developing (eg pathology, stroke and frailty). Positive feedback from service reviews (stroke and endoscopy). Structures in place for the Out of Hospital stream with the Trust significantly contributing to the workstream. Clinical leadership through the Professional Leadership Committee (PLC) at Pennine Lancashire ICP level giving consistent message about the importance of working as a system. Strengthening the relationship with primary care networks' leadership. Associate Medical Director for Service Improvement appointed, increasing our capacity for clinical leadership in relation to service improvements. Pennine Lancashire Delivery Group has ELHT representation and is chaired by the Trust's Chief Executive. A&E Delivery Board meets monthly, chaired by the ELHT Chief Executive. Progress on collaborative efforts in relation to the emergency pathway is covered under BAF risk 5. Vital Signs is a system wide transformation programme across the Pennine Lancashire ICP. Patient experience strategy envisages good patient and public involvement to support the collaborative transformation. Progress with work covered under BAF risk 1. Producing ELHT demand and capacity plan to be signed off by the Executive Team. The wider system demand and capacity plan will be signed off by the Partnership Delivery Group. Pennine Lancashire ICP Programme Co-Ordination Group is the engine/delivery room for the ICP. The group has been given delegated authority from the Pennine Lancashire Leaders' Forum and the planning process is driven through this group. The Pennine Lancashire system planning reports into the ICP Programme Co-Ordination Group. Joint accountable officer for CCG's is now in post. A system financial and investment group for the ICP looking into the priorities and aligning them with the financial envelope for the local system. Creation of single teams to deliver the transformation agenda at ICP system level. Priorities of the individual organisations and those of the system aligned/agreed.	16	12	12	3x4	12	12	12	12

Gaps in Control *Where we are failing to put controls/systems in place.* *Where we are failing in making them effective.*	Gaps in Assurance *Where we are failing to gain evidence that our* *controls/systems, on which we place reliance, are effective.*	Actions Planned / Update *Dates, notes on slippage or controls/assurance failing.*
System leaders agreed a process to develop the governance system across Pennine Lancashire; however this is still in development	Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.	Regular updates provided to Board and the Audit Committee. Standing agenda item at Execs and Trust Board.
ICS System Management model is in early stages of development.	Lack of unified approach in relation to procurement by Commissioners.	Across the ICS footprint the Medical Directors of the four Trusts agreed to focus on urology, vascular services, stroke, emergency department, interventional radiology and gastrointestinal bleed, and neonatology.
Decision making process for Pennine Lancashire system will need agreement.	Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases.	At ICS level all providers met to formulate work programme - 3 categories of services agreed a) services that are fragile now b) services where there is no immediate risk but possible in the not too distant future
There is a need for consistent leadership across the system. in order to ensure that we continue prioritising in line with system affordability.	Future role of NHSE/NHSI merged teams to be determined.	c) services that need to be managed across the whole footprint. Agreement on the way of taking this forward to be agreed. Prioritisation of diagnostics, pathology and cancer work streams agreed. Developed work programme discussed by the Provider Board at ICS level. and work on developing future configuration continues, no
Building trust and confidence and agreeing collaborative approaches to service provision .	Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.	timelines for completion set at this stage. Meetings are ongoing regarding the acute Programme and more focused work is taking place in Stroke, Vascular, Urological Cancer and Diagnostics. A range of services are being developed for Head & Neck.
ICS level Planning Group has been formed and met for the first time on 3 December 2018. The Director of Service Development attends to represent the ICP. The role of the group is centred around the 5 year plan which is due to be developed by Summer 2019.	Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system.	Pennine Lancashire ICP component business case. Focus on ICP level wider deliverables. East Lancashire CCG extended the Community Services contract by 12 months allowing for the principles of the new clinical model at ICP level to be developed. Ongoing progress is being made with more focus on the future model of care (not the current model of care). An update was provided at the Trust Board in March 2019. Neighbourhood system event held at end of January 2019. Subsequent 'big ticket'
Point being reached relating to ICS workstreams (e.g. Head and Neck services) where dependent on scoring implications there may be an impact on priorities and risks to the Trust.	It is unclear what the impact of the changes in senior leadership in partner organisations will be.	events were held and Value Stream Analysis (VSA) planned under the Vital Signs Programme. Good co-production on developing clinical model across the ICS for CAMHS services was presented to the Commissioners. Clinical model accepted,. A neighbourhood system event held at end of January 2019. supporting, ongoing discussions about affordability with help from the Northumberland, Tyne and Wear Trust. The model (stage 1) had been signed and providers are working on the detail (stage 2). A timetable
Case for Early Supported Discharge (EDS) for stroke services, this is critical to the work the Trust is doing to develop a Hyper Acute Stroke service. Funding will be available in the new financial year (2020/21).	Understanding what is happening to providers with regard to financial milestones in the ICS.	has been produced, presented to local commissioners and approved by them (1 year plan). Milestones have been developed and a financial exercise has been undertaken to determine the resources required to implement the new model.
Lack of clarity regarding the investment priorities across the ICP have the potential to destabilise acute services.	Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances.	The Director of Service Development has led discussions with other providers of CAMHS services about potential future configurations and alliance, the model was universally supported. Agreement reached to focus on all aspects of improving the emergency pathway - ED, Assessment Same Day Emergency Care, Discharge and out of hospital services and the acute adult mental health pathway. The Trust is aiming to develop a clear and succinct integrated action plan with associated metrics over the next six weeks. The plans for the submission of the ICS Five Year Plan were presented to and discussed with the Board in September 2019. The draft plan was submitted on 27 September and was well represented at ELHT and ICP level. The final version of the ICP Five Year plan is due for submission on the 15 November. Event held on 1 October 2019 with senior operational and commissioning managers to discuss the plan. Executives from the Trust and Local Commissioners are having further meetings during November 2019 to discuss the investment priorities across the ICP.

Reference Number: BAF/04	
Responsible Director(s): Director of Finance	
Aligned to Strategic Objectives: 3 and 4.	

Strategic Risk: The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework

Consequences of the Risk Materialising:
1. Inability to invest and maintain the estate
2. Potential negative impact on safety and quality/increased risk of harm
3. Financial Special Measures
4. Inability to pay suppliers/supply disruption
5. Increased cost of borrowing

Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score			
						2018/19	2019/20		
						Q4	Q1	Q2	Q3
Budgetary controls (income & expenditure) in place including virement authorisation, workforce control, monthly performance meetings and variance analysis.

Measures to mitigate financial risk overseen by Finance and Performance Committee.

Additional financial controls implemented in September 2019 to address significant financial variances for 2019/20.

Financial Assurance Board in operation, a detailed review of all financial positions is ongoing.

All areas are completing a Financial Recovery Plan to reduce the current overspending position in 2019-20 and to develop efficiency plans for 2020-21. Financial Recovery plans oversight is through the FAB and F&P. | **Internal Assurances**
Monthly reporting to Finance and Performance reports and the Board to reflect financial position. Separate reporting available to support assurances on the transformation programme.

Regular Performance Review meetings between Executives and Divisions. Using the Performance Accountability Framework (PAF) to provide assurance that action is taken to help ensure the delivery of objectives.

Financial objective included in individual appraisals.
Setting of financial objectives in senior management appraisals.
Budget setting
Financial Forecasts
Briefings on risk
Pipeline of schemes to reduce cost.

Use of data sources (e.g. Model hospital and PLICS data) to drive improvement and mitigate deterioration. Evidencing the routine use of benchmarking data to drive positive change.

Revised Performance Accountability Framework presented to the Finance and Performance Committee on 29 October 2018 and to the Operational Delivery Board on the 31 October 2018, with final approval by the Finance and Performance Committee at the end of November 2018.

Reinstatement of the monthly Finance Assurance Board (FAB) chaired by the Chief Executive. Attended by Executive, Divisional Management Teams and Finance colleagues to review and discuss the financial position, forecast and Waste Reduction Programme (WRP) performance.

Monthly agency meeting.

External Assurances
External audit view on value for money.

Model Hospital benchmarking (including cost per Weighted Activity Unit).

ICS Led Theatre Productivity analysis.

GIRFT Programme | 16 | 12 | 20 | 5x4 | 20 | 20 | 20 | 20 |

Gaps in Control *Where we are failing to put controls/systems in place. Where we are failing in making them effective.*	Gaps in Assurance *Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.*	Actions Planned / Update *Dates, notes on slippage or controls/assurance failing.*
Additional workforce controls to remain in place. Policies and procedures may require amendments where they are no longer fit for purpose.	Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.	Regular updates to Board and Finance and Performance Committee. Actions and risk relating to the achievement of 'incentivised funding' (e.g. Provider Sustainability Funding) will be routinely reviewed.
Controls around transformation schemes and WPR to be monitored by the FAB and the Finance Department with Divisions to be held to account via the FAB.	Lack of unified approach in relation to procurement by Commissioners.	Risks in relation to the impact of the changes to CQUIN to the end of 2019/20 are being managed and reported to the Quality Committee.
Gaps in control regarding funding for A&E and PSF funding - recovery plan underway.	Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases.	Agency and locum sign off with escalation of cost, total hours booked and average per hour is reported to the Finance and Performance Committee from September 2018 as part of the Financial Performance Report.
Lack of standardisation in applying rostering controls.	Future role of NHSE/NHSI merged teams to be determined.	Cash borrowings have increased above plan as a consequence of not delivering A&E PSF and non cash backed WRP.
Weaknesses in discretionary non-pay spend.	Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.	Detailed plan for 2019/20 to be developed in light of additional financial focus.
Deterioration in the underlying financial position requiring additional transformation schemes in 2019/20. WRP's being delivered non-recurrently.	Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/ lack of delegation from the sovereign bodies to the system.	Divisional recovery plans sent out in August were reported back to the FAB on the 19th of August and an update was provided to the Finance and Performance Committee due on the 30th of September.
Officers operating outside the scheme of delegation.		Shared Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) group established with the CCGs.
Inadequate funding assumptions applied by external bodies (pay awards).	It is unclear what the impact of the changes in senior leadership in partner organisations will be.	Quality Improvement (QI) established Resources Committee to improve the business case process with CCG's - planned for Q1.
Hidden costs of additional regulatory requirements - highlighted with NHSI.	Understanding what is happening to providers with regard to financial milestones in the ICS.	
Cost shunting of public sector partners increasingly managed through ICS and ICP.	Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances.	
Failure to meet Provider Sustainability Fund requirements both as a Trust and an ICS.		
Agency and locum sign off with escalation of cost.		
Significant external pressures which may intensify internal financial pressure.		

Reference Number: BAF/05

Responsible Director(s): Director of Operations, Director of Nursing and Medical Director

Aligned to Strategic Objectives: 1, 3 and 4.

Strategic Risk: The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil the regulatory requirements defined in the NHS Constitution and relevant legislation.

Consequences of the Risk Materialising:
1. Poor patient experience.
2. Increased regulatory intervention, including the risk of being placed in special measures.
3. Risk to income if four hour standard is not met.
4. Risks to safety.
5. Risk of not being able to deliver seven day services.

Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score			
						2018/19	2019/20		
						Q4	Q1	Q2	Q3
Weekly operational performance meeting covering RTT, holding lists and key operational indicators. Separate dedicated weekly cancer performance meetings. Fortnightly deep dive at the Executive team meetings. Engagement meetings with CQC in place monitoring performance against the CQC standards. Quality and safety compliance assessed by each division and assurance through the Divisional Quality and Safety Boards (DQSB) reporting into the Quality Committee Sub-Committees. Divisional assurance boards feeding into the operational sub-committees and the Quality Committee. Nursing Assessment Performance Framework reporting through to the Quality Committee and involvement of NEDs on the SPEC Panels and Board approval for the award of SPEC awards. A&E Delivery Board with Emergency Care Pathway assurance feeding into it. System-wide Scheduled Care Board with elective pathway assurance feeding into it. Daily nurse staffing review using safe care/allocate Nursing and Midwifery. Weekly Medical Staffing Review - Nursing and Midwifery staffing review feeding into the annual professional judgement review for all wards. Weekly operational flow meetings at 08.30, 12.30, 15.30, 18.00 and 19.30 Weekly ED / urgent care performance and improvement meeting. Appointed Clinical Scheduled Care Lead (Associate Medical Director) who will work with Clinical Leads to create and monitor improvement plans for the RTT and holding list positions. Outpatient Improvement Group established in July. Focused on reducing face to face outpatient appointments to improve the RTT and holding list position. Fortnightly phone calls with the NHSI. Improvement dashboard and breach analysis report developed and presented to the Executive team, this will continue on a regular basis. Refreshed the Trust's long length of stay process to provide increased scrutiny at Divisional level. Patients who have a length of stay in excess of 40 days are highlighted to the Divisional Triumvirate who will work to identify any management delays. Any patients with a length of stay in excess of 80 days are highlighted by the Divisional Triumvirate to the Executive Medical Director, Executive Director of Nursing and Director of Operations (the responsible Executive Triumvirate) who will undertake a review. The Trust has developed the Effective Flow Board to oversee a range of actions to improve patient flow and improve discharges before 1.00pm. Weekly IPR to Exec Team including RTT, Cancer, Holding LIsts, DTOC, LOS etc.	**Internal Assurances** IPR reporting to the ODB and at Board/Committee level. Regular deep dive into the IPR through Finance and Performance Committee including RTT, all cancer standards and the emergency care standards. ED performance and four hour improvement action plan aligned with the NHSI Rapid Improvement Collaborative and agreed by NHS England. Performance monitoring provided through the weekly operational meeting, Scheduled Care Board (joint Board with CCG) Regular reporting from the divisions into the operational sub-committees and the Quality Committee. Alignment with national priorities through the quality and safety governance mechanisms. Silver accreditation under the Nursing Assessment and Performance Framework following three successive green assessments continues. Increased number of assessments under the framework planned all inpatient wards completed in ICG and SAS. Work started on Family Care and Community Services and a plan is in place for 2019/20. Significant reduction in the number of complaints upheld by the Ombudsman. Comprehensive system for addressing complaints. Reduction on overall number of complaints, 50+ and 40+ days continues with regular reporting at operational and Board level. Quality Committee will oversee the CQC action plan. Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. Reduction in use of nursing agency staff continues. The Trust is also part of the ICS-wide agency staffing collaborative. Staffing escalation process for nursing including forecast gaps in staffing and senior decision making. Standard Operating Procedure (SOP) developed and monitoring through Nursing and Midwifery Leaders' Forum. Quality Walkrounds in all clinical areas. The Performance Assurance Framework. Recovery plans in relation to the risks around some of the national trajectories addressed through the Emergency Care Pathway Transformation programme, Scheduled Care Programme, Cancer Improvement Action Plan and Outpatients Improvement Group. Regular monitoring by Executive Team and ODB. Weekly monitoring of complaints and reporting to the Patient Experience Committee and End of Life Care Group, focusing on reducing any 50+ day complaints (non currently in the system). Staffing (nursing/midwifery) report to Quality Committee. NAPF - operational monitoring through the Nursing and Midwifery Leaders' Forum monthly, receiving assurance from the Assistant Director of Nursing and NAPF team and monitoring by matrons at ward level where they carry out mini-NAPFs on a weekly basis to keep up the improvement work and report to Quality Committee (every other meeting). Escalation area in the Victoria Wing at BGTH is now in place. ED senior nurse and substantive ED manager appointed to improve productivity and performance and patient experience. Directors of Operation aligned to each division to provide senior operational support and oversight. Perfect week held 04/11/19 - Informed the Winter Plan and a number of actions taken eg - Piloting , Phlebotomy, SNCD earlier in day, therefore results are received earlier for Ward Rounds to enable discharge earlier in the day. Further plan 13 January will focus in particular on same day emergency areas as well as acute assessment units and involve system partners OPRA opened Emergency Surgery Unit planned for 28 December. Facilitates the opening of fast flow medical ward which will assist patient flow and reduce medical outliers. Successful recruitment in Histopathology Consultant post expected in January 2020 Successfully recruited to Dermatology start in January 2020 (vacant 2 years) Significant improvement in DTOC position and LLOC since divisional ownership process put in place. **External Assurances** Trust rated 'Good' by CQC in 2018 with improvements in various areas and some outstanding services. Nurse staffing review as part of the IPR. Staff Care Allocate and daily monitoring of allocation for staff and three times daily matrons meetings to monitor. Audit carried out by MIAA for nurse staffing received significant assurance. MIAA have carried out an emergency care risk assessment audit which gained an assurance rating of 'Significant Assurance'. Cancer Alliance commissioned a review of internal processes for cancer performance management and patient tracking. Highly commended with strong processes in place. **Internal / External Assurances** System wide approach to Emergency Care Pathway, as part of monthly A&E Delivery Board supported operationally by the A&E Delivery Group. PLACE assessments - percentage improved in all areas and monitoring continues. Annual PLACE report presented to the Quality Committee for assurance. Nursing and Midwifery Leaders' Forum also monitor. Patient Experience Committee receives minutes of the PLACE Steering Group. NAPF Team also monitors environmental issues linking to PLACE Assessments. PLACE assessments for 2019/20 took place throughout the month of October 2019, with data expected to be published in Q4 of 2019/20. Positive responses to Friends and Family Test and patient surveys with improvement areas identified. Monitoring at ward level, local divisions prepare monthly patient experience action plans that feed into the Patient Experience Committee that reports to the Quality Committee. Monthly monitoring is provided by the Nursing and Midwifery Leaders' Forum. Positive response and results from the 2018 National Staff Survey. Inpatient survey 2018/19 results were presented to the Executive team by Quality Health.	15	12	16	4x4	12	15	16	16

Gaps in Control	Gaps in Assurance	Actions Planned / Update
Where we are failing to put controls/systems in place. Where we are failing in making them effective.	*Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.*	*Dates, notes on slippage or controls/assurance failing.*
Restrictions in the supply of medical, nursing, midwifery and other staff groups to meet demand. Reference in BAF risk 2.

Risk of mental health providers not being able to ensure sufficient assessment and treatment capacity.

Restrictions in the primary care system to ensure sufficient capacity.

Insufficient capacity to deliver comprehensive seven day services across all areas.

Insufficient bed capacity to ensure there are no delays from decision to point of admission.

The impact of the changes to the pension rules and taxation has resulted in a significant reduction in capacity and additional work being undertaken by senior medical staff. This has resulted in a reduction in clinical capacity which is affecting the Trust's ability to deliver against 18 week RTT and cancer targets.

Histopathology pressures affecting cancer performance. Outsourcing in place but external firms are unable to deliver within the required timeframes. | Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.

Lack of unified approach in relation to procurement by Commissioners.

Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases.

Future role of NHSE/NHSI merged teams to be determined.

Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.

Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system.

It is unclear what the impact of the changes in senior leadership in partner organisations will be.

Understanding what is happening to providers with regard to financial milestones in the ICS.

Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances. | Complaints reviewed weekly by the Executive team.

Patient Participation Panel members will commence involvement in the Trust's Vital Signs programmes in Q4.

The Trust is developing a full clinical model regarding the emergency care pathway and this s anticipated to be ready for presentation and sign off in 2019. External support sourced for patient flow modelling.

Plans for staffing and estates challenges have progressed as follows:
1. Emergency care pathway action plan in place and is monitored monthly through the ECP Programme Board.
2. Ambulatory Care Emergency Unit opened as planned on 14 September 2018. Fortnightly service reviews carried out to ensure service delivery as expected.
3. Business case approved by the Trust Board and submitted to NHSI in July 2018 for the extended acute medical facility. Building commenced due for completion Winter 2021
4. Frailty Assessment Unit opened on 7th January 2019.
Surgical & Ambulatory Emergency Care unit moved to the old ambulatory care on 7th of Jan 2019 and additional beds opened on B14. Is operational

Board receives regular SRCP and transformation updates.

Further rollout of E-rostering system.

Nursing Assessment and Performance Framework (NAPF) assessments are continuing. 13 Silver Accreditation of wards approved by the Trust Board, with a further two to be presented to the Trust Board in November for approval.
Further inspections planned for a number of wards awaiting third assessment following two green assessments.
Work is planned within the NAPF team to develop the process to incorporate non-nursing areas, such as pharmacy and IHSS. Objective is for a 50% reduction in all red wards was achieved by the end of March 2020. As of 30 September 2019 there are no ward areas rated as red.

Core 24 (Lancashire Care Foundation Trust mental health programme) implementation commenced in April 2018 and ran until March 2019. Development of mental health decision unit planned by July 2018 had been delayed by external partners. Unit has opened in August 2018. The Trust continues to work with external partners. The system wide action plan for mental health services has been agreed by the ICS in November.

Trust's lifecycle upgrade programme (Estates and Facilities) was developed and signed off by the end of April 2019. Programme now commenced.

CQC report published on 12 February 2019, improvements in some areas and outstanding services. Action plan monitored by the CQC and through the Quality Committee. Returned action plan in relation to notices regarding fridges, document storage and fluid thickening. Continue to audit to ensure consistence etc

Refocused efforts across clinical teams and system partners to reduce long length of Stay (LoS) patients and Delayed Transfers of Care (DTOC). Monitored at the Executive team meetings.

Report to the Quality Committee on the holding list and 18 week RTT action plans to be provided bi-monthly, with the next update to be provided at the meeting in September.

Clinical model review and development of Medicine and Emergency Care division - improvement for future for Phase 6 - 13 June was carried out.

RTT and Holding Lists - streamlined directorate level trajectories and action plans are now in place and reviewed at weekly operational meetings. Updates will be provided via the Finance & Performance committee with the next report due at the meeting in September. A new performance dashboard is also in development for use across the Trust.

NHSI have confirmed the dates for this year's PLACE assessments as running from 16th of September to the 22nd of November. Oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Lisa Grendall to provide training for key members. Completed. Results submitted, outcome expected January 2020, which will then be published

Increase in the numbers of pathways that go to ambulatory care directly, such as low risk chest pain patients - this is intended to reduce pressure on A&E and improve the patient experience.

OPRA expansion completed and opened on 3 October 2019. The unit provides additional assessment capacity and support the reduction in the length of stay. The expansion has increased from six beds to nine beds in dedicated accommodation which is supported by the Older Persons Unit and has been achieved by merging wards C1 and C3.

Redesign of the Acute Mental Health Pathway by LCFT is expected to be associated with improved crisis intervention services in the community. This is planned to allow the closure of the mental health decision units across Lancashire. Whilst the changes are welcomed in principle, ELHT have emphasised the need to see appropriate community services in place to support the changes, and are working closely with LCFT. Plans are also being developed for an enhanced mental health assessment unit co-located to the Emergency Department, staffed by Mental Health liaison teams.

Agreement being reached in relation to Histopathology services with University Hospitals Morecambe Bay (UHMB) to support additional capacity. This is expected to commence in November 2019. Commenced in November and continuing to show improvements in waiting times

Cancer and 18 weeks additional activity being scoped for insourcing to be provided over Winter

Launching live Sitrep Wednesday 11 December 2019 |

East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

15 January 2020

Item	**13**
Purpose	Information
	Assurance

Title	Serious Incidents Requiring Investigation Report (October and November 2019)
Author	Mrs R Jones, Incident & Risk Manager
Executive sponsor	Dr D Riley, Strategic Clinical Lead

Summary: This report provides a summary of the Serious incidents Requiring Investigation report, a breakdown of Serious Incidents reported in October and November 2019 and an overview of the CCGs Quality Dashboard.

Recommendation: Members are asked to receive the report, note the contents and are asked to approve the recommendations.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil

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regulatory requirements

Impact

Legal	Yes	Financial	No
Equality	No	Confidentiality	Yes

Previously Considered by: Quality Committee, 8 January 2020

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Contents   **Page No**

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Executive Summary

1. In October and November 2019 the Trust reported 45 serious incidents:

   a) 30 to the Strategic Executive Information System (StEIS)

   b) 15 to Divisional Serious Incident Review Group (DSIRG).

2. The top 3 incident categories are:

   a) Pressure Ulcers (15)

   b) Treatment problem / issue (10)

   c) Diagnosis Failure / Problem (7)

3. Fall incidents have decreased and are now not included within the top 3 incidents. Pressure ulcers are continuously monitored through the Pressure Ulcer Steering group on a monthly basis to see if there are any themes and trends. Diagnosis and treatment incidents are being monitored over the next 4 months to see if improvements have been made since the thematic review completed in July 2019.

4. There has been 1 never event which occurred in October 2019, this has been reported externally and an investigation is underway.

5. There have been 3 breaches of duty of candour for the months October (1) and November (2) 2019.

6. All rapid reviews were uploaded within the 72 hour target.

7. The Clinical Commissioner Group (CCG) dashboard provides assurance on improvements of investigations. There are currently 46 incidents open on StEIS:

   a) 1 for 2018/2019 (reduced from 11 since last SIRI report) and 45 ongoing investigations for 2019/20

   b) There is one incident investigation (media interest) which is showing above 100 days overdue – the report was presented at SIRI panel in December 2019.

8. A thematic review of pressure ulcers acquired by ELHT 2018-2019 has been undertaken. Over the period of 12 months 214 pressure ulcers have been reported and investigated. Themes have been highlighted and will be monitored through the Pressure Ulcer Steering Group on a monthly basis.

Part 1a: Overview of serious incidents reported through Strategic Executive Information System (StEIS) from December 2017 to November 2019

9. There has been an increase in the number of Serious Incidents (SIs) reported to the CCG when comparing the figures year on year:

   a) 100 SIs reported StEIS incidents 2017/18

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b) 129 SIs reported StEIS incidents 2018/19 an increase of 29% on the previous year's data.

10. The increase in reporting shows an open and transparent reporting culture from the Trust. It is important to state that a high number of these incidents are de-escalated by the CCG on completion of the investigation as they are deemed unavoidable. Table 1 which shows the reported ELHT figures compared to the final CCG figures for Dec 2017 to Nov 2018 and Dec 2018 to Nov 2019.

Table 1: No of Serious Incidents De-escalated by CCG

Year	ELHT	Incidents De-escalated	% of Incidents De-escalated
Dec 17 to Nov 18	100	36	36%
Dec 18 to Nov 19	129	45	35%

11. The top four categories for incidents reported over the last 12 months account for (95) 74% of all incidents reported:

   1) Pressure Ulcers (new and old codes) x 43 (45%)

   2) Diagnosis failure / problem x 21 (23%)

   3) Treatment problem / issue x 17 (18%)

   4) Slips, trips and falls x 14 (15%)

12. Incidents for the above related to the top 2 categories are continuously monitored through Falls Steering Group and Pressure Ulcer Steering Group. Monitoring of diagnosis and treatment categories will continue over the next 4 months to identify if improvements have been made.

13. Of the 43 incidents reported on StEIS to date 27 have been deescalated and 6 closed with harm and lessons learnt identified.

14. There are currently 13 incidents being/have been investigated by HSIB.

   a) 1 incident StEIS reported present at October 2019 SIRI Panel and approved for closure and de-escalation

   b) 12 incidents will be presented to Family Care DSIRG.

15. The Trust is not provided with any clear timescales from HSIB investigation completion dates but receive monthly updates on progress.

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Part 1b: Breakdown of serious incidents reported through Strategic Executive Information System (StEIS) reported in October and November 2019

16.   There have been 30 serious incidents requiring investigation (see appendix a) which have been reported through Strategic Executive Information System (StEIS). This is an increase of 58% on the same time period last year when 19 incidents were reported.

Table 2: Breakdown of StEIS reported incidents by Category for Oct and Nov 2019

Incident Category	No. of Incidents	Sub Categories	Immediate action or Quality Improvement Group working to address issues raised
Treatment Problem/Issue	8	• Condition deteriorated • Media interest • SJR2 – error in poor administration of treatment • Delay in being reviewed • Delay in resuscitation • Concerns around care given • Foreign body left in situ	Thematic review undertaken and monitoring of incidents over the next 4 months are underway to see if improvements have been made
Diagnosis Failure/Problem	6	• Wrong/delayed or misdiagnosis of condition • Failure/delay in carrying out scan • Cancer misdiagnosis • Results incorrectly reported/communicated	Thematic review undertaken and monitoring of incidents over the next 4 months are underway to see if improvements have been made
Pressure Ulcers	10	• Unstageable • Category 3	Pressure Ulcer Steering Group
Slips, Trips and Falls	2	• Suspected / un-witnessed fall • Fall from height/bed/chair	Falls Steering Group
Problems with	1	• Failure of follow up	Investigation underway to

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appointments/ admissions		arrangements	identify actions for improvement
Maternity/Obstetrics/ Neonatal ICU	3	• Neonatal death • Term admission to Datix	Every baby counts national programme
Total Incidents	30		

17. The Trust performance against key performance indicators required against the National Serious Incident Framework.

   a) 3 incidents has breached the duty of candour at the time of writing report (see Table 4)

   b) All serious incidents were reported within the required 2 working days of the trust being aware of the incident and confirming level of harm.

Table 3: Incidents Requiring Completion of Duty of candour (as of 5th December 2019)

2019	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Reported in month	17	12	15	11	19	17	10	15	12
Completed in 10 days	13	11	13	11	11	17	10	14	10
Breached	2	1	2	0	0	0	0	1	2
Structured Judgement reviews meeting the DoC threshold	2	0	1	1	1	0	0	0	0

Part 2a: Overview of Divisional Serious Incident review group (DSIRG) from December 2017 to November 2019

18. There has been a decrease in the number of Serious Incidents (SIs) requiring investigation by Divisions when comparing the figures year on year:

   a) 71 reported RCA incidents Dec 2017 to Nov 18

   b) 63 reported RCA incidents Dec 2018 to Nov 19 a decrease of 10% on previous years data.

19. The decrease in DSIRG reporting is partial due to the increase in the Trust external reporting on StEIS stated in Part 1a.

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20. The top four categories for incidents requiring investigation by division over the last 12 months account for 60% of all incidents reported:

    a) Pressure Ulcers (new and old coding) (17) 27%

    b) Diagnosis failure/problem (7) 11%

    c) Treatment problem / issue (7) 11%

    d) Slips, trips and falls (7) 11%

21. These are similar categories as the StEIS reported incidents.

Part 2b: Breakdown of Incidents reported to Divisional serious incident reporting groups (DSIRG) in October and November 2019

22. There were 15 incidents that did not meet the reporting requirements for strategic executive information system incidents (StEIS) but deemed to be serious enough to require a Trust Level RCA investigation.

    a) There has been a 13% decrease on the same time period last year when 17 incidents were reported.

Table 6: Breakdown of DSIRG reported incidents by Category for Oct and Nov 2019

Incident Category	No. of Incidents	Sub Categories	Immediate action or Quality Improvement Group working to address issues raised
Consent	1	• Possible wrong site block	10'000 feet called to ensure patient safety Human factors training
Discharge / transfer problems	1	• 12 hour physical breach	Investigation underway to identify any actions for improvement
Return to hospital	1	• Delay in scan / diagnosis	Investigation underway to identify any actions for improvement
Treatment problem/ issue	2	• Delay in treatment • Sudden deterioration of patient	Thematic review undertaken and monitoring of incidents over the next 4 months are underway to see if

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Incident Category	No. of Incidents	Sub Categories	Immediate action or Quality Improvement Group working to address issues raised
			improvements have been made
Diagnosis failure / problem	1	• Delay in starting blood transfusion	Thematic review undertaken and monitoring of incidents over the next 4 months are underway to see if improvements have been made
Infection control	1	• CDiff	Infection control group
Maternity/obstetrics	1	• Some gaps in intermittent auscultation due to frequency of contractions	Each baby counts national programme
Pressure ulcer	5	• Deep tissue	Pressure ulcer steering group
Medication	2	• Administration	Medicines management group

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Part 3: Overview of the CCG StEIS Dashboard

ELHT SIRG Dashboard

Provider: ELHT		18/11/2019		Dashboard developed and produced by Lewis Wilkinson, Quality & Performance Support Officer,MLCSU (Embedded)

Total number of incidents		Total number of incidents closed		Total number of incidents open		ELHT extension requests: October 2019		
477		431		46		2		

2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	Difference from rolling 12 month mean		Rank
54	62	53	17	1	45	⬇ -4.2		11

2017/18	2016/17	2015/16	2014/15	2017/18	2016/17	2015/16	2014/15	2017/18	2016/17	2015/16	2014/15
64	66	76	107	64	66	76	107	0	0	0	0

Month	Count	Difference from rolling 12 month mean	Rank
Sep-19	14	⬆ 7.8	1
Aug-19	8	↗ 1.8	3
Jul-19	12	⬆ 5.8	2
Jun-19	3	⬇ -3.2	9
May-19	6	↘ -0.2	6
Apr-19	4	⬇ -2.2	8
Mar-19	7	↗ 0.8	4
Feb-19	2	⬇ -4.2	11
Jan-19	6	↘ -0.2	6
Dec-18	3	⬇ -3.2	9
Nov-18	7	↗ 0.8	4

Overdue from initial date

0-10	0
11-20	1
21-30	1
31-40	1
41-50	0
51-60	0
61-70	0
71-80	1
81-90	0
91-100	0
>100	1

Top 5 Incident Types (12 month rolling)
18 November 2018 - 18 November 2019

Treatment delay	17
Pressure ulcer (grade unknown)	13
Slips/Trips/Falls	10
Diagnostic incident including delay (including failure to act on test results)	7
Sub-optimal care of deteriorating patient	7

Status of all open StEIS incidents

Awaiting additional information	15
Awaiting CCG decision	0
Awaiting closure	0
Under HSIB investigation	0
Awaiting RCA	31
LAT Managed	0
Total	46

RCAs due (all years)

More than 14 days till due	26
Due within 14 days	4
Stop the clock in place	0
Overdue	1
Total	31

23. There are currently 46 incidents open on StEIS:

   a) 1 for 2018/2019 (reduced from 1 since last SIRI report) and 45 for 2019/20

   b) There is one incident investigation (Media interest) which is overdue by more than 100 days. An external investigator is completing this investigation and its due at the SIRI Panel in December 2019.

   c) There have been 2 extension requests in October

   d) There have been no late submissions of rapid reviews for October and November

Part 4: Thematic review: Pressure Ulcers

24. From 1st October 2018 to 31st October 2019 East Lancashire Teaching Hospital (ELHT) reported 214 pressure ulcer incidents onto our Datix reporting system. Below are the graphs split by category:

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	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Total
CATEGORY 2	0	0	0	0	0	0	5	8	8	8	7	5	2	43
CATEGORY 2 | DEVICE RELATED	0	0	0	0	0	0	3	1	1	1	0	1	0	7
CATEGORY 3 |	0	0	0	0	0	0	1	2	0	2	0	1	2	8
CATEGORY 4 |	0	0	0	0	0	0	0	0	0	1	0	0	0	1
DEEP TISSUE INJURY	0	0	0	0	0	0	12	10	7	7	8	4	9	57
DEEP TISSUE INJURY | DEVICE RELATED	0	0	0	0	0	0	0	0	0	1	0	0	1	2
UNSTAGEABLE	0	0	0	0	0	0	3	0	1	3	3	1	5	16
UNSTAGEABLE | DEVICE RELATED	0	0	0	0	0	0	0	1	0	1	0	0	1	3
Category (Grade) 2 - OLD CODE ELHT & Comm IP beds	5	1	6	2	4	4	0	0	0	0	0	0	0	22
Category (Grade) 2 - Old code Comm	7	2	5	8	1	3	0	0	0	0	0	0	0	26
Category (Grade) 3 -Old code ELHT & Comm IP	0	0	0	0	1	2	0	0	0	0	0	0	0	3
Category (Grade) 3 - Old code Comm	2	1	0	1	0	2	0	0	0	0	0	0	0	6
Category (Grade) 4 - Old code comm	0	0	0	1	0	1	0	0	0	0	0	0	0	2
Unstageable Old code Community	0	0	0	0	2	1	0	0	0	0	0	0	0	3
Unstageable old code ELHT & Comm IP	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Deep Tissue Injury Old code ELHT & Comm IP	0	0	0	1	2	5	0	0	0	0	0	0	0	8
Deep Tissue Injury - Old code Comm	0	0	0	1	0	5	0	0	0	0	0	0	0	6
Total	14	4	11	14	11	23	24	22	17	24	18	12	20	214

25. There was a slight increase in reporting from April 2019 when the revised definition and measurement of pressure ulcers was implemented by NHS Improvement. Recording of deep tissue injuries came into practice from April 2019, these injuries were previously categorised as grade 1, these are now subcategorised as outlined in the above table. Moisture lesions are now subcategorised as incontinence and non-incontinence related moisture related skin damage.

26. Due to more patients being supported with terminal medical conditions there has been an increase in pressure damage associated with skin changes at life's end as recognised by the European

27. Pressure Ulcer Prevention Advisory Panel. This shows in the increased numbers of community acquired pressure damage.

28. Patients are treated within the community setting and do not have access to 24 hour care compared with patients receiving inpatient hospital nursing care. Whilst all involved in a patients care in the community are given support, education and advice about pressure ulcer prevention each intervention cannot be observed.

29. An investigation into each incident was undertaken and presented through Divisional Serious Review Group (DSIRG) (inpatient category 2s and above, Harm free care / Checkpoint within Community (category 2s in community)

   a) Of the 214   pressure ulcers 39 were deemed avoidable (lapses in care that resulted in pressure damage identified)

   b) Of the 214pressure ulcers 149 were deemed unavoidable.

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c) Of the 214 pressure ulcers 26 are still under investigation and are awaiting outcomes to see if any lessons are to be learned which will be presented to DSIRG or checkpoint within community for approval and closure.

30. All Avoidable pressure ulcers are then escalated to Pressure Ulcer Panel where the impact on the patient is the focus of a presentation.

31. Of the 214 pressure ulcers 44 were reported and categorised as 3 and above acquired by ELHT which were reported out to the strategic external information system (StEIS). A full root cause analysis was undertaken on each individual incident and presented to the Trust's serious incident review panel (SIRI). Of the 44 reported:

   a) Of the 44 pressure ulcer incidents 29 were deemed unavoidable and de-escalated from StEIS 4 pressures ulcers were deemed avoidable and remained at moderate harmed and closed on StEIS once evidence of the lessons learned and action plans where produced.

   b) Of the 44 pressure ulcer reports 2 have been sent to the CCG and are awaiting feedback on closure

   c) Of the 44, 9 are undergoing investigation and will be presented to DSIRG within the upcoming months

32. Themes deriving from the avoidable pressure ulcers are:-

   a) Compliance with SKINN bundles

   b) Compliance with intentional rounding

   c) Lack of documentation with patients case notes

   d) Failure to react to skin changes when identified

33. Pressure ulcers were a part of the ELHT Harms reduction programme. This collaborative commenced in April 2014 with the aim to reduce grade 2 hospital and community acquired pressure ulcers by 15% and to try and eliminate grade 3 and 4 hospital and community acquired pressure ulcers on pilot wards. The pressure ulcer change package was then spread across the Trust and the project moved to the sustainability and the Pressure ulcer Steering Group meet bimonthly to review the compliance and improvements which are measured through:

   a) NAPF assessments

   b) Matron audits/mini NAPF (completed monthly)

   c) Pressure ulcer training of all levels of nursing staff including the HCAs

   d) React to Red pressure ulcer campaign

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34.   The pressure ulcer and moisture lesion steering group reviews pressure ulcer numbers and themes, escalating and taking action accordingly. All investigation action plans are monitored through our Divisional Quality and Safety Teams who collate the evidence that actions have been completed. Assurance is provided to DSIRG and SIRI panel on a monthly basis of progression of investigation action plans.

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TRUST BOARD REPORT

15 January 2020

Item	**14**

Purpose	Information
	Action
	Monitoring

Title	Integrated Performance Report
Author	Mr M Johnson, Associate Director of Performance and Informatics
Executive sponsor	Mrs N Hudson, Director of Operations

Summary: This paper presents the corporate performance data at November 2019

Recommendation: Members are requested to note the attached report for assurance

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

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(14) Integrated Performance Report

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

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Board of Directors, Update
Corporate Report

Executive Overview Summary

Positive News

- There were no never events in November.
- % Harm free care remains above threshold.
- The number of ambulance handovers over 30 minutes continues to show improvement.
- Delayed discharges is at its lowest in 5 years at 2.7% which is below threshold.
- Significant improvement in the vacancy rate which is now just above threshold at 5.2%.
- Trust turnover rate continues to show significant reductions.
- Inpatient friends and family performance is showing significant improvement and is consistently above threshold.
- The complaints rate remains below threshold.
- Compliance against the Information Governance Toolkit is improving and is now just below threshold.
- Consultant appraisal rates are showing significant improvement.

Areas of Challenge

- There were four clostridium difficile infections detected during November ('Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)', which is on trajectory for the month. The cumulative position is 49 against the trajectory of 35. The end of year threshold is 51.
- There were 17 steis reportable incidents in November.
- Nursing and midwifery staffing in November 2019 continued to be a challenge, with 3 areas falling below an 80% average fill rate for registered nurses on day shifts.
- VTE risk assessment performance has deteriorated, however remains above threshold.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) remains below standard at 80.5%
- There were 10 breaches of the 12 hour trolley wait standard in November. Seven were as a result of waits for mental health beds within LCFT.
- A&E Friends & Family is consistently below threshold
- Maternity friends and family scores have shown a significant drop in November, although remain above threshold.
- There were 6 stillbirths in November.
- The Referral to Treatment (RTT) number of total ongoing pathways is above the

Safe | Personal | Effective

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year-end target at 32,766, but in line with the agreed November trajectory of 32,800.

- RTT over 40wks remains high at 152.
- The cancer 62 day and subsequent treatment within 31 days (surgery) standards were not met in October.
- There were 6 breaches of the 104 day cancer wait standard.
- There were 4 breaches of the 28 day standard for operations cancelled on the day.
- The 6wk diagnostic target was just met at 0.996% in November, but is showing deterioration.
- Average length of stay for elective has increased.
- Emergency readmission rates are showing an increasing trend.
- Sickness rates remain above threshold at 5.0%
- Compliance against the Appraisal (AFC staff) remains below threshold.
- Temporary costs as % of total pay bill remains above threshold at 8%
- There are 2 CQUIN schemes at risk in quarter 2. CCG7 - Falls Prevention and CCG1 - Antimicrobial Resistance, although this is improving.
- The Trust is facing significant financial challenges this year and although we are reporting a month 8 position that is in line with its financial plans, our forecast outturn position is suggesting that we have around £10.0 million of risk. We are working with divisions to bridge this gap but it is important to note that at this point we cannot give assurance that we will achieve the planed position.

No Change
- HAS compliance remains above threshold.
- All areas of core skills training except Information Governance and Appraisal compliance are above threshold
- There were 73 operations cancelled on the day. The trend shows no change.

Introduction

This report presents an update on the performance for November 2019 and follows the NHS Improvement Single Oversight Framework. The narrative provides details on specific indicators under the five areas; Safe, Caring, Effective, Responsive, Well Led

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Key to Scorecard Symbols

Variation

	No significant variation or change in the performance data (Common cause variation)
	Significant improvement in the performance data that is not due to normal variation (Special case variation)
	Significant deterioration in the performance data that is not due to nornal variation (Special case variation)

Assurance

	The indicator may or may not meet the target - the variation in data sometimes meets the target and sometimes not
	The indicator will consistently meet the target. The variation in the data always falls within the target
	The indicator will consistently fail the target. The variation in the data always falls outside the target

	Safe				
	Indicator	**Target**	**Actual**	**Variation**	**Assurance**
M64	CDIFF - HOHA	2	3		
M64.3	CDIFF - COHA	2	1		
M64.4	Cdiff Cumulative from April (HOHA& COHA)	35	49		
M65	MRSA	0	0		
M124	E-Coli (post 2 days)	5	6		
M155	P. aeruginosa bacteraemia (total post 2 days)	0	0		
M157	Klebsiella species bacteraemia (total post 2 days)	3	3		
M66	Never Event Incidence	0	0		
M67	Medication errors causing serious harm (Steis reported date)	0	0		
M68	Maternal deaths	0	0		
M64.2	C Diff per 100,000 Occupied Bed Days (HOHA)		11.2	(variation icon)	
M69	Serious Incidents (Steis)		17	(variation icon)	
M70	CAS Alerts - non compliance	0	0		
C28	Percentage of Harm Free Care	92%	99%	(variation icon)	(assurance icon)
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	98%	(variation icon)	(assurance icon)
M146	Safer Staffing -Day-Average fill rate - registered nurses/midwives (%)	80.0%	91.8%	(variation icon)	(assurance icon)
M147	Safer Staffing -Day-Average fill rate - care staff (%)	80.0%	104.0%	(variation icon)	(assurance icon)
M148	Safer Staffing -Night-Average fill rate - registered nurses/midwives (%)	80.0%	99.4%	(variation icon)	(assurance icon)
M149	Safer Staffing -Night-Average fill rate - care staff (%)	80.0%	112.3%	(variation icon)	(assurance icon)
M150	Safer Staffing - Day -Average fill rate - registered nurses/midwives- number of wards <80%	0	3		
M151	Safer Staffing - Night -Average fill rate - registered nurses/midwives- number of wards <80%	0	1		
M152	Safer Staffing - Day -Average fill rate - care staff- number of wards <80%	0	0		
M153	Safer Staffing - Night -Average fill rate - care staff- number of wards <80%	0	1		

Caring

	Indicator	Target	Actual	Variation	Assurance
C38	Inpatient Friends and Family - % who would recommend	90%	99%		
C31	NHS England Inpatients response rate from Friends and Family Test		55%		
C40	Maternity Friends and Family - % who would recommend	90%	93%		
C42	A&E Friends and Family - % who would recommend	90%	81%		
C32	NHS England A&E response rate from Friends and Family Test		20%		
C44	Community Friends and Family - % who would recommend	90%	97%		
C15	Complaints – rate per 1000 contacts	0.40	0.23		
M52	Mixed Sex Breaches	0	0		

Effective

	Indicator	Target	Actual	Variation	Assurance
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Within Expected Levels	1.04		
M54	Hospital Standardised Mortality Ratio (DFI Indicative) (as at Aug-19)	Within Expected Levels	96.7		
M74	Hospital Standardised Mortality Ratio - Weekday (as at Aug-19)	Within Expected Levels	96.5		
M75	Hospital Standardised Mortality Ratio - Weekend (as at Aug-19)	Within Expected Levels	97.2		
M73	Deaths in Low Risk Conditions (as at Aug-19)	Within Expected Levels	131.3		
M159	Stillbirths	<5	6		
M160	Stillbirths - Improvements in care that impacted on the outcome				
M89	CQUIN schemes at risk		2		

	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	79.5%		F
C2ii	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	80.5%		F
M62	12 hour trolley waits in A&E	0	10		?
M81	HAS Compliance	90.0%	93.2%		?
M82	Handovers > 30 mins ALL	0	358		F
M82.6P	Handovers > 30 mins ALL (NWAS Confirmed Penalty)	0	138		F
C1	RTT admitted: percentage within 18 weeks		53.4%		
C3	RTT non- admitted pathways: percentage within 18 weeks		86.7%		
C4.1	RTT waiting times Incomplete pathways Total	<31,500	32,766		?
C4.2	RTT waiting times Incomplete pathways -over 40 wks		152		
C37.1	RTT 52 Weeks (Ongoing)	0	0		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	0.996%		?
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	77.3%		?
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	84.2%		?
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	96.9%		?
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	100.0%		P
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	91.1%		?
C36	Cancer 62 Day Consultant Upgrade	85.0%	87.7%		?
C25.1	Cancer - Patients treated > day 104	0	6		?
M9	Urgent operations cancelled for 2nd time	0	0		
C27a	Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	5		
M138	No.Cancelled operations on day		73		
M55	Proportion of delayed discharges attributable to the NHS	3.5%	2.7%		?
C16	Emergency re-admissions within 30 days		13.0%		
M90	Average LOS elective (excl daycase)		3.0		
M91	Average LOS non-elective		4.8		

Well Led

	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	6.4%		P
M78	Trust level total sickness rate (Reported 1 Month in arrears)	4.5%	5.0%		?
M79	Total Trust vacancy rate	5.0%	5.2%		F
M80.3	Appraisal (AFC)	90.0%	82.0%		F
M80.35	Appraisal (Consultant)	90.0%	98.0%		?
M80.4	Appraisal (Other Medical)	90.0%	99.0%		?
M80.2	Safeguarding Children	90.0%	95.0%		P
M80.21	Information Governance Toolkit Compliance	95.0%	94.0%		F
F8	Temporary costs as % of total paybill	4%	8%		F
F9	Overtime as % of total paybill	0%	0%		
F1	Adjusted financial performance (deficit) including PSF (£M)	6.7	(0.9)		
F1.1	Adjusted financial performance (deficit) excluding PSF (£M)	(7.0)	(6.4)		
F2	SRCP Achieved % (green schemes only)	100.0%	47.0%		
F3	Liquidity days	>(14.0)	(5.2)		
F4	Capital spend v plan	85.0%	97.0%		
F16	Finance & Use of Resources (UoR) metric - overall	2	2		
F18	Finance and UoR metric - capital service capacity	3	3		
F17	Finance and UoR metric - liquidity	2	2		
F19	Finance and UoR metric - I&E margin	1	2		
F20	Finance and UoR metric - distance from financial plan	1	2		
F21	Finance and UoR metric - agency spend	3	3		
F12	BPPC Non NHS No of Invoices	95.0%	98.4%		
F13	BPPC Non NHS Value of Invoices	95.0%	98.2%		
F14	BPPC NHS No of Invoices	95.0%	96.2%		
F15	BPPC NHS Value of Invoices	95.0%	98.9%		

NB: Finance Metrics are reported year to date.

KEY

SPC Control Limits

The data period used to calculate the SPC control limits is Apr 17 - Mar 19.

Variation / Assurance key: Special Cause Concerning variation, Special Cause Improving variation, Common Cause, Consistently hit target, Hit and miss target subject to random, Consistently fail target

SAFE

C Difficile

C Diff post 2 Days (HOHA)	C. Diff post 2 days (COHA)
Cdiff cumulative	Threshold
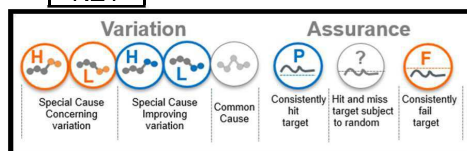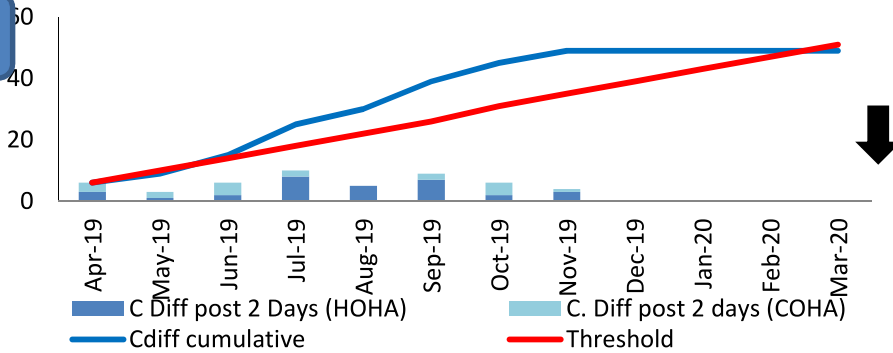
C Diff per 100,000 Occupied Bed Days (HOHA)
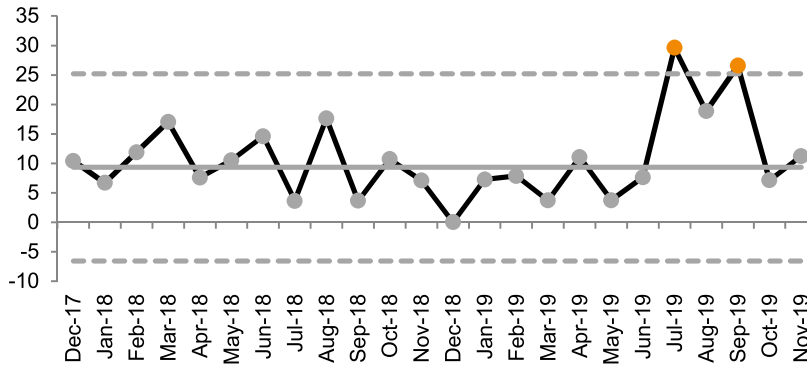
C Difficile benchmarking

Cdiff Benchmarking for Acute Trusts per 100,000 occupied bed days, 2018-19
Trust Apportioned   HOHA & COHA
Source: Public Health England
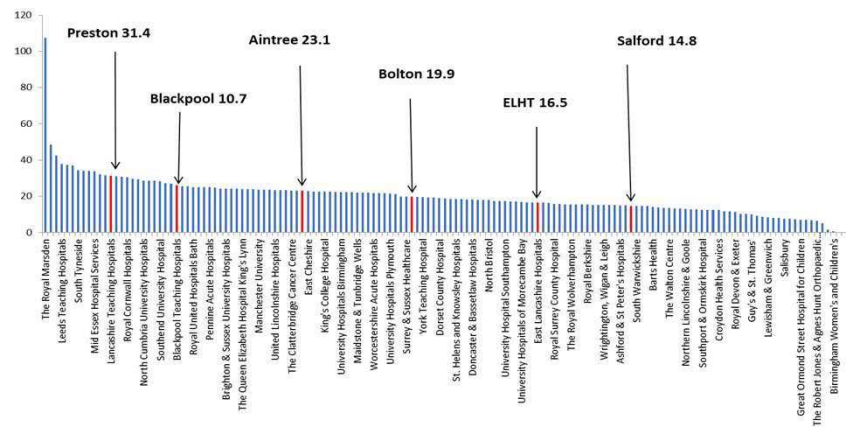
There were no post 2 day MRSA infections reported in November. So far this year there has been 1 case attributed to the Trust.

The objective for 2019/20 is no more than 51 cases of 'Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)' . In 2019/20 there will be changes to the reporting algorithm. The number of days to identify hospital onset healthcare associated cases from ≥3 to ≥2 days following admission and adding a prior healthcare exposure element for community onset cases including day cases.

There were 4 Clostridium difficile toxin positive isolates identified in the laboratory in October, post 2 days of admission, 3 of which were 'Hospital onset healthcare associated (HOHA)' and 1 was 'Community onset healthcare associated (COHA)'.

The year to date cumulative figure is 49 against the trust target of 51. The detailed infection control report will be reviewed through the Quality Committee.

The rate of HOHA infection per 100,000 bed days has returned to normal levels following an increase in September.

ELHT ranked 58th out of 148 trusts in 2018-19 with 16.5 HOHA & COHA clostridium infections per 100,000 bed days. The best performing trust had 0 and the worst performer had 107.4 infections per 100,000 bed days.

SAFE

E. Coli

| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 |

- Ecoli post 2 days
- Ecoli cumulative
- Threshold (Indicative)

P.aeruginosa

- P. aeruginosa bacteraemia (total pre 2 days)
- P. aeruginosa bacteraemia (total post 2 days)

Klebsiella

- Klebsiella species bacteraemia (total pre 2 days)
- Klebsiella species bacteraemia (total post 2 days)
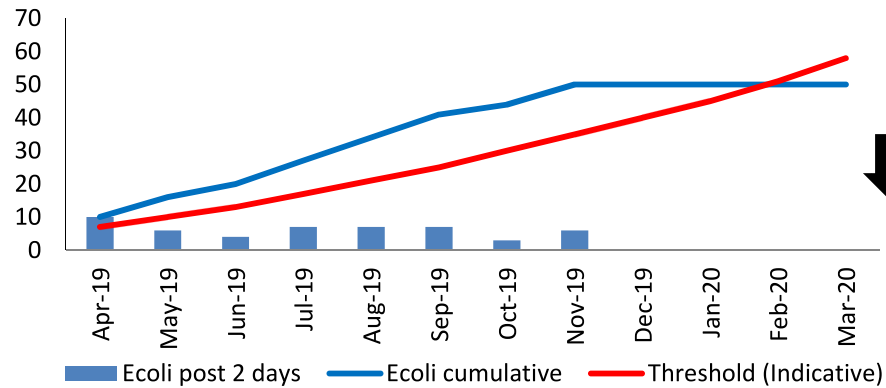
The Government initiative to reduce Gram-negative bloodstream infections by 50% by 2021 has been revised and now is to deliver a 25% reduction by 2021-2022 with the full 50% by 2023-2024.

The year end figure for 2018/19 was 66 cases, above the trajectory of 48.

This year's trajectory for reduction of E.coli has not yet been published, so an indicative trajectory of 58 has been included for information.

There were 6 E.coli bacteraemia detected in November, which is above the indicative monthly threshold.

From April 2017, NHS Trusts must report cases of bloodstream infections due to *Klebsiella species* and *Pseudomonas aeruginosa* to Public Health England.

Surveillance will be undertaken in line with current requirements (e.g. E. coli bacteraemia). This surveillance will be carried out by the Infection Prevention and Control Team.

The work on catheter care, prevention of line infections, sepsis and improving hydration will help prevent healthcare associated bloodstream infections
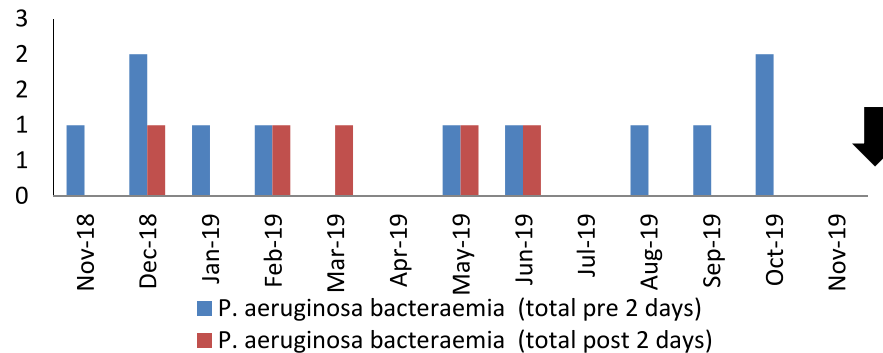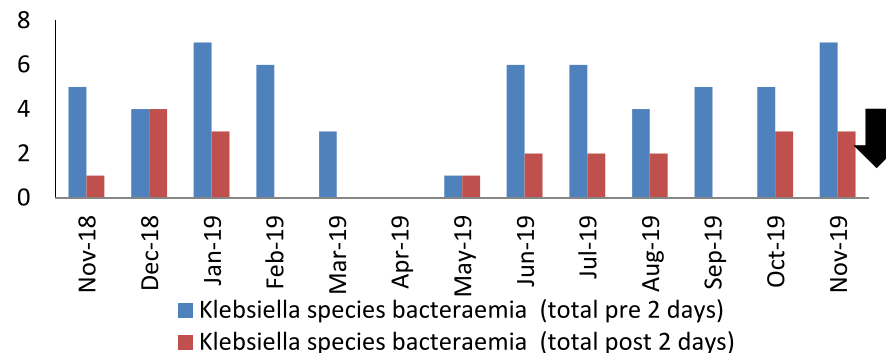
Registered Nurses/ Midwives - Day
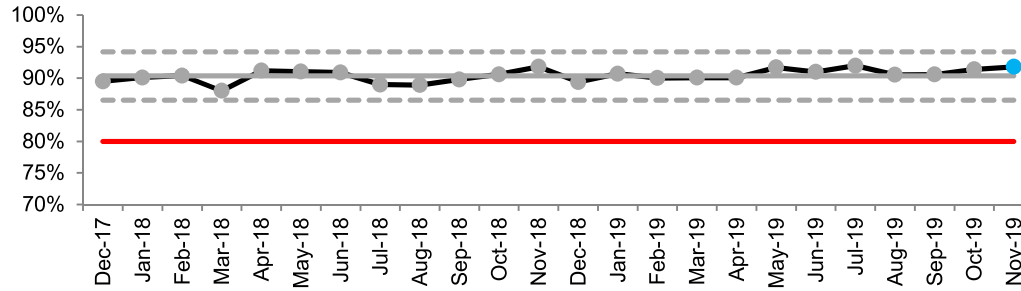
The average fill rate for registered nurses/ midwives during the day is now showing significant increase and based on current variation will consistently be above threshold.

Registered Nurses/ Midwives - Night
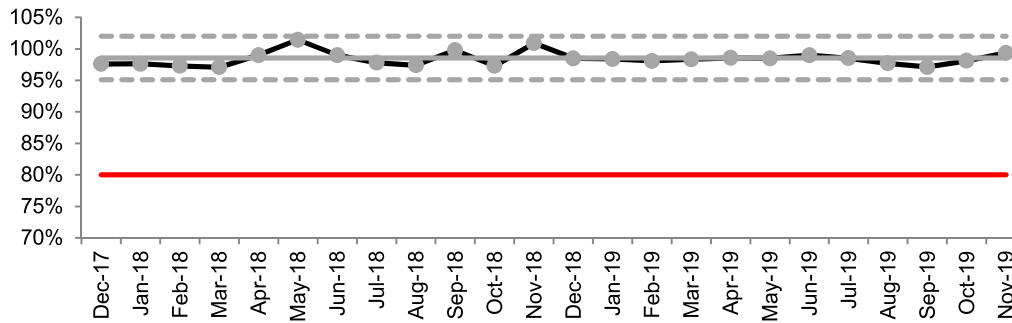
The average fill rate for registered nurses/ midwives at night is showing no significant change and based on current variation will consistently be above threshold.

Care Staff - Day
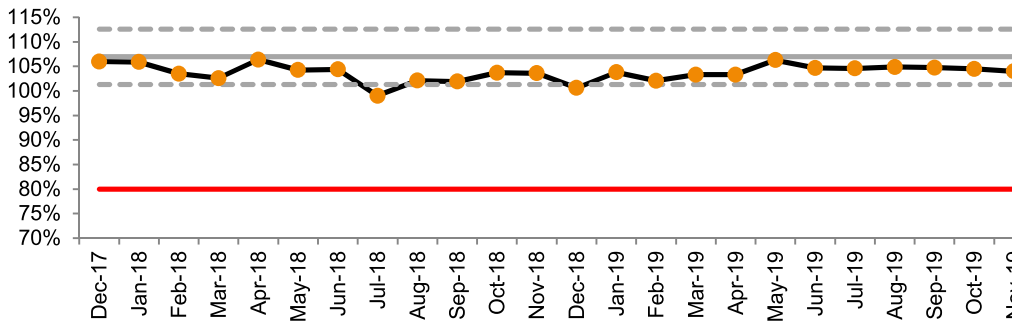
The average fill rate for care staff during the day is showing a significant reduction, however the indicator remains above the threshold and based on current variation will consistently be above the threshold.

Care Staff - Night
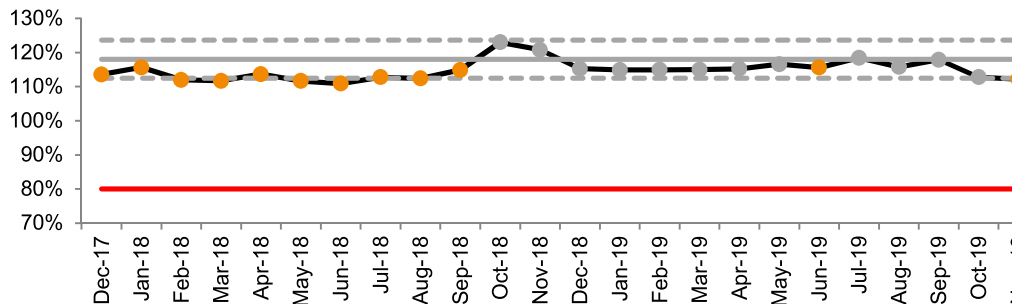
The average fill rate for care staff at night is now showing a significant reduction. The indicator remains above the threshold and based on current variation will consistently be above the threshold.

Nursing and midwifery staffing in November 2019 continued to be a challenge. The causative factors remain as in previous months, compounded by escalation areas being open, pressures within the emergency department, vacancies, sickness, particularly last minute sickness and the ability to fill all requests through ELHT internal bank or via framework agency. Safe care (acuity data) is utilised when considering safe staffing and the redeployment of staff and safe staffing is monitored throughout the day.

There were 3 area below the 80% for registered nurses on day shifts, C5 ward, Rakehead and Hartley Ward. All were due to lack of co-ordinator presence which is in addition to safe staffing levels.

It should be noted that actual and planned staffing does not denote acuity, dependency, the amount of women in labour or bed occupancy. The divisions consistently risk asses and flex staffing resources to ensure safety is maintained. The divisions have given assurance that no harm has been identified as a consequence of nurse or midwifery staffing

Average Fill Rate

Month	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night				Day		Night	
	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	registered nurses/ midwives	care staff	registered nurses/ midwives	care staff
Nov-19	91.8%	104.0%	99.4%	112.3%	26,716	8.83	3	1	0	1

Red Flag Incidents

There was 1 red flag incident reported in the red flag category of DATIX (for nursing) in November 2019 from D1 ward, who reported less than 2 registered present on a ward during any shift. A registered nurse was cancelled in error by duty matron. This was identified prior to the shift and additional staff member identified to support the ward throughout the shift. No harm occurred.

Within MEC several other incidents were reported which should have been reported as red flag incidents. It has been reiterated to staff the importance of highlighting these incidents under the appropriate category within DATIX and Safe Care

SAFE

- Ward C11 – planned to have 4 HCA's (2 reported sick) Additional RN sent at 00:30 to mitigate the risk. Delays in medications and staff breaks. Matron reviewed - no harms.
- Ward C11 – additional care staff required for patients that required enhanced care needs however were not filled by temporary staff. This led to delays with some care needs. Matron reviewed – no harms.
- Marsden Ward - Confusion re staff reporting to incorrect ward. Addressed by Matron and staff moved to support. Agency nurse arrived at 21.35 No harms
- Ward C10 – late administration of medication due to only 2 RN on duty until 10.45am. CHPPD required 6.21, the actual 6.20. No harms
- Ward B18 - staff raised concerns regarding acuity on ward, safety of patients and unable to complete risk assessments after the agency RN called in sick. Despite escalation the shift was unable to be filled. CHPPD required 9.35, the actual was 6.90. No harms

Of the other DATIX staffing incidents reported the division has given assurance that no harm occurred

Actions taken to mitigate risk:

- Safe staffing conference at 10 am followed up with meetings through out the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours, utilising acuity and dependency (Safe Care)
- Extra health care assistant shifts are utilised to support registered nurse gaps if required
- On going recruitment.
- Global learners continue to arrive. 22 nurses now have their NMC registration, 11 are waiting to take their OSCE and a further 29 are expected
- A further cohort of trainee nurse associates has been recruited to.
- Aiming to increase student nurse placements by a further 80 places in the coming year

Family Care November 2019

Maternity

Newly qualified -band 5 midwives all in post, two pending start dates in view of later start dates.

Robust management plans remain in place to ensure safe staffing levels are in place at all times. This continues to be evidenced via the maternity safety huddles which take place four times within a 24 hour period. Blackburn Birth centre services have been diverted for births to support staffing at the Lancashire women and new-born centre in Burnley on a few occasions only at the onset of the month, this midwifery deployment will only occur if bank shifts are unfilled and the acuity and activity is risk assessed in line with the safe nursing and midwifery staffing escalation policy (ELHT/C135 v1.1) to achieve safe staffing levels. An emphasis on competency and skillset remains paramount at the safety huddles with effective communication taking place with the individual staff member's prior duty as opposed to attending for duty to then be informed of redeployment. This has not taken place in all cases, however promoted as best practice within the maternity services.

On reviewing Datix, 31 incidents were reported overall as Red Flag events in Family Care Division in November 2019. Of the 31 incidents reported, 23 have been excluded as they were not red flag events when analysed further.

Of the remaining 8 incidents reported, 4 of them occurred within Maternity Services and 3 in Paediatric Services and 1 in Neonatal Intensive Care Unit and were reported under the following categories and sub-categories

Maternity Services -
1 Staffing issue –missed or delayed care. *No harm - Impact not prevented.*
1 Maternity / Obstetrics –inability to provide 1:1 care in labour. *No harm - Impact prevented.*
1 Maternity / Obstetrics – induction of labour outside 4 hours. *No harm - Impact prevented.*
1 Staffing issue - missed breaks. *No harm – Impact not prevented*

Neonatal Services-
1 Staffing issue – staff shortage nurses. *No harm - Impact not prevented.*
Paediatric Services-
1 Staffing issue –missed breaks. *No harm - Impact not prevented.*
1 Staffing issue – staff shortage nursing. *No harm – Impact prevented*
1 Staffing issue – staff shortage nursing. *No harm – Impact not prevented*

No harm was caused. The 23 incidents that have been excluded from the red flag report relate to outpatient services, or staff being moved to another site area to maintain patient safety.

Maternity Midwife to Birth Ratio

Month	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Staffed to full Establishment	01:27	01:27	01:27	01:27	01:28	01:27	01:29	01:27.5	1.27.5	01:26	1:27.13	1.27.11
Excluding mat leave and vacancies	01:28	01:28	01:28	01:28	01:29	01:28	Staffed up to mat leave	01:28.7	1.28.6	01:27	1:27.98	1.27.11
With gaps filled through ELHT Midwife staff bank	01:27	01:27	01:27	01:27	01:28	01:27	01:28	01:27.7	1.27.3	01:26	1:27	1:26.23
	Bank Usage 5.8WTE	Bank Usage 7.0WTE	Bank Usage 4.8WTE	Bank Usage 6.3WTE	Bank Usage 5.17 WTE	Bank Usage 7.27 WTE	Bank Usage 9 WTE	Bank Usage 7.94 WTE	Bank Usage 10.14wte	Bank Usage 7.77wte	Bank Usage 8.2 wte	Bank Usage 8.5 wte

The staffing figures do not reflect how many women were in labour or acuity of areas.
The midwife to birth ratio should be 1:28 for the period 01/11/2019 - 30/11/2019

NICU- No unit closures.

Pending Posts including maternity leave vacancy's 6.37 WTE out to recruitment for interview in January.

Paediatrics- Cover for maternity backfill 3 WTE pending recruitment. New starters in post, start dates allocated from present to January 2020 this equate 5 WTE. Paediatrics continues in the month of November to use bank to cover these nurse staffing gaps and sickness where required. Safeguarding mandatory training has been cancelled on three occasions where an IR1 will require submission retrospectively.

Please see Appendix 1 for UNIFY data and nurse sensitive indicator report

SAFE

SAFE

Serious Incidents
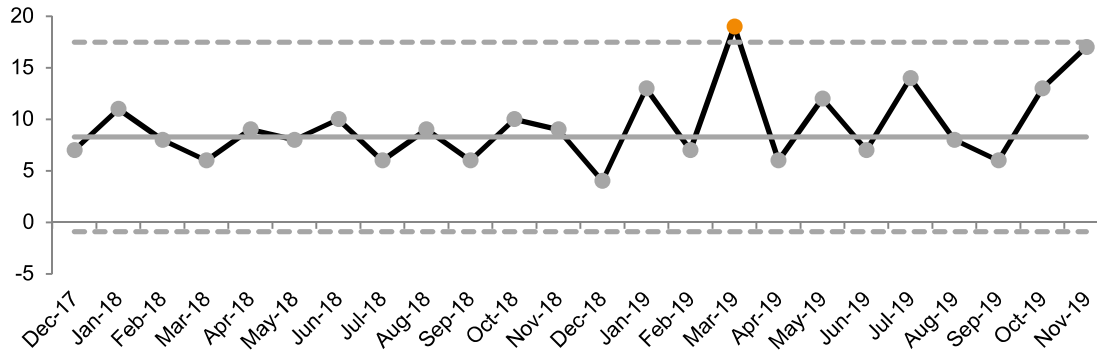
There were no never events reported in October.

The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in November was 17 incidents.

The trend is not showing any significant change.

StEIS Category	No. Incidents
Diagnostic	6
Pressure Ulcer	4
Maternity/ Obstetrics	3
Treatment Delay	1
Sub-Optimal Care of the Deteriorating Patient	1
Media Interest	1
Surgical/ Invasive Procedure	1

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 from safety
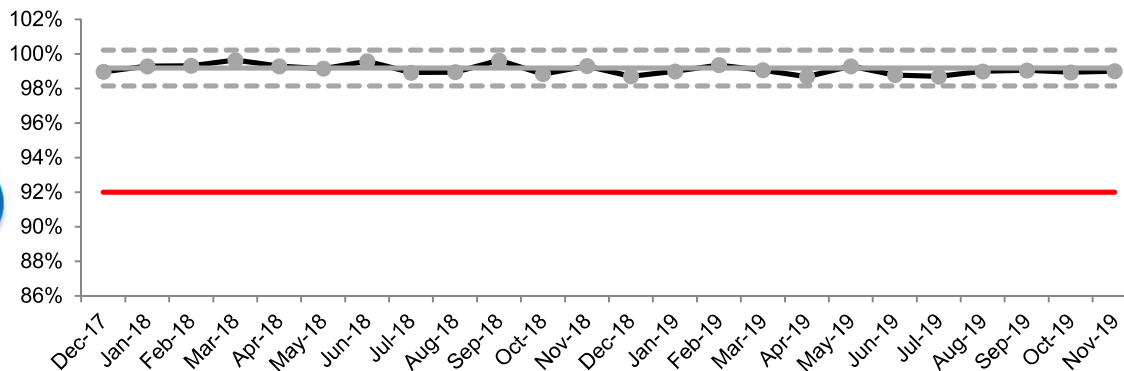
The Trust remains consistent with the percentage of patients with harm free care at 99.0% for November using the National safety thermometer tool.

The trend is showing no significant change.

SAFE
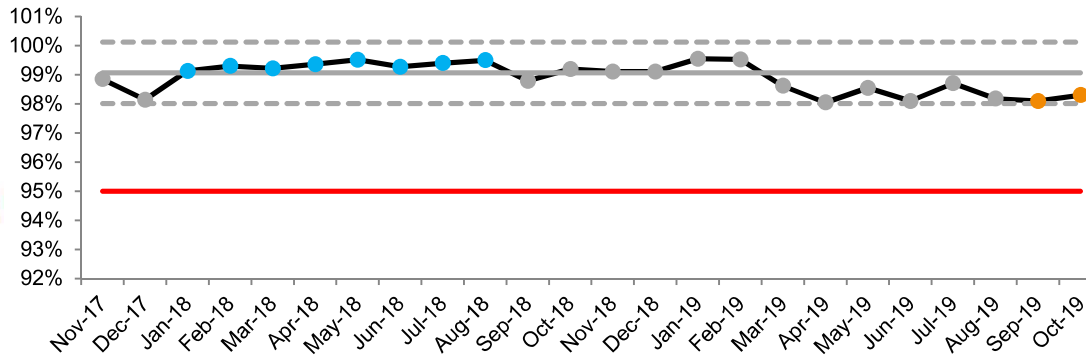
VTE assessment

The VTE assessment trend is showing a deterioration, however based on recent performance will consistently achieve the standard.

Pressure Ulcers

For November we are reporting the current unvalidated 'avoidable' pressure ulcer position, pending investigation, as follows:

Pressure Ulcer - Cat 2 - Device related - developed/ deteriorated during ELHT care	2
Pressure Ulcer - Cat 2 - Developed / Deteriorated during care of ELHT	7
Pressure Ulcer - Cat 3 - Device related - developed / deteriorated during care of ELHT	0
Pressure Ulcer - Cat 3 - Developed / deteriorated during care of ELHT	0
Pressure Ulcer - Cat 4 - Device related - developed / deteriorated during the care of ELHT	0
Pressure Ulcer - Cat 4 - Developed / deteriorated during the care of ELHT	0
Pressure Ulcer - Deep tissue injury - Device related - developed / deteriorated during the care of ELHT	2
Pressure Ulcer - Deep tissue inury - developed / deteriorated during the care of ELHT	2
Pressure Ulcer - Unstageable - device related - developed / deteriorated under the care of ELHT	0
Pressure Ulcer - Unstageable - developed / deteriorated under the care of ELHT	3

These metrics reflect national measurement methodology, which measures the proportion of patients that would recommend the Trust to friends and family. The threshold has been set at 90% since April 2018.

CARING

Friends & Family A&E
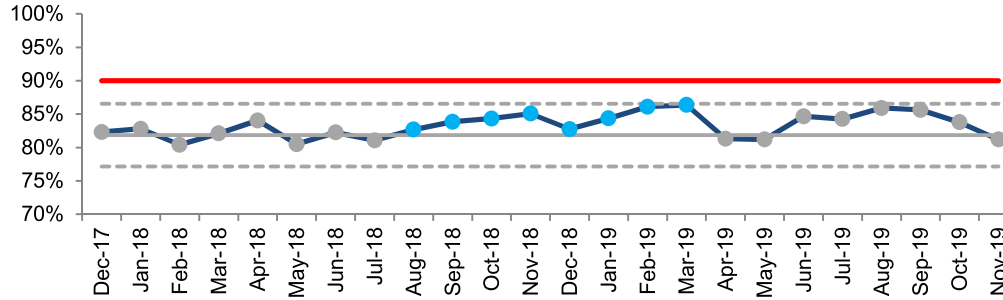
A&E scores show no significant change. Based on current variation this indicator is not capable of hitting the target.

Friends & Family Inpatient
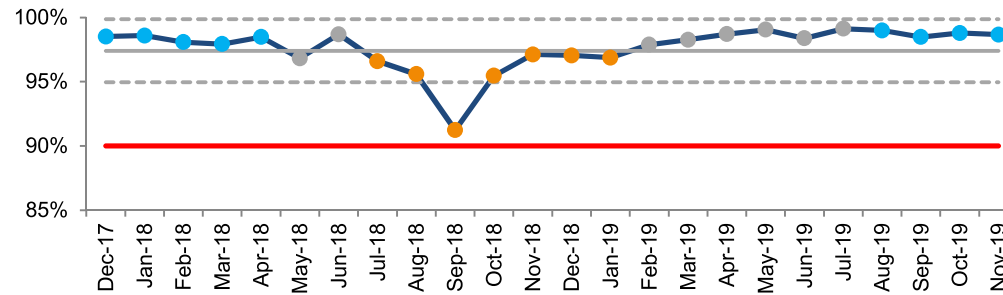
Inpatient scores are showing improvement after a period of significant low scores ending in February 19 . Based on current variation this indicator should consistently hit the target.

Friends & Family Community
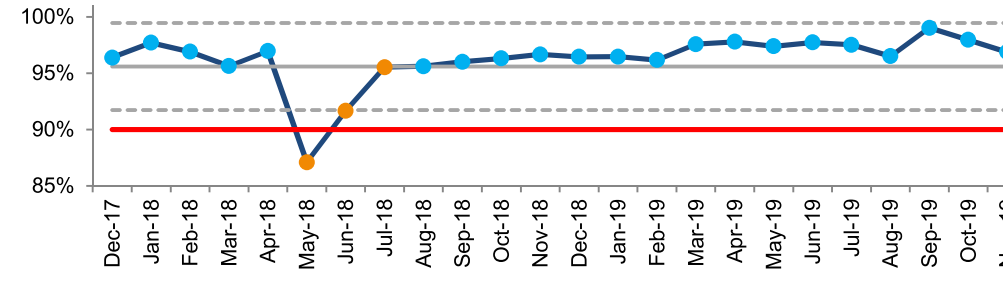
Community scores show significant improvement for the past 16 months. Based on current variation this indicator should consistently hit the target.

Friends & Family Maternity
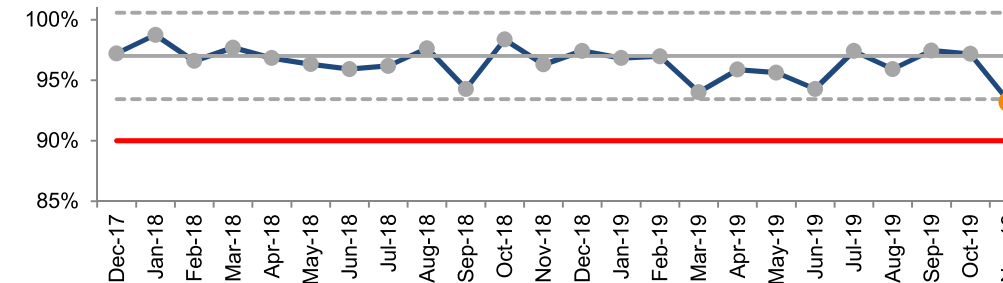
Maternity scores have dipped in November, however remain above target and based on current variation this indicator should consistently hit the target.

Complaints per 1000 contacts
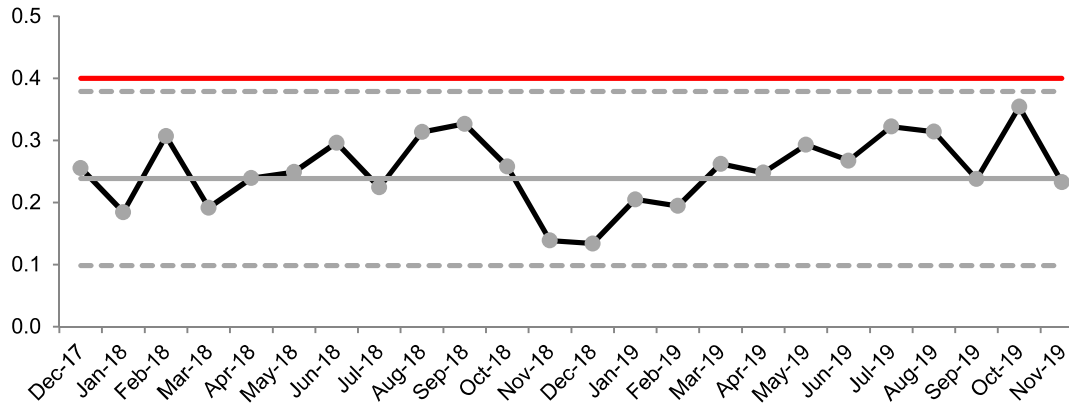
Patient Experience

November 2019 Totals	Dignity	Information	Involvement	Quality	Overall
	Average Score %	Average Score %	Average Score %	Average Score %	Average Score %
Trust	95	90	93	94	93
Medicine and Emergency Care	95	91	93	94	93
Community and Intermediate Care Services	96	91	95	95	95
Surgery	96	89	91	94	92
Family care	98	94	96	95	96
Diagnostic and Clinical	94	81	91	90	89

The Trust opened 27 new formal complaints in November.
The number of complaints closed was 28.

ELHT is targeted to achieve a threshold of at or less than 0.4 formal complaints per 1,000 patient contacts – made up of inpatient, outpatient and community contacts. The Trust on average has approximately 116,000 patient contacts per calendar month.

For November the number of complaints received was 0.23 Per 1,000 patient contacts.

The trend is showing normal variation, however based on current variation will remain below the threshold.

The table demonstrates divisional performance from the range of patient experience surveys in November 2019.

The threshold is a positive score of 90% or above for each of the 4 competencies.

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

EFFECTIVE

SHMI Published Trend

SHMI Trend

Data publication changed from quarterley to monthly

Dr Foster HSMR rolling 12 month

	HSMR Rebased on latest month September 18 – August 19 (Risk model May 19)
TOTAL	96.7 (CI 92.0 – 101.6)
Weekday	96.5 (CI 91.1 – 102.2)
Weekend	97.2 (CI 87.9 – 107.3)
Deaths in Low Risk Diagnosis Groups	131.3 (CI 87.2 – 189.8)

Dr. Foster HSMR monthly Trend

Diagnoses - HSMR | Mortality (in-hospital) | Sep 2018 - Aug 2019 | Trend (month)
Period: Month

The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period July 18 to June 19 has remained within expected levels at 1.04, as published in November 19.

The latest indicative 12 month rolling HSMR (September 18 – August 19) has increased but is still 'as expected' at 96.7 against the monthly rebased risk model.

There is currently one HSMR group and three SHMI groups with significantly high relative risk scores. These are being investigated through the mortality steering group and each have a nominated clinical lead and an associated action plan.

No further learning disability deaths were reviewed through the Learning Disability Mortality Review Panel. All cases reviewed so far have been reported to the LeDeR National Programme. The LDMR Panel continue to meet on a monthly basis as required to review cases.

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

Structured Judgement Review Summary

The new structured judgement review process was launched at the beginning of December 2017 for deaths meeting specified criteria. A team of reviewers have been trained on how to complete SJR's and are now undertaking the monthly reviews.

The table below shows a breakdown of SJR's completed and the scores allocated. Any death allocated a SJR score of 1 or 2 will have a stage 2 SJR completed.

The stage 2 SJR reviewer will determine whether or not any lapses in care may have contributed to the death and if so a SIRI and RCA will be triggered.

							Month of Death					
Stage 1	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	TOTAL
Deaths requiring SJR (Stage 1)	47	212	245	28	22	28	25	13	8	5	9	642
Allocated for review	47	212	245	28	22	28	25	13	8	5	9	642
SJR Complete	46	212	242	26	22	26	22	10	5	4	2	617
1 - Very Poor Care	1	1	0	0	0	0	0	0	0	0	0	2
2 - Poor Care	8	19	21	1	5	5	1	3	1	0	2	66
3 - Adequate Care	14	68	67	7	5	7	6	5	2	1	0	182
4 - Good Care	20	106	130	16	9	12	11	2	2	3	0	311
5 - Excellent Care	3	18	24	2	3	2	4	0	0	0	0	56
Stage 2												
Deaths requiring SJR (Stage 2)	9	20	21	1	5	5	1	3	1	0	2	68
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	0	0	0	0	1	0	0	1	8
Allocated for review	6	18	20	1	5	5	1	2	1	0	1	60
SJR-2 Complete	6	18	20	1	5	5	1	2	1	0	0	59
1 - Very Poor Care	1	1	1	0	0	0	0	1	0	0	0	4
2 - Poor Care	3	6	6	1	3	2	0	0	1	0	0	22
3 - Adequate Care	2	10	13	0	2	3	1	1	0	0	0	32
4 - Good Care	0	1	0	0	0	0	0	0	0	0	0	1
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0	0	0

	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Total
stage 1 requiring allocation	0	0	0	0	0	0	0	0	0	0	0	0
stage 1 requiring completion	1	0	3	2	0	2	3	3	3	1	7	25
Backlog	1	0	3	2	0	2	3	3	3	1	7	25
stage 2 requiring allocation	0	0	1	0	0	0	0	1	0	0	1	3
stage 2 requiring completion	0	0	0	0	0	0	0	0	0	0	1	1
Backlog	0	0	1	0	0	0	0	1	0	0	2	4

Commissioning for Quality and Innovation (CQUIN)

In 2019/20 the Trust is participating in the following 5 national CQUIN schemes and 2 specialised commissioning schemes:

1. Antimicrobial Resistance –Urinary Tract Infections and Antibiotic Prophylaxis for Elective Colorectal Surgery
2. NHS Staff Health and Wellbeing - Staff Flu Vaccinations
3. Alcohol and Tobacco Brief advice
4. Three High Impact interventions to prevent Hospital Falls
5. Same Day Emergency Care –Pulmonary Embolus/ Tachycardia with Atrial Fibrillation/ Pneumonia
6. Medicines Optimisation and Stewardship
7. Towards Hepatitis C Virus (HVC) Elimination

Quarter 2 data has been submitted. A risk has been highlighted for low performance in the quarter for CCG7 - Falls Prevention and CCG1 - Antimicrobial Resistance, although this is improving.

National	Indicators	Payment Requirements	CQUIN Value	Q1	Q2	Q3	Q4
CCG1: Antimicrobial Resistance	Urinary Tract Infections in Older People			64%*	80%		
	Antibiotic prophylaxis in elective colorectal surgery	60-90%	£1,031k	58.82%	68.63%		
CCG2: Staff flu vaccinations	Uptake of Flu Vaccinations	60-80%	£1,031k	N/A	N/A		
CCG3: Tobacco and alcohol screening and advice	Screening for tobacco and alcohol use - inpatients	40-80%		99%	100%		
	Advice for tobacco use in inpatient settings	50-90%		100%	100%		
	Advice for alcohol use in inpatient settings	50-90%	£1,031k	100%	100%		
CCG7: Three High Impact interventions to prevent Hospital Falls	Implementation of falls prevention actions	25-80%	£1,031k	25%*	32%		
CCG11: Same Day Emergency Care: Eligible patients to be managed in a same day setting	Pulmonary Embolus	50-75%		100%	100%		
	Tachycardia	50-75%		83%	93.61%		
	Community Acquired Pneumonia (CAP)	50-75%	£1,031k	100%	81.39%		

Specialised Commissioning	Indicators	Payment Requirements	CQUIN Value	Q1	Q2	Q3	Q4
PSS1: Medicines Optimisation and Stewardship	Improving efficiency in the IV chemotherapy pathway						
	Accurate completion of prior approval pro-formas		3 Trigger x £20k = £60k				
	Faster adoption rates of prioritised best value medicines	Pass/Fail		Pass	Pass		
PSS2: Working Towards Hepatitis C Virus (HVC) Elimination	Increase focus on improving treatment of diagnosed patients and increasing rates of testing and diagnosis.	Pass/Fail	£350k	Pass	Pass **		

* Q1 results excluded from CQUIN earnings calculation as per letter received from NHSE/I on 8th October 2019
** T1 and T2: Pending national assessment

RESPONSIVE

A&E 4 hour standard % performance -
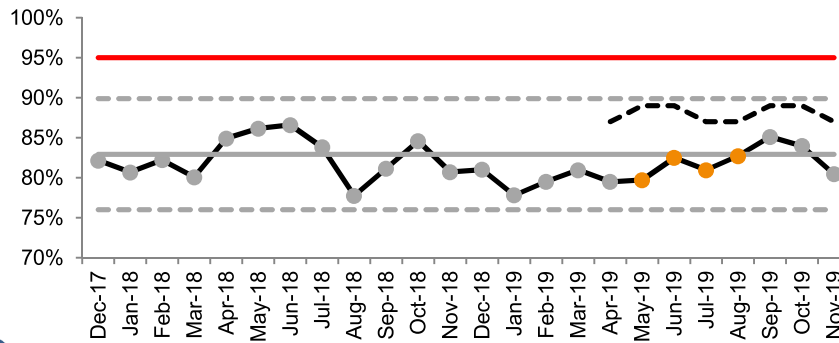
Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 80.5% in November, which remains below the 95% threshold.

The trend is showing a return to normal variation following a period of statistical deterioration and based on current variation is not capable of hitting the target.

A&E 4 hour standard % performance - Trust
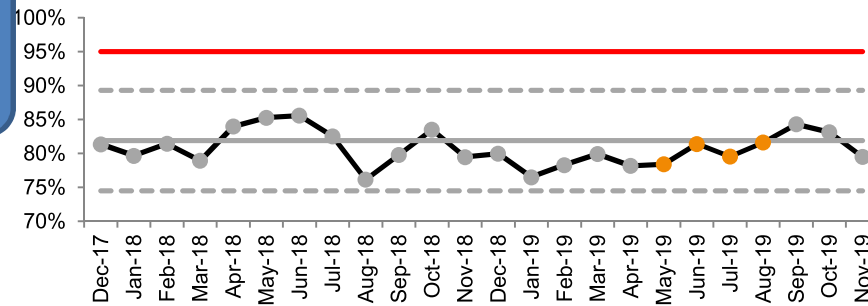
Performance against the ELHT four hour standard was 79.5% in November.

The national performance was 81.4% in November (All types) with 0 of the 118 reporting trusts with type 1 departments achieving the 95% standard. (Field testing sites excluded)

A&E Attendances - Trust
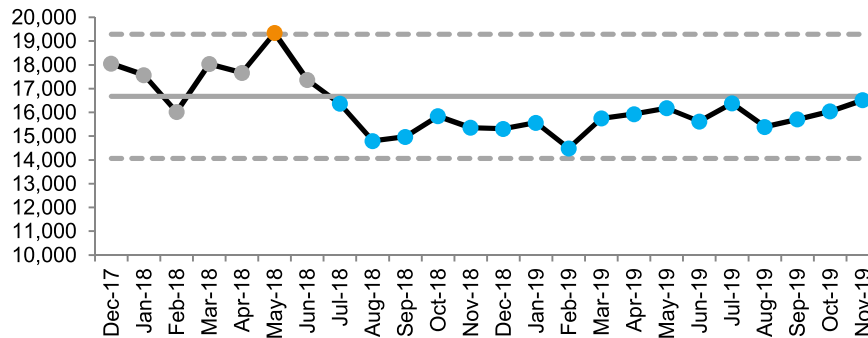
The number of attendances during November was 16,517 and the trend is showing a significant reduction in attendances since June 18, when the HAC closed.

12 Hr Trolley Waits
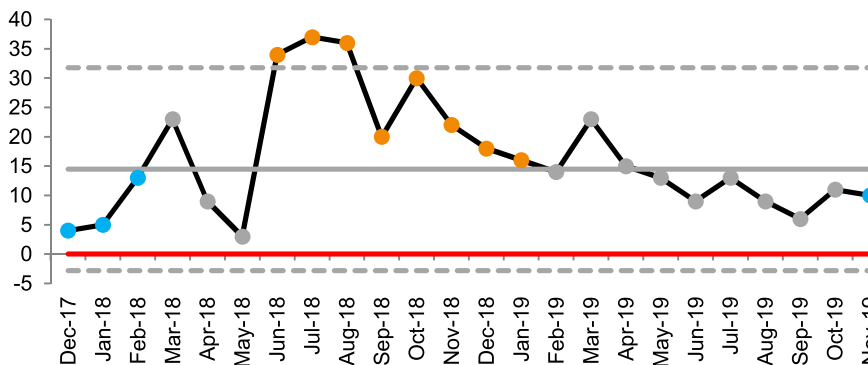
There were 10 reported breaches of the 12 hour trolley wait standard from decision to admit during November. Seven were mental health breaches and three were physical health breaches. Rapid review timelines are completed in accordance with the NHS England Framework and a root cause analysis will be undertaken.

The trend is showing a significant improvement following a period of significantly higher numbers.

RESPONSIVE
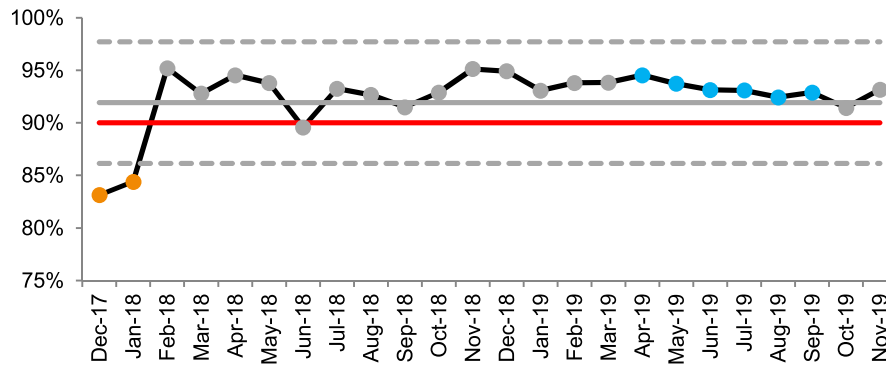
HAS Compliance

The ambulance handover compliance indicator measures the compliance with PIN entry on completion of patient handover. This was achieved at 93.2% in November, which is above the 90% threshold.

The trend is showing normal variation, following a period of improvement, however based on current variation, the target is still at risk of failure.

Ambulance Handovers - >30Minutes
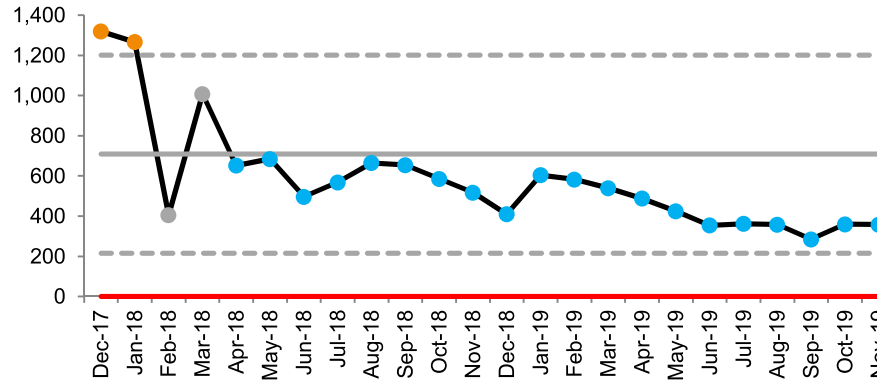
The number of handovers over 30 minutes is showing significant improvement, with 358 reported for November.

Ambulance Handovers - HAS Confirmed Penalty >30Minutes
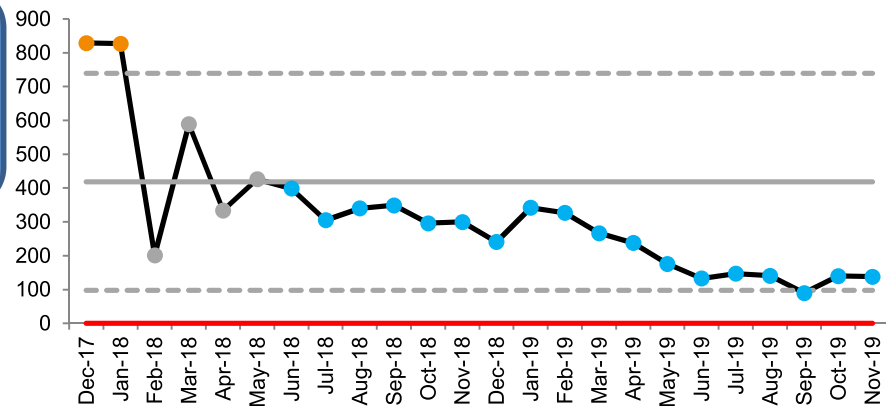
The validated NWAS penalty figures are reported as at November as;- 111 missing timestamps, 118 handover breaches (30-60 mins) and 20 handover breaches (>60 mins).

The trend is showing significant improvement, however based on current variation, the indicator is not capable of hitting the target.

The full action plan is monitored through the Finance & Performance Committee & the A&E Delivery

RESPONSIVE

RTT Total Ongoing

MSK Data Included
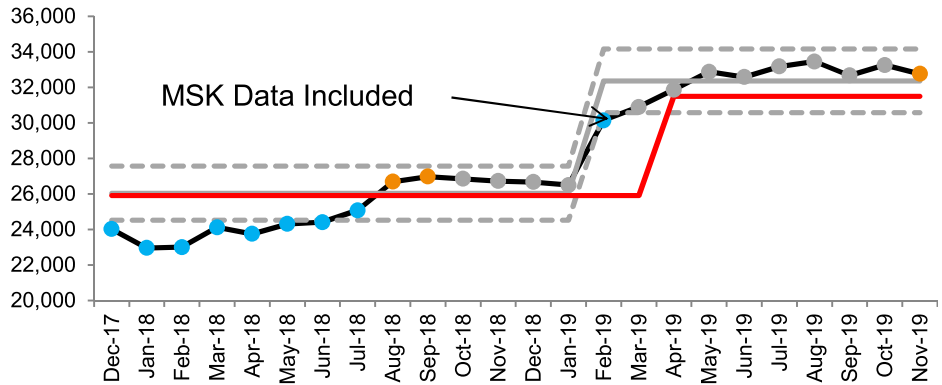
The total ongoing RTT pathways is now showing significant deterioration in total numbers ongoing at the end of the month.

The target has been revised for 2019/20 to reduce the total to less than 31,500 by end of March 2020.

The rebased trend shows a likelihood that this reduction could be acheived, based on current performance.

RTT Total Over 40 wks
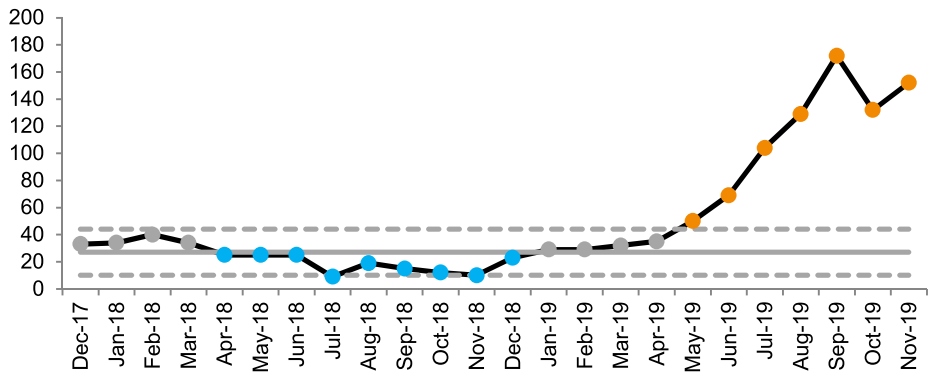
The number of pathways over 40wks remains high in November with 152 patients waiting over 40 wks at month end.

There were no patients waiting over 52 weeks at the end of November.

RTT Ongoing 0-18 Weeks

Nov-19   Oct-19   Sep-19
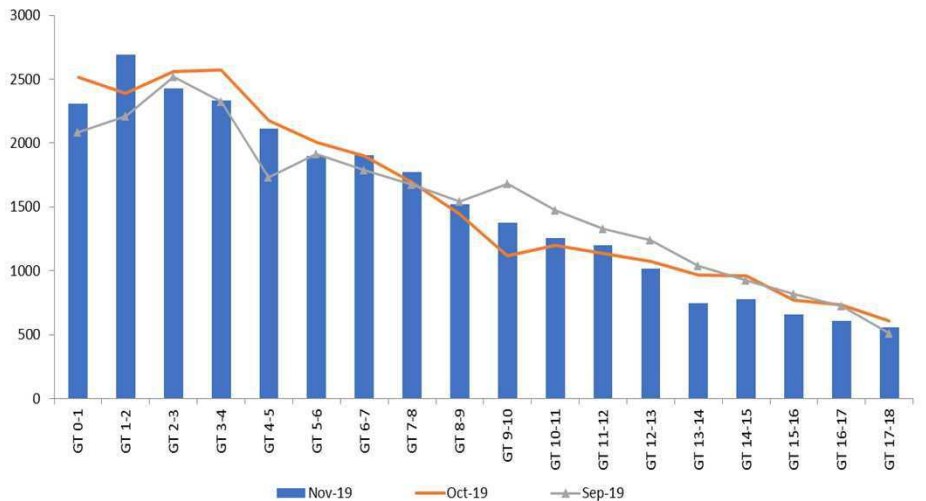
The bar charts show the numbers of RTT ongoing pathways by weekband, compared with previous 2 months.

RTT Over 18 weeks
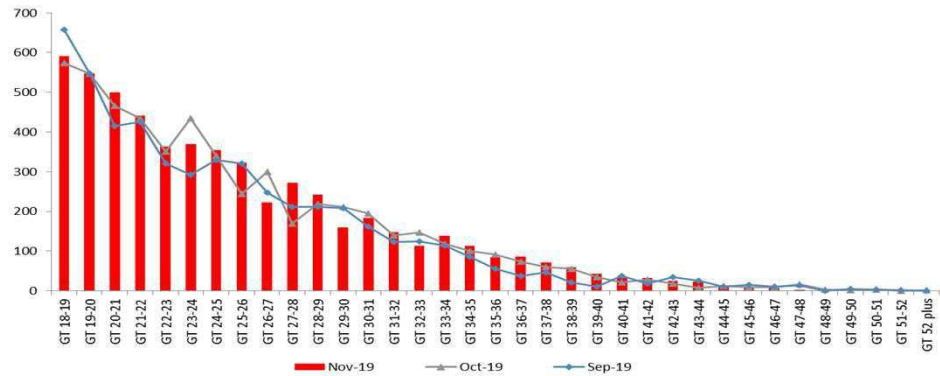
RTT Admitted
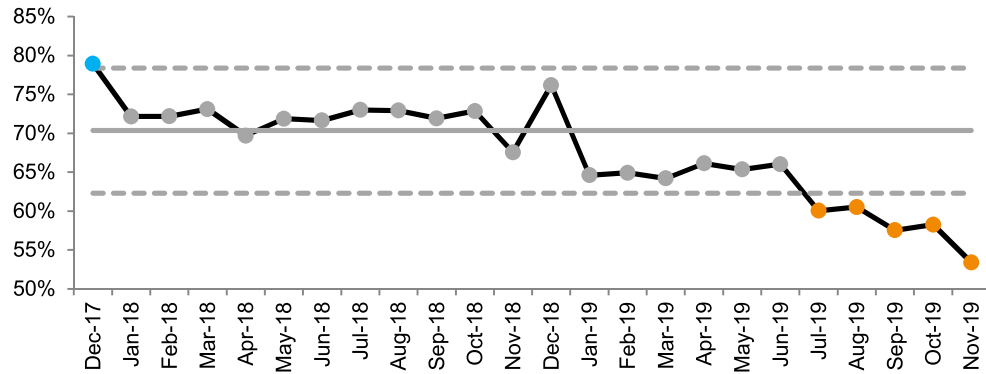
RTT Non-Admitted

Although no longer a national target, the proportion of admitted and non-admitted patients is included for information.
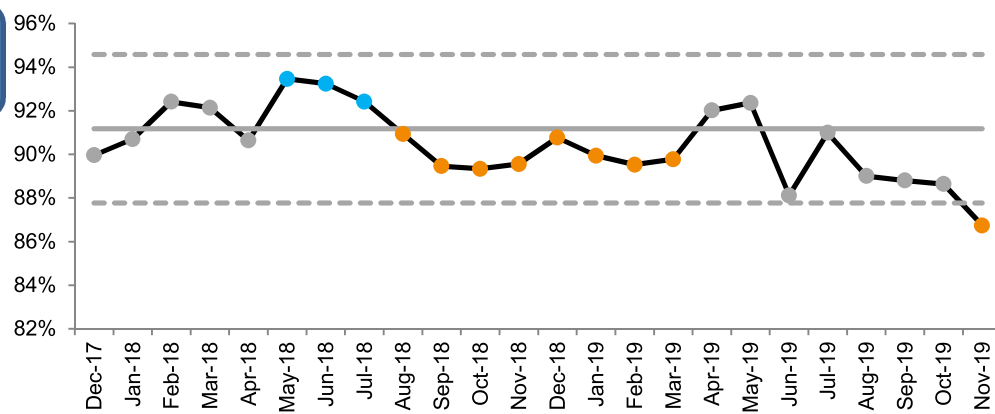
The trend for both RTT admitted and non-admitted are now showing significant deterioration.

RESPONSIVE
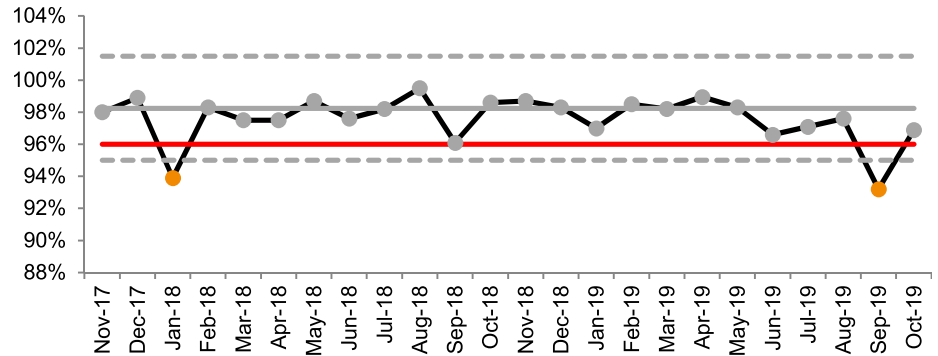
Cancer 31 day

The 31 day standard was achieved in October at 96.9%, above the 96% threshold.

The trend is showing normal variation and based on current variation may occasionally fall below the standard.

Cancer 62 Day
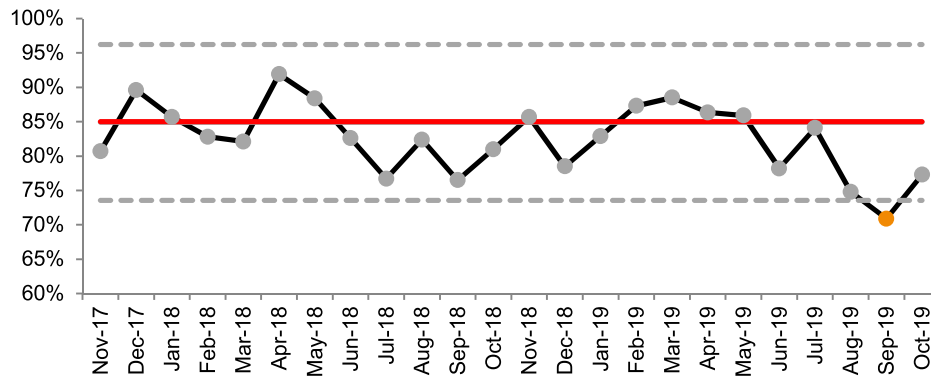
The 62 day cancer standard was not achieved in October at 77.3% below the 85% threshold.

The trend is showing a return to normal variation and based on the current variation, the indicator is at risk of not meeting the standard.

Cancer 62 Day Screening
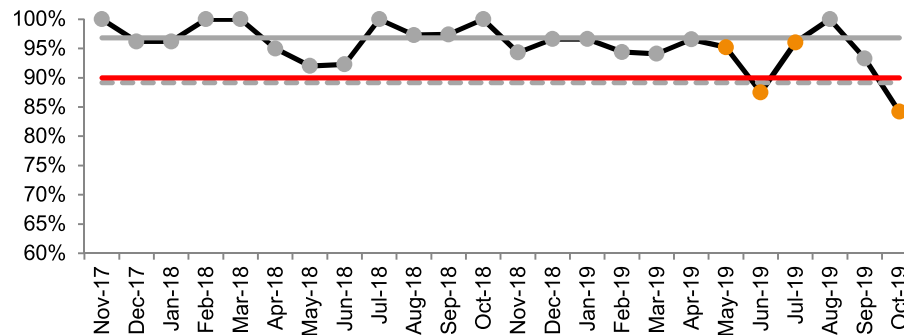
The 62 day screening standard was not achieved in October at 84.2%, below the 90% threshold.

The trend has deteriorated significantly in month and based on current variation may occasionally fall below standard.

RESPONSIVE

Cancer - Subsequent treatment within

The subsequent treatment - drug standard was met in October at 100.0%. The trend shows normal variation, following a significant drop in June and based on the current variation, the indicator will consistently achieve the standard.

Cancer - Subsequent treatment within 31 days (Surgery)
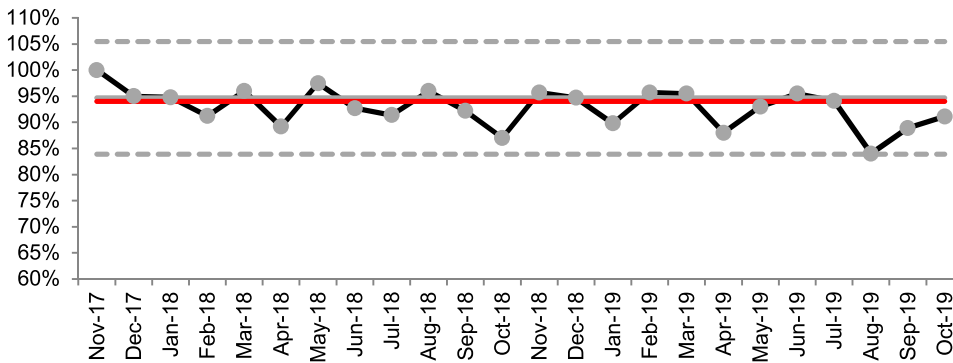
The subsequent treatment - surgery standard was not met in October at 91.1%, below the 94% standard. The trend shows no significant change and based on the current variation, the indicator is at risk of falling below threshold.

Cancer Patients Treated > Day 104
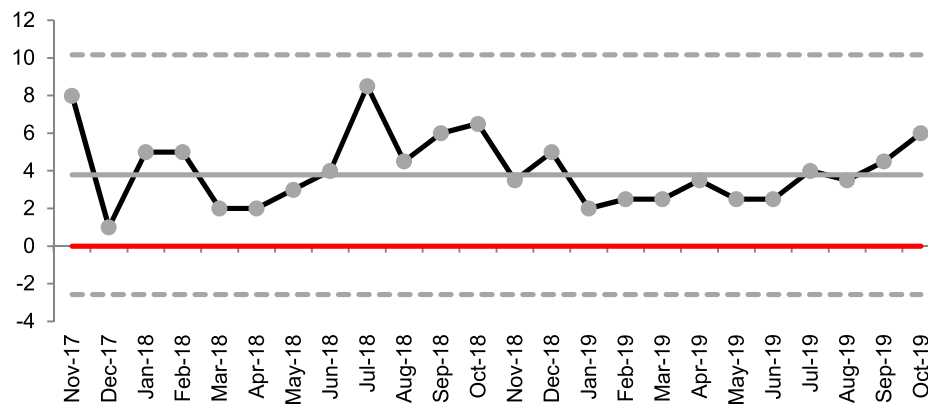
There were 6 breaches allocated to the Trust, treated after day 104 in October and will have a detailed root cause analysis undertaken by the clinical director for cancer with the cancer oncology directorate manager liaising with the Consultants involved in the pathway as required.

The trend is showing no significant change.

RESPONSIVE

Delayed Discharges per 1000 bed days
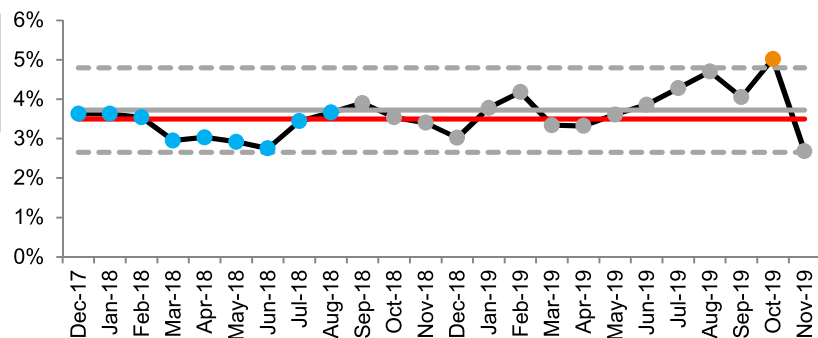
The proportion of delays reported against the delayed transfers of care standard was 2.7% for November, below the 3.5% threshold. This is the lowest it has been in the last 5 years.

The trend is showing normal variation and based on current variation this indicator may or may not achieve the target.

There is a full action plan which is monitored through the Finance & Performance Committee.

The emergency readmission rate trend has returned to normal variation.
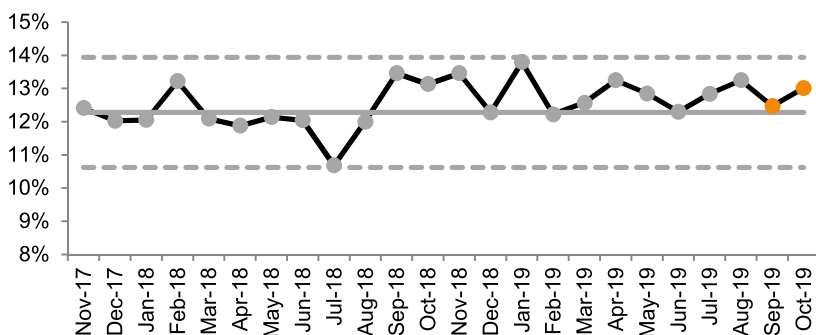
Dr Foster benchmarking shows the ELHT readmission rate is below the North West average.

Emergency Readmissions

Readmissions within 30 days vs North West - Dr Foster
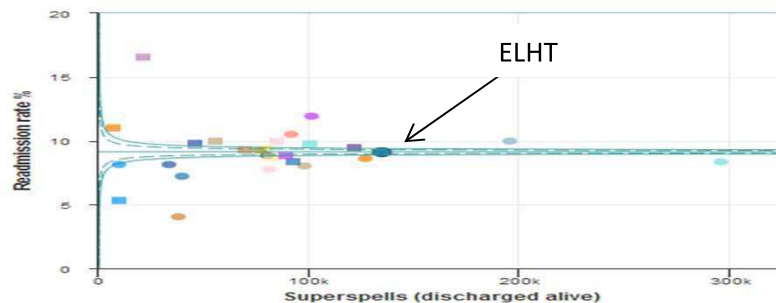
In November 0.996% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is just below the 1% threshold.

Diagnostic Waits

The trend is showing a deterioration in performance and based on current variation this indicator is at risk of failing the target.

Nationally, the performance is still failing the 1% target at 3.1% in October (reported 1 month behind).

RESPONSIVE
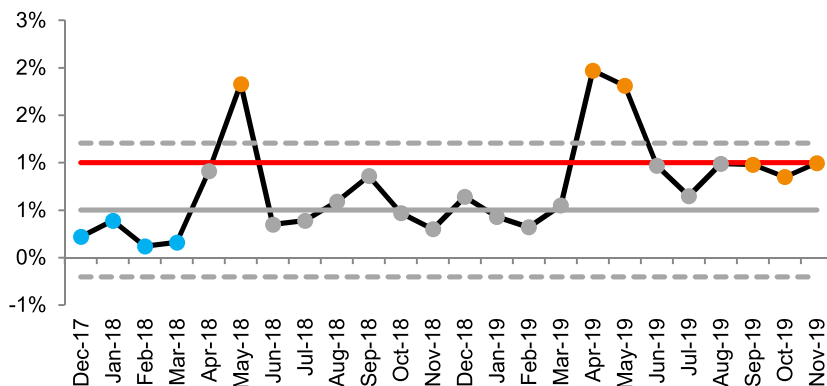
Average length of stay benchmarking

Dr Foster Benchmarking September 18 - August 19

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	62,636	9,536	53,100	3.3	2.6	-0.6
Emergency	62,068	62,068	0	4.2	4.3	0.0
Maternity/ Birth	13,715	13,715	0	2.1	2.3	0.2
Transfer	213	213	0	10.7	25.4	14.6

Dr Foster benchmarking shows the Trust length of stay to be as expected for non-elective and below expected for elective when compared to national case mix adjusted.

Average length of stay - non elective
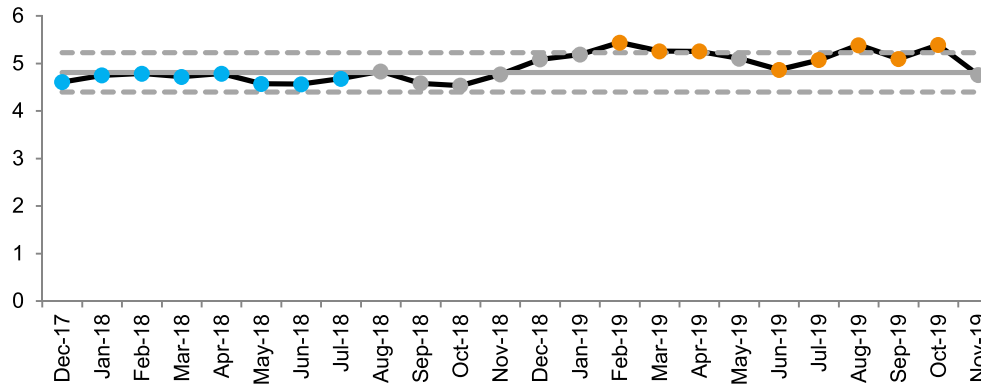
The Trust non elective average length of stay is now showing a return to normal variation following a period of significant increase.

Average length of stay - elective
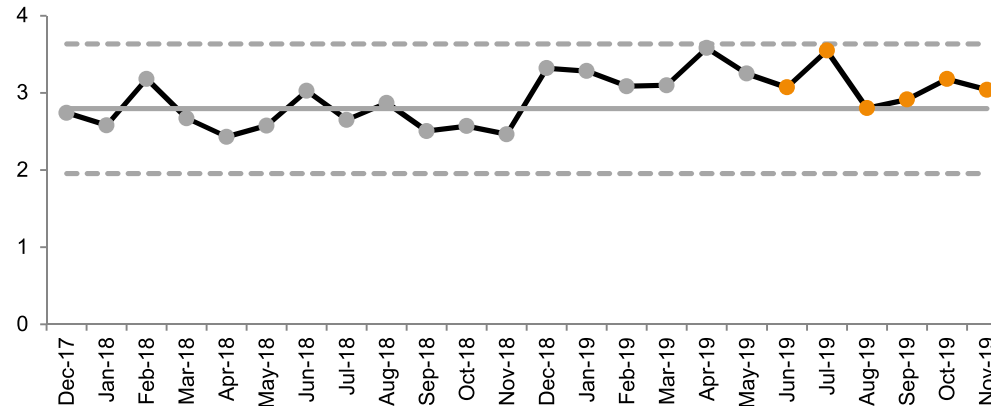
The Trust elective average length of stay is now showing a significant increase, with the last 12 months above the average of 2.8 days.

Operations cancelled on day
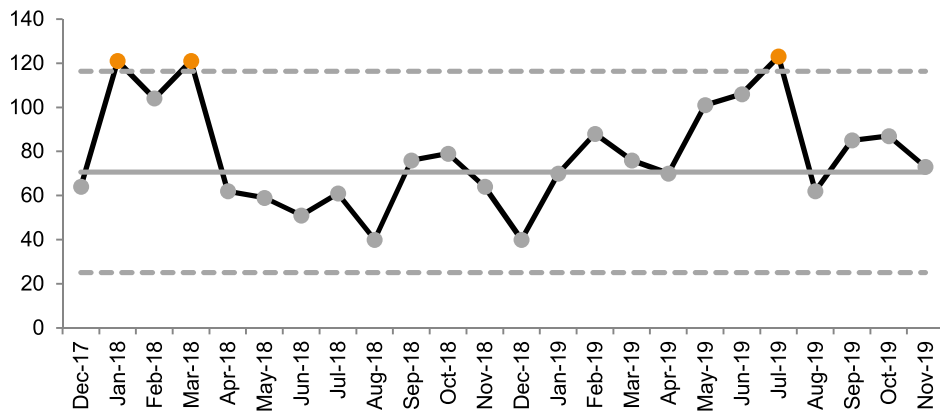
There were 73 operations cancelled on the day of operation - non clinical reasons, in November.

The trend has returned to normal levels following a spike in July.

Operations cancelled on day - breaches of 28 day standard
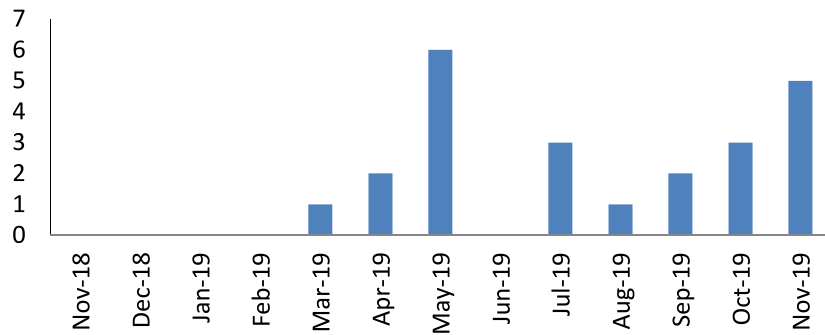
There were 5 'on the day' cancelled operations not rebooked within 28 days in November.

Patients that had procedures cancelled on the day are monitored regularly to ensure dates are offered within the 28 days. Risks are escalated to senior managers and escalated at the weekly operations meeting.

■ Not treated within 28 days of last minute cancellation due to non clinical reasons - actual

WELL LED
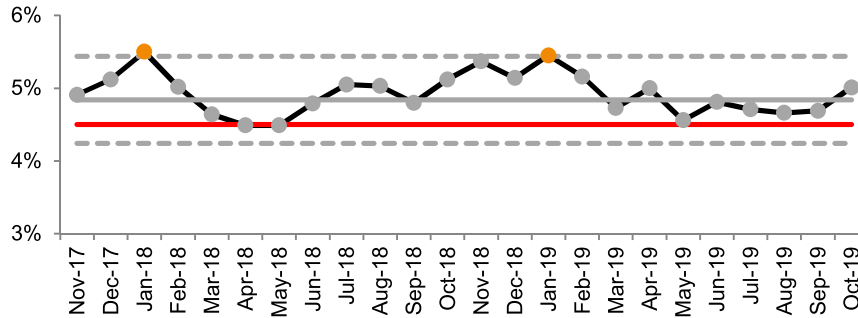
Sickness

The sickness absence rate is 5.0% for October which is above threshold. The trend is showing normal variation and based on the current level of variaton, may occasionally acheive the target.

Turnover Rate
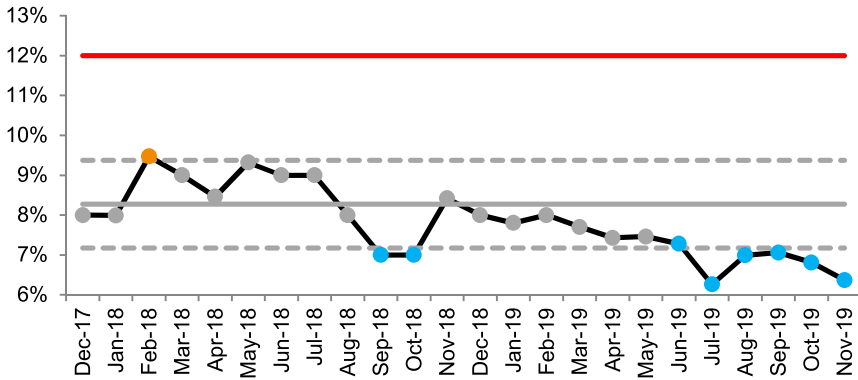
The trust turnover rate continues to show a significant reduction at 6.4% in November which is below threshold. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate
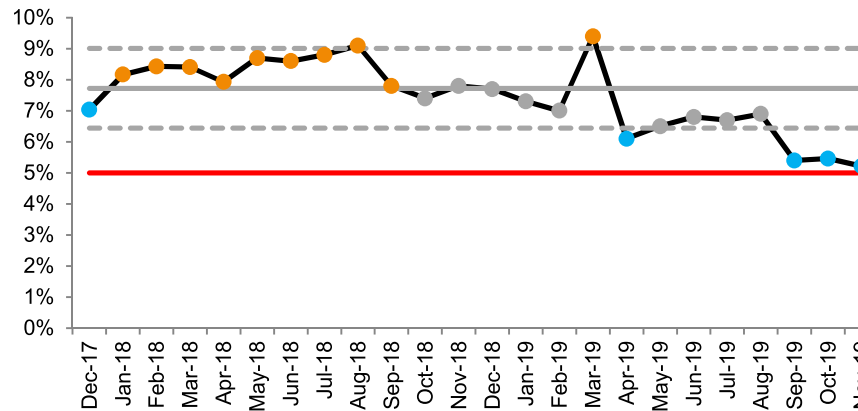
The vacancy rate is 5.2% for November which is above the 5% threshold.

The trend is showing a significant reduction, however based on current variation, will consistently be above threshold.

A detailed action plan has been developed and a quarterly progress update will be provided to the Trust Board.

WELL LED

Temporary costs and overtime as % total pay bill

Appraisals, Consultant

Appraisals, Other Medical

Appraisals AFC

In November 2019, £3.0 million was spent on temporary staff, consisting of £0.8 million on agency staff and £1.7 million on bank staff. Wte staff worked (8,513 wte) was 61 wte more than is funded substantively (8,452 wte).
Pay costs are £0.4 million more than budgeted establishment in November.

At the end of November 19 there were 428 vacancies

The temporary staffing cost trend shows no significant change and is not capable of hitting the target.

The appraisal rates for consultants and career grade doctors are reported cumulative year to date and reflect the number of reviews completed that were due in this period.

The trend for consultant appraisals is showing significant improvement, however based on current variation is still at risk of not achieving the target.

The trend for medical staff appraisal rates is showing normal variation, following a drop in April and based on current variation remains at risk of non achievement.

The AFC appraisal rate continues to be reported as a rolling 12 month figure and remains below threshold.

The trend is showing normal variation and based on current variation the indicator is not capable of achieving the target

There has been a range of Trust wide actions to support compliance which are on-going. These actions are monitored through the Finance & Performance Committee.

WELL LED

Job Plans

Stage	Consultant	SAS Doctor
Draft	0	0
In discussion with 1st stage manager	173	26
1st stage sign off by consultant	24	0
1st stage sign off by manager	36	2
2nd stage sign off	23	0
Signed Off	50	0

There are 306 Consultants and 28 SAS doctors registered with a job plan on Allocate.

The 2019 planning round has been opened since January to be completed by 31 March.

Information Governance Toolkit Compliance
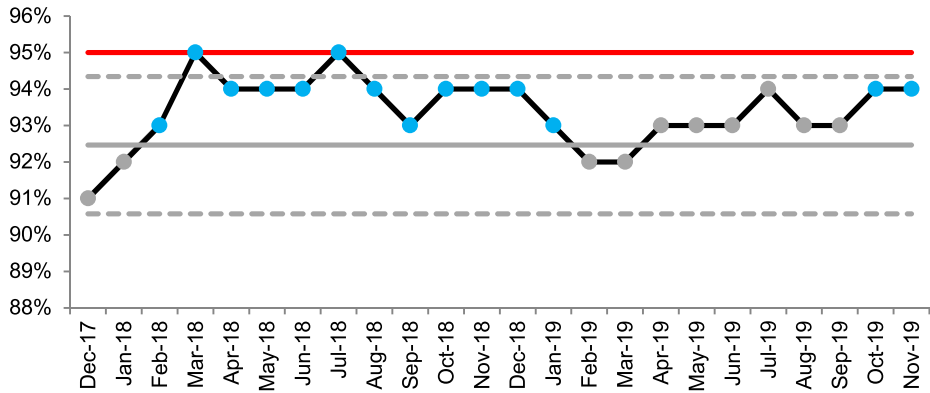
Information governance toolkit compliance is 94% in November below the 95% threshold. The trend is showing significant improvement, however based on current variation, the indicator is not capable of achieving the target.

The core skills framework consists of eleven mandatory training subjects. Training is via a suite of e-learning modules and knowledge assessments on the learning hub (with the option of classroom training available for some subjects). The threshold has been set at 90% for all areas except Information Governance which has a threshold of 95%

Core Skills Training % Compliance

	Target	Compliance at end November
Basic Life Support	90%	92%
Conflict Resolution Training Level 1	90%	97%
Equality, Diversity and Human Rights	90%	97%
Fire Safety	90%	95%
Health, Safety and Welfare Level 1	90%	95%
Infection Prevention	90%	93%
Information Governance	95%	94%
Prevent Healthwrap	90%	97%
Safeguarding Adults	90%	93%
Safeguarding Children	90%	95%
Safer Handling Theory	90%	97%

Ten of the eleven areas are currently at or above threshold for training compliance rates. Information governance remains below threshold in November.

Divisional actions plans to address non-compliance are in place and are being monitored through divisional meetings. Furthermore, a range of Trust-wide measures to support staff to be fully compliant are in place. These include facilitated e-Learning sessions, bespoke training for wards and departments, cascade training and the availability of real-time compliance reporting to assist managers monitor compliance.

Finance & Use of Resource metrics

Area	Metric	Actual YTD		Forecast outturn	
		Performance	Score	Performance	Score
Financial sustainability	Capital service capacity	1.4	3	1.2	4
	Liquidity (days)	(5.2)	2	(5.8)	2
Financial efficiency	I&E margin	0.2%	2	(0.9%)	3
Financial control	Variance from control total rating	(0.3%)	2	(2.2%)	4
	Agency spend	38.3%	3	30.8%	3
Total			2		3

Adjusted financial performance (deficit)

* - excludes PSF allocation and MRET funding

WELL LED

At month 8 the Trust is reporting an underlying £6.4 million deficit in line with the financial plan; and a £0.9 million surplus, after receipt of the 2019-20 non-recurrent Provider Sustainability Funding (PSF) and Marginal Rate Emergency Tariff funding (MRET).

The Trust accepted the 2019-20 Control Total to deliver a £7.0 million underlying deficit, giving access to £9.2 million non-recurrent PSF. However, with 15% of the PSF allocation dependent on achievement of the ICS Control Total, the aggregated financial under-performance being reported for the ICS has reduced the allocation available by £1.4 million. The Trust will also receive £4.4 million of unconditional Marginal Rate Emergency Tariff (MRET) which will enable the Trust to report a reduced surplus of £5.2 million surplus, assuming the Trust achieves its Control Total.

The current position of the Waste Reduction Programme (WRP) is £16.4 million; £5.4 million has been actioned to date, of which £2.8 million (53%) is recurrent and £4.7 million is cash releasing. The full year £7.6 million (46%) has been actioned of which £5.2 million is recurrent and £6.8 million is reducing the cost base (cash releasing).

The Trust is facing significant financial challenges this year and although we are reporting a month 8 position that is in line with plan, our forecast outturn position is suggesting that we have around £10.0 million of risk. We are working with divisions to bridge this gap but it is important to note that at this point we cannot give assurance that we will achieve the planed position.

The Finance and Use of Resources (UoR) metrics score is a '2' for the financial year to date, which is in line with the planned position.

The Better Payment Practice Code (BPPC) targets continue to be achieved year to date.

The cash balance at 30th November 2019 of £7.0 million represents a

Efficiency Savings

Division	Identified Schemes								Green Schemes		
	Green £000s	Amber £000s	Red £000s	Non Rec £000s	Rec £000s	Total £000s	Target £000s	Gap £000s	Annual Non Rec	Annual Rec	Annual Identified
Medicine & Emergency Care	1,479	45	0	1,524	0	1,524	1,524	1,932	0	1,479	1,479
Community & Intermediate Care	84	0	0	84	84	0	84	1,043	84	0	84
SAS	1,294	144	282	1,719	828	891	1,719	4,844	732	562	1,294
Family Care	762	226	0	988	904	84	988	3,040	677	84	762
DCS	1,113	0	0	1,113	0	1,113	1,113	1,113	0	1,113	1,113
Estates & Facilities	474	12	0	486	415	71	486	1,356	415	59	474
Corporate Services	255	0	0	255	0	255	255	672	0	255	255
Cross divisional	0	300	0	300	0	300	300	0	0	0	0
Targeted Transformation	2,181	0	0	2,181	1,218	963	2,181	2,433	1,218	963	2,181
Total	7,642	727	282	8,650	3,449	9,313	8,650	(7,121)	3,126	4,515	7,642

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Trust Website where staffing information is available

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

Organisation : RXR East Lancashire Hospitals Trust
Month : Nov-19

					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Hospital Site Details		Ward name	Main 2 Specialties on each ward		midwives/nurses		Care Staff		midwives/nurses		Care Staff									
Site code	Hospital Site name	Ward Name	Specialty 1	Specialty 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	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Nurses & Midwives	Care staff	Overall
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		1,800	1,656	1,440	1,446	1,080	1,092	1,080	1,164	92.0%	100.4%	101.1%	107.8%	618	4.45	4.22	8.67
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY		1,752	1,548	1,080	1,194	1,080	1,056	720	924	88.4%	110.6%	97.8%	128.3%	740	3.52	2.86	6.38
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	100 - GENERAL SURGERY		1,440	1,272	720	1,128	720	732	720	1,200	88.3%	156.7%	101.7%	166.7%	495	4.05	4.70	8.75
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS		1,440	1,296	2,160	2,076	720	720	1,800	1,896	90.0%	96.1%	100.0%	105.3%	646	3.12	6.15	9.27
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS		1,440	1,266	1,080	1,488	720	720	720	1,140	87.9%	137.8%	100.0%	158.3%	600	3.31	4.38	7.69
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE		1,440	1,314	2,160	2,148	720	720	1,440	1,392	91.3%	99.4%	100.0%	96.7%	714	2.85	4.96	7.81
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		900	924	474	429	645	634	323	323	102.7%	90.5%	98.3%	100.0%	22	70.84	34.16	105.00
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	OPRA/OPU	430 - GERIATRIC MEDICINE		3,600	2,988	2,520	2,352	1,440	1,584	1,800	2,040	83.0%	93.3%	110.0%	113.3%	1076	4.25	4.08	8.33
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1,440	1,176	1,440	1,470	720	720	1,080	1,056	81.7%	102.1%	100.0%	97.8%	641	2.96	3.94	6.90
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1,440	1,194	1,440	1,404	720	744	1,080	1,296	82.9%	97.5%	103.3%	120.0%	631	3.07	4.28	7.35
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14A	100 - GENERAL SURGERY		1,260	1,218	720	780	720	732	360	552	96.7%	108.3%	101.7%	153.3%	452	4.31	2.95	7.26
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14B	100 - GENERAL SURGERY		1,260	1,230	720	768	720	732	360	648	97.6%	106.7%	101.7%	180.0%	451	4.35	3.14	7.49
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18A	100 - GENERAL SURGERY		1,260	1,236	720	828	720	744	360	552	98.1%	115.0%	103.3%	153.3%	474	4.18	2.91	7.09
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18B	100 - GENERAL SURGERY		1,260	1,218	720	720	720	720	360	540	96.7%	100.0%	100.0%	150.0%	483	4.01	2.61	6.62
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	301 - GASTROENTEROLOGY	MEDICINE	1,440	1,236	1,080	1,050	1,080	1,080	1,080	1,092	85.8%	97.2%	100.0%	101.1%	702	3.30	3.05	6.35
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY	120 - ENT	2,160	2,154	1,440	1,794	1,080	1,080	1,440	1,440	99.7%	124.6%	100.0%	100.0%	927	3.49	3.49	6.98
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	301 - GASTROENTEROLOGY	MEDICINE	1,440	1,200	1,080	1,098	1,080	1,056	1,080	1,068	83.3%	101.7%	97.8%	98.9%	690	3.27	3.14	6.41
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE		1,080	858	1,440	1,416	720	720	1,080	1,140	79.4%	98.3%	100.0%	105.6%	414	3.81	6.17	9.99
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	MEDICINE	1,440	1,266	1,080	1,080	1,080	1,080	720	816	87.9%	100.0%	100.0%	113.3%	723	3.24	2.62	5.87
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	MEDICINE	1,440	1,206	1,080	1,188	720	804	720	1,080	83.8%	110.0%	111.7%	150.0%	644	3.12	3.52	6.64
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	MEDICINE	1,800	1,548	1,440	1,416	1,080	1,104	720	708	86.0%	98.3%	102.2%	98.3%	524	5.06	4.05	9.11
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1,440	1,164	1,440	1,308	720	1,068	1,080	1,116	80.8%	90.8%	148.3%	103.3%	661	3.38	3.67	7.04
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS		5,040	4,614	1,080	1,056	3,780	3,397	630	630	91.5%	97.8%	89.9%	100.0%	1057	7.58	1.60	9.17
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1,440	1,224	720	672	1,080	1,080	-	-	85.0%	93.3%	100.0%	0.0%	247	9.33	2.72	12.05
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		6,168	6,222	1,044	978	5,988	5,736	360	276	100.9%	93.7%	95.8%	76.7%	538	22.23	2.33	24.56
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1,440	1,362	1,080	1,422	720	792	720	1,056	94.6%	131.7%	110.0%	146.7%	594	4.17	4.17	7.80
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE		1,440	1,254	1,080	1,044	720	744	720	720	87.1%	96.7%	103.3%	100.0%	591	3.38	2.98	6.37
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE		3,600	3,516	2,160	2,460	3,240	3,228	1,440	1,416	97.7%	113.9%	99.6%	98.3%	1173	5.75	3.30	9.05
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		3,240	3,150	2,160	2,070	2,880	2,856	1,800	1,740	97.2%	95.8%	99.2%	96.7%	1117	5.38	3.41	8.79
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS		4,680	4,500	360	260	4,320	3,852	-	96	96.2%	72.2%	89.2%	9600.0%	710	11.76	0.50	12.26
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY		2,520	2,508	1,800	1,698	1,440	1,416	1,440	1,452	99.5%	94.3%	98.3%	100.8%	564	6.96	5.59	12.54
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS		1,840	1,840	888	888	1,080	1,080	720	720	100.0%	100.0%	100.0%	100.0%	179	16.31	8.98	25.30
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS		1,350	1,377	360	368	1,080	1,128	360	324	102.0%	102.1%	104.4%	90.0%	73	34.32	9.47	43.79
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS		3,960	3,674	720	698	3,960	3,635	720	720	92.8%	96.9%	91.8%	100.0%	277	26.39	5.12	31.50
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY		1,032	1,028	546	540	773	767	315	315	99.6%	98.9%	99.2%	100.0%	270	6.65	3.17	9.81
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS		2,880	2,808	1,440	1,584	2,160	2,484	1,440	1,452	97.5%	110.0%	115.0%	100.8%	752	7.04	4.04	11.07
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION		1,080	774	1,800	1,662	720	720	720	732	71.7%	92.3%	100.0%	101.7%	405	3.69	5.91	9.60
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS		1,212	1,146	882	852	564	528	564	528	94.6%	96.6%	100.0%	93.6%	428	4.36	3.22	7.58
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE		1,800	1,494	1,440	1,638	720	720	1,440	1,524	83.0%	113.8%	100.0%	105.8%	790	2.80	4.00	6.81
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 19	430 - GERIATRIC MEDICINE	MEDICINE	1,260	1,206	1,440	1,680	720	720	1,080	1,176	95.7%	116.7%	100.0%	108.9%	684	2.82	4.18	6.99
RXR70	CLITHEROE COMMUNITY HOSPITAL - RXR70	Ribblesdale	314 - REHABILITATION		1,800	1,542	1,440	1,536	1,080	1,092	1,440	1,656	85.7%	106.7%	101.1%	115.0%	900	2.93	3.55	6.47
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION		1,440	1,146	1,080	1,206	720	720	720	1,056	79.6%	111.7%	100.0%	146.7%	691	2.70	3.27	5.97
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION		1,440	1,296	1,800	1,722	720	720	720	1,068	90.0%	95.7%	100.0%	148.3%	635	3.17	4.39	7.57
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION		1,440	1,176	1,080	1,410	720	720	720	1,032	81.7%	130.6%	100.0%	143.3%	713	2.66	3.42	6.08
		Total			86,074	79,025	53,874	56,024	58,346	57,968	38,192	42,872	91.81%	103.99%	99.35%	112.25%	26716	5.13	3.70	8.83

Ward Staff Summary - Nov 2019

Division: All 3 Available Divisions Selected
Directorate: All 16 Available Directorates Selected
Site: All 4 Available Hospital Sites Selected
This report is based on the 42 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:≥ 4.75% | G:< 4.50%

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 C14A	1,260	1,218	96.67%	720	780	108.33%	720	732	101.67%	360	552	153.33%	0	0	0	0	0	0	0.19	0.81%	41.20	5.80%
RBH	5143	Ward C18A	1,260	1,236	98.10%	720	828	115.00%	720	744	103.33%	360	552	153.33%	0	0	0	0	0	0	-2.36	-9.82%	65.04	8.21%
RBH	5144	Surgical Triage Unit	2,520	2,508	99.52%	1,800	1,698	94.33%	1,440	1,416	98.33%	1,440	1,452	100.83%	0	0	0	0	0	0	-14.73	-51.02%	34.80	2.67%
RBH	5145	Ward C14B	1,260	1,230	97.62%	720	768	106.67%	720	732	101.67%	360	648	180.00%	0	0	0	0	0	0	0.59	2.44%	26.64	3.81%
RBH	5146	Ward C18B	1,260	1,218	96.67%	720	720	100.00%	720	720	100.00%	360	540	150.00%	0	0	0	0	0	0	1.12	4.58%	66.68	9.41%
EC03: Urology																								
RBH	5128	Ward C22	2,160	2,154	99.72%	1,440	1,794	124.58%	1,080	1,080	100.00%	1,440	1,440	100.00%	0	0	0	0	0	0	-4.42	-21.15%	10.00	1.32%
EC04: Orthopaedic Services																								
BGH	4393	Ward 15	1,212	1,146	94.55%	882	852	96.60%	720	720	100.00%	564	528	93.62%	0	0	0	0	0	0	3.25	10.60%	48.08	5.84%
RBH	5366	Ward B24	1,440	1,266	87.92%	1,080	1,488	137.78%	720	720	100.00%	720	1,140	158.33%	0	0	0	0	1	0	4.26	13.91%	28.80	3.69%
RBH	5367	Ward B22	1,440	1,296	90.00%	2,160	2,076	96.11%	720	720	100.00%	1,800	1,896	105.33%	0	0	0	0	0	0	6.59	14.20%	97.04	7.93%
EC05: Head & Neck																								
RBH	5119	Ward B20 Max Fac	1,440	1,272	88.33%	720	1,128	156.67%	720	732	101.67%	720	1,200	166.67%	0	0	0	0	0	0	3.24	11.70%	9.75	1.36%
EC09: Anaesth & Critical Care																								
RBH	5362	Elht Critical Care	6,168	6,222	100.88%	1,044	978	93.68%	5,988	5,736	95.79%	360	276	76.67%	0	0	0	0	0	0	15.81	12.56%	212.36	6.46%
ED: Family Care																								
ED07: General Paediatrics																								
RBH	5210	Inpatient	5,040	4,614	91.55%	1,080	1,056	97.78%	3,780	3,396.50	89.85%	630	630	100.00%	0	0	0	0	0	0	4.10	9.15%	24.55	2.02%
ED08: Gynae Nursing																								
BGH	4169	Gynae And Breast Care Ward	1,032	1,028	99.61%	546	540	98.90%	773	766.50	99.16%	315	315	100.00%	0	0	0	0	0	0	3.74	13.27%	2.24	0.31%
ED09: Obstetrics																								
BGH	4165	Birth Suite	3,960	3,674.10	92.78%	720	697.50	96.88%	3,960	3,635	91.79%	720	720	100.00%	0	0	0	0	0	0	-3.61	-4.97%	283.88	12.39%
BGH	4192	Burnley Birth Centre	1,350	1,377	102.00%	360	367.50	102.08%	1,080	1,128	104.44%	360	324	90.00%	0	0	0	0	0	0	-1.58	-3.53%	46.36	3.40%
BGH	4200	Antenatal Ward 12	1,840	1,840	100.00%	888	888	100.00%	1,080	1,080	100.00%	720	720	100.00%	0	0	0	0	0	0	-2.76	-7.95%	55.72	4.88%
BGH	4203	Postnatal Ward 10	2,880	2,808	97.50%	1,440	1,584	110.00%	2,160	2,484	115.00%	1,440	1,452	100.83%	0	0	0	0	0	0	-2.27	-3.72%	130.36	6.89%
RBH	5256	Blackburn Birth Centre	900	924.25	102.69%	474	429	90.51%	645	634.25	98.33%	322.50	322.50	100.00%	0	0	0	0	0	0	6.36	13.42%	58.67	4.63%
ED11: Neonates																								
RBH	4215	Nicu	4,680	4,500	96.15%	360	260	72.22%	4,320	3,852	89.17%	0	96	-	0	0	0	0	0	0	0.32	0.40%	114.20	4.74%
EH: Integrated Care Group																								
EH15: Acute Medicine																								
RBH	5058	AMU A	3,600	3,516	97.67%	2,160	2,460	113.89%	3,240	3,228	99.63%	1,440	1,416	98.33%	0	0	0	0	0	0	5.81	7.31%	36.64	1.69%
RBH	6092	AMU B	3,240	3,150	97.22%	2,160	2,070	95.83%	2,880	2,856	99.17%	1,800	1,740	96.67%	0	0	0	0	0	0	9.44	11.63%	107.92	5.01%

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

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

Ward Staff Summary - Nov 2019

Executed on: 27/12/2019 at: 11:28:33 AM

Division: All 3 Available Divisions Selected
Directorate: All 16 Available Directorates Selected
Site: All 4 Available Hospital Sites Selected
This report is based on the 42 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:≥ 4.75% | G:< 4.50%

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										
EH20: Respiratory																								
RBH	5063	Ward C6	1,440	1,266	87.92%	1,080	1,080	100.00%	1,080	1,080	100.00%	720	816	113.33%	0	0	0	0	0	0	1.98	5.99%	38.56	4.14%
	5064	Ward C8	1,800	1,548	86.00%	1,440	1,416	98.33%	1,080	1,104	102.22%	720	708	98.33%	0	0	0	0	0	0	9.06	23.56%	5.48	0.60%
	6027	Ward C7	1,440	1,206	83.75%	1,080	1,188	110.00%	720	804	111.67%	720	1,080	150.00%	0	0	0	0	0	0	4.78	15.80%	47.76	6.33%
EH25: Cardiology																								
RBH	5095	Coronary Care	1,440	1,224	85.00%	720	672	93.33%	1,080	1,080	100.00%	0	0	-	0	0	0	0	0	0	1.99	8.01%	62.12	8.86%
	5097	Ward B18	1,752	1,548	88.36%	1,080	1,194	110.56%	1,080	1,056	97.78%	720	924	128.33%	0	0	0	0	0	0	0.28	0.86%	10.12	1.04%
EH30: Gastroenterlogy																								
RBH	5050	Ward C2	1,440	1,236	85.83%	1,080	1,050	97.22%	1,080	1,080	100.00%	1,080	1,092	101.11%	0	0	0	0	0	0	5.57	15.59%	96.84	10.70%
	5062	Ward C4	1,440	1,200	83.33%	1,080	1,098	101.67%	1,080	1,056	97.78%	1,080	1,068	98.89%	0	0	0	0	0	0	6.73	18.84%	86.00	9.87%
	6103	Ward C11	1,440	1,194	82.92%	1,440	1,404	97.50%	720	744	103.33%	1,080	1,296	120.00%	0	0	0	0	0	0	3.73	10.44%	29.76	3.12%
EH35: Mfop & Complex Needs																								
BGH	4613	Rakehead Nursing Staff	1,080	774	71.67%	1,800	1,662	92.33%	720	720	100.00%	720	732	101.67%	0	0	0	0	0	0	1.26	3.82%	52.72	5.53%
	6094	Ward 16 Sept 13	1,800	1,494	83.00%	1,440	1,638	113.75%	720	720	100.00%	1,440	1,524	105.83%	0	0	0	0	1	0	6.01	14.53%	80.64	7.55%
PCH	4581	Marsden Ward	1,440	1,296	90.00%	1,800	1,722	95.67%	720	720	100.00%	720	1,068	148.33%	0	0	0	0	0	0	4.82	12.53%	71.68	7.06%
	4582	Reedyford Ward	1,440	1,176	81.67%	1,080	1,410	130.56%	720	720	100.00%	720	1,032	143.33%	0	0	0	0	0	0	2.79	9.56%	42.32	5.37%
	4583	Hartley Ward	1,440	1,146	79.58%	1,080	1,206	111.67%	720	720	100.00%	720	1,056	146.67%	0	0	0	0	0	0	4.05	13.88%	100.64	13.47%
RBH	5023	Ward D1	1,440	1,362	94.58%	1,080	1,422	131.67%	720	792	110.00%	720	1,056	146.67%	0	0	0	0	0	0	13.32	40.36%	35.00	6.29%
	5036	Acute Stroke Unit (B2)	1,800	1,656	92.00%	1,440	1,446	100.42%	1,080	1,092	101.11%	1,080	1,164	107.78%	0	0	0	0	0	0	10.97	23.50%	44.32	4.14%
	5037	Ward B4	1,440	1,314	91.25%	2,160	2,148	99.44%	720	720	100.00%	1,440	1,392	96.67%	0	0	0	0	1	0	6.05	13.77%	110.68	9.74%
	5048	Ward C10	1,440	1,176	81.67%	1,440	1,470	102.08%	720	720	100.00%	1,080	1,056	97.78%	0	0	0	0	0	0	9.45	25.73%	48.64	5.93%
	6096	Ward C5	1,080	858	79.44%	1,440	1,416	98.33%	720	720	100.00%	1,080	1,140	105.56%	0	0	0	0	0	0	5.08	15.41%	98.52	11.77%
	6105	Ward C9	1,440	1,164	80.83%	1,440	1,308	90.83%	720	1,068	148.33%	1,080	1,116	103.33%	0	0	0	0	0	0	8.01	22.42%	52.60	6.43%
EH44: Speciality Medicine																								
RBH	5040	Ward D3	1,440	1,254	87.08%	1,080	1,044	96.67%	720	744	103.33%	720	720	100.00%	0	0	0	0	0	0	6.13	20.25%	67.28	9.24%
EH70: Comm In Patient Care																								
CLI	R141	Ribblesdale Ward	1,800	1,542	85.67%	1,440	1,536	106.67%	1,080	1,092	101.11%	1,440	1,656	115.00%	0	0	0	0	0	0	3.16	7.19%	192.35	15.74%
Total for 42 wards shown					92.14%			104.16%			99.07%			112.30%	0	0	0	0	3	0	148.33	8.61%	2,874.95	6.09%

For any queries regarding this report please contact the information department information@elht.nhs.uk
Report Location: /Operational Reports/Ward Scorecard Monthly Trend/Ward Staff Summary
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Safe Staffing (Rota Fill Rates and CHPPD) Collection

Trust Website where staffing information is available

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

Organisation : RXR East Lancashire Hospitals Trust
Month : Oct-19

Site code	Hospital Site name	Ward Name	Specialty 1	Specialty 2	Day midwives/nurses — Total monthly planned staff hours	Total monthly actual staff hours	Day Care Staff — Total monthly planned staff hours	Total monthly actual staff hours	Night midwives/nurses — Total monthly planned staff hours	Total monthly actual staff hours	Night Care Staff — Total monthly planned staff hours	Total monthly actual staff hours	Day Average fill rate - nurses/midwives (%)	Day Average fill rate - care staff (%)	Night Average fill rate - nurses/midwives (%)	Night Average fill rate - care staff (%)	CHPPD Cumulative count over the month of patients at 23:59 each day	Nurses & Midwives	Care staff	Overall
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		1,860	1,722	1,488	1,404	1,116	1,116	1,116	1,092	92.6%	94.4%	100.0%	97.8%	660	4.30	3.78	8.08
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY		1,812	1,656	1,116	1,230	1,116	1,116	744	864	91.4%	110.2%	100.0%	116.1%	769	3.60	2.72	6.33
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	100 - GENERAL SURGERY		1,488	1,254	744	966	744	744	744	1,080	84.3%	129.8%	100.0%	145.2%	524	3.81	3.90	7.72
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS		1,488	1,308	2,232	2,136	744	744	1,860	1,824	87.9%	95.7%	100.0%	98.1%	643	3.19	6.16	9.35
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS		1,488	1,344	1,116	1,530	744	744	744	1,296	90.3%	137.1%	100.0%	174.2%	657	3.18	4.30	7.48
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE		1,488	1,242	2,232	2,190	744	744	1,488	1,476	83.5%	98.1%	100.0%	99.2%	725	2.74	5.06	7.80
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		930	963	495	414	667	656	333	333	103.6%	83.6%	98.4%	100.0%	17	95.24	43.96	139.19
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	OPRA/OPU	430 - GERIATRIC MEDICINE		3,720	3,144	2,604	2,352	1,488	1,584	1,860	1,848	84.5%	90.3%	106.5%	99.4%	1156	4.09	3.63	7.72
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1,488	1,236	1,488	1,554	744	744	1,116	1,104	83.1%	104.4%	100.0%	98.9%	653	3.03	4.07	7.10
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1,488	1,278	1,488	1,608	744	744	1,116	1,176	85.9%	108.1%	100.0%	105.4%	670	3.02	4.16	7.17
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14A	100 - GENERAL SURGERY		1,302	1,272	744	888	744	744	372	612	97.7%	119.4%	100.0%	164.5%	492	4.10	3.05	7.15
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14B	100 - GENERAL SURGERY		1,302	1,242	750	774	744	744	384	708	95.4%	103.2%	100.0%	184.4%	489	4.06	3.03	7.09
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18A	100 - GENERAL SURGERY		1,302	1,296	744	846	744	744	372	696	99.5%	113.7%	100.0%	187.1%	536	2.88	3.81	6.68
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18B	100 - GENERAL SURGERY		1,302	1,272	744	816	744	768	372	552	97.7%	109.7%	103.2%	148.4%	511	3.99	2.68	6.67
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	301 - GASTROENTEROLOGY	MEDICINE	1,488	1,266	1,116	1,098	1,116	1,104	1,116	1,104	85.1%	98.4%	98.9%	98.9%	728	3.26	3.02	6.28
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY	120 - ENT	2,232	2,220	1,488	1,884	1,116	1,248	1,488	1,608	99.5%	126.6%	111.8%	108.1%	993	3.49	3.52	7.01
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	301 - GASTROENTEROLOGY	MEDICINE	1,488	1,218	1,116	1,194	1,116	1,104	1,116	1,092	81.9%	107.0%	98.9%	97.8%	732	3.17	3.12	6.30
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE		1,116	894	1,488	1,386	744	756	1,116	1,128	80.1%	93.1%	101.6%	101.1%	432	3.82	5.82	9.64
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	MEDICINE	1,488	1,308	1,116	1,104	1,116	1,116	744	768	87.9%	98.9%	100.0%	103.2%	760	3.19	2.46	5.65
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	MEDICINE	1,488	1,314	1,116	1,158	744	792	744	984	88.3%	103.8%	106.5%	132.3%	700	3.01	3.06	6.07
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	MEDICINE	1,860	1,596	1,488	1,428	1,116	1,116	744	732	85.8%	96.0%	100.0%	98.4%	563	4.82	3.84	8.65
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1,488	1,242	1,488	1,452	744	792	1,116	1,080	83.5%	97.6%	106.5%	96.8%	683	2.98	3.71	6.69
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS		5,208	4,572	1,116	1,122	3,906	3,282	651	774	87.8%	100.5%	84.0%	118.9%	878	8.94	2.16	11.10
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1,488	1,290	744	708	1,116	1,116	-	-	86.7%	95.2%	100.0%	0.0%	260	9.25	2.72	11.98
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		6,120	6,294	1,044	978	5,898	5,802	372	288	102.8%	93.7%	98.4%	77.4%	551	21.95	2.30	24.25
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1,488	1,230	1,116	1,182	744	780	744	936	82.7%	105.9%	104.8%	125.8%	608	3.31	3.48	6.79
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE		1,488	1,230	1,116	1,110	744	768	744	828	82.7%	99.5%	103.2%	111.3%	601	3.32	3.22	6.55
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE		3,720	3,636	2,232	2,304	3,348	3,312	1,488	1,464	97.7%	103.2%	98.9%	98.4%	1236	5.62	3.05	8.67
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		3,348	3,216	2,232	2,112	2,976	3,096	1,860	1,788	96.1%	94.6%	104.0%	96.1%	1189	5.31	3.28	8.59
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS		4,836	4,614	372	246	4,464	3,879	-	168	95.4%	66.1%	86.9%	16800.0%	790	10.75	0.52	11.27
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY		2,604	2,658	1,860	1,770	1,488	1,464	1,488	1,476	102.1%	95.2%	98.4%	99.2%	676	6.10	4.80	10.90
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS		1,896	1,826	976	896	1,116	1,116	744	732	96.3%	91.8%	100.0%	98.4%	172	17.10	9.47	26.57
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS		1,395	1,296	372	367	1,116	1,140	372	360	92.9%	98.7%	102.2%	96.8%	58	42.00	12.53	54.53
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS		4,092	4,071	744	738	4,092	3,762	744	768	99.5%	99.1%	91.9%	103.2%	251	31.21	6.00	37.21
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY		1,068	1,068	564	534	799	801	326	326	100.0%	94.7%	100.2%	100.0%	345	5.42	2.49	7.91
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS		2,976	2,940	1,488	1,476	2,232	2,292	1,488	1,476	98.8%	99.2%	102.7%	99.2%	715	7.32	4.13	11.45
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION		1,116	834	1,860	1,848	744	744	744	960	74.7%	99.4%	100.0%	129.0%	520	3.03	5.40	8.43
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS		1,392	1,182	924	924	744	744	528	504	84.9%	100.0%	100.0%	95.5%	484	3.98	2.95	6.93
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE		1,860	1,536	1,488	1,842	744	720	1,488	1,776	82.6%	123.8%	96.8%	119.4%	841	2.68	4.30	6.98
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 19	430 - GERIATRIC MEDICINE	MEDICINE	1,488	1,236	744	1,800	744	744	744	1,380	83.1%	241.9%	100.0%	185.5%	711	2.78	4.47	7.26
RXR70	CLITHEROE COMMUNITY HOSPITAL - RXR70	Ribblesdale	314 - REHABILITATION		1,860	1,602	1,488	1,566	1,116	1,128	1,488	1,584	86.1%	105.2%	101.1%	106.5%	959	2.85	3.28	6.13
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION		1,488	1,200	1,116	1,302	744	744	744	1,092	80.6%	116.7%	100.0%	146.8%	704	2.76	3.40	6.16
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION		1,488	1,290	1,860	1,818	744	744	744	1,140	86.7%	97.7%	100.0%	153.2%	723	2.81	4.09	6.90
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION		1,488	1,236	1,116	1,410	744	744	744	1,068	83.1%	126.3%	100.0%	143.5%	709	2.79	3.50	6.29
	Total				89,013	81,344	54,973	57,465	60,001	58,885	39,050	44,045	91.38%	104.53%	98.14%	112.79%	28074	4.99	3.62	8.61

Division: All 3 Available Divisions Selected
Directorate: All 17 Available Directorates Selected
Site: All 4 Available Hospital Sites Selected
This report is based on the 43 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:≥ 4.75% | G:< 4.50%

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 C14A	1,302	1,272	97.70%	744	888	119.35%	744	744	100.00%	372	612	164.52%	0	0	0	0	-	-	0.19	0.81%	38.60	5.34%
	5143	Ward C18A	1,302	1,296	99.54%	744	846	113.71%	744	744	100.00%	372	696	187.10%	0	0	0	0	-	-	-1.56	-6.49%	58.85	7.53%
	5144	Surgical Triage Unit	2,604	2,658	102.07%	1,860	1,770	95.16%	1,488	1,464	98.39%	1,488	1,476	99.19%	0	0	0	0	-	-	-13.09	-45.34%	23.88	1.92%
	5145	Ward C14B	1,302	1,242	95.39%	750	774	103.20%	744	744	100.00%	384	708	184.38%	0	0	0	0	-	-	1.55	6.39%	52.40	8.03%
	5146	Ward C18B	1,302	1,272	97.70%	744	816	109.68%	744	768	103.23%	372	552	148.39%	0	0	0	0	-	-	0.16	0.64%	60.36	8.17%
EC03: Urology																								
RBH	5128	Ward C22	2,232	2,220	99.46%	1,488	1,884	126.61%	1,116	1,248	111.83%	1,488	1,608	108.06%	0	0	0	0	-	-	-4.42	-21.15%	11.00	1.40%
EC04: Orthopaedic Services																								
BGH	4393	Ward 15	1,392	1,182	84.91%	924	924	100.00%	744	744	100.00%	528	504	95.45%	0	0	0	0	-	-	4.25	13.86%	35.13	4.31%
RBH	5366	Ward B24	1,488	1,344	90.32%	1,116	1,530	137.10%	744	744	100.00%	744	1,296	174.19%	0	0	0	0	-	-	5.26	17.18%	73.56	9.19%
	5367	Ward B22	1,488	1,308	87.90%	2,232	2,136	95.70%	744	744	100.00%	1,860	1,824	98.06%	0	0	0	0	-	-	6.59	14.20%	75.36	5.92%
EC05: Head & Neck																								
RBH	5119	Ward B20 Max Fac	1,488	1,254	84.27%	744	966	129.84%	744	744	100.00%	744	1,080	145.16%	0	0	0	0	-	-	3.71	13.39%	15.00	2.02%
EC09: Anaesth & Critical Care																								
RBH	5362	Elht Critical Care	6,120	6,294	102.84%	1,044	978	93.68%	5,898	5,802	98.37%	372	288	77.42%	0	0	0	0	-	-	16.21	12.88%	252.72	7.50%
ED: Family Care																								
ED07: General Paediatrics																								
RBH	5210	Inpatient	5,208	4,572	87.79%	1,116	1,122	100.54%	3,906	3,281.60	84.01%	651	774	118.89%	0	0	0	0	-	-	4.96	11.08%	19.32	1.60%
ED08: Gynae Nursing																								
BGH	4169	Gynae And Breast Care Ward	1,068	1,068	100.00%	564	534	94.68%	798.70	800.50	100.23%	325.50	325.50	100.00%	0	0	0	0	-	-	3.90	13.92%	5.49	0.73%
ED09: Obstetrics																								
BGH	4165	Birth Suite	4,092	4,071.10	99.49%	744	737.60	99.14%	4,092	3,762	91.94%	744	768	103.23%	0	0	0	0	-	-	-2.73	-3.76%	208.20	9.01%
	4192	Burnley Birth Centre	1,395	1,296	92.90%	372	367	98.66%	1,116	1,140	102.15%	372	360	96.77%	0	0	0	0	-	-	-0.62	-1.38%	49.80	3.60%
	4200	Antenatal Ward 12	1,896	1,825.70	96.29%	976	896	91.80%	1,116	1,116	100.00%	744	732	98.39%	0	0	0	0	-	-	-4.08	-11.74%	32.80	2.66%
	4203	Postnatal Ward 10	2,976	2,940	98.79%	1,488	1,476	99.19%	2,232	2,292	102.69%	1,488	1,476	99.19%	0	0	0	0	-	-	-1.63	-2.67%	127.24	6.66%
RBH	5256	Blackburn Birth Centre	930	963.25	103.58%	495	414	83.64%	666.50	655.75	98.39%	333.25	333.25	100.00%	0	0	0	0	-	-	5.00	10.55%	25.00	1.98%
ED11: Neonates																								
RBH	4215	Nicu	4,836	4,614	95.41%	372	246	66.13%	4,464	3,879	86.90%	0	168	-	0	0	0	0	-	-	-0.26	-0.32%	130.15	5.27%
EH: Integrated Care Group																								
EH05: Business Support Unit																								
RBH	6078	Ward C3	3,720	3,144	84.52%	2,604	2,352	90.32%	1,488	1,584	106.45%	1,860	1,848	99.35%	0	0	0	0	-	-	15.14	35.46%	85.28	9.91%

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

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

Division: All 3 Available Divisions Selected
Directorate: All 17 Available Directorates Selected
Site: All 4 Available Hospital Sites Selected
This report is based on the 43 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:≥ 4.75% | G:< 4.50%

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										
EH15: Acute Medicine																								
RBH	5058	AMU A	3,720	3,636	97.74%	2,232	2,304	103.23%	3,348	3,312	98.92%	1,488	1,464	98.39%	0	0	0	0	-	-	11.44	13.72%	74.96	3.37%
	6092	AMU B	3,348	3,216	96.06%	2,232	2,112	94.62%	2,976	3,096	104.03%	1,860	1,788	96.13%	0	0	0	0	-	-	8.77	10.89%	217.68	9.53%
EH20: Respiratory																								
RBH	5063	Ward C6	1,488	1,308	87.90%	1,116	1,104	98.92%	1,116	1,116	100.00%	744	768	103.23%	0	0	0	0	-	-	1.50	4.54%	33.88	3.47%
	5064	Ward C8	1,860	1,596	85.81%	1,488	1,428	95.97%	1,116	1,116	100.00%	744	732	98.39%	0	0	0	0	-	-	8.90	23.12%	27.64	3.07%
	6027	Ward C7	1,488	1,314	88.31%	1,116	1,158	103.76%	744	792	106.45%	744	984	132.26%	0	0	0	0	-	-	6.69	21.46%	43.92	5.86%
EH25: Cardiology																								
RBH	5095	Coronary Care	1,488	1,290	86.69%	744	708	95.16%	1,116	1,116	100.00%	0	0	-	0	0	0	0	-	-	-0.29	-1.20%	79.84	11.24%
	5097	Ward B18	1,812	1,656	91.39%	1,116	1,230	110.22%	1,116	1,116	100.00%	744	864	116.13%	0	0	0	0	-	-	0.28	0.86%	9.00	0.89%
EH30: Gastroenterlogy																								
RBH	5050	Ward C2	1,488	1,266	85.08%	1,116	1,098	98.39%	1,116	1,104	98.92%	1,116	1,104	98.92%	0	0	0	0	-	-	6.48	18.18%	93.80	9.88%
	5062	Ward C4	1,488	1,218	81.85%	1,116	1,194	106.99%	1,116	1,104	98.92%	1,116	1,092	97.85%	0	0	0	0	-	-	6.07	17.04%	97.08	11.08%
	6103	Ward C11	1,488	1,278	85.89%	1,488	1,608	108.06%	744	744	100.00%	1,116	1,176	105.38%	0	0	0	0	-	-	4.23	11.68%	44.92	4.63%
EH35: Mfop & Complex Needs																								
BGH	4613	Rakehead Nursing Staff	1,116	834	74.73%	1,860	1,848	99.35%	744	744	100.00%	744	960	129.03%	0	0	0	0	-	-	0.94	2.85%	35.24	3.54%
	6094	Ward 16 Sept 13	3,348	2,772	165.65%	2,232	3,642	365.73%	1,488	1,464	196.77%	2,232	3,156	304.84%	0	0	0	0	-	-	13.38	16.17%	162.32	7.81%
PCH	4581	Marsden Ward	1,488	1,290	86.69%	1,860	1,818	97.74%	744	744	100.00%	744	1,140	153.23%	0	0	0	0	-	-	3.94	10.42%	52.80	5.12%
	4582	Reedyford Ward	1,488	1,236	83.06%	1,116	1,410	126.34%	744	744	100.00%	744	1,068	143.55%	0	0	0	1	-	-	3.59	12.30%	55.96	7.05%
	4583	Hartley Ward	1,488	1,200	80.65%	1,116	1,302	116.67%	744	744	100.00%	744	1,092	146.77%	0	0	0	0	-	-	4.05	13.88%	68.24	8.75%
RBH	5023	Ward D1	1,488	1,230	82.66%	1,116	1,182	105.91%	744	780	104.84%	744	936	125.81%	0	0	0	1	-	-	13.52	43.33%	79.20	13.49%
	5036	Acute Stroke Unit (B2)	1,860	1,722	92.58%	1,488	1,404	94.35%	1,116	1,116	100.00%	1,116	1,092	97.85%	0	0	0	0	-	-	10.97	23.50%	85.44	7.89%
	5037	Ward B4	1,488	1,242	83.47%	2,232	2,190	98.12%	744	744	100.00%	1,488	1,476	99.19%	0	0	0	0	-	-	6.18	14.03%	84.24	7.34%
	5048	Ward C10	1,488	1,236	83.06%	1,488	1,554	104.44%	744	744	100.00%	1,116	1,104	98.92%	0	0	0	0	-	-	8.37	23.48%	2.00	0.24%
	6096	Ward C5	1,116	894	80.11%	1,488	1,386	93.15%	744	756	101.61%	1,116	1,128	101.08%	0	0	0	0	-	-	5.23	15.79%	140.93	16.46%
	6105	Ward C9	1,488	1,242	83.47%	1,488	1,452	97.58%	744	792	106.45%	1,116	1,080	96.77%	0	0	0	0	-	-	8.20	22.83%	94.80	10.70%
EH44: Speciality Medicine																								
RBH	5040	Ward D3	1,488	1,230	82.66%	1,116	1,110	99.46%	744	768	103.23%	744	828	111.29%	0	0	0	0	-	-	4.36	14.77%	105.84	13.58%
EH70: Comm In Patient Care																								
CLI	R141	Ribblesdale Ward	1,860	1,602	86.13%	1,488	1,566	105.24%	1,116	1,128	101.08%	1,488	1,584	106.45%	0	0	0	0	-	-	2.32	5.28%	228.97	17.89%
Total for 43 wards shown					91.38%			104.53%			98.14%			112.79%	0	0	0	2			177.68	9.83%	3,298.84	6.59%

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Report Location: /Operational Reports/Ward Scorecard Monthly Trend/Ward Staff Summary

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Trust Website where staffing information is available

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

Organisation : RXR East Lancashire Hospitals Trust
Month : Sep-19

| | | | | | Day | | | | Night | | | | Day | | Night | | Care Hours Per Patient Day (CHPPD) | | | |
| | | | | | midwives/nurses | | Care Staff | | midwives/nurses | | Care Staff | | | | | | | | | |
Site code	Hospital Site name	Ward Name	Specialty 1	Specialty 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	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Nurses & Midwives	Care staff	Overall
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		1,800	1,608	1,440	1,392	1,080	1,080	1,080	1,188	89.3%	96.7%	100.0%	110.0%	635	4.23	4.06	8.30
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY		1,746	1,566	1,080	1,080	1,080	1,080	720	900	89.7%	100.0%	100.0%	125.0%	752	3.52	2.63	6.15
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	100 - GENERAL SURGERY		864	726	432	480	432	432	432	504	84.0%	111.1%	100.0%	116.7%	423	2.74	2.33	5.06
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS		1,440	1,194	2,160	1,974	720	720	1,800	1,740	82.9%	91.4%	100.0%	96.7%	594	3.22	6.25	9.47
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS		1,440	1,260	1,080	1,368	720	720	720	1,092	87.5%	126.7%	100.0%	151.7%	591	3.35	4.16	7.51
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE		1,440	1,194	2,160	2,052	720	744	1,440	1,428	82.9%	95.0%	103.3%	99.2%	708	2.74	4.92	7.65
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		900	941	474	402	645	656	323	323	104.5%	84.8%	101.7%	100.0%	18	88.68	40.25	128.93
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE		1,800	1,716	1,080	1,014	720	816	360	852	95.3%	93.9%	113.3%	236.7%	535	4.73	3.49	8.22
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1,440	1,260	1,440	1,746	720	720	1,080	1,320	87.5%	121.3%	100.0%	122.2%	632	3.13	4.85	7.98
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1,440	1,290	1,440	1,398	720	720	1,080	1,068	89.6%	97.1%	100.0%	98.9%	642	3.13	3.84	6.97
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14A	100 - GENERAL SURGERY		1,260	1,224	720	894	720	744	360	636	97.1%	124.2%	103.3%	176.7%	470	4.19	3.26	7.44
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14B	100 - GENERAL SURGERY		1,260	1,200	720	762	720	720	360	684	95.2%	105.8%	100.0%	190.0%	463	4.15	3.12	7.27
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18A	100 - GENERAL SURGERY		1,260	1,218	720	798	720	720	360	684	96.7%	110.8%	100.0%	190.0%	513	3.78	2.89	6.67
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18B	100 - GENERAL SURGERY		1,260	1,218	720	834	720	720	360	756	96.7%	115.8%	100.0%	210.0%	504	3.85	3.15	7.00
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	301 - GASTROENTEROLOGY	MEDICINE	1,440	1,206	1,080	1,116	1,080	1,068	1,080	1,128	83.8%	103.3%	98.9%	104.4%	706	3.22	3.18	6.40
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY	120 - ENT	2,160	2,142	1,440	1,926	1,080	1,080	1,440	1,236	99.2%	133.8%	100.0%	85.8%	963	3.35	3.28	6.63
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE		1,260	1,194	1,176	1,308	720	864	816	1,272	94.8%	111.2%	120.0%	155.9%	436	4.72	5.92	10.64
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	301 - GASTROENTEROLOGY	MEDICINE	1,440	1,212	1,080	1,092	1,080	1,068	1,080	1,008	84.2%	101.1%	98.9%	93.3%	709	3.22	2.96	6.18
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE		1,080	870	1,440	1,350	720	720	1,080	1,188	80.6%	93.8%	100.0%	110.0%	413	3.85	6.15	10.00
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	MEDICINE	1,440	1,284	1,080	1,110	1,080	1,056	720	864	89.2%	102.8%	97.8%	120.0%	729	3.21	2.71	5.92
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	MEDICINE	1,440	1,230	1,080	1,128	720	744	720	996	85.4%	104.4%	103.3%	138.3%	655	3.01	3.24	6.26
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	MEDICINE	1,800	1,524	1,440	1,362	1,080	1,068	720	732	84.7%	94.6%	98.9%	101.7%	540	4.80	3.88	8.68
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1,440	1,242	1,440	1,386	720	780	1,080	1,200	86.3%	96.3%	108.3%	111.1%	662	3.05	3.91	6.96
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS		5,040	4,104	1,080	1,020	3,780	2,982	630	620	81.4%	94.4%	78.9%	98.3%	873	8.12	1.88	9.99
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1,440	1,224	720	636	1,080	1,080	-	12	85.0%	88.3%	100.0%	1200.0%	244	9.44	2.66	12.10
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		6,024	6,138	984	876	5,844	5,700	360	216	101.9%	89.0%	97.5%	60.0%	525	22.55	2.08	24.63
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1,440	1,182	1,080	1,278	720	720	720	1,080	82.1%	118.3%	100.0%	150.0%	594	3.20	3.97	7.17
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE		1,440	1,200	1,080	1,170	720	720	720	1,068	83.3%	108.3%	100.0%	148.3%	595	3.23	3.76	6.99
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE		3,600	3,456	2,160	2,352	3,240	3,168	1,440	1,332	96.0%	108.9%	97.8%	92.5%	1163	5.70	3.17	8.86
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		3,240	3,078	2,160	2,136	2,880	2,808	1,800	1,752	95.0%	98.9%	97.5%	97.3%	1145	5.14	3.40	8.54
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS		4,680	4,480	360	186	4,320	3,852	-	156	95.7%	51.7%	89.2%	15600.0%	660	12.62	0.52	13.14
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY		2,520	2,580	1,800	1,734	1,440	1,452	1,440	1,392	102.4%	96.3%	100.8%	96.7%	649	6.21	4.82	11.03
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS		1,840	1,840	960	984	1,080	1,068	720	660	100.0%	102.5%	98.9%	91.7%	133	21.86	12.36	34.23
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS		1,350	1,244	360	361	1,080	1,032	360	360	92.1%	100.3%	95.6%	100.0%	52	43.76	13.87	57.63
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS		3,960	3,688	720	956	3,960	3,600	720	720	93.1%	132.7%	90.9%	100.0%	249	29.27	6.73	36.00
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY		990	990	531	416	767	767	315	294	100.0%	78.3%	100.0%	93.3%	233	7.54	3.05	10.59
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS		2,880	2,520	1,440	1,500	2,160	2,100	1,440	1,428	87.5%	104.2%	97.2%	99.2%	631	7.32	4.64	11.96
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION		1,080	804	1,800	1,998	720	720	720	1,092	74.4%	111.0%	100.0%	151.7%	467	3.26	6.62	9.88
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS		1,188	1,050	834	816	720	720	360	360	88.4%	97.8%	100.0%	100.0%	419	4.22	2.81	7.03
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE		1,800	1,518	1,440	1,806	720	720	1,440	1,728	84.3%	125.4%	100.0%	120.0%	806	2.78	4.38	7.16
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 19	430 - GERIATRIC MEDICINE	MEDICINE	1,440	1,218	1,428	1,788	720	720	720	1,380	84.6%	125.2%	100.0%	191.7%	685	2.83	4.62	7.45
RXR70	CLITHEROE COMMUNITY HOSPITAL - RXR70	Ribblesdale	314 - REHABILITATION		1,800	1,536	1,440	1,476	1,080	1,092	1,440	1,608	85.3%	102.5%	101.1%	111.7%	914	2.88	3.37	6.25
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION		1,440	1,176	1,080	1,296	720	732	720	1,068	81.7%	120.0%	101.7%	148.3%	644	2.96	3.67	6.63
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION		1,440	1,230	1,800	1,770	720	720	720	1,164	85.4%	98.3%	100.0%	161.7%	690	2.83	4.25	7.08
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION		1,440	1,146	1,080	1,266	720	720	720	996	79.6%	117.2%	100.0%	138.3%	686	2.72	3.30	6.02
		Total			84,922	76,920	53,259	55,793	57,908	56,232	36,716	43,284	90.58%	104.76%	97.11%	117.89%	26350	5.05	3.76	8.81

Division: All 3 Available Divisions Selected
Directorate: All 17 Available Directorates Selected
Site: All 4 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:≥ 4.75% | G:< 4.50%

Site	Cost Centre Code	Ward	Day Shift Registered Nurses / Midwives			Day Shift Care Staff			Night Shift Registered Nurses / Midwives			Night Shift Care Staff			Pressure Ulcers Acquired			Falls with Harm (Mod & Above)	Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence RegN/M + HCA*	
			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
EC: Surgical & Anaes Services																								
EC02: General Surg Services																								
RBH	5142	Ward C14A	1,260	1,224	97.14%	720	894	124.17%	720	744	103.33%	360	636	176.67%	0	0	0	0	1	0	0.11	0.46%	50.72	8.03%
	5143	Ward C18A	1,260	1,218	96.67%	720	798	110.83%	720	720	100.00%	360	684	190.00%	0	0	0	0	0	0	-2.56	-10.65%	72.56	9.29%
	5144	Surgical Triage Unit	2,520	2,580	102.38%	1,800	1,734	96.33%	1,440	1,452	100.83%	1,440	1,392	96.67%	0	0	0	0	0	0	-12.09	-41.88%	2.96	0.26%
	5145	Ward C14B	1,260	1,200	95.24%	720	762	105.83%	720	720	100.00%	360	684	190.00%	0	0	0	0	0	0	2.36	9.77%	50.64	8.80%
	5146	Ward C18B	1,260	1,218	96.67%	720	834	115.83%	720	720	100.00%	360	756	210.00%	0	0	0	0	0	0	1.12	4.60%	64.00	10.21%
EC03: Urology																								
RBH	5128	Ward C22	2,160	2,142	99.17%	1,440	1,926	133.75%	1,080	1,080	100.00%	1,440	1,236	85.83%	0	0	0	0	0	0	-4.42	-21.15%	27.00	3.55%
EC04: Orthopaedic Services																								
BGH	4393	Ward 15	1,188	1,050	88.38%	834	816	97.84%	720	720	100.00%	360	360	100.00%	0	0	0	0	0	0	5.25	17.11%	19.95	2.62%
RBH	5366	Ward B24	1,440	1,260	87.50%	1,080	1,368	126.67%	720	720	100.00%	720	1,092	151.67%	0	0	0	0	0	0	2.50	8.16%	73.48	9.04%
	5367	Ward B22	1,440	1,194	82.92%	2,160	1,974	91.39%	720	720	100.00%	1,800	1,740	96.67%	0	0	0	0	0	0	2.58	5.56%	93.40	7.02%
EC05: Head & Neck																								
RBH	5119	Ward B20 Max Fac	864	726	84.03%	432	480	111.11%	432	432	100.00%	432	504	116.67%	0	0	0	0	0	0	2.58	9.35%	40.21	5.42%
EC09: Anaesth & Critical Care																								
RBH	5362	Elht Critical Care	6,024	6,138	101.89%	984	876	89.02%	5,844	5,700	97.54%	360	216	60.00%	0	0	0	0	0	0	17.17	13.65%	137.88	4.32%
ED: Family Care																								
ED07: General Paediatrics																								
RBH	5210	Inpatient	5,040	4,104	81.43%	1,080	1,020	94.44%	3,780	2,982	78.89%	630	619.50	98.33%	0	0	0	0	0	0	0.69	1.67%	41.92	3.64%
ED08: Gynae Nursing																								
BGH	4169	Gynae And Breast Care Ward	990	990	100.00%	531	416	78.34%	766.50	766.50	100.00%	315	294	93.33%	0	0	0	0	0	0	3.58	12.92%	4.08	0.54%
ED09: Obstetrics																								
BGH	4165	Birth Suite	3,960	3,687.50	93.12%	720	955.50	132.71%	3,960	3,600	90.91%	720	720	100.00%	0	0	0	0	0	0	-2.93	-4.04%	193.92	8.55%
	4192	Burnley Birth Centre	1,350	1,243.50	92.11%	360	361	100.28%	1,080	1,032	95.56%	360	360	100.00%	0	0	0	0	0	0	0.18	0.40%	66.40	5.50%
	4200	Antenatal Ward 12	1,840	1,840	100.00%	960	984	102.50%	1,080	1,068	98.89%	720	660	91.67%	0	0	0	0	0	0	-4.72	-13.57%	4.20	0.37%
	4203	Postnatal Ward 10	2,880	2,520	87.50%	1,440	1,500	104.17%	2,160	2,100	97.22%	1,440	1,428	99.17%	0	0	0	0	0	0	-2.91	-4.78%	184.15	9.82%
RBH	5256	Blackburn Birth Centre	900	940.50	104.50%	474	402	84.81%	645	655.75	101.67%	322.50	322.50	100.00%	0	0	0	0	0	0	5.41	11.41%	30.03	2.59%
ED11: Neonates																								
RBH	4215	Nicu	4,680	4,480	95.73%	360	186	51.67%	4,320	3,852	89.17%	0	156	-	0	0	0	0	0	0	-2.22	-2.78%	78.48	3.20%
EH: Integrated Care Group																								
EH05: Business Support Unit																								
RBH	6078	Ward C3	1,260	1,194	94.76%	1,176	1,308	111.22%	720	864	120.00%	816	1,272	155.88%	0	0	0	0	0	0	13.02	30.49%	38.92	4.89%

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

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

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Ward Staff Summary - Sep 2019

Division: All 3 Available Divisions Selected
Directorate: All 17 Available Directorates Selected
Site: All 4 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:≥ 4.75% | G:< 4.50%

Site	Cost Centre Code	Ward	Day Shift — Registered Nurses / Midwives			Day Shift — Care Staff			Night Shift — Registered Nurses / Midwives			Night Shift — Care Staff			Pressure Ulcers Acquired			Falls with Harm (Mod & Above)	Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence RegN/M + HCA*	
			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
EH15: Acute Medicine																								
RBH	5058	AMU A	3,600	3,456	96.00%	2,160	2,352	108.89%	3,240	3,168	97.78%	1,440	1,332	92.50%	0	0	0	0	4	0	8.90	10.68%	77.12	3.58%
	6092	AMU B	3,240	3,078	95.00%	2,160	2,136	98.89%	2,880	2,808	97.50%	1,800	1,752	97.33%	0	0	0	0	2	0	5.97	7.41%	176.72	8.03%
EH20: Respiratory																								
RBH	5063	Ward C6	1,440	1,284	89.17%	1,080	1,110	102.78%	1,080	1,056	97.78%	720	864	120.00%	0	0	0	0	0	0	2.30	6.97%	4.48	0.52%
	5064	Ward C8	1,800	1,524	84.67%	1,440	1,362	94.58%	1,080	1,068	98.89%	720	732	101.67%	0	0	0	0	0	0	11.02	28.62%	9.28	1.13%
	6027	Ward C7	1,440	1,230	85.42%	1,080	1,128	104.44%	720	744	103.33%	720	996	138.33%	0	0	0	0	0	0	7.69	24.67%	19.32	2.60%
EH25: Cardiology																								
RBH	5095	Coronary Care	1,440	1,224	85.00%	720	636	88.33%	1,080	1,080	100.00%	0	12	-	0	0	0	0	0	0	1.71	6.97%	62.88	9.06%
	5097	Ward B18	1,746	1,566	89.69%	1,080	1,080	100.00%	1,080	1,080	100.00%	720	900	125.00%	0	0	0	0	0	0	0.92	2.81%	54.48	5.60%
EH30: Gastroenterlogy																								
RBH	5050	Ward C2	1,440	1,206	83.75%	1,080	1,116	103.33%	1,080	1,068	98.89%	1,080	1,128	104.44%	0	0	0	0	0	0	4.68	13.13%	62.16	7.10%
	5062	Ward C4	1,440	1,212	84.17%	1,080	1,092	101.11%	1,080	1,068	98.89%	1,080	1,008	93.33%	0	0	0	0	0	0	10.07	28.26%	58.80	7.47%
	6103	Ward C11	1,440	1,290	89.58%	1,440	1,398	97.08%	720	720	100.00%	1,080	1,068	98.89%	0	0	0	0	0	0	5.87	16.20%	54.80	5.89%
	6106	C1 (Gastro)	1,800	1,716	95.33%	1,080	1,014	93.89%	720	816	113.33%	360	852	236.67%	0	0	0	0	0	0	9.25	30.57%	17.89	2.84%
EH35: Mfop & Complex Needs																								
BGH	4613	Rakehead Nursing Staff	1,080	804	74.44%	1,800	1,998	111.00%	720	720	100.00%	720	1,092	151.67%	0	0	0	0	1	0	2.90	8.77%	10.60	1.18%
	6094	Ward 16 Sept 13	1,800	1,518	84.33%	1,440	1,806	125.42%	720	720	100.00%	1,440	1,728	120.00%	0	0	0	0	0	0	5.73	13.85%	89.20	8.70%
PCH	4581	Marsden Ward	1,440	1,230	85.42%	1,800	1,770	98.33%	720	720	100.00%	720	1,164	161.67%	0	0	0	0	0	0	4.06	10.74%	75.60	7.81%
	4582	Reedyford Ward	1,440	1,146	79.58%	1,080	1,266	117.22%	720	720	100.00%	720	996	138.33%	0	0	0	0	0	0	3.91	13.39%	72.84	9.52%
	4583	Hartley Ward	1,440	1,176	81.67%	1,080	1,296	120.00%	720	732	101.67%	720	1,068	148.33%	0	0	0	0	0	0	4.05	13.87%	51.92	6.80%
RBH	5023	Ward D1	1,440	1,182	82.08%	1,080	1,278	118.33%	720	720	100.00%	720	1,080	150.00%	0	0	0	0	0	0	9.56	30.64%	50.92	7.82%
	5036	Acute Stroke Unit (B2)	1,800	1,608	89.33%	1,440	1,392	96.67%	1,080	1,080	100.00%	1,080	1,188	110.00%	0	0	0	0	0	0	9.97	21.35%	135.80	12.72%
	5037	Ward B4	1,440	1,194	82.92%	2,160	2,052	95.00%	720	744	103.33%	1,440	1,428	99.17%	0	0	0	0	1	0	7.18	16.30%	116.28	10.38%
	5048	Ward C10	1,440	1,260	87.50%	1,440	1,746	121.25%	720	720	100.00%	1,080	1,320	122.22%	0	0	0	0	1	0	7.33	20.56%	47.00	5.85%
	6096	Ward C5	1,080	870	80.56%	1,440	1,350	93.75%	720	720	100.00%	1,080	1,188	110.00%	0	0	0	0	0	0	5.60	16.90%	97.01	11.27%
	6105	Ward C9	1,440	1,242	86.25%	1,440	1,386	96.25%	720	780	108.33%	1,080	1,200	111.11%	0	0	0	0	0	0	7.20	20.04%	93.96	10.59%
EH44: Speciality Medicine																								
RBH	5040	Ward D3	1,440	1,200	83.33%	1,080	1,170	108.33%	720	720	100.00%	720	1,068	148.33%	0	0	0	0	1	0	4.36	14.78%	91.44	12.00%
EH70: Comm In Patient Care																								
CLI	R141	Ribblesdale Ward	1,800	1,536	85.33%	1,440	1,476	102.50%	1,080	1,092	101.11%	1,440	1,608	111.67%	0	0	0	0	0	0	3.32	7.56%	180.40	14.61%
Total for 44 wards shown					90.68%			104.19%			97.07%			116.41%	0	0	0	0	11	0	168.25	9.39%	2,985.80	6.27%

For any queries regarding this report please contact the information department information@elht.nhs.uk   * *Vacancies and Sickness metrics include the Staff Groups 'Nursing and Midwifery Registered' & 'Additional Clinical Services' only.*
Report Location: /Operational Reports/Ward Scorecard Monthly Trend/Ward Staff Summary

NHS
East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

15 January 2020

Item	15

Purpose Information

Action

Monitoring

Title	People Strategy and Delivery Plan
Author	Mrs K Quinn, Operational Director of HR and OD
Executive sponsor	Mr K Moynes, Executive Director of HR & OD

Summary: This paper outlines the Trust's intentions in relation to delivering a People Strategy that will support Clinical, Quality and Integrated Care Partnership (ICP) priorities to deliver Safe, Personal and Effective Care.

Recommendation: To receive the strategy and note the key activity to deliver.

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
Related to key risks identified on assurance framework	Recruitment and workforce planning fail to deliver the Trust objective The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework

Impact

Legal	No	Financial	Yes
Equality	Yes	Confidentiality	No

Previously considered by: Trust Board Meeting, July 2019

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Executive Summary

1. The Human Resources & Organisational Development (HR&OD) Directorate presented a People Strategy to Board in July 2019 and has been working on refining plans and expected outcomes and benefits ensuring that it aligns to the national People Plan. The National People Plan had been expected to be launched in November, however with the General Election, this has been delayed. It is anticipated that this strategy and delivery plan will meet the requirements of the National People Plan. Any identified gaps will be addressed by refinement of associated delivery plans.

2. This paper sets out the strategic ambition, and associated activity and expected outcomes. Our People Strategy aims to recognise the value brought to the Trust by its people and the link that exists between an engaged, happy workforce who feel valued and the quality of the care they are able to deliver for patients.

3. Whilst this will be an organisational wide People Strategy, the owner and leader of the strategy is the Director of HR&OD who will ensure it is implemented across the Trust/System. The Quality Committee will provide the Board assurance on the delivery of the plan and Finance and Performance will assure Board on impact. Delivery against the plan will be overseen through the HR Divisional Management Board.

Context

4. East Lancashire Hospitals NHS Trust (ELHT), like all NHS Trusts, is critically reliant on its staff. To ensure the ongoing delivery of safe, personal and effective care we must both look after and manage our workforce, as well as planning a sustainable workforce for the future.

5. Given that the Trust spends approximately 70% of its budget on its workforce, along with the growing focus on 'culture', the quality of leadership and how we engage with staff, it's vital that we have a dynamic People Strategy that sets out how we intend to deliver our ambition.

6. The People Strategy will support the delivery of the Trusts Clinical and Quality Strategies and the priorities of the Lancashire & South Cumbria Integrated Care System (ICS) and the Pennine Lancashire Integrated Care Partnership (ICP).

7. It is also crucial that the People Strategy is aligned to the aims and recommendations of key publications:

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a) NHS Long Term Plan

b) Interim NHS People Plan

c) NHS Improvement Developing Workforce Safeguards

d) Letter to Chairs and CEOs May 2019 "Improving Our People Practices"

8. It is intended that the People Strategy will incorporate the following existing plans and frameworks:

a) OD Strategy

b) Workforce Transformation Strategy

c) Employee Health and Wellbeing Strategy

d) Employee Engagement Strategy

Where We Are Now

9. ELHT is facing a number of key workforce challenges which the People Strategy will aim to address.

a) Significant and persistent clinical vacancies across a range of professions

b) Demography of our workforce presents a number of particular challenges around diversity, opportunity to progress, freedom to speak up, health and wellbeing and the impact of ill health and age on vacancy levels

c) Sickness absence consistently remains above the Trust target of 4.5%, placing us in the upper quartile on Model Hospital dashboard

d) Creation of compassionate and inclusive leadership culture

e) Over reliance on bank and agency staff

Our Ambition

10. Our overall ambition is to use this People Strategy to enable ELHT to recruit the best people, with the right skills and values to an organisation that supports staff to be the best they can be in a culture of community, compassion, inclusion, innovation and improvement to deliver Safe, Personal and Effective Care to the population it serves

11. This ambition will be delivered through the following seven key People Priorities, and associated delivery plans which have been shaped and developed with the workforce through a series of Big Conversations.

12. **People Priority 1: Recruitment and Retention – To develop the very best recruitment processes and most innovative working arrangements to attract and retain a skilled workforce who are able to demonstrate behaviours that**

support a culture of continual improvement and of compassion that will make ELHT the best place to work.

13. Development of a recruitment and retention strategy will be vital in enabling a proactive and successful approach to securing the workforce of the future and meeting the needs of the organisation. The strategy will align to the clinical strategy and be future focused to ensure that where workforce challenges are anticipated, we are ready to respond with recruitment plans and opportunities that will seek out and attract the very best candidates with the appropriate skills and experience.

14. Recruitment will be focused at three levels; Local, National and International with clear activities to deliver at each level. Targets will be set within the strategy to reduce vacancies; turnover and agency spend as a result of recruitment and retention activity.

Activity	Impact
Target recruitment linked to workforce demographics and clinical strategy	↓ in vacancy rates ↓ in bank and agency use Recruitment activity anticipates future requirements
Retention activity will be based on a combination of both quantitative and qualitative organisational data and will take account of a best practice from other sectors	↑ in retention and ↓ in vacancies ↑ in retire and return numbers ↑ in the Staff Friends and Family scores recommending the Trust as a great place to work
Implementation of recruitment to behavioural framework, with all job descriptions aligned to reflect the framework	↓ in turnover and employee relations cases linked to conduct/performance issues
Development of recruitment toolkits and supporting training for managers recruiting to behavioural framework	↑ in numbers of managers trained in best practice recruitment
Review of job evaluation process to ensure it is consistent, agile and efficient	↓ in length of time to match or evaluate jobs ↑ in numbers of staff and staff side representatives trained and actively participating in panels
Development of a range of flexible employment models and working arrangements	↑ in retention Improved staff survey results

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Activity	Impact
Develop an employer brand that will enable existing and future staff to understand what makes ELHT unique as an employer and what they can expect to get and to give by working here.	↑ in suitable applicants for roles ↑ in retention
Further international recruitment through existing global recruitment mechanisms, but also exploration of yet untapped labour markets of Australia and New Zealand	↓ in vacancies ↑ in international recruits
Develop the Recruitment and Medical Staffing teams from recruitment administration to much more of an internal headhunting function that uses social media as a key platform for targeting resourcing and recruitment activity	↓ in vacancies ↓ in time to hire ↑ in numbers of suitable applicants for roles

15. Most activity can be delivered within the existing resource and by realigning process and activity with some upskilling of the recruitment team. Evidence from other organisations shows that there is significant return on investment and associated reduction in nurse vacancies where a dedicated nurse recruitment role has been introduced. It is proposed that ELHT invest additionally in a Band 7 role which would work alongside HR and nursing colleagues to increase nurse recruitment and retention and consequently, reduce vacancies.

16. International recruitment has for a number of years been a key pipeline for a range of clinical roles across the Trust, and key to the success of the international recruitment programme has been a Band 5 role whose purpose has been to work with individuals to support them in their applications and resettlement. To date, this role has been a temporary role funded from the International Recruitment budget and it is now proposed that this funding is made permanent as we seek to increase international recruitment activity.

17. **People Priority 2: Engagement and Communication – To provide every possible opportunity to engage our workforce to be the best they can be, ensuring everyone has a voice, control and influence. To create the right culture to encourage everyone to speak up in order to continually improves the staff and patient experience.**

18. Staff engagement is the foundation of creating an inclusive, strong, supportive and compassionate culture and ELHT, will build upon the success of the existing approach to staff engagement and communication to continue to enable the workforce to shape and influence their work and the business of the organisation.

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19.   Complexity of Guardian referrals is increasing requiring greater input, however, the benefits associated with this role are significant in terms of staff confidence in their views being heard and in reductions in time of work due to conflict in the workplace. The development of a behavioural framework that is underpinned by just and compassionate culture will create the right environment for greater and more meaningful engagement across the organisation.

Activity	Impact
Deploy an evidence based systematic approach to employee engagement with many mechanisms and channels of communication whereby information flows in an open, honest, transparent and timely manner from the frontline to the board and vice versa	↓ in days lost due to sickness absence ↓ in agency spend
Develop numerous case studies which share exemplary people practices and the progress ELHT has made in implementing the People Strategy	↓ in turnover ↓ in recruitment costs
Produce regular communications on the implementation of the People Strategy. These include updates on the 7 priority themes	↑ staff satisfaction
Act on feedback received from engagement sessions held through 'you said, we did' approach and adapt our communications plan accordingly	↑ retention rates ↑ employee engagement scores
Employees are empowered and enabled to make improvements in their area of work via development and upskilling in improvement methodologies	↓ in complaints
All managers will: • recognise the value employee engagement plays in creating a happy and healthy workforce and organisation • create a working culture and environment that encourages employee engagement • demonstrate commitment to lead and manage in an engaging way • promote the benefits of employee engagement • analyse the causes of less engaged/ disengaged employees and take action to increase engagement levels • support staff to attend and get involved in employee engagement initiatives • integrate employee engagement within conversations at staff 1:1s, appraisals and team meetings	↑ in compliments & positive news stories ↑ reputation of the organisation ↓ in patient harms ↑ in performance indicators ↑ numbers of staff trained in Kata ↑ number of staff trained as practice coaches Staff views incorporated in to all policy development
Partnership working with Trades Unions centred on our shared vision	
Improve the quality of appraisal and objective setting process to ensure colleagues are clear about	↑ appraisal numbers

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Activity	Impact
expectations and have the best opportunity to give and receive feedback about their role	↑ numbers of staff accessing Guardian Office
Further develop the Staff Guardian service to enable staff to feel confident that their feedback will be listened to and acted upon	↓ employee relations cases
Support multiple, varied mediums of communication, especially opportunities for face to face but in particular to explore how digital technology might support effective communications	↑ early resolution
Introduction of staff stories to Board	

20.   Delivery of this priority will be largely achieved through the existing workforce working differently. The development of the Guardian Office will however need investment in a Band 7 Deputy Guardian role to ensure that staff are supported in the right way and that increasing demand and complexity can be accommodated.

21.   **People Priority 3: Leadership, organisational development and talent management – To create the right environment for all staff to flourish at work through the very best leaders at all levels of the organisation, creating a culture of supportive, positive attitudes and behaviours that support improved patient care and create fulfilling roles.**

22.   In order to build on the CQC rating to move from Good to Outstanding, and to create an environment where staff feel it is a great place to work, we will create development opportunities that are fully rooted in robust and systematic talent and succession planning based on developing the behaviours that are aligned to the Trust values. Staff will have a clear understanding of objectives and will be supported to achieve these through regular and effective career conversations and performance appraisals. Staff with management and leadership responsibilities will be equipped with organisational development tools and techniques to help them manage and create effective teams.

Activity	Impact
Implementation of new ELHT development pathways for 'managers' aligned to our values, behaviours and talent management method. Deployment of ELHT management development programmes and competency framework. 10% of manager accessed by end of year 1 through agreement of their release to	↓ in days lost due to sickness absence ↓ in agency spend ↓ in turnover

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Activity	Impact
attend	
Implementation of new ELHT leadership development pathway for 'leaders' aligned to our values, behaviours and talent management method. With deployment of various programmes and a competency framework. 100% of employees will have access to leadership development opportunities by the end of year 1	↓ in recruitment costs ↑ staff satisfaction ↑ retention rates
Design of a high performance management method which enables high performance, based on regular conversations and feedback	↑ employee engagement scores
Implementation of the national talent management methodology with the roll out of maximising potential conversations embedded in appraisal	↓ in complaints ↑ in compliments & positive news stories
The NHS Talent management methodology will be aligned to appraisals and those achieving the required behaviours and performance will form the ELHT talent pools for those staff that aspire to progress	↑ reputation of the organisation
Deploy Career Clinics to enable and signpost our staff to various opportunities to develop knowledge and experience to support progression	↓ in patient harms ↑ in performance indicators
Development and implementation of a standardised OD method enabling 'everyone to do OD' which is aligned to our Quality Improvement methodology	
Access to an OD Toolkit accessible by all	
ELHT Behavioural framework integrated and embedded in the appraisal process	
All staff will have access to coaching to support their development and enable innovation, pathway reform and best practice	
All staff will have access to mentoring to support individual and organisational performance	

23. The leadership and OD agenda will be delivered within existing resource and will make best advantage of membership of NHS Quest, AQuA and the NHS Leadership Academy.

24. **People Priority 4: Workforce Transformation (WFT) – To develop system wide workforce plans to take account of our future needs aligned to quality and financial plans to create our future workforce. To maximise the use of technology to best support our workforce.**

25. To meet the workforce challenges, our workforce now needs to transform like never before, which means attracting and securing a vibrant future supply, upskilling our

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existing staff, creating and embracing new roles, mobilising innovation and new ways of working and being considered employer of choice.

Activity	Impact
Review effectiveness of models and interventions used to enable transformation. Leading to either refine and or re-design models which are aligned to the Vital Signs methodology	Set of metrics to be designed to track WFT progress and provide Board oversight which describe the return on investment
Create a workforce transformation module on Engaging Managers Programme to enable our staff understand how to transform their workforce and address challenges	↓ in the number of hospital admissions
Upskill HR Business Partners to be able to support workforce transformation in Divisions	↓ in vacancies
Create a systematic plan for reviewing workforce transformation priorities and system oversight through the Workforce Solutions Group	↓ in number of leavers for 'work life balance' reasons
Develop a workforce transformation vision and implementation plan for the next 2 years, creating alignment across the Trust and a shared vision for addressing hotspot areas as identified in our business plan	↑ in our staff engagement score / staff survey ↓ in sickness absence
Increase capacity and capability for workforce redesign within Neighbourhoods / Primary Care networks to support delivery of our Pennine Lancashire strategy to reduce hospital admissions and increase the level of care provided outside of a hospital setting	↓ in vacancies ↓ in number of leavers for 'work life balance' reasons
Design and embed a model for flexible and agile working which underpins our Recruitment and Retention Strategy and to pilot the approach in a number of different areas	↑ in our staff engagement score / staff survey ↓ in sickness absence
Develop and utilise the Power BI tool to support workforce transformation	↓ in travel costs ↑ in staff survey response re: staff perceptions of line manager ↓ time needed by managers to deal with people matters ↑ in the number of join roles and cross working

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26. Additional resource will be required to deliver workforce transformation within ELHT. As the benefits of true workforce redesign needs to happen across the ICP, it is anticipated that some of this resource could be achieved through re-alignment of existing workforce in partner organisations, to work as one team. If this workforce is unavailable then there will be a request made to the ICP to fund additional resource.

27. **People Priority 5: Equality and Inclusion – To create a culture of opportunity for all supported by a sense of equity and inclusivity that recognises, supports and values the difference that our individual differences makes.**

28. Only by valuing diversity and ensuring all staff have a voice within the Trust will we truly become the employer of choice. To achieve this we must create the cultural conditions that prevent discrimination and actively encourage our workforce to seek out and reap the benefit from views that differ from their own. Through the delivery of our Equality and Inclusion strategy, we will aim to deliver a diverse workforce that exists in an inclusive culture.

Activity	Impact
Create positive statement in recruitment literature to show commitment to inclusion – option to phone champion to hear what it's really like	↓ in vacancies ↑ in our staff engagement score / staff survey ↓ in sickness absence ↓ turnover ↑ in staff survey response re: staff perceptions of line manager ↓ bullying and harassment claims ↑ in WRES and WDES indicators
Review existing recruitment process to ensure we are not just reliant on interview	
Host regular career events/clinics within the community to reach a wider audience and greater talent pool	
Conduct analysis of recruitment data i.e. advertising, shortlisting, interviews and appointments by staff groups and by Divisions	
Recruitment drive on BME non-executive directors (NEDs)	
Use staff role models on recruitment events/campaigns	
VSMs and board members to mentor/reverse mentor and sponsor at least one talented staff from a protected characteristics at an Agenda for Change Band 7 or below	
Build assurance and accountability for progress – NHS organisations across the country will be supported to develop workforce race equality strategies and robust action plans that are reflective of their WRES data. Progress against the aspirations will form part of an organisation's action planning for the WRES. This work will be included in the Single Oversight Framework; Care Quality Commission (CQC) inspection; and the	

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Activity	Impact
CCG Assurance and Improvement Framework	
Senior leaders and board members will have performance objectives on workforce race equality built into their appraisal process – senior leaders should be held accountable for the level of progress on this agenda.	
Mandatory training around Equality, Diversity and Inclusion (EDI) for all managers.	
Run Board development session on Inclusion	
Create a new Star Award - Leadership for Inclusion Award	
To facilitate the establishment and management of staff networks within the Trust	
Establish Festival of Inclusion as an annual event	
Develop and disseminate across the Trust a EDI calendar for 2020	

29. The inclusion agenda will require some additional investment to support the Festival of Inclusion through the allocation of a budget. The wider agenda will be delivered through the existing resource.

30. **People Priority 6: Health and Wellbeing – To create an organisational culture with HR policies and procedures that actively support the health and wellbeing of staff. We will encourage our staff to make healthy decisions and proactively support them as individuals in the event of ill-health.**

31. Having staff that are well and at work means we can deliver high quality, effective and compassionate care. We will ensure that our workforce is provided with an environment and opportunities that encourage and enable all staff to thrive. This is because there is a proven link between a healthy workforce and positive outcomes for patients.

Activity	Impact
Our new Attendance Policy will have been embedded through our managers and the Attendance Management support Team, resulting in a reduction in sickness absence to 4.5%	↓ in days lost due to sickness absence ↓ in agency spend
Implementation of the EASE service to support staff with the most common reasons for sickness, MSK and mental health	↓ in turnover ↓ in recruitment costs

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Activity	Impact
Review impact and refine approach to 'Resolution' of workplace issues to ensure it is well embedded	↑ staff satisfaction ↑ retention rates
Development of support to enable and encourage conversations about 'flexibility' to improve productivity and employee experience	↑ employee engagement scores
Promote and encourage the Well-being portal as a first point of reference for staff and managers for guidance or signposting to other services and resources	↓ in complaints ↑ in compliments & positive news stories
Development of the annual calendar of events to help promote a range of health and well-being initiatives	↑ reputation of the organisation
Use our annual survey to understand the needs of our staff and use this information to improve our staff health and well-being	↓ in patient harms ↑ in performance indicators
Line managers will be trained to enable them to best support staff health and well-being and promote self-disclosure to their staff	
Improve access and opportunity for staff to participate in physical activity whist at work	
Staff have access to subsidised healthy food on site	
Staff have access to a range of talking therapies and mindfulness interventions	
We work closely with Neyber and Metro moneywise to support staff to understand and manage their financial wellbeing	
Staff have access to a range of tools and advice on common health and lifestyle issues/events including sleep, menopause, breast screening, smoking cessation and alcohol reduction, bereavement	
Staff feel safe at work and have confidence that that they will be supported if they experience incidents of violence or aggression	

32. **People Priority 7: Education and Training- To create a highly skilled and agile workforce able to meet the needs of the population and to deliver new models of care and to create opportunities for colleagues to develop in order that they can reach their full potential.**

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Activity	Impact
Maximise opportunities to use the apprentice levy to develop both new workforce and upskill existing workforce	↑ staff satisfaction ↑ retention rates
Undertake skills audit to determine skills requirements to meet delivery of clinical strategy	↑ employee engagement scores
Refresh training prospectus to ensure programmes of education, training and development meet needs of organisation	↓ in complaints ↑ in compliments & positive news stories
Maximise opportunities to create clinical training placements	↑ reputation of the organisation
Develop relationships with HEI and FE partners to ensure that ELHT organisation of choice for future workforce	↓ in patient harms
Explore opportunity to develop ELHT as an education and research and innovations centre to enable roles to be offered with excellent education and research opportunities	↑ in performance indicators ↓ vacancy rate
Develop opportunities for joint education and training across ICP	
Launch and Care Academy and develop	
Roll out Be Ready across Pennine Lancashire to secure ELHT and ICP as employers of choice	

Strategy Delivery

33. The next steps in the delivery of the People Strategy will be to refine the following underpinning strategies and to prepare business cases for the additional resources required. These will be progressed through ODB and then delivery overseen through HR DMB.

34. The strategy will be published widely across the Trust and staff will be involved in any future development of activity to deliver against it.

35. It is intended that assurance of delivery of the People Strategy and associated action plans, with key metrics, will be achieved through Finance and Performance Committee.

36. An update report will be provided to Trust Board in September 2020

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37.   The strategy and key lines of work will be aligned with ICS and ICP strategies and the final NHS People Plan, in order to ensure that there is no duplication of effort and ensure coherence.

HR&OD Service Offer

38.   The HR and OD function has been reviewed to ensure that it is able to support the delivery of the People Strategy. Opportunities for workforce transformation within HR & OD will be further explored to ensure that it has the capacity and capability moving forward to deliver what is required. This will include a review of HR & OD systems and processes which are seen as a key enabler in delivering the People Strategy.

39.   In order to provide assurance of the effectiveness of the People Strategy, key measures linked to the strategy will be regularly reported as part of the Workforce Dashboard.

Recommendation

40.   It is recommended that the Trust Board approve the activity planned to deliver this strategy

41.   To receive an update on delivery against the strategy and plans for year 2 activity, at Trust Board in September 2020.

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East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

15 January 2020

Purpose Information

Assurance

Title	Finance and Performance Committee Update Report
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Mr D Wharfe, Non-Executive Director

Summary: The report sets out the matters discussed and decisions made at the Finance and Performance Committee meeting held on 11 November 2019.

The Board is asked to note the content of the report.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Plan (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

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Finance and Performance Committee Update Report

At the meeting of the Finance and Performance Committee held on 11 November 2019 members considered the following matters:

1. The Committee received the Integrated Performance Report including an overview of the current financial position to the end of September 2019. Committee members noted that, as a result of the improvements seen in the four hour standard and the level of work that has been undertaken, the Trust is no longer required to participate in the two weekly teleconferences with NHSI. Non-Executive Director members asked that the Quality Committee would be asked to undertake a specific discussion about the declining performance in relation to infection prevention and control indicators at its next meeting. Members received an update on referral to treatment (RTT) and holding list performance and noted that the overall waiting list had reduced since the last meeting and work was ongoing to reduce the list by a further 4,000 patients.

2. The members received the financial performance report for the month of September 2019 and noted that the underlying financial position at the end of the reporting period was a deficit of £4,900,000. Members noted that there was around £10,000,000 worth of risk against the achievement of the required financial control total at the end of the financial year. The Committee were informed that the Finance Team would be meeting with the Divisional Management Teams to review their financial positions, offer relevant support and develop divisional financial recovery plans, which would then be used as the basis for an Trust level financial recovery plan. They noted that the overall cash position of the Trust was good and that the Trust remained compliant with the Better Payment Practice Code (BPPC). Members noted that the Safely Reducing Costs Programme (SRCP) had been relaunched as the Waste Reduction Programme (WRP). Members spent some time discussing the implications of not meeting the required year-end financial position, specifically the lack of receipt of Provider Sustainability Fund (PSF) monies, lack of access to capital and the compulsory inclusion in the NHSI Financial Regime. Members briefly discussed the Trust's capital plan and noted that a significant portion of the capital monies required in the 2020/21 year were dependent upon meeting the financial control total for 2019/20. The Committee went on to discuss the disparity between the availability of capital for Foundation Trusts and non-FT's.

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3.   The Committee members received an overview of the Trust's financial improvement trajectory (FIT) including the planning timetable, planning assumptions, the Trust movement from 1 April 2019 to 31 March 2020, the financial challenge to the end of the planning period (2023/24), financial improvement trajectory, the best, likely and worst case scenarios and an overview of the financial opportunities in the five year plan. Members discussed the options presented and the likelihood of achieving the FIT, it was confirmed that the constituent provider organisations within the ICS had been asked to achieve efficiencies of 3%. The Committee members noted that there were a number of opportunities for the Trust to release efficiencies; but that they alone would not be sufficient to achieve the required break even position.

4.   The Committee also received an update on tenders; an update on the IM&T and Estates strategies, the Committee specific elements of the Board Assurance Framework and the minutes of the Contract and Data Quality meeting for information.

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 2 January 2020

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East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

15 January 2020

Item	**17**
Purpose	Information

Title	Quality Committee Update Report
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Ms N Malik, Committee Chair

Summary: The report sets out the summary of the papers considered and discussions held at its meeting on 30 October 2019.

Recommendation: The Board is asked to note the report.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

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Quality Committee Update

At the meeting of the Quality Committee held on 30 October 2019 members considered the following matters:

1. The Committee received the Serious Investigations Requiring Investigation (SIRI) report and noted the incidents that had been reported through the Strategic Executive Information System (StEIS), with the top three incident categories remained as pressure ulcers, falls and diagnosis failures and members acknowledged the quality improvement work that was being undertaken against these three areas, specifically the ongoing collaborative schemes for falls and pressure ulcers. The Committee member received an overview of the two incidents that were currently being reported as overdue and members discussed the reasons for the extension requests for the investigations. Professor Thomas confirmed that a similar discussion had taken place at the last SIRI Panel where the point was made that delays or extensions to investigations caused delays to providing information and explanations to patients/family members, which was often upsetting for patients/family members. A thematic review of pressure ulcer reporting would be included in the next report to the Committee in January 2020. Members also note that quarterly meetings had been arranged between the Associate Director of Quality and Safety and the Family Care divisional triumvirate to discuss any issues relating to Healthcare Safety Investigation Branch (HSIB) investigations/cases.

2. The Committee members received the Corporate Mortality Report and noted that the Trusts' SHMI and HSMR remained within the expected levels and significantly better than expected respectively and that crude mortality rate for September had reduced to 2.0% from 2.3% in August 2019. The members were informed that there were four areas where the Trust was seen to be an outlier in relation to mortality indicators, they were noted to be: Septicaemia, Organic Mental Disorders, Acute and Unspecified Renal Failure, and Heart Valve Disorders; and it was confirmed that these areas are monitored through the monthly Mortality Steering Group.

3. The Committee received the Maternity Services Floor to Board Report and noted that the Friends and Family guidance for maternity services would be revised nationally to make the test less repetitive for mothers to provide their feedback on the service. Members also noted that the Trust had maintained the UNICEF Baby Friendly Gold Award and were currently working towards stage two, with an assessment planned for 2020. Following a discussion in the meeting it was agreed that further detail

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about the capture of transitional care on the Badger net system would be included in the next report to the Committee.

4. Committee members received a report on Winter Planning for 2019/20 and noted that the plan had already been considered and approved by the Operational Executive Briefing on 1 October 2019 and A&E Delivery Board/CCGs Committee in Common. In addition it had been submitted to NHSI/E in line with the required timescales. Members received confirmation that the plan had been developed across the ICP through the Winter Planning Group and had been overseen by the Urgent and Emergency Care Network at ICP/ICS levels. Members noted that Lancashire and South Cumbria Care NHS Foundation Trust (LSCFT) have allocated five additional whole time equivalent staff to the Pennine Lancashire ICP area and would be operating a 24 hour crisis support team for patients requiring input from mental health services. Members briefly discussed the funding for the winter plan and it was noted that around £1,000,000 remained unfunded.

5. The Committee received a detailed update on holding lists and noted that regular monitoring of the lists took place across the Trust, including within the Directorates, Divisions, the monthly Operational Delivery Board and two weekly via the Operational Executive Briefing sessions. Members noted that there were just over 4,000 patients on holding lists for ENT, Gastroenterology, Ophthalmology, Urology, Rheumatology and Maxillo Facial services, with these being the service areas which were experiencing specific challenges due to capacity and demand issues, although it was recognised that everything that could be done to manage and improve the situation was being done.

6. The Committee members received the quarterly and annual reports about Doctors and Dentists in Training Safe Working Hours and noted the improvements that had been made in terms of the actions being undertaken to address working outside of contracted hours. Members were informed that, whilst the person who undertakes the role of Guardian of Safe Working Hours is employed as a Consultant by the Trust, their remit was outside that of the Medical Directors team, as they effectively hold the Medical Director's office to account.

7. Members received and overview of the Medicines Management Annual Report and noted the investment that the Trust had made in ward based pharmacy services, the roll out of Ward Based Pharmacists across the Trust in the reporting year and the positive data reading for the department in relation to the model hospital dashboard.

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They also noted the savings that had been made across the Pennine Lancashire health economy following the switching of patients to biosimilar drugs, specifically Etanercept and Adalimumab in 2018/19. The Committee members noted the potential shortage of medications, both relating to and unrelated to Brexit and the associated implications for the Trust, specifically those potential shortages of drugs used in anaesthetics and anti-microbial treatment. It was confirmed that the Trust's Pharmacy Team were working to ensure sufficient supplies were available, although this was noted to be a difficult task as many of the shortages were across the globe rather than just the Trust, region or UK.

8.   The Committee received the Health and Safety Annual Report and noted that slips, trips and falls were the most prevalent cause of staff days taken off work as a result of injury.   Members noted that Mr Hodgson, Executive Director of Service Development had now been identified as the Executive Lead for Health and Safety. Non-Executive Directors observed that there had been an issue in relation to the reporting of incidents that came under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in accordance with the specified timeframes and that there was a potential for action to be taken against the Trust in these cases.

9.   Committee members received a report relating to Workforce Disability Equality Standard and noted that the Trust was under target for recruitment of people with disabilities, despite candidates being shortlisted for posts they do not seem to be successful at the recruitment stage. They also noted that unconscious bias training had been carried out in the Trust. Committee members discussed the importance of the work and it was suggested that the most effective way to embed the work across the Trust would be to involve people/teams from across the organisation in undertaking the actions in the plan, thereby making diversity and equality everyone's business. Committee members also noted that other organisations had utilised executive sponsors to help embed the change of culture and the Trust would be seeking to do the same, similarly a reverse mentoring scheme was in the process of being introduced across the Trust with senior managers being mentored by junior staff members, with the anticipated outcome of building empathy. The Committee asked the Executive Team to review and approve the document following rectification of the incorrect percentages in the report.

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10. The Committee received a report relating to the Nursing Assessment and Performance Framework and noted that fifty nine areas have been formally assessed/re-assessed across the Divisions and that as of September 2019 there were no areas with red ratings. There were 33 areas being rated as green and a further 13 areas being awarded silver ward status. Members discussed the capacity within the team, and the committee supported the continuation of the assessments, but realised that the funding issues around the temporary posts were out with the gift of the Committee. The Committee members were thanked for their support and the members confirmed that they would be concerned if the service was to reduce capacity due to the financial issues discussed at the meeting.

11. The Committee received the Committee specific items of the Board Assurance Framework for review, the Quality Dashboard; Corporate Risk Register; the internal audit report relating to patient identification, PLACE report for 2018; and Summary Reports from the following Sub-Committee Meetings:

   a) Patient Safety and Risk Assurance Committee (September 2019)
   b) Infection Prevention and Control Committee (August and September 2019)
   c) Internal Safeguarding Board (October 2019)
   d) Patient Experience Group (August 2019)
   e) Clinical Effectiveness Committee (October 2019)
   f) Trust Education Board (May 2019)

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 2 January 2020

TRUST BOARD REPORT

15 January 2020

Item	**18a**
Purpose	Information
	Assurance

Title	Trust Charitable Funds Committee Update Report
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Mr S Barnes, Non-Executive Director

Summary: The report sets out the matters discussed and decisions made at the Trust Charitable Funds Committee meeting held on 28 October 2019.

Recommendation: The Board is asked to note the content of the report.

Report linkages

Related strategic aim and corporate objective	NA
Related to key risks identified on assurance framework	NA

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

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Trust Charitable Funds Committee Update

At the meeting of the Trust Charitable Funds Committee held on 28 October 2019 members considered the following matters and undertook to ensure actions would be taken as outlined in the report.

1. The Committee received a report which detailed the applications to use funds and overall fund performance. Committee members noted that total income for the fund in the first half of the year was £405,400. Total expenditure for the same period totalled £460,700, with £134,200 being used for medical equipment. Members noted that there had been two requests for use of the funds in excess of £20,000, one for £66,169.68 for an OCT & Field Analyser/system and the second being for Endobronchial Ultrasound kit at £53,378.64. Both requests were approved by the Committee.

2. The Committee were updated on the work of the Fundraising Manager, including corporate engagement with a number of local companies, particularly the charitable arm of EuroGarages and ELHT&Me becoming the charity of choice for Blackburn Rovers Football Club. Within the report there was a summary of the various fundraising activities that had taken place, including an update on the launch of the charity's own lottery via Unity lottery.

3. The committee received a presentation from Dr Malcolm Littley in relation to the transfer of the Mackenzie Charity funds to ELHT&Me. Members noted that the main purpose of the Mackenzie Charity was initially to support postgraduate medical education, though over time this had been revised to support all clinical disciplines. Dr Littley confirmed that a combination of historical fundraising, subscriptions and reduced expenditure had led to a large surplus and it was felt that the most effective and efficient way to utilise these funds would be to transfer them into ELHT&Me. Members discussed the proposal in detail, including the need to ensure that any legal obstacles could be overcome.

4. The Committee also received the Investment Performance Report; the Fund Performance and Utilisation Report, draft annual report and accounts; and the draft charitable funds policy.

Kea Ingham, Corporate Governance Manager, 24 December 2019

East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

(Acting as the Corporate Trustee)

Item **18b**

15 January 2020

Purpose Approval

Title	Trust Charitable Funds Update Report: Charity Annual Accounts and Report
Author	Mr A Graves, Financial Controller
Executive sponsor	Mrs M Brown, Executive Director of Finance

Summary: The 2018-19 Accounts and Annual Report for ELHT&me are presented for review and approval by the Trust Board, as Corporate Trustee, prior to submission to the Charity Commission.

Please note: for this item alone the Trust Board is acting as the Corporate Trustee.

Recommendation: The Charitable Funds Committee recommends the Trust Board to approve the 2018-19 Accounts and Annual Report for ELHT&me, as Corporate Trustee, for submission to the Charity Commission.

Report linkages

Related strategic aim and corporate objective	-
Related to key risks identified on assurance framework	-

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Trust Charitable Funds Committee, October 2019

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Annual Accounts

FOR THE YEAR ENDED

31st March 2019

Charity Registration Number 1050478

ELHT&me

ANNUAL ACCOUNTS 2018 - 19

STATUTORY BACKGROUND

ELHT&me, for which East Lancashire Hospitals NHS Trust is the sole Corporate Trustee, is registered with the Charity Commission.

The Corporate Trustee has been appointed in accordance with the National Health Service Act 2006.

MAIN PURPOSE OF THE CHARITY

The main purpose of the Charity is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by East Lancashire Hospitals NHS Trust.

Statement of Trustee responsibilities

Under the trust deed of the charity and charity law in England and Wales, the Corporate Trustee is required to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year and of its financial position at the end of the year.

In preparing these financial statements, the Trustee is required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether the applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue its activities.

The Trustee is required to act in accordance with the trust deed of the charity, within the framework of trust law. The Trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at the time, and enable the Trustee to ensure that any statements of accounts comply with the requirements of regulations under the provision. The Corporate Trustee has general responsibility for taking steps as are reasonably open to it to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

These financial statements were approved by order of the Corporate Trustee on .... and were signed on its behalf by:

…………………………………………..   …………………………………………..

Stephen Barnes   Michelle Brown
Non-Executive Director   Executive Director of Finance
East Lancashire Hospitals NHS Trust   East Lancashire Hospitals NHS Trust
Charitable Funds Committee Chair

ELHT&me Accounts 2018-19

Statement of Financial Activities

	Note	2018-19				2017-18			
		Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	Total £'000	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	Total £'000
Income and endowments from:	3								
Donation, legacies & Grants		353	0	0	353	292	19	0	311
Other trading activities		219	0	0	219	268	1	0	269
Investments		75	0	0	75	89	0	0	89
Total		647	0	0	647	649	20	0	669
Expenditure on:	4								
Raising funds		(22)	0	0	(22)	(14)	0	0	(14)
Charitable activities		(773)	(29)	0	(802)	(651)	(95)	0	(746)
Total		(795)	(29)	0	(824)	(665)	(95)	0	(760)
Net gains / (losses) on investments		47	0	0	47	(70)	0	0	(70)
Net income / (expenditure)		(101)	(29)	0	(130)	(86)	(75)	0	(161)
Transfers between funds		32	(32)	0	0	75	(75)	0	0
Net movement in funds		(69)	(61)	0	(130)	(11)	(150)	0	(161)
Reconcilation of funds:									
Total funds brought forward		2,180	108	17	2,305	2,191	258	17	2,466
Total funds carried forward		2,111	47	17	2,175	2,180	108	17	2,305

ELHT&me Accounts 2018-19

Balance Sheet

	Note	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	31 March 2019 £'000	31 March 2018 £'000
Fixed assets						
Investments	8	1,841	47	17	1,905	2,126
Current assets						
Debtors	6	54	0	0	54	128
Cash at bank and in hand		289	0	0	289	118
Total current assets		343	0	0	343	246
Liabilities						
Creditors: amounts falling due within one year	7	(73)	0	0	(73)	(67)
Net current assets		270	0	0	270	179
Total assets less current liabilities		2,111	47	17	2,175	2,305
Total net assets		2,111	47	17	2,175	2,305
The funds of the Charity:						
Endowment funds		0	0	17	17	17
Restricted income funds		0	47	0	47	108
Unrestricted funds		2,111	0	0	2,111	2,180
Total Charity funds		2,111	47	17	2,175	2,305

The notes at pages 4 to 10 form part of these accounts.

Approved by order of the Corporate Trustee on ……………………….... and signed on its behalf by:

	Stephen Barnes
…………………………………………..	Non-Executive Director
	East Lancashire Hospitals NHS Trust
	Charitable Funds Committee Chair

	Michelle Brown
…………………………………………..	Executive Director of Finance
	East Lancashire Hospitals NHS Trust

ELHT&me Accounts 2018-19

Statement of Cashflows

	Note	2018-19 £'000	2017-18 £'000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities		**(172)**	(262)
Cash flows from investing activities			
Interest received	3	**1**	1
Payments for investments		**(443)**	(503)
Proceeds from the disposal of investments		**711**	515
Cashflows from investing activities	3	**74**	92
Net cash inflow from investing activities		**343**	105
Net cash inflow/(outflow) before financing		**171**	(157)
Cash flows from financing activities		**0**	0
Net cash outflow from financing activities		**0**	0
Change in cash and cash equivalents in the reporting period		**171**	(157)
Cash and cash equivalents at beginning of the year		**118**	275
Cash and cash equivalents at end of the year		**289**	118

Reconciliation of net income/(expenditure) to net cash flow from operating activities

	Note	2018-19	2017-18
Net income/(expenditure) for the reporting period (as per the statement of financial activities)		**(130)**	**(161)**
Adjustments for:			
(Gains)/losses on investments		**(47)**	**70**
Dividends and interest from investments	3	**(75)**	**(89)**
(Increase)/decrease in debtors	6	**74**	**(7)**
Increase/(decrease) in creditors	7	**6**	**(75)**
Net cash provided by (used in) operating activities		**(172)**	**(262)**

Notes to the Accounts

1 Basis of preparation

1.1 Basis of accounting
These accounts have been prepared on the basis of historic cost, with the exception of investments which are shown at market value, in accordance with:
• Accounting and Reporting by Charities: Statement of Recommended Practice (FRS 102), effective from 1 January 2015; and
• the UK Generally Accepted Accounting Practice and the Charities Act 2011.

1.2 Change in basis of accounting
In preparing the accounts, the Trustee has considered whether any restatement of comparatives were required to comply with FRS 102.

2 Accounting policies

2.1 Recognition of income
Income is recognised in the Statement of Financial Activities (SOFA) based on the following criteria:
a) entitlement - arises when a particular resource is receivable or the Charity's right become legally enforeceable;
b) probability - when receipt of the income is probable; and
c) measurement - when the monetary value can be measured with sufficient reliability.

2.2 Income with related expenditure
Where income have related expenditure (as with fundraising or contract income) the income and related expenditure are reported gross in the SOFA.

2.3 Grants and donations
Grants and donations are only included in the SOFA when the charity has unconditional entitlement to the resources.

2.4 Tax reclaims on donations and gifts
Incoming resources from tax reclaims are included in the SOFA at the same time as the gift to which they relate.

2.5 Contractual income and performance related grants
This is only included in the SOFA once the related goods or services have been delivered.

2.6 Gifts in kind
Gifts in kind are accounted for at a reasonable estimate of their value to the charity or the amount actually realised. Gifts in kind for sale or distribution are included in the accounts as gifts only when sold or distributed by the charity. Gifts in kind for use by the charity are included in the SOFA as incoming resources when receivable.

2.7 Legacies
Legacies are accounted for as incoming resources when a part or final distribution is received from the executors of the estates(s), or when the factors specfied in 2.1(a) above can be met. Where the exact monetary value is not known, an assessment will be made based on known facts and potential liabilities and disbursement due from the estate, to provide a reasonable estimation of the amount due to the Charity.

2.8 Donated services and facilities
These are only included in incoming resources (with an equivalent amount in resources expended) where the benefit to the charity is reasonably quantifiable, measurable and material. The value placed on these resources is the estimated value to the charity of the service or facility received.

2.9 Volunteer help
The value of any voluntary help received is not included in the accounts but is described in the annual report.

2.10 Investment income
This is included in the accounts when received. Investment Income is allocated to Funds on a basis of the average fund balances over the year.

Notes to the Accounts

Accounting policies cont.

2.11 Liability recognition
The funds held on trust accounts are prepared in accordance with the accruals concept. Liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to pay out resources.

2.12 Governance costs
Governance costs comprise of costs incurred in the governance of the charity. These costs relate to the statutory audit.

2.13 Grants with performance conditions
Where the charity gives a grant with conditions for its payment being a specific level of service or output to be provided, such grants are only recognised in the SOFA once the recipient of the grant has provided the specified service or output.

2.14 Grants payable without performance conditions
These are only recognised in the accounts when a commitment has been made and there are no conditions to be met relating to the grant which remain in the control of the Charity.

2.15 Support costs
Support costs include central functions and have been allocated to funds on a basis of the average fund balances over the year.

2.16 Fixed assets for use by charity
The Trust has no tangible or intangible assets.

2.17 Realised gains and losses
All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sale proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between opening market value and closing market value for the year. Gains and losses are allocated to funds based on the average fund balance for the year.

2.18 Investments
Investments quoted on a recognised stock exchange are valued at market value at the year end.

2.19 Stocks and work in progress
These are valued at the lower of cost or market value.

2.20 Structure of funds
Where there is a legal restriction on the purpose to which a fund may be used, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds.

2.21 Trustee indemnity insurance
There is no Trustee indemnity insurance.

2.22 Loans or guarantees secured against assets of the Charity
There are no loans or guarantees against assets of the Charity.

2.23 Related party transactions
East Lancashire Hospitals NHS Trust is considered a related party of the Charity since the Trust Board is the Corporate Trustee of the Charity. During the year none of the members of the Trust Board or parties related to them, undertook any material transactions with the Charity.

ELHT&me Accounts 2018-19

Notes to the Accounts

3   **Analysis of Income**

| | **2018-19** | | | 2017-18 |
	Unrestricted Funds £'000	Restricted Funds £'000	Total £'000	Total £'000
Income from donation and legacies				
Donations	**273**	**0**	**273**	229
Legacies	**7**	**0**	**7**	82
Grants	**73**	**0**	**73**	0
	353	**0**	**353**	311
Income from other trading activities				
Income from training activities	**60**	**0**	**60**	104
Other income	**159**	**0**	**159**	165
	219	**0**	**219**	269
Income from investments				
Investments listed on the London Stock Exchange	**74**	**0**	**74**	88
Interest on cash/bank	**1**	**0**	**1**	1
	75	**0**	**75**	89

4   **Analysis of Expenduture**

| | **2018-19** | | | 2017-18 | | |
	Activities Undertaken Directly £'000	Support Costs £'000	Total £'000	Activities Undertaken Directly £'000	Support Costs £'000	Total £'000
Expenditure on raising funds						
Investment Management and Admin Fees	**22**	**0**	**22**	14	0	14
	22	**0**	**22**	14	0	14
Expenditure on charitable activities						
Fund Raising Expenses	**0**	**0**	**0**	8	1	9
Staff welfare/ training/ amenities	**110**	**18**	**128**	126	18	144
Patient welfare/ training/ amenities	**0**	**0**	**0**	15	2	17
Retirement Gifts and Long Service Awards	**40**	**6**	**46**	38	6	44
Building and Engineering	**0**	**0**	**0**	6	1	7
Furniture and Equipment	**73**	**12**	**85**	154	23	177
Printing and Stationery	**0**	**0**	**0**	3	0	3
Computer/Office Equipment	**14**	**2**	**16**	12	2	14
Training	**45**	**7**	**52**	53	8	61
Medical And Surgical Equipment Maintenance	**4**	**1**	**5**	2	0	2
Medical And Surgical Equipment	**280**	**46**	**326**	96	14	110
Other expenditure	**124**	**20**	**144**	138	20	158
	690	**112**	**802**	651	95	746

ELHT&me Accounts 2018-19

Notes to the Accounts

5 Details of certain items of expenditure

5.1 Support Costs

	2018-19 £'000	2017-18 £'000
Finance and administration costs	107	89
Banking charges	3	3
Fees for examination or audit of the accounts	2	3
	112	95

5.2 Trustee expenses and remuneration

None of the members of the Trust Board were paid expenses or received remuneration during the year ended 31 March 2019 (2017-18: £nil) when acting on behalf of the of the Trust Board as Corporate Trustee of the Charity.

5.3 Staff costs

The Charity did not employ any staff or incur any staff costs during the year ended 31 March 2019 (2017-18: £nil). The costs asscociated with the administration of the charitable funds have been disclosed under support costs in accordance with the stated accounting policy of the Charity.

6 Debtors - falling due within one year

	31 March 2019 £'000	31 March 2018 £'000
Trade debtors	35	29
Prepayments and accrued income	10	68
Amounts due from East Lancashire Hospitals NHS Trust	9	31
	54	128

7 Creditors - falling due within one year

	31 March 2019 £'000	31 March 2018 £'000
Trade creditors	(1)	0
Amounts due to East Lancashire Hospitals NHS Trust	0	0
Accruals and deferred income	(72)	(67)
	(73)	(67)

ELHT&me Accounts 2018-19

Notes to the Accounts

8 Investment assets

8.1 Fixed assets investments

	2018-19 £'000	2017-18 £'000
Market value at 1 April 2018	**2,126**	2,212
Add: additions to investments at cost	**443**	503
Less: disposals at carrying value	**(711)**	(505)
Add: net gain / (loss) on revaluation	**24**	(80)
Investment cash	**23**	(4)
Market value at 31 March 2019	**1,905**	2,126

8.2 Analysis of investments

	2018-19 £'000	2017-18 £'000
Investments listed on a recognised stock exchange or held in common investment funds, open ended investment companies, unit trusts or other collective investment schemes	**1,882**	2,108
Other investments	**23**	18
Market value at 31 March 2019	**1,905**	2,126

8.3 Material investment holdings

Material investment holdings are holdings with a market value of more that 4% of the total market value of investments as at 31 March 2019, which is approximately £76,000 (2018: £85,000).

Investment	2018-19 Holding	2018-19 Market Value £'000	2017-18 Holding	2017-18 Market Value £'000
Muzinich Funds GBL Tactical Credt HGD	**983**	**100**	1,017	100
PIMCO Global Advis	**8,406**	**87**	8,406	89
Ishares II Plc	**15,944**	**216**	3,804	50
Newton Global Dynamic	**105,143**	**101**	53,622	52
Vanguard Funds Plc	**2,629**	**108**	1,071	38
Barclays Bank	**74,000**	**80**	74,000	84
Twentyfour AM Corporate Bond	**798**	**80**	798	81

9 Related Party Transactions

East Lancashire Hospitals NHS Trust is considered a related party of the Charity since the Trust Board is the Corporate Trustee of the Charity. However, responsibility for the monitoring and approval of activities relating to charitable fund raising and the uses to which charitable funds are applied has been delegated by the Trust Board to the Charitable Funds Committee.

The transactions with the Trust relate to support costs, as disclosed in note 5 to these accounts with details of debtors and creditors given in notes 6 and 7 respectively. During the year, none of the members of the Charitable Funds Committee or parties related to them, undertook any material transactions with the Charity.

ELHT&me Accounts 2018-19

Notes to the Accounts

10   **Endowment, Restricted Income Funds & Major Fund Movements**

10.1   **Restricted Funds held**

MD01	Elsie Metcalfe Cancer Fund	R	RBH	For the treatment of cancer patients at RBH
NQ09	Thomas Egan Physiotherapy Fund	R	RBH	Legacy for the general use of Physiotherapy at RBH
PT01	Godfrey Morris Pathology Fund	R	RBH	For the benefit of Pathology Service BRI
PT02	Harold Wardley Pathology Fund	R	RBH	For the benefit of Pathology Service BRI
SD02	Chemo Unit - Rosemere Fund	R	RBH	For the Chemotherapy Unit
WC02	Childrens Ward Bgh M Airey Leg Fund	R	RBH	General use heart and lung unit at RBH
WC07	H Eastwood Childrens Resp Fund	R	ELH	Specifically for Children with Breathing Difficulties
X131	PCH General Purpose Fund	R	RGH	General purpose of PCH
X143	Mr Martin - Ribble Ward Legacy Fund	R	COMN	General purpose use of Ribble Ward
X901	Endowment Fund	PE		Permanent endowment held for capital growth.

R - Restricted income funds, including special trusts, of the charity
PE - Permanent endowment funds
ELH - East Lancashire Hospitals NHS Trust
BGH - Burnley General Hospital
COM - Community
PCH - Pendle Community Hospital
RBH - Royal Blackburn Hospital

10.2   **Endowment and restricted income funds - Transfer between funds over £2,500.**

From Fund (Name)	£'000	To Fund (Name)	£'000
E Jones Breast Screening	17	DCS General Purpose Fund	17
Reason for Transfer		**Consolidation of Funds as agreed by Committee**	

ELHT&me Accounts 2018-19

Notes to the Accounts

10.3 **Movements of major funds**

Major funds are funds with a balance of £25,000 or more.

Fund	31 March 2018 £'000	Income £'000	Expenditure £'000	Transfers £'000	Gains & losses £'000	31 March 2019 £'000
Pharmaceutical Directorate Fund	77	3	(1)	0	0	79
Pharmacy Endowment Fund	23	12	(10)	0	0	25
Staff Gym Fund	87	36	(23)	0	0	100
Trust General Fund	203	122	(133)	0	137	329
Alan Shorrock Legacy Fund	324	0	1	0	0	325
Diabetes Fund	68	1	(14)	0	0	55
Magic Fund	32	0	0	0	0	32
DCS General Purpose Fund	17	2	0	17	0	36
AVH Fund	58	0	0	0	0	58
ICG General Purposes Fund	64	0	(8)	8	0	64
ELHT Cardiac Training Fund	16	4	(2)	8	0	26
Chemotherapy Unit RBTH Fund	21	23	(19)	0	0	25
Dr Newsomes Leukemia Fund	55	0	(1)	0	0	54
Basic Surgical Skills Course Fund	29	5	(6)	0	0	28
H Eastwood Childrens Resp Fund	29	0	(3)	0	0	26
General Urogynaecology Fund	36	0	(4)	0	0	32
General NICU Fund	189	14	(75)	20	0	148
BGTH Gen Purpose Legacies Fund	26	0	(1)	0	0	25
ELHT Lottery Distribution Fund	45	70	(63)	0	0	52
Victoria Nurses Assistance Fund	60	0	(7)	0	0	53
Gastro Research / Dr Green Fund	9	25	0	0	0	34
CCH General Purposes Fund	71	0	(16)	0	0	55
Haem & Chemo Unit BGTH Fund	23	9	(3)	0	0	29
East Lancs Mammography Fund	31	0	(15)	0	0	16
Maternity General Purpose Fund	34	41	(50)	0	0	25
Radiology General Fund	22	6	(2)	(1)	0	25
Other funds	656	274	(369)	(52)	(90)	419
Total	**2,305**	**647**	**(824)**	**0**	**47**	**2,175**

Trust Charitable Funds

Annual Report

2018-19

Contents

The area we cover

Ribble Valley

Pendle

Burnley

Hyndburn

Blackburn
with Darwen

Rossendale

● Leeds

Liverpool ●

● Manchester

Chairman's report

As Chairman of the East Lancashire Hospitals NHS Trust, the sole corporate trustee of the Trust's Charity, ELHT&Me and Chairman of the Trusts Charitable Funds Committee, we are pleased to present the Charity's Annual Report for the period to 31 March 2019.

The Charitable Funds Committee acts on behalf of the corporate trustee and the Annual Report is designed to give an insight into the extent of the work that has been undertaken during the year. We would like to take this opportunity to thank those individuals who have served on the Charitable Funds Committee, during the course of the year and on their behalf to express our appreciation to the staff of the Trust for their dedication in caring for our local population.

Every single donor and fundraiser enables the Trust to enhance and improve the level of service it provides in so many ways. We would like to extend our sincere thanks and appreciation to everyone who has given their time and contributed throughout the year to improve the level of service the Trust is able to provide to all users.

Your Hospital Trust Charity has continued to go from strength to strength, funding projects and services which support our community, patients, carers, staff and visitors. The last year has also seen the charity achieving a number of milestones including the launch of the Million Pound Appeal and the Charity's first Morecambe Bay Walk.

Our aim is to build on our strong foundations and to utilise the funds we gain to improve and develop departments, services and wards throughout the Trust and into the community. It is crucial for the Trusts Charitable Funds Committee to ensure that ELHT&Me has robust governance, risk, legal and compliance practices in place. We want to be known for our effective engagement and stewardship of donors, innovative and inspirational fundraising activities and, of course, for our demonstrable success in delivering significant benefit for the population of Pennine Lancashire.

This Annual Report lays out how we are moving in that direction and details examples of where the donations of our generous supporters have really made a difference for the patients of Pennine Lancashire. Thank you on behalf of the Committee to each and every one of you who have supported ELHT&Me with donations, legacies, volunteering or in other ways to show how much you care.

Professor Eileen Fairhurst
Chairman
East Lancashire Hospitals NHS Trust

Stephen Barnes
Non-Executive Director and
Charity Committee Chairman

Objectives and activities

ELHT&Me was launched in 2016 and the object of the Charity is 'for any charitable purpose or purposes relating to the general or any specific purposes of the East Lancashire Hospitals NHS Trust or the purposes of the National Health Service'.

The Trust, the sole corporate trustee of the Charity, provides a range of health care services, predominantly for the local population of East Lancashire of over half a million people. As a public benefit entity, the main charitable activities of the Charity are to fund;

- Improvements to the services provided to patients, primarily through the purchase of equipment that would be outside the NHS funding, as well as improvements to the patient environment and experience
- Training for Trust staff and to help to develop and improve staff amenities.

ELHT&Me's first Morecambe Bay Walk

Achievements and performance

Our £1 Million Appeal

In February 2018 we launched our ground-breaking £1 Million Appeal, encouraging local businesses, institutions and individuals to support our work.

In the year the NHS celebrated it's 70th birthday, the £1 Million Appeal set out aims to raise funds to invest in new equipment, improved facilities and enhanced patient environments at ELHT's two acute (Royal Blackburn Teaching and Burnley General Teaching) and three community hospitals (Accrington Victoria, Clitheroe and Pendle).

Stephen Barnes, Non-Executive Director and Chair of the £1 Million Appeal, said: "We believe that each of the 700,000 patients we treat each year should have an experience that meets their needs and exceeds their expectations.

"Over the years, the people and businesses of East Lancashire have shown how much they value their local hospitals with countless examples of donations enabling much-needed improvements.

"By supporting our £1 Million Appeal, everyone in East Lancashire can help provide even better treatment, care and facilities that our patients deserve."

In particular, the £1 Million Appeal focused on improvements 'over and above' standard NHS provision - such as specialised medical equipment and better patient facilities.

The charity and our supporters have worked throughout the 2018-19 financial year to achieve the aims of the £1 Million Appeal.

Significant progress has been made – the appeal raised £250,000 by July 2018. More details on the financial position of the appeal and of the charity can be found on page 24.

ELHT's £1 Million Appeal aimed to raise funds to make improvements in seven areas:

- Children and babies health
- Supporting cancer patients
- Improving equipment
- Women's health
- Men's health
- Making patient areas more friendly, and
- Improving patient experience

Community Fundraising

Community is at the heart of ELHT&Me, particularly when it comes to fundraising. More and more individuals, community groups and schools, have chosen to support ELHT&Me, raising thousands of pounds for their local hospital charity through organising and taking part in fundraising activities and events. From organising charity balls, a sponsored bounce-a-thon, coffee mornings, to running the Burnley 10k and hosting one of our collection tins.

Through the incredible support, donations and effort from the local community we can enhance the hospital environment and experience for our patients.

Rakehead Rehabilitation Unit's record raffle
More than £500 was raised by staff at the Rakehead Rehabilitation Centre at Burnley General Teaching Hospital to improve the environment for patients and visitors.

Speech and Language Therapist Lee Hughes, assisted by Healthcare Assistant Linda Marshall, organised the Easter Grand Raffle that raised a record £539.22.

The annual event, which handed out dozens of prizes, was preceded by a 30-minute concert from members of the Pennine Lancashire Stroke Association Choir.

Raffle organiser Lee Hughes, said: "On behalf of the Rakehead Rehabilitation Centre, I particularly would like to thank Gala Bingo, Rolands Florists, Dawn Rose and staff for donating raffle prizes, as well as all the patients who gave us handmade chocolate hampers.

"It was wonderful to once again welcome members of the Pennine Lancashire Stroke Association Choir to Rakehead. They visit us each month, bringing so much joy to the patients and very definitely aid in their recovery."

In addition, the hospital's official charity ELHT&Me further boosted the fundraising efforts with an extra £350 donation to purchase a new cooker.

Mini Tesla cars drive up donations
A lucky child became the first in Lancashire to own a specially-designed electric vehicle donated to ELHT&Me. As part of the £1 Million Appeal, the charity launched a raffle to win a customised Tesla Model S for Kids, a small scale version of the electric car. The car can transport children of roughly 3-8 years of age and has a top speed of 6mph, is battery powered and looks exactly like the full-size Tesla Model S.

A limited number of 2,000 tickets, were sold from the ELHT&Me charity stand at Royal Blackburn Teaching Hospital, Burnley General Teaching Hospital and Clitheroe Community Hospital, as well as participating hospital wards. 2BR News Anchor Sarah Collins drew the winning ticket on Local Radio Day, when the station broadcasted live from Royal Blackburn Teaching Hospital.

The deep metallic blue Tesla Model S for Kids, worth in excess of £500, was donated by Tony Mills, who recently took up a new position as Director of Commercial Sales and Channel for the newly formed ChargePoint Europe.

In keeping with the company culture and philosophy, Tony's generous donation came about after he took delivery of his own electric Tesla Model S. As a result of a Tesla promotion, Tony received the Radio Flyer ride-on version of his car, and kindly donated it to ELHT&Me.

Nine months after the raffle, children having surgery at the Royal Blackburn Teaching Hospital were able to drive themselves to the operating theatres, thanks to another donation of a Tesla Model S for Kids, this time from the Tesla Owners Group UK.

The model car, was delivered to theatre staff at the Royal Blackburn Teaching Hospital with its special 'MODEL S' number plate. Youngsters can now drive to the operating room and take their mind off their impending surgery.

Young Noah Lockett from Burnley, volunteered to test drive the mini Tesla and enjoyed testing the forward and reverse gears, tough bumpers and stylish wing mirrors.

"Having a surgery can be a scary time for some children, we hope the distraction of a ride in the car will help to make the whole experience less worrying for them," said Denise Gee, Fundraising Manager.

achievements and performance

NICU fundraisers complete Three Peaks Challenge

The NICU fundraising team; Consultant Neonatologist Dr Andy Cox, Matron Caroline Cowman, Ward Clerk Janine Sinclair and Dietician Tim Reid completed the Three Peaks Challenge, which involved climbing the highest peaks in Scotland, England and Wales, all in just 24 hours!

The group raised an amazing total of £2,550 for ELHT&Me to be spent improving the experience of families and babies on their neonatal journey.

To reach the summit of Great Britain's three highest peaks - Ben Nevis (1,345 metres), Scafell Pike (978 metres) and Snowdon (1,085 metres) – the NICU team set themselves a punishing training schedule over and above the many hours they dedicate to saving young lives at Burnley General Teaching Hospital. During the Three Peaks Challenge, the team endured climbing in the pitch black during the night and drove more than 500 miles between Ben Nevis in northern Scotland and Snowdon in Wales.

ELHT&Me's first Cross Bay Walk!

The first organised charity walk for ELHT&Me saw the Director of Nursing, Finance Officers and members of the local community walk approximately eight miles from Arnside to Kent's Bank.

The event, organised by the Fundraising Team and the Communications Team, was the last time Queen's Guide, Cedric Robinson MBE, led the walk over the sands. Cedric has now handed the responsibility to the new official Queen's Guide, Michael Wilson.

Support from local mosques made a big difference

Members from the Tauheedul Islam Mosque, located on Bicknell Street in Blackburn, responded with great generosity to the appeal made by the hospital's Chaplaincy service as part of its annual Ramadhan campaign.

The mosque raised an impressive £7,452, enabling the hospital to replace five old blood pressure machines with state-of-the-art equipment, further enhancing patient care and safety.

An additional three local mosques created their own campaign donating an impressive £6,352. The money raised by Masjid Anwar, Masjid Hidaya and Masjid Irfan, helped to secure additional blood pressure machines, further upgrading the Trust's stocks to new, more advanced units.

Mosque representatives for both finanical contributions said the donations were in recognition of the Trust providing excellent health care services to the community.

Golf fundraisers score a 'hole-in-one' with generous donations

A Family and friends golf fundraising day held in memory of Peter Hornby raised £2,319 for ELHT&Me and the Chemotherapy Unit.

Peter's friends and family organised the event at Burnley's Towneley Golf Club to thank staff on the Chemotherapy Unit at Royal Blackburn Teaching Hospital for the care Peter received during his battle with cancer.

"It was really important to Peter's friends and family that we gave back to the Chemo team who took such great care of not only Peter but also his family during his three and a half year fight with cancer," said Peter's sister-in-law, Carrie Hornby. "This was a fantastic opportunity to get together and to do something really positive in his memory and hopefully we can make things a little more pleasant for the next family's journey with cancer."

Peter's family made the decision to spend the money on special chemotherapy chairs for patients receiving treatment.

Darwen golfers' showed how tee-rific their kind-hearted members were when they donation to ELHT's Chemotherapy Unit. Members of Darwen Golf Club used the fundraiser to celebrate a milestone anniversary with a generous donation to support patients receiving cancer treatment.

On achieving its 125th anniversary, Club members held a celebratory dinner at Ewood Park, during which £1,000 was raised to support the Chemotherapy Unit at Royal Blackburn Teaching Hospital.

Darwen Golf Club Secretary, Ian Geogarty stated: 'The evening was a tremendous success and to be able to make this contribution to help an important department at the hospital has delighted us all.

"The Chemotherapy Unit does a fantastic job in caring for and supporting people in need of specialist treatment. We'd like to thank the many local businesses and club members who donated raffle prizes for the special anniversary event."

Grateful family donate iPads in memory of beloved husband and father

The family and friends of Tom Macadam, from Burnley, who sadly passed away and had previously benefitted from treatment at Burnley General Teaching Hospital, have generously donated to provide new iPads for use by East Lancashire Hospitals NHS Trust's cancer nurse specialists.

Tom's wife Mary, son Patrick and family members decided to collect charitable donations at Tom's funeral, and donated them to ELHT&Me to benefit patients from across East Lancashire receiving treatment. The family's gift of iPads mean that Urology Cancer Nurse Specialists at Burnley General and Royal Blackburn Teaching Hospitals, are able to use the modern technology to help explain diagnosis and treatment options during outpatient appointments. Unlike desktop computers, because the two iPads are light and easy to transport, they can be used by specialist cancer nurses to help wherever they are working.

"It was fitting for the family to support both the NHS and cancer patients," said Tom's wife and former Burnley district nursing sister, Mary Macadam.

"And it's comforting to know that, following Tom's death, the family can see something good and positive coming from the generous funeral donations."

Both iPads feature a plaque with the loving message 'Donated in memory of Tom Macadam, Dearly Loved by Family and Friends'.

Boohoo make a spooktacular visit to the Children's Ward
The Boohoo Customer Services Team in Burnley brought Halloween to the Children's Ward at Royal Blackburn Teaching Hospital. The team collected £136.11 to purchase colouring books, puzzle books, pens, crayons and toys for children unable to go out trick-or-treating themselves.

"The team got together and thought about ways we can we make a difference. With Halloween just around the corner, we thought how can we use this time/day wisely? We wanted to help those children who wanted to stimulate their brains, or simply have a little bit of fun, whether they are bed-bound, or not, could still take part in activities to make their time in hospital pass a little quicker."

Siobhan and friends party night away in aid of stroke services
Stroke Speech and Language Therapist Siobhan Neild's dedication to her job extended way beyond office hours when she organised and hosted a charity ball at Ewood Park that raised £5,500, half of which was donated to ELHT's Stroke Services.

The event, attended by 170 guests and sponsored by The Millstone at Mellor, featured live music from seven-piece band, 'Groovething'. There was a silent auction, a raffle and a bottle tombola featuring over 100 bottles. The takings from the event were match-funded by Santander Bank.

Siobhan's fellow host and co-organiser was her husband Mark, a governor at St Augustine's RC High School, Billington. The couple live in Mellor Brook and have previously organised two other charity balls, the last one being four years ago.

In support of Siobhan and Mark, Lloyds Bank in Blackburn held a coffee morning following the event, and half of the funds raised were also donated to the hospital's stroke services.

Grand opening of the 'Forget Me Not' Suite
The Neonatal Intensive Care Unit at Burnley General Teaching Hospital hosted the grand opening of brand new accommodation for bereaved parents, named the' Forget Me Not' Suite. The event took place on the unit where staff and parents were invited to visit the new facilities.

The Forget Me Not Suite provides families with the opportunity to spend precious time with their baby and to prepare to say goodbye to their little one in a peaceful and private environment. Set away from the main ward area, the suite is a place for families to make special memories and begin to grieve their loss whilst being supported by neonatal trained staff.

The space, which contains a double bed, facilities to ventilate the baby, a cold cot and en-suite, was joint-funded by £44,000 in capital funds and £8,000 in ELHT&Me charitable funds. Mark Riley, ELHT's Capital Team Project Manager, was congratulated for recreating NICU's vision for the accommodation.

Cold Cap Fundraising
When Abigail Gibert, a staff nurse on the Primrose Chemotherapy Unit at Burnley General Teaching Hospital, saw that the Cold Caps on the unit were reaching the end of their life, she wanted to do something to help. Cold Cap Therapy, or Scalp Hypothermia, is an optional treatment that involves cooling the scalp before, during, and after chemotherapy treatment to try and prevent or reduce hair loss. This treatment option can be hugely important to patients receiving chemotherapy who find losing their hair very upsetting.

Abigail approached ELHT&Me and asked to run an appeal for the Cold Caps, and staff from the Finance department, Learning and Development and the Chemotherapy Ward, all held fundraising activities. It was fantastic that, through a large donation and a grant, the required money was raised and the new machines were delivered in June 2019.

Festive Fundraising

Choirs and Christmas Markets lift spirits and help fundraise
ELHT&Me's first Christmas Market brought festive cheer to Royal Blackburn Teaching Hospital. Patients, visitors and staff stopped by the main entrance to do their Christmas shopping and to buy tickets for our grand Christmas Raffle, sponsored by Engie.

Shoppers enjoyed a real treat thanks to performances from local school and community choirs. The festive sound of Christmas carols echoed through the market and around the wards and corridors of both Royal Blackburn and Burnley General Teaching Hospitals.

As well as delighting the crowds with a festive feast of music, the performers also helped raise more than £1,000. It was great to see so many people don their festive fashion and wear their Christmas jumpers to fundraise for the charity.

Burnley FC players donate iPads and toys to Burnley General Teaching Hospital
As part of their annual visit to the hospital, players from Burnley FC delivered toys to the Children's Ward at Burnley General Teaching Hospital.

They also donated six iPads to the Trust's Stroke Services, to help rehabilitate stroke victims.

DeltaFox Crossfit Gym raises funds with a 12-hour workout challenge
DeltaFox, a local Crossfit gym based in Darwen, chose to raise funds for the Chemotherapy Unit at Royal Blackburn Teaching Hospital, as staff at the gym knew gym members, friends and family that received, or were receiving, treatment for cancer.

The DeltaFox team wanted to use their strong gym community and raise funds by completing a 12-hour day of workouts, from 7am to 7pm on Saturday 6 October 2018. The workouts put participants through a tough physical challenge, but raised a total of £2,394 through donations from friends, family members and the local community.

Mental health and wellbeing boxes distributed to Royal Blackburn and Burnley General Teaching Hospitals
The Al-Khair Foundation has stepped forward to help improve the mental health and wellbeing support for local hospital patients.

Thanks to a £340 donation from the international charity, ELHT&Me has been able to provide seven mental health and wellbeing boxes to support patients at the Royal Blackburn and Burnley General Teaching Hospitals.

Sometimes, due to their emotional feelings, it is necessary for these patients to receive 1:1 care, in order to keep them safe. The activity boxes provided by the Al-Khair Foundation enable staff to interact better with these patients while they are under observation.

Research suggests that interaction and human contact can reduce feelings of suicide, reducing the sense of being alone.

Mental health and wellbeing boxes are now in use in the Emergency Department, Urgent Care and Acute Medical Units A and B at Royal Blackburn Teaching Hospital, as well as the Urgent Care Centre at Burnley General Teaching Hospital.

Each box contains items such as cards, games, reading material, and mindfulness colouring books that staff can use with patients.

Brand new children's play area opens at Royal Blackburn Teaching Hospital

Children and their families who spend time at the Royal Blackburn Teaching Hospital were delighted with the new play area joined onto the Children's Unit.

The play area is the product of precision planning by the Trust and the kindness of locally-based international company, EG Group. The generous donation of approximately £100,000 has fully funded the exterior play area and its equipment. The work was also supplemented by the generous donations of time, labour and materials from a number of other organisations which paid for the enabling work on the interior play room and new toys.

The area is vibrant, cheerful and completely secure for the children. It will also encourage children to be more active, aiding a quicker recovery.

EG Group fully funded the exterior play area, and donors of the interior enabling work include: EG Group, HCP, Engie, SMD Building Services LTD, Lets Play Everywhere, Marlands Electrical, Schneider Company, Hully and Kirkwood, Gilling Dod, GW Flooring, Beekay, ADS Europe.

Financial review

Total expenditure for 2018-19 of £802,000 compares to £760,000 in the previous financial year. At £325,000, expenditure on medical and surgical equipment represents the largest use of charitable funds.

Analysis of expenditure	2018-19 £'000	2017-18 £'000
Expenditure on raising funds		
Investment Management and Admin Fees	22	14
	22	14
Expenditure on charitable activities		
Staff welfare/training/amenities	128	144
Retirement gifts and Long Service Awards	46	44
Furniture and equipment	85	177
Training	52	61
Medical and surgical equipment	326	110
Other expenditure	165	210
	802	746
Total	824	760

Total income, which has fallen slightly to £647,000, includes a £72,000 grant from Novartis which allowed the Charity to purchase an Optos wide field imaging device for the Trust's Ophthalmology Department. The Charity also received a donation of £29,000 from the Rosemere Cancer Foundation and £25,000 from local cancer charity, CARES.

Analysis of income	2018-19 £'000	2017-18 £'000
Income from donation and legacies		
Donations	273	229
Legacies	7	82
Grants	73	0
	353	311
Income from other trading activities		
Income from training activities	60	104
Other income	159	165
	219	269
Income from investments		
Investments listed on the London Stock Exchange	74	88
Interest on cash/bank	1	1
	75	89
Total	647	669

The Charity has also spent £34,000 on an Olympic Brainz Monitor for the Trust's Newborn Intensive Care Unit to check cerebral function and £19,000 on a retractor for use in oral and maxillofacial robotic surgery by the Trust. Other significant areas of expenditure for the Charity were the £128,000 spent on welfare, training and amenities for Trust staff and the £85,000 spent on furniture and equipment for the Trust.

When net gains on investments of £47,000 are taken into account, fund balances have fallen by £130,000 in 2018-19 to £2,175,000, £2,111,000 of which are unrestricted.

Reserves Policy

The Charity derives its income mainly from donations and legacies, the level of which cannot be accurately predicted year on year.

Since the charity aims to spend the income it receives for its charitable purpose, there are a number of reasons why it needs to retain a proportion of the income it receives as reserves, which include:

- Ensuring income from donations and legacies are spent in line with the donors' wishes, particularly where restrictions have been placed on its use.
- Ensuring sufficient funds are available to fund planned future projects;
  - for gifts of endowment where the charity has no power to treat the monies as income to fund charity related expenditure; and
  - meeting current or anticipated expenses such as management, administration and governance costs, including audit costs.

For these reasons, the Charity holds reserves at a minimum level of £500,000.

Investment Strategy and Policy

The aim of the investment strategy is to 'invest funds so as to provide as high a current income as possible, consistent with the objective of at least preserving the income generating value of capital over the long term'. The balance of investments after taking into account the reserved funds are managed in an investment portfolio designed to provide a return in the medium to longer term. The Charitable Funds Committee is assisted in this aspect by the professional advice of an independent Investment Funds Manager.

The Charitable Funds Committee aims to turn over the majority of charitable funds, excluding specific long term legacies, once every three years.

Structure, governance and management

The Charity which was formerly known as the East Lancashire Hospitals NHS Trust Charitable Fund and other related charities, is now known as ELHT&Me.

The Charity was created under a Trust deed executed on 28 January 2004 and constituted with East Lancashire Hospitals NHS Trust as sole corporate trustee. This deed consolidated a number of charitable funds held by the former Burnley Healthcare and Blackburn, Hyndburn and Ribble Valley Health Care NHS Trusts prior to their merger to form the East Lancashire Hospitals NHS Trust. A deed of amendment was executed on 11 July 2018 to provide clarity as to the purposes for which the charitable funds are held and to simplify the administration of the Charity.

The Charity employs one Fundraising Manager and a Community Fundraising Officer. These posts reflect the important role that fundraising has to play in the enhancement of the patient experience and patient and public engagement.

Charitable funds received by the charity are accepted, held and administered as funds and property held on Trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990.

In practice, responsibility for the monitoring and approval of activities relating to charitable fundraising and the uses to which charitable funds are applied has been delegated by the Trust Board (Corporate Trustee) to the Trust's Charitable Funds Committee. The terms of reference for the Committee are reviewed annually by the Trust Board and compliance with these terms of reference is also assessed on an annual basis by the Committee and reported back to the Trust Board as part of the reporting from the Charitable Funds Committee.

Membership of the Charitable Funds Committee is drawn from the Trust Board and comprises a Non-Executive Director Chair of the Committee, one further Non-Executive Director/Associate Non-Executive Director member, the Executive Director of Finance (as lead director for the Committee), the Executive Director of Nursing and the Executive Director of Communications and Engagement.

The Associate Director of Corporate Governance/Company Secretary, together with the Deputy Director of Finance or Financial Controller and the Fundraising Manager attend meetings of the Committee to provide advice and assistance.

All Trust Board members are entitled to attend the meeting and have sight of the supporting documents. The Committee provides regular reports of its decisions to the formal Trust Board meetings.

There are a number of individual funds within the umbrella of the Charity, each of which has a designated funds manager with day-to-day responsibility for the administration of the fund, being involved in fundraising activities and decisions on how donations should be expended within the financial framework of the charity.
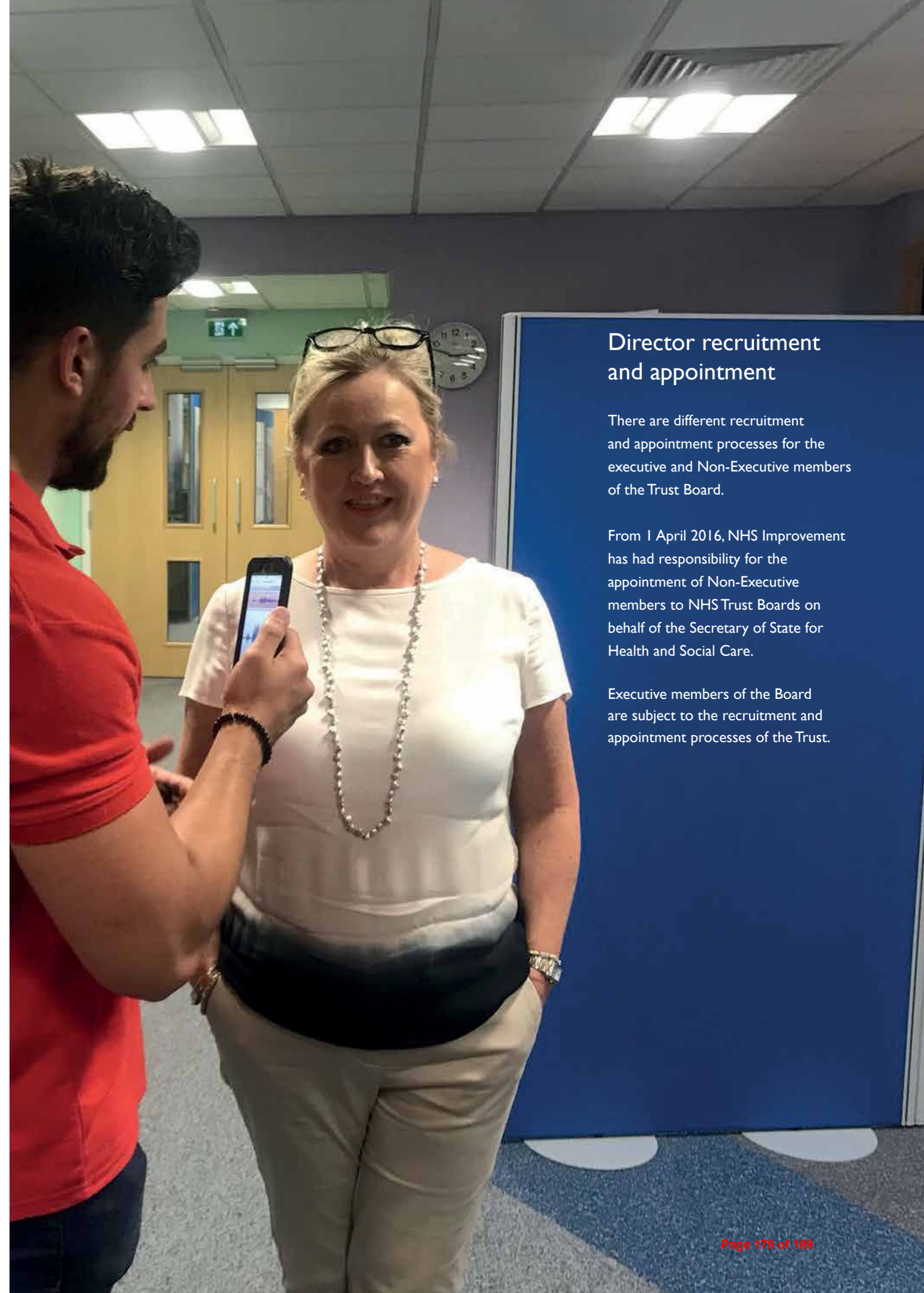
Director recruitment and appointment

There are different recruitment and appointment processes for the executive and Non-Executive members of the Trust Board.

From 1 April 2016, NHS Improvement has had responsibility for the appointment of Non-Executive members to NHS Trust Boards on behalf of the Secretary of State for Health and Social Care.

Executive members of the Board are subject to the recruitment and appointment processes of the Trust.

Committee membership

Stephen Barnes
Non-Executive Director and
Charity Committee Chairman

Richard Smyth
Non-Executive Director

Christine Hughes
Executive Director of
Communications and Engagement

Christine Pearson
Executive Director of Nursing

Jonathan Wood
Executive Director of Finance
(to 31 July 2019)

Michelle Brown
Executive Director of Finance
(from 1 August 2019)

Name	Position	Committee Member
Professor Eileen Fairhurst	Chairman	
Mr Kevin McGee	Chief Executive Officer	
Mrs Trish Anderson	Non-Executive Director (from July 2018 to Mary 2019) (from October 2019 to present)	
Mr Stephen Barnes	Non-Executive Director	Committee Member Committee Chair
Mrs Michelle Brown	Executive Director of Finance (from August 2019)	Committee Member
Mr Harry Catherall	Associate Non-Executive Director (non-voting) (from July 2019)	
Mr Martin Hodgson	Executive Director of Service Development	
Mrs Christine Hughes	Executive Director of Communications and Engagement (non-voting)	Committee Member
Miss Naseem Malik	Non-Executive Director	
Mr Kevin Moynes	Executive Director of HR and OD (non-voting)	
Mrs Feroza Patel	Associate Non-Executive Director (non-voting) (from May 2019)	
Mrs Christine Pearson	Executive Director of Nursing	Committee Member
Dr Damian Riley	Acting Chief Executive and Executive Medical Director	
Mr Richard Smyth	Non-Executive Director	Committee Member
Dr Ian Stanley	Acting Executive Medical Director (May 2019 to October 2019)	
Professor Mike Thomas	Associate Non-Executive Director (non-voting)	
Mr Mike Wedgeworth	Associate Non-Executive Director (non-voting)	
Mr David Wharfe	Non-Executive Director	
Mr Jonathan Wood	Executive Director of Finance and Deputy Chief Executive (to July 2019)	Committee Member
Mr John Bannister	Director of Operations (non-voiting) (to May 2019)	
Mr Richard Slater	Non-Executive Director (to December 2018)	

Declaration

The Corporate Trustee declares that it has approved the annual report of ELHT&Me for 2018/19.

Stephen Barnes
Non-Executive Director
Charitable Funds Committee Chair
East Lancashire Hospitals NHS Trust

Michelle Brown
Executive Director of Finance
East Lancashire Hospitals NHS Trust

Reference and administrative details

Registered charity name	ELHT&Me
Charities Charity Registration Number	1050478
Principal Office Address	East Lancashire Hospitals NHS Trust
	Trust Headquarters
	Royal Blackburn Teaching Hospital
	Haslingden Road
	Blackburn BB2 3HH
Trustee:	East Lancashire Hospitals NHS Trust

The following key professional services are provided to the Charity by external organisations:

Charity bankers	Governing Banking Service c/o NatWest
	Bolton Customer Service Centre
	PO Box 2027 Parklands
	De Havilland Way
	Horwich
	Bolton BL6 4YU
Charity external auditors	Grant Thornton LLP UK
	4 Hardman Square
	Spinningfields
	Manchester M3 3EB
Charity investment managers	Brewin Dolphin
	1 The Avenue
	Spinningfields Square
	Manchester M3 3AP
Charity solicitors	Hempsons
	City Tower Piccadilly Plaza
	Manchester M1 4BT
Charity internal auditors	Mersey Internal Audit Agency (MIAA)
	Regatta Place
	Brunswick Business Park
	Summers Road
	Liverpool L3 4BL

East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

15 January 2020

Item **19**

Purpose Information

Title	Remuneration Committee Information Report and Terms of Reference
Author	Miss K Ingham, Corporate Governance Manager/ Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The list of matters discussed at the Remuneration Committee held on 13 November 2019 are presented for Board members' information. The revised terms of reference for the Remuneration Committee are also presented for ratification by the Board.

Recommendation: This paper is brought to the Board for information. The terms of reference for the Committee are presented for approval.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Plan (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No

Safe | Personal | Effective

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Remuneration Committee Information Report

1. At the meeting of the Remuneration Committee held on 13 November 2019 members considered the following matter:

   a) Hh Joint Chief Executive Appointment and Remuneration

   b) Deputy Chief Executive Appointment and Remuneration

   c) Executive Director of Finance Appointment and Remuneration

   d) Pensions Update

2. The Committee Terms of Reference that were discussed at the previous meeting are appended to this report for ratification by the Trust Board.

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 24 December 2019

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The Remuneration Committee Terms of Reference

Constitution

The Trust Board has established this Committee to be known as the Remuneration Committee. The Committee will report to the Trust Board. The Committee has overarching responsibility for the remuneration of, arrangements for the appointment of, and agreement of termination packages for Executive Directors (including any Joint Executive Director posts). The Committee has the authority to appoint short term; outcome focused sub- committees, but does not routinely receive reports from other sub committees

Purpose and Delegated Authority

The Committee has authority to determine, in consultation with the Chairman and the Chief Executive of the Trust;

- the policy on the remuneration of Executive Directors/Joint Executive Directors
- the specific remuneration packages for each of the Executive Directors/Joint Executive Directors including pension rights and any compensation payments
- the arrangements for the appointment of individuals outlined above
- the termination packages of any individual outlined above.

Decisions relating to any Joint Executive Directors posts would require approval of the Remuneration Committees of each organisation for which the post holders would work for.

In determining the remuneration and termination packages and the remuneration policy, the Committee shall keep in mind:

- firstly, the desirability of the maintenance throughout the Trust of a competitive, fair remuneration structure which operates in the interests of, and to the benefit of, the financial and commercial health of the Trust
- secondly, ensuring the members of the executive management of the Trust are provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation.

The Committee will receive an annual report from the Chief Executive on the remuneration and pay packages of the very senior staff that are not Executive Director/Joint Executive Directors and are not on the Agenda for Change pay grades.

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The Chief Executive is responsible for the:

- the remuneration of other very senior employees who are considered by the Committee to hold key positions within the Trust and whose remuneration package is, or is considered appropriate to place, outside the provisions of the Agenda for Change framework
- the remuneration of other employees who are considered by the Committee to hold key positions within the Trust who are employed to perform specific short term functions on a semi consultancy basis

The Committee is authorised through the Company Secretary to seek any information it requires from any employee in order to perform its duties.

The Committee is authorised, in consultation with the Company Secretary, where necessary to fulfil its duties, to obtain any outside legal or other professional advice including the advice of independent remuneration consultants, to secure the attendance of external advisors at meetings and to obtain reliable up to date information about remuneration in other Trusts.

The Committee has authority to commission reports and surveys that it considers necessary to fulfil its obligations.

Membership

Chairman and at least four Non-Executive Directors (voting members).

Associate Non-Executive Directors can also be members of the Committee (non-voting members).

No individual will be involved in any part of a meeting at which decisions as to their own remuneration will be taken.

Quorum

The Board Chairman and two Non-Executive Directors constitute the . A quorum must be maintained at all meetings. Each member will attend a minimum of 75% of the meetings throughout the year

In Attendance

The Chief Executive, the Director of Human Resources and Organisational Development and the Associate Director of Corporate Governance/Company Secretary will normally be in attendance

Nominated Deputy Arrangements

Chairman   -   Vice Chairman

Chief Executive   -   Deputy Chief Executive

Frequency & Format of Meetings

At least two meetings will be held annually. Additional meetings will be convened by the Associate Director of Corporate Governance/Company Secretary at the request of any member of the Committee.

Regular Reports

Chief Executive's Annual Appraisal

Annual Report on the Remuneration of Very Senior Staff (under SFI s.9.1.4)

Annual Fit and Proper Person Test Report

Annual review of the Committee Terms of Reference

Monitoring Arrangements

The effectiveness of the Committee will be reviewed on an annual basis as part of the Trust Board business cycle. The Committee will provide an annual report on its activities within the Trust's Annual Report. The functioning of the Committee may be assessed within the normal annual cycle of reporting by the Audit Committee through the internal and external auditors and external regulatory bodies.

Committee Services

Lead Director   –   Chief Executive

Secretary   –   Company Secretary

TRUST BOARD REPORT

		Item	**20**

15 January 2020

Purpose Information

Title	Trust Board (Closed Session) Information Report
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The report details the agenda items discussed in closed session of the Board meetings held on 13 November 2019.

As requested by the Board it can be confirmed that, in preparing this report the external context has been taken into account, such as regulatory requirements placed on NHS providers. Other elements such as local needs, trends and engagement with stakeholders would not be applicable in this instance.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Safe | Personal | Effective

Trust Board Part Two Information Report

1. At the meeting of the Trust Board on 13 November 2019, the following matters were discussed in private:

    a) Round Table Discussion: ICP/ICS Update (Memorandum of Understanding)

    b) Round Table Discussion: ICP/ICS Update (Draft Five Year Plan: Trust, ICP and ICS)

    c) Community Services Update

    d) Pathology Service Update: ELHT Blood Sciences Equipment Replacement

    e) Mental Health Shared Care Approach Standard Operating Procedure

    f) Finance and Performance Update 2019/20: Finance Report

    g) Finance and Performance Update 2019/20: Performance (Field Tested Standards)

    h) Tenders Update

    i) External Audit Service Procurement: Recommendation from Auditor Panel

    j) Serious Untoward Incident Report

    k) Doctors with Restrictions

2. 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 presented to part 1 of Board Meetings at the appropriate time.

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 24 December 2019