NHS
East Lancashire Hospitals
NHS Trust

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING

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TRUST BOARD PART 1 MEETING

11 JULY 2018, 14:30, SEMINAR ROOM 6, ROYAL BLACKBURN HOSPITAL

AGENDA

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

	OPENING MATTERS			
TB/2018/052	**Chairman's Welcome**	Chairman	v	
TB/2018/053	**Open Forum** To consider questions from the public	Chairman	v	
TB/2018/054	**Apologies** To note apologies.	Chairman	v	
TB/2018/055	**Declaration of Interest Report** To note the directors register of interests and note any new declarations from Directors.	Company Secretary	v	Information/ Approval
TB/2018/056	**Minutes of the Previous Meeting** To approve or amend the minutes of the previous meeting held on 9 May 2018.	Chairman	d✓	Approval
TB/2018/057	**Matters Arising** To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2018/058	**Action Matrix** To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2018/059	**Chairman's Report** To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2018/060	**Chief Executive's Report** To receive an update on national, regional and local developments of note.	Chief Executive	d✓	Information
	QUALITY AND SAFETY			
TB/2018/061	**Patient Story** To receive and consider the learning from a patient story.	Director of Nursing	p	Information/ Assurance
TB/2018/062	**Corporate Risk Register** To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Medical Director	d✓	Information
TB/2018/063	**Board Assurance Framework Annual Review** To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Medical Director	d✓	Approval
TB/2018/064	**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.	Medical Director	d✓	Information/ Assurance

Agenda

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TB/2018/065	**Staff Guardian Annual Report**	Director of HR and OD	d✔ p	Information
	STRATEGY			
TB/2018/066	**Pennine Lancashire Plan**	Chief Executive	d✔	Information/ Approval
	ACCOUNTABILITY AND PERFORMANCE			
TB/2018/067	**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: • Introduction (Chief Executive) • Performance (Director of Operations) • Quality (Medical Director) • Workforce (Director of HR and OD) • Safer Staffing (Director of Nursing) • Finance (Director of Finance)	Executive Directors	d✔	Information/ Assurance
	GOVERNANCE			
TB/2018/068	**Annual Audit Letter**	Director of Finance	d✔	Information
TB/2018/069	**Audit Committee Update Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✔	Information/ Approval
TB/2018/070	**Finance and Performance Committee Update Report and Terms of Reference Review** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✔	Information Approval
TB/2018/071	**Quality Committee Update Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✔	Information Approval
TB/2018/072	**Trust Charitable Funds Committee Update Report**	Committee Chair	d✔	Information/ Approval
TB/2018/073	**Remuneration Committee Update Report** To note the matters considered by the Committee in discharging its duties	Chairman	d✔	Information
TB/2018/074	**Trust Board Part Two Information Report** To note the matters considered by the Committee in discharging its duties	Chairman	d✔	Information
	FOR INFORMATION			
TB/2018/048	**Any Other Business** To discuss any urgent items of business.	Chairman	v	
TB/2018/049	**Open Forum** To consider questions from the public.	Chairman	v	
TB/2018/050	**Board Performance and Reflection** To consider the performance of the Trust Board, including asking: • Has the Board focussed on the appropriate agenda items? Any item(s) missing or not given enough attention? • Is the Board shaping a healthy culture for the Board and the organisation and holding to account?	Chairman	v	

	• Are the Trust's strategies informed by the soft intelligence from local people's needs, trends and comparative information? • Does the Board give enough priority to engagement with stakeholders and opinion formers within and beyond the organisation?			
TB/2018/051	**Date and Time of Next Meeting** Wednesday 12 September 2018, 2.30pm, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.	Chairman	v	

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TRUST BOARD REPORT

Item	56

11 July 2018

Purpose Action

Title	Minutes of the Previous Meeting
Author	Miss K Ingham, Minute Taker
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The draft minutes of the previous Trust Board meeting held on 9 May 2018 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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(56) Minutes of the Previous Meeting

East Lancashire Hospitals
NHS Trust

EAST LANCASHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING, 9 MAY 2018
MINUTES

PRESENT

Professor E Fairhurst	Chairman	Chair
Mr K McGee	Chief Executive	
Mr J Bannister	Director of Operations	Non-voting
Mr K Griffiths	Director of Sustainability	Non-voting
Mrs C Hughes	Director of Communications and Engagement	Non-voting
Miss N Malik	Non-Executive Director/ Vice Chair	
Mr K Moynes	Director of HR and OD	Non-voting
Mrs C Pearson	Director of Nursing	
Dr D Riley	Medical Director	
Mr R Slater	Non-Executive Director	
Mr R Smyth	Non-Executive Director	
Mr M Wedgeworth	Associate Non-Executive Director	Non-voting
Mr D Wharfe	Non-Executive Director/Vice Chair	
Mr J Wood	Director of Finance	

IN ATTENDANCE

Mrs A Bosnjak-Szekeres	Associate Director of Corporate Governance/ Company Secretary	
Miss C Bullen	Corporate Governance Team Apprentice	Observer/Audience
Miss K Ingham	Company Secretarial Assistant	Minutes
Mr R McLean	East Lancashire Patient Voices Group	Observer/Audience
Mrs S Ridehalgh	Patient Experience Facilitator	For Item TB/2018/036
Mr C Eggleston	Patient	For Item TB/2018/036

APOLOGIES

Mrs P Anderson	Associate Non-Executive Director	Non-Voting
Mr S Barnes	Non-Executive Director	
Mr M Hodgson	Director of Service Development	
Professor M Thomas	Non-Executive Director	

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TB/2018/027   CHAIRMAN'S WELCOME

Miss Malik welcomed the Directors and the members of public to the meeting and confirmed that she would be chairing the meeting until Professor Fairhurst arrived.

TB/2018/028   OPEN FORUM

Mr McLean read out a letter that he had sent to Professor Fairhurst and Mr McGee on behalf of the Patient Voices Group thanking them and the Trust for the work undertaken to improve the Trust's website. Mrs Hughes thanked Mr McLean for the comments and agreed to pass on the positive feedback to the Communications Team after the meeting.

TB/2018/029   APOLOGIES

Apologies were received as recorded above.

TB/2018/030   DECLARATIONS OF INTEREST

There were no declarations of interest reported.

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

TB/2018/031   MINUTES OF THE PREVIOUS MEETING

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

RESOLVED: The minutes of the meeting held on 14 March 2018 were approved as a true and accurate record.

TB/2018/032   MATTERS ARISING

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

TB/2018/033   ACTION MATRIX

All items on the action matrix were reported as complete or were to be presented as agenda items at this meeting or subsequent meetings.

RESOLVED: The position of the action matrix was noted.

TB/2018/034   CHAIRMAN'S REPORT

In the absence of Professor Fairhurst, it was agreed that a list of the Chairman's diary

commitments since the last meeting in March would be included in the minutes of the meeting for information. Since the last meeting, Professor Fairhurst has undertaken the following activities:

20 March 2018 - Visit to the Emergency Department with the Trust's 'Front Door' Team

20 March 2018 - NHS Improvement (NHSI) Lean Programme presentation at the Royal Blackburn Teaching Hospital

22 March 2018 - NHSI Providers Chair and CEO Network meeting in London

28 March 2018 - Visit to Switchboard, Royal Blackburn Teaching Hospital

28 March 2018 - Accountable Health and Care Partnership Board

29 March 2018 – Invited speaker/presenter at the NHSI Board Member Development Programme in Birmingham

10 April 2018 - Pennine Lancashire Transformation Programme Event followed by Pennine Lancashire Organisational Development Dinner

11 and 12 April 2018 - Board Development Event with the ELHT Board members facilitated by the Good Governance Institute

TB/2018/035   CHIEF EXECUTIVE'S REPORT

Mr McGee presented his report to the Directors and highlighted a number of items for information. He reported that NHS England has backed four new health innovations through its Innovation and Technology Payment programme, they are: HeartFlow; Plus Sutures; Endocuff Vision; and SecurAcath. Directors noted the increased use of artificial intelligence and digital technology and the potential benefits to health and social care. Mr McGee went on to report that, due to recent changes in legislation, advanced paramedics are able to prescribe certain medications which will have a positive effect on patient care. This gives one example of the changes necessary to the future NHS workforce.

Directors noted that NHS England have launched a consultation on extending the legal rights to have a personal health budget or integrated personal budget. Mr McGee commented that this is an important issue for the future and it was likely that people living with long term health conditions would benefit from such initiatives.

Mr McGee provided an update on a number of issues which were pertinent to the Trust, including Dr Jason Lie who has received a certificate of excellence following the receipt of over 50 pieces of outstanding feedback from patients. He went on to announce that approval had been received for investment of £15,600,000 for the development of 'Phase 8' at the Burnley General Teaching Hospital site. The development will include a state of the

art ophthalmology centre, outpatients department and new Maxillo-Facial facility.

Directors noted that the Trust has worked diligently to achieve the 'quality of food' CQUIN. The work undertaken has included changes to the food environment, the range of food and drinks available to staff, visitors and patients on the Trust premises, covering shops and cafes (such as WH Smith and Costa), restaurants, vending machines and trolley services. The Trust services have met all the CQUIN criteria, as demonstrated through the monthly data monitoring.

Mr McGee commented that the Trust had achieved the highest rate in the country of staff receiving the flu vaccination at 92%.

Mrs Pearson stated that the Ribblesdale Ward at Clitheroe Community Hospital had gone through the SPEC process since the last meeting and asked the Board to approve the award of silver status. Directors approved the request to award Ribblesdale Ward silver ward status.

RESOLVED: **Directors received the report and noted its content. Directors approved the request to award Ribblesdale Ward silver ward status.**

TB/2018/036 **PATIENT STORY**

Mrs Pearson introduced Mr Eggleston to the Board and confirmed that he would be providing his account of his wife's care by the Trust and other services within the Pennine Lancashire area.

Mr Eggleston explained that in 2010 his wife began to show symptoms associated with aging. Things worsened over time and she was eventually diagnosed with Alzheimer's disease in 2013. He reported that the support provided by the community and social services was exemplary. Mr Eggleston said that, after having regular support from social services and primary care services for a number of years, in August 2017 he got to the stage where he could no longer cope with his wife's increasing needs. In conjunction with her GP and social care, he made the difficult decision to move her into a residential home which she was familiar with, after experiencing their day care facilities on a regular basis. In February 2018 Mrs Eggleston was admitted to the Royal Blackburn Teaching Hospital, where she was seen immediately and admitted to the Acute Medical Unit and then to ward C2. Due to Mrs Eggleston being very frail it was not possible to undertake the operation required on her bowel. She was seen by the end of life care team who put together a suitable care package to ensure that she was comfortable in her last days of life. Mr Eggleston went on to thank all

the staff involved in the care of his wife and commented that the NHS gets a lot of negative media attention, but there is far more positive work that is undertaken by the NHS and social care than is reported.

Mr McGee thanked Mr Eggleston for his account on behalf of the Board and commented that the story provided a great example of services working together for the benefit of the patient and their family. It was agreed that Mr Eggleston's comments would be shared across a range of Trust and external media platforms, particularly the elements of his experience that focused on cross organisational working.

Mr Eggleston and Mrs Ridehalgh left the meeting at this point (2.55pm)

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

TB/2018/037 **CORPORATE RISK REGISTER**

Dr Riley presented the report and provided an overview of the changes which had been proposed to the register for the Board's consideration. He confirmed that there were no additional risks which had been proposed for inclusion and no risks proposed for de-escalation from the register. There had been however, minor modifications to two of the risks on the register. They were noted to be: Risk 7108*: escalation area usage* scored at 15 was combined with Corporate Risk 1810 and Risk 7401: *junior doctor availability in ICG* scored at 10 was aggregated with Corporate Risk 5790.

Directors discussed Risk 7067*: failure to provide timely mental health treatment impacts adversely on patient care & safety and quality*, and it was noted that whilst the Trust is not a provider of mental health care, the organisation has a responsibility to ensure that the patients are safe until mental health provision is secured.

Directors also discussed the ongoing issues in relation to Risk 7583: *loss of facility for Containment Level 3 in pathology* and noted that daily management checks were in place to monitor the issue.

Directors noted and approved the changes to the register.

RESOLVED: **Directors received the report and approved the updates to the Corporate Risk Register.**

TB/2018/038 **BOARD ASSURANCE FRAMEWORK (BAF)**

Dr Riley referred the Directors to the previously circulated report and provided an overview of the work carried out since the last meeting, including the presentation and discussion of the BAF risks at the Trust Board's Sub-Committees. He provided an overview of the

updates which had been completed since the last meeting, including the revision of the description of BAF risk 1 from: *Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives* to *Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care* and the review of the executive Directors responsible for the risk. He went on to confirm the proposal made by the Finance and Performance Committee to increase the scoring of the risk to 20 based on an increased likelihood of the risk materialising (likelihood 5 x consequence 4). Mr McGee commented that it was appropriate to increase the risk rating to 20.

It was confirmed that the document presented to the Board today would be subject to its annual reviewed by the Executive Directors and Sub-Committees and the new version of the document would be presented to the meeting in July 2018.

Directors received the report and approved the proposed changes for inclusion in the document.

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

TB/2018/039 **SERIOUS INCIDENTS REQUIRING INVESTIGATION REPORT**

Dr Riley presented the report to the Directors and gave an overview of the content. He referred the Directors to the section of the report relating to the work which had been undertaken to reduce the number of stillbirths and confirmed that in 2017 the Trust had recorded its lowest number of stillbirths in 10 years. The number of stillbirths was 32 and of of those, 4 cases were described as identifying elements of care which affected the outcome. Learning has been shared and practice changes implemented as a result of these cases. Mrs Pearson confirmed that the Trust's Family Care Division had been asked to act as a buddy organisation for a Trust from the second cohort of the improvement collaborative.

Dr Riley highlighted the 'never event' action plan for information and assurance that learning had been identified from each event and practice changed as a result. He provided an overview for a number of initiatives which had been implemented as a result of the events identified in theatres, including 'stop before you block' and '10,000ft'.

In response to Mr Smyth's question regarding reporting, Dr Riley highlighted a number of benefits of the enhanced reporting of incidents that the Trust undertakes, including the opportunities to learn from incidents and improve practice; disseminate learning and long

term performance improvements.

Dr Riley stated that we must not overlook the tragedy of a loss of a patient or incident and the Trust has a family liaison officer who works closely with the families of patients. The Trust is able to share all the evidence with the families and they are asked to sign off the final reports. The Directors received and noted the information contained within the report.

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

TB/2018/040 **SELF-CERTIFICATION DECLARATION**

Mrs Bosnjak-Szekeres presented the self-certification documents to the Directors for approval. She reported that the documents must be reviewed and approved by the Board and confirmed that once approved, the documents would be published on the Trust website within 28 days, rather than submitted to NHS Improvement, as had been the case in the previous year. She provided an overview of the content and Directors approved it for signature by the Chairman and Chief Executive and publication on the Trust website.

RESOLVED: **Directors approved the self-certification for signing and publication.**

TB/2018/041 **EMERGENCY CARE DEVELOPMENT**

Dr Riley provided a presentation to the Directors regarding the work which is being undertaken to improve the emergency care pathway. The report covered the following items: the aims and principles of the development; utilisation management teams of challenged and high performing emergency departments; the current clinical model being used; the first stage of the revised clinical model for implementation from September 2018; and an overview of the key work that was underway.

In response to Mr Wedgeworth's question regarding 'assess to admit', Dr Riley commented that there was a need to have greater trust in the local GP population and have a more streamlined way in which they can refer patients to the department. He went on to report that one of the key benefits of paramedics commencing treatment of patients on the way to the hospital was the improved and more streamlined triage that could take place once the patient arrived at the department.

Mr McGee expressed his excitement at the aforementioned developments to the pathway and commented that there was no single action which would improve performance against the four hour standard enough to consistently achieve the required 95%. He reported that in conjunction with a number of other programmes of work that were being undertaken

performance would undoubtedly improve.

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

TB/2018/042   2018/19 FINANCIAL FRAMEWORK

Mr Wood presented the document and confirmed that it reflected the challenging financial environment which the Trust and the NHS in general were operating in. He provided an overview of the document and confirmed that even with a cost improvement plan of 4%, the Trust would not be in a position to achieve financial balance at the year end. Directors noted that the Trust was forecasting a 2018/19 year end underlying deficit position of £19,000,000 and that the Trust was committed to managing the position over the course of the year and beyond.

Directors approved the proposed financial framework for 2018/19.

Professor Fairhurst joined the meeting at this point (2.30pm)

RESOLVED: **Directors approved the proposed financial framework for 2018/19.**

TB/2018/043   INTEGRATED PERFORMANCE REPORT

Mr McGee introduced the report to the Directors and confirmed that the report related to the month of March 2018 and confirmed that the Trust had received a letter from the Secretary of State for Health and Social Care regarding the sustained achievement of 18 week Referral To Treatment (RTT) indicator. The Directors noted that the overall performance was reasonable, however further work was required to ensure compliance with the four hour emergency care standard and the achievement of the financial control total.

a)   Performance

Mr Bannister reported that the performance against the four hour emergency care standard was 78.7% for March 2018, based on 19,070 attendances. The position was exacerbated by high bed occupancy which negatively impacted on the flow through the pathway. He confirmed that there had been twenty-three 12 hour breaches in the month; all of which were noted to be patients who required mental health assessment/treatment by Lancashire Care NHS Foundation Trust. Directors noted that the increase in the number of people being brought into the Trust's emergency department under section 136 of the Mental Health Act 1983. Mr Bannister reported that performance in relation to ambulance handovers taking over 30 minutes to complete had deteriorated in the month, with 1008 patients not being

handed over in the required timeframe.

Mr Bannister confirmed that the Trust had met the RTT standard in March and there were no patients who had waited over 52 weeks for treatment.

All cancer targets, with the exception of the 62 day indicator, were achieved during the reporting month of February 2018.

Directors noted that overall delayed transfers of care stood at 2.95% for the month, which was under the threshold of 3.5% and equated to 24 beds lost per day in March 2018.

In response to Professor Fairhurst's question regarding patients coming into the Trust's emergency department under section 136 orders and the assessment of risk, Mr Bannister commented that these patients are often in the department for long periods of time and this represents an elevated level of risk. He went on to confirm that the Trust is working with LCFT to manage the risks but it was noted that on occasions the Trust does carry a great deal of risk. Directors noted that LCFT were also working with the Lancashire Constabulary to find a suitable solution to the current situation.

Directors briefly discussed the funds that had been made available for mental health patients and services and it was noted that as a system we are challenging some of the decisions that have been made at a national level regarding allocation of funds.

Professor Fairhurst stated that the Board should record its views on the unacceptable position and the implications for patient experience for those who have mental health issues and the Board looks forward to the outcomes of the collaborative systems working.

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

b)   Quality

Dr Riley reported that the Trust had ended 2017/18 with a total of 37 cases of clostridium difficile (C-Diff). This is nine cases above the threshold set by NHSI. He commented that whilst this was a higher than desired number of cases, it compared favourably to similar sized Trusts and regional peers. Mortality indicators remain constant and below the expected range. Dr Riley reported that the training of reviewers for Structured Judgment Reviews (SJR's) is underway.

In response to Mr McGee's question concerning the appraisal rates for medical staff, Dr Riley confirmed that there were three things which have enabled the Trust to maintain good re-appraisal rates, one being the implementation of a user friendly software package; another being the number of well-trained appraisers across the Trust and the third being the

implementation of the revalidation process at a national level, which will not allow an individual to be revalidated in their role unless their appraisals are up to date.

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

c) Workforce

Mr Moynes reported that staff sickness had reduced to 4.6% since the last meeting and that core skills training was rated as green across all eleven areas. He went on to confirm that appraisal rates remained good and that induction rates were positive at 96%.

Directors noted that there was a number of vacancies across the Trust, mostly for nursing and medical roles and that work continued to take place to improve the position, such as the promotion of good news stories, advertisements, recruitment days, recruitment and retention premia, retire and return agreements and role substitution. On a longer term basis, the Trust was working to develop and embed a culture and leadership approach which would set the Trust above other organisations as a place to work.

In response to Miss Malik's question, Mr Moynes reported that work was being undertaken to address the problem of short term and repetitive sickness.

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

d) Safer Staffing

Mrs Pearson reported that nursing and midwifery staffing continued to be a significant challenge for the Trust during the reporting period of March. She confirmed that two areas fell below the 80% fill rates and a number of escalation areas needed to be opened. Directors noted that there had been five red flag incidents recorded on the Datix risk management system, but no harms had been reported as a result of those incidents. Mrs Pearson stated that daily staffing teleconferences continue and work is taking place with regard to recruitment of nursing staff. She went on to report that following a recent recruitment drive with Health Education England and the Global Learning Programme, 17 offers of employment had been made to nurses from southern India. Directors noted that further 20 Nurse Associates would commence in post in June and that recruitment days were being planned to take place in local colleges.

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

e)   Finance

Mr Wood reported that despite the last financial year being extremely challenging for the Trust, he was able to confirm a positive financial outcome at the year end. He reported that the small surplus which the Trust had made was as a result of the receipt of last minute bonus monies totalling £5,600,000 awarded by NHSI.

Professor Fairhurst commented that there was a need to recognise that despite the significant pressures and challenges that have been faced in the year, the Trust has managed to meet almost all of the standards and where further improvements are required, identified improvement trajectories are demonstrating progressand the Trust could clearly articulate what work was needed to achieve the required results.

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

TB/2018/044   FINANCE AND PERFORMANCE COMMITTEE UPDATE REPORT

Mr Wharfe presented the report form the Finance and Performance Committee and confirmed that the Committee had met twice since the last report to the Board. He reported that the members had spent time discussing the operational performance of the Trust and the financial position for the year. He also reported that the Committee had discussed at length the draft budget for 2018/19 and the significant savings which the Trust needed to make as part of its Safely Releasing Costs Programme (SRCP).

RESOLVED: Directors received the report and noted its content.

TB/2018/045   QUALITY COMMITTEE UPDATE REPORT

Miss Malik presented the report for information and highlighted the receipt by the Committee of the annual report pertaining to the Trust's organ donation service; the information regarding the healthy eating CQUIN and the results of the national NHS Staff Survey.

RESOLVED: Directors received the report and noted its content.

TB/2018/046   REMUNERATION COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

TB/2018/047   TRUST BOARD PART TWO INFORMATION REPORT

The report was presented to the Board for information.

TB/2018/048   ANY OTHER BUSINESS

There were of further matters of business raised.

TB/2018/049   OPEN FORUM

Mr McLean commented that he had attended the Board meeting today for a number of reasons, including the need to express concerns regarding the treatment of patients with mental health needs. Mr McGee confirmed that the Trust is not the provider of mental health services, this falls to Lancashire Care NHS Foundation Trust (LCFT). ELHT has a responsibility to ensure that any patients with mental health needs were managed in a place of safety until LCFT were able to attend to the patient. Mr McLean commented that he had been contacted by a number of patients to raise the issue of lack of availability of mental health beds. He went on to suggest that the increased number of people being brought into the Trust as part of the revised section 136 legislation was unacceptable for the person being held under section 136 and also the other patients and staff in the emergency department. He urged the Board to work closely with providers of mental health services to find a solution to this issue. Mr McGee confirmed that there is a mental health decision unit within the LCFT building on the Blackburn site and reported that the Trust was making the case that it would be more appropriate for patients with mental health needs to be streamed straight to the unit rather than into the emergency department.

TB/2018/050   BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst invited comments and observations about the meeting from the Directors. The Directors commented that the members had attended to a range of matters and had received good levels of assurance.

Mrs Pearson commented that as a Board it is sometimes possible to lose sight of the individual and that the patient story that was shared at the meeting reminded her of the complexity of the care that is needed and provided to patients with long term conditions, such as Alzheimer's.

Mr McGee suggested that this was true at times and that out of necessity senior managers can become focused on process rather than the individual. He went on to comment that the presentation regarding the emergency care developments allows the Board to think about the long term development of the Trust.

Professor Fairhurst commented that it was important that the strategic work of the Trust was informed by soft intelligence. She went on to remind the Directors that the vast majority of

the staff who work in the Trust were also residents of the area and therefore likely to be patients at some point.

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

TB/2018/051   **DATE AND TIME OF NEXT MEETING**

The next Trust Board meeting will take place on Wednesday 11 July 2018, 14:30, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.

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TRUST BOARD REPORT	**Item**	**58**
11 July 2018	**Purpose**	**Information**

Title	Action Matrix
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Professor E Fairhurst, Chairman

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Recruitment and workforce planning fail to deliver the Trust objective
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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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(58) Action Matrix

NHS

East Lancashire Hospitals
NHS Trust

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
TB/2018/012: Board Assurance Framework (BAF)	The annual review of the BAF will address the risk around the workforce planning amongst other matters. The revised BAF will be presented to the July Board.	Associate Director of Corporate Governance	July 2018	Agenda Item July 2018
TB/2018/014: National Staff Survey Results	The Trust's Health and Wellbeing Strategy will be presented to a future Trust Board meeting for approval.	Director of HR and OD	TBC	Agenda Item TBC
TB/2018/018: Standing Financial Instructions and Standing Orders	Directors approved the Standing Financial Instructions pending review and agreement of the process relating to VSM pay approvals set out in section 9.1.4.	Audit Committee	July 2018	Verbal Report July 2018
TB/2018/035: Chief Executive's Report	Ribblesdale Ward at Clitheroe Community Hospital to be awarded 'Silver Status'	Director of Nursing	July 2018	Verbal Report
TB/2018/040 Self-Certification Declaration	Self-Certification to be signed and published on the Trust website	Associate Director of Corporate Governance	July 2018	Verbal Report

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East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

11 July 2018

Item	**60**
Purpose	Information

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

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

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Recruitment and workforce planning fail to deliver the Trust objective
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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	Yes	Financial	Yes

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Equality   No   Confidentiality   No

Previously considered by: N/A

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Introduction

1. Board members are asked to note the Chief Executive's report. The report, as normal, is split into three parts. Part one details major national initiatives, part two picks up on internal initiatives and part three is a summary of the Chief Executive's diary. The report continues to highlight how busy the Trust has been each month and also shows the excellent progress that is being made on a number of fronts. By the time of this report is submitted to the Board the NHS will have celebrated its 70 birthday on the 5th July 2018 which is a massive achievement and deserves to be celebrated not only by all who work in this wonderful institution but by those who use its services each and every day.

National Updates

2. NHS England and NHS Improvement held their first public board meeting focusing on **creating coherent system leadership**. As well as discussing how local NHS services can better work together to deliver the NHS' 2018/19 operating plan, new ways of internal working between the two organisations was discussed. These included many national functions moving to single integrated teams reporting to both organisations, or hosted teams working in one organisation on behalf of both.

3. NHS England has confirmed **new and expectant mums** will be able to access **specialist perinatal mental health community services** in every part of the country by April next year. £23 million will be spent on rolling out the second wave of community perinatal services to underserved parts of the country. This funding forms part of a package of measures to transform specialist perinatal services so that at least 30,000 additional women can access evidence based treatment that is closer to home and when they need it, through specialist community services and inpatient mother and baby units.

4. The NHS's 70th birthday took place on the 5 July 2018. To mark the occasion, NHS England officially launched the **NHS Big 7Tea Party**. GP and TV presenter Dr Hilary Jones recently poured tea for NHS staff in the gardens of St Thomas' Hospital to kick start the campaign. The NHS Big 7Tea is a partnership between more than 80 NHS charities with people across the country being asked to host a tea party on the big day and raise a 'cuppa' to thank NHS staff. More than 800 people have already registered to host tea parties.

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5. The **rotating paramedic pilot** programme, funded by Health Education England (HEE), aims to support health and social care systems by maximising the unique skillset and experience of paramedics. The model aims to contribute to the ability of health and social care systems to manage their unscheduled care activity, as well as the opportunity to support winter pressure challenges. Its starting premise is to provide the right response to each 999 call or primary care contact, first time.

6. **NHSI** have produced a **new guide** on common strategies Trusts have used to successfully **reduce reliance on medical agency** spend which includes a lower medical agency spend compared to other Trusts in their regions because of strategies such as senior leadership oversight, reviewing workforce planning and utilising medical banks, the new guide can be found on the NHSI website. ELHT have been set a target for 2018/19 to reduce its agency spend by a further 23%.

7. The NHS is to receive **increased funding of £20.5bn a year by 2023** as part of a new five-year spending plan. Speaking at the Royal Free in London, the Prime Minister, Theresa May, announced the new funding which is intended to give the NHS the financial security to develop a 10-year plan, which will be published later this year. This plan will be developed after further engagement with the service.

8. The NHS has announced **plans to improve patient care by cutting long stays in hospitals.** The NHS, working with local authorities, aims to reduce the number of long staying patients by around a quarter, freeing up more than 4,000 beds in time for the winter surge. ELHT is working with partners across Pennine Lancashire to reduce the number of patients with length of stay greater than 7 days.

9. NHS England has announced a new **£10 million fund to support and retain GPs.** Some £7 million will be made available through regional-based schemes to help GPs to stay in the workforce, by promoting new ways of working and by offering additional support through a new Local GP Retention Fund. A further £3 million will also be made available to establish seven intensive support sites across the country in areas that have struggled most to retain GPs.

10. In the weeks before the **NHS's 70th birthday**, one in eight of **the Queen's Birthday Honours** have been awarded for contributions to health, including more than 60 awards to NHS staff. Midwives, nurses, psychiatrists, GPs and volunteers are among the wide range of people honoured for their work in the health service. **NHS staff have been recognised** for their dedication to providing outstanding patient care, for

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innovation and to a wide range of sectors such as nursing, mental health and emergency care.

11. The latest published data shows the **last five year performance of the NHS Health Check,** with more than 14 million people being offered a Health Check and almost 7 million having one. The Check helps to identify and support people who would benefit from clinical and lifestyle treatment and services for diseases including heart and respiratory disease and diabetes. Public Health England has announced that dementia risk will now be included as part of the Check too, enabling healthcare professionals to talk to patients about how they can reduce their risk.

12. The **National Health Service turned 70** on 5 July 2018. Two weeks before the NHS was launched, on the 22 June 1948, the former German cruise liner Empire Windrush arrived at Tilbury docks carrying 492 passengers from the West Indies. Some of the passengers were the first people to also work in the new National Health Service, followed by 200 plus nationalities who make up a fifth of the NHS workforce today. The NHS has just launched the Windrush 70 Awards, to specifically recognise and celebrate our diverse NHS workforce.

Local Developments

13. The **Trust seal** was applied on the **15 May 2018** to the following documents:

- Duty of care deed relating to the new hospital and health centre at Chatburn Road, Clitheroe between Booth King Partnership Limited, Eric Wright Construction Limited and ELHT

- Lease relating to electricity substation at Clitheroe hospital off Pimlico Link Road, Clitheroe between ELHT and ESP Electricity Limited

The documents were signed by the Chief Executive and the Director of Finance

14. The **Trust seal** was also applied on the **4 June 2018** to the following documents:

- Lease relating to land and Burnley General Hospital fronting onto Briercliffe Road, Burnley between ELHT and East Lancashire Capital Projects Limited

- Licence to carry out works relating to the lease of land at Burnley General Hospital fronting onto Birercliffe Road, Burnley between ELHT and East Lancashire Capital Projects Limited

- Licence to underlet relating relating to land and Burnley General Hospital fronting onto Briercliffe Road, Burnley between ELHT, East Lancashire Capital Projects Limited and North West Ambulance Service NHS Trust

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The documents have been signed by the Chief Executive and the Director of Finance.

15. The **Trust seal** was also been applied on the **12 June 2018** to the transfer relating to the Gas Governor Unit at Burnley General Hospital between ELHT and Cadent Gas Limited. The transfer has been signed by the Chief Executive and the Director of Finance.

16. **Best Results Ever!!** This year's exceptional staff survey results should make everybody who works at ELHT burst with pride. Out of the 32 key findings ELHT are in the top quarter for half of them. We also scored above the national average for staff recommending ELHT to others as a place of work and we are the fifth top performing Trusts in the North! This is a huge tribute to all the staff, the amazing staff that work so hard for our patients, day and night, year on year. Staff all deserve to feel incredibly proud of themselves; Their compassion, their willingness to work hard to do a good job and your caring values has shone.

17. At the **Blackburn Birth Centre**, the first spring babies were born in April, including two very special deliveries. Sisters Lacey and Libby Harris, from Darwen both gave birth to their first children on the same night earlier this week – a highly unusual, and very special, event. Congratulations to the sisters, their family and friends, and well done also to our excellent Birth Centre staff for their dedication and expertise during what must been a very busy time for the family.

18. Three ELHT services have been shortlisted in the **HSJ Patient Safety Awards for 2018** in July. The safety of our patients is our number one priority and it's great to hear the news that some of the most respected judges in UK healthcare have recognised the great work our Dedicated Ward Pharmacy, Placenta Clinic and Respiratory Assessment Unit are achieving.

19. I have attended **The 70th Birthday of the NHS** at Westminster Abbey on the 5th July 2018 with the Chairman Eileen Fairhurst and the Director of Nursing Christine Pearson; ELHT also hosted an NHS 70th celebration tea party on the 3rd July 2018. I attended the **Hyndburn 'Parkrun'** on Saturday 16th June to officially start the event and meet the organisers and runners. More than 130 people – many NHS staff – got together for this 5km run. There were hundreds of 'Parkruns' taking places across the country all in honour of **NHS70**. There were men, women and children all determined to pay their tribute to our fantastic NHS.

20. The **NHS Blood and Transport Service** have reported a record year for the number of people in the UK who donated their organs after they died. This has only been

possible through the generosity of donors making the pledge and their families fulfilling their wishes when the time comes, which is often due to a traumatic accident or injury. It is a tremendously courageous decision to make and ELHT staff helped to facilitate some of these incredible acts of kindness, enabling 14 patients to become organ donors during 2017/18, resulting in 42 lifesaving transplants. This represents our highest number of organ donors and highlighting the Trust's continued commitment to end of life care choices.

21. In addition to the above the Trust subsequently received a letter from the **NHS Blood and Transparent Service** in May 2018 thanking the Trust for helping the UK with the ambition of becoming world class in the area of organ donation and transplantation. The letter explained what the Service would like ELHT to do to help with the ambition by ensuring best quality of care in organ donation on every occasion.

22. It was **International Day of the Midwife** on May 5th, a day celebrated around the world for highlighting the work of midwives. This year's theme – *midwives leading the way with quality care* – is something we see every day from ELHT's 300+ midwives whose amazing professionalism and care we all admire. Not only are our midwives specialists in their chosen profession, but our patients also benefit from specialist midwives in bereavement support, research, drugs liaison, diabetes, safeguarding, mental health and more.

23. **ELHT is a smoke free zone**. We are a health promoting hospital and it is absolutely right that we reduce smoking on our sites. We must also take every opportunity to promote the no smoking policy, make people aware of the support available to them whilst in hospital and shout about the benefits of becoming smoke free. ELHT have invited BwD Council to come onsite to support ELHT with tackling the issue. All staff, visitors and patients can access advice and support from trained smoking cessation advisors.

24. The Trust received a letter from **NHS Employers** on the 6th June 2018 informing the Trust that Nazir Makda who works in the Learning & Development Department at ELHT, had been selected to take part in the **Apprenticeships for All training programme 2018/19**. The letter continued to say that the level of interest and the quality of the applications was very high in this application process and consequently ELHT should be very proud to have been successfully chosen for this programme.

25. The Information Governance Steering Group has been working hard with staff and key partners to help ensure that we achieve compliance with General Data Protection Regulation (GDPR). GDPR (EU) 2016/679 is a regulation in EU law on data

protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA). The GDPR aims to give control to people over their personal data and to simplify the regulatory environment for organisations. The Trust has mobilised a plan to help ensure compliance. This work is overseen by the Trust's Audit Committee.

26. Changes made to the 2018/19 NHS standard contract, means from the 1st October 2018, all GP referrals to first consultant led outpatient appointments have to be made through the Electronic Referral System (e-RS). The Trust will not be paid for the Out Patient activity relating to any referral not made through the e-RS system and not appropriately escalated to the relevant Clinical Commissioning Group (CCG's). Switch off will be in two stages, one of which was carried out on 1 May 2018 (2 week waits/potential cancer referrals) with all other referrals moving to the new system from 31st July 2018.

Summary of Chief Executive's Meetings for May 2018

01/05/18	Meeting with the Kings Fund – RBTH
01/05/18	NLAG Meeting – RBTH
02/05/18	System Teleconference – RBTH
02/05/18	Integrated Care System Board – Preston
02/05/18	CSU/Deloitte Meeting – Preston
02/05/18	Meeting with Medilink/UCLan – Preston
03/05/18	AE Delivery Board – Blackburn
03/05/18	ICP Development Meeting – Preston
04/05/18	Patient Safety Awards – Judging – London
09/05/18	System Teleconference – RBTH
09/05/18	Trust Board – RBTH
10/05/18	ICP Development Meeting - Burnley
10/05/18	Quarterly Review Meeting – RBTH
11/05/18	System Teleconference – RBTH
11/05/18	NHSI/ELHT Catch Up Teleconference – RBTH
14/05/18	System Teleconference – RBTH
14/05/18	Meeting with Executive Director of Adult Services and Health & Wellbeing – RBTH
15/05/18	Back Office Functions Meeting - RBTH
15/05/18	AEDB Preparation Meeting – RBTH

16/05/18	System Teleconference – RBTH
16/05/18	AOs, CEOs and STP Execs meeting – Preston
16/05/18	ICP Development Meeting - RBTH
16/05/18	Accountable Health and Care Partnership Leaders' Forum – Blackburn
17/05/18	Lean in Healthcare: Quality Improvement to deliver better care event – London
18/05/18	System Teleconference – RBTH
18/05/18	NHSI/ELHT Catch Up Teleconference – RBTH
21/05/18	System Teleconference – RBTH
21/05/18	Russ McLean
22/05/18	Pennine Lancashire Healthcare and Wellbeing Transformation Programme - Blackburn
23/05/18	NHS Trust CEO's Roundtable - London
23/05/18	Special Measures fieldwork meeting - London
24/05/18	BwD/ELHT/UCLan Workshop - Blackburn
25/05/18	System Teleconference – RBTH
25/05/18	Lean Feedback – London
29/05/18	Pennine Lancashire Primary Care Provider Alliance - Blackburn
30/05/18	CQC Steering Group - RBTH
31/05/18	Partnership Delivery Group - Nelson

Summary of Chief Executive's Meetings for June 2018

01/06/18	System Teleconference – RBTH
01/06/18	Provider Board – RBTH
01/06/18	Conference Call with Infrared – RBTH
04/06/18	East Lancashire Teleconference – RBTH
05/06/18	Conference Call with Infrared – RBTH
05/06/18	Accountable Health and Care Partnership – Blackburn
05/06/18	ICP Development Session with Governing Bodies – Blackburn
06/06/18	Integrated Care System Board – Preston
06/06/17	UEC Escalation Meeting – Manchester
07/06/18	A&E Delivery Board – RBTH
07/06/18	ELHT/GGI Buddying Working Group – Manchester
08/06/18	Pennine Lancs Interviews – Nelson
08/06/18	Digital Catch Up Call – RBTH

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08/06/18	Level 3 Investigation feedback – Preston
11/06/18	BGTH Walkabout – BTGH
11/06/18	Councillor Tony Dobson Leader of Conservative Group Hyndburn – RBTH
12/06/18	Teleconference RE Developing a new Commissioning Framework – RBTH
13/06/18	NHS Confed – Manchester
14/06/18	NHS Confed – Manchester
15/06/18	RCP President Elect Dr Goddard cycle ride and charter signing – RBTH
18/06/18	NHSI Lean Programme Senior Leaders Start Up Session – Nelson
19/06/18	Kings Fund Session for ICS Leaders – London
20/06/18	AE Delivery Board Planning – RBTH
20/06/18	Next Phase of Mobilising Together a Healthier Future – Nelson
21/06/18	Teleconference with HSJ RE Patient Safety Congress
22/06/18	Meeting with Shadow Governors to update on STP/ICP
22/06/18	NHSI/ELHT Catch Up - RBTH
25/06/18	Russ McClean – RBTH
25/06/18	Invitation to Social Integration Shadow Board – Blackburn
26/06/18	ELHT/Infrared Teleconference – RBTH
27/06/18	Chief Executives in the Aspiring Finance Leaders Talent Pool Plus Meeting – Leeds
28/06/18	ELHT/UCLAN Medical Education Conference – Blackburn
28/06/18	Local Integrated Care Partnership – Blackburn
29/06/18	Teleconference RE Support Offers to UEC – RBTH
29/06/18	NHSI/EHLT Catch Up – RBTH
29/06/18	Team Brief - BGTH

Summary of Chief Executive's Meetings for July 2018

03/07/18	NHS70 celebration tea party – RBTH
04/07/18	Integrated Care System Board – Preston
04/07/18	UEC Session – Preston
05/07/18	The 70th Birthday of the NHS – Westminister, London
09/07/18	Partnership Delivery Group – Nelson
09/07/18	HSJ Patient Safety Awards – Manchester
10/07/18	HSJ Patient Safety Awards – Manchester
11/07/18	System Teleconference – RBTH
11/07/18	Trust Board – RBTH

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18/07/18	Honorary Fellowship – Preston
19/07/18	AE Delivery Board preparation Meeting – RBTH
19/07/18	Accountable Health and Care Partnership Leaders Forum – Blackburn
20/07/18	NHS NWLA Board Meeting – Preston
25/07/18	Making it Happen Programme – Nelson
26/07/18	Diagnostic Project Group Meeting – Preston
27/07/18	System Teleconference – RBTH
27/07/18	Team Brief – RBTH
27/07/18	NHSI/ELHT Catch Up – RBTH
27/07/18	Team Brief – BGTH
27/07/18	Team Brief – PCH
31/07/18	EY Workshop – RBTH

East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT | **Item** | **62**

11 July 2018 | **Purpose** | Approval

Title	Corporate Risk Register Report
Author	Mrs F Murphy, Head of Legal Services
	Mr D Tita, Risk Manager
Executive sponsor	Dr D Riley, Medical Director

Summary: The report presents the outcome of the recent review of the Corporate Risk Register. The Corporate Risk Register is presented for approval with changes in month highlighted in the body of the report.

Recommendation: Members are requested to receive 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 the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Recruitment and workforce planning fail to deliver the Trust objective
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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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| Legal | No | Financial | Yes |
| Equality | No | Confidentiality | No |

Previously considered by: Operational Delivery Board (June 2018)

1.   Introduction

The Risk Assurance Meeting has delegated responsibility for verifying and monitoring the Corporate Risk Register. The changes recommended by the RAM and Patient Safety Risk Assurance Committee to the Corporate Risk Register are set out in this report. Directors have also reviewed their risks to reflect any changes in the current risk profile.

Two RAM meetings took place in May to review all risks provisionally scored at 15 or above to monitor progress through Divisional processes and gain further assurance on risk register reporting. The newly appointed Risk Manager was in attendance at the second meeting at the end of this month.

2.   Risks de-escalated and removed from the Corporate Risk Register:

No risks have been de-escalated or removed. The following risks will be considered for reduction in risk scoring at the next RAM meeting:

- Risk 7067 (reduction in scoring and de-escalation)
- Risk 1810
- Risk 5791

3. Risks to be incorporated onto Corporate Risk Register:

Two risks are recommended for inclusion on the Corporate Risk Register:

- Risk 7659 – Lack of assurance that staff recognise the deterioration of type 1 & 2 diabetes patients
- Risk 7684 – Failure to provide assurance of regulatory compliance for safety alerts received through the Central Alerting System

4.   Corporate Risk Register (Appendix 1)

The current Corporate Risk Register is attached at Appendix 1. The following changes have been made:

- Risk 7067 – Aggregated risk 7582 reduced from 15 to 8 (inability to meet the needs of high risk mental health patients on inpatient wards)
- Risk 1810 – Aggregated risk 2310 reduced from 16 to 12 (failure to deliver 18 week RTT has an adverse impact on staff and patients) and aggregated risk 7587 reduced from 16 to 12 (lack of optimal care in ED due to lack of embedded clinical systems)
- Risk 5791 – Aggregated risk 7496 reduced from 15 to 12 (failure to reduce nursing and midwifery agency costs will adversely impact financial sustainability & patient care)

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Conclusion

Members are asked to note the assurances provided in relation to the ongoing management of the risks on the Corporate Risk Register and approve the paper.

Frances Murphy, Head of Legal Services, June 2018

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NHS Trust

Title:	Failure to meet service needs due to lack of Trust capacity impacts adversely on patient care				
ID	1810	Current Status	Live Risk Register – all risks accepted	Opened	05/07/13
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 3 Consequence: 3 Total: 9
Risk Handler:	Tony McDonald	Risk Owner:	John Bannister	Linked to Risks:	2310(12), 908(20), 3835(16), 7587(12) 7108 (15)
What is the Hazard:	• Lack of bed 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	What are the risks associated with the Hazard:	• Patients being managed on trolleys in the corridor areas of the emergency /urgent care departments impacting on privacy and dignity. • Delay in administration of non-critical medication. • Delays in time critical patient targets (four hour standard, stroke target) • Delay in patient assessment • Potential complaints and litigation. • Potential for increase in staff sickness and turnover. • Increase in use of bank and agency staff to backfill. • Lack of capacity to meet unexpected demands. • Delays in safe and timely transfer of patients		
What controls are in place:	• Daily staff capacity assessment • Daily Consultant ward rounds • Establishment of specialised flow team • Bed management teams • Delayed discharge teams • Ongoing recruitment • Ongoing discussion with commissioners for health economy solutions • ED/UCC/AMU will take stable	Where are the gaps in control:	Trust has no control over the number of attendees accessing ED/UCC services		

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	assessed patients out of the trolley space/bed to facilitate putting the unassessed patients in to bed/trolley • ED/UCC/AMU will take stable assessed patients out of the trolley space/bed to facilitate putting the unassessed patients in to bed/trolley • Introduction of Full Capacity Protocol • Refined 2 hourly patient flow meetings		
What assurances are in place:	• Regular reports to a variety of specialist and Trust wide committees • Consultant recruitment action plan • Escalation policy and process • Monthly reporting as part of Integrated Performance Report • Weekly reporting at Exec Team • System Oversight by Pennine Lancashire A+E Delivery Board	What are the gaps in assurance:	None identified

Actions to be carried out
Numerous actions are incorporated within the Emergency Care Pathway Redesign Programme which forms part of the Trust's Transformation Programme Review the impact of the newly introduced Full Capacity Protocol and refined patient flow meetings Development of Ambulatory and Emergency Care Unit and new pathways
Notes: Mitigating actions are deployed on a daily basis at an operational level to reduce the risk to patient care.

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East Lancashire Hospitals
NHS Trust

Title:	Aggregated risk – Failure to reduce medical locum costs will adversely impact financial sustainability and patient care				
ID	5790	Current Status	Live Risk Register – All risks accepted	Opened	11/09/15
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 3 Consequence: 3 Total: 9
Risk Handler:	Simon Hill	Risk Owner:	Damian Riley	Linked to Risks:	908 (20), 4488 (12), 7268 (9), 5557 (12), 3835 (16), 7401 (10)
What is the Hazard:	Gaps in medical rotas require the use of locums to meet service needs at a premium cost to the Trust	What are the risks associated with the Hazard:	• Escalating costs for locums • Breach of agency cap • Unplanned expenditure • Need to find savings from elsewhere in budgets		
What controls are in place:	Divisional Director sign off for locum usage Ongoing advertisement of medical vacancies Consultant cross cover at times of need	Where are the gaps in control:	Reduction in agency staffing costs form previous year has already been demonstrated, however, the availability of medical staff to fill permanent posts continues in some areas, linked to regional or national shortages in some specialties		
What assurances are in place:	Directorate action plans to recruit to vacancies Reviews of action plans and staffing requirements at Divisional meetings Reviews of action plans and staffing requirements at trust Board meetings and Board subcommittees Reviews of plans and staffing requirements at performance meetings Analysis of detailed monthly report through AMG (Agency Monitoring Group). Areas for targeted action understood	What are the gaps in assurance:	None identified.		
Actions to be carried out					
Per individual linked risks Ongoing recruitment and innovative packages offered Workforce transformation and new models of skill mix On-going pressure to reduce locum rates					
All requests to exceed capped rates to be approved by medical directorate on a case by case basis.					

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NHS Trust

Title:	Aggregated risk – Failure to reduce nursing and midwifery agency costs will adversely impact financial sustainability and patient care				
ID	5791	Current Status	Live Risk Register – all risks accepted	Opened	11/09/15
Initial Rating	Likelihood: 3 Consequence: 5 Total: 15	Current Rating:	Likelihood: 3 Consequence: 5 Total: 15	Target Rating:	Likelihood: 4 Consequence: 2 Total: 8
Risk Handler:		Risk Owner:	Christine Pearson	Linked to Risks:	3804 (12), 7496 (12)
What is the Hazard:	Use of agency staff is costly in terms of finance and levels of care provided to patients	What are the risks associated with the Hazard:	• Breach of agency cap • Agency costs jeopardising budget management		
What controls are in place:	• Daily staff teleconference • Reallocation of staff to address deficits in skills/numbers • Ongoing reviews of ward staffing levels and numbers at a corporate level • 6 monthly audit of acuity and dependency to staffing levels • Recording and reporting of planned to actual staffing levels • E-rostering • Ongoing recruitment campaigns • Overseas recruitment as appropriate • Establishment of internal staff bank arrangements • Senior nursing staff authorisation of agency usage • Monthly financial reporting	Where are the gaps in control:	• Unplanned short notice leave • Non elective activity impacting on associated staffing • Break downs in discharge planning • Individuals acting outside control environment		
What assurances are in place:	• Daily staffing teleconference with Director of Nursing • 6 monthly formal audit of staffing needs to acuity of patients • Exercise of professional judgement on a daily basis to allocate staff appropriately • Monthly report at Trust Board meeting on planned to actual nurse staffing levels • Active progression of recruitment	What are the gaps in assurance:			

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NHS Trust

	programmes in identified areas		
Actions to be carried out			
All current planned actions completed as shown in "what controls are in place" Non-Medical Bank and Agency Group			
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an on-going basis with assurances being provided to Divisional meetings.			

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NHS Trust

Title:	Aggregated Risk – Failure to meet internal and external financial targets in year will adversely impact the Continuity of Service Risk Rating				
ID	7010	Current Status	Live Risk Register – all risks accepted	Opened	25/08/16
Initial Rating	Likelihood: 3 Consequence: 5 Total: 15	Current Rating:	Likelihood: 5 Consequence: 4 Total: 20	Target Rating:	Likelihood: 4 Consequence: 3 Total: 12
Risk Handler:	Allen Graves	Risk Owner:	Jonathan Wood	Linked to Risks:	1487 (12), 1489 (12), 6692 (15),
What is the Hazard:	Failure to meet the targets will result in the Trust having an unsustainable financial position going forward and the likely imposition of special measures	What are the risks associated with the Hazard:	• If Divisions deliver their SRCP and meet their Divisional financial plans the Trust will achieve its agreed control total. • Breach of control totals will likely result in special measures for the Trust, adverse impact on reputation and loss of autonomy for the Trust • Sustainability and Transformational funding would not be available to the Trust • Cash position would be severely compromised		
What controls are in place:	• Standing Orders • Standing Financial Instructions • Procurement standard operating practice and procedures • Delegated authority limits at appropriate levels • Training for budget holders • Availability of guidance and policies on Trust intranet • Monthly reconciliation • Daily review of cash balances • Finance department standard operating procedures and segregation of duties	Where are the gaps in control:	Individual acting outside control environment in place		
What assurances are in place:	• Variety of financial monitoring reports produced to support planning and performance • Monthly budget variance undertaken and reported widely	What are the gaps in assurance:			

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NHS Trust

	• External audit reports on financial systems and their operation		
	• Monthly budget variance undertaken by Directorate and reported at Divisional Meeting		
	• Monthly budget variance report produced and considered by corporate and Trust Board meetings		
	• internal audit reports on financial system and their operation		

| Actions to be carried out |
| Per individual linked risks |
| Notes:
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an on-going basis with assurances being provided to Divisional meetings. |

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NHS Trust

Title:	Aggregated Risk - Failure to provide timely Mental Health treatment impacts adversely on patient care & safety and quality				
ID	7067	Current Status	Live Risk Register – all risks accepted	Opened	06/10/2016
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 4 Consequence: 3 Total: 12	Target Rating:	Likelihood: 2 Consequence:3 Total: 6
Risk Handler:	Jill Wild	Risk Owner:	John Bannister	Linked to Risks:	2161 (12) 7582 (8)
What is the Hazard:	Mental Health patients with decision to admit may have extended waits for bed allocation.	What are the risks associated with the Hazard:	• Breach of 4 hour standard in ED • Breach of 12 hour trolley wait standard in ED • Impact on patient care • Risk of harm to other patients • Impact on staffing to monitor/ manage patient with MH needs		
What controls are in place:	• Development of LCFT Clinical Decision Unit • Frequent meetings to minimise risk between senior LCFT managers and Senior ELHT managers to discuss issues and develop pathways to mitigate risk including; • Mental Health Shared care policy, • OOH Escalation pathway for Mental health patients, • Instigation of 24hrs a day Band 3 MH Observation staff. • In Family Care – liaison with ELCAS • Monthly performance monitoring • Monitoring through Pennine Lancashire improvement pathway • Monitoring by Lancashire and Cumbria Mental Health Group • Twice weekly review of performance at Executive Team teleconference	Where are the gaps in control:	• Unplanned demand • ELCAS only commissioned to provide weekday service • Limited appropriately trained agency staff available		

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NHS Trust

	• Discussion and review at four times daily clinical flow meeting • Introduction of mental health triage service within ED		
What assurances are in place:	• Ongoing meetings with LCFT and commissioners • Regular review at Divisional and Executive team level • Appropriate management structures in place to monitor and manage performance • Appropriate monitoring and escalation processes in place to highlight and mitigate risks • Ongoing monitoring of patient feedback through a variety of sources • Escalation of adverse incidents through internal & external governance processes • Appropriate escalation and management policies and procedures • Joint working with external partners • Daily system teleconferences • A&E Delivery Board monitoring	What are the gaps in assurance:	Other agency capacity and availability of s136 facilities
Actions to be carried out			
Per linked risks			
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an on-going basis with assurances being provided to Divisional meetings.			

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NHS Trust

Title:	Failure to have PACS operating effectively adversely impacts patient care and services				
ID	7457	Current Status	Live Risk Register – all risks accepted	Opened	30/08/17
Initial Rating	Likelihood: 5 Consequence: 4 Total: 20	Current Rating:	Likelihood: 4 Consequence: 4 Total: 16	Target Rating:	Likelihood: 3 Consequence: 4 Total: 12
Risk Handler:	Neil Fletcher	Risk Owner:	Johnathon Wood	Linked to Risks:	7552 (16)
What is the Hazard:	• Lack of data available while treating patient could cause harm	What are the risks associated with the Hazard:	• Delays in patient pathway. • Downtime in clinics and theatres • Poor patient experience • Failure of backup systems • Increased complaints.		
What controls are in place:	• Discussions with Managed Equipment Service • Backup systems involving getting physical or disk copies of images	Where are the gaps in control:	Unpredictable unavailability		
What assurances are in place:	• Regular reports to a variety of specialist and Trust wide committees	What are the gaps in assurance:	None identified		
Actions to be carried out					
Ongoing discussions with supplier being led by Director of Finance					

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NHS Trust

Title:	Loss of facility for Containment Level 3 in pathology				
ID	7583	Current Status	Live Risk Register – all risks accepted	Opened	26/11/17
Initial Rating	Likelihood: 3 Consequence: 5 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 1 Consequence: 3 Total: 3
Risk Handler:	Pamela Henderson	Risk Owner:	Johnathon Wood	Linked to Risks:	
What is the Hazard:	• Changes to air pressure have caused rips and bubbling of the vinyl wall covering. If the wall covering integrity is damaged beyond immediate repair the CL3 facility will be put out of use.	What are the risks associated with the Hazard:	• Chemicals used to treat contaminants will not be contained within the L3 facility		
What controls are in place:	• Ongoing daily inspection and remedial action in response to vinyl covering issues	Where are the gaps in control:	None identified		
What assurances are in place:	• Ongoing discussions and reporting with PFI partners on a daily basis	What are the gaps in assurance:	None identified		
Actions to be carried out					
Discussion with PFI partners and specialists progressing to remedy issues. Consort have taken on the proposed refurbishment and plans are going out to tender in the near future.					

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NHS Trust

Title:	Lack of assurance staff recognise and act on deterioration of type 1 & 2 diabetes patients				
ID	7659	Current Status	Live Risk Register – all risks accepted	Opened	06/03/2018
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 2 Consequence: 3 Total: 6
Risk Handler:	Charles Thomson	Risk Owner:	Damian Riley	Linked to Risks:	
What is the Hazard:	Inability to timely recognise hyperglycaemia and hypoglycaemia in patients with diabetes whilst admitted.	What are the risks associated with the Hazard:	Inability to timely recognise signs and symptoms of hyperglycaemia and treat accordingly leading to the potential of type 1 diabetes patients developing (DKA) Diabetic Ketoacidosis leading to the potential of type 2 diabetes patients developing Hyperosmolar hyperglycemic state (HHS) failure to recognise signs and symptoms of hypoglycaemia and treat accordingly		
What controls are in place:	Joint British Diabetes Societies Inpatient Care Group The Management of Diabetic Ketoacidosis in Adults 2013 (intranet)Guidance ELHT - ED DKA pathway (intranet)Guidance The management of the hyperosmolar hyperglycaemic state (HHS) in adults with diabetes Joint British Diabetes Societies Inpatient Care Group (intranet)Guidance The Hospital Management of Hypoglycaemia in Adults with Diabetes Mellitus Joint British Diabetes Societies Inpatient Care Group (intranet)Guidance ELHT Hypoglycamia algorithm (intranet)Guidance seven day Diabetes Inpatient Specialist nurse service- DSN allocated to wards re training	Where are the gaps in control:	There are no gaps in control as the number of DKA/Hyperglycaemia-related incidents has reduced.		

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	programme		
What assurances are in place:	Monitoring incidents log re hyper and hypoglycaemia for NHS England KPI Attendance at training and reduction in hyper and hypoglycaemia incidents	What are the gaps in assurance:	There are no gaps in assurance as the number of DKA/Hyperglycaemia-related incidents has reduced.
Actions to be carried out			
Liaison with Datix coordinator to flag subcategory. DNS attending junior doctor training. E-learning package for all relevant clinical staff. Link with DN team leader. Student nurse training attended.			
Score of risk will be reduced at the next review in the light of the effectiveness of the controls in place.			

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Title:	Failure to provide assurance of regulatory compliance for safety alerts received through the Central Alerting System				
ID	7684	Current Status	Live Risk Register – all risks accepted	Opened	11/04/2018
Initial Rating	Likelihood: 3 Consequence: 5 Total: 15	Current Rating:	Likelihood: 3 Consequence: 5 Total: 15	Target Rating:	Likelihood: 1 Consequence: 5 Total: 5
Risk Handler:	John Houlihan	Risk Owner:	Damian Riley	Linked to Risks:	
What is the Hazard:	A review of the policy arrangements for the management of central alerting system notifications (formerly safety alert broadcast system) noted formal processes to identify the dissemination and communication of safety alerts and safety critical information across the Trust and of procedural controls in monitoring and auditing its effectiveness through a nominated Committee or Group are not robust enough or effective	What are the risks associated with the Hazard:	The communication of safety alerts and other safety critical information issued through the Central Alerting System helps NHS and other organisations, including independent providers of health and social care, to enact upon potential risks of harm or death to staff, patients and public safety. All of which if not properly controlled, may; * Result in the issue of enforcement action and fines * Impact upon claims management and the ability to defend liability claims * Affect CQC registration and license to operate requirements * Affect the commercial viability, credibility and reputation of the Trust		
What controls are in place:	* A robust enough system remains in place to receive safety alert notifications issued by the Medicines and Healthcare Products Regulatory Agency through the Central Alerting System * A robust enough system remains in place of acknowledging safety alert notifications as required within	Where are the gaps in control:			

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	two days of issue through the Central Alerting System Work remains continuous in developing, harmonising and improving the systems and processes by which safety alerts are managed so as to form a unified approach across the Trust. Submission of Central Alerting		
What assurances are in place:	PSRAC Reporting	What are the gaps in assurance:	
Actions to be carried out			
System Performance Report highlighting a review of existing controls, gap analysis and recommended recovery plan for implementation of further controls to be presented for approval at the Patient Safety and Risk Assurance Committee and actions to receive assurance on any outstanding alerts taken. SOP to be developed with DATIX module. Ongoing assurance to be provided to PSRAC			

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TRUST BOARD REPORT

		Item	**63**

11 July 2018

Purpose Approval

Title	Board Assurance Framework (BAF)
Author	Mrs A Bosnjak-Szekeres, Associate Director of Corporate Governance/Company Secretary
Executive sponsor	Dr D Riley, Medical Director

Summary: The Executive Directors have taken a broader look at the risks as part of the annual BAF review, examined the controls and assurances, together with any gaps, to establish whether they have changed. They considered whether they risks are still relevant or have they altered and updated the BAF for the coming year, including any milestones and timelines as appropriate.

The revised BAF was presented to the Finance and Performance Committee on 25 June 2018 and it was briefly discussed at the Audit Committee on 2 July 2018. It was agreed that due to the time constraints, a separate session of the Audit Committee would be held to give the document the attention required. The outcome of this session will be reported to the September Board meeting.

Recommendation:

The Board is asked to discuss the revised BAF, including the controls, potential sources of assurance, gaps and actions to address and mitigate these and approve the document.

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: Executive Team, Operational Delivery Board, Finance & Performance Committee

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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. Following the annual review, the Board is asked to discuss and approve the BAF containing the following strategic risks and risk scores:

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

      i. The proposed **risk score** is 16 (likelihood **4** x consequence **4**).

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

      i. The proposed **risk score** is **12** (likelihood **3** x consequence **4**).

   c) **Risk 3: Collaboration of partnership organisations and system-wide working at Pennine Lancashire Integrated Care Partnership (ICP) and Lancashire and South Cumbria Integrated Care System (ICS) levels have an undetermined effect on organisational identity and sustainability.**

      i. The proposed **risk score** is **12** (likelihood **3** x consequence **4**).

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

      i. The proposed **risk score** is **20** (likelihood **5** x consequence **4**).

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e) **Risk 5: 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.**

   i.   The proposed **risk score** is **12** (likelihood **3** x consequence **4**).

Angela Bosnjak-Szekeres, Associate Director of Corporate Governance/Company Secretary

4 July 2018

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

Responsible Director(s): Director of Finance and Medical Director

Aligned to Strategic Objectives: 1, 2, 3 and 4.

Strategic Risk: Transformation 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. Mismatch between demand and capacity will result in inability to balance elective versus emergency care
3. Inability to provide financial assurance to the Board
4. Reduced ability to integrate primary and secondary care
5. Reduced ability to have the right workforce planning

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 place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2018/19				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.*
						Q1	Q2	Q3	Q4			
The transformation programme has been set for 2018-19 for the Trust, covering following themes: 1. Emergency care pathway 2. Model ward 3. Productivity & Efficiency 4. Community 5. Support services 6. SRCP	Monthly report demonstrating progress against key targets reported to the Financial Assurance Board and the Finance & Performance Committee	15	10	16	4x4	16				Capacity for delivery of transformation programme.	Assurance in place about the process, but assurance about the delivery and benefits is still work in progress at this stage.	Using the Financial Assurance Board meetings and our membership of Pennine Lancashire to influence delivery of transformation.
	ELHT represented on the Pennine Lancashire Finance and Investment Group.									Service redesign methodology developed by the Trust (accepted by Pennine Lancashire). Workshops held at system level and plans for ownership due to the changed structures at Pennine Lancashire level are now being put in place.	Dependency on stakeholders to deliver key pieces of transformation. Linking between clinical effectiveness and the transformation programme needs to be developed.	Care Professionals Board - detailed work to examine the effectiveness of HIMPs in supporting the delivery of new models of care for Pennine Lancashire - report due in March 2018. Clinical engagement progressed at both Pennine Lancashire and Healthier Lancashire level and the Care Professionals Board continues to meet regularly.
The Trust are also working across the Pennine Lancashire footprint to create a single PMO and align plans. This will offer benefits in terms of sharing resources and joint savings and quality plans.	Divisional plans linked to the operational and transformational plans. Agreed pathway developments part of the transformation plan.											
	Clinical Effectiveness Committee acting as a governance mechanism for the agreement of internal pathways. ELHT continues to have provider to provider discussion (e.g. GP federations) with the aim of refining clinical pathways									Capacity and resilience building in relation to the service redesign is in early phase.	Joint control totals for local organisations to be agreed.	The Provider Programme Director for the STP is in place and the Providers' Operational Board meets on a monthly basis.
The programme is monitored through the Finance Assurance Board, a sub-committee of the Finance and Performance Committee, chaired by the Chief Executive.	Trust SRCP and transformation plans for 2018-19 developed and linking into local delivery plans. Direct link between the Trust programme and the Pennine Lancashire Local Delivery Plan. Internally, divisional transformation leads embedded into the programme.									Workforce issues/senior clinical and managerial staff ability to balance the operational and strategic requirements/demands.	The need to explore the interdependencies between BAF risks 1 and 3 and the system transformation in areas such as community services and the emergency care pathway.	Performance Assurance Framework due for review in quarter 2.
All schemes are aligned to our clinical, financial and operational strategy. Trust selected to be in the 1st cohort of the new NHSI Lean programme.	Revised leadership in the PMO - allowing ELHT schemes to gain traction and improve delivery.										Exploring the opportunities in a changing leadership at collaborative level and linking into the new system executive roles.	
	Hosting the Providers Programme Director for the STP Provider Board who will report 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 for consideration by the Chief Executive.										Winning tenders creates a risk of reaching a point where services cannot be maintained due to the lack of relevant/appropriate infrastructure. This has the potential to affect all risks identified in the BAF.	
	Pennine Lancashire Organisational Programme has been agreed.										Practical application and delivery of the transformation plan together with resourcing needs to be addressed in the near future .	
	LDP system level aiming to prioritise health improvements that can deliver beneficial outcomes more quickly.											
	Reinforcing the Clinical Champion Role of the Care Professionals Board members.											
	There is an increased consensus at LCP level around moving to a shadow Integrated Care Partnership (ICP) from 1 April 2018 and what it would entail for the organisations involved. There are still risks around delivery.											
	Medial Director of the Trust appointed as the Professional Lead for the Pennine Lancashire ICP influencing the collaborative work on transformation.											
	Good track record of successfully bidding for tenders in the last 12 months.											
	The emergency care pathway is a good example of collaborative working and should be used as a blueprint for other system working moving away from organisational boundaries.											
	The Performance Assurance Framework											

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

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				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.*
						Q1	Q2	Q3	Q4			
Workforce Transformation strategy in place and associated Divisional and Trust-wide plans monitored through the Workforce Transformation Board. Divisional Workforce Plans aligned to Business & Financial Plans, Divisional Performance Meetings, 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. Joint SRO at Pennine Lancashire LDP level. Workforce planning at STP level, e.g. Apprenticeships, recruitment and retention initiatives, collaborative medical banks and talent management.	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. Medical and Non-Medical Agency Group in place. Dashboard giving overview of bank/agency usage presented to the Executive team meeting monthly. The Performance Assurance Framework	16	10	12	3x4				12	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). Implications of Brexit on the workforce - uncertainty/ workforce are yet to be determined.	Assurances in place in the IPR, Safer Staffing Report and Quality Dashboard. Assurance through the HR governance processes.	Currently there are a further 126 external nurses in the recruitment pipeline due to start with the Trust been now and March 2019. National Staff Survey for 2017 final response rate 43.3%. Full report presented to Trust board, Quality Committee and Employee Engagement Sponsor Group in March. 16 of the 32 ELHT Key Findings were in the best 20% of all Acute Trusts. The Picker Institute delivered staff survey workshops for all divisions on 14th and 15th March enabling divisions to fully understand their results. A corporate and divisional action plans have been drawn up and actions completed against the plans will be presented at the May Employee Engagement Sponsor Group. The Big Culture and Leadership Conversations have now taken place. A number of Divisions have taken part so far: Corporate, Estates and Facilities, DCS, ICG, SAS. The Culture and Leadership programme update report was presented at Trust board in March and a Culture and Leadership Programme presentation took place at the Pennine Lancashire Workforce Group in April. The Culture and Leadership Change Team assembled for their first away day on the 8th May. Significant progress made with WRES action plan. The NHS National Workforce Race Equality Standard (WRES) 2017 data analysis report December 2017 demonstrated continued improvement and ELHT are highlighted as better than average in Indicator 6: a decrease in the overall percentage of staff experiencing harassment, bullying or abuse from other colleagues. Review of internal data in January demonstrates further improvements in WRES indicators 1, 2 and 3. Work continues with Diversity by Design to pilot joint selection process. 2018/19 plan to review the Trust Equality and Diversity Strategy and to develop plans to address issues related to all protected characteristics. The Workforce Transformation Strategy addresses the future workforce supply pipeline, opportunities to up skill current staff, introducing new competencies, e.g. Physicians Associates and Associate Nurses and establishing new ways of working. The 2018-19 Business Planning approach includes a Workforce Planning and Transformation return from each Division which will inform the Trusts and Pennine Lancashire Transformation and Workforce priorities. Key themes, priorities and risks now collated and have been presented to DGM and DN in April to determine next steps. We now have 7 PAs in post started in March doing a preceptor year. The Cohort 1 Trainee Nurse Associates now in second year qualify March 2019 Cohort 2 currently being recruited 20 to start in June. Local colleges being involved. Starting to see greater traction with apprenticeship levy as more courses approved Performance Assurance Framework due for review in quarter 2.

| Reference Number: BAF/03 |
| Responsible Director(s): Chief Executive, Director of Finance, Director of Service Improvement and Medical Director |
| Aligned to Strategic Objectives: 3 and 4 |

Strategic Risk: Collaboration of partnership organisations and system-wide working at Pennine Lancashire Integrated Care Partnership (ICP) and Lancashire and South Cumbria Integrated Care System (ICS) levels have an undetermined effect on organisational identity and sustainability.

Consequences of the Risk Materialising:
1. Failure to work together consistently as partner organisations as an Integrated Care System and Integrated Care Partnership (ICS and ICP).
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 STP 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 place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2018/19 Q1	Q2	Q3	Q4	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.*
Pennine Lancashire Senior Leaders' Forum meets to discuss strategy. Engagement by senior leaders in wider transformation programmes. Regular Board updates and decisions on key actions.	Verbal and written updates, where appropriate Board approvals will be established and permissions will be provided by the Board to let Executives to progress the generation of ideas and options with external stakeholders.									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.
Strengthen links between internal transformation and external change processes.	The Pennine Lancashire and ICS Cases for Change have been published.											Standing agenda item at Execs and Trust Board.
Care Professional Group has ELHT representation.	Pennine Lancashire resource in post working on developing models of care against specific improvement priorities (paediatrics, respiratory and frailty).									ICS System Management model is in early stages of development.	Lack of unified approach in relation to procurement by Commissioners.	Pennine Lancashire project solution design phase completed and case for change published.
At Pennine Lancashire level health improvement priorities agreed (HIMPs). HIMPs reporting to the Care Professionals Board.	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 need to link into the new structures.									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.	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.
Number of senior clinicians involved with ICS work groups.	ICS governance oversight forms part of the Audit Committee standing agenda for 2018/19.									Priorities of the individual organisations and those of the system not being aligned/agreed. There is a need for consistent leadership across the system.	Future role of NHSE/NHSI merged teams to be determined.	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 c) services that need to be managed across the whole footprint. Agreement on the way of taking this forward to be agreed.
System Leaders Forum.	Fostering good relationships with GP practices and Federations e.g. service pilots and as a result of tenders and general dialogue.										Creation of single teams for care functions to deliver the transformation agenda at system level.	
ICS Finance Group.	Pennine Lancashire Memorandum of Understanding agreed by stakeholders.											Pennine Lancashire Delivery Group established and meting regularly
Defined gateway process sponsored by NHS Improvement and supported by the Good Governance Institute (GGI) in relation to supporting NLAG,	ELHT Chief Executive chairing the ICS Providers' Forum. Programme Director in post - foundations of the work programme started to be designed.										Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.	
ICP Finance and Investment Group.	Component business cases at Pennine Lancashire level forming a draft overarching ICP plan. Plan on a page for the ICP being worked on connecting to the Plan on a page for ELHT that was presented to the Commissioners.										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.	Regular ICS Programme Board happening with CEO attendance.
The ELHT Chief Executive is the senior responsible officer (SRO) for the Pennine Lancashire Transformation Programme, sits on the Senior Leaders Forum and sits on the ICS Programme Board.	Structures in place for the Out of Hospital stream with the Trust significantly contributing to the workstream.	16	12	12	3x4	12						Pennine Lancashire ICP component business case prepared and consultation planned. Focus on developing at LDP level wider deliverables.
	CEO of ELHT and Accountable Officer of East Lancashire CCG jointly chairing the Pennine Lancashire LDP Programme.											
The Trust's Medical Director is the professional lead for the Pennine Lancashire ICP.	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, eg. 'one workforce' with timelines for implementation.
Vital Signs Programme ensures the ICP as a system is having a significant participation as part of the Lean Programme.	STP architecture on clinical services is developing (eg pathology, stroke and frailty).											
	Positive feedback from service reviews (stroke and endoscopy).											
	Pennine Lancashire Delivery Group has E:HT representation and is chaired by the Trust's Chief Executive.											
	Patient experience strategy envisages good patient and public involvement to support collaborative transformation.											
	Clinical leadership through the care professionals Board at ICP level giving consistent message about the importance of working as a system.											
	A&E Delivey Board											

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 place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2018/19 Q1	Q2	Q3	Q4	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.*
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.	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. Financial objective included in individual appraisals. Action taken when personal objectives are not delivered. Model hospital data. The Performance Assurance Framework	16	12	20	5x4	20				Additional workforce controls to remain in place. Policies and procedures may require amendments where they are no longer fit for purpose. Controls around transformation schemes and SRCP to be monitored by the PMO and the Finance Department with Division to be held to account via the PMO. Gaps in control regarding funding for A&E and STF funding - recovery plan underway. Weaknesses in rostering controls. Weaknesses in discretionary non-pay spend Deterioration in the underlying financial position requiring additional transformation schemes in 2018/19. SRCP being delivered non-recurrently. Officers operating outside the scheme of delegation.	Utilise the internal audit programme to test for assurance on core controls, SRCP and transformation plans. External audit view on value for money. Review of divisional governance processes. Understanding the changes in income services (NHS and private). Weaknesses in appraisals and accountability framework. The Performance and Accountability Framework will require review and approval in 2018.	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. Risks in relation to the impact of the changes to CQUIN and Provider Sustainability Funding arrangements to the end of 2018/19 are being managed and reporting to the Quality Committee and Finance and Performance Committee. Performance Assurance Framework due for review in quarter 2.

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.

Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2018/19 Q1	Q2	Q3	Q4
15	9	12	3x4	12			

Key Controls — *What controls/systems, we have in place to assist in securing delivery of our objective.*

- Divisional business plans
- Weekly operational performance meetings
- Monthly divisional performance meetings feeding into the ODB and Finance and Performance Committee
- Weekly operational performance meeting covering RTT, cancer, 4 hour performance and holding list management.
- Emergency pathway and elective pathway work linking into the broader Trust wide transformation
- Engagement meetings with CQC
- CQC Steering Group in place
- Quality and safety compliance assessed by each division
- Divisional assurance boards feeding into the operational sub-committees and the Quality Committee.
- Nursing Assessment Performance Framework
- A&E Delivery Board
- Emergency Care Pathway Redesign Programme Board monitored through Finance Assurance Board (FAB).
- Daily nurse staffing review using safe care/allocate Nursing and Midwifery.
- Weekly Medical Staffing Review.
- Operational flow meetings at 08:30, 12:30, 15:30, 18:00 and 19:30

Potential Sources of Assurance — *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*

- IPR reporting to the ODB and at Board/Committee level.
- Regular deep dive into the IPR through Finance and Performance Committee.
- System wide approach as part of monthly A&E Delivery Board supported operationally by the A&E Delivery Group
- 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.
- Trust rated 'Good' by CQC.
- 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 Emergency Care Pathway Programme Board (progress reporting)
- Silver accreditation under the Nursing Assessment and Performance Framework following three successive green assessments continues. Six Silver Accreditation of a ward approved by the Trust Board with further three awaiting approval.
- 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 2018/19.
- Significant reduction in the number of complaints upheld by the Ombudsman. Comprehensive system for addressing complaints.
- PLACE assessments - percentage improved in all areas and monitoring continues.
- Positive responses to Friends and Family Test and patient surveys with improvement areas identified.
- CQC Task and Finish Group meets monthly, is chaired by the Medical Director and Director of Nursing and includes representation by all the Clinical Divisions.
- Mini CQC visits carried out and focussing on community hospitals, reporting back to the Quality Committee.
- Reduction in use of bank and agency staff continues, revisiting the specialing policy with further reduction in spend.
- Delivery of RTT and cancer standards.
- Staffing escalation process.
- Patient Safety Walkrounds
- Delayed Transfers of Care have been reduced to below 3%.
- Positive response and results from the most recent National Staff Survey. The Performance Assurance Framework

Gaps in Control — *Where we are failing to put controls/systems in place. Where we are failing in making them effective.*

- Restrictions in the supply of medical, nursing, midwifery and other staff groups to meet demand.
- Risk of mental health providers not being able to ensure sufficient capacity.
- Complaints are a potential source of action by the CQC.
- Restrictions in the primary care system to ensure sufficient capacity.
- Insufficient capacity to deliver seven day services.

Gaps in Assurance — *Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.*

- Staffing gaps on rotas
- Challenges to the delivery of the four hour standard
- Extended waiting times for mental health patients.
- Continued non-elective activity is placing pressure on the elective care and the RTT standard.
- Extensive use of the urgent care system by patients who should be treated in primary care.
- Wards and departments overdue for refurbishment due to the lack of decamp facilities.
- Develop escalation facilities in Victoria wing at BGTH by October 2018
- Closure of ward C3 to allow use as a decamp ward by August 2018.
- Risks around some of the national trajectories identified. Recovery plans are being implemented.
- Nursing Assessment Performance Framework post funded for a further 12 months and will need to be re-considered for permanent funding.
- Assessments under the Framework to go through the Patient Safety & Risk Assurance Committee before presentation to the Quality Committee.

Actions Planned / Update — *Dates, notes on slippage or controls/assurance failing.*

- Reduction on overall number of complaints, 50+ and 40+ days continues.
- Review of the complaints element of the Patient Experience Strategy to be launched in May 2018.
- Emergency care pathway section plan in place and is monitored monthly through the ECP Programme Board.
- Board receives regular SRCP and transformation updates.
- Plans for estates and staffing changes are in place so that the four hour target can be achieved at 90% by end of September 2018 and 95% by the end of March 2019.
- Improvement against the national trajectory to reduce DTOC to less than 3.5% has been achieved in April 2018. The Trust continues to work to reduce this figure to below 3%
- Nursing Assessment and Performance Framework assessments are continuing. Six Silver Accreditation of a ward approved by the Trust Board.
- 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.
- Continuing to recruit registered nurses and working with Health Education England with the Global Learning Programme and aiming to recruit 20 international registered nurses. Offers have been made will arrive in the Trust in approx 40 weeks.
- Continuing to recruit for substantive medical posts within ED and Urgent Care.
- A further cohort of Trainee Nurse Associates (TNA's)due to commence in the Trust in June 2018.
- Redesign emergency care workforce plan by September 2018.
- Report by the CQC Task and Finish Group, including the findings of the CQC Mini Visits was presented to the Quality Committee in January 2018. Regular reports of the Task and Finish Group will be presented to the Quality Committee.
- The Trust is developing a full business case regarding the emergency care pathway and is anticipated to be ready for presentation and sign off in late 2018.
- Care 24 implementation commenced in April 2018 and will run until March 2019.
- Development of mental health decision unit by July 2018.
- Performance Assurance Framework due for review in quarter 2.

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TRUST BOARD REPORT

Item **64**

11 July 2018

Purpose Monitoring

Title	Serious Incidents Requiring Investigation Report
Author	Rebecca Jones , Patient Safety Manager
Executive sponsor	Dr D Riley, Medical Director

Summary: This report provides a summary of the Serious incidents and Duty of Candour requirements that have occurred within the Trust in May 2018

Recommendation: Directors are asked to receive the report, note the contents and discuss the findings and learning

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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	Yes/No	Financial	Yes/No
Equality	Yes/No	Confidentiality	Yes/No

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Executive Summary

Trust has reported 8 strategic executive information system incidents in May 2018:

- All duty of candours have been served in appropriate cases
- Root Cause Analysis (RCA) Investigations are in progress with nominated leads

Trust has requested 7 internal root cause analysis investigations within the Divisions:

- All duty of candours have been served in appropriate cases
- Root cause analysis investigations are in progress

Update on Duty of Candour Mersey Internal Audit Agency audit and action plan

Part 1: Overview of SIRIs Reported since last Board report

Strategic executive information system (STEIS) – serious incidents requiring investigations reported in May 2018

1. There have been 8 serious incidents requiring investigation which have been reported through Strategic Executive Information System (STEIS). Each incident has had a rapid review undertaken and a copy has been sent to the commissioner and regulatory bodies. The Assistant Director of Quality and Safety has commissioned a root cause analysis investigation for each incident and on completion these will be presented to the serious investigation requiring investigation (SIRI) panel. The table on the following pages provides details of these incidents:

	eIR1	Division	Incident reported	Category/Allegation	Duty of candour	Rapid Review done?	Any immediate changes initiated	Level of harm	Next steps
1	eIR1145317	ICG	14/05/18	Fracture neck of femur	Y	Y	Unwitnessed fall, patient sent for x-ray and subsequent surgery	Severe/Major	RCA to SIRI
2	eIR1143895	SAS	16/04/18	Diagnostic incident meeting SI criteria	N – N/A	Y	Round table meeting held – to be dealt with via complaints procedure	Low/Minor	Requested de-escalation from STEIS due to low harm caused
3	eIR1145514	ICG	17/05/18	Fall with harm subarachnoid haemorrhage	Y	Y	Patient observed and sent for scan	Severe/Major	RCA to SIRI
4	eIR1120990	SAS	01/02/17	Diagnostic incident meeting SI criteria – investigation raised through complaint	N – N/A	Y	Complaint raised April 2018 – investigation commenced	Low/minor	RCA to SIRI

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	eIR1	Division	Incident reported	Category/Allegation	Duty of candour	Rapid Review done?	Any immediate changes initiated	Level of harm	Next steps
5	eIR1144954	SAS	07/05/18	Fracture neck of femur	Y	Y	Unwitnessed fall, patient sent for x-ray and had subsequent surgery	Severe/Major	RCA to SIRI
6	eIR1146051	FC	29/05/18	Unexpected deterioration – NICU	Y	Y	Rapid review completed against "saving babies life care bundle" and actions taken to prevent recurrence	Moderate	RCA to SIRI
7	eIR1145401	FC	15/05/18	Medication error	Y	Y	Importance of following process of checking medication sent to staff immediately through safety huddles	Moderate	RCA to SIRI
8	eIR1145600	SAS	20/05/18	Fracture neck of femur	Y	Y	Witnessed fall, sent for x-ray and underwent subsequent surgery	Severe/ Major	RCA to SIRI

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Part 2: Non-strategic executive information system – serious incidents requiring investigations reported in May 2018

2. There were 7 non-strategic executive information system incidents deemed to be serious incidents requiring investigation. A rapid review has been undertaken where further information was required and duty of candour completed on all moderate and above incidents in line with trust policy. A full root cause analysis investigations have been requested and once complete will be presented to each divisional serious investigation review group (DSIRG) panel

	eIR1	Division	Incident reported	Category/Allegation	Duty of candour	Rapid Review done?	Any immediate changes initiated	Level of Harm	Next steps
1	eIR1142035	SAS	10/03/18	Communication regarding treatment	Y	Y	No immediate changes initiated	Moderate	RCA to DSIRG
2	eIR1141799	SAS	06/03/18	Possible delay in treatment	Y	Y	No immediate changes initiated	Moderate	RCA to DSIRG
3	eIR1144486	ICG	27/04/18	Equipment issue in relation to treatment	Y	Y	Communication to staff about clamping of chest drains	Moderate	RCA to DSIRG
4	eIR1142917	FC	26/03/18	Breach of confidentiality	N	Y	Discussed IG issues with staff at Share to Care meeting	No harm - Impact not prevented	RCA to DSIRG
5	eIR1144850	ICG	04/05/18	Pt not cannulated prior to transfer for treatment	N	Y	Feedback to all staff regarding the need to establish intravenous access for all patients prior to ambulance inter hospital transfer	No harm - Impact prevented	RCA to DSIRG
6	eIR1144572	ICG	29/04/18	Possible delay in treatment	N	Y	No immediate changes initiated	No harm - Impact not prevented	RCA to DSIRG
7	eIR1141463	SAS	27/02/18	Medication error	N	Y	Medication error Harms reduction programme ongoing	Low/Minor	RCA to DSIRG

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Duty of Candour

3.   Duty of candour is a legal and regulatory requirement following the visit from CQC and reviewed at its Well Led Framework. The Trust has put measures in place for the delivery of duty of candour and education has been delivered.

4.   Duty of candour has been delivered to all mentioned incidents above where applicable within 10 working days.

Part 3 – Duty of Candour audit by Mersey Internal Audit Agency

Background

5.   A review of the Duty of Candour system and processes has been conducted in accordance with the requirements of the 2017/18 Internal Audit Plan as approved by the Trust's Audit Committee.

6.   The requirements for Duty of Candour are detailed in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Providers are expected to establish Duty of Candour throughout their organisations, ensuring that honesty and transparency are everyday practice.

7.   The Regulation places a requirement on providers of health and adult social care to be open with patients when things go wrong and applies to incidents which cause death, severe or moderate harm as well as prolonged psychological harm. It requires providers to inform people if an incident occurs, provide an explanation and where appropriate an apology, while explaining what will be done to prevent it happening again.

8.   The latest Care quality Commission (CQC) inspection report for the Trust published in January 2017, highlighted that the Trust must review the Duty of Candour implementation and adhere to the 10-day timescale for all incidents.

9.   The overall objective of this review was to confirm that the Trust has an established and effective system with regard to the statutory Duty of Candour requirements; in particular compliance with the CQC fundamental standard 20; and that there is compliance with the Trust's policy.

10.   The sub-objectives of our review were as follows:
- The Trust has developed and established a robust basis for control with regard to the statutory Duty of Candour requirements including formal guidance, policies/ procedures and a named Duty of Candour Officer, ensuring compliance with Trust policy.

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- The Trust has an embedded and effective training mechanism and can demonstrate that staff understand the Duty of Candour and NHS Constitution Rights;
- Breaches are addressed in compliance with the required timeframes; and
- The Trust has an established and effective group/committee responsible for management and oversight of the Duty of Candour and that this group/ committee is effective in discharging its responsibilities.

11. There are weaknesses in the design and operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives

12. MIAA have given East Lancashire "Limited Assurance" in line with Duty of candour compliance" and from this an action plan has been derived following recommendations made from the audit see appendix 1.

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Appendix 1 - Duty of Candour Audit Review 2017/18 – Action Plan

1.	Open and Honesty When Things Go Wrong Policy			Risk Rating: Medium	
Action		**Who**	**When**	**Update/Evidence**	**RAG**
Implementing Duty of Candour for incidents believed to have caused Moderate/Severe/Catastrophic harm to a patient' flow chart needs to be updated in the Open and Honesty When Things Go Wrong Policy appendix 2		Patient Safety Manager	July 2018	Draft amended policy out for comments due at PS&R committee for final approval on 24th July 2018	Amber
2.	Standard Operating Procedure - Implementing Openness and Honesty including Duty of Candour			Risk Rating: Medium	
Action		**Who**	**When**	**Update/Evidence**	**RAG**
The updated Trusts Open and Honesty When Things Go Wrong Policy (July 2018) to be upload on Oli on completion of the flowchart (SOP) for Implementing Duty of Candour for incidents believe to have caused moderate/severe/catastrophic harm to patients.		QSU Administration Officer	Aug 2018	Draft amended policy out for comments due at PS&R committee for final approval on 24th July 2018 and then upload on Oli	Amber
3.	Duty of Candour – Roles and Responsibilities			Risk Rating: Low	
Action		**Who**	**When**	**Update/Evidence**	**RAG**
The Open and Honesty When Things Go Wrong Policy will be amended to ensure that it details the roles and responsibilities of the Trust's Patient Safety Manager and the Patient Safety and Risk Team.		Patient Safety Manager	July 2018	Draft amended policy out for comments due at PS&R committee for final approval on 24th July 2018	Amber
4.	Duty of Candour Training			Risk Rating: Medium	
Action		**Who**	**When**	**Evidence**	**RAG**
Development of e-learning Duty of Candour package		Risk Manager	Dec 2018	E-learning Package available to all staff and training	Amber

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Action	Who	When	Update/Evidence	RAG
Liaise with Engage with Workforce Education and Development team to include DOC as part of the Trust Mandatory Core Skills training with a requirement of staff completing every 3 years.	Risk Manager and Workforce Education and Development team	Dec 2018	records DOC incorporated into core skills mandatory training	Amber
5. Datix System – Duty of Candour Face to Face Apology Meeting			**Risk Rating: High**	
Action	**Who**	**When**	**Update/Evidence**	**RAG**
Message of the Day to be sent to all staff re: Duty of Candour requirements.	Patient Safety Manager	May 2018	Message of Day is due out by end of June 2018	Green
6. Datix System – Recording Duty of Candour Letters Issued			**Risk Rating: Medium**	
Action	**Who**	**When**	**Update/Evidence**	**RAG**
SIRI report to include information regarding any duty of candour breaches	Patient Safety Manager	March 2018	Amended SIRI Report	Green
Update Open and Honesty When Things Go Wrong Policy to meet the national requirements with regards to the issuing of Duty of Candour letters.	Patient Safety Manager	July 2018	Draft amended policy out for comments due at PS&R committee for final approval on 24th July 2018	Amber
7. Root Cause Analysis Training – Lead Investigators			**Risk Rating: High**	
Action	**Who**	**When**	**Update/Evidence**	**RAG**
Nominated team to attend Human Factors Train the Trainer training.	Assistant Director of Safety and Risk	Dec 2018	4 members of Trust Staff identified and attending 5 day training course due to finish 31st July 2018.	Amber
Work with HR to update RCA Training with the new Just Culture guide and information	Assistant Director of Safety and Risk	July 2018	Just Culture incorporated into RCA Training	Green

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Action	Who	When	Update/Evidence	RAG
Develop a Human Factors training package with a rolling programme of dates available for staff to book though the Learning Hub.	Assistant Director of Safety and Risk	Dec 2018	On completion of trainers finishing training Human Factors Training will be developed and made available to staff on learning hub	Amber
Carry out an audit on all completed RCA reports over the previous 12 months to identify names of staff who have completed RCA investigations, these names are to be cross referenced with RCA Investigations training records to identify staff who require RCA Investigations training.	Patient Safety Manager	June 2018	Completed - List of all staff requirinDear Damig RCA training sent to Divisional Leads 21/06/2018	Green
Divisions to be provided with a list of all staff who have not completed RCA training.	Patient Safety Manager	June 2018	Email with List of staff to all Divisional Quality and Safety Leads sent 21/06/2018	Green
Divisions to ensure identified staff book on and attend the RCA Investigation training	Divisional Quality and Safety Leads	March 2019	RCA Investigations Training Records	Amber

8.	Duty of Candour Breaches			Risk Rating: Medium
Action		Who	When	Update/Evidence	RAG

Action	Who	When	Update/Evidence	RAG
The Patient Safety and Risk Team to maintain an audit trail of breaches reported for audit purposes.	Patient Safety Manager	April 2018	SIRI Reports, DATIX, DOC Daily monitoring sheets	Green

Rebecca Jones, Patient Safety Manager, Tuesday 26th June 2018

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TRUST BOARD REPORT

11 July 2018

Item	65

Purpose Information

Title	Staff Guardian Annual Report
Author	Mrs J Butcher, Staff Guardian
Executive sponsor	Mr K Moynes, Director of Human Resources and Organisational Development

Summary:

This is the third annual report on raising concerns since the appointment of the Staff Guardian role in September 2015. It details the background on the guardian role, outlines progress to date, numbers of concerns raised, emerging themes, actioned taken to address themes and information from the National Guardian Office.

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

Impact

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

Previously considered by: Quality Committee (May 2018)

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Raising Concerns Annual Report

Background

1. Sir Robert Francis QC review of whistleblowing in the NHS "Freedom to Speak Up" was published in February 2015. The purpose of the review was to provide independent advice and recommendations on creating a more open and honest reporting culture in the NHS. The review followed on from the public inquiry, also Chaired by Sir Robert Francis, into the Mid Staffordshire NHS Foundation Trust which exposed unacceptable levels of patient care and a culture that deterred staff from raising concerns. The importance of listening to staff cannot be overemphasised. When staff raise concerns they want to know that they are encouraged to do so and can do it safely in a protected environment. Sir Francis recommended that Trusts as a minimum should appoint "someone to whom staff can go to, who is recognised as independent and impartial, has authority to speak to anyone within or outside the Trust, is expert in all aspects of raising and handling concerns, has the tenacity to ensure safety issues are addressed and has dedicated time to perform this role".

Introduction

2. The Trust embraced the recommendations from the report and in September 2015 appointed a Staff Guardian. Following the retirement of the post holder the Trust appointed Jane Butcher who commenced in post on 15th May 2017. In May 2016 there were 336 Guardians across thirty-six organisations in nine regions. Now there are 500 plus Guardians nationally across ten regions, fifty six of which are in the North West region.

3. Jane is the current chair of the North West Region of Freedom To Speak Up Guardians (FTSUG)

4. This report has been prepared to advise the Committee of progress made since the last annual report in May 2017, the number of staff who have raised concerns, emerging themes, actions taken and the latest news from the National Guardian Office.

Definition

5. "Speaking Out" or Whistleblowing is making a disclosure in the public interest and occurs when a member of staff raises a concern about patient safety, a clinical concern, risk, bribery, financial malpractice, a criminal offence or environmental damage that might affect patients.

6. The Public Interest Disclosure Act 1998 places a duty on the employer to protect and support staff who raise concerns without fear of reprisal.

7. It is important to recognise the difference between a protected Disclosure and a grievance. A grievance will concern an employee personally, for example, their pay or working hours or working conditions.

Progress to Date

8. Jane Butcher was appointed 15th May 2017 as the new Staff Guardian and the communication strategy regarding raising awareness of the post has now been in place for 1 year.

    a) To raise awareness of the Staff Guardian role, posters are displayed in key locations on all Trust sites.

    b) Roles and responsibilities of the Staff Guardian have been highlighted to all staff in the Team Brief in March 2018 and been placed on the Trust intranet for all staff to access.

    c) We have seen a 74% increase in concerns raised since the last reported period of May 2016 to April 2017.

    d) Presentation of the role was given to all managers on the current engaging manager's programme and this will continue with the new cohort later this year.

    e) Staff Guardian Section on Corporate Induction continues to be embedded and presented personally by Jane.

    f) Staff Guardian monthly walkabouts to all sites are planned and taking place.

    g) Jane joins the Executive Directors and Non-Executive Directors on Patient Safety Walkabouts on a regular basis.

    h) ELHT Staff Guardian on national forum to address Guardian issues.

    i) Jane is the current chair of the North West Region of Freedom To Speak Up Guardians (FTSUG)

    j) Jane attended an in-house workshop for Staff Guardians in June 2017

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k) Amendments to be made to the "Raising Concerns Policy" (staff awareness of revised policy to be undertaken), to update the new Staff Guardian details and the change of Non-Executive Director to Naseem Malik.

l) Close working relationships are established with the HRBP's to give feedback on reoccurring themes in relation to HR policies and to address these themes the newly written Resolution Policy will provided further support and guidance to staff.

m) Suspension letters have been amended to include the Staff Guardian contact details to ensure that staff have direct access whilst under suspension.

n) Strong links with the mediation manager are embedded and Jane has referred many cases directly.

o) Guidance for boards on Freedom to Speak Up in NHS Trust and NHS foundation trusts has recently been published by NHS Improvement inclusive of a self-review tool for Trust to allow the CQC to assess the speaking out culture during inspections as part of the well-led framework.

The Third Annual Report – Themes and Actions taken to address

9. This report is the third Annual Report to be produced on whistleblowing or raising concerns.

10. We have received 1 whistleblowing concerns since the last report. An extensive independent report was carried out to investigate the allegations made under the whistle blowing policy. A detailed response to the allegations was provided following receipt of the report. A detailed action plan to address the issues identified in the report as well as the findings of Mersey Internal Audit into our cybersecurity was put in to place immediately. This action plan was agreed by Trust Audit Committee. Progress against the action plan is monitored through the Trust Audit Committee which is a formal sub-committee of the Trust Board.

11. There had been 143 formal concerns raised from the period of May 2017 to April 2018 and many informal concerns which have not been detailed in the report as they were all signposting queries, for example asking where an individual member of staff could find a particular policy. This is a significant increase of 74% in comparison to concerns raised from May 2016 to April 2017 which was 38.

12. Emerging Themes: "Support throughout HR Process" has been the top theme during this period rising from 4 to 25 in the last year, second has been "Potential bullying by the manager" which increased from 4 concerns to 19. Third highest concerns has

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been "Lack of Engagement/Support re: departmental changes" as there have been 14 concerns raised this year as opposed to 0 last year.

13.   The Staff Guardian is working closely with the Senior HR team to address the issues staff are raising when requiring support through HR process. Some standard HR letters have been amended to add in the details of the Staff Guardian. A Resolution Policy is being written currently

14.   Direct referrals have been made to the Mediation Manager in relation to potential bullying and harassment concerns.

15.   To address the lack of engagement/support throughout department changes monthly meetings where arranged and are still in place to have open conversations with the staff, management and union representatives, also newsletter where introduce in this division.

16.   For concerns reported during this period there are 11 that are still ongoing.

17.   To support managers going forward, the Staff Guardian will continue to present to each cohort of managers on the "Engaging Manager" course, ensuring awareness and understanding of the speaking out culture and the role of the Staff Guardian.

18.   A plan is underway to enable the presentation to be given to all Managers throughout the Trust.

National Guardian Office

19.   The National Guardian's Office held its third annual conference in March 2018, the main speakers were:

    a) Simon Stevens **(Chief Executive, NHS England)**

    b) Sir David Behan **(Chief Executive, the Care Quality Commission)**

    c) Martin Bromiley **(Chair, Human Factors Group)**

    d) Michael West **(Head of Thought Leadership, the King's Fund)**

20.   Also the Rt Hon Jeremy Hunt MP addressed the conference

21.   A National Guardian's meeting will be held in May 2018 attended by the Regional FTSUG Chairs.

<u>**Recommendation**</u>

22.   The Board is asked to note and approve the content of the report. Once approved the report will be made available to managers and staff.

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East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

Item   **66**

11 July 2018

Purpose   Information

Approval

Title	Pennine Lancashire Plan
Author	Name, Job Title
Executive sponsor	Mr K McGee, Chief Executive

Summary: This paper provides the Trust Board with an overview of how the proposals for improving health, care and wellbeing across Pennine Lancashire have been developed and recommends the Pennine Plan for consideration and approval. The intention is to promote and release this document at our Pennine Lancashire Health and Wellbeing Festival on 19 September 2018.

Recommendation: The Board is recommended to:

1. Provide any feedback and comments on the Pennine Plan
2. Approve the Pennine Plan as the overarching blueprint for health and care transformation in Pennine Lancashire.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Recruitment and workforce planning fail to deliver the Trust objective
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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

Safe | Personal | Effective

regulatory requirements

Impact

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

Previously considered by:

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TOGETHER A HEALTHIER FUTURE

FINAL PENNINE PLAN: ORGANISATIONAL APPROVAL STAGE

**SUGGESTED CONTENT FOR COVERING REPORT TO ORGANISATIONS'
GOVERNING BODIES, BOARDS AND COMMITTEES (As Appropriate)**

_____

1.0   Introduction and Purpose

1.1   This paper provides ELHT Trust Board with an overview of how the proposals for improving health, care and wellbeing across Pennine Lancashire have been developed and recommends the Pennine Plan for consideration and approval. The intention is to promote and release this document at our Pennine Lancashire Health and Wellbeing Festival on 19 September 2018.

2.0   Recommendations

2.1   ELHT's Trust Board is recommended to:

- Provide any feedback and comments on the Pennine Plan
- Approve the Pennine Plan as the overarching blueprint for health and care transformation in Pennine Lancashire.

3.0   Background

3.1   In 2016, the health and care organisations in Pennine Lancashire agreed to work together to address the greatest issues of challenge in relation to health, care and wellbeing, and to work together as a single public sector economy for Pennine Lancashire.

3.2   The Pennine Plan sets out the response to these issues, and has been developed through a Solution Design approach that ensured a wide range of health and care professionals and patient representatives were involved in developing the blueprint for a New Model of Care for Pennine Lancashire.

3.3   In December 2017 the Integrated Health and Care Partnership published a draft of the Pennine Plan, to test proposals for change with a broad range of stakeholders, and gather feedback and insight to inform more detailed service specifications and implementation plans.

3.4   This report provides an overview of the engagement approach undertaken to test the Draft Pennine Plan and a summary of responses received during the engagement. These have been used to shape the final version of the Pennine Plan, which is attached for consideration at Appendix A.

4.0   Public and Stakeholder Engagement

4.1   Publication of the Draft Pennine Plan was accompanied by a significant programme of communications and engagement to promote, explain and discuss the content of the plan and elicit views from the public, stakeholders and staff about the draft plan.

4.2   Building on considerable public and stakeholder engagement undertaken since the inception of Together A Healthier Future in 2016, this engagement programme included:

- Promotion of the plan online and through social media. The Facebook story about the draft plan reached 44,709 individuals and on Twitter promotion of the draft plan reached 36,127 users. A total of 13,751 visitors visited the Together A Healthier Future website over this period of engagement.
- A programme of public relations and media engagement resulting in positive and accurate coverage in all print media of the draft Pennine Plan and our call for views about it.
- Workforce engagement via staff newsletters, public bulletins, features on their social media pages, intranet and websites.
- A specific targeted engagement exercise with the Gypsy, Romany and Traveller (GRT) community in Pennine Lancashire.
- An open invitation from the partnership to every known stakeholder group within the voluntary, community and faith sector, patient interest groups, and staff groups and networks to attend, present and discuss the Draft Pennine Plan.
- Market stalls in key locations across Pennine.
- Co-production of an "easy read" version of the draft Pennine Plan with representatives of the learning disability community which was well received and accessed by a large number of people.

5.0   Summary of Feedback

5.1   We received a significant amount of feedback on the Draft Pennine Plan. This included formal responses from 377 individuals, alongside the key messages from the market stalls and meetings we attended.

5.2   The responses and feedback clearly support the proposals set out in the Draft Pennine Plan. While there was some concern expressed about financial viability and sustainability, people recognised the ambitions we have outlined for Pennine Lancashire.

5.3   A significant proportion of the feedback sought to highlight key considerations for the mobilisation and implementation of the proposals. This feedback will be used to inform the development of detailed delivery proposals.

5.4   A detailed report of this Communications and Engagement programme is available at www.togetherahealthierfuture.org.

6.0   Final Version of the Pennine Plan

6.1   The final version of the Pennine Plan has now been produced.

6.2   Key changes from the published draft version are summarised below:

- Updating of terminology such as replacing references to accountable care systems and partnerships with integrated care systems and partnerships

- Simplification of the language used where engagement highlighted particular concerns, for example in relation to food poverty and finance

- Included further detail which more accurately reflects the scale of opportunities and ambition for Pennine, for example in relation to digital developments

- Explained how key areas of work will be taken forward through agreed or developing strategies and framework such as the Pennine Lancashire Volunteer Strategy

- Updated figures and dates as appropriate

- Included reference to making sure we support people to be more aware of what services can support them, to help people to make the right choices, particularly by promoting the NHS Choose Well campaign.

6.3   A detailed list of changes is available on request.

7.0   Publication of the Pennine Plan and Delivery Plan

7.1   Following approval of the Pennine Plan, it is intended that it will be launched at the Pennine Lancashire Health and Wellbeing Festival scheduled to take place on 19 September at Blackburn Cathedral.

7.2   Alongside the Pennine Plan we will also publish a Delivery Plan, which will set out to stakeholders how we are already progressing and delivering key elements of the New Model of Care. This will address queries raised by some stakeholders, regarding the mobilisation and implementation and provide an important opportunity to highlight the significant work already underway across partner organisations to progress our vision.

TOGETHER
A HEALTHIER FUTURE
The Integrated Health and Care Partnership
for Pennine Lancashire

The Pennine Plan:

Improving Health, Care and
Wellbeing in Pennine
Lancashire

Summer

2018

We are proud of the health and care services we have in Pennine Lancashire. Our doctors, nurses, and wider health and care staff provide high quality care for people who live and work here. We are equally proud of our communities and how residents across the area come together to provide friendship, encouragement and support to each other. Around 114,000 residents volunteer at least once per month, providing support and care to individuals and families across our communities.

People in Pennine Lancashire are more likely to experience ill health compared with people living in other parts of the country. We have high levels of deprivation, poor health outcomes and greater demand for health and care services. The good news is that we can prevent many of our illnesses and, by working together, we can help improve people's health and wellbeing, whilst continuing to provide effective and efficient health and care services.

In delivering Together A Healthier Future we want to harness everything that is good about Pennine Lancashire; our people, our communities, our volunteers, our open spaces and our services. We want to put you and your family at the centre of everything we do and provide health and care around your needs, and not those of organisations.

Over the past 18 months we have worked with residents, volunteers, doctors, nurses, health and care professionals, community workers and others to develop our plans for change. We have listened to what people have had to say and we set out our proposals in our Draft Pennine Plan which we published in December 2017.
Thank you to everyone who has taken the time to let us know what you think of our proposals.

On the whole, you support our drive, ambitions and proposals to improve health and wellbeing in Pennine Lancashire. Many of you recognise the need for everyone to play a role in looking after their own health and using services responsibly. You gave us lots of ideas and food for thought, which will help us shape our services for the future.

We all have a part to play in achieving a Healthier Future and making our services the best they can be. We need everyone to look after their own health as much as they can, to make healthy choices in their lives, use services appropriately and support their families and friends to live healthy lives. Our doctors, nurses, pharmacies and other health care professionals are already working better together in our neighbourhoods and we are continuing to improve hospital and urgent care services.

We are proud of our ambition for Pennine Lancashire, and whilst we acknowledge that the challenges are great, we are committed to improving the health and wellbeing of our residents, transforming the quality of care delivery and ensuring that health and care organisations operate within their financial means. We hope that you will all continue to be involved in helping us achieve these ambitions.

Graham Burgess
Chair, Pennine Lancashire Integrated Health and Care Partnership.

We know we face a number of challenges that contribute to increasing demands for service provision and mean that local people are more likely to experience ill health than people living in other areas of the country:

- **Children and young people are not getting the best start in life**
- **Mental illness is more common than in other areas of the country**
- **Many people have diseases and health conditions that are preventable**
- **Many more people attend accident and emergency than in other areas of the country**
- **People are living longer but with more complex needs**
- **Increasing pressures are being placed on our services and demand for services is out-stripping the money we have to pay for health and social care.**

Together A Healthier Future represents all the health and care organisations in Pennine Lancashire, along with local councils and voluntary, community and faith sector services. As organisations who are responsible for, or have an interest in delivering health and care services, we have agreed to work together to take a more preventative approach to health and wellbeing, aiming to ensure people live as healthy as they can for as long as they can. We also want to make health and care services easier for people to access, understand and work with.

We have agreed a shared vision which is:

"For all of us in Pennine Lancashire to live a long and healthy life. Any extra help and support we need will be easy to find, high quality and shaped around our individual needs."

We believe that working together is the best way to deliver real improvements for local people, and we have worked with staff and members of the public to identify eight statements that reflect how we want our shared future to be.

Our Partnership has achieved a lot already, but we want to go further and work together as the Pennine Lancashire Integrated Health and Care Partnership, to ensure we provide care in the right place, at the right time and as one team, to deliver our agreed outcomes. This means we will:
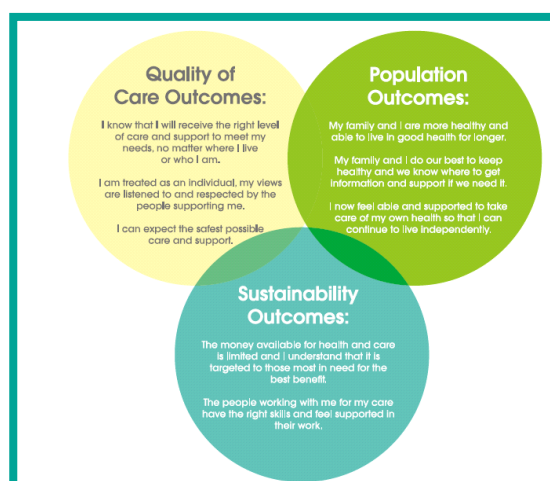
- Take shared responsibility for delivering our agreed performance goals and improving on our shared outcomes
- Manage funding for our population together through a financial system 'control total' across Clinical Commissioning Groups (CCGs) and service providers

- Create an effective collective decision making and governance structure, aligning the ongoing and continuing individual statutory accountabilities of our partner organisations
- Demonstrate how our provider organisations will work together to integrate their services Partner with local GP practices, formed into clinical hubs serving 30,000-50,000 populations
- Ensure we have the skills to understand the health needs of our population and that we are commissioning and delivering services to respond to these needs in the most effective way
- Establish clear mechanisms by which our residents will still be able to exercise patient choice
- Take shared responsibility for continuing to improve the efficiency, effectiveness and quality of our health and care services.

We have identified **Health and Wellbeing Improvement Priorities** where Pennine Lancashire is performing poorly compared to other similar areas for these issues, either in terms of population outcomes, quality of care, or spend on services. We know that a lot of work has taken place in recent years to improve services and outcomes for patients but we need to do more.

Working together with our staff and our communities, we have developed and agreed a **Prevention Framework** which will embed prevention across every aspect of our future plans and a **New Model of Care** which we believe is the best approach to improving the health and wellbeing of all who live and work in Pennine Lancashire.

Our **New Model of Care** puts people, their families and communities at the heart of everything, aiming to put them in control of their own health and wellbeing, so they can remain as healthy as possible for as long as possible. If people do become ill, our New Model of Care aims to ensure they receive the right level of support within their home or local area. When specialist or acute support, in hospital, is needed, people will receive care that is safe, effective and shaped around their individual needs.

The successful delivery of Together A Healthier Future will depend on ensuring we can manage our financial challenges together. We also know that we need to design and provide a workforce equipped to deliver new services, have buildings that are fit for purpose and affordable and use technology to its full potential.

We are focussed on striving to achieve the best health and wellbeing outcomes for our population and making a positive difference to people's lives.

CONTENTS

For more information on how we developed our Pennine Plan please visit:

www.togetherahealthierfuture.org.uk.

1.0 Introduction

> **"We are committed to changing our health and care system here in Pennine Lancashire for the better. We have some of the worst health in the country. We can and must do better and we can do this by everyone – staff, residents, businesses, elected representatives, community groups and organisations - working together. Of course, there is not an endless pot of money to achieve this and there is a significant financial challenge but we can change the way things are done for the better."**
>
> **Dr Phil Huxley, Chair of East Lancashire Clinical Commissioning Group**

1.1   Our Pennine Plan sets out how we will work together to transform health and care and improve the health and wellbeing of everyone in Pennine Lancashire.

1.2   Nationally the Government has asked health and care leaders in each area to come together to transform services and ensure they are affordable. These are called Integrated Care Systems. Pennine Lancashire is one of five Integrated Care Partnership (ICP) areas that make up the Healthier Lancashire and South Cumbria Shadow Integrated Care System (SICS). More details about the Lancashire and South Cumbria SICS can be found at www.lancashiresouthcumbria.org.uk.

1.3   We are already working together as an Integrated Health and Care Partnership in Pennine Lancashire, we call it 'Together A Healthier Future.' This means all health and care organisations are working together to achieve the best health and wellbeing outcomes for our population and make a positive difference to people's lives.

1.4   Our Vision for Together A Healthier Future is:

> **"For all of us in Pennine Lancashire to live a long and healthy life. Any extra help and support we need will be easy to find, high quality and shaped around our individual needs."**

1.5   Pennine Lancashire is a large geographical area comprising the six boroughs of Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale.

1.6 We have a resident population of over 531,000, 21% of whom are under 16 years old and more than 17% of residents are from Black or Minority Ethnic Groups. One of the boroughs, Blackburn with Darwen, has one of the youngest populations in England, and half of all school-age children belong to BME communities. The Pennine Lancashire population will grow a little over the next ten years. By 2035 the proportion of people aged 65+ will increase from 13% to 17% and the number of residents aged 85+, currently almost 11,000 people (2.1% of the population), is set to double.

1.7 Pennine Lancashire is a great place to live and work. Public services are of high quality, and have delivered significant improvements to people's lives, but there is always room for improvement. Additionally, there are increasing pressures being placed on these services and demand for services is out-stripping the money we have to pay for health and social care. But we also know about the excellent work that goes on in our neighbourhoods by people and communities working together.

1.8 We know we face a number of challenges that contribute to increasing demands for service provision and mean that local people are more likely to experience ill health than people living in other areas of the country:
   o **Children and young people in Pennine Lancashire are not getting the best start in life**
   o **Mental illness is more common in Pennine Lancashire than in other areas of the country**
   o **Many people in Pennine Lancashire have diseases and health conditions that are preventable**
   o **Many more people in Pennine Lancashire attend accident and emergency than in other areas of the country.**
   o **People in Pennine are living longer but with more complex needs.**

48,000
PEOPLE IN PENNINE LANCASHIRE ARE LIKELY TO HAVE A LONG-TERM CONDITION & A MENTAL HEALTH PROBLEM

NOW 5-7 YEARS
THE NUMBER OF PEOPLE WITH DIABETES AND CANCER IS EXPECTED TO DOUBLE OVER THE NEXT 5-7 YEARS

It is estimated that over 50% of people living in Pennine Lancashire have one or more long term condition

OVER **33,750** ADULTS IN PENNINE LANCASHIRE ARE RECORDED AS HAVING DEPRESSION

In 2014 an estimated 17.5% of people were aged over 65 years. The number of very elderly residents (aged 85 years plus) is set to double by 2035

THE NUMBER OF CHILDREN AND YOUNG PEOPLE WITH LEARNING DISABILITIES IS SET TO RISE

More than 57,000 people provide informal care for a relative or friend

MORE THAN 2 OUT OF 5 PEOPLE OVER THE AGE OF 70 ADMITTED TO HOSPITAL IN AN EMERGENCY HAVE DEMENTIA

INCREASING DEMAND FOR HEALTH AND CARE SERVICES IS OUTSTRIPPING THE RESOURCES AVAILABLE

500+ ATTENDANCES PER DAY AT A&E

30% OF VISITS COULD HAVE BEEN PREVENTED

People in Pennine Lancashire have some of the worst health in the country and on average, we die earlier than people living elsewhere in the country.

AN ESTIMATED **7,600** CHILDREN AND YOUNG PEOPLE AGED BETWEEN 5 AND 16 IN PENNINE LANCASHIRE EXPERIENCE A MENTAL ILLNESS

Note: An in-depth analysis of the issues which drive our need for change is set out in the Pennine Lancashire Case for Change which is available on our website www.togetherahealthierfuture.org.uk.

1.9 At the core of Together A Healthier Future is a commitment to embed prevention (see section 2.0) right across every aspect of our future plans and a New Model of Care (see section 3.0) which places individuals and families at its heart.

1.10 As we have developed our New Model of Care, we have worked hard to ensure that we deliver on our Commitments to the people of Pennine Lancashire and our Vision for the future.

Pennine Lancashire Commitments

We will create an effective, integrated, person and family centred Locality Services Model, incorporating NHS, Social Care, Primary Care and the voluntary, community and faith sector. This will be capable of managing the escalation of demand in neighbourhood and community settings, keeping people safe and well in their own homes.

We will transform urgent and emergency care to ensure that the people of Pennine Lancashire with urgent care needs will receive a highly responsive service that delivers care as close to home as possible. Those with serious or life-threatening conditions will be treated in centres with the very best expertise and facilities in order

to maximise their chances of survival and a good recovery.

We will improve on all of our key 'Variations in Care' through standardisation of pathways and best practice interventions and improve the health and wellbeing outcomes of our population overall.

We will develop a comprehensive health promotion and wellbeing programme focussing on community resilience, disease prevention, citizen empowerment and the development of volunteering, through a single public sector approach working with the voluntary, community and faith sector.

We will deliver the enablers of change for an Integrated Care System:
- Workforce transformation: One workforce
- Better use of technology
- Consistent and clear communication and engagement with our public and workforce
- Optimise the use of public estate across all organisations: one public estate.

1.11   Our Principles are the way in which we will deliver our Vision and Commitments and are aligned with the Lancashire and South Cumbria Shadow Integrated Care System. Our thinking, analysis and design work have all been guided by these principles.

Pennine Lancashire Principles

Place based – transformation will bring about an integrated 'place based health system', that shifts the service model to one that spans organisational boundaries and has more health and social care focussed on prevention and promoting wellbeing.

People centred – people are considered in terms of their strengths; they are empowered to improve their own health and wellbeing, and manage their care. Care and support is shaped around individual needs, coordinated, and empowering.

People as partners - in developing services and in providing care and support to others, as carers or volunteers are identified, supported and involved

Health and wellbeing is everyone's business – health, wellbeing and health improvement is everyone's business. Whole system transformation requires a 'whole of society' approach.

Equity before equality - recognising that some people will need more help and support to ensure they can access the same opportunities as others.

Digital first or digital only – maximising technological developments to give people greater control over their health, care and lifestyle choices.

Safe and effective care – delivery of evidence-based services and interventions which maximise clinical safety and effectiveness.

Shared outcomes – the focus will be on ensuring quality and narrowing inequalities. Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers. People will be given the opportunity to shape their care and support and work towards the outcomes they want to achieve.

One workforce – there will be one workforce, made up of different services, including voluntary; community and faith sector services, who are all working to the same principles and values, to achieve improved outcomes.

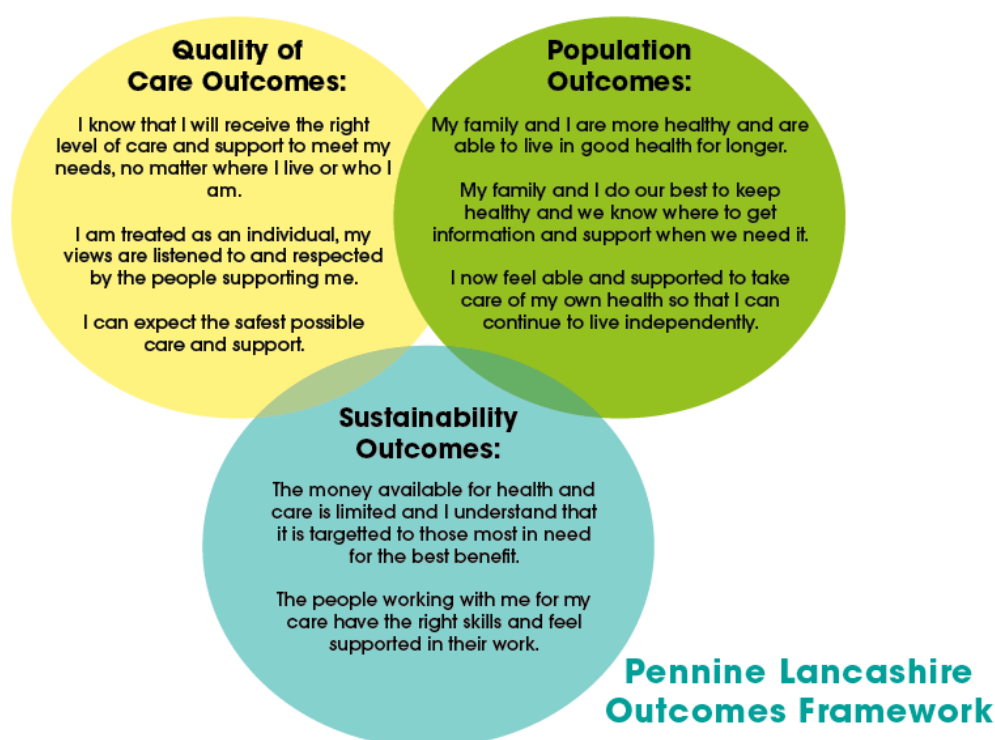**Accessible and safeguarded information** – for people, patients and professionals when they need it.

1.12 We have identified the Health and Wellbeing Improvement Priorities below because Pennine Lancashire is performing poorly compared to other similar areas for these issues, either in terms of population outcomes, quality of care, or spend on services. We know that a lot of work has taken place in recent years to improve services and outcomes for patients but we need to do more.

Pennine Lancashire Health and Wellbeing Improvement Priorities	
Healthy Lungs – including a focus on: o Chronic Obstructive Pulmonary Disease o Respiratory illness for children and young people **Healthy Hearts** – including a focus on: o Stroke o Diabetes **Healthy Minds** – including a focus on: o Crisis mental health o Mental health and substance misuse o Psychological support for long term conditions **Cancer** – including a focus on: o Prevention and earlier diagnosis o Treatment and care o Living with and beyond cancer o Patient experience o Pathway redesign and waiting times **End of life** – including a focus on: o Providing high quality palliative and end of life care	**Healthy Children and Young People** – including a focus on: o Accidents and injuries (including road traffic accidents) o Nutrition and physical activity (incorporating dental health, obesity and low weight) o 0-25s complex physical needs and long term conditions o 0-25s complex psychological/social needs o Infant mortality **Musculoskeletal** – including a focus on: o Osteoporosis and bone frailty o Pain Management o Osteoarthritis **Frailty** – including a focus on: o Falls o Effectively identifying and supporting people who are frail

1.13 We are proud of our ambition for Pennine Lancashire, and whilst we acknowledge that the challenges are great, we are committed to improving the health and wellbeing of our residents, transforming the quality of care

delivery and ensuring that health and care organisations operate within their financial means.

1.14   At the heart of Together A Healthier Future is the idea that we can all work together as individuals, communities, neighbourhoods, volunteers, health and care workers and organisations to improve our health and wellbeing. We have used a series of events with people and staff, to design and refine eight statements that we believe will help us achieve our vision. These set out both how as individuals we can help ourselves and our families and, as organisations, how health, care and wellbeing services should be delivered in the future. This is shown in the diagram below:

Quality of Care Outcomes:

I know that I will receive the right level of care and support to meet my needs, no matter where I live or who I am.

I am treated as an individual, my views are listened to and respected by the people supporting me.

I can expect the safest possible care and support.

Population Outcomes:

My family and I are more healthy and are able to live in good health for longer.

My family and I do our best to keep healthy and we know where to get information and support when we need it.

I now feel able and supported to take care of my own health so that I can continue to live independently.

Sustainability Outcomes:

The money available for health and care is limited and I understand that it is targetted to those most in need for the best benefit.

The people working with me for my care have the right skills and feel supported in their work.

Pennine Lancashire Outcomes Framework

Note: Full details of the how we will measure progress towards achieving these outcomes are set out in our Outcomes Framework which can be viewed at www.togetherahealthierfuture.org.

1.15   We are very proud of the partnership work that has taken place with the public, workforce and partner organisations to produce a joint response to the health and care challenges we face here in Pennine Lancashire and are truly thankful to everyone who has taken the time to work with us, talk to us and offer us their opinions. Our Solution Design approach, engagement work and the feedback we have received and considered in developing our Pennine Plan, is described on our website www.togetherahealthierfuture.org.

1.16   In this Plan we set out our proposals in more detail:

- **Our Prevention Framework:** focuses everyone to take preventive action across our place and our lifetime, to enable us all to lead

healthier lives.

- **Our New Model of Care:** places individuals and their families at its heart and recognises the importance of people living in Healthy Homes and Healthy Communities. The New Model of Care also reflects the different elements of care and support that people need dependent on their circumstances, from when they have no health problems, to when they have multiple health problems and need coordinated support.
- **Finance and Investment:** Outlines the amount of money we currently spend on health and care in Pennine Lancashire, along with the future financial challenges and how we can meet these.
- **System Enablers:** The successful delivery of Together A Healthier Future will depend upon being able to design and provide a workforce equipped to deliver new services, buildings that are fit for purpose and affordable, information and communications technology, and the development of a thriving Pennine Lancashire care culture. We call these elements our 'system enablers' because they are essential to enabling the changes and improvements we need to make in Pennine Lancashire.
- **Next Steps:** Outlines what we want to do next and how you can continue to be involved in Together A Healthier Future.

2.0 The Pennine Lancashire Place-Based Prevention Framework

> **"Preventing avoidable illness, hospital admissions, long-term loss of independence and poorer quality of life, is not just common sense, in the long run it's the only way to balance the books."**
>
> **Dominic Harrison, Director of Public Health, Blackburn with Darwen**

2.1   If we are serious about achieving our Vision, for all of to us to have healthy and long lives, we must invest significantly in prevention activities which we know work. Our approach is to create healthy communities, both placed-based communities and communities where people share a common identity or like-minded interest. We will also ensure we take preventive action across all stages of life and all stages of both wellness and illness, for us all to lead healthier lives. We will do this through The Pennine Lancashire Prevention Framework (also referred to as The Framework), which underpins the New Model of Care.

2.2   Evidence tells us that if we invest in prevention, we will save money, not just in the health and care system, but across the whole of society including criminal justice, children's services and wider welfare support systems. We know that local prevention activity pays back around £4 for every £1 invested in it.

Place Based Prevention

Healthy Communities are created when:
- Every individual, community group, neighbourhood and locality agree to work together to promote good health

And where:
- Every organisation (voluntary, private and public)
- Every management group, governance system, decision making body and scrutiny organisation
- Every public policy (especially those without a health label)

**are mobilised
to support
good health for all**

2.3 The Framework is based on five key principles of Place-Based Prevention which outline that prevention:

1. **Requires a 'whole of society' approach**: Research shows that the biggest impact on people's health and wellbeing comes not from formal health and care services, but from other organisations and the community and environment around them. We need to take action outside of the health and care system to improve the health and wellbeing of our communities.

2. **Is a co-operative and collective activity that mobilises support for change**: Creating healthy communities, through place-based prevention, requires collective action aimed at generating resilience to health risks at both individual and community level.

3. **Involves mobilising all of society's resources in a 'place'**: Healthy communities in healthy places will not happen by themselves. We will need a programme of social mobilisation to get everyone working together for the common good. The health and care system has a key role to play in this but we need everyone to play their part using their own energy, skills, capacities and resources.

4. **Involves creating a culture for health that actively enables individuals to take care of themselves and their communities**: Creating a social movement for health that supports people to act to improve wellbeing and re-directs the health and care systems towards prevention is critical to the future sustainability and transformation of health and care systems.

5. **Is aimed at promoting equity of outcomes and equal life chances for all residents:** Creating equity of outcomes may sometimes involve inequalities of inputs - providing more resources to those whose need is greatest, and actively challenging social inequalities that are unjust, unfair and avoidable.

2.4 The Pennine Lancashire Prevention Framework has ten Domains for Action which will be incorporated into our proposed New Model of Care, these are:
- **Social Movement for Health**
- **Healthy Neighbourhoods and Localities**
- **Health in All Policies**
- **Healthy Settings**
- **A Health Promoting Health and Care System**
- **Healthy Citizens**
- **A Health Promoting Workforce**
- **Health Governance**
- **Volunteering and Building Community Capacity**
- **Digital Health**

Domains and Actions are included visually within final published document.

> **"We want to look at how we change the way we live to improve our health as well as how we work together to improve health and care services. There's never been a more important time to change the way we work in Pennine Lancashire. This is something we can and will change. Together we will find ways of living better and longer lives."**
>
> **Graham Burgess, Chair of Blackburn with Darwen Clinical Commissioning Group and**
> **Chair Pennine Lancashire Integrated Health and Care Partnership**

3.1   Our New Model of Care places individuals and their families at its heart and recognises the importance of people living in Healthy Homes and Healthy Communities.
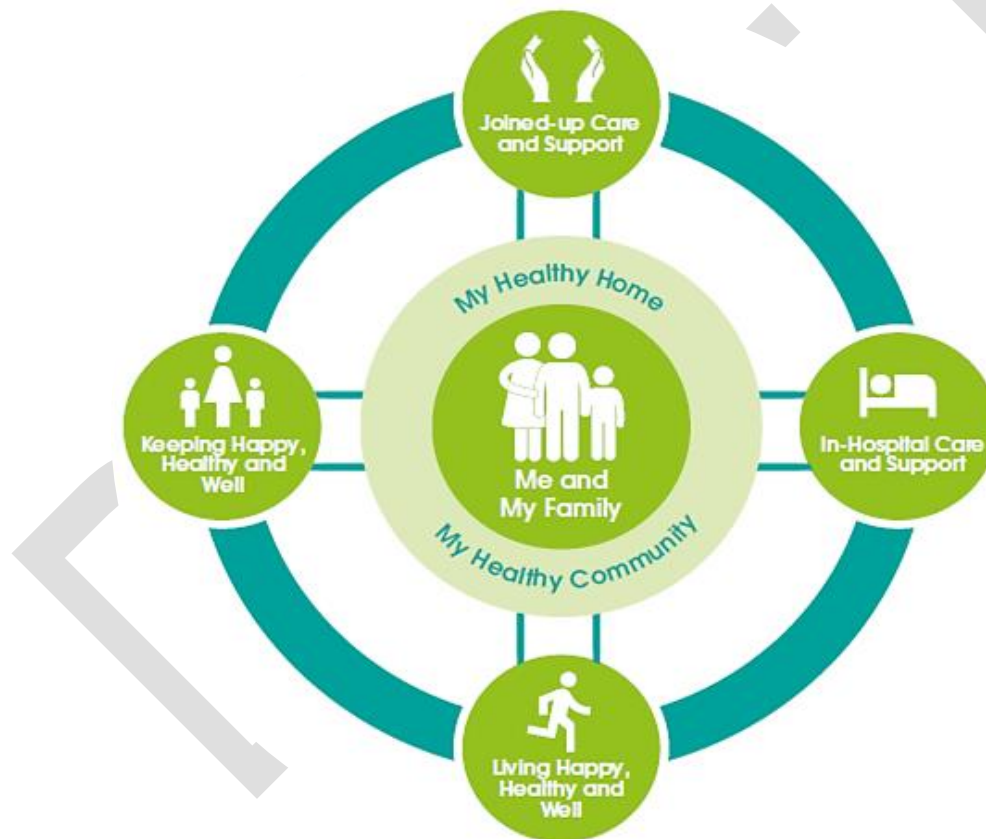
3.2   There are seven different elements to our New Model of Care, each of which describe how we will work differently to enable people in Pennine Lancashire to live healthier and for longer:

- **Me and My Family:** Putting each of us in control of our own health and wellbeing, enabling us to live in good health for as much of our life as possible and to manage any illnesses we might have.

- **My Healthy Home:** Enabling a positive home environment, wherever we live, including the physical quality, suitability and stability of our homes. Having a healthy home can protect and improve our health and wellbeing, and prevent physical and mental ill-health throughout life.
- **My Healthy Community:** Empowering and supporting people within our communities to take more control over their health and lives and strengthen volunteering and support networks to improve the health and wellbeing of others.
- **Living Happy, Healthy and Well:** Encouraging and enabling us all to maintain healthy lifestyles, in environments that promote health and that will help to prevent us from becoming unwell.
- **Keeping Happy, Healthy and Well:** Supporting everyone to stay well and helping people manage their own health and care better.
- **Joined-Up Care and Support:** Bringing services together to improve standards of care and reduce duplication of activity. Providing seamless links between services, such as hospital and residential care services, and linking people into support within local communities. Ultimately delivering better outcomes for people.
- **In-Hospital Care and Support:** Ensuring that when we need specialist or acute support, in hospital, we receive the best, most effective care possible.

3.3 Our Health and Wellbeing Improvement Priorities look at how our services work at the moment and consider what could be improved through the New Model of Care. In particular, we know we need to do more to prevent people getting these illnesses in the first place, but if people do become ill, we need to provide clear and consistent advice to empower people to manage their own care.

3.4 Hearing from, and working with, people who have experience of these illnesses, either themselves or their family and friends, is a key part of our work. We are involving people, patients and their family/carers in shaping how we address our priorities together.

4.1   Me and My Family lies at the heart of our New Model of Care. We want to put each of us in control of our own health and wellbeing, enabling us to live in good health for as much of our life as possible and to manage any illnesses we might have.   You have told us how important it is for all of us to take care of ourselves, make healthier lifestyle choices, use services appropriately and support others around us to live healthier lives. We will support people to do this by:

**Encouraging and Promoting the Five Ways to Wellbeing**

4.2   We want to encourage everyone to follow the Five Ways to Wellbeing, so that we are able to take simple steps to improve our own health and wellbeing and support others.

Promoting and Enabling Self Care

4.3   Self-care is so important because it puts people in control of their own health and wellbeing, enabling people to protect their health and manage any illnesses they may have.

4.4   There are plenty of opportunities for people to take care of themselves, by taking responsibility and making daily choices about their health, such as brushing their teeth to prevent cavities or eating healthy options and choosing to be physically active. People can also take care of themselves when they have common symptoms, such as sore throats, and sneezes, many of which can be treated with over-the-counter medicines, and with advice from local pharmacists. Self-management is a way in which people with long term conditions can also self-care and be enabled to deal with their symptoms, treatment and the physical and mental consequences of their illness.

4.5   We want to promote and enable self-care at every opportunity and you will see us talk about self-care throughout our plan.

4.6   The diagram below, which was developed by the Self-Care Forum, helps to show this.
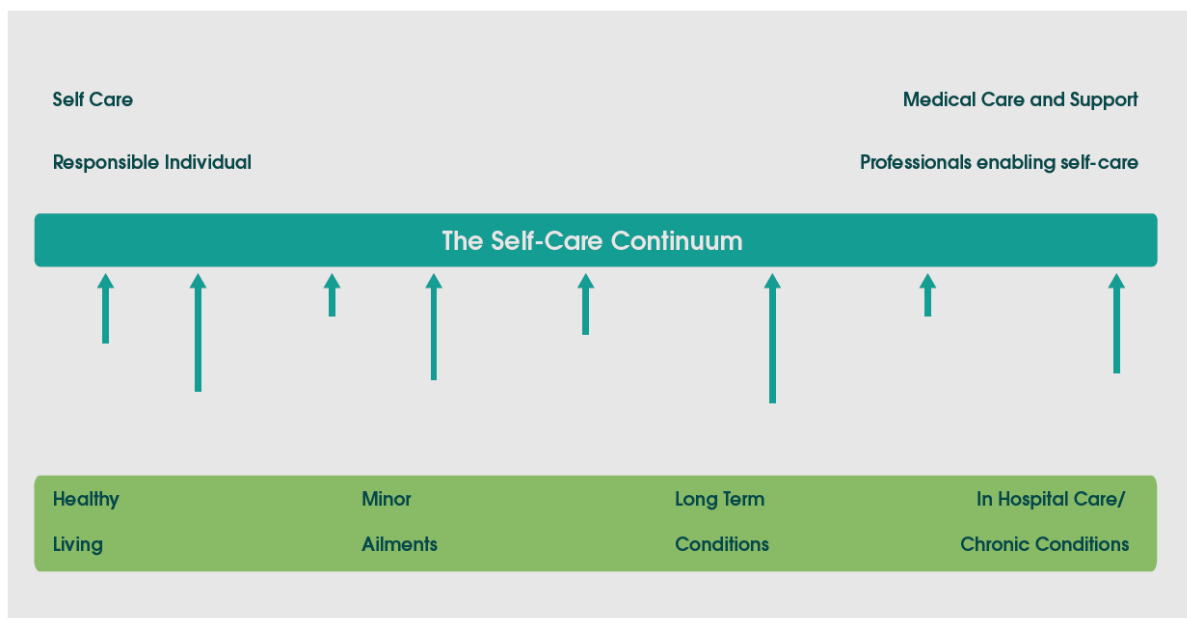
4.7   **Improve Personal Health Literacy:** Health literacy is when we are able to obtain, process and understand basic information about our health and services, so that we can take responsibility and control of our own health. We know that having good personal health literacy encourages healthy behaviours, thereby preventing ill health in the longer term.

4.8   Our whole workforce, whether it be carers, volunteers, or health and social care professionals, is vital to the success of Me and My Family. We will actively involve our workforce in helping us shape new relationships with you, to enable self-care, and improve personal health literacy. To achieve this we will promote:
- Shared values between patients, carers and health care workers
- An acceptance that people have a responsibility for their own health and can positively contribute to improving their health and wellbeing
- An understanding of the benefits of self-care, in particular the preventative and long term approach
- A belief that health behaviours can be changed, that there is a need for motivation and self-discipline and, to know the best advice and support for this change to happen
- Help for people to feel in control of their own health and work together to set self-care goals / pledges. We will enable people to access and utilise digital resources, such as Up and Active, and gain a knowledge and understanding of the range of offers available within communities
- People's self-care pledges as a key part of their care plan if they have one.

5.0 My Healthy Home

5.1 My Healthy Home is about having a positive home environment, wherever we live, and includes the physical quality, suitability and stability of our homes. Having a healthy home can protect and improve our health and wellbeing, and prevent physical and mental ill-health throughout life.

5.2 My Healthy Home will reduce health risks that are associated with living in a damp, cold or unsafe home by working with those at greatest risk of poor housing and those in the greatest need. We will ensure that people receive timely and relevant information and support to improve their health by improving their home environment.

5.3 Building on existing local services, we will look to provide support across Pennine Lancashire that will:
- Help everyone to understand the effect of housing on health and wellbeing and raise awareness of local support available
- Deliver timely and appropriate advice, signposting and assistance
- Providing home safety risk assessments and advice for the most vulnerable
- Deliver the most cost effective improvements to the poorest housing occupied by the most vulnerable people
- Ensure our workforce makes every contact count for housing and health
- Embed a programme of Health Promoting Care Homes, through our delivery of the Enhanced Health in Care Homes Vanguard
- Support and develop volunteer roles.

5.4 Through My Healthy Home we will also work together to develop:
- Improvements in hospital discharge processes so that we improve the home environment in a timely manner
- Landlord Accreditation and Selective Licensing Schemes as appropriate
- Pre-tenancy and tenancy support to enable people to maintain a tenancy agreement.

6.0 My Healthy Community

> **Political, civic and managerial leadership in public services should focus on creating the conditions in which people and communities take control, to lead flourishing lives, increase healthy life expectancy and reduce inequalities across the social gradient".**
> **Professor Sir Michael Marmot, Fair Society Healthy Lives**

6.1 We know that community life, social connections and having a voice in local decisions all have a positive impact on health and wellbeing. We want to empower and support people within their communities to take more control over their health and lives, and strengthen volunteering and support networks to improve the health and wellbeing of others.

6.2 Our communities across Pennine Lancashire are full of great people, who really care about each other. They want to do the best they can for each other and their neighbourhoods and there are so many examples of great things happening. We have 114,000 formal volunteers, and we know that there are thousands more informal volunteers and many people who support each other within communities. We want to build on this strong community spirit, and:

- Make sure community-focused approaches, which build on individual and community strengths, become more central to our local plans for health and care
- Improve access to, and funding, for community resources, so that we are able to better connect people to practical help, group activities and volunteering opportunities, to promote good health and wellbeing and increase social participation
- Recognise the excellent work already undertaken by our communities in delivering health improvement and preventative services across our New Model of Care and help grow these further
- Develop new and innovative ways to increase participation and involve individuals and families, particularly those at risk of social exclusion, in designing and delivering solutions that address inequalities in health
- Celebrate, support and develop volunteering
- Work in collaboration and partnership with our local communities and proactively involve them and listen to them at all stages of planning and designing of services.

6.4 Within our communities social movements can be nurtured and grown. They are an integral part of a healthy and thriving society and can enable really positive outcomes. Social movements for health have the potential to:
- Bring about change in the experience and delivery of health care
- Improve people's experience of disability or ill health
- Promote healthy lifestyles

- Address the wider determinants of health
- Democratise the production and dissemination of knowledge
- Change cultural and societal norms
- Bring about new health innovation and policymaking process.

6.5 It is often challenging for established organisations, such as the NHS or local government, to work alongside social movements. Public sector organisations are not always used to more fluid ways of working and may be seen to pressure social movements to change or 'burden them with bureaucracy'. To make sure we can work with, nurture and support social movements we want to:

- **Understand social movements for health and recognise their value.** We will improve our collective understanding of social movements and their potential, so that we are able to generate the necessary appreciation, appetite, enthusiasm and ambition across communities and organisations in Pennine Lancashire

- **Build and support communities of interest which are safe havens for social movement innovation.** It is important that we nurture local activists who will influence their peers and form a critical mass of support for sustained change

- **Develop new models of engagement for Social Movement:** We want to go beyond traditional community development approaches and work outside of our usual geographic and organisational boundaries. We must also seek to understand and work with the desires of our workforce and communities

- **Leadership and culture change for social movement:** We will work together to listen and respond effectively and will be willing to hear new ideas and do things differently. We know that new approaches are required that draw effectively on both the efficiency and scale of institutions and the dynamism and agility of movements.

6.6 We will publish a Community Development Framework setting out how we will work alongside our communities, later in 2018.

6.7 We recognise that, for the health and care system to be able to respond appropriately to emerging social movements, we need to enable and empower our workforce to be able to grow and work with social movements. We will ensure that this is a shared ambition across organisations.

7.1 **Living Happy, Healthy and Well** means encouraging and enabling us all to maintain healthy lifestyles, in health promoting environments that will help to prevent us from becoming unwell. Our Prevention Framework (section 2.0) sets out some of the steps we need to take to achieve this, we will also work to deliver the following:

Early Years, Children and Young People

7.2 Giving every child the best start in life is our highest priority and provides the biggest opportunity for future improvement of health and economic outcomes in Pennine Lancashire. We will improve the life chances for our children by enabling them to grow into healthy and resilient adults.

7.3 Evidence shows that the earlier in life we invest in children, the greater the financial return - for every £1 spent on early years' education, £7 has to be spent to have the same impact in adolescence.

7.4 To give our children the best start in life we want to:

a) Join up health and care provision through the **Healthy Child Programme** to have a positive impact on a wide range of health, education and social care outcomes for children, young people and their families. This will be achieved by expanding programmes that are known to be cost effective and successful and community capacity building across a range of settings, such as children's centres, health centres and GP practices.

b) Ensure parents and carers get the best support possible, through **evidence-based parenting programmes,** as well as through peer support and community groups. This support will be there from before birth through into adolescence.

c) Develop **health promoting education settings**, through delivering activities such as:
- Physical activity in education settings, such as "mile a day"
- Emotional health, wellbeing and resilience for example 'Youth Mental Health First Aid' training
- Life skills such as cooking, financial literacy, citizenship, skills for employment
- Dental health, such as 'smile4health', toothbrush/paste distribution and fluoride varnish.

Physical Activity Promotion, Active Travel and Nutrition
7.5 There is strong and consistent evidence that increasing physical activity will help us live longer and improve our mental wellbeing. It has also been shown

to reduce the risk of many long term conditions, including heart disease and stroke, diabetes, cancer and dementia.

7.6   We want to support a wide range of initiatives including:

a) Physical Activity and Active Travel
- Physical activity promotion
- Strengthening and expanding subsidised leisure opportunities
- Active Travel and the promotion of walking and cycling.

b) Food and Nutrition
- **Promoting healthy and sustainable food choices for all**: Building on local examples of good practice we will develop an 'Out of Home' food provision action plan

- **Supporting families to have access to healthy and affordable food:**
  - Investing further in ante and postnatal support for breastfeeding, healthy introduction to solid foods and expand nutritional advice in early years settings, to ensure the best nutritional start in life
  - Develop an Affordable Food Network to identify and support families, of all ages, to have access to healthy, affordable food
  - Developing a Pennine-wide food growing programme, accessible for everyone within their local community to support people to access healthy sustainable food, teach life skills and encourage inter-generational activity.

- **Building community food knowledge, skills and resources** – Further investment in cookery clubs, based in community buildings and run by local volunteers, which will target all ages and will include support for vulnerable adults. Investment in achieving 'Sugar Smart Pennine' status using a Pennine-wide campaign, promotions and competitions.

Adverse Childhood Experience

7.7   A public health study in 1998 identified a range of stressful or traumatic experiences that children can be exposed to whilst growing up, collectively termed Adverse Childhood Experiences (ACEs). These ten ACEs range from direct harm to a child, that is physical, verbal and/or sexual abuse and, physical or emotional neglect, to those that affect the environment in which a child grows up, including parental separation, domestic abuse, mental illness, alcohol abuse, drug abuse or incarceration.

7.8   There is a strong relationship between these ten ACEs and the onset of chronic diseases such as diabetes, stroke and heart disease, in adulthood, and health harming behaviours, such as smoking and substance misuse.

7.9 To address and respond to ACEs we propose to:

a) Build **ACE informed communities** where children have the opportunity to develop intellectually, socially and emotionally. We will ensure that every adult who interacts with children understands ACEs, the impact they can have and knows how to best to provide support.

Pennine Lancashire aims to become the UKs first 'ACE Informed area' by:
- Developing strategies for raising awareness and understanding of ACEs, resilience and the associated science
- Creating environments for people to share and support each other in addressing their own experiences of ACEs
- Creating an ACE informed workforce including education; health and social care; criminal justice; voluntary, community and faith sector
- Strengthening a collective response to ACEs by engaging local community members in developing effective and novel solutions.

b) To build **ACE informed organisations** where we are able to prevent ACEs, mitigate the consequences of ACEs through early identification and intervention and to enable our workforce to take an ACE informed approach to:
- Develop and implement ACE informed training and digital assessment tools to identify children, young people and adults who have increased ACE scores
- Understand the distribution of ACEs across different population groups and understand the potential paths for recovery
- Integrate and incorporate knowledge of ACEs into existing strategies, policies, procedures and practice
- Develop ACE Informed provision, so that there is appropriate support for and management of the consequences of ACEs.

8.0 KEEPING HAPPY, HEALTHY AND WELL

8.1 Keeping Happy Healthy and Well means supporting everyone to stay well and to help people manage their own care better. We will do this by:

- Creating new relationships between health and care professionals and the public and by having greater integration across primary care (GP practices, dental practices, community pharmacies and optometrists) and within the community
- Ensuring we all know how to access the advice and resources we need to look after ourselves, enabling self-care and scaling up the non-medical advice and support that is available (social prescribing)
- Taking steps to identify and act early on specific health conditions, such as heart disease, diabetes or cancer
- Implementing across all neighbourhoods, preventive interventions that are known to work well.

Creating New Relationships and Integrating Across Primary Care within Communities

8.2 Looking after ourselves, and keeping ourselves as healthy as we can be, helps us from becoming ill and can also prevent existing conditions from worsening. To support self-care and to support healthier lifestyle choices, we must develop better links between our local community and community groups and primary care. This will help us to work together to identify the most appropriate health or social care support when we need it. To do this we will:

- Work together to develop innovative ways of encouraging healthy lifestyles from bump, birth and beyond, which includes improving vaccination uptake, life course skills to support healthy choices and, emotional health and wellbeing
- Ensure children and young people have a voice in, and influence over, service developments, as often their voice is not as prominent as adults
- Support the expansion of a range of community initiatives, such as expert patient programmes, self-management educational programmes for specific conditions, peer-to-peer support and personalised self-management plans
- Ensure that community pharmacies, dental practices and optometrists are aligned to our thirteen neighbourhoods and become integral to our Neighbourhood Health and Wellbeing Teams.

Access to Advice and Resources to Look After Ourselves

8.3   We want to empower people to understand their health and wellbeing and any conditions they may have. We will focus on removing barriers and making health information easier for all to of us to understand. We will work to ensure our services are easier to navigate and that our workforce check that people have understood the information given.

8.4   As described in Me and My Family (Section 4.0), self-care is vitally important to enabling us to Keep Happy, Healthy and well. We will work with primary care, the neighbourhood health and wellbeing teams, community pharmacies and people and patients to provide preventative self-care through a range of measures and interventions. Our proposals for physical activity and healthy nutrition (see Section 7.0) will be important in helping us to self-care.

8.5   We will promote healthy living pharmacies and 'pharmacy first' to enable people to receive safe and effective advice and treatment for non-emergency health matters, such as minor ailments, injuries and self-limiting conditions. We will also support community pharmacies to act as facilitators for personalised care for those of us with long term conditions.

8.6   We will enable more people to access additional advice and support that can enhance their medical care and improve their health and wellbeing. This is known as Social Prescribing. Social Prescribing enables any health and care professional to refer people to a range of local, non-clinical, community-based services, providing the link between medical and social support. Examples of activities that are often linked to social prescribing include volunteering, arts activities and gardening, as well as more formal types of activities, such as exercise referral schemes.

8.8   Through our proposals we will build on the social prescribing models that we have across Pennine Lancashire. This will be strengthened by a digital tool, which will provide links to all of the activities and groups that are available in our neighbourhoods or other places in Pennine Lancashire.

8.9   Community Connectors will form part of our Neighbourhood Health and Wellbeing Teams to assist in providing wellbeing support and helping us to identify and access the activities that they feel will most benefit our health and wellbeing. Connectors will engage across primary care, local community groups and other public services to ensure we get the best support.

Identify and Act Early on Specific Health Conditions

8.10   Screening programmes that detect cancer early are known to be cost-effective if lots of people take-up the service. Unfortunately, take-up of screening services remains low across Pennine Lancashire. We will work to increase the number of people accessing screening services particularly those people who are less likely to use them, incentivise specific schemes and develop intensive targeted programmes.

8.11　We will continue to support and develop the emotional health and wellbeing programme for children and young people, by improving access to appropriate support and care, working specifically with education and the criminal justice system to reduce mental illness in adults and to improve outcomes for our children and young people.

8.12　We will develop a more targeted approach to the detection and reduction of heart disease risk through NHS Health Checks, with particular focus on hypertension and atrial fibrillation and link to the Type 2 diabetes prevention programme for those at high risk. Access to, and the up-take of, structured patient-education for all patients newly diagnosed with diabetes will be enhanced.

Preventive Interventions That Are Known to Work Well

8.13　In Pennine Lancashire we have already worked together on a range of existing local strategies that aim to support us to make more positive lifestyle choices, such as those that tackle obesity, substance misuse (including alcohol), accidents and falls, child maltreatment and those that improve mental wellbeing, screening, vaccinations, sexual health. But we know we can do more and we will work to expand prevention programmes that are known to be cost effective and successful, such as stop smoking services and support for people with a drug and/or alcohol dependence.

8.14　Through the integrated approach of the Healthy Child Programme, we will support children and young people to have their full course of vaccinations. We want to achieve a 95% uptake for all childhood vaccinations, because this will mean we are able to reduce the associated illnesses and establish an effective level of immunity within all our communities.

8.15　We will work together to understand and capture the impact that various prevention activities have on our health and wellbeing. We will use this information to continually improve our services and help us invest in activities that we know have the best impact.

9.1 Pennine Lancashire has a strong history of delivering integrated health, wellbeing and care services to communities. We have worked with local residents, patient groups and our workforce to develop our ideas about how we can build on our past successes and deliver improved and consistent services across Pennine Lancashire.

9.2 We want to bring more services together to improve care pathways, provide seamless links to other services (such as acute and residential care services) and, importantly into community groups and support. We want to reduce duplication of service provision and the number of times that people have to tell their story. Ultimately we want to deliver better outcomes for people.

9.3 Our proposals for Joined-Up Care and Support are about:

- **Integrating health and wellbeing care at neighbourhood level**, bringing together primary care (GP practices, dental practices, community pharmacists and optometrists), community healthcare, social care, wellbeing services, and the voluntary, community and faith sector

- Keeping people at home for as long as possible by providing a range of **specialised and enhanced community services**. An enhanced offer will be provided to people with long term conditions, bringing additional support to the neighbourhood health and wellbeing led care plans

- Delivering **intermediate care**, which is an extended model of community care which helps people to stay out of hospital following deterioration in their health and circumstances (known as step up services), as well as those that support people to get back home after spending time in hospital (known as step down services)

- **Transforming urgent and emergency care** to ensure that people with urgent care needs receive highly-responsive services that delivers the right care as close to home as possible.

Integrating Health and Wellbeing Care at Neighbourhood Level

9.4 We will bring services together, ensuring that care and support is focused around people's needs and that access to various services is seamless and easy. We want this care to be provided as close to a person's home as possible, whilst ensuring that quality is not compromised.

9.5   Neighbourhood Health and Wellbeing care will be developed around everyone who is registered with local GP practices, regardless of age. There will be a core level of service delivered across all neighbourhoods, with flexibility to meet the specific needs of local populations. General Practitioners will be the foundation of the neighbourhood-based service, supported by the wider primary care and community teams, including nurses, mental health practitioners, social care, community connectors and a community, voluntary and faith sector lead, who will all work to provide continuity of care.

9.6   Neighbourhood Health and Wellbeing Teams will provide care and support for people in their community to help them stay well and independent for as long as possible. They will also encourage and enable people to play an active role in their own health and wellbeing. This will enable the individual to lead a purposeful and healthy life, maintain their independence, often with a personalised shared support plan and ensure that they have positive mental wellbeing.

9.8   The Neighbourhood Health and Wellbeing Teams will actively seek to support individuals and their families whose situation can be described as complex, and where a co-ordinated approach is required to minimise the risk of deterioration and prevent crisis situations occurring. When a person requires an increase in support rapidly, they will be immediately assessed and an agreed plan will be implemented to prevent an unnecessary hospital stay. Teams will have responsibility for improving communication and connections between hospital inpatient services and with bed and home-based Intermediate Care, to reduce hospital stays and support timely discharges.

9.9   Specifically our Neighbourhood Health and Wellbeing Teams will offer:
        - Fully integrated and improved access to psychological therapy (IAPT) services at a neighbourhood level, with specific support for people with long term conditions
        - Mental health link workers to provide specialist support for adults
        - Universal services for children and young people (aged 0-25), as well as targeted services that are coordinated and integrated, building on the Healthy Child Programme and from the other components within the New Model of Care
        - Support, at home wherever possible, for frail older people, and people with complex needs, including those at the end of their lives, to maximise their quality of life
        - Improved relationships and communication between primary care and specialist services will enable a more co-ordinated approach to care.

9.10   Enhanced care will be provided to meet the needs of patients residing in short or long term nursing or residential care. This will include access to a named GP and the wider primary care service, comprehensive assessment and care planning support, support for the most vulnerable and those with complex needs, support to promote independence and access to expert and specialist advice.

Primary Care as the Cornerstone for Our Neighbourhoods

9.11 Primary Care Networks (PCNs) are being promoted by NHS England to develop integrated teams, across primary care, working to support 30,000-50,000 patients, within a specific location. Through our PCNs in Pennine Lancashire we will look to build on our strong history of collaborative working and further develop our offer of support.

9.12 We will align our PCNs to the Neighbourhood Health and Wellbeing teams, and put working arrangements in place to allow them to develop a plan for joined-up delivery of community based services.

9.13 Seven day access to urgent and routine general practice will be supported by wider primary care services including dentistry, pharmacy and optometry.

9.14 System wide information, advice and signposting will be supported in primary care by Primary Care Navigators, which will create capacity within GP Surgery times. This will result in longer appointment times being available for people with long term conditions and/or for those with higher levels of need.

Specialised and Enhanced Community Services

9.15 Whilst the majority of health and care services will be delivered at a neighbourhood level, more specialised and enhanced community services will be available at a wider geographical footprint or district level. These will provide an enhanced offer to people with long term conditions, such as diabetes and heart failure. Our proposals for these services are outlined below.

9.16 Development of **early supported community rehabilitation** across all sectors and conditions to provide assessments and support for people who need it.

9.17 **Intermediate Care services** help people to stay out of hospital following deterioration in their health and circumstances (known as step up services) and they also support people to get back home after spending time in hospital (known as step down services). These services are short-term in nature, providing support for six weeks or less. The services offer a link between hospitals and people's homes, and between community services, hospitals, GPs and social care services. There are three main aims of intermediate care:
  - Helping people avoid going into hospital unnecessarily
  - Helping people be as independent as possible after a stay in hospital
  - Preventing people from having to move into a residential home until they really need to.

9.18 **Specialist therapy, nurses, social workers and doctors.** There is an on-going need for specialist skills to deliver effective care for specific conditions. These specialists will interface with our Neighbourhood Health and Wellbeing

Teams and provide case management for those people with more complex needs, for short periods of time, until comprehensive support plans are developed. These specialist roles could include for example Gastroenterology services and Diabetes Specialist Nurses.

9.19 We will work closely with the Lancashire and South Cumbria Shadow Integrated Care System to effectively align **specialist services**, currently provided across Lancashire and South Cumbria, to our New Model of Care. This will include:
- Specialist community-based mental health support including access and crisis, community mental health and drug and alcohol services
- Children's mental and emotional health services
- Learning disability specialist support teams.

9.20 We will work with **wider support services**, such as specialist safeguarding, employment support and specialist social work, to consider how these can be developed to provide a specialist response to neighbourhood health and wellbeing care.

Developing a High Quality and Sustainable Urgent and Emergency Care Service

9.21 We often discuss Urgent and Emergency Care as a single part of the health system, but there are two distinct tiers of need:

- **Urgent Care** is treatment for injuries or illnesses requiring immediate or same day care but not serious enough to require an Emergency Department visit or to result in the need for a hospital admission. It can be required to prevent serious deterioration of health following the onset of an unforeseen condition or injury.

- **Emergency Care** is treatment for serious or life-threatening conditions and will always require the back up of further hospital services such as in-patient treatment or surgery, though this may not be required for every patient that attends.

9.22 Improving Urgent and Emergency Care is one of the main NHS priorities. There is a clear aim to transform the system into one that allows patients quick and efficient access to the help they need. Patients have often voiced the view that they find the current system confusing and that it is difficult to know how to access the most appropriate sources of help and support, at what, for them, are critical moments in their lives. Therefore both nationally and locally we aim to transform the system across seven key priority areas.

9.23 When you or your family need to access urgent or emergency care services you are able to ring NHS 111 to speak to an advisor, who will quickly be able to direct you to the most appropriate service for your needs. In the future you will still be able to do this, but you will also be able to access a similar system on-line, via your smart phone or computer. Your information will be passed seamlessly, and securely, between all of the services that need to know your

details eg between 999 and 111 and 111 and your GP. The intention is that one call will do it all and if you need to speak to someone different, you (with your details) will be passed smoothly and swiftly to the correct place.

9.24   Through these proposals, the options for you to receive the help and support you need will be expanded. Access to GP services will be extended so that weekend and evening appointments will be able to be booked directly through your initial call to 111. Urgent Treatment Centres will also be developed that can be booked into as well as being available for walk in treatment. These will operate at least 12 hours a day, be staffed by doctors, nurses and other staff and will have access to key testing and diagnostic services.

9.25   Developments will also take place within ambulance services to enhance the way that they work. Over time their services will be able to deal with more patients over the phone, directing them to appropriate services and they will be able to treat many more patients at home. Key to this will be linking with other services in the community. The result should mean that a lower proportion of people are taken to hospital.

9.26   We will also:
- Put in place Primary Care and Minor Injuries streaming models so that people attending A&E or Urgent Treatment Centres can be directed to the service they need
- Develop a workforce model that will meet both existing and future patient care needs and demand
- Make sure we understand our current demand and capacity requirements
- Consolidate our acute assessment areas within Royal Blackburn Teaching Hospital
- Deliver a Medical Triage Unit which will include an enhanced Ambulatory Emergency Care function which will include a review of the existing Ambulatory Emergency Care model
- Review and improve existing emergency care pathways, particularly for mental health and orthopaedics.

9.27   During our engagement activity in Winter 2017, many people suggested that we should do more to help people make the right choice in relation to urgent and emergency services. We will continue to promote this message particularly through the "NHS Choose Well" campaign.

9.28   All of these improvements should free up A&E to treat only those people who need to be there. The way that people get back out of hospital, if they need care and support at home, will also be a priority for change with joint working across health, social and other sectors being key.

9.29

In Hours Primary Care (Pennine Lancashire GP Practices)
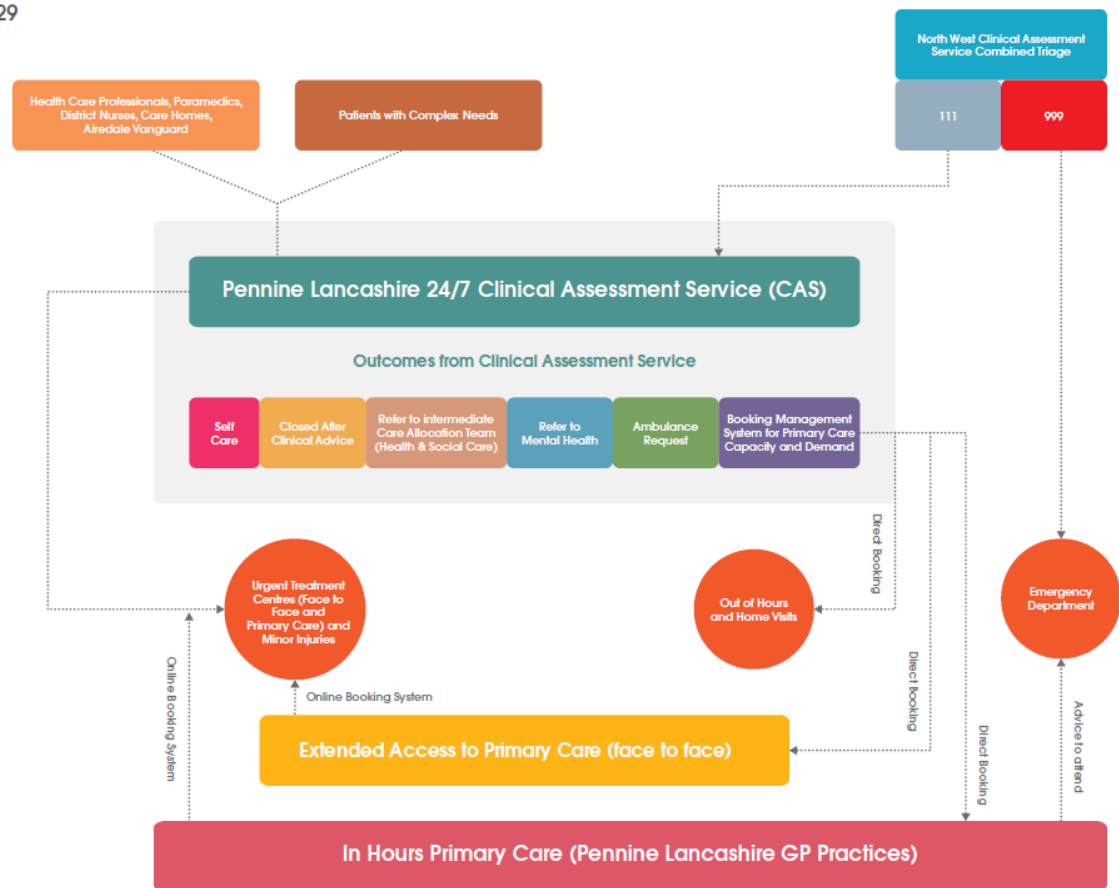
10.1   We all want to know that when we need specialist or acute support, in hospital, that the care we receive will be the best it can be.

10.2   At times we will need access to hospital services in an emergency situation, for example because of an accident, whilst at other times this will be a planned admission to hospital, for example because a routine operation is required.

10.3   We recognise that if we do have to be admitted to hospital, then it is important that we stay there for the shortest time needed and that any after care and support is provided within our home or as close to our home as possible.

10.4   Our proposals below outline, in more detail, what we plan to do to achieve these ambitions.

Emergency Department at the Royal Blackburn Hospital

10.5   Currently there is a single Emergency Department covering Pennine Lancashire situated at the Royal Blackburn Hospital. We don't envisage that this will change. The Emergency Department will continue to be staffed by a highly-skilled workforce delivering life-saving care for our most sick patients. Our proposals for Urgent and Emergency Care (Section 9.29) outline the key steps we are going to take to improve care and support for people in an emergency situation.

Improving Patient Flow

10.6   The Government now requires every hospital and its local health and social care partners to have "adopted good practice to enable appropriate patient flow". This means that people can be admitted to a hospital bed when they need to be, including from the Emergency Department, and that they are discharged from hospital in a timely and safe manner. To do this we will:

- **Optimise Ward Processes** and transform medical, surgical and community wards. The aim is to roll out an improvement programme across all adult wards (post-assessment unit) which will include assessment and diagnostics, care planning, admission, welcome and introduction, delivery and review of care plans (multi-disciplinary working) and transfer of care. This will improve performance and patient experience

- Implement a **Home of Choice** policy. An acute hospital is not an appropriate setting for ongoing care once a patient has completed treatment. Through implementing a Home of Choice Policy, those awaiting a care placement or care provider while in hospital will be

supported to make a timely choice to minimise the risks associated with remaining longer in hospital

- Develop a **Single Discharge from Hospital Service** which will support people to be discharged from hospital as soon as they can be. Our current Pennine Lancashire Integrated Discharge Service (IDS) commenced in 2015 and brings together a number of disciplines within the hospital setting including complex case managers, social care and therapies. The service supports individuals in discharge planning and arranging care and support needed upon discharge, including social care packages, reablement and rehabilitation, dependant on individual needs. We will strengthen this service and ensure that our Integrated Discharge Service will be responsible for the full implementation of system-wide Trusted Assessment, consistent and effective use of integrated discharge pathways across Pennine Lancashire and the development of a single performance dashboard

- **Discharge to Assess** is a principle of effective intermediate care delivery. It means that future assessments will take place in a community setting, rather than in a hospital setting. This is because it is more effective to assess an individual's needs in their home and surrounding community environment so that the right level of support can be identified and provided. We will ensure a seamless offer of support between hospital and Intermediate Care services to ensure that the assessment of any ongoing support takes place in a suitable environment outside of hospital (preferably in our own homes).

Elective (Scheduled/Planned) Care

10.7   Our proposals aim to ensure the delivery of efficient and effective elective (planned) care services, delivered in a timely manner, as close to the patient as practicable, and that are linked to primary care and community and intermediate services in a seamless manner.

10.8   Some of our elective (planned) care is currently provided at Burnley General Teaching Hospital. In the future we want to provide all our planned care from this site, or others within the community. This will build upon the previous development of Burnley General Teaching Hospital as an elective centre, where the Trust is able to provide a high quality elective experience for patients on a site which has been configured to optimise patient experience and quality and maximise productivity of elective services.

10.9   This innovative unit will see elective work, both medical and surgical carried out side by side in a fit for purpose environment streamlining staffing, resources and skills. The proposal focuses on hospital based services where elective (planned) care centre provision would be desirable and beneficial. It would not involve Gynaecology, Paediatrics, Urgent Care, or Orthopaedic services, and it would not include the care of long stay patients

10.10 Within Pennine Lancashire we already have successfully transferred a number of other elective services, for example ophthalmology (eye) and dermatology (skin) services out of hospital and into the community, closer to people's homes. Given the success of the work completed to date, we want to deliver more scheduled care within our community settings which could include:

- Providing support closer to home, particularly for people with long term conditions, with specialist nurse/therapist support linked to Primary Care, in particular Gastroenterology
- Services being provided through virtual clinics
- A Single Point of Access for secondary care services within primary care would allow all referrals to be triaged and the most appropriate pathway be sourced reducing the amount of inappropriate referrals and empowering primary care to manage demand in partnership with secondary care
- Providing diagnostic services at district level.

Working within Lancashire and South Cumbria

10.11 The future provision of in-hospital care and support services (acute and specialist) will also be shaped and influenced by discussions across Lancashire and South Cumbria Shadow Integrated Care System.

10.12 East Lancashire Hospitals Trust will be recognised as a centre of excellence for certain key clinical services, taking referrals from a wide geography across the North West (for example certain urology and hepatobiliary surgery and neonatology) and be a networked provider of key specialist services with other Trusts across all of Lancashire (including stroke services, maxillofacial services, vascular services, radiology services and cancer services).

11.0 Finance and Investment

The Challenge

11.1 Each year public sector spending on health and social care for the residents of Pennine Lancashire is around £1.1billion and over the next five years there will continue to be a significant amount of money spent on health and care interventions for the 531,000 people living in Pennine Lancashire. The diagram below shows how this money is spent.

Pennine Lancashire health and care place based spend

- Adult Social Care
- Childrens Social Care
- Public Health
- Continuing Care
- Primary Care Prescribing
- General Practice
- Other Primary Care
- CCG Running Costs
- Secondary community
- Secondary Mental Health
- Secondary Acute & Maternity
- Specialist
- Other
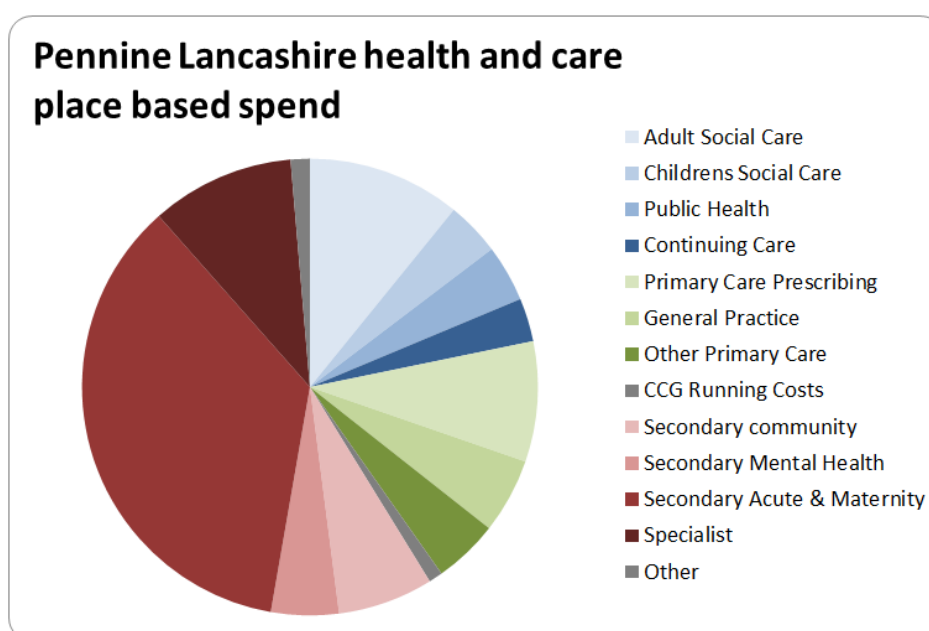
11.2 In June 2018 the Prime Minister announced a new multi-year funding plan for the NHS, which will bring an increase in expected funding available (the financial settlement will be confirmed later in 2018). However, we know that even after taking account of the resources that are likely to be made available, the increasing complexity of people's health needs and demand for services, coupled with the need for a radical uplift in investment in prevention, means we still need to work together to make the best use of our resources.

11.3 Whilst the size of the financial challenge cannot be underestimated, we recognise that there are significant opportunities for us to address this challenge and deliver value for money for every 'Pennine Pound' that is spent.

11.4 Significant work is already underway in developing plans to address how we can do this. These include:

Improving efficiency of services we deliver

11.5 Whilst we always work hard to deliver the best care possible for our population, we know that health and social care providers in Pennine Lancashire can do more to reduce costs and run services more efficiently.

11.6 Benchmarking performance of our services nationally and locally has identified opportunities where savings can be made. Areas identified for

improvement include for example, improving the efficiency of Accident and Emergency and outpatient activity, reducing lengths of stay in hospital for certain procedures and reducing unwanted variation in care through RightCare. Our partner organisations are working hard to deliver efficiencies and productivity improvements to address these challenges.

11.7 A specific programme of work is underway with a team consisting of clinical and specialist expertise, working together to identify areas for improvement specifically related to discharge pathways and community services across Pennine Lancashire. The results of this work will identify the potential capacity which could be released through improved service delivery and inform the development and delivery of improvement plans to realise these savings.

Investment in Prevention and Population Health

11.8 Evidence tells us that, if we invest in prevention, we will save money, not just in the health and care system, but across the whole of society including criminal justice, children's services and wider welfare support systems. We know that local prevention activity pays back around £4 for every £1 invested in it.

11.9 We have a strong foundation of Prevention throughout our New Model of Care as well as some specific new Prevention programmes, which we believe based on evidence of returns on investment, will save money in the long term.

New Model of Care

11.10 The New Model of Care described in detail throughout this document has been, and continues to be, designed to address the triple aim outlined in our Pennine Lancashire Outcomes Framework; to improve population health and wellbeing, provide safe, effective and high quality care and support, and ensure a sustainable health and care system.

11.11 By focussing on and investing in prevention, supporting people and communities to care for themselves and each other, providing high quality out of hospital services and in doing so, freeing capacity in our hospitals to focus on acute and specialist services, we can make best use of our resources and drive real improvements for local people.

One Public Sector Estate

11.12 Savings can be made by making sure we use the buildings we own effectively, across the whole public sector, and where we no longer need some of our buildings, we sell or share these with other organisations. Partners from health and social care, as well as other estate providers, are already working together to improve how our buildings are used and where services and workforces can be co-located.

11.13 The next phase of this work will be to review all of the buildings we own and some of those we don't, across the Pennine Lancashire footprint (public

sector and wider) with a view to identifying how we can maximise the use of our buildings to deliver the New Model of Care and how we can release some estate to free up valuable funds.

Digital and Technological Innovation

11.14 Digital and technological innovation has the potential to radically empower people to play a more active role in their care and fundamentally change how we deliver services. The Lancashire Local Digital Roadmap identifies three broad themes all of which if delivered effectively will improve care and save money; sharing of electronic records, empowering people through the sharing of knowledge and enabling people with technology.

11.15 Within these themes and to directly address the financial challenge the following commitments have been made:
- Ensuring we exploit technology to manage capacity and demand
- Ensuring we consolidate and share IT systems to reduce cost and complexity
- Ensuring we utilise cost effective cloud-based solutions
- Ensuring we leverage procurement through scale and standardisation
- Ensuring we collectively maximise the benefits of technology.

Next Steps

11.16 Following public engagement the New Model of Care will move into a detailed design phase which will further clarify the benefits and costs of each of the proposals, with a view to decisions being made regarding the affordability of the New Model of Care and any prioritisation that is required.

11.17 A System Control Total has been agreed on behalf of the Pennine Lancashire Integrated Health and Care Partnership which details how we will manage our money together and a financial strategy to support this is being completed and includes in its core principles, delivering the best value for "the Pennine Pound" and "One Public Estate".

11.18 The Estates and Digital opportunities will continue to be refined through the detailed design of the New Model of Care as well through other emerging developments.

11.19 As we continue to move forward as an Integrated Health and Care Partnership and develop our financial strategies and plans to support this, we are also seeking confirmation of Pennine Lancashire's ability to access the following:
- Fair share of the additional transformation funding
- Funding to support social care activity
- Access to capital resources to invest in Information Management and Technology.

12.0 One Workforce

One Workforce

12.1 We have set our aspiration for One Workforce which is *"to have in place a workforce which is fit for the future and is able to meet the challenges of a changing health and social care landscape across Pennine Lancashire which will create working conditions that enable the paid workforce to provide care where it is needed irrespective of organisational boundaries".*

12.2 We have a highly committed and professional health and care workforce across Pennine Lancashire, supporting residents, patients and carers in a range of settings and in a wide range of roles. This workforce is made up of people who are passionate about the jobs they do whether they are providing care in an employed role or whether they are a vital volunteer working on behalf of one of the many charities or community groups in the area.

12.3 Working in health and care is incredibly rewarding, although demanding, and with our vision for One Workforce, we will work with all our colleagues, across all organisations, to shape the delivery of our services and also ensure we make best use of our people and the skills they bring, in delivering these services.

12.4 We know that our ambitions for Together A Healthier Future will mean changes for our workforce – from embedding the principles of self-care, to having the flexibility and agility to deliver care closer to patients' homes. A number of specific workforce priorities have been identified within the New Model of Care, including:

- **Securing future workforce supply** – increase the workforce in specific clinical and nursing roles to ensure safe levels of staffing both in primary and secondary care
- **Upskilling** – upskill staff in particular training to ensure that they are able to make the most of every interaction with a patient whether that be linking to other services or promoting health and wellbeing messages – we call this Making Every Contact Count
- **New roles** – increase in new and different roles to enable individual professional groups to have more time to do the work that only they are trained to do. We will also consider greater and most effective use of the voluntary, community and faith sector to support people in their communities
- **New ways of working** – consider new employment and contracting models to attract future workforce and offer current staff greater flexibility and balance, avoiding burnout and subsequent turnover.

Current Workforce Profile

12.5 Services are provided through a number of organisations including NHS providers, Local Authority, GP Federations, VCF Sector and Care Homes.

12.6 We estimate that the employed workforce in health and social care, including primary care, stands at around 13,500 and alongside staff working in the 178 local care homes there is a huge volunteer workforce estimated at around 14,000.

12.7 Alongside the New Model of Care, there are a number of other workforce challenges that we need to address. These include significant difficulty in recruiting and retaining certain key roles including medical and nursing roles in both primary and secondary care. An ageing workforce and an expectation of different employment models that offer greater flexibility, means that we face difficulties in maintaining services as they currently are and in realising the ambition of transformation.

12.8 We are planning what our future workfoce needs to look like based on required skills and competencies, enabling exploration of potential new roles, working differently and identification of any upskilling required. We will work with health and care education and training providers to make sure that the number of staff, and the skills and capabilities, we need can be met.

12.9 We know we want our staff to work together across the many different organisations in Pennine Lancashire. This means we will need to think about how we reflect and address differences in culture and practice and differences in the national frameworks for terms and conditions, if we are to achieve true integration.

12.10 There is also a significant unpaid workforce of volunteers and carers who need to be considered to ensure we fully understand how all aspects of care and support is currently delivered and how this supports our drive towards social prescribing and promotion of self-care. Our Volunteer Strategy sets out how we will maximise opportunities for volunteers and organisations to support the health and wellbeing of residents.

Achieving One Workforce

12.11 Workforce design events have taken place with input from colleagues across the system, to shape the One Workforce agenda and develop activity plans for delivering this.

12.12 A comprehensive workforce engagement plan has been developed and has commenced ensuring that colleagues are both kept informed of progress as well as having the opportunity to be meaningfully involved in shaping services. There are many other activities we now need to complete and our proposals are set out below.

12.13 In order to deliver the New Model of Care and meet the gaps in current workforce, significant remodelling will be required in line with population needs, moving away from task and role based provision to needs based. It is likely that there will be a requirement for new roles which are much more generic in nature with the aim of developing the current workforce into these

roles with new generic competencies, working with education providers to ensure they are able to meet the needs of the future workforce.

12.14 In order to help us attract, recruit and retain staff, we will also develop an education and training approach and organisational development strategy that will enable new and existing staff from across the local health economy to effectively carry out the New Model of Care.

12.15 We have worked with our leaders and our staff to co-design and begin delivery of a comprehensive leadership and organisational development programme, to enable large scale change and a culture that will support transformation. The key elements of this programme are:
- System Leadership Approach - to develop the relationships and behaviours required to work outside organisational boundaries
- Shared Culture, Values and Behaviours
- A culture of innovation and creativity
- Managing and coping with change
- Development of skills, knowledge and experience
- High performing individuals, teams and organisations
- Communication and engagement.

12.16 The key steps we believe we need to take to allow us to achieve our vision of One Workforce are outlined below. We believe these activities will move Pennine Lancashire from collaboration between individual organisations, to a more joined up way of working, with single management arrangements and integrated working:

- **Leadership, Organisational Development (OD) and Workforce Engagement including:**
  - Develop leadership strategy based on compassionate leadership model
  - Build on successful organisation development programme for leaders and Neighbourhood Health and Wellbeing Teams
  - Develop shared values and behaviours
  - Implement joint induction
  - Produce engagement toolkit
  - Identify and train engagement ambassadors
  - Deliver roadshows
  - Undertake a baseline staff survey
  - Engage staff in workforce modelling workshops.

- **Streamlining and Alignment Activities including:**
  - Establish a formal Partnership Forum with Trades Union colleagues
  - Agree a single approach to managing organisational change
  - Establish an agreement for a shared training and development programme
  - Agree a single Occupational Health provision
  - Consider provision of Human Resources and Organisational Development activity, under shared management arrangements

- Develop a single recruitment and retention strategy
- Develop a single health and wellbeing strategy for our workforce.

- **Workforce Transformation Activities including**:
    - Undertake workforce modelling across the New Model of Care and our health and wellbeing improvement priorities
    - Develop use of Insight tool for General Practice
    - Work with education providers to create a Care Academy
    - Appoint a Volunteer Project role to develop volunteer workforce
    - Explore opportunities to utilise new roles such as physician associates, community pharmacists, advanced nurse practitioners
    - Participate in the Global Exchange as part of the Lancashire and South Cumbria Sustainability and Transformation Partnership
    - Create a digital workforce through use of technology
    - Explore new employment models.

13.0 Conclusion and our Next Steps

"I think, in the future, we've got some challenges, I just think we need to work together we need to look at the social capital, we need to make it work. I think what we need to do now, maybe at a more strategic level, when we're developing these plans we need to make sure everybody is consulted and everyone's getting a say. I just think that times' hard, yes they really are hard, but together we can really make a difference."

Rick Wilson, community leader, Blackburn.

13.1   The Pennine Plan draws to a close our solution design work and reflects the contributions you as our residents, patients and staff have made to the future design of health and care in Pennine Lancashire.

13.2   We've come a long way over the past two years, and we would like to thank all our residents, community and voluntary groups, health care professionals and wider staff who have contributed their support, ideas and opinions to help us get this far. We hope that you will continue to provide us with your thoughts as we move forward in delivering our ambitions.

13.3   As we undertook our detailed engagement, you told us you were keen to hear more details about how and when health and care services will be changing. Alongside this plan we have published a delivery plan to provide more information. This can be found on our website www.togetherahealthierfuture.org.

13.4   We still have a long way to go, but we are confident that together, we can make the difference needed for Pennine Lancashire. If you haven't already joined the conversation about the future for health, care and wellbeing in Pennine Lancashire, then take a look at our website, Twitter and Facebook accounts.

Join the Conversation

www.togetherahealthierfuture.org.uk

@ahealthyfuture_
#ahealthyfuture

together a healthier future

Elccg.Togetherahealthierfuture@nhs.net

TRUST BOARD REPORT
11 July 2018

Item   **67**

Purpose   Monitoring

Title	Integrated Performance Report (May 2018)
Author	Mr M Johnson, Associate Director of Performance and Informatics
Executive sponsor	Mr John Bannister, Director of Operations

Summary: This paper presents the corporate performance date for May 2018.

Recommendation: The Board is asked to review and note the information presented.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Recruitment and workforce planning fail to deliver the Trust objective
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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

Safe | Personal | Effective

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regulatory requirements

Previously considered by: Not applicable

Board of Directors, Update

Corporate Report

Executive Overview Summary

No never events reported during May. A total of eight incidents were reported to StEIS during the period.

Three clostridium difficile infections were detected during May, above trajectory for the month. No further MRSA infections in May.

Nursing and midwifery staffing in May 2018 remained challenging. 5 areas fell below an 80% average fill rate for registered nurses on day shifts. Within the family care division 1 area fell below the 80% average fill rate for registered midwives on night duty.

HSMR remains 'better than expected' and the SHMI is 'as expected'.

The 4 hour target performance has improved however remains below the 95% threshold. The proportion of delayed discharges has remained below the 3.5% threshold.

The average ambulance handover time improved during May, however the number of ambulance handovers over 30 minutes increased.

There were 3 mental health breaches of the 12 hour trolley wait standard in May.

The 6wk diagnostic target was not met in May at 1.8%

The number of operations cancelled on the day has reduced again in May and there were no breaches of the 28 day standard.

The Referral to Treatment (RTT) target was again achieved at 93.3% above the 92% standard. There were no breaches of the 52wk standard at the end of May.

The cancer 2wk breast target was not met during April at 92%. The cancer 31 day subsequent surgery target was also below threshold for the month.

Sickness rates are still above threshold (4.5%) and are higher than last year (4.1%)

The vacancy rate increased to 8.7% in May, which is also higher than last year (6.9%).

Compliance against the Information Governance Toolkit remains below threshold. All other areas of core skills training are above threshold.

At month 2, the Trust is reporting a £3.176million deficit in line with the financial plan. However, the Trust has since agreed a revised underlying control total of a £15.798million deficit, the acceptance of which allows the Trust access to a Provider Sustainability Fund (PSF) of up to £8.050million.

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Introduction

This report presents an update on the performance for March 2018 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.

SAFE
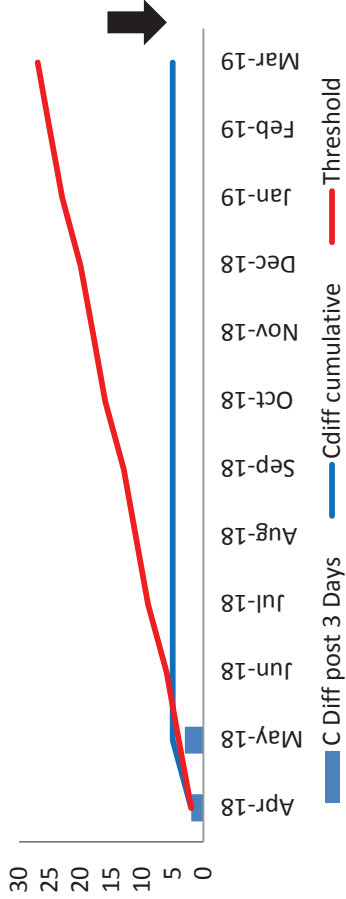
C Difficile

There were no MRSA infections reported in May. Year to date there have been 0 cases attributed to ELHT.

There were three Clostridium difficile toxin positive isolates identified in the laboratory in May which were post 3 days of admission.

The year to date cumulative figure is 5 against the trust target of 27. The detailed infection control report will be reviewed through the Quality Committee.

Chart legend: C Diff post 3 Days — Threshold — Cdiff cumulative

X-axis: Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19

C Difficile per 100,000 occupied bed days
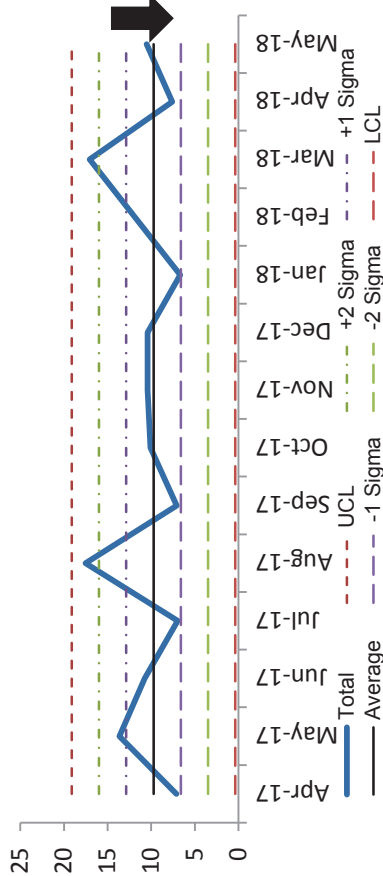
The rate of infection per 100,000 bed days increased in May to 10.5 above average.

Chart legend: Total — Average — UCL — -1 Sigma — +2 Sigma — -2 Sigma — LCL — +1 Sigma

X-axis: Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18, May-18

C Difficile benchmarking
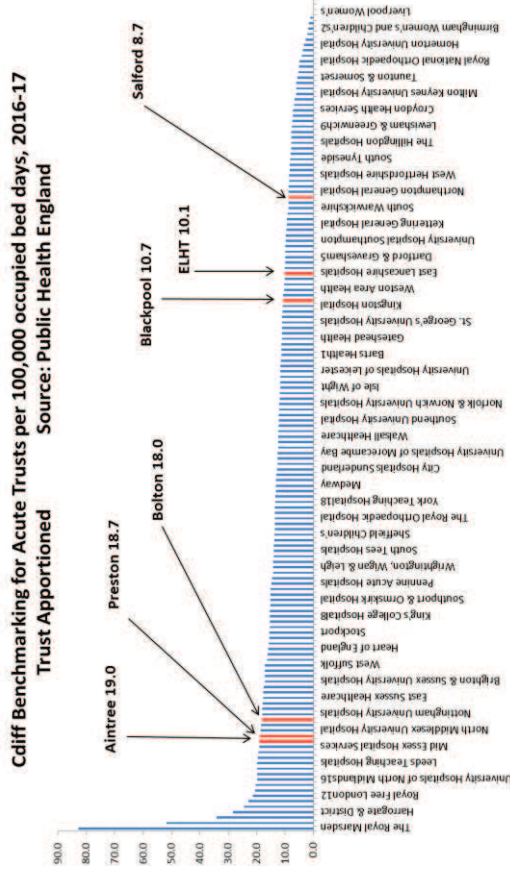
ELHT ranked 51st out of 153 trusts in 2016-17 with 10.1 clostridium infections per 100,000 bed days. The best performing trust had 0 and the worst performer had 83 infections per 100,000 bed days.

Cdiff Benchmarking for Acute Trusts per 100,000 occupied bed days, 2016-17 Trust Apportioned   Source: Public Health England

Labelled data points: Aintree 19.0, Preston 18.7, Bolton 18.0, Blackpool 10.7, ELHT 10.1, Salford 8.7
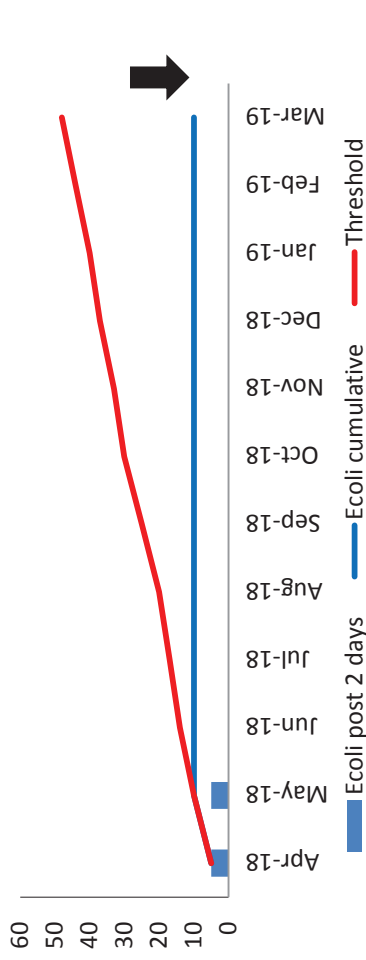
In response to Lord O'Neill's challenge to strengthen Infection Prevention and Control (IPC), the Secretary of State for Health has launched an important ambition to reduce Gram-negative Blood stream infections (BSIs) by 50% by 2021.

One of the first priorities is reducing E.coli BSI which account for 55% of all BSI nationally. In 2017/18, the Trust achieved the target 10% reduction.

This year we should have no more than 48 E. coli bacteraemia.

There were five E.coli bacteraemia detected in May, which is at the 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

E. Coli

Legend: Ecoli post 2 days | Ecoli cumulative | Threshold

P.aeruginosa

Legend: P. aeruginosa bacteraemia (total pre 2 days) | P. aeruginosa bacteraemia (total post 2 days)

Klebsiella

Legend: Klebsiella species bacteraemia (total pre 2 days) | Klebsiella species bacteraemia (total post 2 days)

SAFE
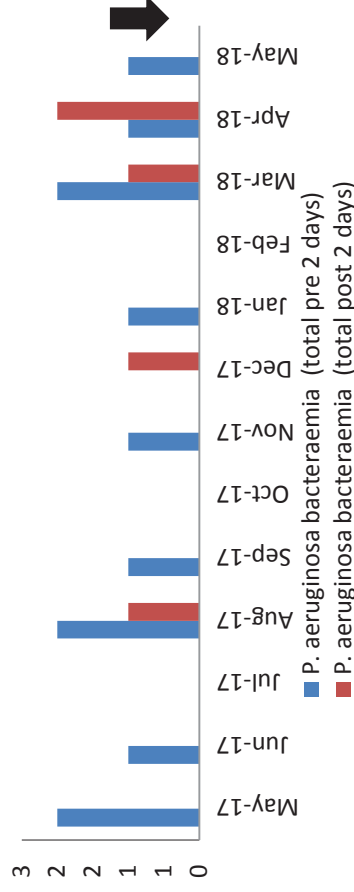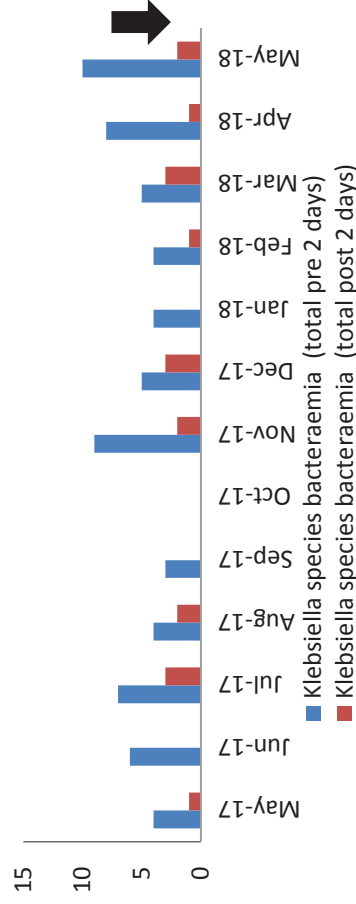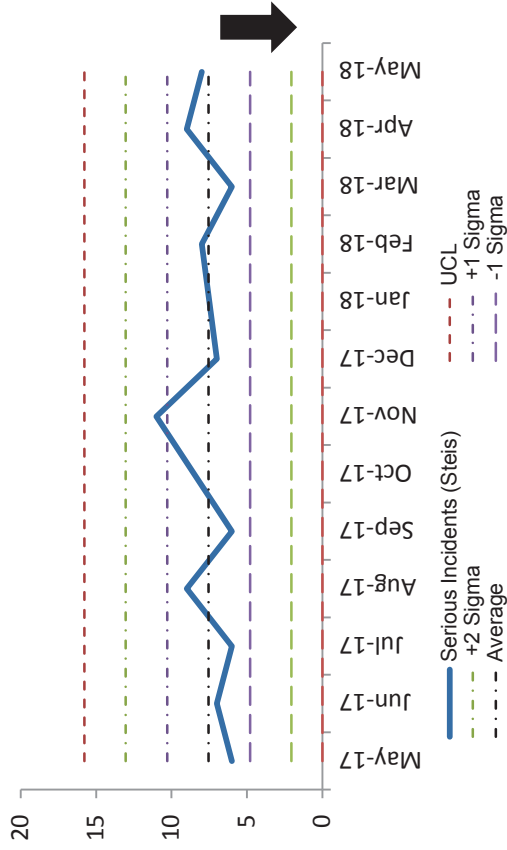
There were no never events reported in May.

The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in May was eight incidents. These incidents were categorised as follows:

StEIS Category	No. Incidents in May
Slips Trips and Falls	4
Maternity/Obstetrics	2
Diagnostics	1
Sub Optimal Care of the Deteriorating Patient	1
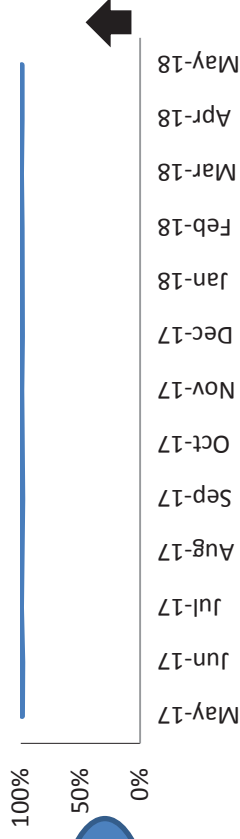
A detailed report providing assurance on the management of each of the STEIS reported incidents is submitted monthly to the Patient Safety and Risk Assurance Committee.

The Trust remains consistent with the percentage of patients with harm free care at 99.2% for May using the National safety thermometer tool.
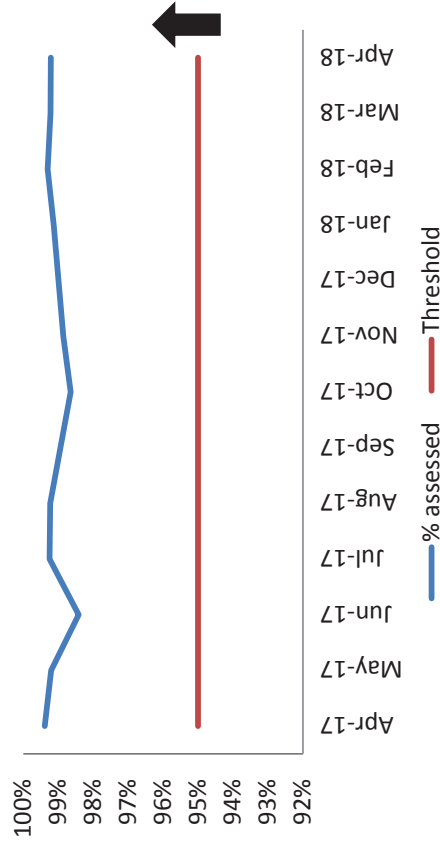
For May we are reporting the current pressure ulcer position, pending investigation, as follows:

Pressure Ulcers	Hospital Aquired	Community Aquired
Grade 2	3	4
Grade 3	0	0
Grade 4	0	0
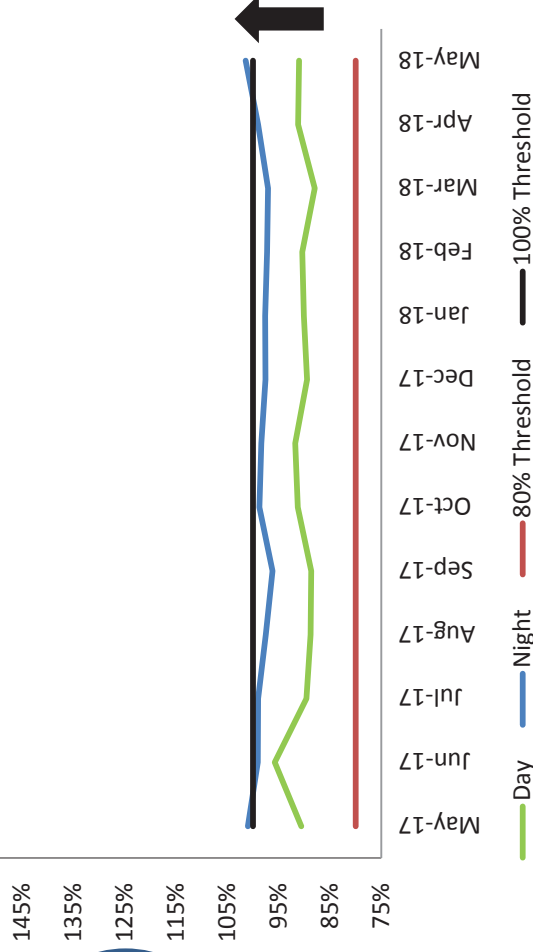
SAFE

Serious Incidents

Legend: Serious Incidents (Steis), +2 Sigma, Average, UCL, +1 Sigma, -1 Sigma

% Harm Free

VTE assessment

Legend: Threshold, % assessed

Nursing and midwifery staffing in May 2018 remained challenging. 5 areas fell below an 80% average fill rate for registered nurses on day shifts. Within the family care division 1 area fell below the 80% average fill rate for registered midwives on night duty.

The causative factors remain as in previous months, compounded by escalation areas being opened, pressures within the emergency department, school holiday period, vacancies and sickness. Registered nurse allocation on arrival shifts continue to prove difficult to fill for the reasons previously discussed

Of the 5 areas below the 80% for registered nurses on day shifts, all were due to co-ordinator unavailability which is in addition to agreed staffing levels.

Night Shifts Registered Midwives

Blackburn Birth Centre
The situation remains as in previous months and Blackburn Birth Centre is still experiencing difficulty staffing to the planned requirements on night duty, to mitigate this, activity is reduced when required.
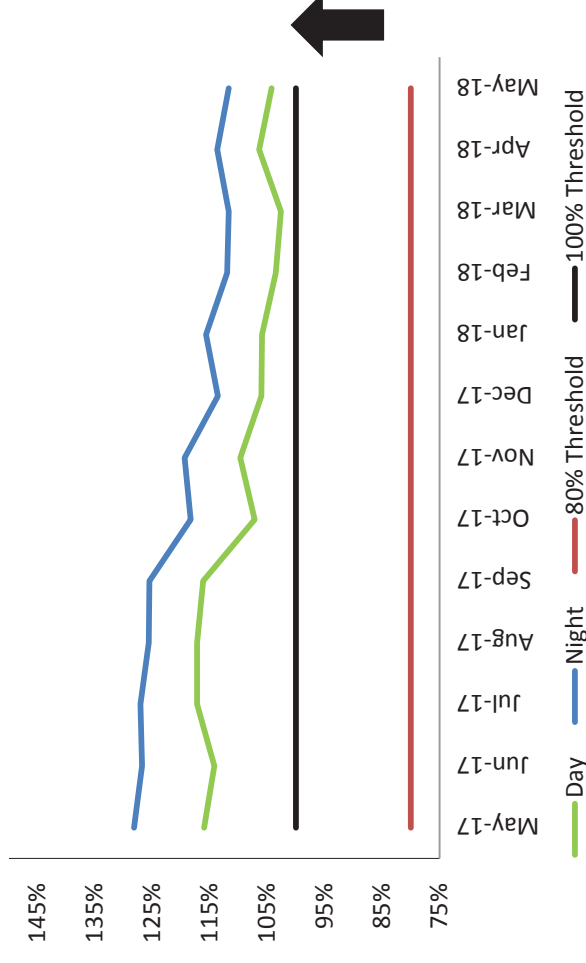
It should be noted that actual and planned staffing does not denote acuity, dependency, the amount of women in labour or bed occupancy. The divisions consistently risk asses and flex staffing resources to ensure safety is maintained. Of the staffing DATIX incidents reported the divisions have given assurance that no harm has been identified as a consequence of staffing.

Registered Nurses/ Midwives

145% 135% 125% 115% 105% 95% 85% 75%

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18

Day — Night — 80% Threshold — 100% Threshold

Care Staff

145% 135% 125% 115% 105% 95% 85% 75%

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18

Day — Night — 80% Threshold — 100% Threshold

SAFE

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
May-18	91.10%	104.20%	101.50%	111.70%	27090	8.88	5	0	0	1

4 red flag incidents were reported for the month of May, one was discounted as it wasn't related to an inpatient area and will be reviewed by the division separately.

C18 B, DATIX submitted as less than 2 registered nurses on duty on a night shift. Help was sent by the site co-ordinator and a member of staff stayed late from the previous shift. There was a period of half an hour where there was only 1 registered nurse present. No harm has been identified Surgical Triage Unit – no break. STU usually has 3 registered nurses on night duty; due to short term sickness the unit only had 2 registered nurses on duty. No harm reported
C18 A – Unable to reliably carry out intentional rounding. The ward didn't have a coordinator on duty and were short of a clinical support worker. This resulted in delays with intentional rounding and a patient requiring enhanced care was unable to receive it. No harm was reported.

Actions taken:
• Extra allocation on arrival shifts continue to be booked.
• 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.
• Extra health care assistant shifts are utilised to support registered nurse gaps if required
• On going active recruitment. Newly re- formed recruitment and retention group
•The Trust has engaged with Health Education England (HEE) to work collaboratively with the Global Learners Programme. 25 offers of employment have recently been given.
• The Trust has agreed to recruit a further 20 trainee nursing associates
• The staffing templates will change over the coming months to reflect the roll out of the 12 hour shift pattern, some differences may be noticed in respect of actual and planned hours as a consequence, potentially from August/September

Family Care

Maternity

Month	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Staffed to full Establishment	01:30	01:29	01:29.9	01:28.8	01:29.9	01:28.7	01:30.0	01:29	01:28.7	01:28.6	01:29	01:28.2
Excluding mat leave and vacancies	01:31	01:30	01:30.6		01:31.1	01:30.1	01:31.1	01:30.2	1:29.9 9.21wte on maternity leave	1:29.84	01:30	01:29.3
With gaps filled through ELHT Midwife staff bank	01:30	01:28	01:29.3		01:29.8	01:29.2	01:30.1	01:28.3	01:28.7	01:28.5	01:28.4	01:28.5
	Bank usage	Bank usage	Bank usage		Bank usage		Bank usage	Bank usage		Bank usage	Bank usage	Bank usage
	6.8 WTE	8.22 WTE	9.11 WTE		9.10 WTE		6.43 WTE	10.04 WTE		9.59 WTE	10.4 WTE	6.35 WTE

The midwife/birth ratios calculated using the Birth Rate Plus Tool from the 1st October 2017 to the 31st March 2018 is 1:28

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

Staffing Red Flags

On reviewing Datix 15 incidents were reported overall as Red Flag events in May.
Of the 15 incidents reported 6 occurred within Maternity Services and 3 within Paediatric Services.
Of the 15 incidents reported within Maternity Services 6 have been excluded as they related to outpatient services.
The incidents were reported under the following category and sub-categories:

Maternity Services - 6
2 maternity / obstetrics - missed or delayed care. *No harm, impact prevented.*
1 maternity / obstetrics – induction of labour outside 4 hours / obs /neonatal obs. *No harm, impact not prevented.*
2 staffing issue – staff indicated concerns. *No harm, impact prevented.*
1 staffing issue – missed breaks. *No harm, impact not prevented*

Paediatric Services – 3 (ELCAS AND Children's Ward)

2 staffing issue - staff shortage other. 1 *No harm, impact prevented and 1 Low /minor.*
1 staffing issue – staff indicated concerns. *No harm, impact prevented.*

On further review of the incidents, there was appropriate escalation and implementation of the escalation policy when acuity and activity was high. Workload was prioritised and staff moved to the areas with the highest workload. All area leads, shift co-ordinators were informed of plans and communication was excellent throughout.
No harm was caused.

Maternity

Maternity continues to have staffing pressures in antenatal outpatient and inpatient services, which requires the use of bank midwives to maintain safe services. The shift co-ordinator on the obstetric central birth suite cannot be guaranteed to be supernumerary and when acuity and activity is high a "helicopter View" of the whole of the services is needed to maintain safety. Midwives have to be redeployed to enable this and so some services may be suspended temporarily. Where the midwife staffing levels are not at the maximum levels, staff are rotated dependent on acuity and services diverted to other areas of maternity to maintain safety at all times. This is completed formally as part of safety huddles within a 24 hour period with interim or point prevalent huddles if required. Acuity and activity is assessed four times daily with a multi professional team being part of the safety huddles on Central Birth Suite, the huddles assess the whole picture across maternity services at ELHT and staff with relevant skills and competencies are moved accordingly to ensure safe staffing throughout the services.

NICU

No exceptions to report this month

Paediatrics

Paediatrics has had 2 children on the ward requiring 1-1 support whilst waiting for assessment for tier 4 beds. Activity and acuity are closely monitored and recorded 3 times throughout the day on safe staffing.

Please see Appendix 2 for UNIFY data and nurse sensitive indicator report

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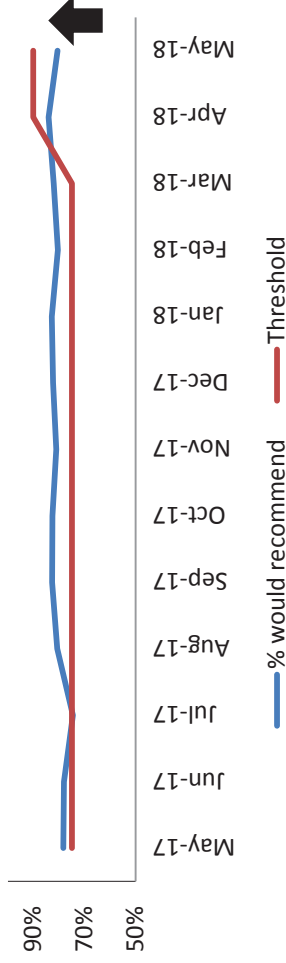
These metrics reflect national measurement methodology, which measures the proportion of patients that would recommend the Trust to friends and family. The threshold has been revised to 90% from April 2018.

The proportion that would recommend A&E to friends and family has increased in May to 80.5% with a response rate of 17.8%

The proportion that would recommend inpatient services has remained high at 96.8% in May. The response rate was 36.2%

Community services would be recommended by 87.1% in May.

Maternity services would be recommended by 96.3% in May.

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

Friends & Family A&E

Friends & Family Inpatient

Friends & Family Community

Friends & Family Maternity

— % would recommend
— Threshold

CARING
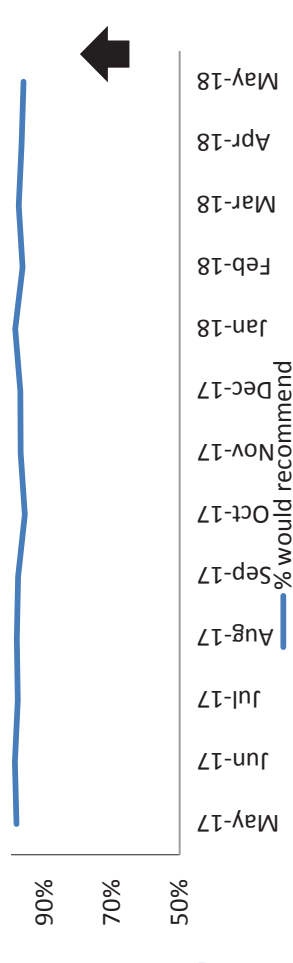
Complaints per 1000 contacts
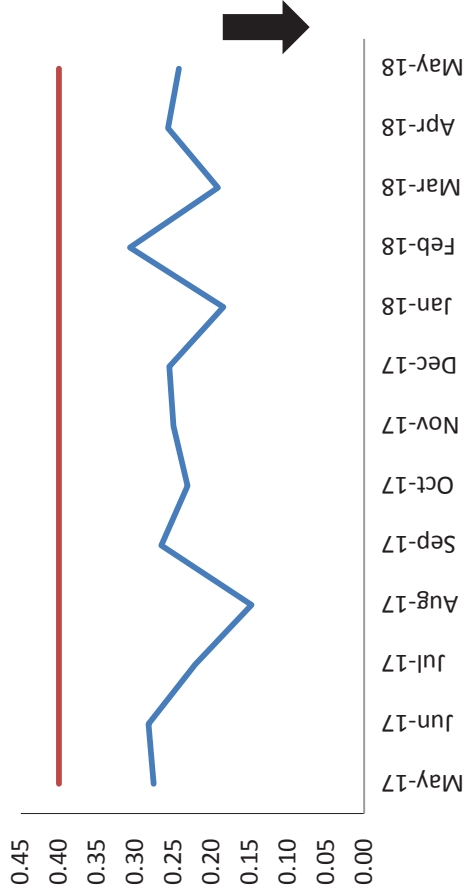
The Trust opened 29 new formal complaints in May. The number of complaints closed in April was 42.

ELHT is targeted to achieve a threshold of at or less than 0.4 formal complaints per 1,000 patient contacts – made up of inpatient, outpatient and community contacts. The Trust on average has approximately 115,000 patient contacts per calendar month.

For May the number of complaints received is shown as 0.24 Per 1,000 patient contacts.

Chart: Rate / Threshold by month (May-17 to May-18), y-axis 0.00 to 0.45

Patient Experience

From 1st May 2018 the Trust has been working with Healthcare Communications Envoy to provide the Friends and Family Test (FFT) and survey services via one system.

FFT has been configured and May data is available and has been submitted to NHS England.

Envoy has commenced building in excess of 50 bespoke patient surveys. The Brief Patient Experience, Outpatients and Community Services surveys are now live and staff have commenced inputting completed surveys into the new system.

Competency score performance linked to each survey will require configuration and Envoy have raised a system enhancement request to undertake this task. Until competencies and scoring are added to each survey and all surveys are built, reviewed and activated on the system competency score data is not available.

Envoy will provide regular updates on this functionality to the Patient Experience Team.
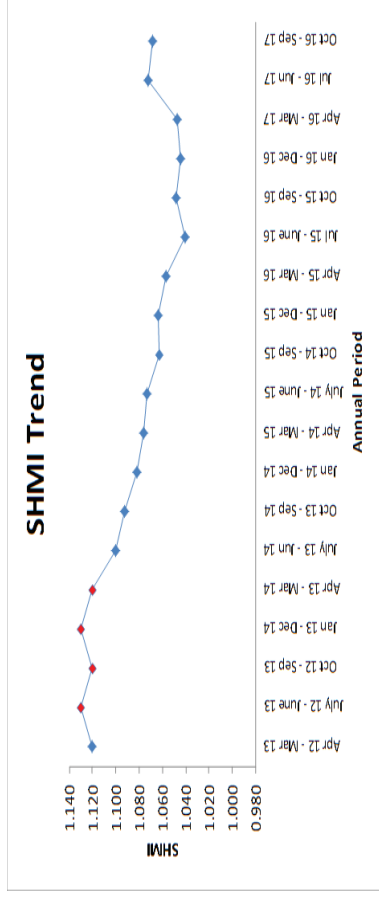
The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period October 16 to September 17 has improved slightly to 1.069 and is still within expected levels, as published in March 2018.

The latest indicative 12 month rolling HSMR (March 17 – February 18) is reported as 'significantly better than expected' at 89.1 against the monthly rebased risk model.

The weekday HSMR is also 'significantly better than expected'

All HSMR groups are now either 'as expected' or 'better than expected'.

There are currently 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.

Two learning disability deaths were reviewed through the Learning Disability Mortality Review Panel in May and further reviews have commenced, following reported deaths in 2018. All cases 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.

SHMI Trend

	DFI Rebased on latest month Mar 17 – Feb 18 (Risk model October 17)
TOTAL	89.1 (CI 84.8 – 93.7)
Weekday	88.5 (CI 83.4 – 93.8)
Weekend	91.1 (CI 82.4 – 100.4)
Deaths in Low Risk Diagnosis Groups	52.4 (CI 26.1 – 93.8)

SHMI Published Trend
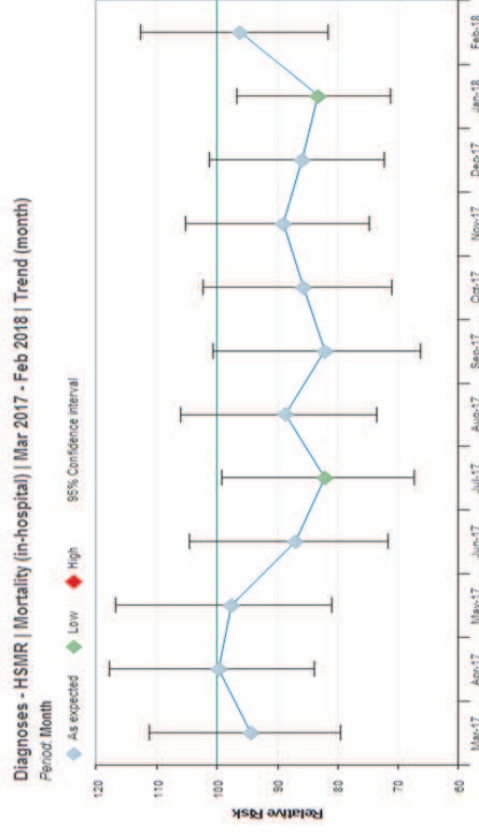
Dr Foster Indicative HSMR rolling 12

Dr. Foster Indicative HSMR monthly Trend

Diagnoses - HSMR | Mortality (in-hospital) | Mar 2017 - Feb 2018 | Trend (month)

EFFECTIVE

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.

Structured Judgement Review Summary

					Month of Death					
Stage 1	pre Oct 17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	TOTAL
Deaths requiring SJR (Stage 1)	51	52	37	29	32	29	29	25	23	307
Allocated for review	39	49	26	17	4	2	2	4	3	146
SJR Complete	34	37	17	18	5	2	0	1	0	114
1 - Very Poor Care	1	0	0	1	0	0	0	0	0	2
2 - Poor Care	5	4	3	2	1	0	0	0	0	15
3 - Adequate Care	12	12	5	7	0	0	0	0	0	36
4 - Good Care	14	17	7	6	4	2	0	1	0	51
5 - Excellent Care	2	4	2	2	0	0	0	0	0	10
Stage 2										
Deaths requiring SJR (Stage 2)	6	4	3	3	1	0	0	0	0	17
Allocated for review	5	4	3	2	1	0	0	0	0	15
SJR-2 Complete	4	3	1	1	1	0	0	0	0	10
1 - Very Poor Care	1	0	0	0	0	0	0	0	0	1
2 - Poor Care	2	1	0	0	0	0	0	0	0	3
3 - Adequate Care	1	2	1	1	1	0	0	0	0	6
4 - Good Care	0	0	0	0	0	0	0	0	0	0
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0

	pre Oct 17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Total
stage 1 requiring allocation	12	3	11	12	28	27	27	21	20	161
stage 1 requiring completion	5	12	9	-1	-1	0	2	3	3	32
Backlog	17	15	20	11	27	27	29	24	23	193
stage 2 requiring allocation	0	0	0	1	0	0	0	0	0	1
stage 2 requiring completion	1	1	2	1	0	0	0	0	0	5
Backlog	0	1	2	2	0	0	0	0	0	5

EFFECTIVE

EFFECTIVE

Commissioning for Quality and Innovation

The CCG have written to confirm the final position for 2017/18. Of the 6 indicators, 4 were fully met, 1 has a data lag (sepsis) and 1 was partially met (Improvement of staff health and wellbeing).

in 2018/19 the Trust is participating in the following 5 national CQUIN schemes as agreed with the CSU in 2017/18:

1. NHS Staff Health and Wellbeing
2. Reducing the impact of serious infections
3. Improving services for people with mental health needs who present to A & E
4. Preventing ill health by risky behaviours (2018/2019 only).
5. Personalised care/support planning

Clinical Effectiveness Committee will seek assurance that schemes are in progress and on track for delivery with timescales.

RESPONSIVE

A&E 4 hour standard % performance, including National average
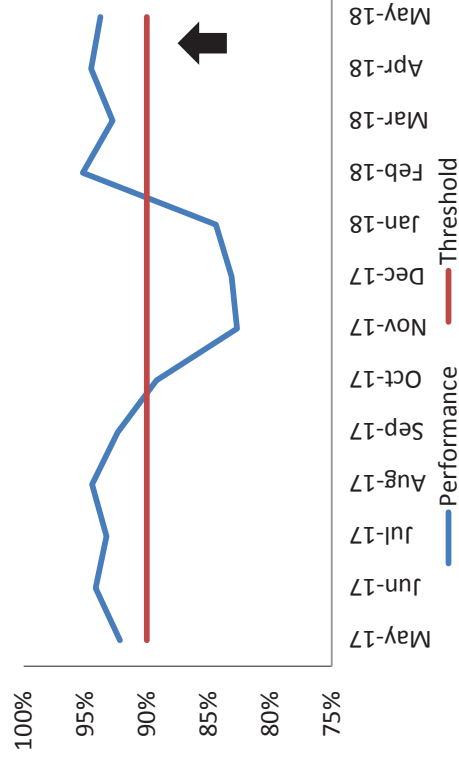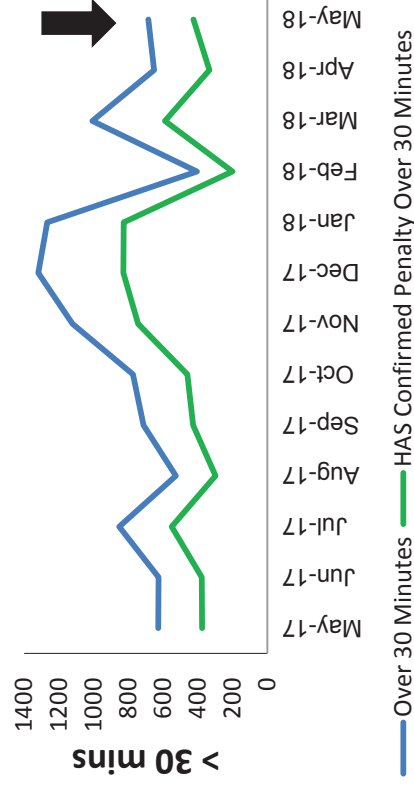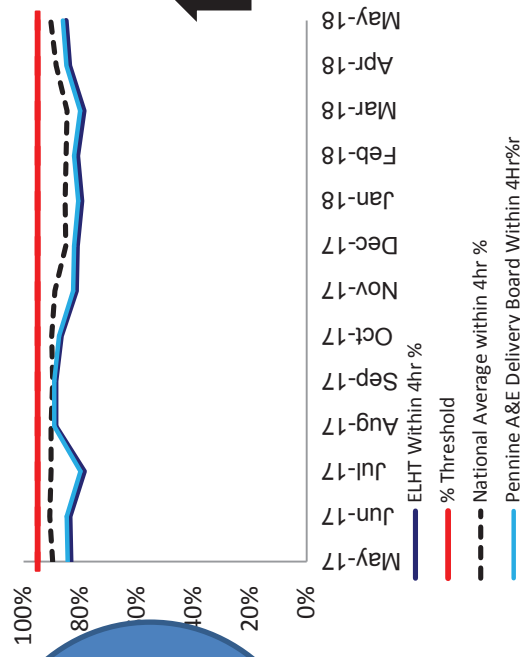
Overall performance against the ELHT Accident and Emergency four hour standard improved in May to 85.0%, however remains below the 95% threshold. The performance against the Pennine A&E Delivery Board four hour standard has also improved to 86.1% in May.

The number of attendances during May was 20,591 and of these 17,738 were treated and left the department within 4 hours. (Pennine A&E Delivery Board)

The national performance improved to 90.4% in May (All types) with 23 out of 137 reporting trusts with type 1 departments achieving the 95% standard.

Handovers

Legislation changed in December in relation to Section 136 patients which has resulted in the criteria changing in relation to the length of time a patient can be held on a 136 and also definitions of 'place of safety'. This has resulted in a significantly increased number of patients who attend under a section 136 and breach 12 hours decision to admit.

There were 3 reported breaches of the 12 hour trolley wait standard from decision to admit during May. All 3 were mental health breaches. Rapid review timelines are completed in accordance with the NHS England Framework and a root cause analysis will be undertaken.

The number of handovers over 30 minutes increased to 685 for May compared with 652 for April. The average handover time has decreased in May to 20:30 minutes from 20:48 minutes in April.

HAS Compliance

The validated NWAS penalty figures are reported as at May as:- 154 missing timestamps, 154 handover breaches (30-60 mins) and 154 handover breaches (>60 mins).

The ambulance handover compliance indicator measures the compliance with PIN entry on completion of patient handover. This was achieved at 93.8% in May, which is above the 90% threshold.

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

Chart legend: ELHT Within 4hr %, % Threshold, National Average within 4hr %, Pennine A&E Delivery Board Within 4Hr%r

> 30 mins

Chart legend: Over 30 Minutes, HAS Confirmed Penalty Over 30 Minutes, Over 30 Minutes, HAS Confirmed Penalty Over 30 Minutes

Chart legend: Performance, Threshold

RESPONSIVE

RTT Ongoing
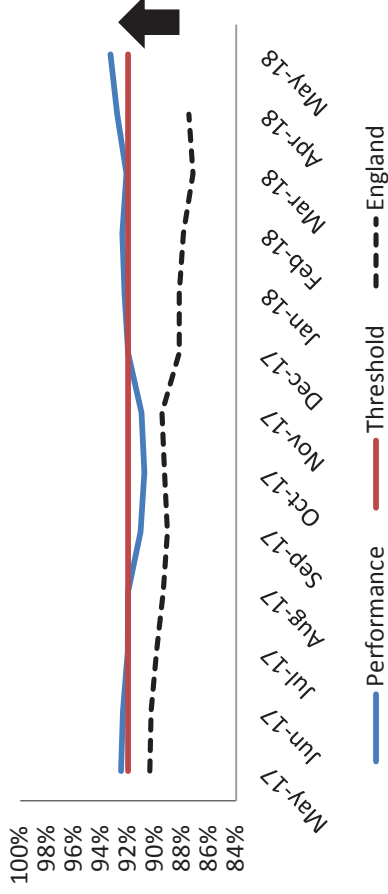
The 18 week referral to treatment (RTT) % ongoing position was achieved in May with 93.3% patients, waiting less than 18 weeks to start treatment at month end.

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

Legend: Performance — Threshold — England

Y-axis: 100%, 98%, 96%, 94%, 92%, 90%, 88%, 86%, 84%

X-axis: May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18, May-18

RTT Ongoing 0-18 Weeks

The total number of on-going pathways has increased in May to 24,350 from 23,754 in April.

There has been a reduction in patients waiting over 18 weeks at the end of May to 1629 from 1707 in April.

The median wait has increased to 6.3 weeks in May from 6.1 weeks in April.

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

Legend: Mar-18, Apr-18, May-18

X-axis: GT 0-1, GT 1-2, GT 2-3, GT 3-4, GT 4-5, GT 5-6, GT 6-7, GT 7-8, GT 8-9, GT 9-10, GT 10-11, GT 11-12, GT 12-13, GT 13-14, GT 14-15, GT 15-16, GT 16-17, GT 17-18

Y-axis: 0, 500, 1000, 1500, 2000, 2500, 3000

RTT Over 18 weeks

The latest published figures from NHS England show continued failure of the ongoing standard nationally (reported 1 month behind), with 87.5% of patients waiting less than 18 weeks to start treatment in April, compared with 87.2% in March.

Legend: Mar-18, Apr-18, May-18

X-axis: GT 18-19, GT 19-20, GT 20-21, GT 21-22, GT 22-23, GT 23-24, GT 24-25, GT 25-26, GT 26-27, GT 27-28, GT 28-29, GT 29-30, GT 30-31, GT 31-32, GT 32-33, GT 33-34, GT 34-35, GT 35-36, GT 36-37, GT 37-38, GT 38-39, GT 39-40, GT 40-41, GT 41-42, GT 42-43, GT 43-44, GT 44-45, GT 45-46, GT 46-47, GT 47-48, GT 48-49, GT 49-50, GT 50-51, GT 51-52, GT 52 plus

Y-axis: 0, 50, 100, 150, 200, 250, 300, 350
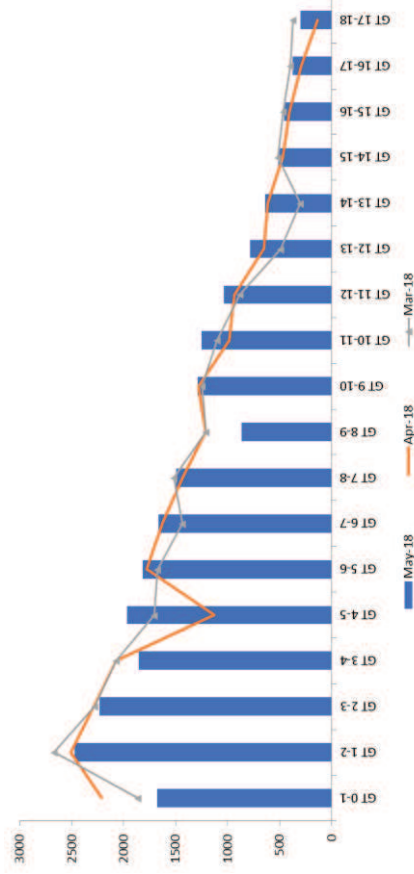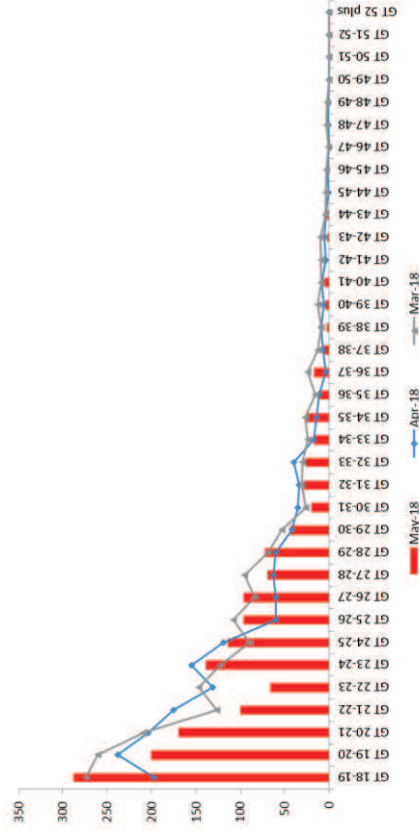
Cancer 2 Week

The cancer 2 week wait for GP referrals standard was achieved in April at 93.3%

Legend: Performance — Threshold — National

Y-axis: 100%, 95%, 90%, 85%, 80%, 75%, 70%
X-axis: Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18
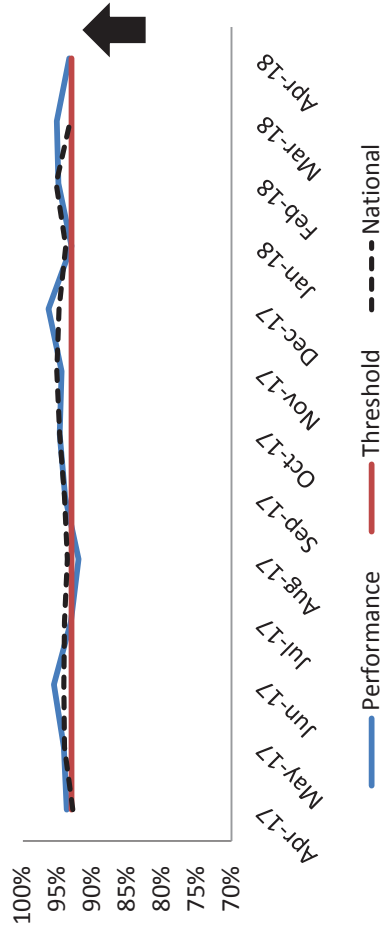
Cancer 2 Week - breast

The 2 week breast symptomatic standard was not achieved in April at 92%.

Legend: Performance — Threshold — National

Y-axis: 100%, 95%, 90%, 85%, 80%, 75%, 70%
X-axis: Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18
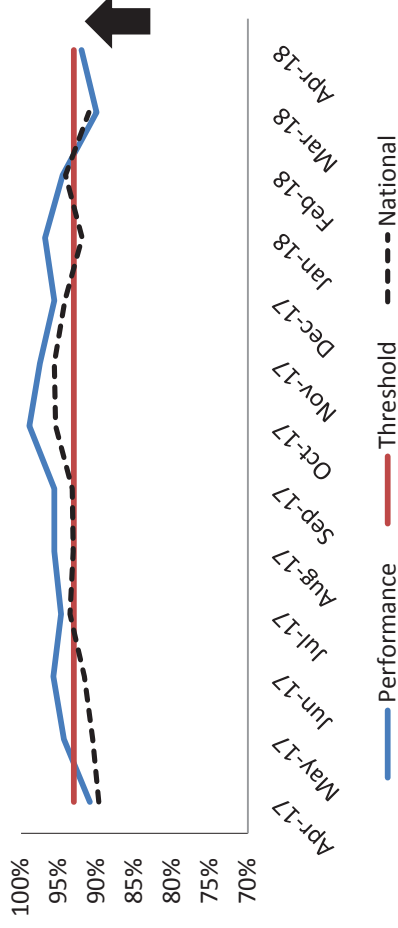
Cancer 31 day

The 31 day target was achieved in April at 97.5%

Legend: Performance — Threshold — National

Y-axis: 100%, 95%, 90%, 85%, 80%, 75%, 70%
X-axis: Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18
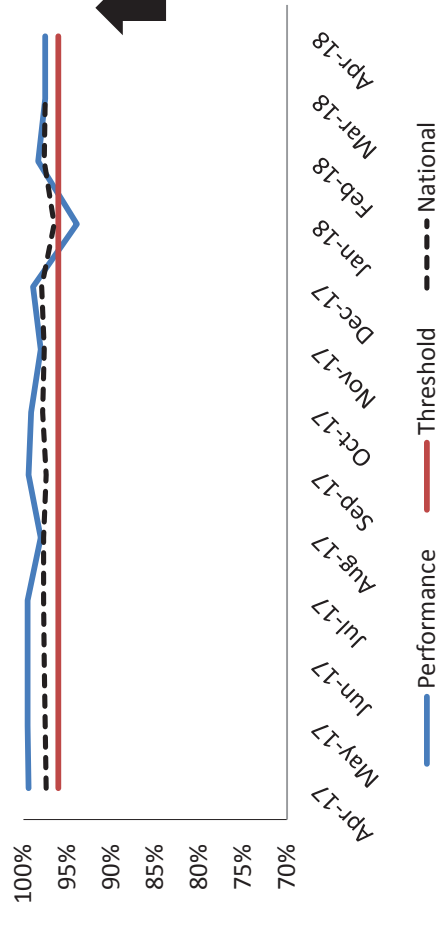
RESPONSIVE

62 Day Cancer
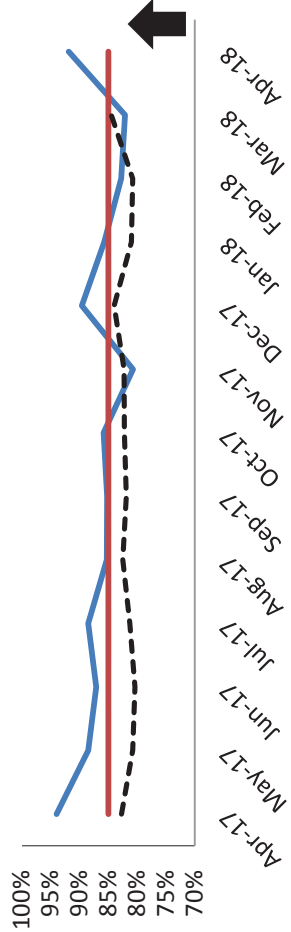
62 day performance was achieved in April at 91.9%, above the 85% threshold.

Performance —— Threshold —— National - - -

100%
95%
90%
85%
80%
75%
70%

Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18
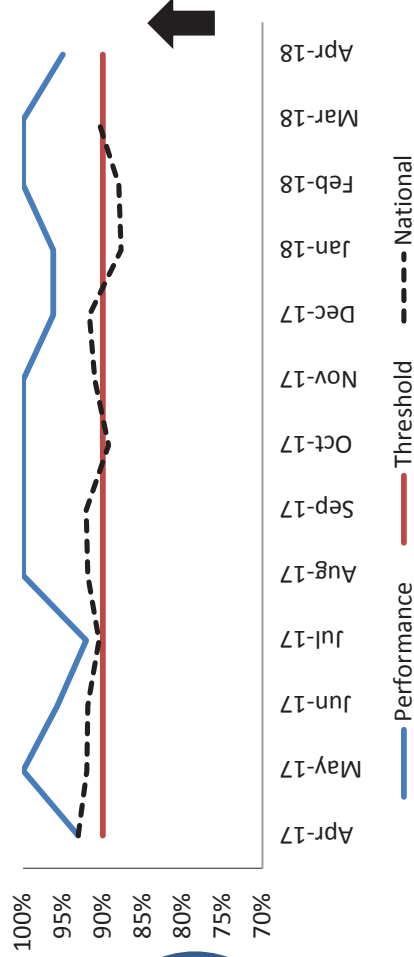
62 Day Screening

The 62 day screening standard continued to be achieved in April at 95%

Performance —— Threshold —— National - - -

100%
95%
90%
85%
80%
75%
70%

Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Cancer Patients Treated > Day 104
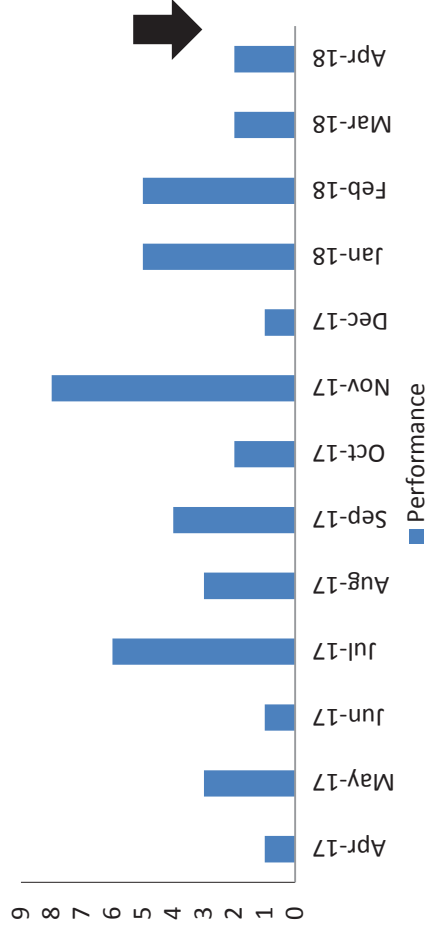
There were 2 patients treated after day 104 in April and will have a detailed root cause analysis undertaken by the clinical director for cancer with the cancer oncology directorate manager liaising with the Consultants involved in the pathway as required.

Performance ■

9
8
7
6
5
4
3
2
1
0

Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

The proportion of delays reported against the delayed transfers of care standard is reported at 2.9% which remains under the threshold of 3.5%.

This equates to an average of 24 beds lost per day in May. The top three reasons for the bed days lost due to delayed discharge are; Awaiting completion of assessment' (31%) 'Patient or Family Choice' (24%), 'Housing (other)' (10%). The achievement of this target is multi-factorial, linked to complex discharge processes involving ELHT and partners.

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

The emergency readmission rate has decreased to 11.7% in April 2018 (reported 1 month behind) compared to 12.1% in April 2017.

Dr Foster benchmarking shows ELHT have a similar rate to the North West average and are not an outlier.

Readmissions within 30 days vs North West - Dr Foster
December 2016 – November 2017

In May 1.8% of patients were waiting longer than 6 weeks for a diagnostic procedure, which has breached the 1% threshold. Nationally, the performance is also failing the target and has deteriorated to 2.5% in April (reported 1 month behind), compared with 2.1% in March.

Delayed Discharges per 1000 bed days
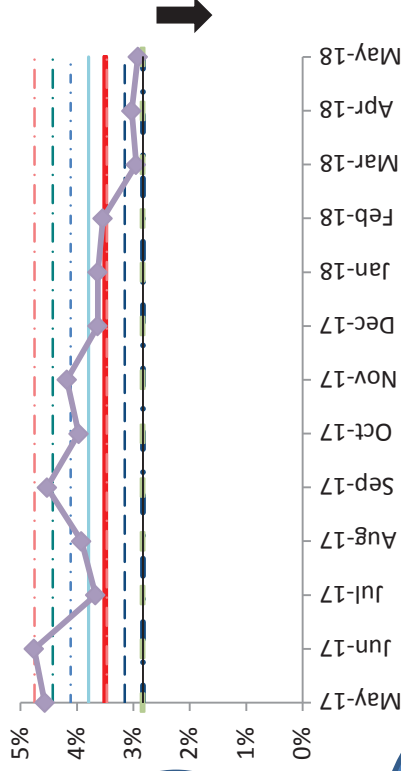
Emergency Readmissions

Diagnostic Waits

RESPONSIVE

Average Length of Stay Benchmarking

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

Dr Foster Benchmarking March 17 - February 18

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	61,584	10,192	51,392	3.4	2.7	-0.7
Emergency	53,671	53,671	0	4.9	4.9	0.0
Maternity/Birth	13,678	13,678	0	2.1	2.3	0.2
Transfer	197	197	0	10.1	24.1	14.1

Average Length of Stay
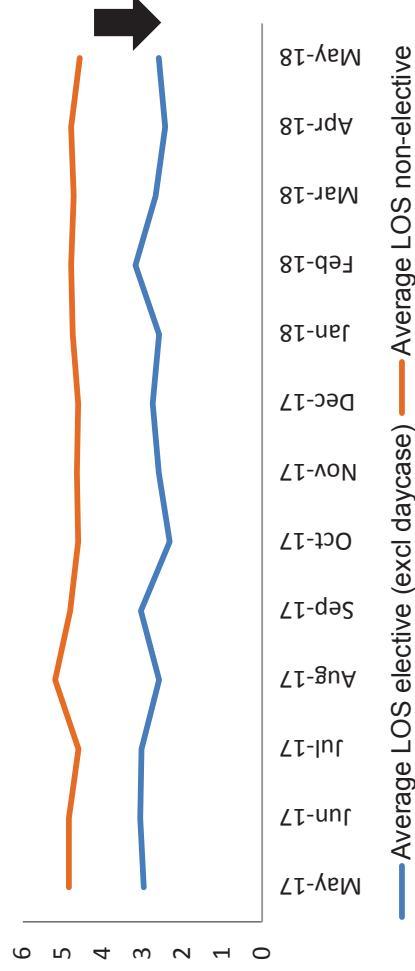
The Trust non elective average length of stay decreased slightly to 4.6 days in May, compared to 4.8 in April.

The elective length of stay (excluding day case) has increased to 2.6 in May from 2.4 days in April.

— Average LOS elective (excl daycase)   — Average LOS non-elective

Operations cancelled on day - 28 day standard

There were 59 operations cancelled on the day of operation in May. There were 0 'on the day' cancelled operations not rebooked within 28 days in May.

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

— Cancelled operations (cancelled on day)
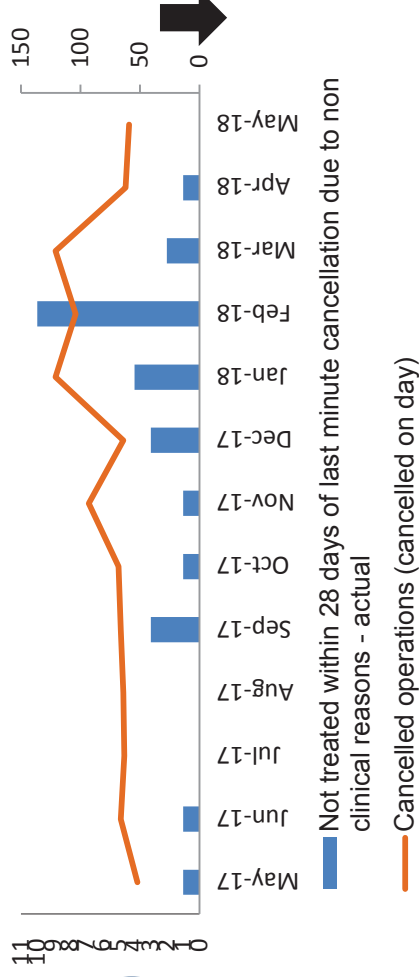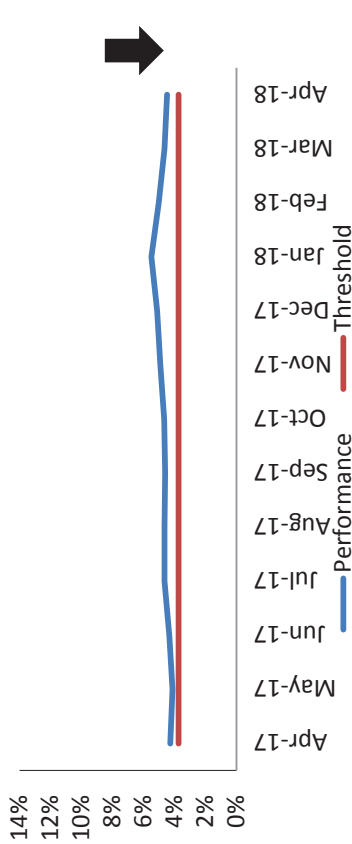
The sickness absence rate reflects a decrease of 0.15% from 4.64% in Mar 2018 to **4.49%** in Apr 2018. The current rate is slightly higher than the previous year (4.27%).

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

A detailed action plan has been developed and a quarterly progress update will be provided to the Trust Board.
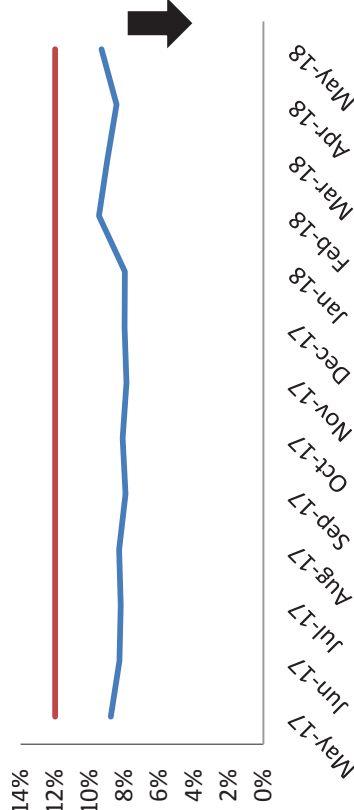
Overall the Trust is now employing 7214 FTE staff in total. This is a net decrease of 15 FTE from the previous month. The number of nurses in post at May 2018 stood at 2292 FTE which is lower than last month and a net increase of 244 FTE since 1st April 2013.

As at 31 April 2018 there are a further 115 external nurses in the recruitment pipeline, scheduled to start between now and March 2019. This does not include the 21 applicants offered through the HEE Global Learners Programme.

The vacancy rate for nurses now stands at 8.2% (203 FTE)
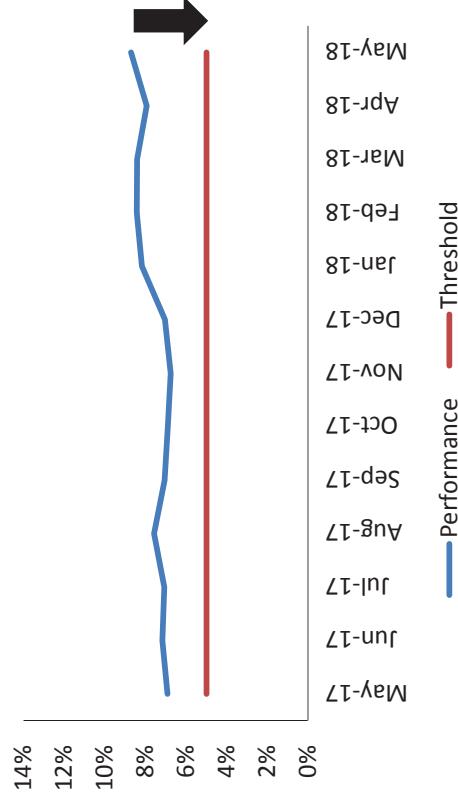
As of May 2018 there are 75 FTE Medical posts vacant of which 23 posts have been offered and awaiting pre-employment checks or confirmation of start dates to be agreed. The remaining vacancies are in the following stages; 8 of the vacancies are deanery posts which the individual departments are running the rota with this vacancy and not recruiting to this post. 16 posts are on hold with the individual departments, 6 are currently out to advert, 5 interviews are being arranged, 14 are awaiting job documents from the departments and 3 are awaiting vacancy review forms to advertise the posts

The vacancy rates for doctors now stands at 6.54% (39 FTE)

WELL LED

Sickness

Turnover Rate

Vacancy Rate

In 2017/18 East Lancashire Hospitals NHS Trust spent £27.4m on temporary staffing for the year. This represented 8% of the overall pay bill. (9% 2016/17; 8% 2015/16; 9% 2014/15; 8% 2013/4; 5.5% 2012/13).

In May 2018 the Trust spent £2,007,174 on bank and agency. This was less than in May 2017 (£2,121,957) and less than in April 2018 (£2,463,216). Total expenditure to date for 2018/19 is £4,470,390.

The AFC appraisal rates continue to be reported as a rolling 12 month figure and has fallen below threshold at 89% in May.

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.

Temporary costs and overtime as % total pay bill

— Temporary Staff   — Threshold   — Overtime

Appraisals, Consultant & Other Medical

Consultant and Other Medical appraisal data is not available for the month of May, but will be updated for June.

Appraisals AFC

— AFC   — Threshold
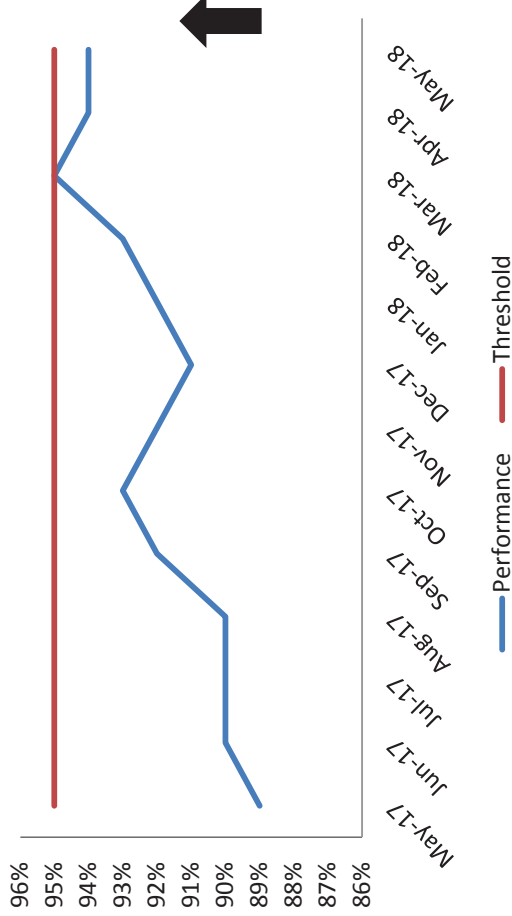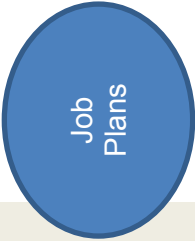
Job Plans

In agreement with the Associate Medical Director, the 2018/19 job plans are currently in discussion stage.

There are currently 281 consultant's now registered on the system awaiting lock down and sign off by first and second level manager. Due to job planning sessions taking longer than expected, final lock down is now expected in July 18.

Information Governance Toolkit

Information governance toolkit compliance has remained at 94% in May, below the 95% threshold.

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%

All of the eleven areas are currently at or above threshold for training compliance rates with the exception of information governance, which is below the 95% threshold.

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.

Performance — Threshold

Core Skills Training % Compliance

	Target	Compliance at end May
Basic Life Support	90%	91%
Conflict Resolution Training Level 1	90%	98%
Equality, Diversity and Human Rights	90%	97%
Fire Safety	90%	98%
Health, Safety and Welfare Level 1	90%	98%
Infection Prevention	90%	98%
Information Governance	95%	94%
Prevent Healthwrap	90%	96%
Safeguarding Adults	90%	97%
Safeguarding Children	90%	96%
Safer Handling Theory	90%	96%

Finance & Use of Resource metrics

Area	Metric	Actual YTD		Forecast outturn	
		Performance	Score	Performance	Score
Financial sustainability	Capital service capacity	0.3	4	0.4	4
	Liquidity (days)	(9.4)	3	(21.5)	4
Financial efficiency	I&E margin	(3.9%)	4	(4.0%)	4
Financial control	Distance from financial plan	0.1%	1	0.0%	1
	Agency spend	(2.7%)	1	0.0%	1
Total			3		3

The Trust has agreed a revised underlying control total of a £15.798million deficit.

The acceptance of the control total allows the Trust access to a Provider Sustainability Fund (PSF) of up to £8.050million.

Access to the £8.050million is reliant on 30% achievement of the 4 hour target and 70% achievement of the underlying control total.

At month 2 the Trust is reporting a £3.176million deficit in line with the financial plan.

The Safely Releasing Cost Programme (SRCP) is £18.0million for 2018-19. £3.0million has been actioned in month 2 of which £1.4million is recurrent.

The Better Payment Practice Code (BPPC) targets have been achieved across all four areas for the year to date.

The 'Finance and use of resources metrics score' remains at 3 for the financial year (1 being the best level of performance and 4 being in financial special measures).

The cash balance at 31st May 2018 was £2.1million.

Break Even Duty

Legend: Cumulative Variance — Performance — Threshold

X-axis: Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19

Y-axis (£000): 0.0, -5,000.0, -10,000.0, -15,000.0, -20,000.0
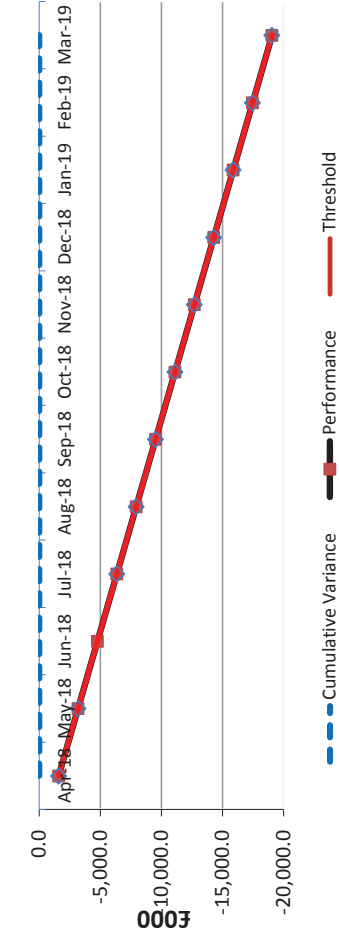
Efficiency Savings

| Division | Identified Schemes | | | | | | | 2019-20 |
| | Target | Green | Amber | Red | Non Rec | Rec | Total | (Over) / Under Identified |
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Integrated Care Group	3,154	277	0	2,068	32	2,313	2,345	809
SAS	3,720	230	0	2,776	786	2,220	3,006	714
Family Care	2,423	164	0	133	118	179	297	2,126
DCS	1,103	1,049	0	561	250	1,360	1,610	(507)
Estates & Facilities	1,440	719	49	0	60	709	769	671
Corporate Services	536	275	63	0	88	249	337	199
Cross divisional	0	0	56	6,150	0	6,206	6,206	(6,206)
Targetted Transformation	5,623	291	710	2,429	93	3,337	3,430	2,193
Total	18,000	3,004	878	14,505	1,427	16,572	18,000	0

APPENDIX 1

Safe

	Threshold 18/19	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Monthly Sparkline
M64 CDIFF	27	4	3	2	5	2	3	3	3	2	3	5	2	3	
M64.1 Cdiff Cumulative from April	27	6	9	11	16	18	21	24	27	29	32	37	2	5	
M65 MRSA	0	1	0	0	0	0	0	1	0	0	0	0	0	0	
M124 E-Coli (post 2 days)	48	7	8	0	6	4	6	2	3	3	4	3	5	5	
M154 P. aeruginosa bacteraemia (total pre 2 days)		2	1	0	2	1	0	1	0	1	0	2	1	1	
M155 P. aeruginosa bacteraemia (total post 2 days)	4	0	0	0	1	0	0	0	1	0	0	1	2	0	
M156 Klebsiella species bacteraemia (total pre 2 days)		4	6	7	4	3	10	9	5	4	4	5	8	10	
M157 Klebsiella species bacteraemia (total post 2 days)	16	1	0	3	2	0	2	2	3	0	1	3	1	2	
M66 Never Event Incidence	0	0	0	1	0	0	2	0	0	1	0	1	1	0	
M67 Medication errors causing serious harm (Steis reported date)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C28 Percentage of Harm Free Care	92%	99.0%	98.7%	99.7%	99.1%	98.8%	99.5%	99.4%	99.0%	99.3%	99.3%	99.6%	99.3%	99.2%	
M68 Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C29 Proportion of patients risk assessed for Venous Thromboembolism	95%	99.2%	98.4%	99.3%	99.2%	97.9%	98.6%	98.9%	98.1%	99.1%	99.3%	99.2%	99.2%		
M69 Serious Incidents (Steis)		6	7	6	9	6	5	11	7	11	8	6	9	8	
M70 CAS Alerts - non compliance	0	0	0	0	0	2	0	3	2	2	0	0	2	0	
M146 Safer Staffing -Day-Average fill rate - registered nurses/midwives (%)	80%	91%	96%	90%	89%	89%	91%	92%	90%	90%	90%	88%	91%	91%	
M147 Safer Staffing -Day-Average fill rate - care staff (%)	80%	116%	114%	117%	117%	116%	107%	110%	106%	106%	104%	103%	106%	104%	
M148 Safer Staffing -Night-Average fill rate - registered nurses/midwives (%)	80%	101%	99%	99%	98%	96%	99%	98%	98%	98%	97%	97%	99%	101%	

	80%	128%	127%	127%	126%	126%	118%	119%	114%	116%	112%	112%	114%	112%	
M149 Safer Staffing -Night-Average fill rate - care staff (%)	80%	128%	127%	127%	126%	126%	118%	119%	114%	116%	112%	112%	114%	112%	
M150 Safer Staffing - Day -Average fill rate - registered nurses/midwives- number of wards <80%	0	3	2	5	6	4	4	5	12	10	7	12	5	5	
M151 Safer Staffing - Night -Average fill rate - registered nurses/midwives- number of wards <80%	0	1	1	0	0	1	1	0	1	0	0	1	0	0	
M152 Safer Staffing - Day -Average fill rate - care staff- number of wards <80%	0	1	0	1	1	0	1	1	1	1	1	1	0	1	
M153 Safer Staffing - Night -Average fill rate - care staff- number of wards <80%	0	1	1	1	1	1	1	1	1	1	1	1	1	1	

Caring

	Threshold 18/19	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Monthly Sparkline
C38 Inpatient Friends and Family - % who would recommend	90%	98.4%	98.0%	97.7%	97.9%	98.2%	98.2%	98.3%	98.5%	98.6%	98.1%	97.9%	98.5%	96.8%	
C31 NHS England Inpatients response rate from Friends and Family Test		48.2%	43.1%	49.5%	48.3%	51.2%	49.8%	47.7%	51.6%	48.6%	45.7%	47.8%	49.3%	36.2%	
C40 Maternity Friends and Family - % who would recommend	90%	98.4%	98.9%	98.0%	98.3%	98.0%	96.0%	97.2%	97.2%	98.8%	96.6%	97.7%	96.8%	96.3%	
C42 A&E Friends and Family - % who would recommend	90%	78.3%	78.1%	74.6%	80.6%	82.7%	82.5%	81.1%	82.3%	82.8%	80.4%	82.1%	84.1%	80.5%	
C32 NHS England A&E response rate from Friends and Family Test		20.0%	16.8%	18.6%	17.4%	15.8%	20.3%	19.5%	20.3%	20.1%	20.9%	22.4%	23.1%	17.1%	
C44 Community Friends and Family - % who would recommend	90%	92.9%	95.8%	96.5%	96.6%	95.9%	98.1%	96.3%	96.4%	97.7%	96.9%	95.6%	97.0%	87.1%	
C15 Complaints – rate per 1000 contacts	0.4	0.3	0.3	0.2	0.1	0.3	0.2	0.2	0.3	0.2	0.3	0.2	0.3	0.2	
M52 Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Effective

	Threshold 18/19	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Monthly Sparkline
M73 Deaths in Low Risk Categories - relative risk	Outlier	85.2	90.4	83.9	85.0	81.6	67.1	59.1	46.3	47.3	52.4				
M74 Hospital Standardised Mortality Ratio - Weekday (DFI Indicative)	Outlier	94.6	95.5	94.9	93.3	92.0	89.0	89.8	88.8	90.4	88.5				
M75 Hospital Standardised Mortality Ratio - Weekend (DFI Indicative)	Outlier	97.7	97.2	95.9	96.2	95.0	96.2	94.2	93.9	93.2	91.1				
M54 Hospital Standardised Mortality Ratio (DFI Indicative)	Outlier	95.4	95.9	95.2	94.1	92.8	90.8	90.9	90.1	91.1	89.1				
M53 Summary Hospital Mortality Indicator (HSCIC Published data)	Outlier		1.07												
M159 Stillbirths	<5	2	3	4	2	2	2	5	4	3	2	4	3	1	
M160 Stillbirths - Improvements in care that impacted on the outcome		0	0	1	0	0	0	0	0	0	0				
M89 CQUIN schemes at risk	0		0												

Responsive

	Threshold 18/19	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Monthly Sparkline
C2 Proportion of patients spending less than 4 hours in A&E (Trust)	95%	83.3%	83.6%	78.5%	88.6%	88.6%	86.7%	81.3%	81.0%	79.5%	81.0%	78.7%	83.7%	85.0%	
C2ii Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95%	84.4%	84.7%	80.0%	89.2%	89.2%	87.5%	82.5%	82.1%	80.7%	82.2%	80.1%	84.9%	86.1%	
M62 12 hour trolley waits in A&E	0	5	13	7	7	1	2	4	4	5	12	23	9	3	
M81 HAS Compliance	90%	92.20%	94.16%	93.28%	94.46%	92.37%	89.24%	82.68%	83.12%	84.40%	95.21%	92.79%	94.53%	93.79%	
M82 Handovers > 30 mins ALL	0	629	626	854	528	714	775	1122	1319	1267	405	1008	652	685	
M82.6 Handovers > 30 mins ALL (NWAS Confirmed Penalty)	0	377	378	552	299	428	461	745	829	827	201	589	334	426	
C1 RTT admitted: percentage within 18 weeks	N/A	71.5%	71.4%	70.9%	68.6%	69.5%	64.8%	65.3%	79.0%	72.2%	72.2%	73.1%	69.7%	71.9%	
C3 RTT non-admitted pathways: percentage within 18 weeks	N/A	94.3%	92.2%	91.8%	94.6%	90.8%	89.4%	89.0%	90.0%	90.7%	92.4%	92.1%	90.6%	93.5%	
C4 RTT waiting times Incomplete pathways	92%	92.5%	92.4%	92.0%	92.0%	91.1%	90.8%	91.0%	92.0%	92.3%	92.4%	92.1%	92.8%	93.3%	

Indicator	Target														Trend
C37.1 RTT 52 Weeks (Ongoing)	0	0	1	2	0	0	0	1	3	3	0	0	0	0	
C17 Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1%	0.7%	0.7%	0.5%	0.3%	0.3%	0.2%	0.1%	0.2%	0.4%	0.1%	0.2%	0.9%	1.8%	
C18 Cancer - Treatment within 62 days of referral from GP	85%	88.5%	87.1%	88.5%	85.3%	85.2%	85.8%	80.7%	89.6%	85.7%	82.8%	82.1%	91.9%		
C19 Cancer - Treatment within 62 days of referral from screening	90%	100.0%	95.7%	92.1%	100.0%	100.0%	100.0%	100.0%	96.2%	96.2%	100.0%	100.0%	95.0%		
C20 Cancer - Treatment within 31 days of decision to treat	96%	99.5%	99.5%	99.5%	98.0%	99.4%	99.1%	98.0%	98.9%	93.9%	98.3%	97.5%	97.5%		
C21 Cancer - Subsequent treatment within 31 days (Drug)	98%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	98.8%	100.0%	100.0%	100.0%		
C22 Cancer - Subsequent treatment within 31 days (Surgery)	94%	100.0%	95.5%	97.9%	92.9%	97.9%	97.6%	100.0%	95.0%	94.8%	91.2%	96.0%	89.2%		
C24 Cancer - seen within 14 days of urgent GP referral	93%	94.1%	95.5%	93.1%	92.0%	93.9%	94.7%	94.4%	96.3%	93.0%	94.9%	95.1%	93.3%		
C25 Cancer - breast symptoms seen within 14 days of GP referral	93%	94.3%	95.7%	94.7%	95.6%	95.6%	98.9%	97.5%	95.6%	96.8%	94.5%	90.0%	92.0%		
C36 Cancer 62 Day Consultant Upgrade	85%	94.2%	96.8%	91.2%	90.0%	86.4%	93.2%	88.9%	88.5%	89.4%	95.8%	92.3%	90.0%		
C25.1 Cancer - Patients treated > day 104		3	1	6	3	4	2	8	1	5	5	2	2		
M9 Urgent operations cancelled for 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C27a Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	1	1	0	0	3	1	1	3	4	10	2	1	0	
M138 Cancelled operations (cancelled on day)	0	52	66	63	64	66	68	93	64	121	104	121	62	59	
M55 Proportion of delayed discharges attributable to the NHS	3.5%	4.6%	4.8%	3.7%	3.9%	4.5%	4.0%	4.2%	3.6%	3.6%	3.5%	3.0%	3.0%	2.9%	
C16 Emergency re-admissions within 30 days		12.2%	12.1%	11.4%	11.7%	11.7%	12.1%	12.4%	12.0%	12.1%	13.2%	12.1%	11.7%	11.1%	
M90 Average LOS elective (excl daycase)		3.0	3.1	3.0	2.6	3.0	2.3	2.6	2.7	2.6	3.2	2.7	2.4	2.6	
M91 Average LOS non-elective		4.8	4.8	4.6	5.2	4.8	4.6	4.6	4.6	4.8	4.8	4.7	4.8	4.6	
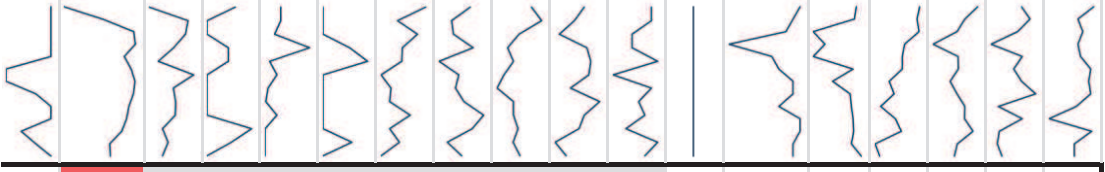
Well led

	Threshold 18/19	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Monthly Sparkline
M77 Trust turnover rate	12%	8.8%	8.3%	8.2%	8.3%	8.0%	8.1%	7.9%	8.0%	8.0%	9.5%	9.0%	8.5%	9.3%	
M78 Trust level total sickness rate	3.75%	4.1%	4.3%	4.7%	4.7%	4.6%	4.7%	4.9%	5.1%	5.5%	5.0%	4.6%	4.5%		
M79 Total Trust vacancy rate	5%	6.9%	7.2%	7.1%	7.6%	7.1%	6.9%	6.8%	7.0%	8.2%	8.4%	8.4%	7.9%	8.7%	
M80.3 Appraisal (AFC)	90%	63.0%	66.0%	71.0%	78.0%	82.0%	89.0%	90.0%	91.0%	92.0%	92.0%	91.0%	91.0%	89.0%	
M80.3: Appraisal (Consultant)	90%	81.0%	86.0%	87.0%	90.0%	88.0%	93.0%	94.0%	95.0%	93.0%	95.0%	97.0%	97.0%		
M80.4 Appraisal (Other Medical)	90%	100.0%	90.0%	97.0%	91.0%	94.0%	95.0%	95.0%	95.0%	96.0%	95.0%	98.0%	98.0%		
M80.2 Safeguarding Children	90%	90.0%	90.0%	93.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	96.0%	96.0%	96.0%	96.0%	
M80.2: Information Governance Toolkit Compliance	95%	89.0%	90.0%	90.0%	90.0%	92.0%	93.0%	92.0%	91.0%	92.0%	93.0%	95.0%	94.0%	94.0%	
F8 Temporary costs as % of total paybill	4%	8%	8%	8%	9%	8%	8%	8%	9%	8%	9%	9%	9%	7%	
F9 Overtime as % of total paybill	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
F1 Cumulative Retained Deficit for breakeven duty (£M)	(19.1)	(0.1)	(0.2)	(0.3)	(0.3)	(1.3)	(1.7)	(2.1)	(2.5)	(3.0)	(3.4)	(2.7)	(1.6)	(3.2)	
F2 SRCP Achieved % (green schemes only)	100.0%	28%	32%	34%	40%	46%	53%	54%	77%	79%	80%	107%	8%	17%	
F3 Liquidity days	>(14.0)	(5.0)	(5.5)	(6.2)	(6.7)	(7.5)	(7.8)	(8.8)	(9.2)	(9.6)	(10.0)	(10.5)	(5.4)	(9.4)	
F4 Capital spend v plan	85%	38%	32%	41%	46%	55%	57%	68%	77%	88%	73%	95%	38%	81%	
F16 Finance & Use of Resources (UoR) metric - overall	3	2	2	2	2	3	3	3	3	3	3	3	3	3	
F17 Finance and UoR metric - liquidity	4	3	3	3	3	3	3	3	3	3	3	3	4	4	
F18 Finance and UoR metric - capital service capacity	4	2	2	2	2	3	3	3	3	3	3	3	2	3	
F19 Finance and UoR metric - I&E margin	4	3	3	3	3	3	3	3	3	3	3	3	4	4	
F20 Finance and UoR metric - distance from financial plan	4	1	1	1	1	2	2	2	2	2	2	2	4	1	
F21 Finance and UoR metric - agency spend	1	2	2	2	2	2	2	2	2	2	2	2	2	1	

Ref	Measure	Target														Trend
F12	BPPC Non NHS No of Invoices	95%	96.5%	96.3%	95.7%	95.7%	95.8%	96.0%	95.5%	95.7%	95.3%	95.4%	95.0%	95.2%	96.3%	
F13	BPPC Non NHS Value of Invoices	95%	96.1%	96.0%	95.1%	95.0%	95.2%	95.4%	95.3%	95.4%	94.9%	95.1%	95.1%	96.9%	95.6%	
F14	BPPC NHS No of Invoices	95%	95.7%	95.1%	95.2%	95.0%	95.0%	95.0%	95.1%	95.3%	94.0%	92.4%	95.6%	96.6%	97.3%	
F15	BPPC NHS Value of Invoices	95%	99.1%	98.2%	97.6%	97.9%	97.9%	97.9%	98.0%	98.0%	97.7%	97.5%	98.2%	99.3%	99.5%	

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation : RXR East Lancashire Hospitals Trust
Month : Apr-18

Trust Website where staffing information is available

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

Site code	Hospital Site name	Ward Name	Specialty 1	Specialty 2	Day midwives/nurses Planned hrs	Day midwives/nurses Actual hrs	Day Care Staff Planned hrs	Day Care Staff Actual hrs	Night midwives/nurses Planned hrs	Night midwives/nurses Actual hrs	Night Care Staff Planned hrs	Night Care Staff Actual hrs	Day fill nurses/mid %	Day fill care %	Night fill nurses/mid %	Night fill care %	Cumulative patients 23:59	CHPPD Nurses & Midwives	CHPPD Care staff	CHPPD Overall
RXR660	ACCRINGTON VICTORIA HOSPITAL - RXR660	Ward 2	314 - REHABILITATION		1,350	1,035	900	1,020	630	630	630	651	76.7%	113.3%	100.0%	103.3%	517	3.22	3.23	6.45
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		2,250	1,748	1,575	1,515	945	935	945	945	77.7%	96.2%	98.9%	100.0%	614	4.37	4.01	8.37
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY		2,025	1,815	1,350	1,433	645	785	645	677	89.6%	106.1%	121.7%	105.0%	737	3.53	2.86	6.39
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	100 - GENERAL SURGERY		1,365	1,352	780	995	660	693	660	880	99.0%	127.5%	105.0%	133.3%	497	4.11	3.77	7.89
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS		1,560	1,268	2,340	2,236	660	660	1,650	1,650	81.3%	95.6%	100.0%	100.0%	594	3.24	6.54	9.79
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS		1,560	1,320	1,170	1,209	660	660	660	792	84.6%	103.3%	100.0%	120.0%	612	3.23	3.27	6.50
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE		1,800	1,545	2,475	2,490	630	641	1,260	1,397	85.8%	100.6%	101.7%	110.8%	700	3.12	5.55	8.67
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		1,187	1,036	450	387	968	860	323	301	87.3%	85.9%	88.9%	93.3%	20	94.79	34.38	129.16
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE		1,575	1,493	1,350	1,485	645	667	645	925	94.8%	110.0%	103.3%	143.3%	557	3.88	4.33	8.20
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1,800	1,628	1,800	1,695	630	641	945	945	90.4%	94.2%	101.7%	100.0%	632	3.59	4.18	7.77
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1,800	1,538	1,800	1,883	645	645	645	774	85.4%	104.6%	100.0%	120.0%	633	3.45	4.20	7.64
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14A	100 - GENERAL SURGERY		1,800	1,746	1,080	1,242	720	732	360	528	97.0%	115.0%	101.7%	146.7%	481	5.15	3.68	8.83
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14B	100 - GENERAL SURGERY		1,800	1,734	1,080	1,098	720	720	360	492	96.3%	101.7%	100.0%	136.7%	452	5.43	3.52	8.95
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18A	100 - GENERAL SURGERY		1,800	1,770	1,080	1,068	720	720	360	420	98.3%	98.9%	100.0%	116.7%	497	5.01	2.99	8.00
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18B	100 - GENERAL SURGERY		1,800	1,770	1,080	1,176	720	720	360	516	98.3%	108.9%	100.0%	143.3%	500	4.98	3.38	8.36
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	301 - GASTROENTEROLOGY	MEDICINE	1,800	1,508	1,350	1,538	968	968	645	882	83.8%	113.9%	100.0%	136.7%	711	3.48	3.40	6.88
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY	120 - ENT	2,340	2,191	1,560	1,736	990	1,034	1,320	1,221	93.6%	111.3%	104.4%	92.5%	913	3.53	3.24	6.77
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE		2,025	1,763	1,800	1,838	968	892	968	1,043	87.0%	102.1%	92.2%	107.8%	753	3.53	3.83	7.35
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	301 - GASTROENTEROLOGY	MEDICINE	1,800	1,515	1,350	1,628	968	957	645	946	84.2%	120.6%	98.9%	146.7%	700	3.53	3.68	7.21
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE		1,080	822	1,680	1,356	630	630	945	945	76.1%	80.7%	100.0%	100.0%	409	3.55	5.63	9.18
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	MEDICINE	1,800	1,545	1,350	1,343	968	989	645	656	85.8%	99.4%	102.2%	101.7%	706	3.59	2.83	6.42
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	MEDICINE	1,800	1,433	1,350	1,388	645	667	645	742	79.6%	102.8%	103.3%	115.0%	637	3.30	3.34	6.64
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	MEDICINE	2,250	1,920	1,350	1,530	968	989	645	763	85.3%	113.3%	102.2%	118.3%	530	5.49	4.33	9.82
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1,800	1,500	1,800	1,703	645	667	645	935	83.3%	94.6%	103.3%	145.0%	657	3.30	4.01	7.31
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS		4,500	4,456	1,080	1,068	3,465	3,256	315	315	99.0%	98.9%	94.0%	100.0%	793	9.73	1.74	11.47
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1,800	1,545	450	795	968	968	-	-	85.8%	176.7%	100.0%	0.0%	250	10.05	3.18	13.23
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		6,487	6,500	897	793	5,522	5,434	275	275	100.2%	88.4%	98.4%	100.0%	562	21.23	1.90	23.14
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1,800	1,500	1,350	1,598	645	688	645	935	83.3%	118.3%	106.7%	145.0%	602	3.63	4.21	7.84
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE	MEDICINE	1,800	1,448	1,350	1,725	645	667	645	957	80.4%	127.8%	103.3%	148.3%	582	3.63	4.61	8.24
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE		3,375	3,240	1,688	2,126	3,038	2,846	1,013	1,339	96.0%	126.0%	93.7%	132.2%	1170	5.20	2.96	8.16
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		4,050	3,840	2,700	3,150	2,520	2,499	1,260	1,292	94.8%	116.7%	99.2%	102.5%	1123	5.64	3.96	9.60
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS		4,680	4,688	360	384	4,320	3,936	360	144	100.2%	106.7%	91.1%	40.0%	730	11.81	0.72	12.54
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY		1,560	1,560	780	936	990	979	330	693	100.0%	120.0%	98.9%	210.0%	436	5.82	3.74	9.56
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS		1,440	1,504	720	720	1,080	1,176	720	720	104.4%	100.0%	108.9%	100.0%	114	23.51	12.63	36.14
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS		1,344	1,278	372	362	1,080	1,068	360	360	95.1%	97.3%	98.9%	100.0%	51	46.00	14.16	60.16
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS		3,600	3,570	720	720	3,600	3,604	720	708	99.2%	100.0%	100.1%	98.3%	243	29.52	5.88	35.40
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY		1,020	1,020	528	528	780	780	326	326	100.0%	100.0%	100.0%	100.0%	228	7.89	3.74	11.64
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS		2,340	2,592	1,170	1,332	2,160	2,184	1,440	1,440	110.8%	113.8%	101.1%	100.0%	708	6.75	3.92	10.66
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION		1,350	975	1,800	1,815	570	570	570	570	72.2%	100.8%	100.0%	100.0%	450	3.43	5.30	8.73
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS		1,294	1,216	969	930	660	671	561	561	94.0%	96.0%	101.7%	100.0%	415	4.55	3.59	8.14
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE		2,250	1,800	1,575	2,048	630	630	945	1,491	80.0%	130.0%	100.0%	157.8%	733	3.32	4.83	8.14
RXR70	CLITHEROE COMMUNITY HOSPITAL - RXR70	Ribblesdale	314 - REHABILITATION		2,250	1,905	1,800	1,830	945	945	945	1,323	84.7%	101.7%	100.0%	105.0%	892	3.20	3.53	6.73
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION		1,575	1,335	1,575	1,763	645	667	645	710	84.8%	111.9%	103.3%	110.0%	691	2.90	3.58	6.47
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION		1,800	1,463	2,025	1,988	645	645	645	688	81.3%	98.1%	100.0%	106.7%	676	3.12	3.96	7.08
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION		1,575	1,395	1,575	1,568	645	645	645	645	88.6%	99.5%	100.0%	100.0%	684	2.98	3.23	6.22
		Total			94,056	85,818	59,383	63,163	53,897	53,355	31,229	35,515	91.24%	106.37%	98.99%	113.73%	26192	5.31	3.77	9.08

Ward Staff Summary - Apr 2018

Division: All 3 Available Divisions Selected
Directorate: All 17 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected

This report is based on the 45 wards which submitted data for the monthly Safer Staffing return

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

Site	Cost Centre Code	Ward	Day Shift RN/Midwives Planned Hours	Day Shift RN/Midwives Actual Hours	Day Shift RN/Midwives Average Fill Rate	Day Shift Care Staff Planned Hours	Day Shift Care Staff Actual Hours	Day Shift Care Staff Average Fill Rate	Night Shift RN/Midwives Planned Hours	Night Shift RN/Midwives Actual Hours	Night Shift RN/Midwives Average Fill Rate	Night Shift Care Staff Planned Hours	Night Shift Care Staff Actual Hours	Night Shift Care Staff Average Fill Rate	PU G2	PU G3	PU G4	Falls with Harm (Mod & Above)	C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate
EC: Surgical & Anaes Services																								
EC02: General Surg Services																								
	5142	Ward C14A	1,800	1,746	97.00%	1,080	1,242	115.00%	720	732	101.67%	360	528	146.67%	0	0	0	0	0	0	4.43	18.50%	67.33	9.37%
	5143	Ward C18A	1,800	1,770	98.33%	1,080	1,068	98.89%	720	720	100.00%	360	420	116.67%	0	0	0	0	0	0	2.72	11.40%	30.80	4.38%
RBH	5144	Surgical Triage Unit	1,560.00	1,560.00	100.00%	780.00	936.00	120.00%	990	979.00	98.89%	330.00	693.00	210.00%	0	0	0	0	0	0	4.27	12.96%	71.00	7.73%
	5145	Ward C14B	1,800	1,734	96.33%	1,080	1,098	101.67%	720	720	100.00%	360	492	136.67%	0	0	0	0	0	0	3.12	12.61%	36.20	5.77%
	5146	Ward C18B	1,800	1,770	98.33%	1,080	1,176	108.89%	720	720	100.00%	360	516	143.33%	0	0	0	0	0	0	2.80	11.31%	107.73	15.83%
EC03: Urology																								
RBH	5128	Ward C22	2,340	2,190.50	93.61%	1,560.00	1,735.50	111.25%	990	1,034	104.44%	1,320.00	1,221.00	92.50%	0	0	0	1	0	0	-0.01	-0.04%	87.00	10.85%
EC04: Orthopaedic Services																								
BGH	4393	Ward 15	1,293.50	1,215.50	93.97%	968.50	929.50	95.97%	660.00	671.00	101.67%	561	561	100.00%	0	0	0	0	0	0	0.41	1.21%	21.40	2.15%
RBH	5366	Ward B24	1,560.00	1,319.50	84.58%	1,170	1,209.00	103.33%	660.00	660.00	100.00%	660.00	792.00	120.00%	0	0	0	0	0	0	7.91	23.60%	38.00	4.53%
RBH	5367	Ward B22	1,560.00	1,267.50	81.25%	2,340	2,236	95.56%	660.00	660.00	100.00%	1,650.00	1,650	100.00%	1	0	0	0	0	0	5.31	11.63%	88.85	7.28%
EC05: Head & Neck																								
RBH	5119	Ward B20 Max Fac	1,365.00	1,352	99.05%	780.00	994.50	127.50%	660.00	693.00	105.00%	660.00	880	133.33%	0	0	0	0	0	0	-0.19	-0.77%	8.35	1.12%
EC09: Anaesth & Critical Care																								
RBH	5362	Elht Critical Care	6,487.00	6,500.00	100.20%	897.00	793.00	88.41%	5,522.00	5,434	98.41%	275.00	275.00	100.00%	1	0	0	0	0	0	16.46	13.32%	164.94	4.91%
ED: Family Care																								
ED07: General Paediatrics																								
RBH	5210	Inpatient	4,500	4,456	99.02%	1,080	1,068	98.89%	3,465	3,256	93.97%	315	315	100.00%	0	0	0	0	0	0	6.51	7.45%	106.04	4.31%
ED08: Gynae Nursing																								
BGH	4169	Gynae And Breast Care Ward	1,020	1,020	100.00%	528	528	100.00%	780	780	100.00%	325.50	325.50	100.00%	0	0	0	0	0	0	3.00	10.28%	25.60	3.18%
ED09: Obstetrics																								
	4165	Birth Suite	3,600	3,570	99.17%	720	720	100.00%	3,600	3,604	100.11%	720	708	98.33%	0	0	0	0	0	0	-0.26	-0.38%	95.13	4.54%
	4192	Burnley Birth Centre	1,344	1,278	95.09%	372	362	97.31%	1,080	1,068	98.89%	360	360	100.00%	0	0	0	0	0	0	-2.43	-5.44%	73.28	5.12%
BGH	4200	Antenatal Ward 12	1,440	1,504	104.44%	720	720	100.00%	1,080	1,176	108.89%	720	720	100.00%	0	0	0	0	0	0	-5.94	-19.23%	38.72	3.47%
	4203	Postnatal Ward 10	2,340	2,592	110.77%	1,170	1,332	113.85%	2,160	2,184	101.11%	1,440	1,440	100.00%	0	0	0	0	0	0	-3.49	-6.18%	69.83	3.80%
RBH	5256	Blackburn Birth Centre	1,186.50	1,035.75	87.29%	450	386.50	85.89%	967.50	860	88.89%	322.50	301	93.33%	0	0	0	0	0	0	4.31	9.09%	31.28	2.35%
ED11: Neonates																								
RBH	4215	Nicu	4,680	4,688	100.17%	360	384	106.67%	4,320	3,936	91.11%	360	144	40.00%	0	0	0	0	0	0	-0.15	-0.18%	56.41	2.15%
EH: Integrated Care Group																								
EH05: Business Support Unit																								
RBH	6078	Ward C3	2,025	1,762.50	87.04%	1,800	1,837.50	102.08%	967.50	892.25	92.22%	967.50	1,042.75	107.78%	0	0	0	0	2	0	18.71	46.14%	45.96	6.44%

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 - Apr 2018

Executed on: 23/05/2018 at: 9:45:16 AM

Division: All 3 Available Divisions Selected
Directorate: All 17 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected

This report is based on the 45 wards which submitted data for the monthly Safer Staffing return

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

Site	Cost Centre Code	Ward	Day Shift RegN/M Planned Hours	Day Shift RegN/M Actual Hours	Day Shift RegN/M Average Fill Rate	Day Shift Care Staff Planned Hours	Day Shift Care Staff Actual Hours	Day Shift Care Staff Average Fill Rate	Night Shift RegN/M Planned Hours	Night Shift RegN/M Actual Hours	Night Shift RegN/M Average Fill Rate	Night Shift Care Staff Planned Hours	Night Shift Care Staff Actual Hours	Night Shift Care Staff Average Fill Rate	Pressure Ulcers G2	Pressure Ulcers G3	Pressure Ulcers G4	Falls with Harm (Mod & Above)	Infections C Diff	Infections MRSA	Vacancies WTE Vacant	Vacancies % Vacant	Sickness WTE Days	Sickness % Abs Rate
EH15: Acute Medicine																								
RBH	5058	AMU A	3,375	3,240	96.00%	1,687.50	2,126.25	126.00%	3,037.50	2,846.25	93.70%	1,012.50	1,338.75	132.22%	0	0	0	0	0	0	8.98	9.93%	128.30	5.18%
RBH	6092	AMU B	4,050	3,840	94.81%	2,700	3,150	116.67%	2,520	2,499	99.17%	1,260	1,292	102.54%	0	0	0	0	0	0	9.20	11.21%	93.20	3.94%
EH20: Respiratory																								
RBH	5063	Ward C6	1,800	1,545	85.83%	1,350	1,342.50	99.44%	967.50	989	102.22%	645	655.75	101.67%	0	0	0	0	0	0	7.18	22.82%	36.84	4.57%
RBH	5064	Ward C8	2,250	1,920	85.33%	1,350	1,530	113.33%	967.50	989	102.22%	645	763.25	118.33%	0	0	0	0	0	0	6.90	18.95%	21.72	2.37%
RBH	6027	Ward C7	1,800	1,432.50	79.58%	1,350	1,387.50	102.78%	645	666.50	103.33%	645	741.75	115.00%	0	0	0	0	0	0	7.49	24.44%	76.96	10.40%
EH25: Cardiology																								
RBH	5095	Coronary Care	1,800	1,545	85.83%	450	795	176.67%	967.50	967.50	100.00%	0	0	-	0	0	0	0	0	0	1.72	6.68%	17.60	2.44%
RBH	5097	Ward B18	2,025	1,815	89.63%	1,350	1,432.50	106.11%	645	784.75	121.67%	645	677.25	105.00%	0	0	0	0	0	0	-2.15	-7.00%	34.00	3.29%
EH30: Gastroenterology																								
RBH	5050	Ward C2	1,800	1,507.50	83.75%	1,350	1,537.50	113.89%	967.50	967.50	100.00%	645	881.50	136.67%	1	1	0	0	0	0	7.91	23.28%	70.32	8.64%
RBH	5062	Ward C4	1,800	1,515	84.17%	1,350	1,627.50	120.56%	967.50	956.75	98.89%	645	946	146.67%	0	0	0	0	0	0	10.86	35.56%	43.80	6.88%
RBH	6103	Ward C11	1,800	1,537.50	85.42%	1,800	1,882.50	104.58%	645	645	100.00%	645	774	120.00%	2	0	0	0	0	0	6.33	20.13%	32.04	4.17%
RBH	6106	C1 (Gastro)	1,575	1,492.50	94.76%	1,350	1,485	110.00%	645	666.50	103.33%	645	924.50	143.33%	0	0	0	0	1	0	9.70	32.47%	56.12	8.58%
EH35: Mfop & Complex Needs																								
BGH	4613	Rakehead Nursing Staff	1,350	975	72.22%	1,800	1,815	100.83%	570	570	100.00%	570	570	100.00%	0	0	0	0	0	0	11.09	30.71%	76.60	9.07%
BGH	6094	Ward 16 Sept 13	2,250	1,800	80.00%	1,575	2,047.50	130.00%	630	630	100.00%	945	1,491	157.78%	0	0	0	1	0	0	1.93	6.27%	28.80	3.22%
	4581	Marsden Ward	1,800	1,462.50	81.25%	2,025	1,987.50	98.15%	645	645	100.00%	645	688	106.67%	0	0	0	0	0	0	5.40	16.32%	32.40	3.64%
PCH	4582	Reedyford Ward	1,575	1,395	88.57%	1,575	1,567.50	99.52%	645	645	100.00%	645	645	100.00%	0	0	0	0	0	0	5.40	17.02%	64.24	8.13%
PCH	4583	Hartley Ward	1,575	1,335	84.76%	1,575	1,762.50	111.90%	645	666.50	103.33%	645	709.50	110.00%	0	0	0	0	0	0	4.78	15.41%	0.00	0.00%
	5023	Ward D1	1,800	1,500	83.33%	1,350	1,597.50	118.33%	645	688	106.67%	645	935.25	145.00%	0	0	0	0	0	0	7.66	25.49%	34.00	4.69%
	5036	Acute Stroke Unit (B2)	2,250	1,747.50	77.67%	1,575	1,515	96.19%	945	934.50	98.89%	945	945	100.00%	0	0	0	0	0	0	6.00	14.72%	78.12	7.18%
RBH	5037	Ward B4	1,800	1,545	85.83%	2,475	2,490	100.61%	630	640.50	101.67%	1,260	1,396.50	110.83%	0	0	0	0	0	0	4.99	15.47%	51.19	5.85%
RBH	5048	Ward C10	1,800	1,627.50	90.42%	1,800	1,695	94.17%	630	640.50	101.67%	945	945	100.00%	0	0	0	0	0	0	5.68	19.27%	30.20	4.26%
	6096	Ward C5	1,080	822	76.11%	1,680	1,356	80.71%	630	630	100.00%	945	945	100.00%	0	0	0	0	0	0	9.72	30.58%	21.27	2.86%
	6105	Ward C9	1,800	1,500	83.33%	1,800	1,702.50	94.58%	645	666.50	103.33%	645	935.25	145.00%	0	0	0	0	0	0	8.35	26.04%	159.72	21.32%
EH44: Speciality Medicine																								
RBH	5040	Ward D3	1,800	1,447.50	80.42%	1,350	1,725	127.78%	645	666.50	103.33%	645	956.75	148.33%	0	0	0	0	0	0	5.24	17.65%	25.00	3.04%
EH70: Comm In Patient Care																								
AVH	R133	Avch Ward 2	1,350	1,035	76.67%	900	1,020	113.33%	630	630	100.00%	630	651	103.33%	0	0	0	0	0	0	0.68	3.02%	41.80	6.15%
CLI	R141	Ribblesdale Ward	2,250	1,905	84.67%	1,800	1,830	101.67%	945	945	100.00%	1,260	1,323	105.00%	0	0	0	0	0	0	1.07	2.38%	99.60	7.38%
Total for 45 wards shown					91.24%			106.37%			98.99%			113.73%	5	1	0	2	3	0	219.60	12.07%	2,617.69	5.24%

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Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation : RXR East Lancashire Hospitals Trust
Month : May-18

Trust Website where staffing information is available

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

Site code	Hospital Site name	Ward name	Ward Name	Specialty 1	Specialty 2	Day midwives/nurses planned	Day midwives/nurses actual	Day Care Staff planned	Day Care Staff actual	Night midwives/nurses planned	Night midwives/nurses actual	Night Care Staff planned	Night Care Staff actual	Day Avg fill rate nurses/mid (%)	Day Avg fill rate care staff (%)	Night Avg fill rate nurses/mid (%)	Night Avg fill rate care staff (%)	Cumulative count patients	Nurses & Midwives CHPPD	Care staff CHPPD	Overall CHPPD
RXR60	ACCRINGTON VICTORIA HOSPITAL - RXR60	Ward 2		314 - REHABILITATION		1,395	1,050	930	930	651	651	651	651	75.3%	100.0%	100.0%	100.0%	520	3.27	3.04	6.31
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)		300 - GENERAL MEDICINE		1,860	1,476	1,488	1,392	1,116	1,116	1,116	1,092	79.4%	93.5%	100.0%	97.8%	624	4.15	3.98	8.13
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18		320 - CARDIOLOGY		2,093	1,808	1,395	1,485	667	946	667	688	86.4%	106.5%	141.9%	103.2%	777	3.54	2.80	6.34
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20		100 - GENERAL SURGERY		1,411	1,365	806	1,261	682	693	682	1,155	96.8%	156.5%	101.6%	169.4%	508	4.05	4.76	8.81
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22		110 - TRAUMA & ORTHOPAEDICS		1,612	1,339	2,418	2,295	682	693	1,705	1,661	83.1%	94.9%	101.6%	97.4%	658	3.09	6.01	9.10
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24		110 - TRAUMA & ORTHOPAEDICS		1,612	1,359	1,209	1,326	682	682	682	682	84.3%	109.7%	100.0%	100.0%	668	3.05	3.01	6.06
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4		430 - GERIATRIC MEDICINE		1,488	1,254	2,232	2,118	744	756	1,488	1,536	84.3%	94.9%	101.6%	103.2%	732	2.75	4.99	7.74
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre		501 - OBSTETRICS		1,120	1,046	495	434	1,000	796	333	333	93.4%	87.7%	79.6%	100.0%	23	80.09	33.37	113.46
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1		300 - GENERAL MEDICINE		1,628	1,515	1,395	1,530	667	688	667	1,043	93.1%	109.7%	103.2%	156.5%	579	3.80	4.44	8.25
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10		300 - GENERAL MEDICINE		1,860	1,613	1,860	1,763	651	683	977	1,113	86.7%	94.8%	104.8%	114.0%	663	3.46	4.34	7.80
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11		300 - GENERAL MEDICINE		1,488	1,212	1,488	1,542	744	780	744	1,104	81.5%	103.6%	104.8%	148.4%	676	2.95	3.91	6.86
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14A		100 - GENERAL SURGERY		1,860	1,836	1,116	1,062	744	744	372	360	98.7%	95.2%	100.0%	96.8%	493	5.23	2.88	8.12
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14B		100 - GENERAL SURGERY		1,860	1,752	1,116	1,056	744	756	372	384	94.2%	94.6%	101.6%	103.2%	466	5.38	3.09	8.47
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18A		100 - GENERAL SURGERY		1,860	1,806	1,116	1,056	744	744	372	504	97.1%	94.6%	100.0%	135.5%	516	4.94	3.02	7.97
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18B		100 - GENERAL SURGERY		1,860	1,824	1,116	1,116	744	750	372	468	98.1%	100.0%	100.8%	125.8%	528	4.88	3.00	7.88
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2		301 - GASTROENTEROLOGY	MEDICINE	1,860	1,508	1,395	1,643	1,000	1,021	667	978	81.0%	117.7%	102.2%	146.8%	736	3.44	3.56	7.00
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22		101 - UROLOGY	120 - ENT	2,418	2,256	1,612	1,931	1,023	1,100	1,364	1,441	93.3%	119.8%	107.5%	105.6%	940	3.57	3.59	7.16
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3		300 - GENERAL MEDICINE		1,674	1,350	1,488	1,392	1,116	1,068	1,116	1,104	80.6%	93.5%	95.7%	98.9%	686	3.52	3.64	7.16
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4		301 - GASTROENTEROLOGY	MEDICINE	1,488	1,188	1,116	1,410	1,116	1,116	744	1,152	79.8%	126.3%	100.0%	154.8%	709	3.25	3.61	6.86
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5		430 - GERIATRIC MEDICINE		1,116	864	1,488	1,512	744	744	1,116	1,296	77.4%	101.6%	100.0%	116.1%	420	3.83	6.69	10.51
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6		340 - RESPIRATORY MEDICINE	MEDICINE	1,488	1,254	1,116	1,074	744	1,140	744	744	84.3%	96.2%	153.2%	100.0%	744	3.22	2.44	5.66
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7		340 - RESPIRATORY MEDICINE	MEDICINE	1,488	1,206	1,116	1,158	744	768	744	984	81.0%	103.8%	103.2%	132.3%	645	3.06	3.32	6.38
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8		340 - RESPIRATORY MEDICINE	MEDICINE	1,860	1,554	1,116	1,272	1,116	1,140	768	768	83.5%	114.0%	102.2%	103.2%	558	4.83	3.66	8.48
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9		300 - GENERAL MEDICINE		1,488	1,308	1,488	1,458	744	768	744	1,080	87.9%	98.0%	103.2%	145.2%	667	3.11	3.81	6.92
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit		420 - PAEDIATRICS		4,650	4,578	1,116	1,146	3,581	3,707	326	357	98.5%	102.7%	103.5%	109.7%	911	9.09	1.65	10.74
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)		320 - CARDIOLOGY		1,860	1,568	465	833	1,000	989		-	84.3%	179.0%	98.9%	0.0%	256	9.99	3.25	13.24
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit		192 - CRITICAL CARE MEDICINE		6,539	6,682	845	767	5,533	5,588	330	198	102.2%	90.8%	101.0%	60.0%	542	22.64	1.78	24.42
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1		300 - GENERAL MEDICINE		1,860	1,575	1,395	1,545	667	677	667	882	84.7%	110.8%	101.6%	132.3%	609	3.70	3.98	7.68
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3		300 - GENERAL MEDICINE		1,860	1,575	1,395	1,328	667	677	667	763	84.7%	95.2%	101.6%	114.5%	603	3.74	3.47	7.20
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)		340 - RESPIRATORY MEDICINE	MEDICINE	3,720	3,480	2,232	2,196	3,348	3,132	1,488	1,464	93.5%	98.4%	93.5%	98.4%	1181	5.60	3.10	8.70
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)		300 - GENERAL MEDICINE	MEDICINE	3,348	3,120	2,232	2,550	2,976	2,952	1,488	1,488	93.2%	114.2%	99.2%	100.0%	1109	5.48	3.64	9.12
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit		420 - PAEDIATRICS		4,836	4,950	372	366	4,464	4,164	372	240	102.4%	98.4%	93.3%	64.5%	790	11.54	0.77	12.30
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit		100 - GENERAL SURGERY		1,612	1,586	806	949	1,023	1,023	341	649	98.4%	117.7%	100.0%	190.3%	469	5.56	3.41	8.97
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward		501 - OBSTETRICS		1,488	1,576	744	744	1,116	1,152	720	732	105.9%	100.0%	103.2%	101.7%	109	25.03	13.54	38.57
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre		501 - OBSTETRICS		1,395	1,274	372	376	1,116	1,085	372	372	91.3%	100.9%	97.2%	100.0%	64	36.86	11.68	48.54
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite		501 - OBSTETRICS		3,720	3,908	744	844	3,720	3,744	744	882	105.1%	113.4%	100.6%	100.0%	221	34.62	7.19	41.81
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward		502 - GYNAECOLOGY		1,044	1,044	564	558	816	816	326	326	100.0%	98.9%	100.0%	100.0%	235	7.91	3.76	11.67
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward		501 - OBSTETRICS		2,418	2,552	1,242	1,278	1,860	2,232	1,488	1,488	105.5%	102.9%	120.0%	100.0%	744	6.43	3.72	10.15
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead		314 - REHABILITATION		1,395	1,020	1,860	1,875	589	589	589	589	73.1%	100.8%	100.0%	100.0%	494	3.26	4.99	8.24
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15		110 - TRAUMA & ORTHOPAEDICS		1,482	1,320	1,008	936	682	682	572	539	89.0%	92.9%	100.0%	94.2%	457	4.38	3.23	7.61
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16		300 - GENERAL MEDICINE		2,325	1,868	1,628	2,070	651	672	977	1,470	80.3%	127.2%	103.2%	150.5%	782	3.25	4.53	7.77
RXR70	CLITHEROE COMMUNITY HOSPITAL - RXR70	Ribblesdale		314 - REHABILITATION		2,325	1,943	1,860	1,913	977	987	1,302	1,323	83.5%	102.8%	101.1%	101.6%	923	3.17	3.51	6.68
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley		314 - REHABILITATION		1,628	1,343	1,628	1,733	667	667	667	656	82.5%	106.5%	100.0%	98.4%	698	2.88	3.44	6.32
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden		314 - REHABILITATION		1,860	1,530	2,093	2,048	667	667	667	656	82.3%	97.8%	100.0%	98.4%	677	3.24	3.99	7.24
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford		314 - REHABILITATION		1,628	1,335	1,553	1,553	667	667	667	645	82.0%	95.4%	100.0%	96.8%	680	2.94	3.23	6.18
	Total					92,877	84,565	58,342	60,819	56,391	57,211	33,947	37,912	91.05%	104.25%	101.45%	111.68%	27090	5.23	3.64	8.88

Ward Staff Summary - May 2018

Division: All 3 Available Divisions Selected
Directorate: All 17 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected

This report is based on the 45 wards which submitted data for the monthly Safer Staffing return

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

Site	Cost Centre Code	Ward	Day Shift — Registered Nurses / Midwives Planned Hours	Actual Hours	Average Fill Rate	Day Shift — Care Staff Planned Hours	Actual Hours	Average Fill Rate	Night Shift — Registered Nurses / Midwives Planned Hours	Actual Hours	Average Fill Rate	Night Shift — Care Staff Planned Hours	Actual Hours	Average Fill Rate	Pressure Ulcers Acquired G2	G3	G4	Falls with Harm (Mod & Above)	C Diff	MRSA	Vacancies WTE (RegN/M + HCA)* WTE Vacant	% Vacant	Sickness/Absence RegN/M + HCA* WTE Days	% Abs Rate
EC: Surgical & Anaes Services																								
EC02: General Surg Services																								
RBH	5142	Ward C14A	1,860	1,836	98.71%	1,116	1,062	95.16%	744	744	100.00%	372	360	96.77%	0	0	0	0	0	0	4.33	18.16%	73.47	9.66%
	5143	Ward C18A	1,860	1,806	97.10%	1,116	1,056	94.62%	744	744	100.00%	372	504	135.48%	0	0	0	0	0	0	1.87	7.79%	57.68	7.84%
RBH	5144	Surgical Triage Unit	1,612.00	1,586.00	98.39%	806.00	949	117.74%	1,023	1,023	100.00%	341.00	649.00	190.32%	0	0	0	0	0	0	8.42	22.70%	103.24	10.87%
	5145	Ward C14B	1,860	1,752	94.19%	1,116	1,056	94.62%	744	756	101.61%	372	384	103.23%	0	0	0	0	0	0	4.22	16.98%	62.64	9.86%
	5146	Ward C18B	1,860	1,824	98.06%	1,116	1,116	100.00%	744	750	100.81%	372	468	125.81%	0	0	0	0	0	0	4.70	18.91%	86.33	13.01%
EC03: Urology																								
RBH	5128	Ward C22	2,418	2,255.50	93.28%	1,612.00	1,930.50	119.76%	1,023	1,100	107.53%	1,364.00	1,441.00	105.65%	0	0	0	0	0	0	-2.28	-10.34%	83.00	10.62%
EC04: Orthopaedic Services																								
BGH	4393	Ward 15	1,482.00	1,319.50	89.04%	1,007.50	936.00	92.90%	682.00	682.00	100.00%	572.00	539	94.23%	0	0	0	0	0	0	2.06	5.92%	35.35	3.47%
	5366	Ward B24	1,612.00	1,358.50	84.27%	1,209	1,326.00	109.68%	682.00	682.00	100.00%	682.00	682.00	100.00%	1	0	0	0	0	0	6.86	21.94%	43.00	5.02%
RBH	5367	Ward B22	1,612.00	1,339	83.06%	2,418	2,294.50	94.89%	682.00	693.00	101.61%	1,705.00	1,661.00	97.42%	0	0	0	0	0	0	9.19	18.89%	69.20	5.79%
EC05: Head & Neck																								
RBH	5119	Ward B20 Max Fac	1,410.50	1,365.00	96.77%	806.00	1,261.00	156.45%	682.00	693.00	101.61%	682.00	1,155	169.35%	0	0	0	2	0	0	2.58	9.37%	1.81	0.22%
EC09: Anaesth & Critical Care																								
RBH	5362	Elht Critical Care	6,539.00	6,682	102.19%	845.00	767.00	90.77%	5,533	5,588	100.99%	330.00	198.00	60.00%	2	0	0	0	0	0	15.98	12.93%	119.11	3.38%
ED: Family Care																								
ED07: General Paediatrics																								
RBH	5210	Inpatient	4,650	4,578	98.45%	1,116	1,146	102.69%	3,580.50	3,706.50	103.52%	325.50	357	109.68%	0	0	0	0	0	0	2.20	2.66%	143.97	5.53%
ED08: Gynae Nursing																								
BGH	4169	Gynae And Breast Care Ward	1,044	1,044	100.00%	564	558	98.94%	816	816	100.00%	325.50	325.50	100.00%	0	0	0	0	0	0	3.00	10.28%	27.15	3.26%
ED09: Obstetrics																								
	4165	Birth Suite	3,720	3,908	105.05%	744	844	113.44%	3,720	3,744	100.65%	744	744	100.00%	0	0	0	0	0	0	-1.45	-2.12%	47.19	2.19%
	4192	Burnley Birth Centre	1,395	1,274	91.33%	372	375.50	100.94%	1,116	1,085	97.22%	372	372	100.00%	0	0	0	0	0	0	-2.59	-5.80%	63.04	4.32%
BGH	4200	Antenatal Ward 12	1,488	1,576	105.91%	744	744	100.00%	1,116	1,152	103.23%	720	732	101.67%	0	0	0	0	0	0	-3.72	-12.04%	10.60	0.96%
	4203	Postnatal Ward 10	2,418	2,552	105.54%	1,242	1,278	102.90%	1,860	2,232	120.00%	1,488	1,488	100.00%	0	0	0	0	0	0	-0.46	-0.81%	26.27	1.37%
RBH	5256	Blackburn Birth Centre	1,119.50	1,045.75	93.41%	495	434.25	87.73%	999.75	796.25	79.64%	333.25	333.25	100.00%	0	0	0	0	0	0	3.23	6.81%	88.64	6.36%
ED11: Neonates																								
RBH	4215	Nicu	4,836	4,950	102.36%	372	366	98.39%	4,464	4,164	93.28%	372	240	64.52%	0	0	0	0	0	0	0.08	0.09%	45.15	1.65%
EH: Integrated Care Group																								
EH05: Business Support Unit																								
RBH	6078	Ward C3	1,674	1,350	80.65%	1,488	1,392	93.55%	1,116	1,068	95.70%	1,116	1,104	98.92%	0	0	0	0	0	0	23.10	53.80%	19.96	2.82%

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 - May 2018

Division: All 3 Available Divisions Selected
Directorate: All 17 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected

This report is based on the 45 wards which submitted data for the monthly Safer Staffing return

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

Site	Cost Centre Code	Ward	Day Shift RN/M Planned	Day RN/M Actual	Day RN/M Fill	Day Care Planned	Day Care Actual	Day Care Fill	Night RN/M Planned	Night RN/M Actual	Night RN/M Fill	Night Care Planned	Night Care Actual	Night Care Fill	PU G2	PU G3	PU G4	Falls w/ Harm	C Diff	MRSA	WTE Vacant	% Vacant	Sickness WTE Days	% Abs Rate
EH15: Acute Medicine																								
RBH	5058	AMU A	3,720	3,480	93.55%	2,232	2,196	98.39%	3,348	3,132	93.55%	1,488	1,464	98.39%	0	0	0	0	0	0	3.63	4.28%	179.29	7.02%
	6092	AMU B	3,348	3,120	93.19%	2,232	2,550	114.25%	2,976	2,952	99.19%	1,488	1,488	100.00%	0	0	0	0	0	0	11.26	13.09%	147.00	5.96%
EH20: Respiratory																								
RBH	5063	Ward C6	1,488	1,254	84.27%	1,116	1,074	96.24%	744	1,140	153.23%	744	744	100.00%	0	0	0	0	0	0	8.70	26.37%	29.28	3.60%
	5064	Ward C8	1,860	1,554	83.55%	1,116	1,272	113.98%	1,116	1,140	102.15%	744	768	103.23%	0	0	0	0	0	0	9.94	25.85%	27.24	2.98%
	6027	Ward C7	1,488	1,206	81.05%	1,116	1,158	103.76%	744	768	103.23%	744	984	132.26%	1	0	0	0	0	0	7.83	25.27%	70.64	9.06%
EH25: Cardiology																								
RBH	5095	Coronary Care	1,860	1,567.50	84.27%	465	832.50	179.03%	999.75	989	98.92%	0	0	-	0	0	0	0	0	0	-0.79	-3.35%	24.00	3.26%
	5097	Ward B18	2,092.50	1,807.50	86.38%	1,395	1,485	106.45%	666.50	946	141.94%	666.50	688	103.23%	0	0	0	0	0	0	0.06	0.18%	38.00	3.56%
EH30: Gastroenterlogy																								
RBH	5050	Ward C2	1,860	1,507.50	81.05%	1,395	1,642.50	117.74%	999.75	1,021.25	102.15%	666.50	978.25	146.77%	0	0	0	0	1	0	9.66	27.04%	88.56	10.25%
	5062	Ward C4	1,488	1,188	79.84%	1,116	1,410	126.34%	1,116	1,116	100.00%	744	1,152	154.84%	0	0	0	0	0	0	19.05	51.86%	60.80	9.78%
	6103	Ward C11	1,488	1,212	81.45%	1,488	1,542	103.63%	744	780	104.84%	744	1,104	148.39%	0	0	0	0	0	0	7.67	21.44%	30.04	3.42%
	6106	C1 (Gastro)	1,627.50	1,515	93.09%	1,395	1,530	109.68%	666.50	688	103.23%	666.50	1,042.75	156.45%	0	0	0	0	0	0	11.49	35.18%	134.52	18.68%
EH35: Mfop & Complex Needs																								
BGH	4613	Rakehead Nursing Staff	1,395	1,020	73.12%	1,860	1,875	100.81%	589	589	100.00%	589	589	100.00%	1	0	0	0	0	0	8.26	25.66%	60.48	7.56%
	6094	Ward 16 Sept 13	2,325	1,867.50	80.32%	1,627.50	2,070	127.19%	651	672	103.23%	976.50	1,470	150.54%	0	0	0	0	0	0	9.62	22.77%	28.04	2.89%
	4581	Marsden Ward	1,860	1,530	82.26%	2,092.50	2,047.50	97.85%	666.50	666.50	100.00%	666.50	655.75	98.39%	0	0	0	0	0	0	7.05	19.19%	61.88	6.52%
PCH	4582	Reedyford Ward	1,627.50	1,335	82.03%	1,627.50	1,552.50	95.39%	666.50	666.50	100.00%	666.50	645	96.77%	0	0	0	0	0	0	2.74	9.18%	69.88	8.47%
	4583	Hartley Ward	1,627.50	1,342.50	82.49%	1,627.50	1,732.50	106.45%	666.50	666.50	100.00%	666.50	666.50	100.00%	0	0	0	0	0	0	5.22	16.34%	3.00	0.35%
	5023	Ward D1	1,860	1,575	84.68%	1,395	1,545	110.75%	666.50	677.25	101.61%	666.50	881.50	132.26%	0	0	0	0	0	0	7.27	22.96%	42.88	5.11%
	5036	Acute Stroke Unit (B2)	1,860	1,476	79.35%	1,488	1,392	93.55%	1,116	1,116	100.00%	1,116	1,092	97.85%	0	0	0	1	0	0	12.06	25.67%	72.36	6.35%
	5037	Ward B4	1,488	1,254	84.27%	2,232	2,118	94.89%	744	756	101.61%	1,488	1,536	103.23%	0	0	0	0	0	0	16.53	35.49%	33.88	3.62%
RBH	5048	Ward C10	1,860	1,612.50	86.69%	1,860	1,762.50	94.76%	651	682.50	104.84%	976.50	1,113	113.98%	0	0	0	0	1	0	16.44	43.91%	69.64	9.65%
	6096	Ward C5	1,116	864	77.42%	1,488	1,512	101.61%	744	744	100.00%	1,116	1,296	116.13%	0	0	0	0	1	0	9.57	28.72%	7.96	0.98%
	6105	Ward C9	1,488	1,308	87.90%	1,488	1,458	97.98%	744	768	103.23%	744	1,080	145.16%	0	0	0	0	0	0	11.01	29.98%	90.60	10.60%
EH44: Speciality Medicine																								
RBH	5040	Ward D3	1,860	1,575	84.68%	1,395	1,327.50	95.16%	666.50	677.25	101.61%	666.50	763.25	114.52%	0	0	0	0	0	0	7.21	24.31%	42.97	5.19%
EH70: Comm In Patient Care																								
AVH	R133	Avch Ward 2	1,395	1,050	75.27%	930	930	100.00%	651	651	100.00%	651	651	100.00%	0	0	0	0	0	0	2.93	11.83%	58.29	8.28%
CLI	R141	Ribblesdale Ward	2,325	1,942.50	83.55%	1,860	1,912.50	102.82%	976.50	987	101.08%	1,302	1,323	101.61%	0	0	0	1	0	0	-1.84	-4.19%	134.13	9.37%
Total for 45 wards shown					91.05%			104.25%			101.45%			111.68%	5	0	0	4	3	0	283.89	15.06%	2,812.16	5.42%

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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.

NHS
East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

11 July 2018

Item	68

Purpose Information

Assurance

Title	Annual Audit Letter
Author	Mr G Kelly, Associate Director, Grant Thornton UK LLP
Executive sponsor	Mr J Wood, Director of Finance

Summary: The Annual Audit Letter, which summarises the key findings arising from the work carried out by Grant Thornton UK LLP, as external auditors for the Trust for the year ended 31 March 2018, was presented to the Audit Committee on 2 July 2018.

The Board is asked to note and approve the document.

Report linkages

Related strategic aim and corporate objective	-
Related to key risks identified on assurance framework	The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating.

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Audit Committee (July 2018)

Safe | Personal | Effective

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Grant Thornton

Annual Audit Letter
Year ending 31 March 2018

East Lancashire Hospitals NHS Trust

June 2018

Contents

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Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at East Lancashire Hospitals NHS Trust (the Trust) for the year ended 31 March 2018.

This Letter is intended to provide a commentary on the results of our work to the Trust and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the Trust's Audit Committee as those charged with governance in our Audit Findings Report on 24 May 2018.

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the Local Audit and Accountability Act 2014 (the Act). Our key responsibilities are to:

- give an opinion on the Trust's financial statements (section two); and
- assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the Trust's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Our work

Materiality

We determined materiality for the audit of the Trust's accounts to be £7,012,000, which is 1.5% of the Trust's gross revenue expenditure.

Financial Statements opinion

We gave an unqualified opinion on the Trust's financial statements on 25 May 2018.

We included a going concern material uncertainty paragraph in our report on the Trust's financial statements to draw attention to the note which explains the basis on which the Trust has determined that it is still a going concern. This does not affect our opinion that the statements give a true and fair view of the Trust's financial position and its income and expenditure for the year.

NHS Group consolidation template (WGA)

We also reported on the consistency of the accounts consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent.

Use of statutory powers

We did not identify any matters which required us to exercise our additional statutory powers.

Executive Summary

Value for Money arrangements

We were satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. We reflected this in our audit report to the Audit Committee on 24 May 2018.

Quality Accounts

We completed a review of the Trust's Quality Account and issued our report on this on 28 June 2018. We concluded that the Quality Account was prepared in line with the Regulations and guidance. Testing of the two performance indicators concluded that they meet all the six dimensions of data quality.

Certificate

We certify that we have completed the audit of the accounts of East Lancashire Hospitals NHS Trust in accordance with the requirements of the Code of Audit Practice.

Working with the Trust

We have delivered a number of successful outcomes with you:

- An efficient audit – we delivered an efficient audit with you in May, releasing your finance team for other work.
- Understanding your operational health – through the value for money conclusion we provided you with assurance on your operational effectiveness
- Sharing our insight – we provided regular audit committee updates covering best practice. We also shared our thought leadership reports

- Providing training and added value – we provided your team with training on financial accounts and annual reporting via the chief accountant workshops and the benchmarking of annual reports review.

We would like to record our appreciation for the excellent assistance and co-operation provided to us during our audit by the Trust's staff.

Grant Thornton UK LLP
June 2018

Audit of the Accounts

Our audit approach

Materiality

In our audit of the Trust's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the Trust's accounts to be £7,012,000, which is 1.5% of the Trust's gross revenue expenditure. We used this benchmark as, in our view, users of the Trust's financial statements are most interested in where the Trust has spent its revenue in the year.

We also set a lower level of specific materiality of £25,000 for senior officer remuneration and £1,000 for related parties.

We set a lower threshold of £250,000, above which we reported errors to the Audit Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining sufficient evidence about the amounts and disclosures in the financial statements to give reasonable assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the Trust and with the accounts included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Accounts

Significant Audit Risks

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
Improper revenue recognition	Our audit work included:	Our audit work did not identify any issues in respect of revenue recognition.
Improper revenue recognition	• evaluating the Trust's accounting policy for recognising income from block contract arrangements for appropriateness;	
Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.	• gaining an understanding of the Trust's system for accounting for income from patient care activities and evaluating the design of associated controls;	
Approximately 85% of the Trust's income is from patient care activities and contracts with NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in these contracts (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners.	• agreeing signed contracts and contract variation schedules to the ledger, ensuring income is accounted for in the correct year;	
	• agreeing, on a sample basis, income from contract variations to signed contract variations, invoices or other supporting evidence;	
	• agreeing on a sample basis, income from additional non-contract activity to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust's commissioners; and	
We have identified the occurrence and accuracy of income from contract variations as a risk requiring special audit consideration.	• we have agreed the associated NHS receivables at period-end as part of the Agreement of Balances agreement.	

Audit of the Accounts **Significant Audit Risks - continued**

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
Management override of internal controls Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The Trust faces pressure to meet external targets, and this could potentially place management under undue pressure in terms of how they report performance. We identified management override of controls as a risk requiring special audit consideration.	As part of our audit we have undertaken the following work in relation to this risk: • reviewed accounting estimates, judgements and decisions made by management; • tested a sample of journal entries based on assessment of the risk characteristics of all journals; • reviewed significant related party transactions outside the normal course of business; • tested a sample of high risk journals; and • reviewed related party transactions disclosures for completeness and accuracy.	Our audit work did not identify any issues in respect of management override of controls
Going concern material uncertainty disclosures The Trust met its control total in 2017/18, incurring a £10.763m operating deficit in delivering its services in 2017/18 after receipt of £14.870m of STF funding. Management anticipates that it may take a number of years before the Trust's income equals or exceeds its expenditure. The Trust expects to receive £14.0m of revenue support loans from the Department of Health and Social Care during 2018-19, which will be requested as and when required. This will allow so it can continue to meet its financial obligations while maintaining a positive cash balance, although these loans have yet to be approved. We identified the adequacy of disclosures relating to material uncertainties that may cast doubt on the Trust's ability to continue as a going concern in the financial statements as a significant risk requiring special audit consideration. Given the sensitive nature of these disclosures, we have identified this a key audit matter for the audit.	As part of our audit work we have: • discussed with officers the financial standing of the Trust; • reviewed management's assessment of the going concern assumptions and supporting information; • considered available cash support facilities; and • reviewed the completeness and accuracy of disclosures.	We draw attention to note 1.3 in the financial statements, which indicates that the Trust has a planned deficit of £19.1m for 2018/19 and as a result, the Trust expects to receive revenue support loans from the Department of Health and Social Care of £14 million during 2018-19. As stated in note 1.3, as at the date of our opinion, these loans have yet to be approved as they will be requested as and when required so the Trust can continue to meet its financial obligations while maintaining a positive cash balance. These events or conditions, along with the other matters explained in note 1.3, indicate that a material uncertainty exists that may cast significant doubt about the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Audit of the Accounts Significant Audit Risks - continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
Valuation of property, plant and equipment (PPE) The Trust revalues its land and buildings on an annual to ensure that carrying value is not materially different from fair value. During 2017/18 the Trust engaged its external valuer to undertake a full valuation using the 'alternative site' principle which expands on the modern equivalent asset basis. The valuation of land and building is a key accounting estimate which is sensitive to changes in assumptions and market conditions. We have therefore identified the valuation of land and buildings revaluations and impairments as a risk requiring special audit consideration.	As part of our audit we have undertaken the following work in relation to this risk: • evaluating management's processes and assumptions for the calculation of the estimate, including the instructions issued to the valuation experts and the scope of their work; • consideration of the competence, expertise and objectivity of the valuation expert; • assessing the overall reasonableness of the valuation movement; • challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding; • testing revaluations made during the year to ensure they are input correctly into the Trust's asset register and that the resulting accounting entries have been posted correctly in the financial statements; and • for any assets not revalued in year, evaluating the assumptions made by management to understand how management satisfied themselves there was no material change in carrying value.	Our audit work to date has identified one key issue in relation to the revaluation process: The closing book value of land and buildings within the PPE balance at 31.3.2017 was £263m. The Trust commissioned a revaluation of land and buildings as at 1.4.2017 (using a different valuation methodology which uses an alternative site criteria). The revaluation of land and buildings produced a book value of £225m – a reduction of £38m – which was applied as the opening book value. As the Trust considers this to be a change in its estimates policy rather than being a prior period adjustment, the opening book value of PPE has not been amended in the accounts. However, the reduced opening valuation has been used to calculate depreciation and PDC dividend which has reduced the charge for depreciation by £0.6m and the charge for PDC dividend by £0.7m There is no additional financial impact in the accounts, other than the reduced charges highlighted above. We have requested the enhancement of the disclosures to clearly highlight the change in calculation methodology which management implemented.

Audit of the Accounts

Audit opinion

We gave an unqualified opinion on the Trust's financial statements on 25 May 2018, in line with the national deadline.

Preparation of the accounts

The Trust presented us with draft accounts in accordance with the national deadline, and provided a good set of working papers to support them. The finance team responded very promptly and efficiently to our queries during the course of the audit.

Issues arising from the audit of the accounts

We reported the key issues from our audit to the Trust's Audit Committee on 24 May 2018.

Annual Report, including the Annual Governance Statement

We are also required to review the Trust's Annual Report, including the Annual Governance Statement. It provided these on a timely basis with the draft accounts and supporting evidence. We suggested a small number of amendments to both the Annual Report and Annual Governance Statement, which management did change.

Certificate of closure of the audit

We are also required to certify that we have completed the audit of the accounts of East Lancashire Hospitals NHS Trust in accordance with the requirements of the Code of Audit Practice.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in November 2017 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the key risks where we concentrated our work.

The key risks we identified and the work we performed are set out overleaf.

As part of our Audit Findings report agreed with the Trust in May 2018, we agreed recommendations to address our findings.

Overall Value for Money conclusion

We are satisfied that in all significant respects the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2018.

Value for Money conclusion

Key Value for Money Risks

Risks identified in our audit plan	How we responded to the risk and findings	Conclusions
Achievement of financial targets The Trust set itself an ambitious challenge of delivering savings of £17.8m in 2017/18 as part of its Safely Releasing Cost Pressures (SRCP) target. Progress to deliver these savings in the first half of the year was slow and the Board took steps to mitigate the risk of non-delivery. To address this risk we carried out the following work and consideration of: • the robustness of financial plans in place to deliver the Trust's control total in 2017/18 and 2018/19; • the actions taken in year to address non-delivery of financial savings through the PMO and SRCP processes; • the findings from the work undertaken by internal audit in relation to the review of PMO arrangements; and • of the Trust's overall SRCP achievement in year.	The Trust's control for 2017/18 was a £12.1m deficit. The Trust's forecast outturn at the start of the year was a deficit of £0.863m after receipt of £11.3m STF funding. The Trust's planned savings delivery via its SRCP programme at the start of the financial year was £17.8m. At the December 2017 Board meeting savings to date stood at £6.8m with a forecast full year effect of £9.2m. The Board agreed to make a number of strategic changes to improve oversight, ownership and governance processes. These changes included moving the Deputy Director of Finance into lead the PMO and moving the Finance and Performance Committee meetings to monthly. Significant management focus was also applied to the delivery of financial savings. The Internal Audit report issued in early 2018 identified 14 recommendations to improve governance processes. In March 2018 the Associate Director of PMO presented a detailed response to the Audit Committee, which confirmed that good progress had been made in implementing the agreed actions following the Internal Audit review. At 31 March 2018, the Trust achieved £19.1m of savings via its SRCP, exceeding plan by £1.2m. Along with the receipt of additional STF funding of £3.6m the Trust has posted a reduced deficit at the year end.	The risk has been adequately addressed and the Trust has appropriate arrangements in place. Whilst the Trust has been under significant financial pressures during 2017/18, 2018/19 will continue to be as challenging given the on-going financial pressures facing the Trust, the local health economy and wider NHS.

Quality Accounts

The Quality Account

The Quality Account is an annual report to the public from an NHS Trust about the quality of services it delivers. It allows Trust Boards and staff to show their commitment to continuous improvement of service quality, and to explain progress to the public.

Scope of work

We carry out an independent assurance engagement on the Trust's Quality Account, following Department of Health (DH) guidance. We give an opinion as to whether we have found anything from our work which leads us to believe that:

- the Quality Account is not prepared in line with set DHSC criteria;

- the Quality Account is not consistent with other documents, as specified in the DH guidance; and

- the two indicators in the Quality Account where we have carried out testing are not compiled in line with DHSC regulations and do not meet expected dimensions of data quality.

Quality Account Indicator testing

We tested the following indicators:

- Rate of Clostridium difficile infections (CDIFF) per 100,000 bed days.

- Percentage of patient safety incidents resulting in severe harm or death.

For each indicator tested, we considered the processes used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Account reconciled to underlying Trust data. We then tested a sample of cases included in the indicator to check the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the defined indicator definition.

Key messages

- We confirmed that the Quality Account had been prepared in line with the requirements of the Regulations.

- We confirmed that the Quality Account was consistent with the sources specified in the DHSC Guidance.

- We confirmed that the commentary on indicators in the Quality Account was consistent with the reported outcomes.

- Our testing of the CDIFF indicator found no evidence that it was not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

- Our testing of the Patient Safety incidents indicator found no evidence that it was not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Conclusion

As a result of this we issued an unqualified conclusion on the Trust's Quality Account on 28 June 2018.

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and also confirm there were no fees for the provision of non audit services.

Reports issued

Report	Date issued
Audit Plan	March 2018
Audit Findings Report	May 2018
Annual Audit Letter	June 2018

Fees

	Planned £	Actual fees £
Statutory audit	58,000	58,000
Charitable fund	2,000	2,000
Total fees	**60,000**	**60,000**

Fees for non-audit services

Service	Fees £
Audit related services	
- Quality Account	6,000
Non-Audit related services	
- None	Nil

Non-audit services

- For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Trust. The table above summarises all non-audit services which were identified.

- We have considered whether non-audit services might be perceived as a threat to our independence as the Trust's auditor and have ensured that appropriate safeguards are put in place.

The above non-audit services are consistent with the Trust's policy on the allotment of non-audit work to your auditor.

East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT	**Item**	**69**

11 July 2018

Purpose Information

Assurance

Title	Audit Committee Update Report
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Mr R Smyth, Non-Executive Director, Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Audit Committee meetings held on 24 May and 25 June 2018. Also contained within the report is a summary of the discussion that took place at the Audit Committee on 2 July 2018 concerning section 9.1.4 of the Trust's Standing Financial Instructions (SFI's).

Recommendation: The Board is asked to note the content of the report and agree the revision to SFI's that are recommended by the Committee.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Recruitment and workforce planning fail to deliver the Trust objective
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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

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Audit Committee Update

At the meeting of the Audit Committee held on 24 May 2018 members considered the following matters:

1. It was noted that the Board had given delegated authority to the Committee for the approval and sign off of the Annual Accounts, Annual Report, Annual Governance Statement and Quality Account prior to submission to the regulators in line with the specified timeframes.

2. The Committee received the Head of Internal Audit Opinion for the Trust for review and approval. Members received a summary of the document, particularly the revised assurance ratings used in the report and the reasons for the changes. Members noted that the Trust had received a rating of 'substantial assurance' and approved the document.

3. The Committee members received the going concern report from external audit colleagues and noted that whilst the draft statement that had been discussed at the last meeting would not change there were now material uncertainties that needed to be referenced, particularly the likely need for revenue support loans at a number of points across the year which would need to be disclosed in the accounts.

4. Committee members noted that NHS Improvement (NHSI) have offered a revised control total to the Trust which required approval by Friday 25 May 2018. Members approved the statement pending the approval of the revised control total.

5. Committee members received the annual report for review and approval for submission to the regulator by no later than 29 May 2018. Members were asked to agree whether or not the Trust's Modern Slavery and Human Trafficking statement should be included in the annual report in full or whether a link to the document would suffice. It was agreed that a link to the statement would be sufficient. The Committee approved the annual report for submission to the regulator.

6. Members received and approved the revised Modern Slavery and Human Trafficking statement for signature and publication on the Trust website.

7. The Committee received the audited annual accounts and financial statements for approval prior to submission to the regulator by 29 May 2018. An overview of the accounts was provided, including the changes that had been made to the accounts following the conclusion of the audit, none of which were maternal changes. Members noted the majority of the adjustments made to the accounts were out of the

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control of the Trust and included an allocation of STF monies which the Trust were notified about following the closing down of the accounts.

8. The Committee received and approved the letter of representation for signature and submission.

9. Committee members were presented with the audit findings report of the external auditors who had proposed an unqualified opinion on the accounts and financial statements.

10. The Committee received the response to those charged with Governance.

At the meeting of the Audit Committee held on 25 June 2018 members considered the following matters:

11. The Committee received the Quality Account of the Trust for review and approval as part of the delegated authority from the Board referred to in paragraph 1. The quality account was approved for submission to the regulators pending a small number of immaterial revisions, such as typographical errors.

At the meeting of the Audit Committee held on 2 July 2018 members considered the following matter which is recommended to the Board for discussion and approval:

12. The Audit Committee reviewed the Standing Financial Instructions (SFIs) in March and recommended them to the Board for ratification, apart from section 9.1.4 that relates to the approval of the remuneration and conditions of service for staff not covered by either Agenda for Change or the Remuneration Committee. The full text from section 9.1.4 is included here for information: *"The Board will consider the need to approve proposals presented by the Chief Executive for the setting of the remuneration and conditions of service for those employees not covered by the Remuneration Committee".* At its March 2018 meeting the Audit Committee requested further information and following receipt of it concurred that this staff group contains a low number of employees (below 10). Following the proposal presented to the Committee in July: for the Executive Team being best placed to approve their remuneration and conditions of service; the Audit Committee Non-Executive Directors discussed the matter and felt that that there needed to be some independence or overview of these arrangements. They agreed that a suitable course of action would be as follows: *"The Remuneration Committee will receive a report by the Chief Executive on the remuneration and conditions of service for those*

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employees who are not Executive Directors or employed under the terms of Agenda for Change". The Board is asked toratify the revised section 9.1.4 it for inclusion in the SFIs.

13.   A more detailed report from the July meeting will be provided to the next Trust Board meeting in September 2018.

Kea Ingham, Company Secretarial Assistant, 2 July 2018

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TRUST BOARD REPORT

11 July 2018

Item	**70**

Purpose Information

Assurance

Title	Finance and Performance Committee Update Report
Author	Miss K Ingham, Company Secretarial Assistant
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 30 April 2018 and 21 May 2018. It also asks the Board to review and approve the Committee Terms of Reference as recommended by the Committee at its meeting on 25 June 2018.

The Board is asked to note the content of the report and ratify the revised terms of reference.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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 30 April 2018 members considered the following matters:

1. The Committee received the Integrated Performance Report, including an overview of the financial position for the month of March 2018. Members noted the Trust's performance against the four hour standard in the month remained below the 95% target at 80.1% and received an overview of the work that was taking place to improve performance. Members noted that there had been a significant increase in the number of 12 hour trolley wait breaches in the month, all of which were patients awaiting mental health assessment or admission to mental health beds and was felt to be due to the recent changes to legislation around section 136 of the Mental Health Act 1983. Non-Executive Director members sought and received further assurance regarding the process for re-booking cancelled operations within the required 28 day period.

2. The Committee received a detailed finance report for the month of March 2018 and noted that since the closure of the accounts for 2017/18 the Trust had received additional STF bonus funds totalling £5,600,000. It was confirmed that the cash position of the Trust was such that it was anticipated that there would be a need for a number of short term loans in the 2018/19 financial year in order to maintain the necessary cash flow. It was agreed that 'Cash Management' would be included as a standing item on future agendas. Non-Executive Director Committee members were informed that the Trust had not been able to agree the financial control total set by NHSI, but has sought to set a Trust SRCP requirement of 4% across the organisation. They received an overview of the discussions that were taking place across the Pennine Lancashire ICP, ICS and those with NHSI in relation to determining a suitable ICS wide financial control total.

3. The Committee received the Sustaining Safe, Personal and Effective Care 2017/18 report and noted that the Trust had been successful in being accepted onto the NHSI Lean Programme and that the Associate Director of Programme Management would be commencing a four week training course with NHS Improvement (NHSI) in order to develop the programme for the Trust and Pennine Lancashire ICP. Non-Executive Members noted that the Trust had a fully identified change programme, including programmes and projects which will deliver the required £18,000,000 savings. However owing to an element of prudency in the rating of schemes only schemes

that had released savings were being rated as green. It was agreed that a timescale for achievement of schemes would be provided and this would be reviewed on a quarterly basis by the Committee. The Committee also received a presentation regarding the emergency care pathway transformation and it was agreed that a further update would be provided in September 2018.

4. The Committee received a report relating to the Model Hospital which will support Trusts to identify and realise productivity opportunities and better understand unwarranted variation. Trusts are able to explore their comparative productivity, quality and responsiveness which will provide a clearer view of improvement opportunities. Members suggested that work should be undertaken to determine a definite comparator base.

5. Committee members received an update regarding workforce, particularly the impact of the apprenticeship levy. Non-Executive members sought further assurance regarding the efforts to reduce the continued use of agency and bank staff. The Committee briefly discussed the impact that Brexit may have on the NHS's ability to recruit high quality staff from across the EU; Non-Executive Members asked whether a plan had been determined to mitigate such risks and whether the Trust was planning to invest in training and development for current staff. It was agreed that a more detailed report relating to the development of the Trust's Education Directorate would be brought to the meeting in June 2018.

6. The Committee were asked to review and approve a return to NHSI which provided an outline of the work undertaken to conform to recently published Data Security and protection requirements. Following a brief discussion the Committee approved the submission to NHSI.

7. The Committee received an update report on tenders, the Committee specific Board Assurance Framework for review, an update on the Trust Estates Strategy, proposed Committee Workplan and the minutes of the Contract and Data Quality Board for information.

At the meeting of the Finance and Performance Committee held on 21 May 2018 members considered the following matters:

8. The Committee received the Integrated Performance Report, including an overview of the current financial position to the end of April 2018. The members noted that the performance against the four hour standard remains below the 95% threshold at

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83.7% and that there had been nine patients who had endured 12 hour breaches, all of which were noted to be patients awaiting assessment by mental health services,

9. Members received the finance report and noted that it was broadly in line with the forecast position for the end of month one (April 2018) and received an update on the discussions with NHSI to agree on a stretching but achievable financial control total. Members lent their support to the proposal submitted to NHSI.

10. Members noted that as the 2017-18 Sustainability and Transformation Funding (SFT) monies due to the Trust were not expected to be received until July or August 2018, an application had been submitted to NHS Improvement on 9 May 2018 for £2,750,000 of these funds to be paid to the Trust in June 2018. This would enable the Trust to maintain the minimum cash balance required. The application for an early payment of the 2017-18 STF monies due would replace the requirement to ask for a revenue support loan.

11. The Committee received the draft annual accounts for the 2017/18 financial year for information and discussion prior to their presentation at the Audit Committee later in the week.

12. Committee members received the Sustaining Safe, Personal and Effective Care report and noted the planned phasing of schemes throughout the year and noted that the majority of savings would be realised in the final half of the year (68% between October 2018 and March 2019). Members noted that due to the significance and potential of the Trust's community services savings programme the decision had been taken to remove it from the Productivity and Efficiency programme and define it as a programme in its own right.   It was agreed that a strategy paper relating to community services would be presented to the Committee in 6 months' time (November 2018).

13. The Committee reviewed the elements of the Board Assurance Framework (BAF) that were specific to the remit of the Committee.

14. The Committee also received an update report on tenders and an update on the IMT strategy.

At the meeting of the Finance and Performance Committee held on 25 June 2018 members considered the following matter is recommended to the Board for discussion and approval:

15. The Committee were presented with a proposed revised terms of reference which detailed a change to the membership of the Committee. Members discussed the

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proposal for the Director of HR and OD to no longer be a formal member of the committee and have a Deputy Director of HR and OD attend instead. The members agreed that this was an appropriate request and would not have a detrimental effect on the quoracy or effectiveness of the Committee. It was agreed to recommend the revised terms of reference to the Board for ratification. The terms of reference are appended to this report.

16. A more detailed report from the June meeting will be provided to the next Trust Board meeting in September 2018.

Kea Ingham, Company Secretarial Assistant, 27 June 2018

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FINANCE AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

Constitution

The Board has established the Finance and Performance Committee to provide assurance about the delivery of the financial and operational plans approved by the Board for the current year and for the longer term future, develop forward plans for subsequent financial years for consideration by the Board and examine in detail risks to the achievement of national and local performance and activity standards.

Purpose

To support the Trust Board in the analysis and review of Trust financial and performance plans, providing advice and assurance to the Board on financial and performance issues.

It will:

- review the annual business plans prior to Board approval and submission to the Regulator and review plans for the longer term

- Review financial performance against income, expenditure and capital budgets and consider the appropriateness of any proposed corrective action

- Review progress against efficiency programmes and consider the appropriateness of any proposed corrective action including looking in detail at the Safely Releasing Costs (SRCP) and Transformation Programmes and their delivery

- Consider the financial performance in the current year and look ahead to expected performance for the subsequent 2-5 years and review all significant financial risks

- Regularly review cash flow forecasts and the adequacy of funding sources and receive assurance on the robustness of the Trust's key income sources

- Receive the draft annual accounts before presentation to the Board for final approval

- Provide the Board with a forum for detailed discussions and assurance of progress against the Integrated Business Plan including the delivery of the Safely Releasing Costs (SRCP) and Transformation Programmes

- Assess the performance of the organisation against all national and local performance standards and consider plans for the longer term

- Carry out the annual review of corporate documents (e.g. Standing Financial Instructions, Scheme of Delegations, etc.) before approval by the Audit Committee and ratification by the Board.

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Membership

Three Non-Executive Directors/Associate Non-Executive Directors (a Non-Executive Director will be the Chair of the Committee)

Chief Executive

Director of Finance

Director of Operations

~~Director of Human Resources and Organisational Development~~

Director of Service Development

The Director of Nursing, ~~and~~ the Medical Director and the Director of Human Resources and Organisational Development will attend the Committee meeting by invitation for items within their remit.

In attendance

Associate Director of Corporate Governance/Company Secretary

Associate Director of Programme Management Office

Associate Director of Performance and Informatics

Deputy Director of Human Resources and Organisational Development

Frequency

The Committee will meet a minimum of 10 times per year. Additional meetings may be called at the discretion of the Chair of the Committee as provided for in the Trust Standing Orders and the Standing Financial Instructions.

Quorum

Two Non-Executive Directors/Associate Non-Executive Directors and two Executive Directors

Regular Reports

Integrated Performance Report

Finance Report

SRCP and Transformation Report

Carter Review

BAF Risks Review

Authority

To summon reports (and individuals) to enable the committee to discharge its duties.

Reporting

The Committee will report to the Trust Board.

Review

The effectiveness of the Committee will be reviewed on an annual basis as part of the Trust Board governance cycle and reported to the Board. The Committee will provide regular reports on its activities to the Trust Board. 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: Director of Finance

Secretarial support: Company Secretarial Assistant

Committees reporting

Finance Assurance Board~~Transformation Board~~

East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

11 July 2018

Item	**71**

Purpose Information

Assurance

Title	Quality Committee Update Report
Author	Miss K Ingham, Company Secretarial Assistant
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 25 May 2018.

Recommendation: The Board are 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	Recruitment and workforce planning fail to deliver the Trust objective
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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

Previously Considered by: NA

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Quality Committee Update

At the meeting of the Quality Committee held on 25 May 2018 members considered the following matters:

1. The Committee received the Serious Investigations Requiring Investigation (SIRI) report that was presented to the Trust Board in May and spent some time discussing the document in more depth, particularly the work being carried out relating to Duty of Candour.

2. Members received the Quality Dashboard and an overview of current quality performance indicators. They were particularly interested in the information presented regarding never events, the numbers of clostridium difficile (C-Diff) cases identified within the Trust and the work that was being undertaken to monitor and reduce infection rates.

3. The Committee received an update in relation to CQC compliance and the work that is being undertaken to ensure that the Trust is prepared for any future CQC inspections.

4. The Committee received the annual report concerning end of life care and received an overview of the work that had taken place during 2017/18 and the priorities for 2018/19, including ensuring that families can spend time with their loved ones in an appropriate environment rather than the ward and ensuring that personal belongings are not left in ward areas following the removal of deceased patients.

5. Committee members received a report regarding the UNICEF Baby Friendly Initiative and noted that the Trust would be revalidated on 24 June 2018.

6. The Committee received the report on Safe Working Hours for Doctors and Dentists in Training and noted that a standard operating procedure had been developed to provide information on the actions to take when a breach report is received.

7. The Committee received the internal audit report relating to a recent audit of Duty of Candour. In addition to the report the management response and action plan were shared with the Committee. It was agreed that further updates on this matter would be brought to the Committee for monitoring purposes.

8. The Committee received a report on progress against the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme relating to maternity safety and received an overview of the actions being undertaken by the Trust to ensure compliance.

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9. Committee members received the draft quality account for comments and it was fed back that he quality account was a good document which provided a sound summary of the work being undertaken across the Trust in the year.

10. The Committee also received the Board Assurance Framework Committee Specific Review, Corporate Risk Register; Corporate Mortality Report, Nurse Revalidation Report, Staff Guardian Report; and Summary Reports from the following Sub-Committee Meetings:

a) Patient Safety and Risk Assurance Committee (October 2017 to April 2018)

b) Infection Prevention and Control Committee (March and April 2018)

c) Health and Safety Committee (April 2018)

d) Internal Safeguarding Board (March 2018)

e) Patient Experience Committee (April 2018)

f) Clinical Effectiveness Committee (April 2018)

g) Trust Education Board (February 2018)

Kea Ingham, Company Secretarial Assistant, 4 July 2018

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East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

11 July 2018

Item	**72**
Purpose Information	
Assurance	

Title	Trust Charitable Funds Committee Update Report
Author	Miss K Ingham, Company Secretarial Assistant
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 meetings held on 30 April 2018.

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 Monday 30 April 2018 members considered the following matters and undertook to ensure actions would be taken as outlined in the report.

1. The Committee received notification that the Trust's Family Care Division had submitted a request for £33,920 from the charitable fund for the purchase of two Neonatal Cerebral Function Monitors for the Trust's NICU service. Committee members noted that the funds had been identified and already received from the ISSA Foundation and the donors were keen for the Trust to utilise the finds promptly. In addition, the Committee received a bid for funds totalling £500.00 from the Trust's Chaplaincy department which would enable patients to have direct access to the Samaritans through the Hospedia bedside TV/phone units. Following a lengthy discussion this request, along with the request from the Trust's Family Care Division were approved.

2. Committee members received a report detailing the various items of medical equipment that the Trust would be looking to replace in 2018/19 and were asked to consider which item/s the Trust's £Million appeal could raise funds for. It was agreed that, pending further information regarding the costs associated with the purchase of a mobile MRI scanner the priority would be given to the raising of funds for the purchase of an MRI scanner.

3. The Committee were updated on the work of the Fundraising Manager. Within the report there was a request for funding from the charity to recruit a full time Community Fundraiser and to fund half of the salary for an existing Communications Officer, who works within the Trust's Communications and Engagement Team. After discussion regarding the most appropriate contract offer it was agreed to recruit to the Community Fundraiser post on a two year fixed term contract; it was also agreed to fund the 0.5WTE communication officer, pending finalisation of the associated costs for both posts.

4. The Committee also received the Investment Performance Report; Fund Performance and Utilisation Report; Expenditure Plan/Dormant Funds Report; and the minutes of the Staff Lottery Committee.

Kea Ingham, Company Secretarial Assistant, 28 June 2018

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East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT　　　　　　**Item**　　**73**

11 July 2018　　　　　　　　　**Purpose** Information

Title	Remuneration Committee Information Report
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The list of matters discussed at the Remuneration Committee held on 9 May 2018 are presented for Board members' information.

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Recruitment and workforce planning fail to deliver the Trust objective
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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

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Equality	No	Confidentiality	No

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(73) Remuneration Committee Information Report

Remuneration Committee Information Report

1.   At the meeting of the Remuneration Committee held on 9 May 2018 members considered the following matter:

    a) Director of Operations Appointment and Remuneration

    b) Director of Communications and Engagement Remuneration Review

Kea Ingham, Company Secretarial Assistant, 25 June 2018

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East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

11 July 2018

Item	**74**
Purpose	Information

Title	Trust Board Part Two Information Report
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The report details the agenda items discussed in Part 2 of the Board meetings held on 9 May 2018.

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 the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
	Recruitment and workforce planning fail to deliver the Trust objective
	Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
	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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Trust Board Part Two Information Report

1. At the meeting of the Trust Board on 9 May 2018, the following matters were discussed in private:

    a) Round Table Discussion: Control Total/ACS – Pennine Lancashire ICP Single Control Total

    b) Round Table Discussion: System Integration

    c) Sustaining Safe, Personal and Effective Care 2018/19 Update Report

    d) Finance and Performance Update 2018/19

    e) Tender Update

    f) Draft Annual Report

    g) Draft Annual Governance Statement

    h) Draft Quality Account

    i) Serious Untoward Incident Report

    j) 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, Company Secretarial Assistant, 25 June 2018

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