East Lancashire Hospitals NHS
NHS Trust

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING

Safe

Personal

Effective

TRUST BOARD PART 1 MEETING

29 MARCH 2017, 14:00, SEMINAR ROOM 6, ROYAL BLACKBURN HOSPITAL

AGENDA

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

OPENING MATTERS				
TB/2017/041	**Chairman's Welcome**	Chairman	v	
TB/2017/042	**Open Forum** To consider questions from the public	Chairman	v	
TB/2017/043	**Apologies** To note apologies.	Chairman	v	
TB/2017/044	**Declarations of Interest** To note any new declarations of interest from Directors.	Company Secretary	v	
TB/2017/045	**Minutes of the Previous Meeting** To approve or amend the minutes of the previous meeting held on 1 March 2017	Chairman	d✓	Approval
TB/2017/046	**Matters Arising** To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2017/047	**Action Matrix** To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2017/048	**Chairman's Report** To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2017/049	**Chief Executive's Report** To receive an update on national, regional and local developments of note.	Chief Executive	d✓	Information
QUALITY AND SAFETY				
TB/2017/050	**Patient Story** To receive and consider the learning from a patient story.	Director of Nursing	p	Information/ Assurance
TB/2017/051	**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✓	Approval
TB/2017/052	**Board Assurance Framework** To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Medical Director	d✓	Approval
TB/2017/053	**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
STRATEGY				
TB/2017/054	**National Staff Survey Results**	Director of HR and OD	d✓	Information/ Assurance

TB/2017/055	**Apprenticeship Levy Report**	Director of HR and OD	d✓	Information/ Assurance
ACCOUNTABILITY AND PERFORMANCE				
TB/2017/056	**Financial Budget Approval**	Acting Director of Finance	d✓	Approval
TB/2017/057	**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 (Acting Director of Finance)	Executive Directors	d✓	Information/ Assurance
GOVERNANCE				
TB/2017/058	**Finance and Performance Committee Update Report and Terms of Reference** To note the matters considered by the Committee in discharging its duties (January 2017)	Committee Chair	d✓	Information/ Assurance
TB/2017/059	**Quality Committee Update Report** To note the matters considered by the Committee in discharging its duties (January 2017)	Committee Chair	d✓	Information/ Assurance
TB/2017/060	**Audit Committee Update Report** To note the matters considered by the Committee in discharging its duties (December 2017)	Committee Chair	d✓	Information/ Assurance
TB/2017/061	**Trust Board Part Two Update Report** To note the matters considered by the Committee in discharging its duties (November 2016)	Chairman	d✓	Information
FOR INFORMATION				
TB/2017/062	**Any Other Business** To discuss any urgent items of business.	Chairman	v	
TB/2017/063	**Open Forum** To consider questions from the public.	Chairman	v	
TB/2017/064	**Board Performance and Reflection** To consider the performance of the Trust Board, including asking: • Has the Board focussed on the appropriate agenda items? Any item(s) missing or not given enough attention? • Has the Board agenda the correct balance between formulating strategy and holding to account? • Is the Board shaping a healthy culture for the Board and the organisation? • Is the Board informed of the external context within which it must operate? • Are the Trust's strategies informed by the intelligence from local people's needs, trend and comparative information? • Does the Board give enough priority to engagement with stakeholders and opinion formers within and beyond the organisation?	Chairman	v	
TB/2017/065	**Date and Time of Next Meeting** Wednesday 3 May 2017, 14.00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.	Chairman	v	

East Lancashire Hospitals NHS Trust

TRUST BOARD PART ONE REPORT

Item 45

29 March 2017

Purpose Approval

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 1 March 2017 are presented for approval or amendment as appropriate.

Report linkages

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

Impact

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

Previously considered by: NA

(45) Minutes of the Previous Meeting

EAST LANCASHIRE HOSPITALS NHS TRUST

TRUST BOARD MEETING, 1 MARCH 2017

MINUTES

PRESENT

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

IN ATTENDANCE

Mr J Bannister	Director of Operations	
Mrs A Bosnjak-Szekeres	Associate Director of Corporate Governance/Company Secretary	
Mr P Cockayne	Good Governance Institute	Observer/Audience
Mr K Griffiths	Director of Sustainability	
Mrs C Hughes	Director of Communications and Engagement	
Miss K Ingham	Company Secretarial Assistant	
Mr P Magill	Lancashire Telegraph	Observer/Audience
Mr K Moynes	Director of HR and OD	
Mr I Johnson	IMS Maxims	Observer/Audience
Mrs G Ferris	Member of the Public	Observer/Audience

APOLOGIES

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

TB/2017/029 CHAIRMAN'S WELCOME

Professor Fairhurst welcomed the Directors and members of the public to the meeting, particularly Mr Smyth in his substantive role of Non-Executive Director.

TB/2017/030 OPEN FORUM

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

TB/2017/031 APOLOGIES

Apologies were received as recorded above.

TB/2017/032 DECLARATIONS OF INTEREST

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

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

TB/2017/033 MINUTES OF THE PREVIOUS MEETING

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

TB/2017/015: Integrated Performance Report (Safer Staffing) – Mrs Pearson reported that whilst the Trust does work with schools in the local area, the 150 applicants for the Healthcare Assistant roles advertised by the Trust were internal staff who had undergone training whilst working for the Trust.

RESOLVED: The minutes of the meeting held on 25 January 2017 were approved as a true and accurate record pending the inclusion of the aforementioned amendment.

TB/2017/034 MATTERS ARISING

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

TB/2017/035 ACTION MATRIX

All items on the action matrix were reported as complete or were to be presented as agenda items today or at subsequent meetings. The following updates were provided:

TB/2016/231: Open Forum – Mrs Hughes confirmed that hard copies of the Sustainability and Transformation Plan and available annexes had been provided to Mr Todd following the last meeting and confirmation of receipt had been received.

TB/2017/015: Integrated Performance Report - Dr Riley reported that the hand gel dispenser situated at the Grane Restaurant entrance on the Royal Blackburn site will be moved in the coming days and renewed signage will be erected to remind visitors and staff about the importance of maintaining good hand hygiene. He confirmed that an information screen has also been installed near this entrance and when fully functioning, it will include a message concerning hand hygiene.

TB/2017/015: Integrated Performance Report – Mr Moynes reported that the Trust had recently had three cohorts of newly qualified nurses and of the 143 starters, 135 remain employed by the Trust. He confirmed that work was taking place to identify the reasons why the eight members of staff had left.

RESOLVED: The position of the action matrix was noted.

TB/2017/036 INTEGRATED PERFORMANCE REPORT

Mr McGee introduced the report to the Directors and confirmed that the majority of the report related to activity within the month of January. Directors noted that the month was an extremely busy one for the Trust, with many attendances and high patient acuity. Mr McGee thanked members of staff, particularly those working within the emergency care pathway, for their continued efforts and for maintaining high levels of quality, patient safety and ensuring patient dignity at all times. Directors noted that overall performance was good for the month, particularly in relation to mortality rates, patient experience and referral to treatment rates.

a) Performance

Mr Bannister reported that the number of patients attending the emergency department and urgent care centres had not changed significantly in January in comparison to other months throughout the winter period. However the acuity of patients and the number of patients being brought in by ambulance had increased. He confirmed that bed occupancy and delayed transfers of care had increased. Delayed transfers of care were at 5.8%, which was the equivalent of 47 patients/beds per day throughout the organisation. Directors noted that 14,342 patients attended the Trust for treatment via the emergency care pathway. 11,434 patients were seen, treated and discharged or admitted within the required four hour period. Mr Bannister confirmed that the overall performance against the four hour standard was 75.3% for January 2017. In relation to ambulance handovers it was reported that 3,683 patients were brought in by ambulance. 1091 had their handover completed within 15 minutes and 1,083 were handed over in a time frame of between 15 and 30 minutes.

Directors noted that the Referral to Treatment (RTT) standard was maintained in January, with 92% of patients being seen within the required 18 weeks period. The Trust continues to

meet the required 31 and 62 day cancer targets, although performance in relation to a small number of tumour groups fell outside the required targets. Improvement plans are in place to ensure that these targets are met in the future.

Mr Bannister confirmed that there had been strong overall performance in relation to patient waiting times for diagnostic testing; however there was still room for further improvement.

Professor Fairhurst emphasised that whilst the Trust was under great pressure with regards to the emergency care pathway, it was pleasing to see the commitment and performance against the remainder of the regulatory requirements and maintenance of high quality care.

Mr Rowe commented that the majority of the pressures within the system seemed to be in relation to the acuity of patients and their increased medical needs. He went on to ask whether this was likely to continue and what the healthcare system could do to manage this and reduce the impact. Mr McGee confirmed that this was indeed the case across the country and as a result bed occupancy rates were increasing nationwide. He went on to suggest that the work that the Trust is doing as part of the Pennine Lancashire Local Delivery Plan (LDP) would help the Trust to manage future demand. He highlighted the work that was being carried out to develop community services, but confirmed that the work would take time to become embedded and therefore any positive changes would take time to occur.

Mr Bannister confirmed that colleagues from NHS Improvement (NHSI) had been working with the Trust to identify areas where they could provide support and help to the Trust with the emergency care pathway. Directors noted that there was no single fix, but rather a series of marginal gains across the pathway.

Mrs Hughes commented that the point that Mr Rowe made was valid and highlighted a number of pieces of communication on prevention that had been done by the organisation, designed to assist with the work being carried out. Mr Hodgson highlighted a recent piece of research carried out by the King's Fund which had highlighted the increases in patient acuity and the need to develop services around prevention and living well.

Professor Fairhurst concluded that the Board acknowledged and were assured by the measures being pursued and actions taken to increase the performance in relation to the four hour standard.

b) Quality

Dr Riley drew Directors' attention to the quality section of the report and confirmed that the case of Methicillin-resistant Staphylococcus aureus (MRSA) that had been reported to the Board at the January meeting had been subject to the required internal reporting and investigation processes. He went on to report that Trust was over the year to date trajectory

for Clostridium Difficile (C Diff) cases. Dr Riley reported that the number of cases identified by the Trust was the lowest in Lancashire, but the trajectory that the Trust had been set at the beginning of 2016/17 had been particularly tough. Directors noted that the Summary Hospital-level Mortality Indicator (SHMI) was the lowest that it had ever been for the Trust at 1.04.

Mrs Pearson clarified that the seven pressure ulcer related incidents that had been reported in the paper were still under investigation and have not yet been confirmed as being avoidable or as having been acquired whilst the patients were in the care of the Trust. Directors noted that all the incidents were reported within the required timelines.

c) Human Resources

Mr Moynes confirmed that there had been an increase of 50 whole time equivalent (WTE) staff in the month of January, with a net increase of four WTE nurses. Mr Moynes reported that a small number of the recently recruited nurses from the Philippines have commenced in post and confirmed that work was continuing to ensure that the recruits were supported through their pre-employment assessments.

Directors noted that from 1 April 2017 the threshold for compliance with the core skills framework would increase to 90% from the current threshold of 80%. Mr Moynes reported that the Trust staff flu vaccination campaign ended on 28 February and the Trust had achieved the second highest vaccination rate across England and the highest rate for acute Trusts.

Directors noted that the results of the national staff survey had been received, but the results were embargoed until 7 March. They will be presented to the Quality Committee on 8 March and then to the Trust Board at the end of March.

Mr Moynes reported that staff sickness levels remained an area of concern, with overall sickness absence at 5.2%. The highest levels of sickness within the Integrated Care Group and Estates and Facilities Divisions. Mr Moynes provided an overview of the work that has been carried out to reduce staff sickness, including the introduction of the staff mental health service, First Assist and the developments in the health and wellbeing services. It was agreed that Mr Moynes would present a paper to the May Trust Board meeting about staff sickness absence. The Board had a brief discussion about the appraisal rates. Mr Moynes agreed to present a paper to a future Board meeting on the staff appraisal rates and the work being carried out to improve compliance.

Mrs Pearson reported that 13 of the 14 newly qualified nurses in the current cohort have elected to remain working with the Trust. the one who is not staying is leaving due to relocation to another area of the country. She went on to confirm that all 13 student nurses

commented that they felt part of the team that they worked within and were keen to remain with the Trust. Directors noted that the 13 newly qualified nurses will all be enrolled on the Trust's Preceptorship programme.

Mr McGee commented that there were significant amounts of good work being undertaken within the Trust in relation to staffing and workforce related matters and cited the staff satisfaction survey and the uptake of flu vaccinations as examples of an engaged workforce.

d) Safer Staffing

Mrs Pearson reported that nursing and care staffing remained a challenge in January. She highlighted that four of the issues reported related to the lack of a ward co-ordinator. She confirmed that these roles did not carry out direct patient care and, therefore, did not form part of the safer staffing numbers. She confirmed that the results of the professional judgement review would be presented to the Quality Committee. Directors noted that of the two red flag reports made in month, one did not relate to nurse staffing. Mrs Pearson confirmed that there had been low activity in Neo-Natal Intensive Care (NICU) in January and this had been balanced with the reduction in the need for temporary staff cover.

e) Finance

Mrs Brown reported that the Trust remains on track to achieve an improved year-end financial position with a deficit of £2,500,000. She highlighted that there was a number of risks to achieving the aforementioned year-end position, including the continued need to use agency staff. Directors noted that the Trust was also on track to reach the required level of efficiency savings but around £3,700,000 of the savings were non-recurrent. This would be an additional pressure in the 2017/18 financial year. Mrs Brown confirmed that the financial plan for 2017/18 would be presented to the Board meeting at the end of March 2017.

Mrs Pearson highlighted a point of clarification in the report. Table 6 relating to nurse spend and the spend on specialing only related to registered bank and agency staff and asked that this be made clear in future reports.

Mr McGee commented that it was pleasing that the Trust would meet and indeed exceed the required year-end position. In response to his question regarding the cash position, Ms Brown reported that there were no concerns regarding the cash position at the present time and that the position was closely monitored.

Professor Fairhurst commented that the Trust was in a good financial position going into next year and thanked Mrs Brown and the finance team for their continued efforts.

RESOLVED: **Directors received the report and noted the work undertaken to address areas of underperformance.**

Mr Moynes to present a paper to the May Trust Board meeting around staff sickness absence.

Mr Moynes to present a paper to the May Trust Board meeting on the matter of staff appraisal rates and the work being carried out to improve compliance.

The Financial plan for 2017/18 will be presented to the next Board meeting.

TB/2017/037 LOCAL AND REGIONAL UPDATE

Mr McGee provided an overview of the work being undertaken within the Trust, and at the Pennine Lancashire Local Delivery Plan (LDP) and the Lancashire and South Cumbria Sustainability and Transformation Plan (STP) levels. He confirmed that whilst the Trust is in a healthy financial position, there is a need for the NHS to undertake significant transformation, particularly in relation to the management of finances, provision of care and developing services for the benefit of the population.

He confirmed that the Trust has a Programme Management Office (PMO) structure in place and the work being carried to undertake transformations within the Trust will feed into the Pennine Lancashire LDP work undertaken with the Commissioners and other partner organisations. Directors noted that the Pennine Lancashire area is working to develop an Accountable Care System (ACS) to deliver the best services that it can for the population. Mr McGee confirmed that Mrs McIvor has left her post at the Pennine Lancashire LDP and the role of Chief Officer has been taken up by Dr Clayton, Accountable Officer for Blackburn with Darwen Clinical Commissioning Group. Mr McGee confirmed that four other LDP areas within the STP are also working to develop their own ACS arrangements. He reported that work was commencing to develop an acute and specialist services workstream across the STP area. Directors noted that there will be a refresh of the Five Year Forward View written by Simon Stevens in the coming weeks. Mr McGee confirmed that Dr Riley and Mr Hodgson, along with colleagues from the Trust are involved in the work across the STP area and that the next six months will be an important time for the Trust when the LDP and STP work will become clearer and more significant.

Mr Hodgson noted that Mr McGee's comments had drawn out the complexity of the current work. Mr Hodgson outlined the LDP work in the three workstreams including: out of hospital care and acute and specialist services. He confirmed that draft business cases are being developed around these three areas which will be incorporated into a full business case for the LDP. Directors noted that there would be a significant amount of public engagement and consultation required as a result of the developments at LDP level.

Dr Riley provided an overview of the work being carried out with medical colleagues across the LDP and STP in various specialties, such as neonatology, stroke, radiology, maternity and dermatology and confirmed that this work would begin to increase from April 2017 onwards.

Mr Barnes commented that as a Non-Executive Director he felt somewhat removed from the work and asked that he and his Non-Executive colleagues are kept updated on progress and associated timescales. He went on to suggest that there seemed to be a focus on savings being released from secondary care organisations which will inevitably bring pressures in conjunction with additional investment being required in primary care. He suggested that the centre may need to identify transitional funding to reduce the pressures in the acute care sector whilst developing the capacity in primary care to manage the increased demand that will occur. Dr Riley concurred with Mr Barnes's comments on the need to identify funding and suggested that there were things that could be done to support the development of primary care services such as the reduction/cessation of procedures of limited clinical value; the funds that would have been used for such procedures could then be invested in primary care.

In response to Mr Rowe's question, Mr McGee confirmed that the need to work with the population to develop their understanding of an ACS had been recognised at both LDP and STP levels and discussions were taking place to develop public communications and engagement. Mr Hodgson suggested that public engagement would begin to increase significantly from the summer. Mr Griffiths commented that there was a certain level of unmet need that had been recognised and there was a need to safeguard future generations and manage the implications of an ageing population

RESOLVED: Directors noted the update provided.

TB/2017/038 ANY OTHER BUSINESS

There were no further items of business raised by the Directors.

TB/2017/039 OPEN FORUM

Mrs Ferris commented that the in-depth analysis of staff sickness was welcomed and asked whether there was any benchmarking that could be carried out and whether there were any areas of best practice that the Trust may benefit from following. Mr Moynes confirmed that regional benchmarking and sharing of best practice does take place across both the STP area and also the North West region as a whole.

TB/2017/040 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday 29 March 2017, 14:00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 47

29 March 2017

Purpose Information

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

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives Recruitment and workforce planning fail to deliver the Trust objectives Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable services by the Trust The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
TB/2016/291b: Workforce and Organisational Development	A progress update on Workforce, Race and Equality Standard report action plan will be presented to the January and May 2017 Trust Board meetings.	Director of HR and OD	May 2017	Agenda Items May 2017
TB/2017/015: Integrated Performance Report	Mr Moynes will submit a progress report in relation to appraisal rates.	Director of HR and OD	May 2017	Agenda Item May 2017
TB/2017/036: Integrated Performance Report	Mr Moynes to present a paper to the May Trust Board meeting around staff sickness absence.	Director of HR and OD	May 2017	Agenda Item May 2017
	Mr Moynes to present a paper to the May Trust Board meeting on the matter of staff appraisal rates and the work being carried out to improve compliance.	Director of HR and OD	May 2017	Agenda Item May 2017
	The Financial plan for 2017/18 will be presented to the next Board meeting.	Acting Director of Finance	29 March 2017	Agenda Item 29 March 2017

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 49

29 March 2017

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 anticipated benefits The Trust fails to deliver and develop a safe, competent workforce Partnership working fails to support delivery of sustainable safe, personal and effective care The Trust fails to achieve a sustainable financial position The Trust fails to achieve required contractual and national targets and its improvement priorities Corporate functions fail to support delivery of the Trust's objectives

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

National Updates

1. **Simon Stevens in Debrett's list of the 500 most influential people in Britain -** Simon Stevens, Chief Executive for NHS England has been named as one of the most influential people of 2017 by Debrett's along with Dame Sally Davies, Chief Medical Officer for England, Professor Jane Dacre, President of the Royal College of Physicians and Janet Davies, Chief Executive of the Royal College of Nursing. Other familiar names featured in the science and medicine category include Stephen Hawking, Peter Higgs and Brian Cox.
2. **NHS England launches world-first GP Health Service for GPs suffering mental ill-health -** A world-first nationally funded service for GPs and GP trainees suffering mental ill-health and addiction was launched on 30 January 2017. The NHS GP Health Service provides free, confidential and specialist support for a range of mental health conditions and also rehabilitation and support to return to work after a period of ill-mental health. GPs and GP trainees can self-refer through a regional network of experienced clinicians and therapists across 13 areas in England.
3. **Updated NHS Identity guidelines published -** Updated NHS Identity guidelines have been published for NHS organisations and providers of NHS services. The guidelines will help ensure that the NHS logo, and the materials and channels it is applied to, continue to be instantly recognised and highly trusted by the public. Implementation will be gradual, with organisations updating their designs as and when they need to produce or replace materials.
4. **National Audit Office publishes report on ambulance services -** The National Audit Office has published a report on ambulance services in England. The report found that increased funding for urgent and emergency activity has not matched rising demand, that ambulance trusts are struggling to meet response time targets, and that in 2015-16, approximately 500,000 ambulance hours were lost due to turnaround at accident and emergency departments taking more than 30 minutes. The report concludes with several recommendations for NHS England, NHS Improvement and NHS Digital to reframe operating frameworks for ambulance trusts and to update how ambulance trust performance is measured.
5. **Professor Sir Mike Richards to retire as Chief Inspector of Hospitals -** Professor Sir Mike Richards announced that he will retire this summer, after four years as the Care Quality Commission's (CQC) Chief Inspector of Hospitals. Sir David Behan, Chief Executive of CQC said: "Sir Mike Richards has helped to transform our national understanding of the quality and safety of hospital care. Thanks to the inspection programme that he developed and led, we have a more complete picture than ever

before of how hospitals are performing on quality, based on detailed assessments of individual services."

6. **NHS England, the government and BMA agree new GP contract for 2017/18 -** NHS England, the government, and the British Medical Association's General Practitioners Committee have reached agreement on changes to the general medical services contract that will benefit both patients and GPs. The new agreement includes an increased focus on some of the most vulnerable, with tailored annual reviews offered to frail pensioners, and increased funds available to offer health checks for people with learning disabilities.

7. **New guidelines on tackling conflicts of interest -** NHS England has published new guidelines that will strengthen the management of conflicts of interest and ensure that the NHS is a world leader for transparent and accountable healthcare. It will become standard practice for NHS commitments to take precedence over private practice, and for any member of staff – clinical or non-clinical – to declare outside employment and the details of where and when this takes place although not earnings at this stage.

8. **The National Audit Office publish report on Health and Social Care Integration** - A new report from The National Audit Office (NAO) has revealed that progress with integration of health and social care has, to date, been slower and less successful than envisaged and has not delivered all of the expected benefits for patients, the NHS or local authorities. The NAO report acknowledged that, in the face of increased demand for care and constrained finances, the Better Care Fund has improved joint working, but found that the initiative has not yet achieved its potential.

Local Developments

9. **ELHT Doctor Royal College Appointment -** One of East Lancashire's most respected doctors has been appointed to a key role in the professional body which represents doctors, the Royal College of Physicians (RCP). Dr John Dean, Deputy Medical Director and Consultant Physician at East Lancashire Hospitals NHS Trust, has been appointed as the Clinical Lead for the RCP Quality Improvement Hub which provides an infrastructure for the development of training and education in quality improvement across a range of disciplines. Currently working across the Pennine Lancashire health economy, leading service improvement as part of the 'Together a Healthier Future' project, Dr Dean joined the Trust in 2011 after following a career with NHS Bolton, Royal Bolton NHS Hospital Trust and Calderdale and Huddersfield NHS Foundation Trust. He will now split his time between East Lancashire and his RCP duties.

10. **ARCHIE study seeks children with flu-like illness -** Researchers at the University of Oxford are looking for children with flu-like illness, who may be at greater risk of developing further complications from flu, to take part in a national study, supported by research staff at East Lancashire Hospitals NHS Trust. For most children, flu is a mild and relatively short illness. However, for those with pre-existing medical conditions such as asthma, diabetes, and cerebral palsy, as well as some children who were born prematurely, flu may lead to more serious complications such as pneumonia and ear infections. The ARCHIE study, funded by the National Institute for Health Research, is working with a selection of GP surgeries and hospitals across England to see whether early antibiotic treatment may prevent these children from developing further complications from flu.

11. **Diary of a cervical screening** - Lorna Fitzpatrick, a member of ELHT's communications team, attended her first overdue cervical cancer screening to raise awareness for Cervical Cancer Prevention Week (22nd - 28th January). On Wednesday I potentially saved my own life. I have just turned 26 years old, which marks a year since I stuffed the letter in a drawer about having my first cervical screening (also known as the smear). I was one of five million women aged 25 – 64 who were invited to the screening in 2016, and I was also one of the one-in-three from across East Lancashire that didn't take up the offer.

12. **East Lancs Hospitals awarded 'centre of excellence' for urogynaecology** - East Lancashire Hospitals NHS Trust (ELHT) has become the first NHS Trust in Lancashire to become a recognised **'centre of excellence'** for urogynaecology. Accreditation by the British Society of Urogynaecology means the East Lancashire service based at Burnley General Hospital meets the highest UK standards for urogynaecology. "East Lancashire Hospitals are delighted to receive accreditation from The British Society for Urogynaecology who set probably the most stringent standards for urogynaecology in the world," says ELHT Consultant Urogynaecologist and Associate Medical Director, Mr Simon Hill. "Accreditation is proof that the team are working together to provide excellent treatment and continuously improve care for all our patients, many of whom have suffered from long-standing pelvic floor conditions."

13. **Trust appoints new Non-Executive Director** - NHS Improvement has confirmed the appointment of Richard Smyth as a Non-Executive Director at East Lancashire Hospitals NHS Trust, as well as renewing the appointments of two current Non-Executive Directors. A solicitor with more than 35 years' experience in the legal profession, Richard has had a highly successful career as a lawyer and has held

senior positions in well-known law firms representing a wide range of clients. Richard, who lives in Todmorden, is committed to public service values and the Trust, and is very aware of the need to provide safe, personal and effective care to patients. Joining the Board as a Non-Executive Director for a two-year period, Richard said: "I am thrilled to be appointed as a Non-Executive Director for East Lancashire Hospitals NHS Trust".

14. **Social Media reacts to Royal Blackburn Teaching Hospital's BBC report** - BBC News were our guests in the Trust last week to film how we cope during our busiest period, the footage was shown at the beginning of this week. We would like to thank everyone for the positive comments that have been pouring in. If you missed it, you can catch up here:

    http://www.bbc.co.uk/news/health-38885775 - feature from Monday 6th February

    http://www.bbc.co.uk/news/health-38902879 - feature from Tuesday 7th February

    http://www.bbc.co.uk/news/health-38902885 - further web film of surgery

15. **Alistair scoops Health Innovator award** - A pharmacist whose innovation is improving care for patients was one of five winners from Lancashire at the North West Coast Research and Innovation Awards. The regional awards were jointly organised by the Innovation Agency; the National Institute for Health Research (NIHR) Clinical Research Network North West Coast; and NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) North West Coast. Alistair Gray, Clinical Services Lead Pharmacist at East Lancashire Hospitals NHS Trust was named **Innovation Champion** for his work developing and establishing 'Refer to Pharmacy' – a tool which has led to huge improvements in patients' use of medication after being discharged from hospital.

16. **Double donation at Burnley General Teaching Hospital thanks to Voluntary Workers** - East Lancashire Hospitals NHS Trust's League of Voluntary Workers has raised funds to equip Burnley General Teaching Hospital with a £5,000 bladder scanner and hundreds of pounds worth of electronic entertainment for poorly children. The Urology Investigations Unit's newly donated bladder scanner will check to see if people have emptied their bladders properly. The portable machine will be the first on the unit that the team own, as they are currently borrowing one from an external company on a temporary basis. Angela Divito, Outpatient Manager for the unit, said: "The scanner is really helpful for staff and patients, as it can be moved from room to the next.

17. **ELHT staff 'march' on four national awards** - East Lancashire Hospitals NHS Trust's (ELHT) growing reputation for providing high quality health and support

services can receive a further boost this month as four staff wait to discover if they have won prestigious national awards. Bereavement Care Nurse, Erin Bolton, has been shortlisted for the British Journal of Nursing '**Nurse of the Year'** award which will be presented on Friday 10th March. Bereavement Support Midwife Louise Bardon and her colleagues from the Bereavement Maternity Service, based at the Lancashire Women and Newborn Centre at Burnley General Hospital, are hoping to receive the **Sands 'Award for Bereavement Care'** at the Royal College of Midwives (RCM) Annual Midwifery Awards on Tuesday 7th March.

18. **Trust receives best ever NHS Staff Survey results -** East Lancashire Hospital NHS Trust (ELHT) achieved its best ever ranking for staff engagement, according to the national NHS Staff Survey results which are published today. More than 3,500 ELHT staff completed the survey and the results demonstrate that, for the second year in a row, staff ratings have improved with the Trust maintaining its position in the top 20% of hospital Trust's for staff satisfaction and engagement. Areas in which East Lancashire Hospitals score significantly above the national average include:

- Staff believe care of patients is the Trust's top priority
- Staff would recommend the Trust as a place to work or receive treatment
- The Trust acts on concerns and feedback raised by patients and families
- Staff satisfied with the resources and level of support available
- Fewer staff having to work extra hours

19. **Bereavement care pioneer named 'Nurse of the Year** - An East Lancashire nurse who works with families during the most difficult times in their lives has won the 2017 "Nurse of the Year" award presented by the British Journal of Nursing (BJN). **Erin Bolton**, who is Bereavement Care Lead Nurse at East Lancashire Hospitals NHS Trust, was announced the winner of the prestigious title at the BJN Awards in London which recognise and celebrate the individuals going above and beyond in delivering nursing care. "Erin is an exceptional leader in the field of bereavement care," says Deputy Director of Nursing, Julie Molyneaux.

20. **Patients praise 'brilliant' A&E staff -** Hard-working staff at Royal Blackburn Teaching Hospital's accident and emergency (A&E) department received almost overwhelming praise from patients during a visit by members of the independent watchdog, Healthwatch Lancashire. Four Healthwatch Lancashire officers visited the A&E department in last December and January to **survey patients** and make sure their views about the hospital's A&E department are acted on by hospital managers. Highlights from the independent Healthwatch Lancashire report include:

- 97 per cent of patients surveyed were happy with the service received

- Several positive comments about the A&E department's nurse triage service
- Admiration for the work of A&E doctors, nurses and North West Ambulance Service NHS Trust staff

21. **Breast and Gynaecology Ward have applied for SILVER Ward status** – Following three consecutive Green outcomes of the Nursing Assessment and Performance Framework (N.A.P.F.) assessments the ward applied for SILVER ward status in February 2017. The ward provided a portfolio of evidence and delivered a presentation to the S.P.E.C. (Safe, Personal, and Effective Care) panel to demonstrate how they have achieved consistently high quality care. The staff also described how they will maintain these standards and will showcase this to the rest of the organisation. The panel agreed that the ward should be recommended for this prestigious status following the review. **Approval is therefore required from the Trust Board to award this area SILVER for delivering Safe, Personal and Effective Care at all times.**

22. **Use of the Trust Seal** – The Trust Seal was applied on the 27th January 2017 to the Agreement between NHS Property Services and ELHT to underwrite property costs in certain circumstances.

Summary and Overview of Board Papers

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

Summary of Chief Executive's Meetings for January 2017

03/01/17	Systems Teleconference – RBH
03/01/17	Alex Walker ELCCG to discuss A&E Delivery Board – RBH
04/01/17	Systems Teleconference – RBH
04/01/17	Rothwell Douglas Telephone Call – RBH
05/01/17	Systems Teleconference - RBH
05/01/17	A&E Delivery Board – Nelson
06/01/17	Systems Teleconference - RBH
06/01/17	Lancashire Chief Executives Meeting – Preston Hospital
06/01/17	Lancashire Systems Winter Call – RBH
09/01/17	Systems Teleconference – RBH
09/01/17	Fortnightly Catch Up Meeting with ELCCG – RBH
09/01/17	Meeting with CCG's and NHSE – Preston
10/01/17	Systems Teleconference – RBH
10/01/17	GGI Meeting – Warrington
11/01/17	Systems Teleconference – RBH
11/01/17	Teleconference with LCFT CEO – RBH
11/01/17	Board Development – Blackburn
12/01/17	Systems Teleconference – RBH
12/01/17	Teleconference regarding Stabilising and Improving A&E Performance – RBH
12/01/17	Meeting with Common Purpose – RBH
13/01/17	Systems Teleconference – RBH
13/01/17	Meeting with Jake Berry MP - RBH
13/01/17	A&E Delivery Board Planning Meeting – RBH
16/01/17	Systems Teleconference – RBH
16/01/17	Meeting with Anne Gibbs from NHSI – RBH
16/01/17	Visit from Sally McIvor & Jon Rouse – Nelson
16/01/17	Telephone call with the GGI – RBH
17/01/17	Systems Teleconference – RBH
18/01/17	Systems Teleconference – RBH
18/01/17	NHS NWLA Board – Manchester
19/01/17	Systems Teleconference – RBH
19/01/17	National BBC Fly on the Wall pre meet – RBH
19/01/17	Teleconference with Simon Fanshawe – BGH
20/01/17	Systems Teleconference – RBH
20/01/17	Interviews for DGM of Estates and Facilities

23/01/17 Systems Teleconference – RBH
23/01/17 Meeting with Burnley Council CEO and Calico CEO – RBH
24/01/17 Systems Teleconference – RBH
24/01/17 Teleconference with Sally McIvor - RBH
24/01/17 Teleconference with Alan Campbell - RBH
24/01/17 Meeting with Liz Mear and Chairman – RBH
25/01/17 Systems Teleconference – RBH
25/01/17 Trust Board - RBH
26/01/17 Systems Teleconference – RBH
26/01/17 Meeting with Sharon Robson Director of Procurement for Lancashire - RBH
26/01/17 Meeting with Hempsons Solicitors - RBH
26/01/17 Meeting with Gary Raphael from Blackpool Fylde & Wyre Hospitals NHS FT
27/01/17 Systems Teleconference – RBH
27/01/17 Team Brief – RBH
30/01/17 Systems Teleconference – RBH
30/01/17 Newton/LGA Work – Blackburn Council
30/01/17 Meeting with Russ McLean - RBH
30/01/17 BBC Interview - RBH
31/01/17 Systems Teleconference – RBH
31/01/17 System Leaders and SRO Officers Workshop - Blackburn

Summary of Chief Executive's Meetings for February 2017

01/02/17 Systems Teleconference – RBH
01/02/17 Meeting with Ernest Young – BGH
02/02/17 Systems Teleconference – RBH
02/02/17 Teleconference with Katherine Goldthorpe – RBH
02/02/17 A&E Delivery Board – Nelson
03/02/17 Systems Teleconference – RBH
03/02/17 Lancashire Chief Executives Meeting – Royal Preston Hospital
05/02/17 A candlelight festival service at Blackburn Cathedral – Blackburn
06/02/17 Systems Teleconfefence – RBH
06/01/17 Meeting with UCLan – Preston
07/02/17 ELHT CQC Quality Summit – RBH
07/02/17 A&E Delivery Board Meeting – Preston
08/02/17 Systems Teleconference – RBH
08/02/17 Board Development Session – RBH

09/02/17	Systems Teleconference - RBH
09/02/17	TSG Formal Meeting – Nelson
14/02/17	Systems Teleconference - RBH
15/02/17	Systems Teleconference – RBH
15/02/17	Programme Board Meeting – Blackpool Council Offices Blackpool
15/02/17	Meeting with Julie Cooper MP – RBH
16/02/17	Systems Teleconference – RBH
16/02/17	Teleconference with NHSI Fleur Carney – RBH
16/02/17	A&E Delivery Board Planning Meeting – RBH
16/02/17	HSJ Online Judgilng – RBH
16/02/17	Lancashire Chairs and CEO's Meeting – Blackpool Fylde and Wyre Hospitals
16/02/17	Shortlisting for Programme Director – Blackpool Fylde and Wyre Hospitals
17/02/17	Systems Teleconference – RBH
17/02/17	ELHT/UCLan Strategic Board – RBH
17/02/17	Meeting with Sandy Bradbrook – Warrington
17/02/17	Telephone call with GGI - Warrington
20/02/17	Systems Teleconference – RBH
20/02/17	Meeting with Russ McLean – RBH
21/02/17	Systems Teleconference – RBH
21/02/17	Telephone call with Mike Wedgeworth - RBH
22/02/17	Systems Teleconference - RBH
22/02/17	Teleconference with GGI and Chairman – RBH
22/02/17	Telephone call with Mike Farrar - RBH
23/02/17	Systems Teleconference – RBH
23/02/17	Meeting with Hill Dickinson – RBH
23/02/17	Telephone call with Rothwell Douglas – RBH
24/02/17	Systems Teleconference – RBH
24/02/17	Team Brief – RBH
24/02/17	Team Brief – BGH
24/02/17	Team Brief – Pendle CH
27/02/17	Systems Teleconference – RBH
27/02/17	NHSI Planning Session – RBH
27/02/17	Telephone call with Dionne Standbridge from Pennine Lancashire – RBH
27/02/17	NHSI Feedback – RBH
27/02/17	A&E Delivery Board Chairs Follow Up Meeting – Nelson
27/02/17	Meeting with Andrew Bennett from Lancashire North CCG

28/02/17 Systems Teleconference – RBH
28/02/17 Meeting with Alex Walker from ELCCG – RBH
28/02/17 Patient Safety Walkaround – RBH
28/02/17 Feedback meeting with NHSI – RBH

Summary of Chief Executive's Meetings for March 2017

01/03/17 Systems Teleconference – RBH
01/03/17 Trust Board – RBH
02/03/17 Systems Teleconference – RBH
02/03/17 Telephone call with Common Purpose – RBH
02/03/17 A&E Delivery Board – Nelson
03/03/17 Systems Teleconference
03/03/17 Lancashire Chief Executives meeting – Royal Preston Hospital
06/03/17 Systems Teleconference – RBH
06/03/17 Meeting with Chris Clayton from BwD CCG – RBH
06/03/17 Meeting with Dubai Company – RBH
06/03/17 Telephone call with NHSI – RBH
07/03/17 Systems Teleconference - Preston
07/03/17 Interviews for the Programme Director – Preston
08/03/17 Systems Teleconference – RBH
08/03/17 Meeting with Andy Griffiths, Healthwatch Blackburn – RBH
08/03/17 A&E Delivery Board Planning Meeting – RBH
08/03/17 Meeting with GGI – RBH
08/03/17 Board Development Session – Burnley College
09/03/17 Systems Teleconference – RBH
09/03/17 TSG Formal Meeting – Nelson
09/03/17 Executives Time Out – Lancashire
10/03/17 Executives Time Out – Lancashire
13/03/17 Systems Teleconference – RBH
13/03/17 Telephone call with Wearemomentum - RBH
13/03/17 A&E Delivery Board Chairs Meeting – Preston
14/03/17 Systems Teleconference – RBH
14/03/17 Meeting with Phil Watson, Chair of Joint Committee of CCG's – RBH
15/03/17 Systems Teleconference – Warrington
15/03/17 NHS NWLA Board Meeting – Chester
15/03/17 Pennine Lancashire System Leaders Forum – Blackburn

16/03/17	Systems Teleconference – RBH
16/03/17	Meeting with Mike Farrar and provider CEO's – Preston
17/03/17	Systems Teleconference – RBH
17/03/17	NHSI/ELHT Quarterly Review Meeting – RBH
20/03/17	Systems Teleconference – RBH
20/02/17	ELHT/CCG's Fortnightly Catch Up meeting – RBH
20/03/17	Meeting with Ric Whalley and Steve Wright from Newton – RBH
20/03/17	Meeting with Russ McLean – RBH
21/03/17	Systems Teleconference – RBH
21/03/17	Joint NHSE/NHSI Improvement Meeting with CEO's – TBA
22/03/17	Systems Teleconference – RBH
22/03/17	Programme Board meeting – Lancashire
22/03/17	Meeting with Hempsons Solicitors- RBH
23/03/17	Systems Teleconference – RBH
23/03/17	NHS Providers, Chairs and CEO's Meeting – London
24/03/17	Systems Teleconference – London
24/03/17	NHS Providers, Chairs and CEO's Meeting – London
27/03/17	Systems Teleconference – RBH
27/03/17	Meeting with Pam Smith CEO Burnley – Burnley
28/03/17	Systems Teleconference – RBH
29/03/17	Systems Teleconference – RBH
29/03/17	Trust Board – RBH
30/03/17	Systems Teleconference – RBH
30/03/17	Meeting with John Heritage – Warrington
31/03/17	Systems Teleconference – RBH
31/03/17	Regional Action on A&E Improvement Programme - Leeds

TRUST BOARD REPORT

Item 51

29 March 2017

Purpose Approval

Title	Corporate Risk Register
Author	Mrs F Murphy, Head of Legal Services
Sponsor	Dr D Riley, Medical Director

Summary:

This report presents the outcome of the most recent review of the Corporate Risk Register by the Patient Safety and Risk Assurance Committee.

Recommendation:

It is recommended that the Board:

a) Receive the report noting the assurances provided in relation to the Trust's Corporate Risk Register management processes
b) Approve the proposed changes to the Corporate Risk Register

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives Recruitment and workforce planning fail to deliver the Trust objectives Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable

services by the Trust

The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating.

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

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Introduction

The Risk Assurance Meeting has delegated responsibility for verifying and monitoring the Corporate Risk Register on a monthly basis. The Risk Manager additionally meets with each Risk Owner or Risk Handler as appropriate to monitor any changes to the risks, the risk management action plans and controls and assurances on an ongoing basis. Since the last report, work has been undertaken to ensure that all risk handlers and executive leads have easier access to risk related information through the Trust's Risk Management system, Datix. Leads have now been provided with access to the Dashboard module which provides a live view of risks within divisions and directorates. A risk User Guide has now been authored to give clear guidance to all staff on reporting and managing risks throughout ELHT.

A description of each risk is at Appendix 1.

1. **Risks to be considered for de-escalation from the Corporate Risk Register**

   6912 – Failure to meet ICO requirements will lead to ICO interventions and financial penalties. It is proposed that the current risk rating be reduced on the basis that there has been no enforcement activity by the ICO in relation to the management of Freedom of Information Requests in the past 12 months. There is an action plan in place for the forthcoming ICO audit due to take place in October. It is proposed that the current risk rating be de-escalated from 15 (3x5) to 12(3x4). This would remove the risk from the corporate risk register for ongoing management within the corporate division until the target rating of 8 (2x4) is achieved.

2. **Risks to be included on the Corporate Risk Register**

   No new risks have been recommended for inclusion on the Corporate Risk Register.

Conclusion

Members are asked to note the assurances provided in relation to the on-going management of the Corporate Risk Register and approve the proposed changes to it. A full review of the Corporate Risk Register will be undertaken with risk leads on a monthly basis.

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: 4 Consequence: 4 Total: 16	Target Rating:	Likelihood: 4 Consequence: 3 Total: 12
Risk Handler:	Allen Graves	Risk Owner:	Michelle Brown	Linked to Risks:	1487 (DCS), 1489 (DCS), 4118 (FC), 6115 (FC), 6229 (ICG), 6230 (ICG), 6487 (ICG), 6509 (FC), 6868 (FC)
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:	• Achievement of agreed control total. • Breach of control totals will likely result in special measures, adverse impact on reputation and loss of autonomy • Sustainability and Transformational funding would not be available • 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		What are the gaps in assurance:	None identified	

	undertaken and reported widely • 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	Action assigned to	Anticipated completion date	Progress Report
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an ongoing basis with assurances being provided to Divisional meetings			
Notes: Due for review 28 Mar 2017.			

Title:	Failure to provide refurbished ward areas due to delays in refurbishment programme impacting on regulatory, contractual & national performance targets				
ID	1660	Current Status	Live Risk Register – all risks accepted	Opened	17/10/12
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:	Jim Maguire	Risk Owner:	John Bannister	Linked to Risks:	
What is the Hazard:	• Failure to gain access to patient occupied areas for a set period of time without patients being present will not allow PFI partners access to undertake statutory maintenance work, additional refurbishment work and Trust cleaning programs to be undertaken. • Failure to undertake the refurbishment programme at the Royal Blackburn Hospital site will impact on the Trust's ability to achieve regulatory, contractual and national performance targets and achieve a sustainable financial position.		What are the risks associated with the Hazard:	• Backlog maintenance continues to increase having a long and medium term impact on the physical estate and environment and implications for the PFI contract. • Failure to implement the refurbishment programme may lead to suboptimal environments for the delivery of care and an inability to demonstrate compliance with regulatory and contractual requirements. This will impact on the delivery of care, trust performance, the imposition of financial penalties and reputational damage and may result in a requirement to derogate PFI provider from contractual responsibilities.	
What controls are in place:	Refurbishment action plan PFI monitoring meetings		Where are the gaps in control:	Availability of decant ward due to service demands	
What assurances are in place:	Reporting to Estates Divisional Board		What are the gaps in assurance:	None identified	
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report	

Notes:
Reviewed by James Maguire on 28 Feb 2017. For review on 28 Mar 2017.
Discussions will be held regarding the likelihood score given the lack of reported incidents and ongoing discussions with PFI partners.

Title:	Failure to meet service needs at times of increased attendance in ED/UCC/MAU 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:	Jill Wild	Risk Owner:	John Bannister	Linked to Risks:	
What is the Hazard:	• Increases in the volume of attendances in the Emergency Departments can lead to increased and 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 managed on trolleys in the corridor areas of the ED/UCC 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 & 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 • Bed meetings on a daily basis • Ongoing recruitment • Ongoing discussion with commissioners for health economy solutions • ED/UCC/AMU will take stable 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		Where are the gaps in control:	Trust has no control over the number of attendees accessing ED/UCC services	

	putting the unassessed patients in to bed/trolley		
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	What are the gaps in assurance:	None identified
Actions to be carried out	Action assigned to	Anticipated completion date	Progress Report
Current planned actions completed but remains high risk due to variability in demand			
Notes: The risk will be reviewed on 28/03/17. The Trust continues to experience high levels of demand as indicated in the Integrated Performance Report. Mitigating actions are deployed on a daily basis at an operational level to reduce the risk to patient care.			

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 (ICG), 4488 (ICG), 5702 (ICG),5703 (ICG), 6487 (ICG), 6637 (ICG), 6930 (ICG)
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:	Availability of medical staff to fill permanent posts due to national shortages in 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		What are the gaps in assurance:	None identified	
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report	
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the ICG Division on an ongoing basis with assurances being provided to Divisional meetings.					
Notes: Risk review due by Dr Riley on 28/03/17					

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:	Julie Molyneaux	Risk Owner:	Christine Pearson	Linked to Risks:	3804 (ICG), 4640 (SAS), 4708 (DCS), 5789 (ICG), 6487 (ICG), 6637 (ICG), 6930 (ICG)
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 • Overseas recruitment • Internal staff bank • 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		What are the gaps in assurance:	None identified	

	• Active progression of recruitment programmes in identified areas		
Actions to be carried out	Action assigned to	Anticipated completion date	Progress Report
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an ongoing basis with assurances being provided to Divisional meetings.			
Notes: Due for review 28 Mar 2017.			

Title:	Failure to meet demand in chemotherapy units due to staffing and accommodation will result in treatment breaches preventing safety and quality being at the heart of everything we do				
ID	3841	Current Status	Live Risk Register – all Risks accepted	Opened	04/08/14
Initial Rating	Likelihood: 3 Consequence: 3 Total: 9	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 2 Consequence: 2 Total: 4
Risk Handler:	Deborah Sullivan	Risk Owner:	John Bannister	Linked to Risks:	
What is the Hazard:	Capacity pressures in the chemotherapy units at both Blackburn and Burnley sites due to staffing and accommodation. Therefore capacity could potentially be unable to meet the demand of the service. This is having a significant effect on staff workload pressures		What are the risks associated with the Hazard:	• Due to the increase in the number of patients requiring chemotherapy the chemotherapy units are at risk of being unable to cope with the demand of treatments required due to capacity issues. This could result in patients breaching and potentially serious errors could occur. In addition to the nursing staff, this presents pressure on the admin/reception support within the unit(s). • Accommodation in both units is not adequate	
What controls are in place:	• All patients are scheduled using the Varian (medonc) oncology computer system to schedule chair and nurse time. • Nursing and clerical staff work across both sites to ensure adequate cover. • Ongoing staff recruitment • Development of business case for consideration 01/09/16		Where are the gaps in control:	• Patient deferrals and unexpected emergency treatment mean the Varian system is not always efficient. • Unplanned leave • Lack of flexibility in accommodation • Lack of suitably qualified/ experienced applicants for recruitment	
What assurances are in place:	• Monitoring of chemotherapy activity is now included in the monthly cancer directorate meeting • Monthly meetings taking place with Business manager cancer services, lead Macmillan cancer nurse, and the 2 chemotherapy sisters.		What are the gaps in assurance:	None identified	
Actions to be carried out		Action	Anticipated	Progress Report	

	assigned to	completion date	
Advertise and interview	Deborah Sullivan	30 Jan 2017	Complete
Recruitment	Deborah Sullivan	01 Feb 2017	Recruitment complete but awaiting move to D5 area for office space for staff before they are commenced in employment.
Notes: The new chemotherapy unit opened on 19th March. Staff have been interviewed and recruited to the establishment. Discussions will take place during the month to reduce the current risk scoring once staff start dates have been confirmed			

Title:	Aggregated Risk – Failure to deliver stroke care within national guidance will adversely impact patient care and attract financial penalties				
ID	6828	Current Status	Live Risk Register – All risks accepted	Opened	03/05/16
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:	Joe Deegan	Risk Owner:	John Bannister	Linked to Risks:	2051 (DCS), 6893 (ICG) 2256 (ICG)
What is the Hazard:	• Lack of capacity combined with a model focused on inpatient care is leaving some patients without the level of quality care expected • Therapy services do not meet the recommended levels of intervention in terms of frequency, intensity and range of service deliveries.		What are the risks associated with the Hazard:	• Compliance against the quality indicators within SSNAP • Care is provided below the standard expected by non-stroke specialists and will impact on patient outcome. • Lack of therapy support leads impacts on outcomes, clinical flow, length of stay & performance	
What controls are in place:	• Ongoing monitoring of SSNAP data • Ongoing identification, and where possible, transfer of stroke patients not on stroke unit. • Prioritisation of stroke services by therapies staff		Where are the gaps in control:	Unplanned demands for service	
What assurances are in place:	• Monitoring through Stroke Steering Group • Reporting to Operational Delivery Board • Reporting to Divisional Quality and Safety Board		What are the gaps in assurance:		
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report	
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an ongoing basis with assurances being provided to Divisional meetings.					
Notes: Due for next review on 28 Mar 2017. There has been progress in compliance against the SSNAP quality indicators with the Trust moving from category E to D.					

Title:	Aggregated Risk - Failure to secure timely Mental Health treatment (adult and child & adolescent) 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: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 2 Consequence:3 Total: 6
Risk Handler:	Jill Wild	Risk Owner:	John Bannister	Linked to Risks:	4423 (FC), 2161 (FC) 6095 (ICG)
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:	Impact on 4 hour and 12 hour standards 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:	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. Ring fenced assessment beds within LCFT bed base (x1Male, x1Female). In Family Care – liaison with ELCAS		Where are the gaps in control:	Unplanned demand ELCAS only commissioned to provide weekday service Limited appropriately trained agency staff available	
What assurances are in place:	Ongoing meetings with LCFT and commissioners Regular review at Divisional and Executive team level		What are the gaps in assurance:		
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report	
Per linked risks					
Notes: Reviewed by John Bannister on 28 Feb 2017. Due for review on 28 Mar 2017 Discussions in the coming month will focus on changing the current risk rating to reflect risks around access to services reflected in the Integrated Performance Report					

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 52

29 March 2017

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 reviewed the risks monitored on the BAF and updated the controls, assurances and actions in relation to each risk where appropriate. There are no proposed changes to the risk scores.

Recommendation:

The Trust Board is asked to note the changes and approve the Board Assurance Framework.

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:

The Executive Directors have updated the BAF risks and the following changes have been made since the document was last presented to the Board.

a) **Risk 1** – the **risk score remains** 12 (likelihood 3 x consequence 4). New key controls include the agreement and signing of the two year contracts with local and specialist commissioners.

   New potential sources of assurance identified include:

   i. The linking of new economic modelling and forecasting to clinical models.
   ii. The significant assurance rating of the recent internal audit report relating to transformation schemes.
   iii. Trust Safely Releasing Costs Programme (SRCP) and transformation plans for 2017/19 linking to the local delivery plan.
   iv. The hosting of the newly appointed Programme Director for the Lancashire and South Cumbria Sustainability and Transformation Plan (STP) area by the Trust. This role will report into the Trust's Chief Executive.

b) **Risk 2 –** the **risk score remains** 12 (likelihood 3 x consequence 4). The section on potential sources of assurance has been updated to include:

   i. The increased response rate and positive result for the National Staff Survey.
   ii. The regular reporting of the Trust's Workforce Race, Equality Standard (WRES) action plan to the Board and the Trust's involvement with the Fanshaw Report.
   iii. Regular reporting from the Workforce Control Group to the Executive on workforce control measures and indicators
   iv. The development of the Medical and Non-Medical Agency Group that provides a performance dashboard report to the Executive on a monthly basis.

   Updates/actions include:

   i. Progress against the Trust's WRES action plan will be presented to the Trust Board in May 2017.
   ii. The agreement of the Workforce Strategy at the Quality Committee in March 2017.
   iii. The development of a Workforce Transformation Team which will be fully staffed by the end of May 2017.

c) **Risk 3** – the **risk score remains** 9 (likelihood 3 x consequence 3). Key controls include the development of clinical partnership working events. Potential sources of assurance have been updated to include the Trust holding a number of

provider to provider discussions (e.g. GP federations) with the aim of refining the clinical pathways.

d) **Risk 4** – the **risk score remains** 16 (likelihood 4 x consequence 4). Potential sources of assurance have been updated to include:

i. The publishing of the cases for change at LDP and STP levels.
ii. The completion of the solution design phase at LDP level (bar one workstream due at the end of April 2017);
iii. First draft of the component business case for each workstream completed that will form the service model proposal for public consultation.
iv. The Audit Committee agreed to add the STP governance oversight as a standing item to its agendas for 2017/18.
v. Good relationships being fostered with GP practices and federations through various routes.

Gaps in assurance relate to the uncertainty about the detail of the public consultation about the proposed service model.

Updates/actions include:

i. Regular reporting to the Audit Committee,
ii. The completion of the LDP solution design phase (bar one workstream, due at the end of April 2017).
iii. Public consultation on the service model proposal is planned for July 2017
iv. Appointment of the new programme lead for the Pennine Lancashire LDP.

e) **Risk 5 –** the **risk score remains** 16 (likelihood 4 x consequence 4). The section on potential sources of assurance has been updated to include the presentation of the draft financial plan to the Finance and Performance Committee and the Trust Board.

Updates/actions include the management of risks in relation to changes to Sustainability and Transformation Funding and CQUIN arrangements for the next two years.

f) **Risk 6 –**the **risk score remains at** 16 (likelihood 4 x consequence 4). Potential sources of assurance include:

i. The first silver accreditation of a ward under the Nursing Assessment Performance Framework subject to approval by the Trust Board on 29 March 2017 and the completion of the assessments under the framework for inpatient wards in the ICG and SAS.
ii. Plan for assessments under the framework in 2017/18 agreed.

The gaps in assurance have been updated to reflect the fact that non-elective activity and increased length of stay are placing pressure on the elective care pathway. As a result there had been a reduction in performance against the referral to treatment target.

Updates include:

i. The work being undertaken to reduce open complaints that are over 40 and 50 days old is continuing with a revised completion date due to operational pressures and the increase in the number of complaints received in November and December. Overall numbers of complaints for the year have reduced.

ii. The work being undertaken across the emergency care pathway and model wards continues including 'red' and 'green' days, 'discharge to assess' and ambulatory emergency care.

Angela Bosnjak-Szekeres, Associate Director of Corporate Governance/Company Secretary, 16 March 2017.

Ref	Principle Director	Strategic Risk *What could prevent these objectives being achieved.*	Risk related to strategic objectives	Key Controls *What controls/ systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control *Where we are failing to put controls/ systems in place. Where we are failing in making them 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			
BAF/01	Director of Service Improvement	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives	Aligned to Strategic Objectives 1,2,3 and 4.	Integrated transformation plans agreed at organisational level, overarching tracker for transformation and SRCP, Transformation Board meetings (internal and external stakeholders), divisional Transformation Boards report into the Transformation Board that reports into the Finance & Performance Committee. Membership of the Pennine Lancashire Transformation Board (6 workstreams). Transformation/business plans linked to the clinical strategy, high level workforce and estate interdependencies identified. Two year operational plan linking to the transformational plan agreed and submitted to the regulator. Two year contract with commissioners (local and specialist) agreed and signed.	Monthly report demonstrating progress against key targets reported to the Transformation Board and the Finance & Performance Committee Internal Audit significant assurance on transformation reported to the Audit Committee. System Leaders Forum committed to work as an Accountable Care System from 2017/18. Director of Sustainability chairing the system wide (Pennine Lancashire) Finance and Investment Group. Divisional plans developed that are linked to the operational and transformational plans. Economic modelling and forecasting linking with new clinical models. Trust SRCP and transformation plans for 2017-19 in final stages of development and are linking into local delivery plans. Hosting the Programme Director for the STP who will report to the Chief Executive of ELHT.	15	10	12	3x4	12	12	12	12	Capacity for delivery of transformation programme 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. Capacity and resilience building in relation to the service redesign is in early phase.	Assurance in place about the process, but assurance about the delivery and benefits is still work in progress at this stage. Dependency on stakeholders to deliver key pieces of transformation.	Using the Transformation Board meetings and our membership on Pennine Lancashire to influence delivery of transformation. Case for change at Pennine Lancashire level agreed, Trust senior leadership involved in the solution design phase which has now been completed. Resources allocated for the delivery of the transformation programme. PMO infrastructure significantly increased and support to build capacity at Divisional level is ongoing. Plans for the service redesign to be driven by the clinical leadership. Update - methodology presented to the Transformation Board and accepted for inclusion into the Pennine Lancashire Transformation Plan. Management of this issue is still ongoing. Economic modelling to be linked to clinical models in quarter 4. A joint clinical leaders event for the Pennine Lancashire health economy was held in February. PMO primary focus on emergency pathway currently as it is identified as an increased risk and is highlighted to the Finance and Performance Committee. Clinical engagement progressed at both Pennine Lancashire and Healthier Lancashire level and the Care Professionals Board is maturing Work on 2017/18 transformation programme, within it specifically the SRCP programme for the forthcoming year nearing completion, to be presented to the Board by the end of the current financial year. Change in Programme Director for Pennine Lancashire in April.

Ref	Principle Director	Strategic Risk *What could prevent these objectives being achieved.*	Risk related to strategic objectives	Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control *Where we are failing to put controls/systems in place. Where we are failing in making them 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			
BAF/02	Director of HR/OD	Recruitment and workforce planning fail to deliver the Trust objectives	Aligned to Strategic Objectives 2, 3 and 4.	Transformation plans relating to workforce in place monitored through Transformation Board. Divisional Workforce Plans aligned to Business & Financial Plans, Divisional Performance Meetings, Reports to Finance & Performance Committee. Workforce Controls Group, Population/Person Centric Workforce Planning Methodology.	Performance measures, time limited focus groups with action plans, board and committee reports, regulatory and inspection agencies, stakeholders, internal audit. National staff survey response rate increased in 2016/17 with a good survey outcome. The Trust is third in the country in relation to performacne against key indicators. WRES action plan with timelines in place. Regular reportin to the Board on progress. Work with the Fanshaw Report. Workforce Control Group regularly reports to the Executive on workforce control measures and indicators. Annual report to the Quality Committee. Medical and Non-Medical Agency Group in place. Dashboard presented to the executive monthly.	16	10	12	3x4	12	12	12	12	National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions	Assurances in place in the IPR, Safer Staffing Report and Quality Dashboard. Assurance through the HR governance processes.	'Overseas recruitment campaigns, (the Philippines for nurses and India for Doctors) have been successfully completed. First recruits joined the Trust within the last three months. The Trusts recruitment and retention plan continues to be in place. We continue to embed to the 'Retire and Return' approach. The Trust ensures that all staff are involved, included and engaged with on key changes within the Trust using the Employee Engagement Strategy. WRES progress update report to be presented to the Trust Board in May 2017. The Workforce Transformation Strategy approach has been agreed at the Quality Committee in March 2017. The Strategy addresses the future workforce supply pipeline, opportunities to up skill current staff, introducing new roles, e.g. Physicians Associates and Associate Nurses and establishing new ways of working. This approach will direct the Pennine Lancashire approach to workforce transformation. Workforce Tranformation Team in place by the end of May 2017.

Ref	Principle Director	Strategic Risk *What could prevent these objectives being achieved.*	Risk related to strategic objectives	Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control *Where we are failing to put controls/systems in place. Where we are failing in making them 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			
BAF/03	Medical Director	Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways	Aligned to strategic objectives 3 and 4.	Care Professional Group of Pennine Lancashire reporting to the Transformation Steering Group. Care Professionals Group at STP level now also formed. At Pennine Lancashire level health improvement priorities agreed and there is a proposal for a partnership delivery. Governance controls in place feeding into the Clinical Effectiveness Committee and into the Quality Committee. Clinical Partnership working events are planned.	Clinical Effectiveness Committee acting as a governance mechanism for the agreement of the internal pathways and guideline. Stroke pathway already included in the transformation programme. ELHT Transformation Board has urgent care and elective care pathway reporting process. Clinical effectiveness review will be carried out during quarter 4. Pennine Lancashire resource in post working on developing models of care against specific improvement priorities (paediatrics, respiratory and frailty). Health delivery partnerships at Pennine Lancashire level to be established under the health improvement priorities. ELHT have held a number of provider to provider discussions (eg GP federations with the aim of refining the clinical pathways).	9	6	9	3x3	9	9	9	9	Not all pathway developments linked in fully with the transformation programme	No separate programme is place to consolidate internal clinical pathways. Mechanism for prioritisation of pathway development not in place at divisional/ organisational level; however this will be addressed by the Clinical Effectiveness review in quarter 4 Priorities of CCGs to be aligned with priorities for internal pathway redesign (eg stroke).	Prioritisation mechanism to be resolved at 2 levels - internally as part of the transformation programme & externally as part of the Pennine Lancashire Health improvement priorities initial assessment being reviewed at Care Professionals Board each month as part of the Pennine Lancashire Transformation Programme. This work is ongoing Across the STP 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 Lancashire review of specialist services to serve the population is hoped to conclude at the end of quarter 4. Some progress made with aligning the CCG with the priorities for the internal pathway redesign (eg Stroke).

Ref	Principle Director	Strategic Risk *What could prevent these objectives being achieved.*	Risk related to strategic objectives	Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control *Where we are failing to put controls/systems in place. Where we are failing in making them*	Gaps in Assurance *Where we are failing to gain evidence that our controls/systems, on which we place reliance, are*	Actions Planned / Update *Dates, notes on slippage or controls/assurance failing.*
										Q1	Q2	Q3	Q4			
BAF/04	Chief Executive/ Director of Finance/ Director of Service Improvement	Alignment of partnership organisations and collaborative strategies (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable services by the Trust	3,4,5	Senior Leaders' Forum meets to discuss strategy. Engagement by senior leaders in wider transformation programmes. Regular Board updates and decisions on key actions. Strengthen links between internal transformation and external change processes.	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 generations of ideas and options with external stakeholders. The Pennine Lancashire and STP Cases for Change have been published. The solution design phase at LDP level has been completed apart from one workstream, which is due on 27 April. Senior leaders from Trust involved at strategic level. Individual SRO's presented their workstreams at the end of January and that has now developed into the first draft component business case for each workstream which will form the service model proposal on which the public will be consulted. Risks regarding the end product of the solution design phase in relation to new models of care reduced. STP governance oversight forms part of the Audit Committee standing agenda for 2017/18. Fostering good relationships with GP practices and Federations eg service pilots and as a result of tenders and general dialogue. These are the most advanced at STP level Pennine Lancashire Memorandum of Understanding agreed by stakeholders.	16	12	16	4x4	16	16	16	16	System leaders agreed a process to develop the governance system for an ACS across Pennine Lancashire; however this is still in the early phase.	Set/prescribed timeline for consultation with public but uncertainty about the detail of the consultation. Lack of unified approach in relation to procurement by Commissioners.	Regular updates provided to Board and the Audit Committee. Pennine Lancashire project solution design phase completed bar one workstream that is due on 27 April 2017. A focused piece of modelling work in progress at Pennine and STP level on potential service configurations to conclude at the end of quarter 4. Public consultation on the service model proposal planned for July 2017. New Programme Lead for Pennine Lancashire LDP appointed.

Ref	Principle Director	Strategic Risk *What could prevent these objectives being achieved.*	Risk related to strategic objectives	Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control *Where we are failing to put controls/systems in place. Where we are failing in making them 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			
BAF/05	Director of Finance	The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework	3,4,5	Ensure suitable controls are in place to maintain budgetary control (income and expenditure). These controls need to extend to effective workforce arrangements. In addition to controls the Trust must ensure that measures are in place to close the financial gap (SRCP), via the Transformation and SRCP schemes effectively monitored by the PMO and the Finance Department and Trust Executives.	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 recovery plans developed and agreed. Draft financial plan presented to the Finance and Performance Committee and Trust Board.	16	12	16	4x4	16	16	16	16	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, RTT and STF Funding - recovery plans underway	Utilise the internal audit programme to test for assurance on core controls, SRCP and transformation plans.	Regular updates to Board and Finance and Performance Committee Finance risk around A&E, RTT and STF funding identified and operational plans to recover are ongoing. Risks in relation to the impact of the changes to CQUIN and STF arrangements for the next two years are being managed and reporting to the Quality Committee and Finance and Performance Committee.

Ref	Principle Director	Strategic Risk *What could prevent these objectives being achieved.*	Risk related to strategic objectives	Key Controls *What controls/systems, we have in place to assist in securing delivery of our objective.*	Potential Sources of Assurance *Where we can gain evidence that our controls/systems on which we are place reliance, are effective*	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control *Where we are failing to put controls/systems in place. Where we are failing in making them 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			
BAF/06	Director of Operations/ Director of Nursing/ Medical Director	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements	Aligned to strategic objectives 1, 3 and 4.	Divisional business plans, weekly operational performance meetings, quarterly divisional performance meetings feeding into the ODB and Finance and Performance Committee, emergency pathway and elective pathway work linking into the broader Trust wide transformation. Engagement meetings with CQC, 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 System wide approach as part of the new A&E Delivery Board. Established an emergency pathway improvement programme with agreed priorities and support from NHSI started during the month of January and is ongoing.	IPR reporting to the ODB and at Board/Committee level, regular reporting to the NHSI, monthly integrated delivery meeting with the NHSI and A&E Delivery Board. 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. Good rating overall received from CQC. ED performance improvement action plan aligned with the NHSI Rapid Improvement Collaborative Cancer 62 day target improvement plan underway and having an impact through enhanced operational meetings. Achieved for quarter 3. In quarter 1 approximately six wards will be potentially eligible for silver accreditation under the Nursing Assessment and Performance Framework following three successive green assessments. First Silver Accreditation of a ward to be approved by the Trust Board on 29 March 2017. Increased number of assessments under the framework planned all inpatient wards completed in ICG and SAS. Work due on Family Care and Community Services and a plan is in place for 2017/18. Revision of the weekly operational performance meeting and of the Divisional performance meeting framework is in place. Complaints Annual Report shows overall reduction in the number of complaints. Monthly performance review meetings with Divisions are being established. Positive patient survey with improvement areas identified.	15	9	16	4x4	15	20	20	16	Staffing potentially not sufficient to deal with the impact of external environment & high demand, difficulties with discharges. Complaints are a potential source of action by the CQC. Wider system analysis of capacity in primary care and care sector needed.	Risks around some of the national trajectories identified. Recovery plans are being implemented. An increase in non-elective activity and increased length of stay is placing pressure on the elective care. As a result threre has been a reduction in performance against the Referral to Treatment target.	Timeline for the transformation of the emergency pathway plan agreed. Working as part of the Emergency Care Delivery Board to resolve demand issues and participating in the delayed discharge collaborative with the NHSI. Work on reducing the number of complaints, 50+ and 40+ days continues. Completion date planned for the end of December 2016 was revised due to the increase in the number of complaints in November and early December and operational pressures, new completion date agreed for the end of quarter 1 2017/18. Challenges of achieving the four hour standard are being worked on, measures put in place to address performance and action plan has been submitted to NHSI with a view to improve performance and sustain it in the longer term. Board receives regular SRCP and transformation updates Work on the Emergency Care Pathway and Model Wards continues including red and green days, discharge to assess and ambulatory emergency care. Recovery plans being implemented around achievement of national trajectories. Improved frequency of Divisional performance meetings to be in place by the end of March, linking to the transformational programme for 2017/18. Nursing Assessment Performance Framework internal audit review due in March 2017 to be reported to the Audit Committee in July.

TRUST BOARD REPORT

Item 53

29 March 2017

Purpose Information Assurance

Title	Serious Incidents Requiring Investigation Report
Author	Miss S Nosheen, Interim 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 January and February 2017

This report also provides a summary themed analysis of Venous Thromboembolism (VTE) and the current quality improvement plans that have either taken place or are in progress aimed at ensuring the risk of developing VTE is minimised and appropriately managed

Recommendation: Members 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 and the organisation's corporate objectives Recruitment and workforce planning fail to deliver the Trust objectives Collaborative working fails to support delivery of sustainable, safe and effective care through clinical

pathways

Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable services by the Trust

The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating.

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

Impact

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

Previously considered by: NA

Introduction

This paper provides the Board with:

- **Part 1:**

  An overview of all Serious Incidents Requiring Investigation (SIRIs) that have been reported during January 2017 and February 2017
- **Part 2:**

  A Duty of Candour performance report for January 2017 and February 2017
- **Part 3:**

  Trends, themes and analysis of VTE incidents reported on Datix
- **Part 4:**

  Quality improvement projects taking place/completed which are aimed at improving the management and reducing the risk of VTE

Part 1: Overview of SIRIS Reported

STEIS SIRIs reported in January 2017 and February 2017

There were 13 Strategic Executive Information System (STEIS) events reported in January and February 2017 which is a decrease of 1 compared with the last reporting period. All will undergo Root Cause Analysis (RCA) which will be performance managed by the Trust's SIRI Panel and East Lancashire Clinical Commissioning Group.

No	Eir1	Division	Ward/ dept.	Description
1	115346	SAS	Ward 15	Sub optimal care of deteriorating patient
2	117613	SAS	Ward B22	G3 Pressure Ulcer (under investigation)
3	117785	ICG	District Nursing	G3 Pressure Ulcer (unavoidable)
4	118004	ICG	District Nursing	G3 Pressure Ulcer (under investigation)
5	118854	ICG	District Nursing	G3 Pressure Ulcer (under investigation)
6	118884	ICG	District Nursing	G3 Pressure Ulcer

No	Eir1	Division	Ward/ dept.	Description
				(unavoidable)
7	119342	ICG	C4	G3 Pressure Ulcer (under investigation)
8	119568	ICG	AMU B	Slips, trips and falls
9	119641	ICG	District Nursing	G3 Pressure Ulcer (unavoidable)
10	119728	FC	Labour ward	Intrauterine death
11	120958	ICG	C7	G3 Pressure Ulcer (under investigation)
12	121053	ICG	C6	Slips, trips and falls
13	121360	SAS	C14	G3 Pressure Ulcer (under investigation)

Please note the processes for StEIS reporting Grade 3 and above pressure ulcers has reverted to previous agreements which is once a pressure ulcer has been verified as grade 3 or above, these are StEIS reported at that stage.

For pressure ulcers concluded as unavoidable, this means all correct procedures, policies and processes were followed and there were no further interventions that could have been carried out to prevent the pressure ulcer occurring. All go through a Root Cause Analysis (RCA) and supporting evidence is shared with commissioners. Unavoidable pressure ulcers are then de-escalated and removed from StEIS.

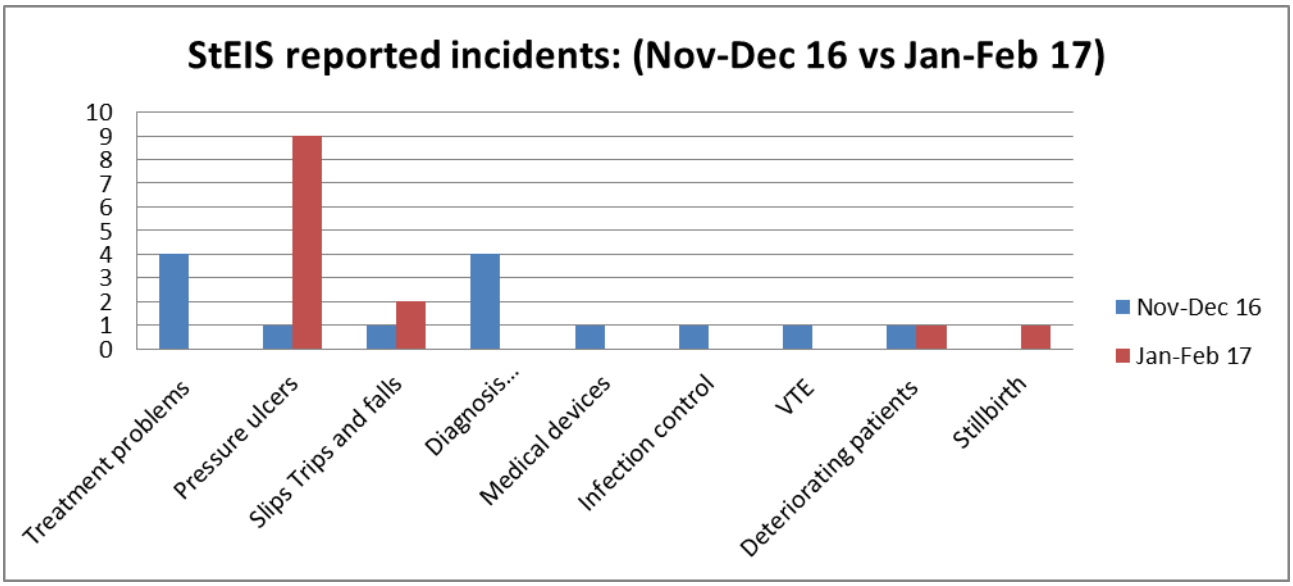
Based on the above StEIS incidents, for numbers 3, 6 and 9, de-escalation will be sought. For the incidents with the designation “G3 pressure ulcer (under investigation)” in the table above, de-escalation might be sought if the investigation concludes the pressure ulcer was unavoidable and the Committee/Board will be updated in future reports.

Non STEIS SIRIs reported in January 2017 and February 2017

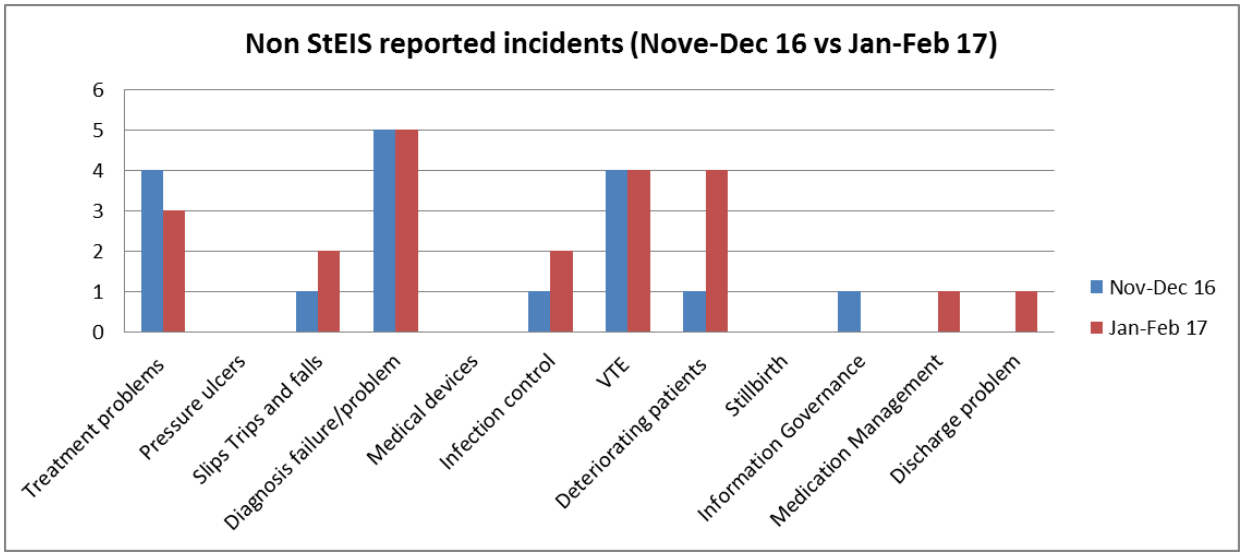
There were 22 non STEIS incidents deemed to be serious incidents requiring investigation in January and February 2017 compared to 17 in the previous reporting period. All will undergo RCA and will be performance managed by the Serious Incident Review Group (SIRG).

No	Eir1	Division	Ward/dept.	Description
1	120300	SAS	ENT department	Diagnosis failure/problem
2	119795	SAS	C14	VTE
3	110286	FC	Birth Suite	VTE
4	111658	FC	Ward 10	Medication management
5	114205	SAS	C22	VTE
6	118741	FC	Gynaecology ward	VTE
7	118941	FC/SAS	Theatre 1	Anaesthetics issue
8	116835	SAS	Theatres	Unexpected deterioration
9	117319	ICG	Ward 2	Slips, trips and fall
10	117991	ICG	Fracture clinic	Problems with appointment
11	119312	FC	Neonatal unit	Diagnosis failure
12	118828	SAS	B18	Treatment/problem issue
13	120185	SAS	ENT department	Treatment/problem issue
14	120356	ICG	ED	Discharge/transfer problem
15	119895	FC	Ward 10	Diagnosis failure/problem
16	119968	SAS	Theatre 7	Infection control
17	119969	SAS	Theatre 7	Infection control
18	1120259	ICG	Ward D3	Slips, trips and falls
19	1120644	SAS	Theatre 6	Return to theatre
20	1120826	FC	Birth Suite	Unexpected deterioration
21	1121215	FC	Theatre 2	Unexpected deterioration
22	1122295	DCS	Radiology dept.	Diagnostic test problem

STEIS & non STEIS SIRIs reported above compared with previous 2 months



Please note, the sudden spike in grade 3 pressure ulcers on the graph above relates to a process change for reporting. For at least 3 pressure ulcers, de-escalation will be sought as they are unavoidable. It is possible de-escalation will be sought for other pressure ulcers which are currently still under investigation to determine if they were avoidable or unavoidable.



Part 2: Duty of Candour (DOC) Performance Report

There were 33 patient safety incidents graded as moderate or above were reported in January and February 2017 which was a decrease on the 39 that were reported in the previous reporting period.

The Duty of Candour completion requires:

1. The patient must be informed of the incident and offered an apology
2. A proposed investigation must be provided to the patient/relative
3. Patient must be offered opportunity to receive outcome of the investigation
4. All Duty of Candour conversations with patient should be documented in casenotes
5. A Duty of Candour letter detailing all the discussions and agreements should be sent to the patient.

All 5 steps must be completed for each incident graded moderate or above for Duty of Candour to be recorded as completed.

At East Lancs Hospitals NHS Trust, internal assurances that DoC is completed are sought by a copy of the letter sent to the patient being attached to the Datix system. Therefore, the DoC incidents listed in **BLUE** on the table below have DoC completed but we are awaiting a copy of the letter to be attached to the Datix system before marking as completed.

At the time of writing this report on 27th February 2017, there are 5 incidents where Duty of Candour has not been fully served within the 10 day timeline. The progress of these 5 incidents and the incidents awaiting a copy of the DoC letter for assurances is as follows:

Ref	Reported	Lead Division	Progress update
eIR1120259	18/01/2017	ICG	Patient has been informed of the incident and apology offered in a timely manner. Duty of Candour letter has been sent. We are awaiting a copy of the letter to be attached to the Datix record for assurances.

Ref	Reported	Lead Division	Progress update
eIR1120650	25/01/2017	ICG	Duty of Candour has not yet been fully served. Patient has been informed of the incident and apology offered in a timely manner. However, a letter notifying the patient of the discussions and agreement has not yet been sent out. This has been escalated to the Divisional Clinical Director.
eIR1120656	25/01/2017	ICG	Patient has been informed of the incident and apology offered in a timely manner. However, a letter notifying the patient of the discussions and agreements has not yet been sent out. A letter was due to be sent but following further discussions with the patient and family, it is felt a revised letter is required. This has been escalated to the Divisional Clinical Director.
eIR1121360	07/02/2017	SAS	Duty of Candour has not yet been fully served. Discussions taking place with ward manager to ensure this is delivered. This incident relates to a grade 3 pressure ulcer which is currently under investigation. Awaiting updates to be added to the Datix system to when DoC has been delivered.
eIR1121479	10/02/2017	SAS	Duty of Candour has not yet been served. Discussions have taken place with Doctors on the ward. They will ensure patient and relatives are made aware of this incident. This incident relates to unexpected deterioration. Patient is still an inpatient; review of case notes to be done to ascertain progress for DoC requirements.
eIR1121724	15/02/2017	SAS	Patient has been informed of the incident and apology offered in a timely manner. Duty of Candour letter has been sent. We are awaiting a copy of the letter to be attached to the Datix record for assurances.

Ref	Reported	Lead Division	Progress update
eIR1121744	15/02/2017	SAS	Discussion has taken place with Lead Consultant Surgeon who is currently reviewing incident to ascertain if moderate harm was caused. This incident relates to a return to theatre.

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

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

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

Part 3: Venous thromboembolism (VTE): Trends, Themes & Analysis

Parts 3 and 4 of this report detail

- **A review of incidents relating to VTE**
- **A summary of key causes of incidents,**
- **A description of the actions underway**

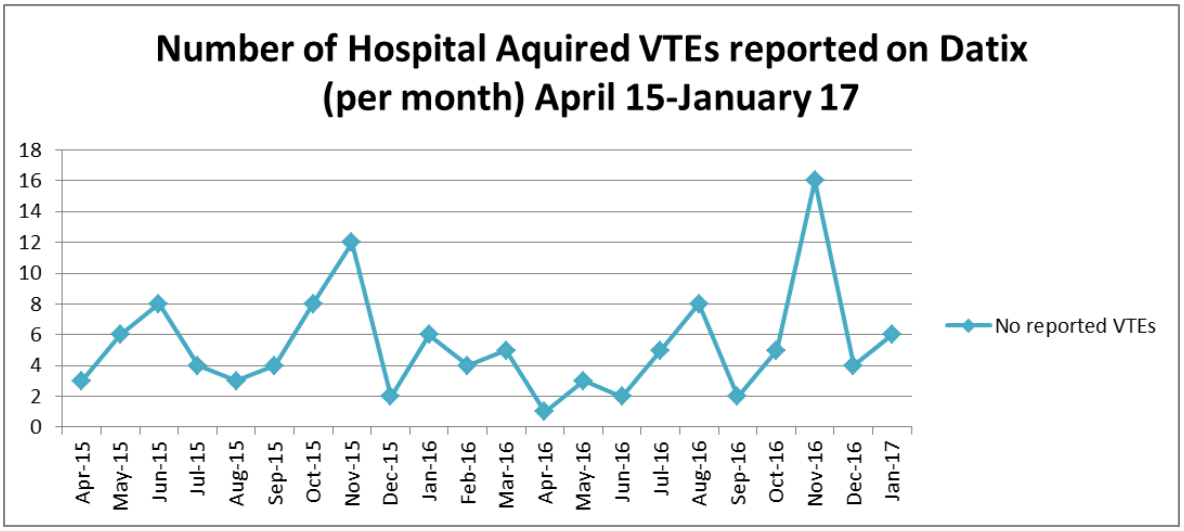
Definition: A Deep Vein Thrombosis (DVT) is a blood clot that forms in the veins of the leg and a pulmonary embolism (PE) is a blood clot in the lungs. Collectively, these are referred to as VTE. Around half of all VTEs are associated with hospitalisation, with many events occurring up to 90 days after admission (NHS England 2017). Blood clots generally form when something slows or changes the flow of blood in the veins.

Being in the hospital is a risk factor for the development of a VTE. Patients with decreased mobility due to bed rest or recovery, or who experience blood vessel trauma due to surgery, or other serious injuries are more likely to develop blood clots.

An estimated 25,000 people in the UK die from preventable hospital acquired VTEs every year. Deep vein thrombosis (DVT) occurs in more than 20% of patients having major surgery and more than 40% of patients having major orthopaedic surgery. The estimated risk of fatal PE following high-risk surgery is said to be between 1 and 5%. Appropriate VTE risk assessment on admission to hospital and use of appropriate VTE prophylaxis can reduce this risk. NICE guidelines CG 092 recommend that a VTE risk assessment is performed on all patients at admission and is repeated again at 24 hours. This is also part of NICE quality standards QA29. The above are part of Trust clinical policy on VTE prevention and management.

Incidents: The Datix system at East Lancashire NHS Trust is used to record all incidents that take place across the Organisation. It is important to note, as per NICE guidance, only hospital acquired VTEs (HAVTE) need to be reported and recorded through organisational systems. To class a VTE as hospital acquired, the patient who has the VTE must have had an admission (in-patient stay) in the Hospital within the last 90 days from when the VTE occurred.

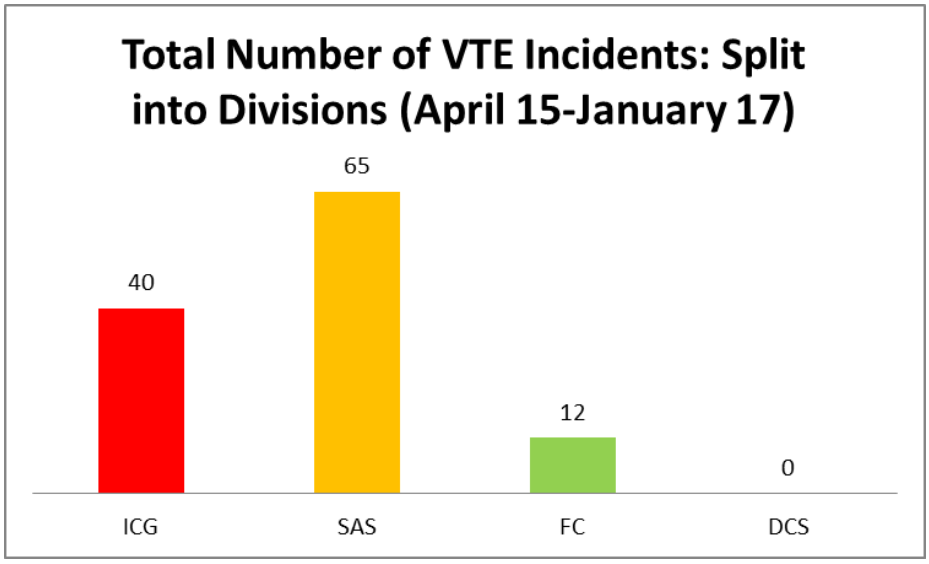
An analysis of incidents relating to VTEs has taken place from April 2015 to January 2017 and the number of incidents per month is as follows:



Method: The figures have been extracted from Datix using the search criteria of "VTE" category and "DVT hospital acquired" "DVT post operatively" "PE hospital acquired" "PE post operatively" and "as described in free text".

It is recognised the quality of the data is not all verified and there are potentially other incidents that might have been excluded under this search criteria. All reported VTEs go through a stringent process to help determine if they were hospital acquired or community acquired. Recently, further developments have taken place to help determine if the VTE was avoidable or unavoidable.

Further analysis of these reported incident rates by Division is on the graph below:



SAS have the highest number of reported VTEs, which is expected as surgical patients are at a higher risk for developing VTE. All VTEs are reviewed through a stringent process; in the past, there was selective reporting and many were reviewed through Divisional trackers and processes rather than the central Datix system. This process has changed since and currently all HAVTE's are reviewed and reported on the central Datix system.

To help ensure there is a consistent and central reporting mechanism, a standard operating procedure was developed with a flow chart which both form part of the Trust's VTE policy. The following processes were introduced to standardise the Trust processes for identifying, reporting

and monitoring Hospital Acquired VTEs and to enhance the robustness of the verification process.

Weekly Report received by Divisions utilising intelligence from Radiology PACS reporting System(1)

↓

Information is logged on to a divisional spread sheet database by Divisional Quality and Safety (Q&S) lead/nominated deputy who at the same time also does weekly review of online VTE/HAVTE ICE data (2), Pathology report on Post-mortem confirmed VTE (3) & Datix reports on HAVTE (4).

↓

Each of the RXR numbers in 1, 2, 3 and 4 is reviewed through PAS by Divisional Q&S lead/Nominated deputy in order to track patient spell/admissions, check patient's movements during admission and any prior admissions within 90 days to identify HAVTE. Also identify the consultant under whom patient was admitted.

↓

IR-1 via Datix is completed by Divisional Q&S lead/nominated deputy if PAS review of the case RXR identifies this to be a HAVTE (any prior admission within 90 days) and IR1 not done already.

↓

Admitting Consultants are then emailed – with an attached blank Rapid review template (in the Trust SIRG/SIRI RCA template with VTE specific queries embedded within that) with request to complete and return completed rapid review to the Quality and Safety facilitator within two weeks.

↓

If VTE is not confirmed as HAVTE by consultant on rapid review, the rapid review is uploaded to IR-1 by Divisional Q&S lead/nominated deputy. Corporate Patient Safety team close IR-1 after final review.

↓

If HAVTE is confirmed by consultant on rapid review, then a full Root cause analysis (RCA) investigation must be completed by Consultant in the Trust SIRG/SIRI RCA template with VTE specific queries embedded within that. Timescale for completion is one month.

↓

Completed RCA report is logged into Datix by Divisional Q&S lead/nominated deputy and submitted for approval at divisional harm free care board. Once approved, RCA is then submitted to Monthly -Serious Incident Review Group Meeting or SIRI panel for final approval and assurance on monitoring of action plans by Divisional Quality and Safety Teams.

↓

Tabulated Summary of RCA's completed on HAVTE with lessons learnt and action plan progress is reported bimonthly to the Trust VTE committee by Divisional Q&S lead/nominated deputy for assurance via VTE committee to Trust PSRA- Patient safety and Risk assurance committee (as VTE committee is a sub-committee of PSRA under ratified terms of reference.

Lessons learnt: Analyses of the VTE incidents reported on Datix enabled lessons to be learnt cross the organisation and enabled risk reduction. Thematic analysis revealed that valuable lessons were learnt in the following areas and actions were taken that help reduce the likelihood of the same incident occurring again.

Education

- Patients must be provided with the VTE leaflet and educated on the importance of taking the prescribed doses
- Ensure all staff are aware of the VTE policy and guidance provided in it

Documentation

- Ensure all doses of medication given are clearly documented
- Ensure repeat 24 hour risk assessments for VTE are completed and documented.
- If there are any reasons for omission of medication, this must be clearly documented in the notes
- Women admitted for induction of labour must have thromboembolism deterrent stockings offered and measured for, with clear documentation of their use.
- Ensure that VTE risk assessments are completed and documented in a timely manner and using the appropriate tools

Guidelines

- Ensure all staff are aware of and follow the Trust VTE policy in management and prevention of suspected VTEs
- Prompt use of the intermittent pneumatic compression device to be used for patients who are at risk of bleeding and are unable to be prescribed any prophylaxis at that time
- Staff to be made aware of the guidelines relating to alternative options for patients who cannot have prophylaxis
- Imaging investigations for suspected VTE should be requested and the investigations completed and report reviewed without delay. If there are any delays this should be discussed with the radiology team
- When VTE is suspected and blood tests reveal elevated D-Dimer result (>/=500 ng/ml) further imaging investigation must be completed to rule out VTE definitively.

- When VTE is suspected in a patient and the Probability Wells score is high, then treatment for VTE must be initiated while awaiting imaging investigations
- Extra vigilance is needed in conditions where VTE could be co-existent with other conditions with similar symptoms (pneumonia and VTE co-existing, Sepsis and VTE co-existing, Post-operative patient developing VTE, pregnant patient with asthma developing VTE are some examples). Investigations and management must be directed towards the background condition as well as for VTE until VTE is definitively excluded

Communication

- As part of ward rounds, if medical staff identify omissions or doses not administered, they must escalate it to the Nursing staff
- When VTE is suspected as the main clinical diagnosis or one of the main differential diagnosis, this must be part of the handover between medical and nursing professionals along the course of the patient journey.
- When there are multiple ward moves involved in a patient's journey for clinical or other reasons, extra care must be taken to ensure that all aspects of care are handed over and VTE prophylaxis and/or management as appropriate must always form part of this handover

Prescriptions/Medication

- Be more vigilant in documenting when doses of prophylaxis are prescribed by the Doctor
- Better utilisation of ward rounds with prompts for doctors to review prophylaxis on a daily basis
- Ensure there is no delay to administering prescribed treatment. Even one missed dose can potentially increase the risk of developing a VTE
- Ensure prescriptions are done correctly with the correct type of prophylaxis as this can cause a delay to administering treatment if it is the wrong type
- Importance for nurses to check prescribing of prophylaxis is done and to highlight to medics when required.

All Hospital acquired VTEs that are considered avoidable have a detailed RCA completed which has specific action plans and lessons learnt as part of the investigation process.

Conclusion: Overall, the incident analysis shows the common cause for patient safety incidents were relating to the prescription processes, documentation related to VTE risk assessments, VTE prophylaxis whereby reasons for delay or omission of doses is not documented, and cases where the pathway for suspected VTE was not fully followed due to other co-existent medical conditions confounding the pathway.

Actions Underway: All of these incident causal factors have been reflected in the lessons learnt sections of incident investigations and they are identified areas for on-going improvement in the current VTE Committee and the sub-group VTE Faculty: Quality Improvement Group. Part 4 of this report will outline actions, improvements and changes that are taking place to further help reduce the risk and improve the management of VTEs

Part 4: VTE: Harms Reduction Programme

Within the Trust, there is an assurance and governance infrastructure for management of VTE: a VTE Committee is chaired by Dr U Krishnamoorthy,. The Executive sponsors for the VTE Committee and Quality Improvement related to VTE are Dr D Riley (Medical Director) and Dr I Stanley (Deputy Medical Director).

A Trust-wide VTE Harms reduction clinical audit specifically focussing on VTE risk assessment and prophylaxis was undertaken in 2015-16, to benchmark existing practice within the organisation and to evaluate compliance with NICE guidance/quality standards. Audit analysis identified that there was scope for significant improvement for repeat risk assessment in 24 hours and room for improved documentation of initial VTE risk assessment on admission. These findings formed part of the Trust wide VTE action plan and quality improvement initiatives to help improve the compliance and quality of risk assessments to enhance patient safety and quality of care. A re-audit has taken place this year that demonstrates an improvement in the VTE risk assessments being completed on admission, and repeat 24 hour VTE risk assessment being completed besides lesser missed doses of prophylaxis.

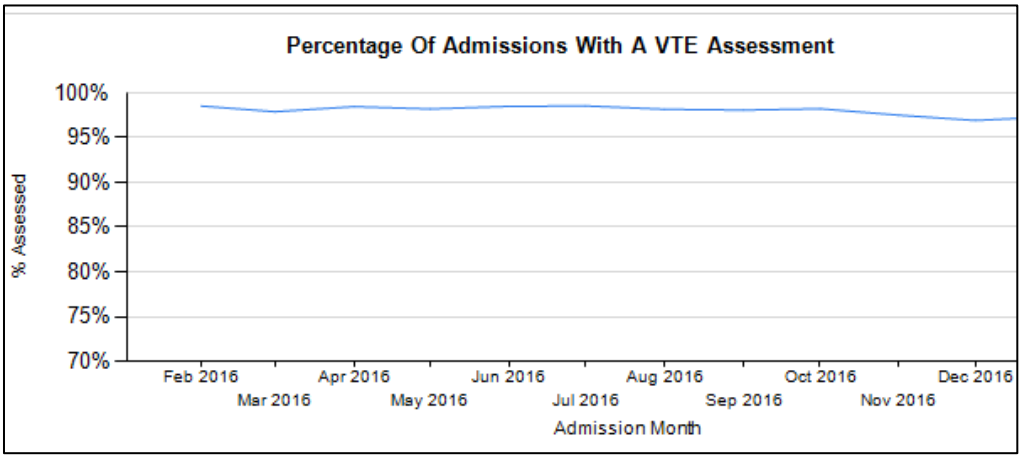
Other areas of improvement include:

1. Implementation of a ward based checklist on several pilot wards to enhance the organisational compliance with VTE avoidance by:
    - Promoting the 24 hour repeat risk assessment among in-patients

- reducing risk from delayed and missed doses of VTE prophylaxis to patients.

The checklist is used by ward pharmacists and is currently being rolled out wider. The pilot project led to the improved administration of appropriate prophylactic medications without delayed or missed doses.

2. The Trust mandatory training chapter on VTE has been strengthened with an inbuilt self-assessment section for staff regarding updated knowledge on VTE prevention and management aspects (which included risk assessment on admission and repeat risk assessment at 24 hours).
3. Delivery of a series of Trust wide staff educational workshops in 2016 on VTE covering all relevant NICE guidelines, Trust policies and NICE quality standards.
4. A recent quality improvement project whereby a new process has been put in place on the electronic ICE system. If a patient has a high D-Dimer (>/=500ng/ml), a prompt appears to remind the clinician to carry out relevant imaging to exclude VTE.
5. The Trust's Nursing Assessment Performance Framework (NAPF) assessment tool has been updated to include VTE risk assessments, repeat risk assessments, delayed and/or missed doses of VTE prophylaxis as part of ward assessments.
6. There are now online reporting sources available centrally which enable identification of areas that require support in an on-going manner and enable remedial actions contemporaneously. An example of the data it provides is the percentage of patients who have a VTE assessment completed on admission:



On average, the completion rate is above the 98% mark which demonstrates a high level of compliance. Extensive work has taken place to make sure this data is reliable by reviewing all the related clinical coding and information department's reporting measures. There are processes to review all areas in the Trust and exemption codes for procedures that are eligible for exemption where necessary.

7. Through regular random case note reviews evaluated against related information reporting and relevant coding, procedures are identified in an on-going manner where VTE risk assessment is exempt as per NICE guidance and if so, exemption code developed further to Divisional safety and quality committee approval.
8. Specific pathways have been reviewed: for example the pathway for patients with lower limb fracture and managed with plaster casts as outpatients (following a Coroner's Regulation 28 report) led to updates of Trust policy where this was explicitly included. Trust VTE committee worked with Emergency department and Trauma & Orthopaedic teams to develop a new pathway for reducing risk of VTE in these patients even when they are not admitted into hospital. The new pathway has been approved and implementation commenced recently in early February 2017.
9. Since January 2017 a VTE quality improvement faculty was set up to function as an operational arm of the VTE Committee. Developments are underway to work with a number of wards directly to understand and develop Experience Based Design to understand challenges, human factors and barriers that might make it difficult to adhere to the VTE policy, pathways, processes and requirements. It is hoped, this level of operational and collaborative working will help embed required changes and learning opportunities. As part of the VTE faculty, a specific aim has been set to reduce the number of avoidable HAVTEs by 5% by January 2018 across Trust.

In summary, a number of changes have taken place all of which demonstrate improvement and continuous learning for reducing risks, improving management and diagnosis for VTEs. Many of the changes provide education, training, sharing of knowledge as well as reinforcement of expected standards, NICE guidance and pathway compliance. Some changes go beyond to act as prompts for proactive management and serve as reminders. There are robust reporting mechanisms, a wide range of data sources, learning lessons through root cause analysis reports and educating patients via information leaflets and discussions on discharge. All of

these combined help support the Trust's Harm Reduction Programmes and ultimately, ensure our patients have safe personal and effective care provided to them.

Sonia Nosheen, Interim Patient Safety Manager
Dr U Krishnamoorthy, Chair of the Trust VTE Committee
27th February 2017

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

29 March 2017

Item 54

Purpose Information Assurance

Title	National Staff Survey report and findings
Author	Mrs L Barnes, Head of Staff Health Wellbeing & Engagement
Executive sponsor	Mr K Moynes, Director of Human Resources and Organisational Development

Summary: Board members are asked to note the 2016 National Staff Survey report and the key findings identified. Members are also asked to support the outlined next steps.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives Recruitment and workforce planning fail to deliver the Trust objectives Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable services by the Trust The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	Yes	Financial	Yes

Equality	Yes	Confidentiality	No

Previously considered by: Quality Committee 8 March 2017

Executive summary

1. This report summarises the findings from the 2016 NHS Staff Survey for East Lancashire Hospitals NHS Trust (ELHT). Members are asked to note the current findings and support the recommendations detailed within the report.

Introduction

2. The Trust undertook a full census this year and a total of 7347 staff were eligible to complete the survey. 3524 staff returned a completed questionnaire*, giving a response rate of 48% which is above average for Acute Trusts in England, and compares with a response rate of 39% in the 2015 survey.
3. The 9% improvement in response rate is an indicator of engagement levels and is significantly higher than the 42% national average for Acute Trusts in England.
4. Figure 1 below details the return rate by division/directorate and compares with 2015 response rates.

Figure 1: Return rate by division/directorate

Locality	Response rate 2015	Response rate 2016
Chief Executive	65%	71.7%
Diagnostics & Clinical Support	47.7%	60.8%
Estates and Facilities	51.8%	72.3%
Family Care	35.6%	48.4%
Finance and Informatics	70.9%	83.9%
Governance	80%	89.6%
Integrated Care Group	27.2%	32.3%
Human Resources & Organisational Development	65.8%	70.8%
Research and Development	71.9%	83.9%
Surgical and Anaesthetics Services	33.6%	34.4%
Overall	**39%**	**48%**

* When calculating response rates, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

5. The National Staff Survey report is presented in the form of 32 key findings (see appendix 1 for summary report and appendix 2 for full report). The key findings are presented in the feedback reports under the following nine themes:
   a) Appraisal and support for development.
   b) Equality and diversity.
   c) Errors and incidents.
   d) Health and wellbeing.
   e) Working patterns.
   f) Job satisfaction.
   g) Managers.
   h) Patient care and experience.
   i) Violence, harassment and bullying.
6. As in previous years the key findings are presented in percentage scores and scale summary scores (1 minimum and 5 maximum) unless stated otherwise.

Overall indicator for staff engagement at East Lancashire Hospitals NHS Trust

7. The staff engagement indicator score is 3.86. A score of 1 indicates that staff are poorly engaged (with their work, their team and their Trust) and 5 indicates that staff are highly engaged. The Trusts score of 3.86 is above average when compared with other Acute Trusts. The score has remained the same from the 2015 Staff Survey result. The score remains significantly higher than the 2014 Staff Survey result which was 3.76 and the 2013 Staff Survey result which was 3.73 (see appendix 3 for chart).
8. The overall indicator of staff engagement is calculated using questions that make up key findings 1, 4 and 7.
9. Key finding 1: Staff recommendation of the Trust as a place to work or receive treatment has been maintained when compared with 2015 and the score remains above average when compared with other Acute Trusts.
10. Key finding 4: Staff motivation at work has been maintained when compared with 2015 and the score remains above average when compared with other Acute Trusts.
11. Key finding 7: Staff ability to contribute towards improvements at work has been maintained when compared with 2015 and the score remains in the highest 20% of Acute Trusts.

Summary of Key Findings (KF)

12. The East Lancashire Hospitals NHS Trust staff satisfaction responses were in the highest 20% (best) in 14 key findings. This compares to 12 key findings being in the highest 20% in the 2015 survey. The 14 key findings in which East Lancashire Hospitals NHS Trusts were in the highest 20% (best) compared to other Acute Trusts are the following:

a) KF6: Percentage reporting good communication between senior management and staff.
b) KF7: Percentage able to contribute towards improvements at work.
c) KF8: Staff satisfaction with level of responsibility and involvement.
d) KF9: Effective team working.
e) KF14: Staff satisfaction with resourcing and support.
f) KF16: Percentage working extra hours.
g) KF17: Percentage feeling unwell due to work related stress in the last 12 months.
h) KF22: Percentage experiencing physical violence from patients, relatives or the public in last twelve months.
i) KF24: Percentage reporting most recent experience of violence.
j) KF26: Percentage experiencing harassment, bullying or abuse from staff in the last 12 months.
k) KF28: Percentage witnessing potentially harmful errors, near misses or incidents in last month.
l) KF30: Fairness and effectiveness of procedures for reporting errors, near misses and incidents.
m) KF31: Staff confidence and security in reporting unsafe clinical practice.
n) KF32: Effective use of patient/service user feedback.

11. The Trust demonstrated above (better than) average staff satisfaction responses in 13 key findings. This compares to 13 key findings being above average in the 2015 survey. The 13 key findings in which East Lancashire Hospitals NHS Trusts were above average compared to other Acute Trusts are the following:

a) KF1: Staff recommendation of the organisation as a place to work or receive treatment.
b) KF2: Staff satisfaction with the quality of work and patient care they are able to deliver.
c) KF3: Percentage agreeing that their role makes a difference to patients/service users.
d) KF4: Staff motivation at work.

e) KF5: Recognition and value of staff by managers and the organisation.
f) KF10: Support from immediate managers.
g) KF12: Quality of appraisals.
h) KF15: Percentage satisfied with the opportunities for flexible working patterns.
i) KF18: Percentage attending work in last 3 months despite feeling unwell because they felt pressure.
j) KF19: Organisation and management interest in and action on health and wellbeing.
k) KF20: Percentage experiencing discrimination at work in last twelve months.
l) KF23: Percentage experiencing physical violence from staff in the last twelve months.
m) KF27: Percentage reporting most recent experience of harassment, bullying or abuse.

12. The Trust demonstrated average staff satisfaction responses in the following 3 areas:
    a) KF13: Quality of non-mandatory training, learning or development.
    b) KF25: Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
    c) KF29: Percentage reporting errors, near misses or incidents witnessed in last month.
13. The Trust demonstrated worse than average staff satisfaction responses in the following 1 area:
    KF21: Percentage believing the organisation provides equal opportunities for career progression or promotion.
14. The Trust staff satisfaction responses were in the lowest 20% (worst) in 1 key finding:
    KF11: Percentage appraised in last 12 months.

External benchmarking

15. The employee engagement experts Listening Into Action (LiA) have produced a League Table (see appendix 4) and Scatter Map (see appendix 5) to show the ranking of Acute Trusts against peers. The Listening into Action League Table and Scatter Map are benchmarking tools based on staff responses to the 32 key findings in the 2016 National Staff Survey.
16. East Lancashire Hospitals NHS Trusts position on the Listening into Action Acute League Table and Scatter Map for 2016 is 3rd out of 97 Acute Trusts. Listening into Action also identify East Lancashire Hospitals NHS Trust as the highest performing

Non-Foundation Acute Trust based on this year's survey results. Listening into Action commented:

"*A very honourable mention in dispatches too for Kevin McGee and his Executive Team at East Lancashire as the top performing non-FT according to their staff."*

17. Based on benchmarking data from the NHS Staff Survey Co-ordination Centre nationally the highest scoring overall engagement score was Guy's and St Thomas' NHS Foundation Trust with a score of 4.04. Regionally based on the overall engagement score when compared with North West Trusts ELHT is 6th out of 25. (see appendix 6)

Recommendations

18. All senior leaders to champion the benefits of appraisals/personal development reviews; and ensure all staff have an appraisal/personal development review within the organisation on an annual basis (KF11).

    Staff that have a good quality appraisal/personal development review and meaningful discussion around their role, objectives, development, talent and career progression will contribute to improve the quality of care for patients.

    Investing time on appraisal may also contribute to improvements in perceptions of non-mandatory training, learning and development and equal opportunities for career progression and promotion.

19. Continue to invest in mental wellbeing interventions and supportive management practices to minimise work related stress and build resilience in the workforce.

20. Continue to increase visibility and communication from senior managers on all sites at East Lancashire Hospitals NHS Trust for example: back to the floor visits, meet the board events and patient safety walkabouts on sites beyond the Royal Blackburn site.

21. Divisions to understand their divisional data, particularly divisional strengths and areas for improvement. This will be supported by feedback workshops facilitated by the Staff Engagement Team and the Picker Institute scheduled to take place on the 14th and 15th March 2017. It is recommended that as many line managers as possible along with the senior management team of all divisions/directorates attend these sessions.

22. Divisions to utilise this year's Big Conversations as a mechanism to discuss the staff survey results and using a participative approach together with the workforce

formulate divisional action plans to target areas of improvement and celebrate successes.

23. Divisions to report progress and be monitored on their staff survey action plans through the employee engagement sponsor group as part of the staff engagement strategy.

24. It is recommended that if there are any directorate teams that were identified as hot spots for poor staff experience in the 2015 National Staff Survey and remain hotspots in the 2016 National Staff Survey, further diagnostics, support and interventions are agreed and implemented.

Conclusion

25. The staff survey results for 2016 are very positive and pleasingly staff engagement and experience continues to improve despite significant challenges and pressures seen across the organisation.

26. This year's survey has demonstrated ELHTs highest response rate to date (48% of the whole workforce) with a 9% improvement in response rate when compared with the previous year's survey which is also an indicator of levels of staff engagement in itself.

27. Nationally and regionally East Lancashire Hospitals NHS Trust benchmarks well with other Acute Trusts and has been identified as the best performing Non-Foundation Trust by employee engagement industry experts Listening into Action. Nevertheless we will strive to make further improvements over the coming year.

28. The improvements demonstrated in the 2016 National Staff Survey along with improvements seen in the quarterly Staff Friends and Family Test are indicators that the long term approach that the organisation committed to is having the desired effect throughout the Trust. However there is still room for improvement and enhancing communication and engagement continues to remain a key improvement priority in 2017.

Next steps

29. Dates have now been circulated to provide sessions to support Divisions in developing a 'bespoke' action plan led by the Staff Engagement Team and The Picker Institute via the Staff Survey Workshops being held on the 14th and 15th March 2017.

30. Survey key themes will be a focus for the 2017 round of 'Big Conversations' commencing in March through to May of this year.

31. Once the Divisional Staff Survey action plans have been formulated they will be a standing agenda item on the Divisional performance meetings and also monitored via the Employee Engagement Sponsor Group.

Appendices

Appendix 1: NHS Staff Survey Summary Report for ELHT (attached)

Appendix 2: NHS Staff Survey Full Report for East Lancashire Hospitals NHS Trust

Appendix 3: Overall Engagement Score 2013-2016

Appendix 4: Listening into Action Acute Trust League Table

Appendix 5: Listening into Action Acute Trust 2017 Scatter Map

Appendix 6: NHS Staff Survey Overall Engagement Score Benchmark Data (North West)

2016 National NHS staff survey

Brief summary of results from East Lancashire Hospitals NHS Trust

Table of Contents

1. Introduction to this report

This report presents the findings of the 2016 national NHS staff survey conducted in East Lancashire Hospitals NHS Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

These sections of the report have been structured thematically so that Key Findings are grouped appropriately. There are nine themes within this report:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

Please note, two Key Findings have had their calculation changed and there have been minor changes to the benchmarking groups for social enterprises since last year. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2016 survey results for East Lancashire Hospitals NHS Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

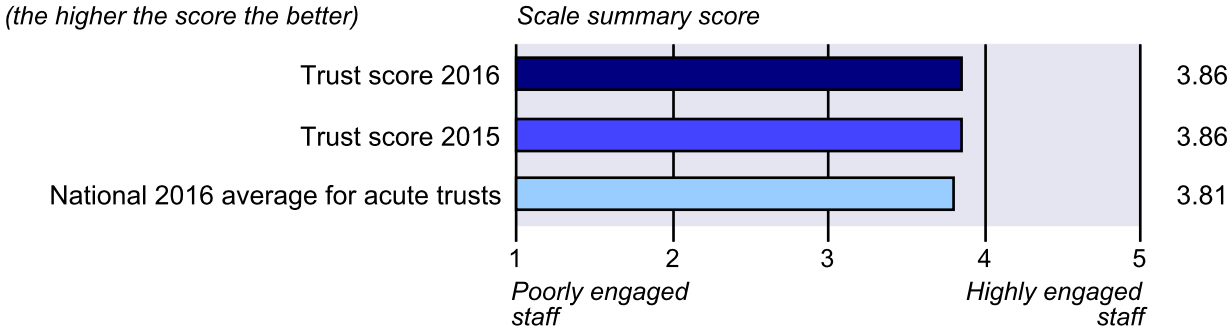
Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

		Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
Q21a	"Care of patients / service users is my organisation's top priority"	80%	76%	79%
Q21b	"My organisation acts on concerns raised by patients / service users"	78%	74%	78%
Q21c	"I would recommend my organisation as a place to work"	65%	62%	64%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	70%	70%	69%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.82	3.77	3.80

2. Overall indicator of staff engagement for East Lancashire Hospitals NHS Trust

The figure below shows how East Lancashire Hospitals NHS Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.86 was above (better than) average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how East Lancashire Hospitals NHS Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a significant change since the 2015 survey.

	Change since 2015 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	• No change	✓ Above (better than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	• No change	✓ Above (better than) average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	✓ Above (better than) average
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	✓ Highest (best) 20%

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

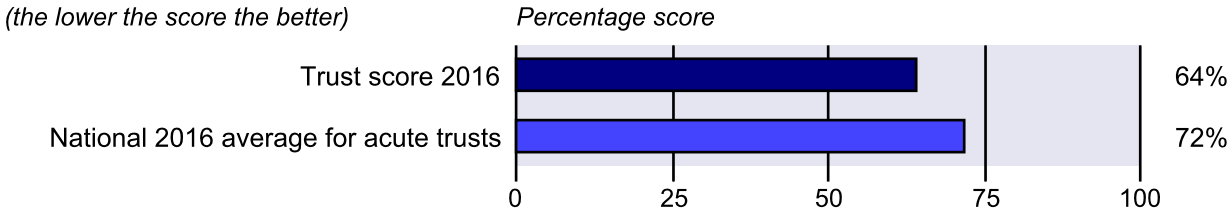
3. Summary of 2016 Key Findings for East Lancashire Hospitals NHS Trust

3.1 Top and Bottom Ranking Scores

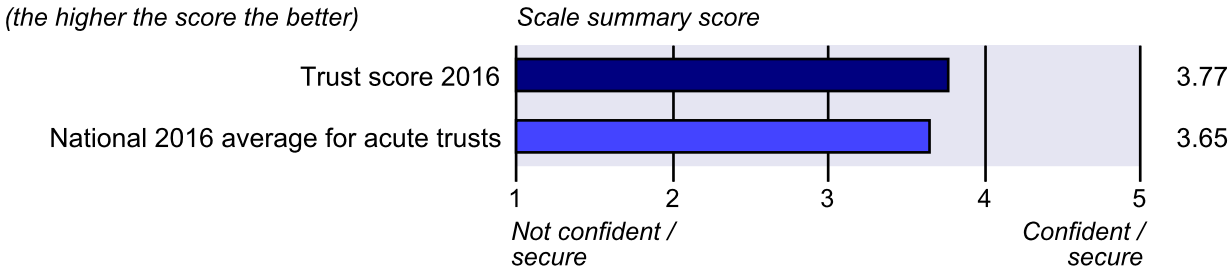
This page highlights the five Key Findings for which East Lancashire Hospitals NHS Trust compares most favourably with other acute trusts in England.

TOP FIVE RANKING SCORES

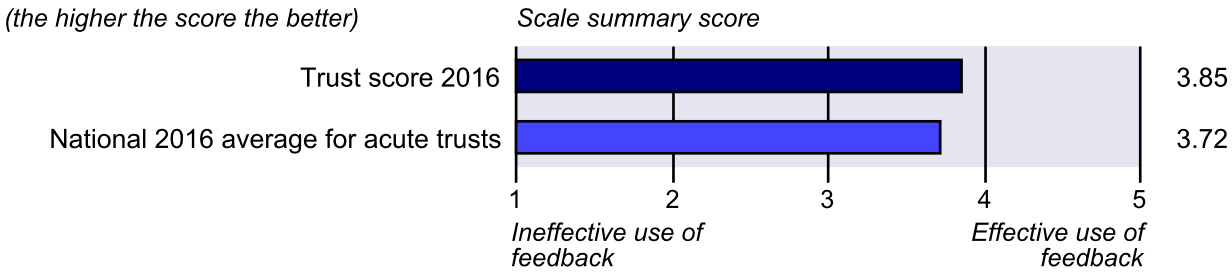
✓KF16. Percentage of staff working extra hours



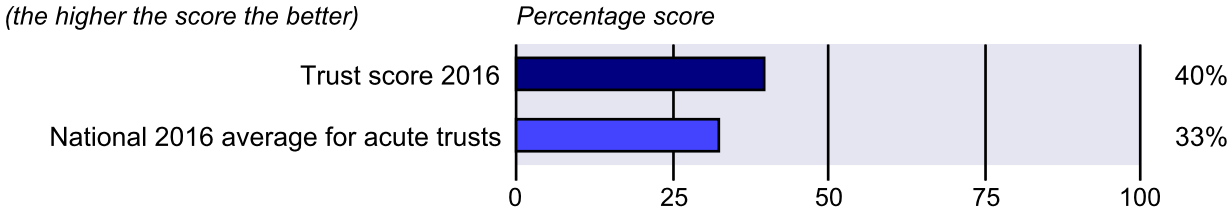
✓KF31. Staff confidence and security in reporting unsafe clinical practice



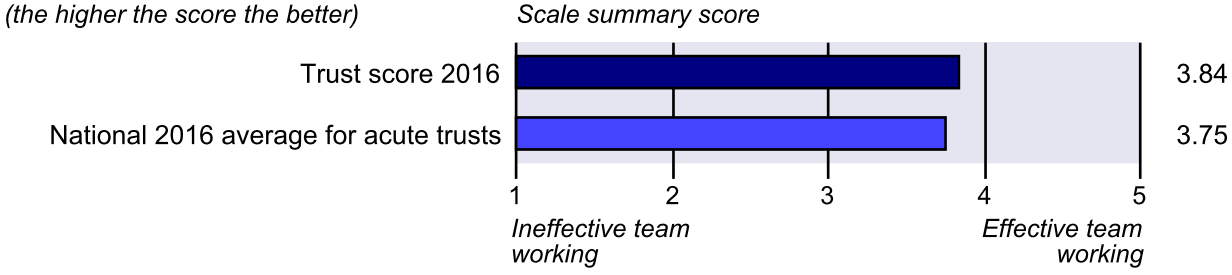
✓KF32. Effective use of patient / service user feedback



✓KF6. Percentage of staff reporting good communication between senior management and staff



✓KF9. Effective team working



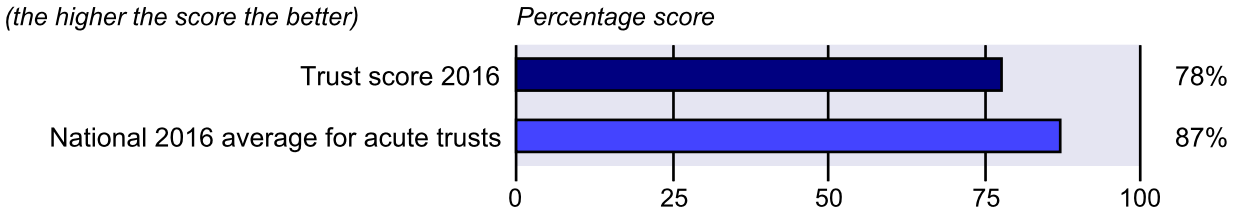
For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 98 (the bottom ranking score). East Lancashire Hospitals NHS Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the five Key Findings for which East Lancashire Hospitals NHS Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

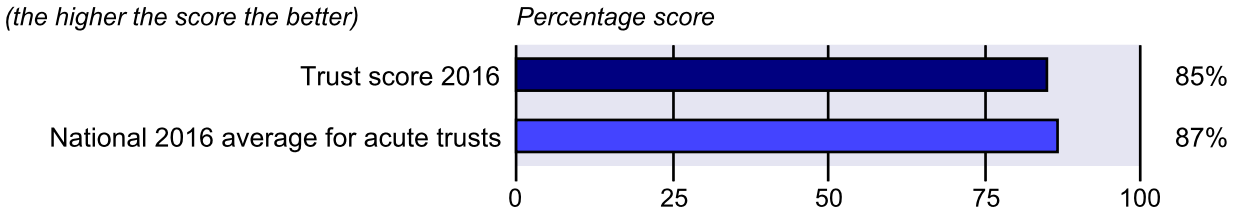
! KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



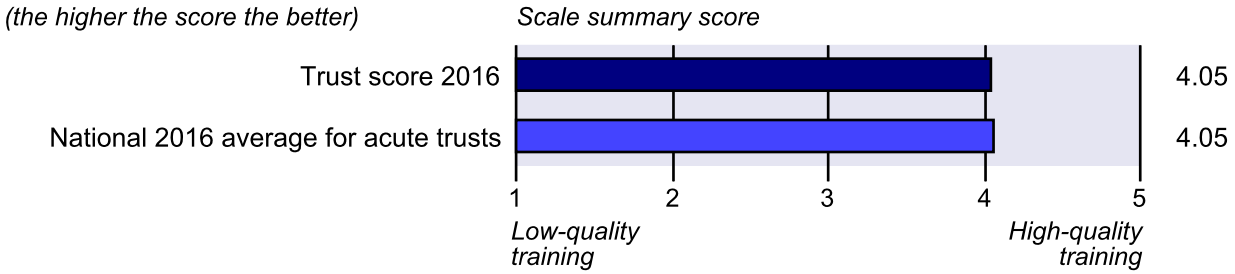
! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



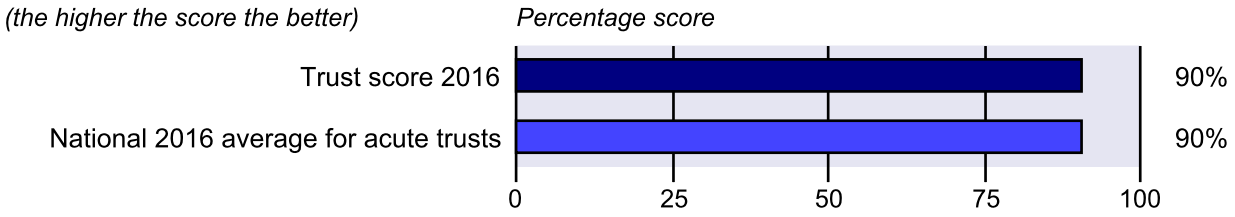
! KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



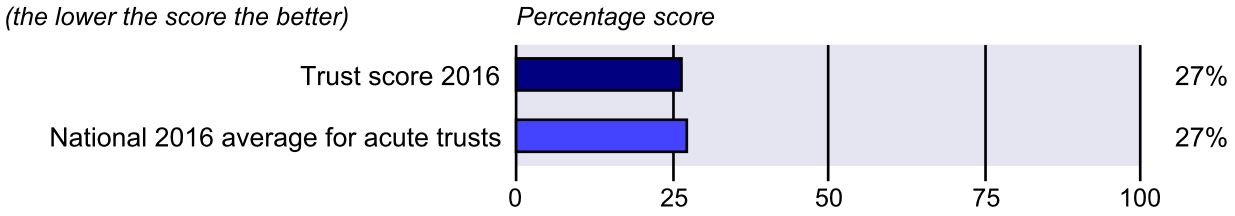
! KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



! KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 98 (the bottom ranking score). East Lancashire Hospitals NHS Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 98. Further details about this can be found in the document ***Making sense of your staff survey data***.

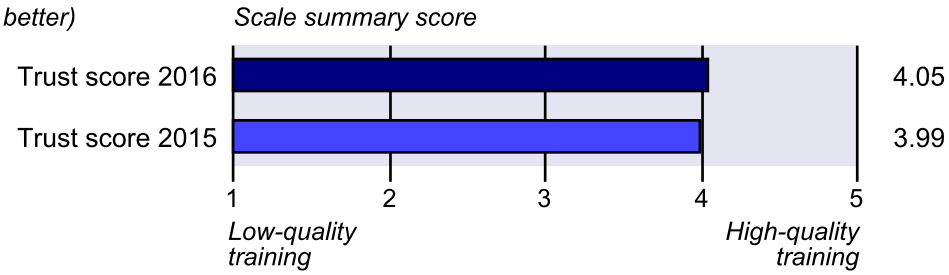
3.2 Largest Local Changes since the 2015 Survey

This page highlights the three Key Findings where staff experiences have improved at East Lancashire Hospitals NHS Trust since the 2015 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

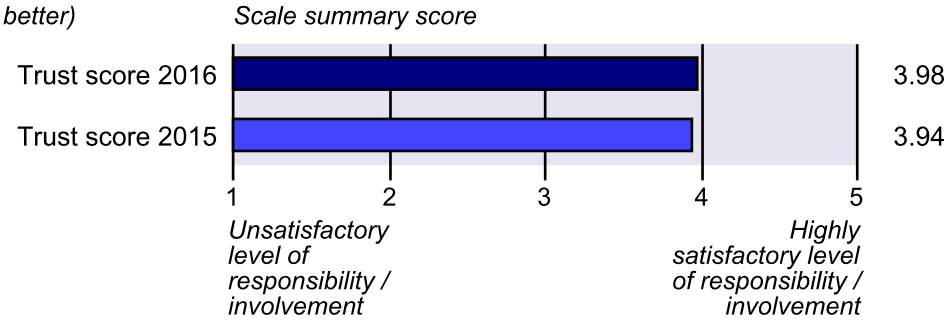
✓KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



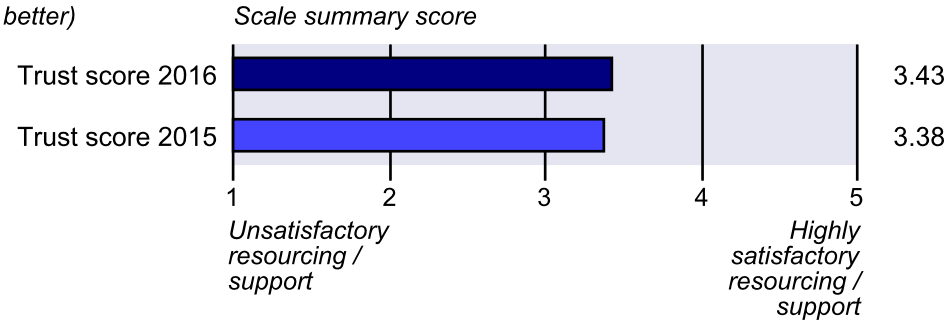
✓KF8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



✓KF14. Staff satisfaction with resourcing and support

(the higher the score the better)

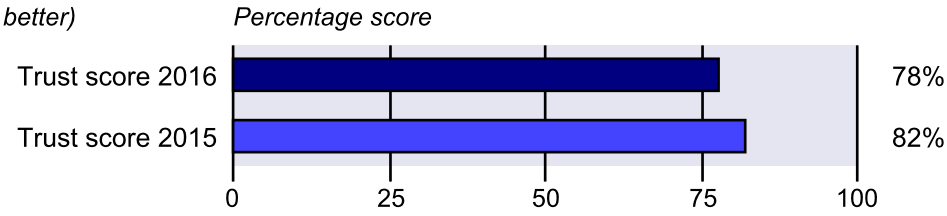


This page highlights the Key Finding that has deteriorated at East Lancashire Hospitals NHS Trust since the 2015 survey. It is suggested that this might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

! KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



3.3. Summary of all Key Findings for East Lancashire Hospitals NHS Trust

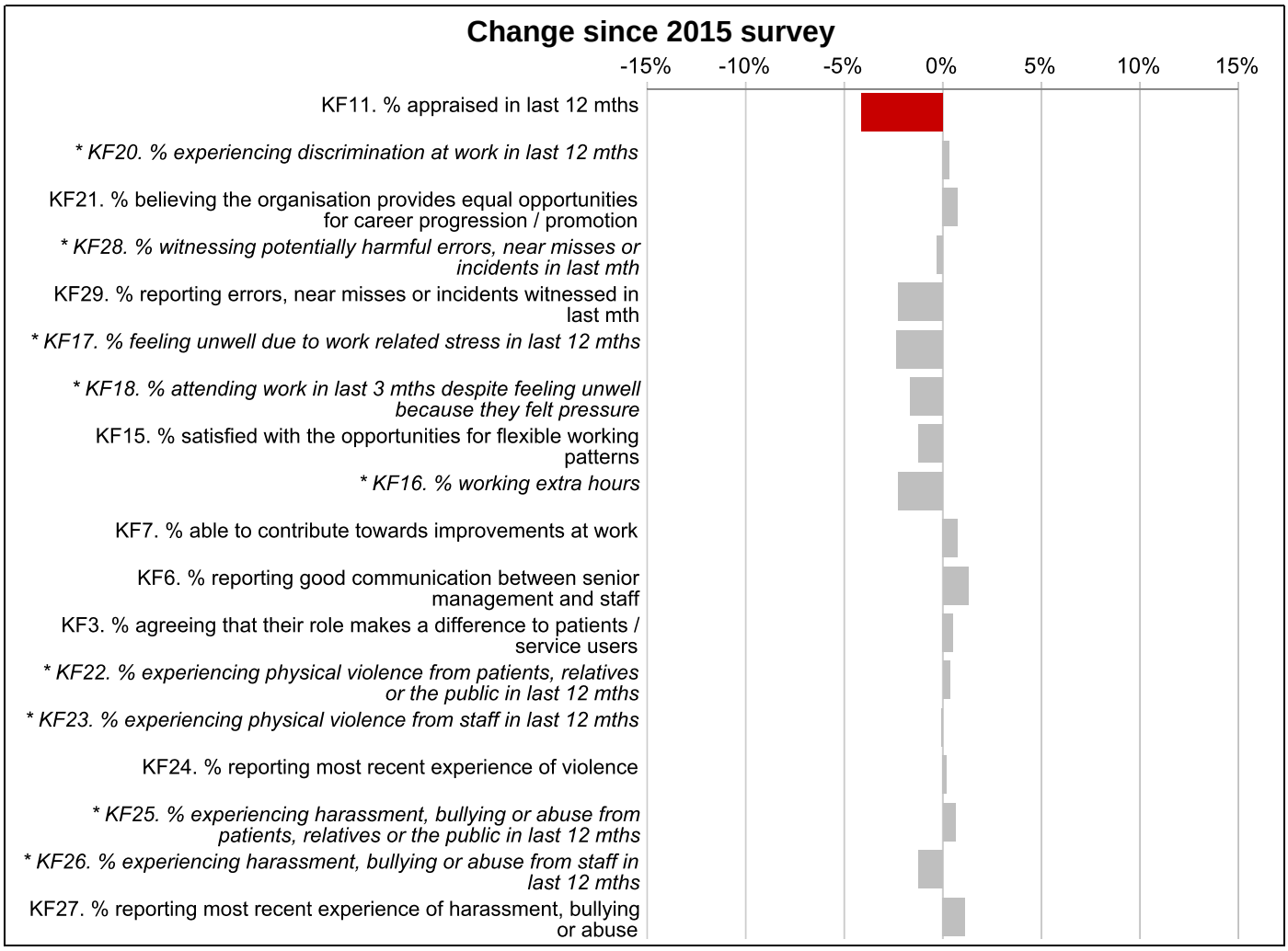
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2015 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2015 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2015 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for East Lancashire Hospitals NHS Trust

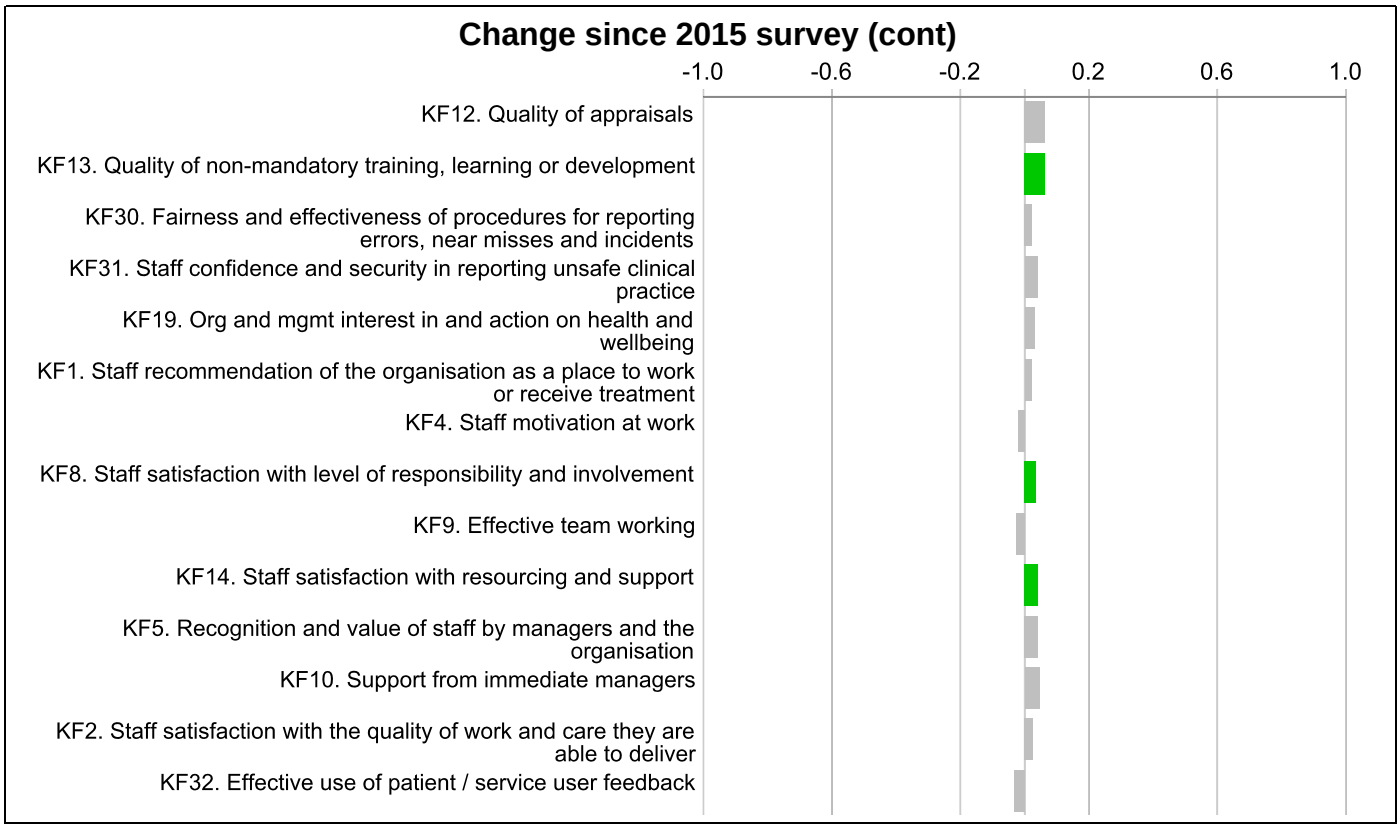
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2015 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2015 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2015 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for East Lancashire Hospitals NHS Trust

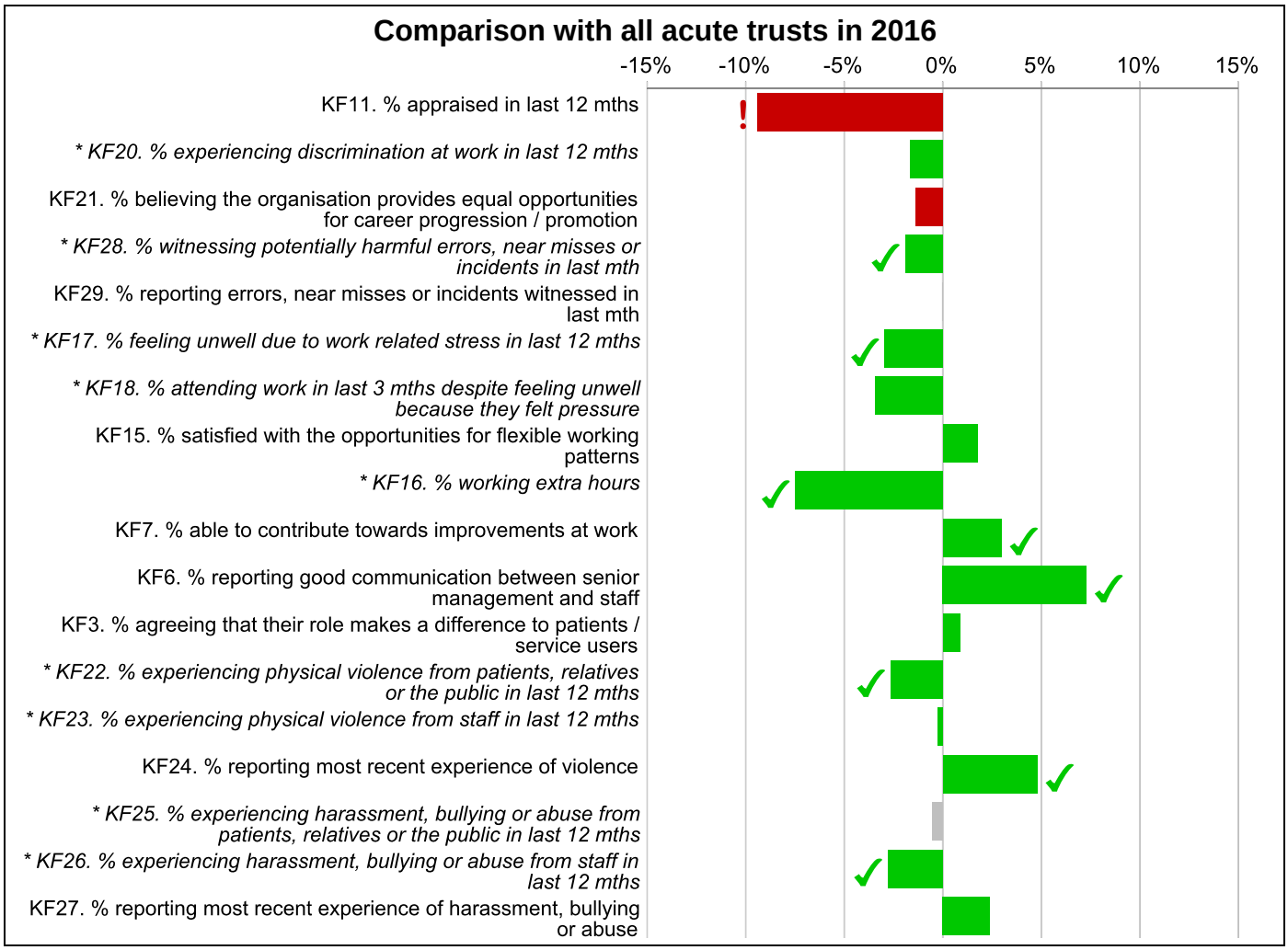
KEY

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for East Lancashire Hospitals NHS Trust

KEY

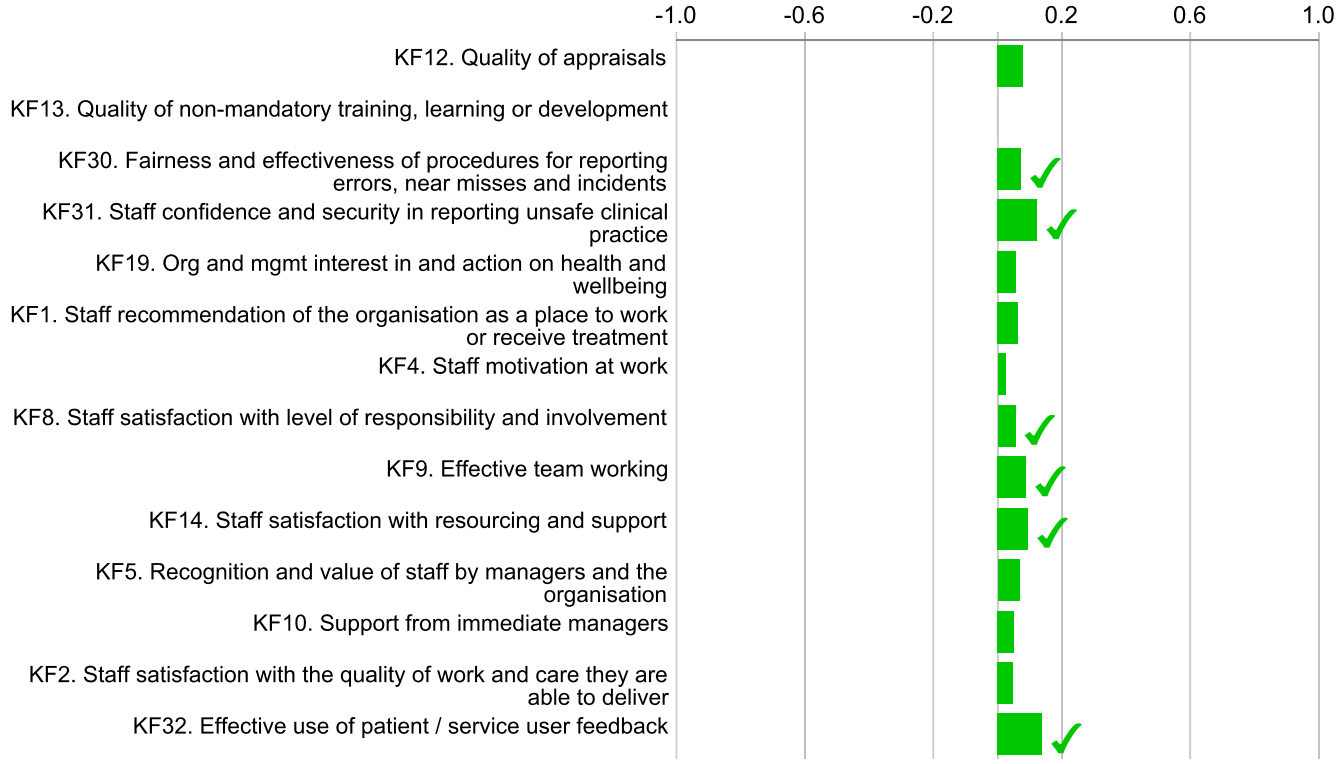
Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all acute trusts in 2016 (cont)



3.4. Summary of all Key Findings for East Lancashire Hospitals NHS Trust

KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2015.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2015.

'Change since 2015 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2015 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2015 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2015 survey	Ranking, compared with all acute trusts in 2016
Appraisals & support for development		
KF11. % appraised in last 12 mths	! Decrease (worse than 15)	! Lowest (worst) 20%
KF12. Quality of appraisals	• No change	✓ Above (better than) average
KF13. Quality of non-mandatory training, learning or development	✓ Increase (better than 15)	• Average
Equality & diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	• No change	✓ Below (better than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	! Below (worse than) average
Errors & incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	✓ Lowest (best) 20%
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	✓ Highest (best) 20%
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	✓ Highest (best) 20%
Health and wellbeing		
* *KF17. % feeling unwell due to work related stress in last 12 mths*	• No change	✓ Lowest (best) 20%
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	• No change	✓ Below (better than) average
KF19. Org and mgmt interest in and action on health and wellbeing	• No change	✓ Above (better than) average
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	✓ Above (better than) average
* *KF16. % working extra hours*	• No change	✓ Lowest (best) 20%

3.4. Summary of all Key Findings for East Lancashire Hospitals NHS Trust (cont)

	Change since 2015 survey	Ranking, compared with all acute trusts in 2016
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	✓ Above (better than) average
KF4. Staff motivation at work	• No change	✓ Above (better than) average
KF7. % able to contribute towards improvements at work	• No change	✓ Highest (best) 20%
KF8. Staff satisfaction with level of responsibility and involvement	✓ Increase (better than 15)	✓ Highest (best) 20%
KF9. Effective team working	• No change	✓ Highest (best) 20%
KF14. Staff satisfaction with resourcing and support	✓ Increase (better than 15)	✓ Highest (best) 20%
Managers		
KF5. Recognition and value of staff by managers and the organisation	• No change	✓ Above (better than) average
KF6. % reporting good communication between senior management and staff	• No change	✓ Highest (best) 20%
KF10. Support from immediate managers	• No change	✓ Above (better than) average
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	✓ Above (better than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	✓ Above (better than) average
KF32. Effective use of patient / service user feedback	• No change	✓ Highest (best) 20%
Violence, harassment & bullying		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	✓ Lowest (best) 20%
* *KF23. % experiencing physical violence from staff in last 12 mths*	• No change	✓ Below (better than) average
KF24. % reporting most recent experience of violence	• No change	✓ Highest (best) 20%
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	• Average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	✓ Lowest (best) 20%
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	✓ Above (better than) average

4. Key Findings for East Lancashire Hospitals NHS Trust

East Lancashire Hospitals NHS Trust had 3524 staff take part in this survey. This is a response rate of 48%[1] which is above average for acute trusts in England, and compares with a response rate of 39% in this trust in the 2015 survey.

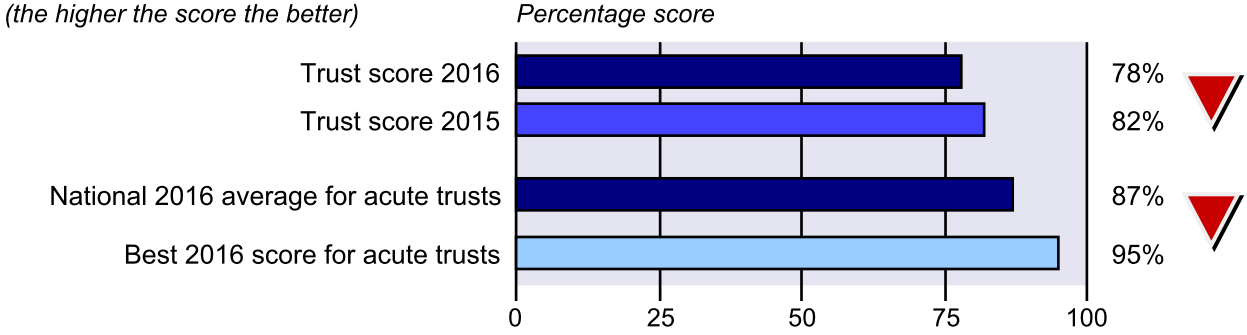
This section presents each of the 32 Key Findings, using data from the trust's 2016 survey, and compares these to other acute trusts in England and to the trust's performance in the 2015 survey. The findings are arranged under seven headings – the four staff pledges from the NHS Constitution, and the three additional themes of equality and diversity, errors and incidents, and patient experience measures.

Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2015). Negative findings are highlighted with a red arrow (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2015). An equals sign indicates that there has been no change.

Appraisals & support for development

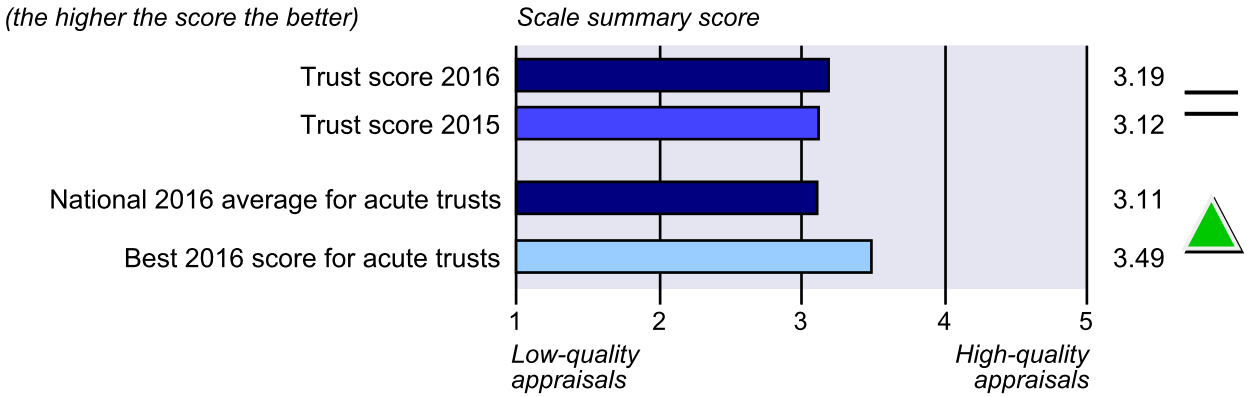
KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)



KEY FINDING 12. Quality of appraisals

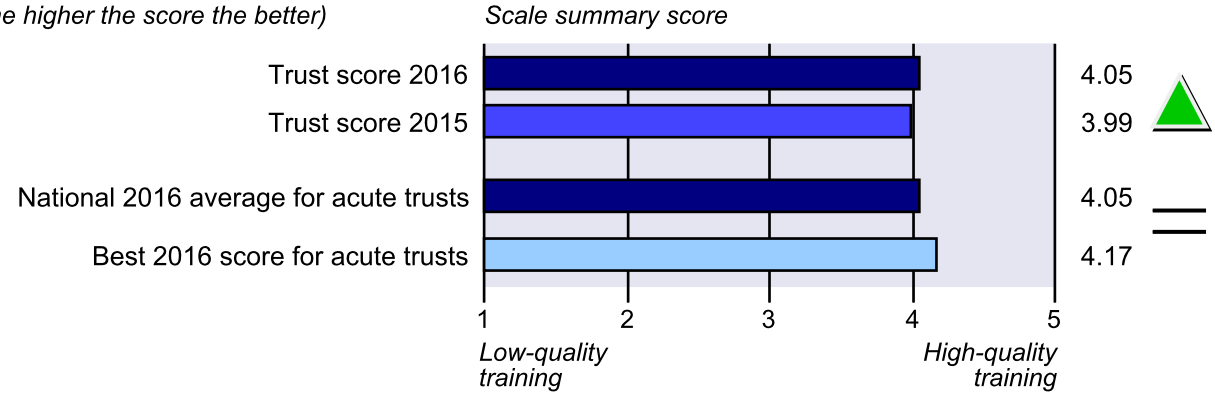
(the higher the score the better)



[1]Questionnaires were sent to all 7384 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

KEY FINDING 13. Quality of non-mandatory training, learning or development

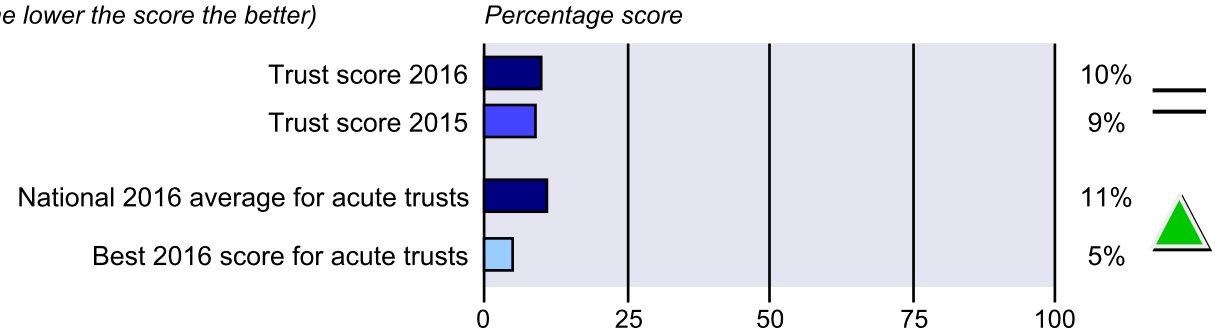
(the higher the score the better)



Equality & diversity

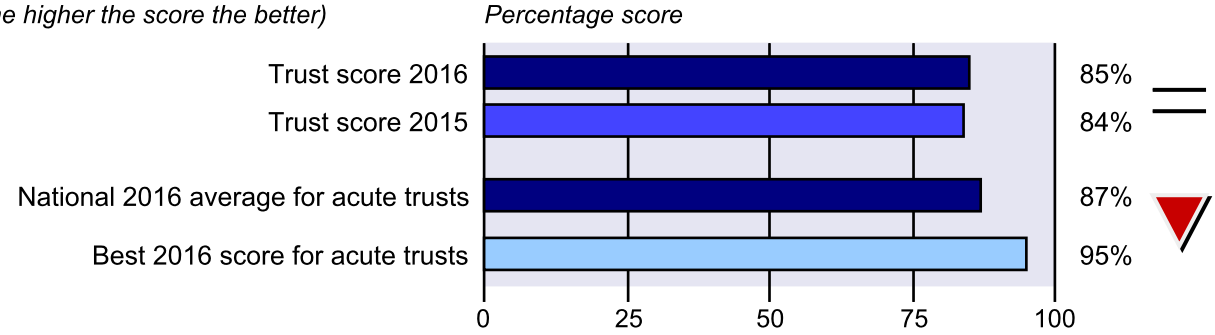
KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

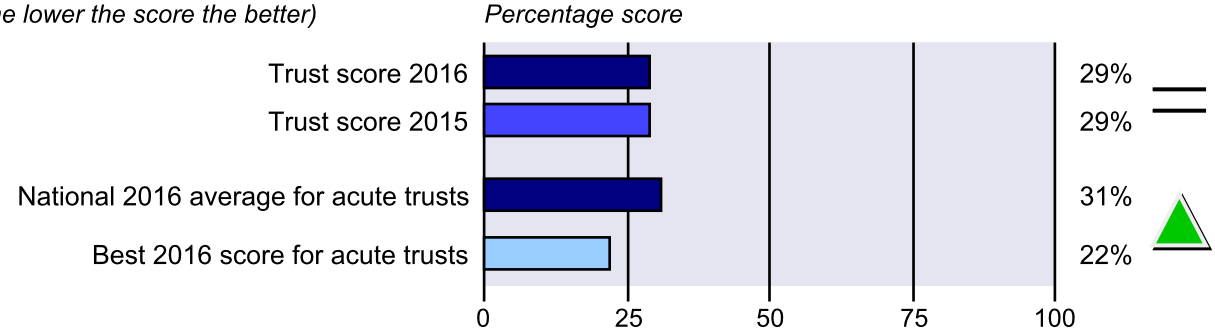
(the higher the score the better)



Errors & incidents

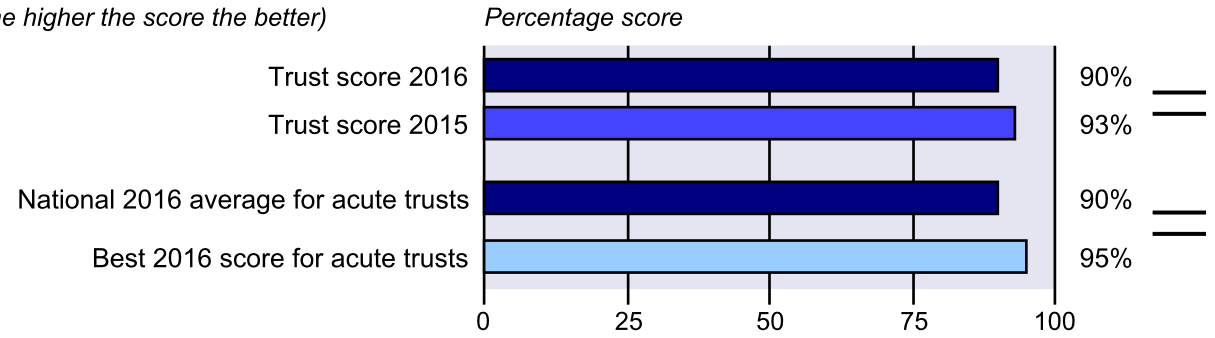
KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



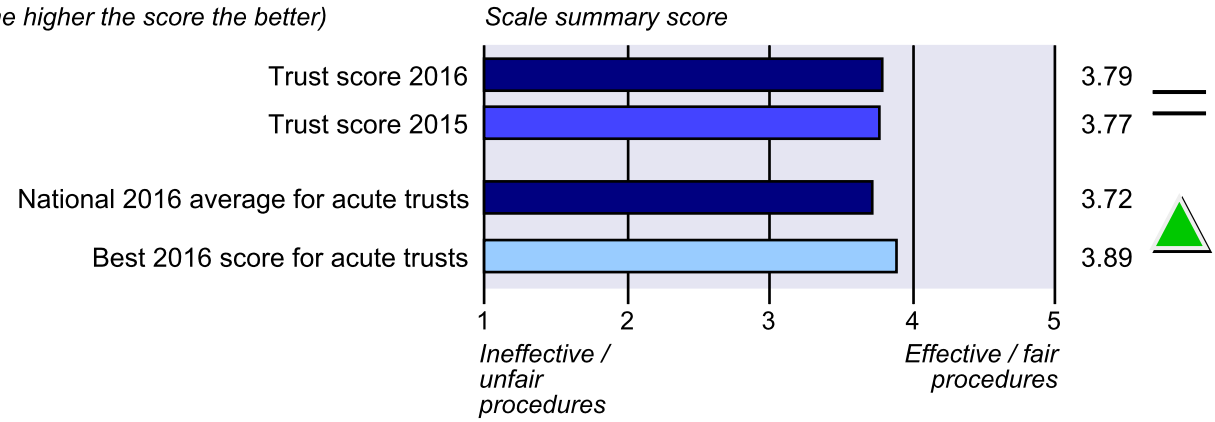
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



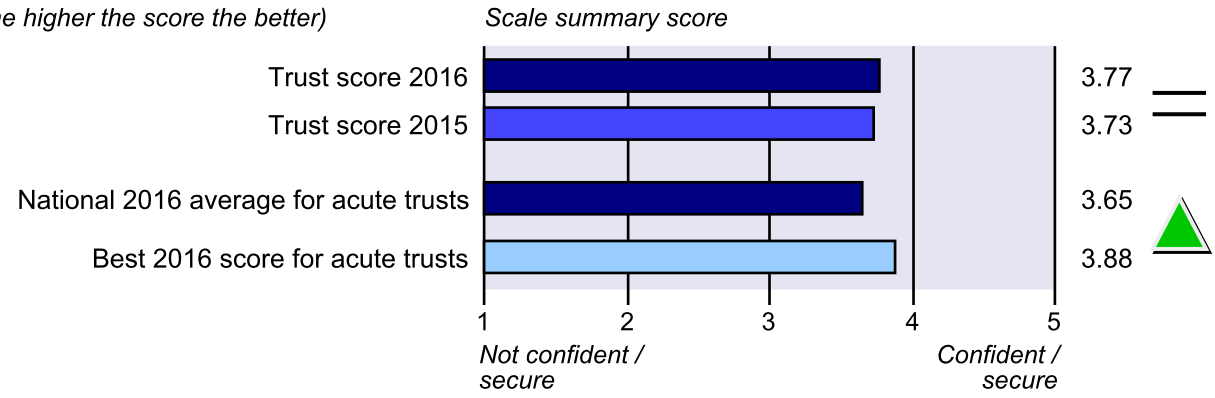
KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)



KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

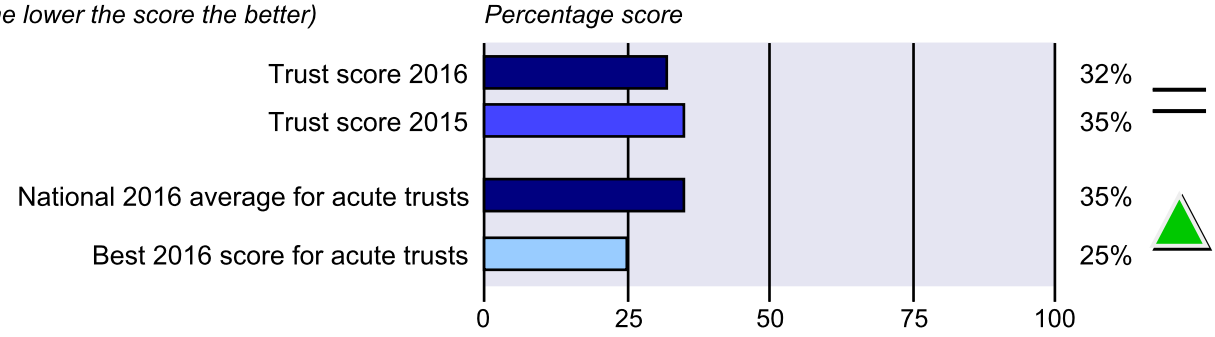
(the higher the score the better)



Health and wellbeing

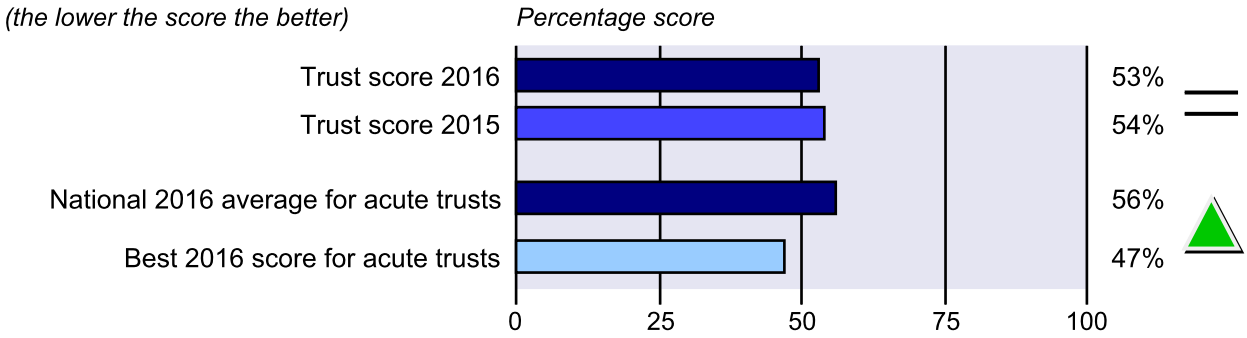
KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



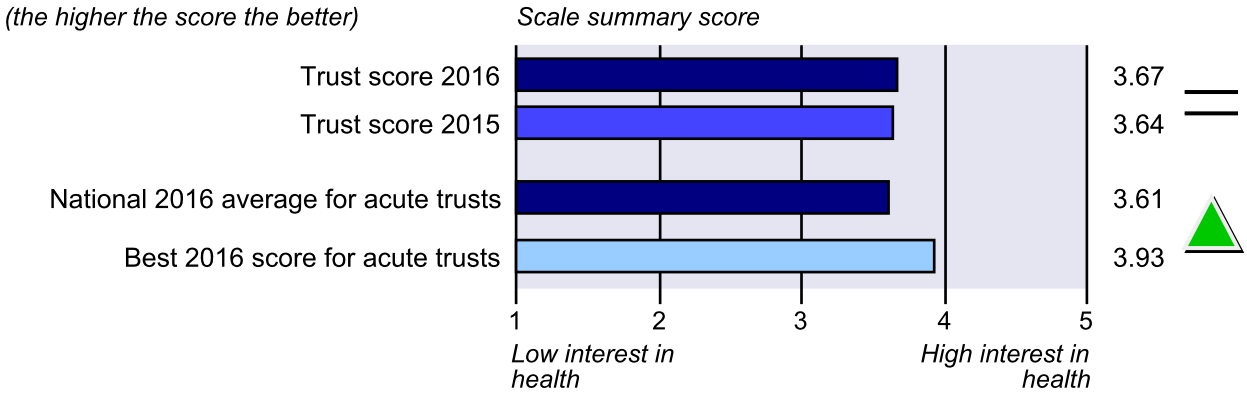
KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)



KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

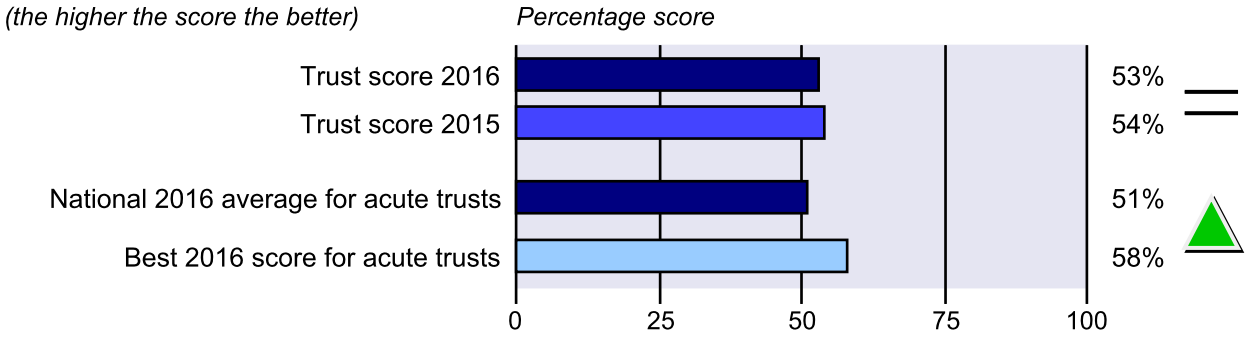
(the higher the score the better)



Working patterns

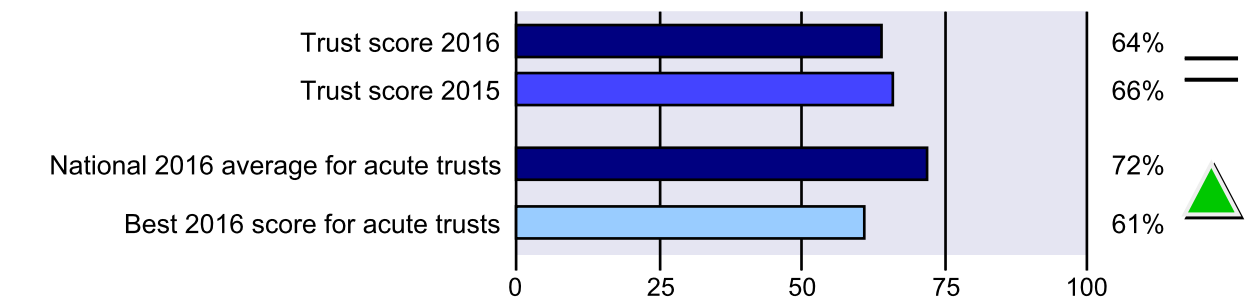
KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



KEY FINDING 16. Percentage of staff working extra hours

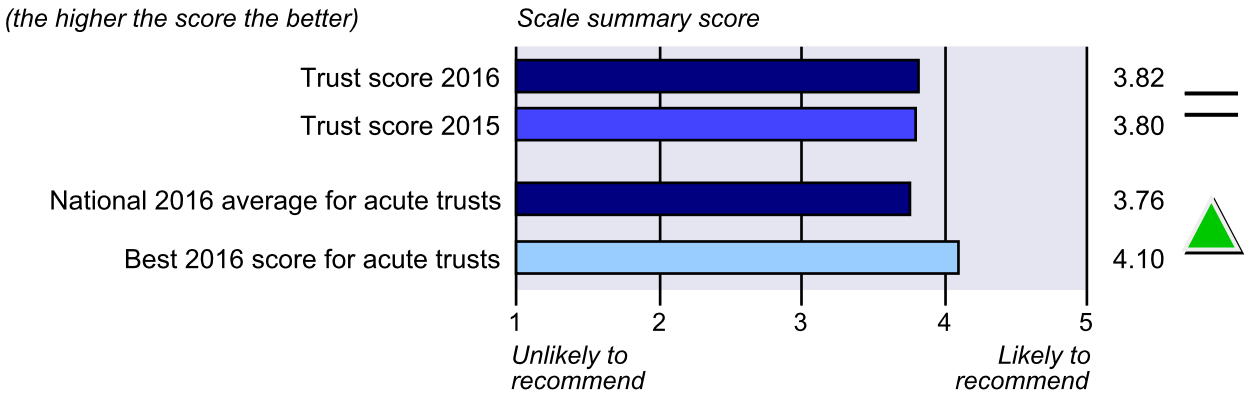
(the lower the score the better)



Job satisfaction

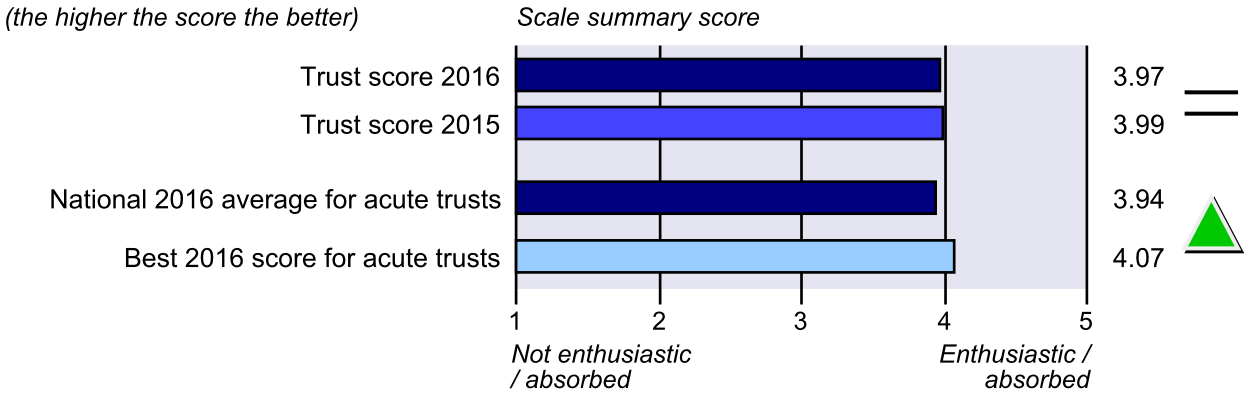
KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)



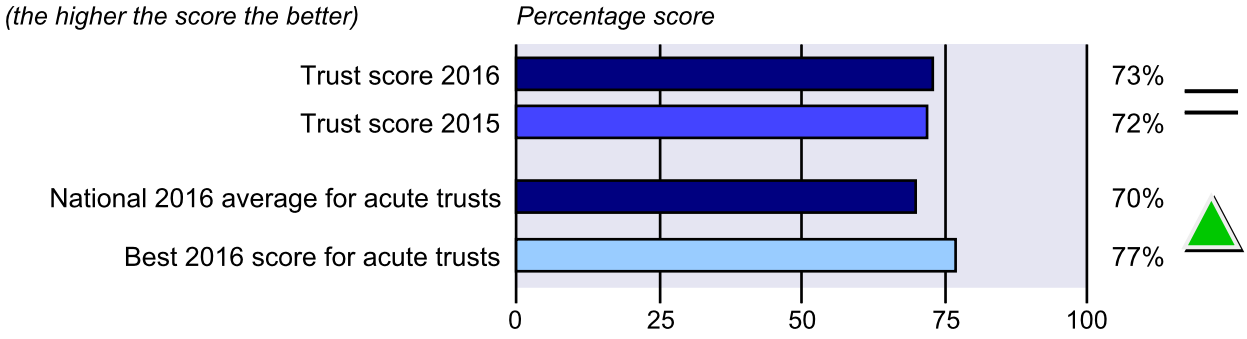
KEY FINDING 4. Staff motivation at work

(the higher the score the better)



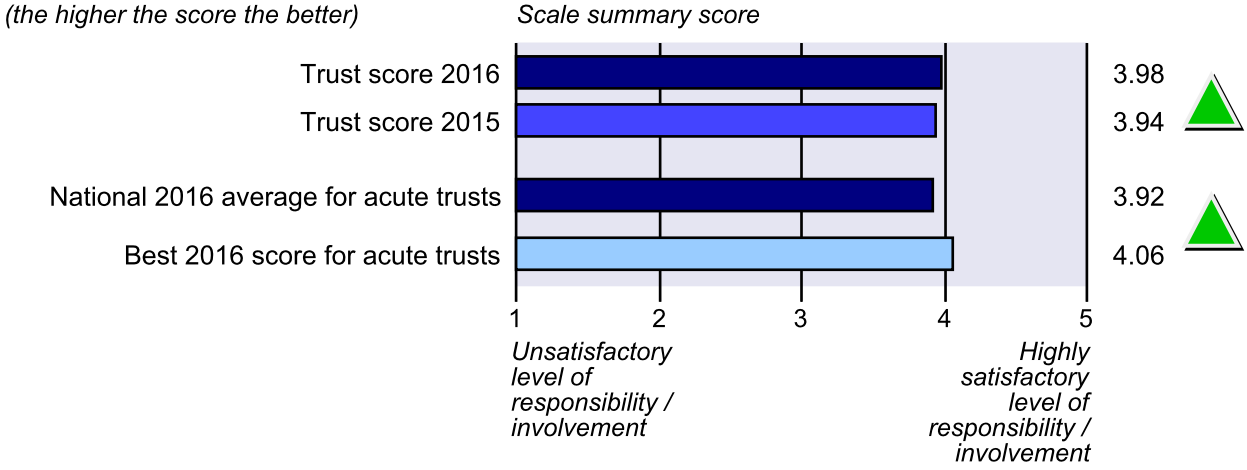
KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



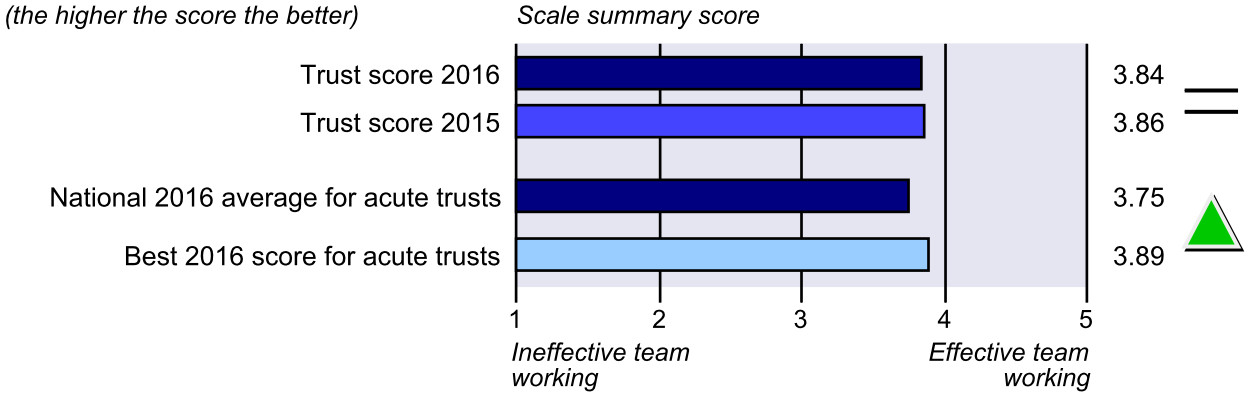
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



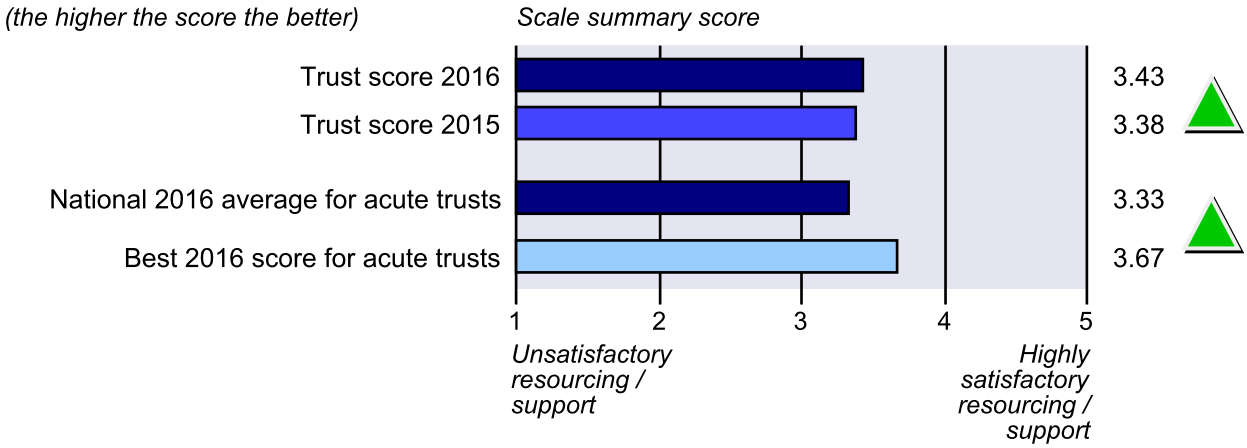
KEY FINDING 9. Effective team working

(the higher the score the better)



KEY FINDING 14. Staff satisfaction with resourcing and support

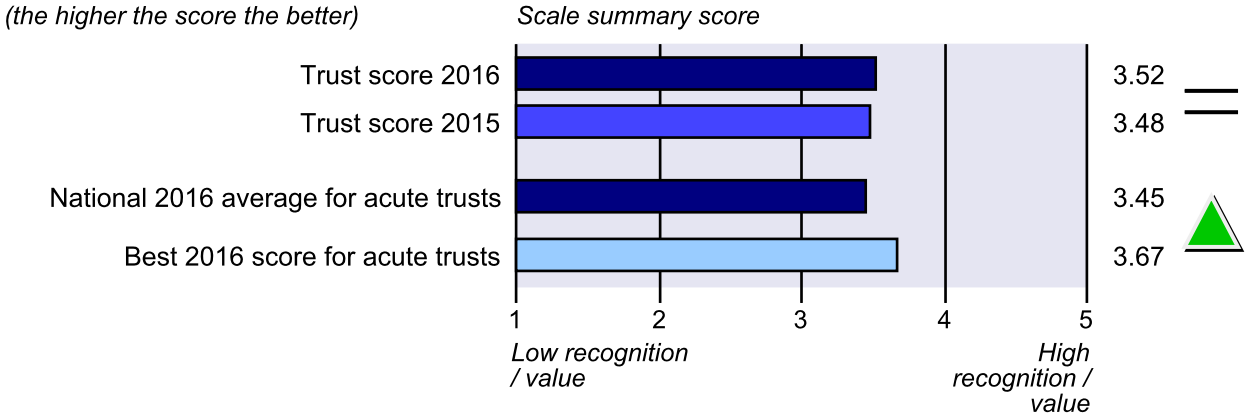
(the higher the score the better)



Managers

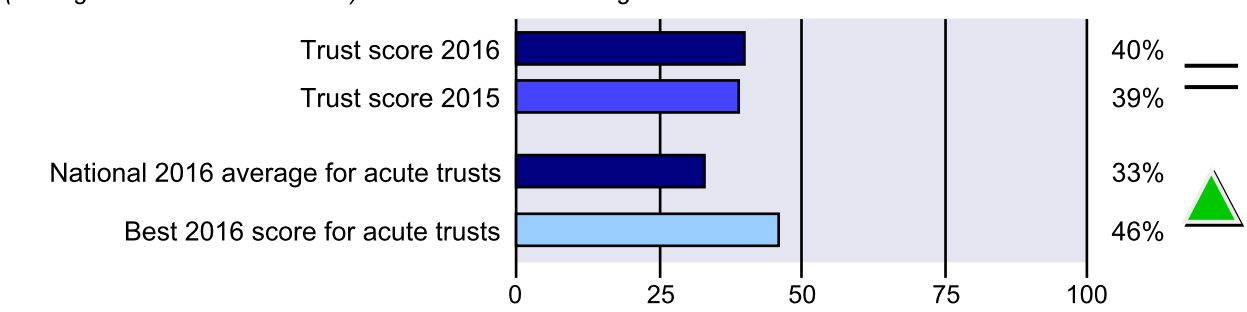
KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)



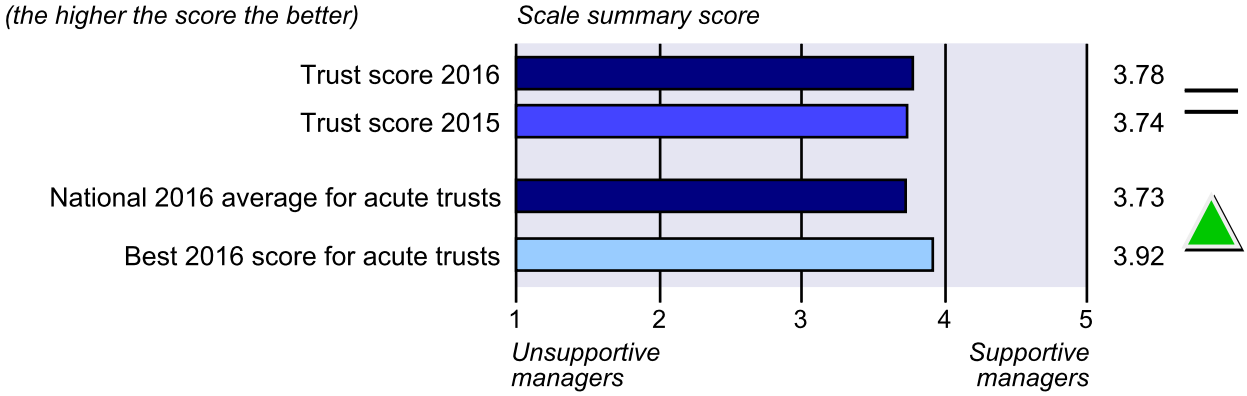
KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



KEY FINDING 10. Support from immediate managers

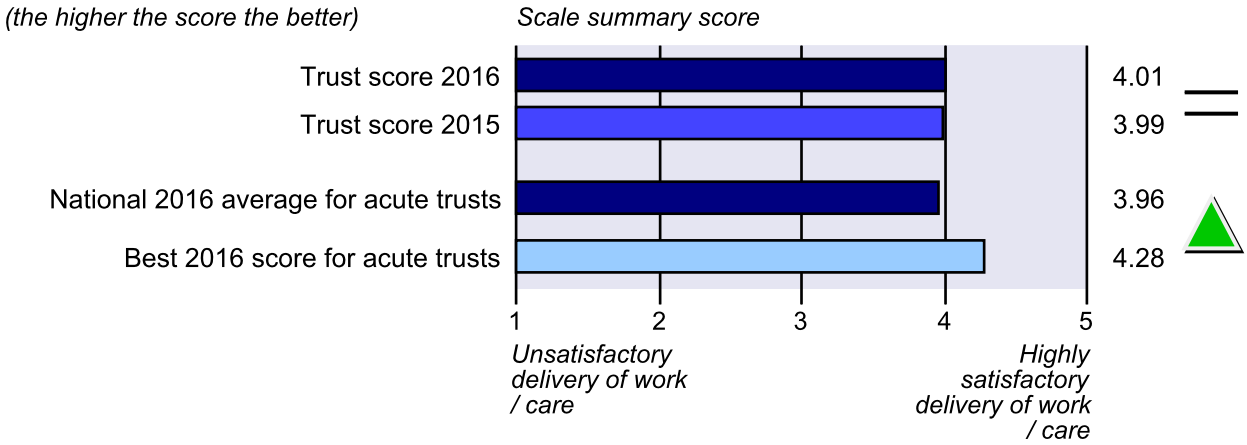
(the higher the score the better)



Patient care & experience

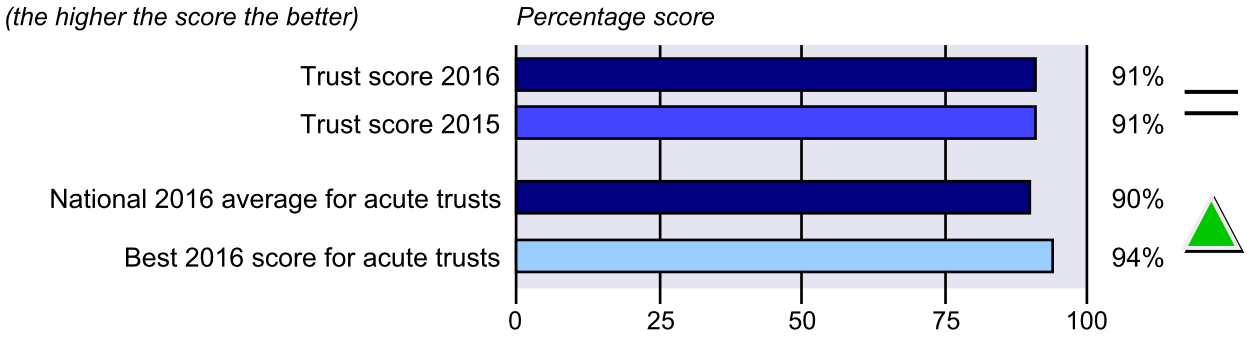
KEY FINDING 2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



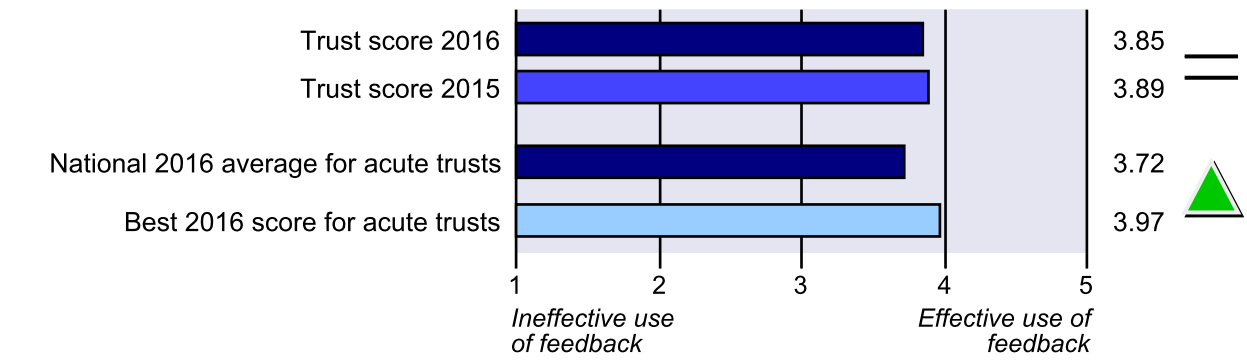
KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



KEY FINDING 32. Effective use of patient / service user feedback

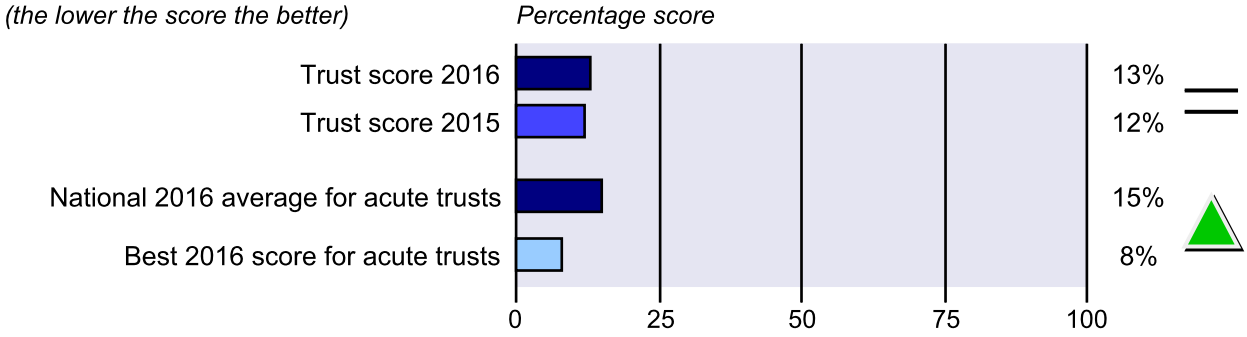
(the higher the score the better)



Violence, harassment & bullying

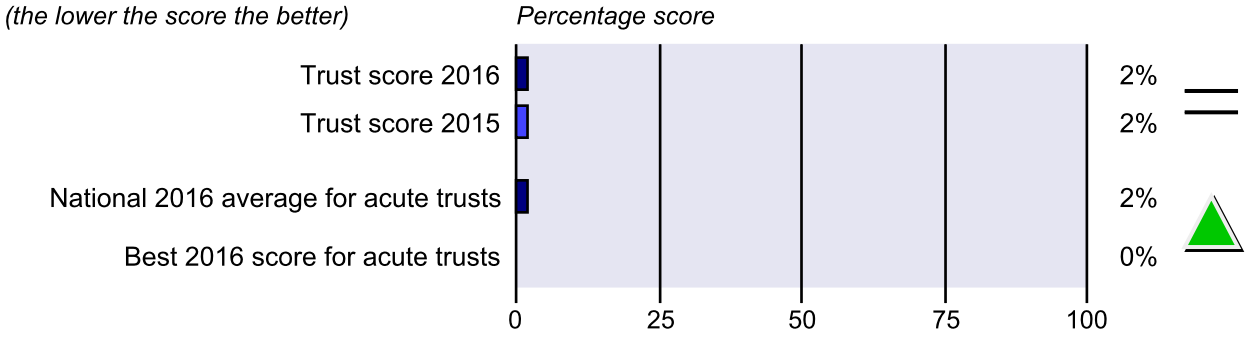
KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



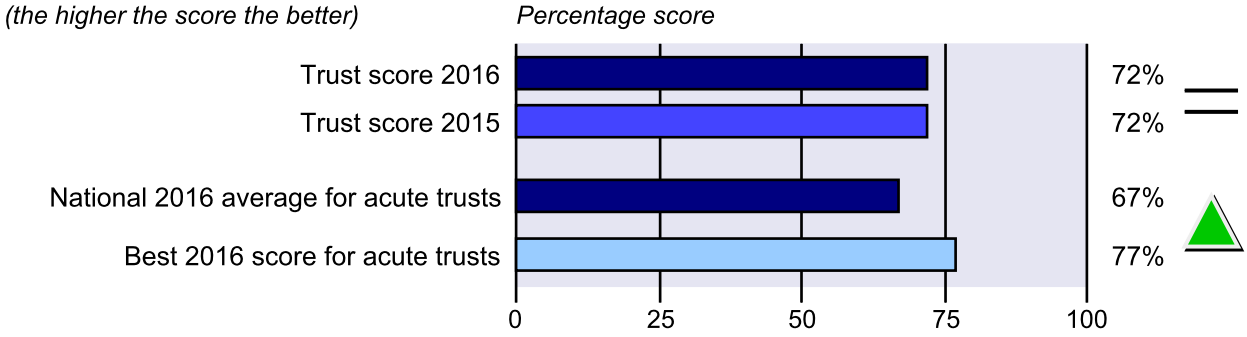
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



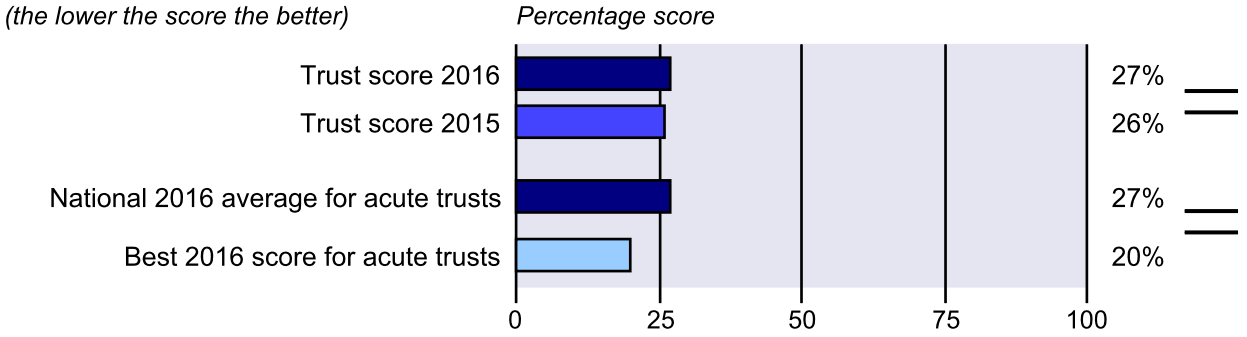
KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



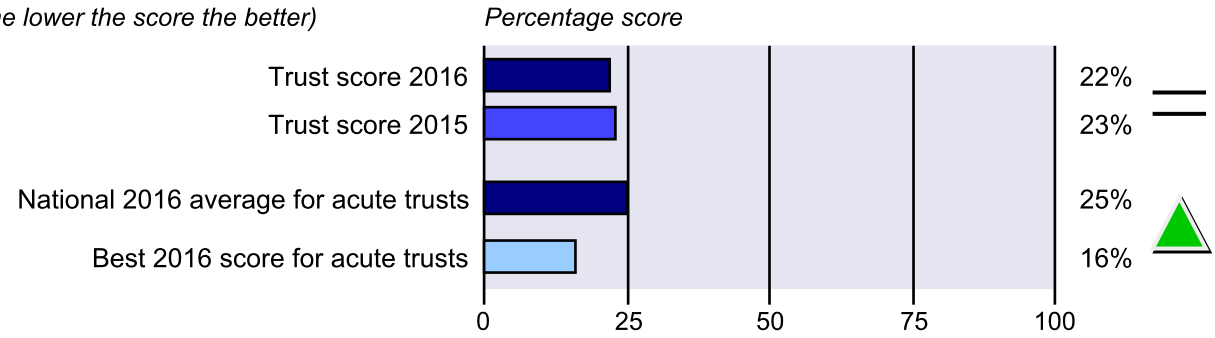
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



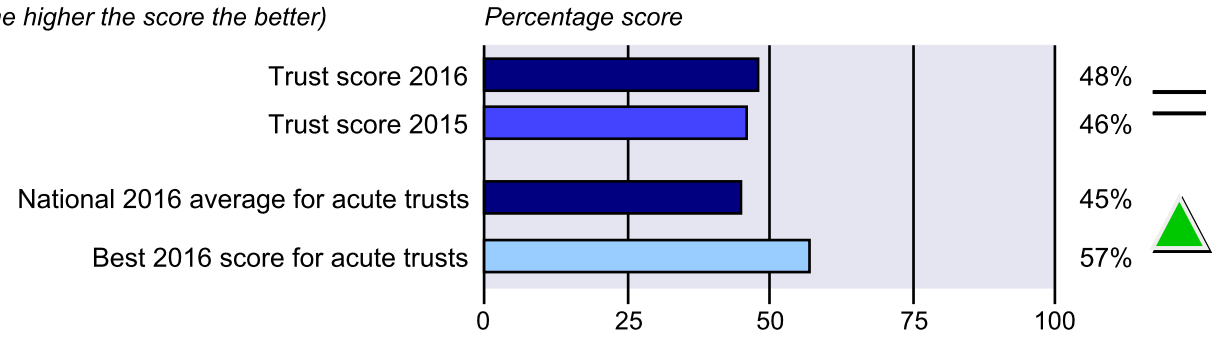
KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

29 March 2017

Item 55

Purpose Information / Assurance

Title	Apprenticeship Levy Report
Author	Mrs L Whitfield, Head of Workforce Education and Development
Executive sponsor	Mr K Moynes, Director of HR and OD

Summary:
The Apprenticeship Levy comes into effect from April 2017 with the Trust being able to draw down resource from the Levy from May 2017.
The current expectation is that the Trust's Levy will be in region of £1.4 million, this will be ring fenced from our current budget. It is of great importance that the Trust utilises this funding as effectively as possible.
The Trust will be monitored on the number of new apprenticeships against an externally defined target. This is currently estimated to be 225.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Recruitment and workforce planning fail to deliver the Trust objectives. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Financial	Yes

(55) Apprenticeship Levy Report

Background

1. As part of the Governments Comprehensive Spending Review the Apprenticeship Levy was announced in the Autumn Statement 2015 by the Chancellor of the Exchequer. The aim of this was to create and support three million apprenticeship starts by 2020.
2. The levy will apply to all employers with a pay bill of over £3 million across all sectors and will come onto effect in April 2017.
3. It is anticipated that this will be equate to £1.4 million for East Lancashire Hospitals NHS Trust.
4. The Trust has a strong history of supporting Apprenticeships across a range of clinical and non-clinical areas and subjects (Appendix 1). There are currently 123 staff on programmes; 94 staff on an Apprenticeship programme and 29 on the Modern Apprentices route.
5. The quality of our apprenticeships has been acknowledged externally by our stakeholder partners and we have been awarded 'Large Business of the Year' from both Blackburn and Nelson & Colne Colleges in the last 12 months.
6. We offer high level of support to all apprentices, to ensure best outcomes for them and the organisation.

Access to the levy

7. The levy is accessed via a digital account through HMRC to pay for apprenticeships training at registered providers.
8. There is an externally monitored target related to the number of apprenticeship starts annually. It is anticipated this will be 225 for East Lancashire Hospitals NHS Trust.
9. The Institute for Apprenticeships is a new independent body to regulate the quality of apprenticeships.
10. Any levy that has not been utilised in a two year period will be recouped by central government and redistributed to other smaller employers.
11. There is a government expectation that employers may not be able to fully utilise the levy and are therefore making provision for employers to be able to enable access to employers that work within their pipeline, for example, local GP practices and the nursing home sector.

What does the levy cover?

12. The levy only covers the academic course fee and apprenticeships must last for a minimum of a year and a day.
13. The funding caps have been released and range from £1,500 to £27,000 per year per trainee. The type of apprenticeship required by the organisation will have a big impact on the amount of levy used, for example, 200 standard apprenticeships at £3000 will only utilise £600,000.
14. The employer has an additional cost of one day per week release, where required, and is also responsible for providing work based learning.
15. Each apprenticeship pathway has to have a standard approved nationally before it can be offered as a training route. This has slowed down the roll out of the programme.
16. A limited number of programmes applicable to health are ready for delivery now with more being anticipated for 2018.
17. Apprenticeships utilising the levy can apply to both existing and new staff. They will be available at all academic levels up to and including Masters.

Actions to Date

18. Work based Education staff have attended a variety of national and local briefings and participated in the Lancashire and South Cumbria Apprenticeship STP Group.
19. Scoping work has been undertaken internally on our previous training activity. Health Education England funded staff developments have been reviewed to identify potential areas for conversion to an apprentice pathway development e.g. Assistant Practitioner and alternative route to current CPD provision.
20. The Head of Workforce Education has been part of the National Trailblazer group designing the Apprentice Registered Nurse.
21. We are developing a 'Questions and Answers' format for all staff and a number of case studies (Appendix 2).
22. A series of briefings across the Trust have been completed including presentations to all Divisional Management Boards. Divisions are currently reviewing opportunities to utilise the levy.
23. Bespoke work with individual service areas and directorates has occurred to link identified staff development needs to apprenticeships. Estates and Facilities have been particularly proactive in participating in this work and this will support their current transformation pilot work.

24. We have already identified a number of apprenticeships utilising the levy these include Assistant Practitioners (20), Development of Bands 1-4 in Estates (100+) and Master level management/ leadership programmes (4).This will expand as divisional transformation plans are formulated.
25. The Digital Account has been registered for and is operational.
26. Over the last twelve months much partnership work has been undertaken with our five local colleges, local training providers and the University of Central Lancashire. Currently these meetings meet monthly as the Pennine Lancashire Education and Training Provider Group. This is a sub group of the Pennine Lancashire Transformation Programme. A workshop is planned for the 28th of April to map out current provision for Health and Social Care and look at transforming this into a coherent entry level pathway that will support Health and Social Care across Pennine Lancashire.
27. A joint post has been designed and appointed to with Nelson and Colne College to help maximise the levy through closer working, the development of potential career pathways and training routes. This has enabled progress with a career pathway for Healthcare Assistants.
28. Work to date has been undertaken by the Work Based Education Team supported by some temporary funding from Health Education England North West which ends September 2017. As the scope of this work grows trust funding will need to be identified to provide capacity to ensure that the Trust utilises the levy to best effect.
29. The Work Based Education Team will work closely with Workforce Transformation Team, using the '4 Pillar' Approach, working with our Divisions.

Conclusion

30. The Board is asked to note the progress made in relation to the Apprenticeship levy and an update will provided to the Board on a quarterly basis.

Appendix 1

Case Studies - HCA Recruitment and Pathway

1. Lucy – age 18, Care Academy/college completion:

Date	Band	Job title	On job training/Qualification linked to role	Experience gained	Job aspirations
Current 2017	**1**	Trainee HCA	Apprenticeship HCA – work based learning programme HCA Essential Nursing Care programme Functional Maths and English Care certificate	HCA role on various wards Work Based experience	Bank – internal application Guaranteed interview for permanent post
March 2018	**2**	Permanent HCA	Level 3 – Apprenticeship Senior HCA	Consolidate work based experience	Progress to Senior HCA post
March 2019	**3**	Senior HCA	Level 3 – Apprenticeship Senior HCA	Consolidate work based experience	Stay within role or progress onto Associate nurse
May choose to remain as Band 3, Senior HCA, as aspirations reached at this point					
September 2019	**3**	Trainee Associate Nurse	Level 4 – Apprenticeship Foundation Degree		Consolidate practice or progress onto degree level apprenticeship nursing
September 2021	**4**	Associate Nurse	In-house training		

Case Studies - HCA Recruitment and Pathway

1. Sadie – age 28, Bank:

Date	Band	Job title	On job training/Qualification linked to role	Experience gained	Job aspirations
Current	**2**	Bank	Functional Maths and English HCA Essential Nursing Care programme	HCA role on various wards Work Based experience 6 months	Progress to permanent band 2
March 2017	**2**	Permanent HCA	Care Certificate Level 2 – Apprenticeship Healthcare Assistant, if no previous qualifications	Consolidate work based experience	Progress to Senior HCA post
September 2018	**3**	Senior HCA	Level 3 – Apprenticeship Senior HCA	Consolidate work based experience	Stay within role or progress onto Associate nurse
May choose to remain as Band 3, Senior HCA, as aspirations reached at this point					
September 2019	**3**	Trainee Associate Nurse	Level 4 – Apprenticeship Foundation Degree		Consolidate practice or progress onto degree level apprenticeship nursing
September 2021	**4**	Associate Nurse	In-house training		

Case studies - talent spot and upskill current workforce
2. Fred – age 35:

Date	Band	Job title	On job training/Qualification linked to role	Experience gained	Job aspirations
Current	**2**	HCA	Functional Maths and English HCA Essential Nursing Care Programme Care Certificate Level 2 – qualification in health	**Aspirational** Significant work based learning	Senior HCA
June 2017	**3**	Senior HCA	Level 3 – Apprenticeship Senior HCA Clinical skills linked to post	**Aspirational** Consolidate work based learning	Aspirations met and stay within post. Or Progress into Associate Nurse
May choose to remain as Band 3, Senior HCA, as aspirations reached at this point					
January 2019	**3**	Trainee Associate Nurse	Level 4 – Apprenticeship Level 5 Associate Nurse	Consolidate work based learning	Progress into Associate Nurse
January 2021	**4**	Nursing Associate	Foundation Degree Level 4	Consolidate work based learning	Aspirations met and stay within post. Or Progress onto Degree Apprenticeship Nursing course
Future	**5**	Staff Nurse	Apprenticeship Degree in Nursing	Consolidate work based learning	

Case studies - talent spot and upskill current workforce
3. Susan – age 41:

Date	Band	Job title	Qualification linked to role	Experience gained	Job aspirations
Current	**3**	Senior HCA	Care Certificate Level 3 – qualification in health	Significant work based experience	**Aspirational** Associate Nurse Nurse
April 2017	**3**	Trainee Associate Nurse	Level 5 – Apprenticeship Foundation degree	Consolidate work based learning	Progress into Associate Nurse **Aspirational**
May choose to remain as Band 3, Senior HCA, as aspirations reached at this point					
April 2019	**4**	Associate Nurse	Level 5– Apprenticeship foundation degree	Consolidate work based learning	Aspirations met and stay within post. Or Progress onto Degree Apprenticeship Nursing course
April 2022	**5**	Staff Nurse	Apprenticeship Degree in Nursing	Consolidate work based learning Preceptorship	

Appendix 2:

Current programmes in place include:

- Business & Administration Level 2
- Business & Administration Level 3
- Business & Administration Level 4
- Customer Service Level 2
- Customer Service Level 3
- Team Leading level 2
- Management Level 3
- Management Level 4
- Management level 5
- Clinical Healthcare support Level 3
- Information Technology
- Laundry Level 2
- Pharmacy Level 2
- Pharmacy Level 3
- Engineering Level 3
- Medical Administration Level 2
- Medical Administration Level 3
- Facilities Services Level 2
- Facilities Management Level 3

East Lancashire Hospitals NHS
NHS Trust

TRUST BOARD REPORT

Item 56

29 March 2017

Purpose Approval

Title	Financial Budget Approval
Author	Ms C Henson, Acting Deputy Director of Finance
Executive sponsor	Mrs M Brown, Acting Director of Finance

Summary: The attached paper will be submitted to the Board for approval in February 2017 following review and approval by the Finance and Performance Committee.

This paper proposes the revenue and capital budgets for 2017-18 and 2018-19. The Committee is requested to approve a budgetary plan that will deliver the agreed control total of an outturn deficit of £0.863m in 2017-18 and breakeven in 2018-19, as well as allow the Trust to achieve its strategic priorities.

Report linkages

Related strategic aim and corporate objective	Delivery of performance standards
Related to key risks identified on assurance framework	Financial sustainability

Impact

Legal	No	Financial	Yes
Equality	No	Confidentiality	No

(56) Financial Budget Approval

Executive summary

1. The Board is asked to approve a revenue budget for 2017-18 and 2018-19. This report outlines the summary proposals.
2. The draft revenue budget for the Trust is shown in the table below. In approving the financial proposals the following will need to be considered:
   a) The Trust will bring forward a recurrent revenue pressure of £19.4m into 2017-18. This includes a prudent assessment of the recurrent impact of divisional overspends in 2016-17.
   b) The Trust has been notified of its allocation from the Sustainability and Transformation Fund (STF) of £11.272m in each of the next 2 years.
   c) The Trust is required to achieve a deficit of no worse than £0.9m in 2017-18 and break even in 2018-19, after the application of the STF allocation.
3. Taking these factors into account and incorporating our assessment of income and expenditure pressures, results in the draft financial plan below.

Table 1: Summary financial plans for 2017-18 and 2018-19

	2016-17 Forecast Outturn £m	2017-18 Plan £m	2018-19 Plan £m
Operating Income from patient care activities	435.8	436.4	436.4
Other Operating Income	36.8	36.6	36.6
Employee Expenses	-307.7	-318.7	-321.4
Operating Expenses excluding Employee Expenses	-154.3	-142.2	-137.6
Operating Surplus / (Deficit)	10.6	12.1	14.0
Finance Costs			
Finance Income	0.3	0.3	0.3
Finance Expense	-9.1	-8.9	-9.5
PDC dividends payable/refundable	-4.5	-4.5	-4.9
Net Finance Costs	-13.3	-13.1	-14.1
Gains/(losses) on disposal of assets	0.0	0.0	0.0
Surplus / Deficit for the period	-2.7	-1.0	-0.1
Remove Capital donations/grants I&E Impact	0.2	0.1	0.1
Adjusted financial performance surplus / (deficit)	-2.5	-0.9	0.0

4. The following report provides background information relating to the plan and highlights the key risks to be managed.

National Context

5. In September 2016, NHS England and NHSI jointly published the *'NHS Operational planning and Contracting guidance 2017-19'.* This document explains how the NHS operational planning and contracting processes were changed to support Sustainability and Transformation Plans (STPs) and the 'financial reset' (as published during the year). It reaffirmed national priorities and set out the financial and business rules for both 2017-18 and 2018-19.

6. The shared tasks were clear: implement the Five Year Forward View to drive improvements in health and care; restore and maintain financial balance in the NHS; and deliver core access and quality standards. To support the STP process and embed the 'financial reset', the annual NHS planning and contracting round was streamlined significantly with the aim of providing greater certainty and stability; simplifying processes and ensuring they are more joined up; cut transaction costs; and support partnership and transformation.

7. The nine 'must do' priorities for 2016-17, remain the priorities for 2017-18 and 2018-19. These national priorities and other local priorities will need to be delivered within the financial resources available in each year and help to frame our negotiations with commissioner and inform our business strategies. For reference, they are shown in this report at Appendix 1.

8. The national guidance directed a number of changes to the planning process and the application of some funding flows. These being:
   a) Contracting timetable brought forward significantly to be completed by the end of December 2016
   b) Contracting and planning to cover 2 years to ease the resource and administration burden in 2018-19
   c) CQUIN application to change to allow for 1% of the 2.5% allocation to be directly linked to control total acceptance and supporting the financial position of the NHS
   d) Emphasis of governance of Trusts via the Single Oversight Framework (SOF).

Local Position

9. In line with the revised timetables, we submitted our 2017-18 and 2018-19 financial, activity and workforce plans to NHS improvement in December 2016. Our 'ask' was to agree control total positions of £0.863m deficit in 2017-18 and break-even in 2018-19, after the application of the STF. Our potential STF allocation was notified to us as being lower in the next 2 years than in 2016-17, a reduction of £1.2m to £11.272m.

10. Without the STF, our actual control totals are a deficit of £12.135m in 2017-18 and £11.272m in 2018-19. These are the figures we will be monitored against via the SOF, and must be achieved to access any of the STF. This is further explained later in this report, but for ease, we are assuming full achievement of the STF in each year, to achieve an overall financial position of £0.863m in 2017-18 and break-even in 2018-19.

11. The planning guidance assumed that cost increases for Trusts would be in the region of 2.1% and that income would increase by 0.1% thus leaving an efficiency requirement of 2% in each of the next 2 years. We have assessed our income and costs for 2017-18 against the 2%. Our current modelling suggests that generic costs will increase by £14.4m; inclusive of an estimated 1% pay award, incremental drift, and increased employers pension costs to cover the scheme administration, non-pay inflation, capital charges and the impact of the apprenticeship levy. This is over 1.0% above the anticipated 2% in the national planning assumptions. The following table shows the anticipated movement:

Table 2 – Generic pressures 2017-18 and 2018-19

	2017-18 £m	2018-19 £m
Capital charges	1.0	1.0
CNST	1.8	1.8
Pay award	3.0	3.0
Incremental drift	2.8	2.8
Non-pay inflation	2.7	2.7
Junior Dr contract	0.5	0.0
Business rates	0.3	0.3
CQC increase	0.1	0.1
Apprenticeship levy	1.4	0.0
RPI PFI	0.5	0.5
Adjusted financial performance surplus / (deficit)	14.1	12.2
Percentage	3.1%	2.7%

12. An improvement to the control total of £3m and the necessity to keep a CQUIN reserve increases the ask for the Trust. Any further cost increases in addition to those that we have reflected in our position will result in a further financial pressure for the Trust and could put our ability to achieve our control total at risk.

13. Our modelling shows that in order to achieve the required control totals we will need to achieve efficiency savings in the region of £17.8m in 2017-18 and £13m in 2018-

19. This assumes all delivery is recurrent and not carried forward into subsequent years. In reality, it is usual to have some element of non-recurrent savings in each year. The following table shows the factors impacting on our financial position and its movement between years.

Table 3 – Financial movement between years

	2017-18 £m	2018-19 £m
Underlying deficit position	-19.4	-12.1
Generic Pressures	-14.1	-12.2
Income movement	7.1	0.0
CQUIN reserve	-3.6	0.0
SRCP	17.8	13.0
STF	11.3	11.3
Financial performance surplus / (deficit)	-0.9	0.0
Percentage	-0.2%	0.0%

14. In preparing the plans, a range of planning guidance has been referenced:
    a) NHS England: 'The Forward View into Action: NHS shared planning guidance 2016-17 – 2020-21'
    b) NHS England and NHS Improvement: 'NHS Operational Planning and Contracting 2017 to 2019'
    c) NHS England and NHS Improvement: 'National tariff Payment System 2017-18 and 2018-19'
    d) NHS Improvement: 'Technical guidance for NHS planning 2017-18 and 2018-19'

2017-19 Contract Position

15. We have signed the 2017-18 and 2018-19 contracts with our Host and Associate CCG's, the councils and with NHS England Specialised Commissioners and Area Teams. Contract negotiations have resulted in an increase in our funding of £7.1m. In order to afford this increase, commissioners have planned for a number of significant QIPP schemes. This has reduced our opening plan position, however these schemes are predominantly elective activity based and will therefore be paid on a PBR basis if they do not come to fruition. If they do materialise as planned, this will give us an opportunity to reduce capacity. We have agreed with commissioners to jointly manage the risks of any pressures arising as a result of service retraction. In

addition, we have agreed to work collaboratively with our CCG colleagues to improve the chances of achieving these QIPP schemes. We will endeavour to ensure that this work is directly aligned to strategic priorities across Pennine Lancashire.

16. Activity overall has grown minimally in 2016-17 (1%). Contract activity for the next 2 years has been based on the current outturn position, adjusted for the impact of QIPP schemes mentioned above. Growth has not been included for the current position and is a risk to the CCG for all PBR activity. We have shown our commitment to joint working across the Local Delivery Programme (LDP) by agreeing slightly different contracting mechanisms over the next 2 years. The contracting mechanisms agreed with our host CCGs reflect our commitment to transformational change as they have been designed to reward innovation and efficiency on the elective pathway and encourage partnership working to address emergency pathway pressures. We will monitor this activity closely through the A&E Delivery Board and the Access & Choice Board to ensure we minimise our exposure to risk.

CQUIN

17. CQUIN funding is aimed at driving clinical quality improvements and transformational change. It is paid on a % term for achievement of agreed factors each year. Our level of CQUIN income is £9.15m (2.5%) and historically we have always received close to 100% of this funding having achieved agreed indicators.

18. The CQUIN indicators are normally made up of national and local indicators, For 2017-18 and 2018-19, there will only be national indicators. This will account for 1.5% of the 2.5% of funding. We are working to ensure there are minimal recurrent costs associated with achieving these indicators.

19. In line with national requirements, the remaining 1% of funding (£3.6m) will be set aside to create two reserves. Access to the reserves will be as follows:
    a) 0.5% (£1.83m) will be given if we ensure that we participate in the STP
    b) 0.5% (£1.83m) will be paid if we meet 2016-17 control total and 2017-18 control totals are agreed.

20. The total 1% will not be able to be invested and can only be used to support the financial position. We are awaiting further guidance on how this will work in practice but as we do not normally invest this funding as it is part of our baseline, we are assuming that this will be no different in 2017-18.

Sustainability and Transformation Fund (STF)

21. The potential to receive an STF allocation of £11.272m has been notified to us for 2017-18 and for 2018-19. We have recently been notified that the payment of this amount will work slightly differently to as it did in 2016-17. As in 2016-17, the fund will only be able to be accessed once the financial target is met (binary on/off switch). In 2016-17 the Trust has met all indicators bar the 4 hour standard. This resulted in a reduction to STF of £1.2m. We did not lose all 4 quarters for this target in 2016-17 as the first quarter was not included. In 2017-18, the STF will apply for all 4 quarters; however the standard has changed to only incorporate the 4 hour standard as a performance element, in addition to finance. The split of the STF will move from that shown in the table to 70% finance and 30% 4 hour standard.

Table 4 – STF percentages and income risk

	2017-18 £m	2017-18 %
Finance Control total	7.9	70.0%
4 hour standard	1.4	12.5%
RTT	1.4	12.5%
Cancer 62 day	0.6	5.0%
Financial performance surplus / (deficit)	11.3	100.0%

Income plan

22. In addition to our contract income and STF, we have assessed our other income streams, including any non-recurrent funding streams received in year. The results of this give us the income plan shown below.

Table 5 – 2017-18 Breakdown of the Income plan

Income type	2016-17 Forecast Outturn £m	2017-18 Financial Plan £m	2017-18 Financial Plan %
Patient Care Revenue	433.4	433.9	92%
Injury Cost Recovery	2.1	2.1	0%
Private healthcare	0.3	0.4	0%
Sustainability and Transformation Fund	11.3	11.3	2%
Research and Education	12.2	12	3%
Other Operating Revenue	9.5	11	2%
Income generation	3.8	3	1%
Investment Income	0.2	0.2	0%
Total	472.8	473.9	100%

Expenditure

23. As detailed above our expenditure pressures are in the region of £14.1m, well in excess of those anticipated by the national planning guidance. There remain a number of assumptions and any increases to our costing assumptions will increase our financial pressure going forward. A ley assumption in our costing is that of a 1% pay award for all staff. This is based on previous years pay awards.

24. In addition, a levy payment to the government for apprentices is payable in 2017-18. The apprenticeship levy will be payable via PAYE and is currently estimated at £1.3m. It is expected the final amount will be confirmed in March 2017. In return the Trust should receive £1.3m of credits with local colleges to use for apprentices and training. It is key that as a Trust we use the apprenticeship levy credits to support our areas where we have skills gaps and where as a consequence we require agency staffing on a regular basis.

25. Workforce estimates are developed through the business planning process. The financial plans have been formulated on the basis of actual position, adjusted for future workforce changes including service developments and efficiency schemes. The impact on the whole time equivalents are shown in Appendix 2.

26. Due to high levels of vacancies and constraints of workforce supply there has been a considerable increase in the levels of agency spend across the Trust. The Trust has agreed a limit of £13.0m spend on agency staffing for 2017-18 and £10.5m for 2018-19. The current forecast spend for 2016-17 is £15.5m hence a reduction in spend of £2.5m is required in the coming year. This indicator forms part of the Single Oversight Framework. The £13.0m equates to a forecast 4.3% of the workforce in financial terms. We have seen a small reduction in 2016-17 compared to 2015-16 levels.

27. Agency spend by type in the current year is shown below; £12.7m April to January 2017. This is currently a forecast of 5% of the workforce in financial terms.

Table 6: Agency spend April to January 2017

Agency Staff type	£000s
Consultants	2,365
Specialty Doctors & Associate Spec	2,648
Training Doctors	1,252
Pharmacists	19
Professional and Technical	157
Allied Health Professionals	625
Healthcare Scientists	77
Qualified Nurses	4,130
Health Care Assistants	1,150
Maintenance & Works	8
Ancillary	18
Admin and Clerical	199
Other non-clinical	10
Total	12,658.0

28. The Trust has implemented a number of initiatives to tackle agency spend including moving to weekly pay for bank shifts, increasing our bank staff, investment in bank teams, working with local Trusts, creation of specific working groups, centralised control of invoice sign off, introduction of a standard Trust wide agency time sheet and more recently a weekly update to the Executives to monitor progress.

29. From 2017-18 the off-payroll rules (IR35, or 'the intermediaries legislation'), ensure that individuals, who work through their own company (PSC), pay employment taxes in a similar way to substantive employees. This measure moves responsibility for deciding if the engagement is within scope or not, from an individual worker to the public sector body, agency or third party paying them. The measure also makes that organisation responsible for deducting and paying associated employment taxes and National Insurance contributions (NIC's) to HM Revenue and Customs (HMRC). This change does not currently affect workers and PSC's who provide their services to private sector organisations. This change will apply from the 6th April and will impact on a number of staff currently working with us. The largest body that fall into this are locum Doctors. There is a risk that as a result, rates may increase to employ these Doctors or we will lose them to the Independent Sector in some specialties. We will assess the impact of this through the year.

30. As in previous years, all budgets will be funded for pay inflation, incremental drift and generic non-pay pressures. The impact of Brexit on our imports and on staffing supply, IR35 and changes to salary sacrifice announced in the November budget will be monitored.

Safely Releasing Cost Programme (SRCP)

31. A Divisional SRCP requirement of 3% of the expenditure budget is the maximum that the Trust considers is realistically achievable and is within NHS improvements recommendations. This equates to an additional £14.0m of savings required. To date there is an additional £3.8m pressure that will be carried forward from 2016-17 that is being met non-recurrently in 2016-17. This gives a target of £17.8m of efficiency savings to be met in 2017-18. The planned divisional split is shown below.

Table 8 – Divisional SRCP targets

Division	2017-18 Target (3%) £000s	2016-17 c/f £000s	Total £000s
Integrated Care Group	3,983	-3	3,980
Surgical and Anaesthetic Services	3,136	1,574	4,710
Diagnostic & Clinical Services	2,804	171	2,975
Family Care	1,759	1,091	2,850
Estates and Facilities	1,378	707	2,085
Corporate Services	940	334	1,274
Total	14,000	3,874	17,874

32. As previously highlighted it is critical that all staff are committed to meeting these targets and working with the Programme Management Office to drive savings through the Transformational schemes as well as achieving 'Business as Usual' savings.

Benchmarking

33. We continue to assess the potential savings opportunities detailed in the Lord Carter's provider productivity work programme. Our headline Adjusted Treatment Cost is £0.99 which means that we are 1 pence less expensive than the national average £1 spent. A potential annual savings opportunity of £35.8m has been identified from clinical services (notified 24th November 2015). As the data is based on 2014-15, our opportunity will now be less than this as we have already achieved a proportion of this through our last 2 years of efficiency programmes. That said, the report still gives us areas to focus on.

34. This benchmarking data is now being used to aid in the identification of SRCP schemes for the Trust in 2016-17 and beyond. In order to help services understand their profitability service line information is produced and shared on a monthly basis. It is essential that services understand their profitability. Clinical engagement is key to improve the assumptions made in the information.

35. Following the issue of Monitor's strategy 'Improving the costing of NHS services: proposals for 2015-2021' the Trust has responded by developing a strategy to deliver the transformation required to meet the mandatory deadline submission of patient-level information costing systems (PLICS). This will be installed from April 2018 for a July 2019 collection.

36. In addition to the Lord Carter benchmarking and SLM data, we also make use of the Better Care, Better Value indicators (BCBV). These are shown in appendix 3 and give a further insight into potential savings opportunities. The data shows that we are an outlier and hence have opportunity in our new to review rates for outpatients and our excess beddays.

Budget Finalisation and Budgetary Controls

37. In outlining proposals for the 2017-18 and 2018-19 revenue budgets we have taken account of the 2016-17 underlying position, volume and case mix changes, commissioning risks, inflationary pressures, service pressures, service developments and changes to the financial regime. An objective of the financial planning and budget setting process is to prepare accurate and affordable budgets aligned with outturn activity and associated income. Income and expenditure budgets have been set in accordance with these objectives.

38. The existing budget setting principles continue into 2017-18 and 2018-19:

a) Vacancies are costed at bottom of scale
b) Increments, enhancements and allowances are reviewed and funded in full. Incremental progression throughout the year will also be funded on a monthly basis as in previous years.
c) Rotas are reviewed and funded as appropriate
d) Over-established posts are not costed and Divisions are required to remove over established posts (unfunded posts are contrary to the Trust's Standing Financial Instructions)
e) Pay awards and clinical excellence awards are fully funded
f) Superannuation is funded for all staff in the NHS pension scheme and in NEST
g) Employers contributions for national insurance are funded
h) Efforts continue to reduce vacancy factors. Previous years have seen an overall reduction in percentage terms from 2.3% in 2015-16 to a 1.7% vacancy factor.
i) All virements between pay and non-pay budgets must be approved by the Finance department.

j) Non-pay budgets have been reviewed by comparing 2016-17 trends with the allocations brought forward, and virement between budget lines has been used to address in-balances where possible

k) Non-pay inflation will be funded as a lump sum for divisions to allocate

l) The annual estate revaluation exercise is reflected in the non-operating costs.

39. A key feature of the annual financial planning process is the requirement for a formal sign off of final budgets by all budget holders. This is in accordance with the Trust's Standing Financial Instructions.

40. For 2017-18 opening budgets, all budget holders will meet on a one to one basis with a member of the finance team, at which all budget holders will be given an overview of the key delegated financial responsibilities. This will be supported by a handbook to refer to with an overview of financial processes. The 2017-18 budget will be signed off at this meeting.

Summary Income and Expenditure Plan

41. The Trust is facing a significant challenge given its efficiency requirement for 2017-18 and our underlying deficit position, and in light of the challenging operational and financial environment for the local health economy. The table below shows the 2017-18 plans (likely case) compared to the forecast outturn position for 2016-17.

Table 9: Movement on income and expenditure plans

	2016-17 Forecast Outturn £m	less non-recurrent £m	Underlying position £m	2017-18 Plan £m	2018-19 Plan £m
Operating Income from patient care activities	435.8	-5.9	429.9	436.4	436.4
Other Operating Income	36.8	-14.1	22.7	36.6	36.6
Employee Expenses	-307.7	3.1	-304.6	-318.7	-321.4
Operating Expenses excluding Employee Expenses	-154.3	0.0	-154.3	-142.2	-137.6
Operating Surplus / (Deficit)	10.6	-16.9	-6.3	12.1	14.0
Finance Costs					
Finance Income	0.3	0.0	0.3	0.3	0.3
Finance Expense	-9.1	0.0	-9.1	-8.9	-9.5
PDC dividends payable/refundable	-4.5	0.0	-4.5	-4.5	-4.9
Net Finance Costs	-13.3	0.0	-13.3	-13.1	-14.1
Gains/(losses) on disposal of assets	0.0	0.0	0.0	0.0	0.0
Surplus / Deficit for the period	-2.7	-16.9	-19.6	-1.0	-0.1
Remove Capital donations/grants I&E Impact	0.2	0.0	0.2	0.1	0.1
Adjusted financial performance surplus / (deficit)	-2.5	-16.9	-19.4	-0.9	0.0

Conclusion

42. In summary, the key messages of the financial plan are:

a) This is a very challenging financial planning environment for the NHS and the local health economy.

b) The financial plan is dependent on significant SRCP delivery, agreed contracts and finalised income position. This represents significant financial risk for the Trust however it is in line with previous years achievement.

Recommendations

43. The Board is asked to:

a) Note the approach taken in preparing the draft financial plan for 2017-18 and 2018-19.

b) Note the risks identified in the report and the steps taken to mitigate them.

c) The Board is asked to approve the revenue budgets for 2017-18 and 2018-19.

Appendix 1: The 9 'Must Do's'

2017/18 and 2018/19 'must dos'

1. STPs

- Implement agreed STP milestones, so that you are on track for full achievement by 2020/21.
- Achieve agreed trajectories against the STP core metrics set for 2017-19.

2. Finance

- Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, the provider sector needs to be in financial balance in each of 2017/18 and 2018/19. At national level the CCG sector needs to be in financial balance in each of 2017/18 and 2018/19.
- Implement local STP plans and achieve local targets to moderate demand growth and increase provider efficiencies.
- Demand reduction measures include: implementing RightCare; elective care redesign; urgent and emergency care reform; supporting self care and prevention; progressing population-health new care models such as multispecialty community providers (MCPs) and primary and acute care systems (PACS); medicines optimisation; and improving the management of continuing healthcare processes.
- Provider efficiency measures include: implementing pathology service and back office rationalisation; implementing procurement, hospital pharmacy and estates transformation plans; improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity; implementing the Getting It Right First Time programme; and implementing new models of acute service collaboration and more integrated primary and community services.

3. Primary care

- Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes.
- Ensure local investment meets or exceeds minimum required levels.
- Tackle workforce and workload issues, including interim milestones that contribute towards increasing the number of doctors working in general practice by 5,000 in 2020, co-funding an extra 1,500 pharmacists to work in general practice by 2020, the expansion of Improving Access to Psychological Therapies (IAPT) in general practice with 3,000 more therapists in primary care, and investment in training practice staff and stimulating the use of online consultation systems.
- By no later than March 2019, extend and improve access in line with requirements for new national funding.
- Support general practice at scale, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.

4. Urgent and emergency care

- Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.
- By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services.
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

Appendix 1: The 9 'Must Do's'

5. Referral to treatment times and elective care

- Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).
- Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.
- Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.
- Implement the national maternity services review, *Better Births*, through local maternity systems.

6. Cancer

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.
- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.
- Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.
- Ensure all elements of the Recovery Package are commissioned, including ensuring that:
    - o all patients have a holistic needs assessment and care plan at the point of diagnosis;
    - o a treatment summary is sent to the patient's GP at the end of treatment; and
    - o a cancer care review is completed by the GP within six months of a cancer diagnosis.

Appendix 1: The 9 'Must Do's'

7. Mental health

- Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including:
  - Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;
  - More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;
  - Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;
  - Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
  - Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and
  - Reduce suicide rates by 10% against the 2016/17 baseline.
- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
- Increase baseline spend on mental health to deliver the Mental Health Investment Standard.
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- Eliminate out of area placements for non-specialist acute care by 2020/21.

8. People with learning disabilities

- Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
- Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.
- Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

9. Improving quality in organisations

- All organisations should implement plans to improve quality of care, particularly for organisations in special measures.
- Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services.
- Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

Appendix 2: Workforce

Workforce estimates are developed through the business planning process. The financial plans have been formulated on the basis of actual position, adjusted for future workforce changes including service developments and efficiency schemes.

2017-18 and 2018-19 Workforce plan - wte

Staff Group	2016-17 Forecast Outurn	2017-18 Plan	2018-19 Plan
	wte	wte	wte
ALL STAFF	7878.1	8040.2	8023.6
Bank	482.7	482.7	482.7
Agency staff (including, Agency, Contract and Locum)	235.6	175.4	155.7
Substantive	7159.8	7382.1	7385.2
Total Substantive Non Medical -Clinical Staff	5388.9	5594.5	5591.6
Total Substantive Non Medical- Non-Clinical Staff	1233.9	1227.7	1229.7
Total Substantive Medical and Dental Staff	537	559.9	563.9

2017-18 and 2018-19 Workforce plan - £

Staff Group	2016-17 Forecast Outurn	2017-18 Plan	2018-19 Plan
	£'000	£'000	£'000
Total Pay Bill All Staff	307,747	317,424	321,437
Bank	11,155	9,489	9,461
Agency staff (including, Agency, Contract and Locum)	15,455	13,033	10,514
Total Pay Bill Substantive Staff	281,137	294,902	301,462
Total Non Medical -Clinical Staff	181,781	191,685	197,139
Total Non Medical- Non-Clinical Staff	35,843	36,874	37,274
Total Medical and Dental Staff	63,513	66,343	67,049

Appendix 3: Better Care Better Value

Better Care Better Value (BCBV) indicators identify potential areas for efficiency improvement. The opportunity figure which is published is indicative only and acts to sign post where there are potential savings. These areas should then be reviewed and interpreted locally. The current BCBV indicators are shown in the table below. Further detailed information has been shared with the Operational Delivery Board. The latest position published is based on quarter 1 data 2016-17, shown with the same quarter in the previous year as a comparator.

Better Care Better Value Indicators Quarter 1 2016-17 v Quarter 2 2015-16

Quarter 1 2016-17

Indicator	latest value	Financial Opp	Rank	Category
Managing First Follow Up	1.95 (First Follow Up ratio)	£2.6m	98	Clinical
Reducing length of stay	15.39 (bed day saving %)	£2.5m	142	Clinical
Emergency Readmission (14 day)	5.81 (emergency readmissions %)	£1.3m	100	Clinical
Pre-procedure NEL bed days	2.32 (bed day rate)	£1.0m	150	Clinical
Outpatient Appointment DNA	9.15 (DNA %)	£0.795m	125	Clinical
Increasing day Surgery rates	82.18 (daycase rate %)	£0.124m	44	Clinical
Pre-procedure EL bed days	0.28 (bed day rate)	£0.100m	118	Clinical
Sickness Absence - Provider	4.66 (fte lost to sickness)	£0	141	Workforce

Quarter 1 2015-16

Indicator	latest value	Financial Opp	Rank	Category
Managing First Follow Up	1.94 (First Follow Up ratio)	£2.2m	82	Clinical
Reducing length of stay	15.27 (bed day saving %)	£2.5m	143	Clinical
Emergency Readmission (14 day)	5.71 (emergency readmissions %)	£1.4m	111	Clinical
Pre-procedure NEL bed days	2.22 (bed day rate)	£1.0m	153	Clinical
Outpatient Appointment DNA	9.10 (DNA %)	£0.727m	123	Clinical
Increasing day Surgery rates	82.20 (daycase rate %)	£0.109m	40	Clinical
Pre-procedure EL bed days	0.18 (bed day rate)	£0.068m	77	Clinical
Sickness Absence - Provider	4.82 (fte lost to sickness)	£0	146	Workforce

Source: http\www.productivity.nhs.uk/

Appendix 4: Reference Costs
Clinical Reference Costs

Each year NHS providers participates in a national costing exercise. This exercise derives a national 'Reference cost' for a particular clinical service. A reference costs represents an average unit cost to the NHS of providing secondary healthcare to NHS patients. Reference costs are used to set prices for NHS funded services in England. The table below shows the reference cost results by specialty but it is worth noting that the Trust has seen the most significant increase in reference cost indices for excess bed day and outpatient activity.

Clinical Education Reference Costs

In September 2016, for the first time, the Trust submitted an integrated cost collection, the aim of which is to move away from netting off education and training income and replace this with the costs of education and training, in time moving to a single national cost collection which includes both education and training and service provision.

The integrated collection will help improve our understanding of the level of cross subsidisation between education and training and service provision to inform decisions about future funding. The integration will support the implementation of Monitor's costing transformation programme.

Both of the 2015 costing exercises were based on the activity information and cost exercise relating to the period 1st April 2015 to 31st March 2016, and the results of the clinical reference costs were published in December 2016 however at the time of this report the Clinical Education Reference Costs indices have not been published.

The published reference cost index (RCI) for the Trust for the last three years is summarised in the table below. This highlights that the Trust relative efficiency has continued to improve with a position of 98.28 compared to the index of 100, i.e. 1.72 better than 'average'.

	Average	2015-16	2014-15	2013-14
Clinical Reference Cost	100.0	98.29	98.79	99.32
Education Reference Cost				
Non-Salaried Education Cost	100.0	123.0	126.0	88.0
Salaried Education Cost	100.0	166.0	168.0	74.1

The Trust Clinical reference cost reduced from 98.79 to 98.29 showing overall a marginal improvement. There was a slight improvement in A&E, 113.27 from 115.33 previously reported and mental health improved by reducing from 122.74 to 111.41. However there was

Appendix 4: Reference Costs

a deterioration in excess bed days which increased by 8.12 and outpatients which was 107.15, 2014-15 to 111.26 reported this year.

The Clinical Education Reference Costs are split into two indices (1) The Non-Salaried data collection related to, otherwise known as the undergraduate trainees; and (2) Salaried data collection, otherwise known as the Postgraduate trainees.

Clinical Reference Costs 2015-2016

Division	Directorate	Sum of Activity	ELHT MFFd Total Cost	MFFd Expected Total Cost	2015-2016 RCI	2014-2015 RCI	Movement
Integrated Care Group	Acute Medicine	26,051	19,451,919	21,782,475	89.30	89.93	-0.63
	Cardiology	53,289	14,939,598	15,306,106	97.61	86.03	11.58
	Community Services	541,405	30,794,002	26,985,597	114.11	125.69	-11.57
	Dermatology	36,524	5,595,748	4,398,272	127.23	121.17	6.06
	Diabetes	20,892	10,876,102	9,400,154	115.70	107.69	8.02
	Digestive Diseases	27,721	21,719,713	15,866,738	136.89	139.04	-2.16
	Emergency Medicine	185,644	26,274,976	23,230,776	113.10	115.10	-2.00
	Mfop/Stroke & Comm	38,621	24,926,110	27,509,462	90.61	86.33	4.27
	Palliative Medicine	15,313	1,288,838	1,276,369	100.98	116.18	-15.20
	Respiratory	23,497	13,773,557	15,125,565	91.06	96.51	-5.45
Integrated Care Group Tot	**ICG Total**	**968,957**	**169,640,562**	**160,881,512**	**105.44**	106.05	-0.60
Surgical & Anaes Services	Anaesth & Critical Car	8,370	10,704,011	10,505,759	101.89	102.22	-0.33
	Cancer Services	55,801	8,978,831	8,149,548	110.18	79.20	30.97
	General Surg Services	50,721	35,090,736	37,574,177	93.39	95.41	-2.02
	Head & Neck	124,361	17,565,149	20,338,770	86.36	92.27	-5.91
	Ophthalmology	73,953	12,241,342	11,375,347	107.61	109.81	-2.19
	Orthopaedic Services	76,909	31,658,086	33,604,043	94.21	97.07	-2.86
	Urology	22,582	9,117,661	10,213,509	89.27	92.45	-3.17
Surgical & Anaes Services	**SAS Total**	**412,697**	**125,355,815**	**131,761,154**	**95.14**	96.18	-1.04
Diagnostic & Clinical Supp	Clinical Laboratory Me	4,199,460	9,466,129	7,981,889	118.60	93.46	25.14
	Excluded Drugs	31,501	18,608,409	33,324,821	55.84	59.54	-3.70
	Haematology	11,209	2,025,277	3,114,601	65.03	70.65	-5.63
	Integrated Msk/Pm/R	28,591	5,475,293	5,791,917	94.53	87.91	6.62
	Pharmacy	73,960	485,093	1,198,566	40.47	53.23	-12.76
	Radiological Services	149,528	11,684,155	10,774,784	108.44	102.89	5.54
	Therapies & Orthotics	220,604	16,186,439	13,007,469	124.44	107.74	16.70
Diagnostic & Clinical Supp	**DCS Total**	**4,714,853**	**63,930,795**	**75,194,047**	**85.02**	83.15	1.87
Family Care Division	Community Paediatric	29,594	4,364,725	5,583,849	78.17	84.85	-6.68
	Elcas	15,678	4,368,433	3,920,888	111.41	122.74	-11.33
	General Paediatrics	34,140	15,416,170	15,484,034	99.56	102.68	-3.12
	Neonates	23,721	8,928,931	10,314,970	86.56	84.11	2.45
	Obstetrics And Gynae	171,554	45,740,823	42,233,165	108.31	105.74	2.57
Family Care Division Total	**Family Care Total**	**274,687**	**78,819,082**	**77,536,907**	**101.65**	101.73	-0.08
Total			**437,746,255**	**445,373,620**	**98.28**	**98.79**	**-0.5**

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 57

29 March 20117

Purpose Information Assurance

Title	Integrated Performance Report **February 2017**
Author	Mr M Johnson, Associate Director of Performance and Informatics
Executive sponsor	Mr J Bannister, Director of Operations

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

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	The Trust fails to deliver and develop a safe, competent workforce Partnership working fails to support delivery of sustainable safe, personal and effective care The Trust fails to achieve a sustainable financial position The Trust fails to achieve required contractual and national targets and its improvement priorities Corporate functions fail to support delivery of the Trust's objectives

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	Yes

Previously considered by: NA

Board of Directors, Update

Corporate Report

Executive Overview Summary

Significant operational pressures continued in February due to the level of demand for beds. The Trust saw a decrease in the number of delayed discharges of medically fit patients and the non-elective length of stay has also reduced in February. The emergency department saw a reduction in the ambulance handover times. However, there have been periods of exceptional demand which have impacted the flow through the hospital, causing delays in the emergency department for patients waiting for beds.
Despite all the pressures, the cancer targets and the 18 week referral to treatment targets for February have been achieved, the mortality rates remain the lowest in the history of ELHT and the majority of the quality indicators are being delivered. The Trust predicts achieving its control total and coming in under budget. The Trust is placed in segmentation 2 by the Regulator under the Single Oversight Framework which is a reflection of the excellent overall performance of the organisation.

SAFE
There have been no further confirmed MRSA infections reported in February, however two are still awaiting an attribution decision from NHS England. One MRSA infection was reported in December, putting the Trust above the zero threshold. This is the first MRSA infection since December 2015.

Additionally, two clostridium difficile post 3 day infections were reported in February, bringing the trust total to 32 for the year above the annual trajectory of 28.

Nursing and midwifery staffing in February 2017 continued to be challenging. 11 areas fell below an 80% average fill rate for registered nursed on day shifts and 1 area for registered midwives on night duty.

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

EFFECTIVE
The latest Summary Hospital Mortality Indicator (SHMI) has reduced to 1.04 as published in December 2016. There is one CQUIN indicator at risk for quarter 3 - Part B of the Neonatal Hypothermia indicator (number of babies less than 34 weeks gestation admitted from the delivery suite whose first temperature taken within an hour is >=36^{o}), which was reported below the 95% threshold at 92.6^{o}.

RESPONSIVE

Delayed discharges decreased to 5.2% from 5.8% last month. Exceptional demand which impacted flow through the hospital, caused delays in the emergency department for patients waiting for beds, resulting in 7 '12 hour trolley waits' (patients waiting longer than 12 hours for a bed from decision to admit).
The number of ambulance handovers over 30 minutes reduced to 674. The ELHT acute four hour standard was reported at 79.9% and the Pennine A&E Delivery Board four hour standard was reported at 84.8%

Referral to treatment 18 week ongoing pathways continue to achieve at 92.2%, although there is continued pressure in a number of specialties placing the overall performance at risk. High numbers of cancellations due to bed pressures have resulted in longer waits for elective surgery and there were two patients still waiting for treatment over 52 weeks at the end of February. Additionally, there were 3 breaches of the 28 day standard for operations cancelled on the day.

All cancer targets were achieved in January.

WELL LED

The Trust sickness absence rate remains above the threshold and has increased in January to 5.4% The vacancy rate has also remained above the threshold at 6.5%

The Trust is reporting a deficit of £1.5m for the period ending 28th February 2017 which is in line with the planned position.

101% of SRCP green schemes have been achieved to date, of which 73% (£10.2m) are recurrent

Introduction

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

SAFE

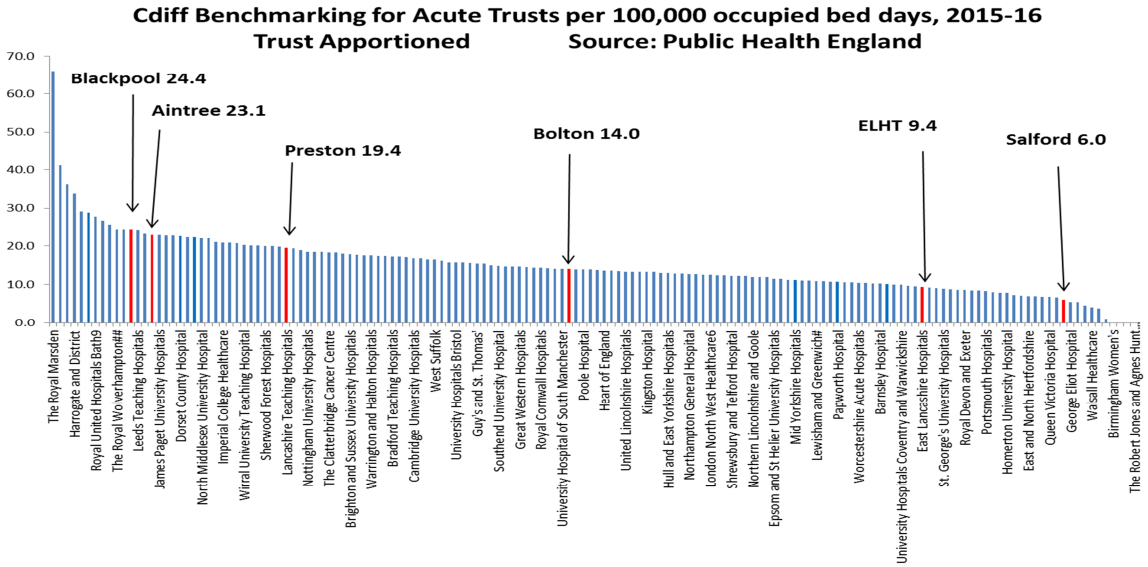
Infection Control (M64/M65)

Current Position

There have been no further confirmed MRSA infections reported in February, however two are still awaiting an attribution decision from NHS England. There was one MRSA infection detected in December post 2 days of admission on the Children's Medical Unit. The year to date total attributed is one, which is above the threshold of zero.

There were two Clostridium difficile toxin positive isolates identified in the laboratory in February which were post 3 days of admission. The year to date cumulative figure is 32 against the trust target of 28.

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



Risks

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

The cumulative total Clostridium difficile identified is now at 32 which is above the annual trajectory of 28. The total number of Clostridium difficile toxin positive results is rising as a health economy with the pre 3 days also rising.

Forecast Position

Year end threshold has been breached.

Actions

- Post Infection Review (PIR) of all cases undertaken and discussed across health economy
- Themes/trends from PIR fed back to Divisional Meetings and IC Liaison Group
- IR1s generated on all failures to meet infection prevention policy
- Divisional responsibility highlighted
- Mattress audit being completed monthly on wards and reported through Division
- Annual mattress audit completed.
- Actichlor Plus daily cleaning being carried out on high risk areas.
- Monthly hand hygiene audits being undertaken by ICNs
- "Prompt to Protect" is being disseminated to wards, via a rolling programme
- HCAI ward dashboard being published
- Antimicrobial audit being undertaken quarterly and results fed back to Divisions for action
- Surveillance undertaken by ICNs and ribotyping requested on all potential linked cases
- All wards with 2 cases within 28 days supported and closely monitored by ICNs
- MDT ward round undertaken weekly for review of all symptomatic CDI patients
- Poster put in all toilet areas to highlight for patients to let staff know about any diarrhoea
- New stool chart and SOP devised to monitor all patients bowel habits to be included in new fluid monitoring chart
- Stool pot label trial implemented to prompt staff to isolate patients immediately and review bowels in case of constipation.

Harm free Care (C28)

Current Position

The Trust remains consistent with the percentage of patients with harm free care at 99.3% for February 2017 using the National safety thermometer tool.

For February 2017 we are reporting the current position as four grade 2 hospital acquired, nine grade 2 community acquired and one grade 3 hospital acquired pressure ulcers. All pending investigation.

Risks

No risks identified

Forecast Position

Above target for harm free care

Actions

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

Never events

Current Position

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

Risks

No risks identified

Forecast Position

No further never events anticipated.

Actions

No action required.

Serious Incidents (M69)

Current Position

The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in the month of February was five incidents. These incidents were categorised as two pressure ulcers, two slips/ trips/ falls and one sub-optimal care of the deteriorating patient incident.

Risks

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

Forecast Position

Current trajectory demonstrates approximately six incidents per month.

Actions

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

Central Alerting System (CAS) Alerts – non compliance (M70)

Current Position

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

Risks

None

Forecast Position

100% Compliance

Actions

None required

Safe staffing (M146 – M153)

Current Position

Nursing and midwifery staffing in February 2017 continued to be challenging. 11 areas fell below an 80% average fill rate for registered nursed on day shifts and 1 area for registered midwives on night duty.

The causative factors remain as in previous months, particularly compounded by escalation areas being open. Of the 11 areas below the 80% average fill rate, 3 of those wards fell below the 80% due to coordinator unavailability, which is in addition to the agreed safe staffing levels, leaving 3 areas of concern.

Daylight Shifts

- C18 Ward
- C22 Ward
- Hartley Ward

Night Shifts

- Blackburn Birth Centre

In respect of C18 ward, this is the first time this ward has fallen below 80% for some time. The ward currently has 6 WTE RN vacancies and 1 WTE on maternity leave. No staffing related incidents were reported in the month of February. Similarly for C22 it is the first time the ward has fallen below 80% for some time. The ward currently has 8 WTE vacancies, I.0 WTE maternity leave and 1.0 WTE long term sick, but have recruited 4 WTE new starters due to commence at the end of March. No staffing related incidents were reported in the month of February. The SAS division has given assurance that of the staffing related incidents reported there were no reports of harm.

Hartley ward had extra support workers deployed to support RN gaps in month. There was one fall with low-minor harm and although there was RN gaps at this time, support worker shifts were increased to support this shortfall.

Blackburn Birth Centre has had a high level of sickness and therefore has only been covered by 2 midwives most nights. To mitigate this risk the service limited the amount of women that could be admitted in labour at any one time and on these occasions and if necessary the women would be diverted to Burnley Birth Centre.

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

There were 3 red flag incidents reported, one related to unable to reliably carry out intentional rounding, on further investigation this appeared to be a breakdown in communication on the ward and no harm was identified as a consequence. One related to less than 2 RN's present, which was an inaccurate entry. The last one related to less than 2 RN's on night duty on Reedyford ward, this is under investigation at present, but appears to have been a communication error in respect of the allocation on arrival staff. No harm was identified as a consequence and adjacent wards helped out as required.

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

Actions taken:

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

Family Care February 2017

Maternity

The midwife/birth ratios calculated using the Birth Rate Plus Tool from the 1st August 2016 to the 28th February 2017 is 1:29.1

Table 1: Staffing Ratios

Month	Aug 16	Sept 16	Oct 16	Nov 16	Dec16	Jan 17	Feb 17
Staffed to full Establishment	1:30.3	1:30.4	1:30.25	1:30.6	1:30.1	1:29.23	1:28.83
Excluding mat leave and vacancies	1:31.5	1:31.9	1:30.60	1:31.2	1:31	1:30.86	1:30.33
With gaps filled through ELHT Midwife staff bank	1:29.7	1:28.4		1:29.4	1:29.2 Usage 13.31WTE weekly	1:29.44 Bank Usage 10.10WTE	1:29.47 Bank Usage 6.165 WTE

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

Twelve incidents were reported within Maternity Services as a “Red Flag” incidents in February, 3 were excluded as 2 they did not relate to inpatient areas and 1 as it related to inability to attend rostered training which is a staffing indicator

Fourteen incidents were reported under staffing issues and of these 4 of them were in relation to midwifery staffing. There was no harm caused as a result of the staffing or the red flag incidents and escalation processes were followed.

Maternity continue to have gaps due to retirement, sick leave and maternity leave. There are 10 gaps due to maternity leave and the VR’s have not been recruited to. There are 9.32 WTE establishment gaps with 4 staff waiting to come into post. Interviews are taking place on the 17th March and there are 25 candidates.

Acuity is assessed twice daily at the safety huddles on Central Birth Suite, the huddles review the whole picture across maternity services and staff are moved accordingly to ensure safe staffing. Bank staff are utilised to ensure safety.

NICU

NICU was safely staffed to the level of acuity in February. There are still vacancies to be recruited to and the plan is for these to be filled by the end of May.

Nurse staffing levels for the acuity are monitored throughout the day and if acuity changes shift's are put out to bank and agency to fill the gaps to ensure safe staffing and where necessary the unit closed to external admissions to maintain safety.

Paediatrics

Paediatrics continues to have staffing gaps due to vacancies and maternity leave, bank and agency are used to mitigate the risk and ensure safe staffing.
There are a number of student nurses ready to start but this will not be until the summer time.

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

CARING

Friends & Family (C31-C32)

Current Position

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

In February the number that would recommend A&E to friends and family was up on last month at 81.8%. The proportion that would recommend inpatient services was down on last month at 97.9%. Community services would be recommended by 93.1% and maternity 97.9%

Risks

The response rate for inpatients in January was 47.4% and the A&E response rate was 21.2% for February, however there are no national targets for this.

Forecast Position

On target

Actions

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

Complaints (C15)

Current Position

The Trust received 36 new formal complaints in February compared to 34 in January and 31 in December.

The number of complaints closed in February was 41.

ELHT is targeted to achieve a threshold of at or less than 0.4 formal complaints per 1,000 patient contacts – made up of inpatient, outpatient and community contacts. The Trust on average has approximately 115,000 patient contacts per calendar month and reports its performance against this benchmark. For February the number of complaints received is shown as 0.31 Per 1,000 patient contacts.

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

Risks

No risks identified

Forecast Position

On track

Actions

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

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

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

Patient Experience Surveys

Current Position

The table demonstrates divisional performance from the range of patient experience surveys for February 2017. The threshold is a positive score of 90% or above for each of the 4 competencies.

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

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

Overall performance by the Integrated Care Group – Community decreased to 99% in February. The performance against Dignity and Quality remains at 100%, with performance against Information and Involvement competencies decreasing to 99% in February.

The overall performance within Surgery increased to 98% in February. Performance against the Dignity competency decreased to 98% in February, Information increased to 99%, Involvement decreased to 98% in February and Quality decreased to 96%.

The Family Care Division's overall performance increased to 98% in February. Performance against Dignity and Involvement competencies decreased to 98% for February, Information decreased to 96% in February and Quality increased to 98%.

Overall performance for the Diagnostic and Clinical Care Directorate decreased to 95% in February. Performance against the Dignity and Quality decreased to 95% in February. Involvement competency remains at 98%, and Information competency decreased to 94% in February.

Table 2: Patient Experience

February 2017 Totals	Overall		Dignity	Information	Involvement	Quality
	No.	%	%	%	%	%
Trust	2294	97	98	97	99	97
Integrated Care Group - Acute	600	97	99	99	99	96
Integrated Care Group - Community	285	99	100	99	99	100
Surgery	217	98	98	99	98	96
Family care	562	98	98	96	98	98
Diagnostic and Clinical	471	95	95	94	98	95

Risks

No risks identified

Forecast Position

On track

Actions

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

EFFECTIVE

Mortality (M73-M53)

Current Position

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

The ELHT Learning Disability Mortality Review Panel met on the 1st March 2017 and reviewed three deaths which occurred in January 2017

- Case 1 – no issues
- Case 2 – learning around DNA CPR documentation, maximise entries on learning disability register to include young people 4+
- Case 3 - feedback to be given following review regarding a lack of holistic approach, communication and decision making around end of life decisions, inadequate documentation

DFI Indicative HSMR - rolling 12 month

The latest indicative 12 month rolling HSMR (December 15 – November 16) is reported 'as expected' at 96.5 against the monthly rebased risk model.

Risks

There are currently six SHMI groups and one HSMR group 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.

Forecast Position

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

Actions

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

CQUIN (M89)

Current Position

The table shows the Quarter 3 position –The CSU have indicated that they will be recommending to the CCG that full payment for Quarter 3 2016/17 is made with the

exception of Sepsis due to the data lag. Feedback from Specialised Commissioners and NHS England is awaited.

For 2017-19, the Trust is expected to work towards achieving 6 of the national schemes which will span 2 years in line with the Trust contract.

Risks

Risks have been identified around the following schemes:

- Part B of the Neonatal Hypothermia indicator (number of babies less than 34 weeks gestation admitted from the delivery suite whose first temperature taken within an hour is >=36^{o}), which was reported below the 95% threshold at 92.6^{o}.
- Latest published data for the 1% reduction in antibiotic consumption per 1000 admissions CQUIN is on track for the overall reduction required and for Carbapenems but consumption of piperacillin/taxobactam is 4.6% up on agreed baseline. Payment is based on the final annual position reported after Quarter 4.

Forecast Position

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

Actions

All CQUIN schemes have been assigned clinical and managerial leads and are managed by the divisional teams. Monitoring and updates are provided through the Trust's Clinical Effectiveness Committee and Contract and Data Quality Steering Group.

RESPONSIVE

Accident and Emergency (C2/C2ii/M62)

Current Position

Overall performance against the ELHT Accident and Emergency four hour standard was reported as 79.9%, below the 95% threshold. The performance against the Pennine A&E Delivery Board four hour standard was reported as 84.8%

The number of attendances during the month was 17,452 and of these 14,792 were treated and left the department within 4 hours. (Pennine A&E Delivery Board)

Only 6 out of 139 reporting trusts with type 1 departments achieved the standard on all types for January. (National data reported one month behind)

There were 7 breaches of the 12 hour trolley wait standard from decision to admit during February. Five of these were mental health breaches and two were physical health breaches. Mental Health demand and the timely availability of mental health beds remain an issue. Rapid review timelines are completed in accordance with the NHS England Framework and a root cause analysis will be undertaken.

Risks

- Medical staffing gaps continued during the month with sickness and cancellation of locum shifts. This had a serious impact on flow. Support from across divisions continued and alternative internal pathways were put in place where possible although this was limited.
- There was a high level of short notice nurse staffing sickness throughout February which had a significant impact on ED/UCC and on the wards.
- Surges in ambulance attendances have continued with high numbers of arrivals in short period of time leading to delays.
- Mental Health demand and the timely availability of mental health beds remain an issue. There continues to be significant numbers of attendances in relation to Mental Health which are resource intensive for the department. During February there were five 12 hour Mental Health breaches waiting for a mental health bed.
- Bed pressures continue. At times admissions have exceeded discharge levels across both surgery and medicine – high acuity patients within medicine and surgery have impacted on the number of discharges which in turn caused delays in bed availability resulting in increased length of stay in ED causing delayed first assessments. At times the ED and UCC have been over capacity by 50-75% causing

patients to be nursed on corridors which impacted on the ability to assess patients in a timely way.

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

Forecast Position

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

Actions

- Our winter escalation ward is open to support additional demand and is being reviewed in order to plan for the next few weeks.
- Micro-management clinical flow 24/7 with an 8am cross organisational Operational Performance meeting on a daily basis considering issues from the previous 24 hours.
- Intensive Home Support Teams continue to work daily in the Emergency Department to prevent admissions and have also been deployed across wards to support early discharge.
- Operational times for Ambulatory Care have been increased from November 2016. The service is now provided 7 days a week and the impact will is being monitored. A Business Case has also been drafted which supports this continuing going forward.
- We now have a regular number of GPs coming forward to offer sessions in UCCs. These support the existing workforce. A hospital based GP in UCC commenced in post in December 2016.
- Overseas recruitment took place in September 2016. Posts have been offered and work continues to finalise and arrange start dates.
- A review of the 12 hour MH breaches has been undertaken. A paper and Action Plan were presented at SIRI panel. A fishbone analysis was undertaken and the Action Plan updated. The Action Plan will be monitored through the LCFT and ELHT Quality Meetings.
- An external review of the Mental Health Pathway in Pennine Lancashire took place at the end of November. This involved the Royal College of Psychiatrists and the Royal College of Emergency Medicine along with, ELHT and LCFT and commissioners. Formal feedback has been received and is being reviewed.
- A review of Core Nurse Staffing in ED/UCC has been undertaken and recruitment has commenced based on initial feedback.
- The Transformation Programme for the Emergency Care Pathway has now been agreed and key projects commenced: including Review of Rapid Assessment and Treatment Model in ED, Review of the Urgent Care Model including Triage, MSK pathway from Triage.
- A stranded patient metric is being used to assess the position in relation to complex discharges and DTOC.

- We continue to utilise the Discharge Lounge for patients awaiting transport to go home from ED, UCC, STU and Acute Medical Wards.
- Following a test of change for direct orthopaedic attendances from GPs, AVH MIU, BUCC and Rossendale MIU where patients were reviewed in Ambulatory Care by the Orthopaedic team, patients will now be directed straight to STU.
- The streaming model continues at Royal Blackburn Urgent Care Centre which involves a senior decision maker streaming patients at triage to ensure appropriate and timely treatment.
- NHS Improvement visited ELHT twice in February to review the Emergency Pathway and work with us on areas of potential improvements.
- A review of breach analysis and utilisation of EPTS is underway.
- The Transitional Care Unit (TCU) was opened in January to support the decompression of ED to improve flow and reduce the number of patients waiting on corridors therefore improving patient experience. A SOP was developed and is in place.

North West Ambulance Service (M81/M82)

Current Position

The ambulance handover compliance indicator measures the compliance with PIN entry on completion of patient handover. This was achieved at 92.4% in February, which is above the 90% threshold.

The number of handovers over 30 minutes decreased to 674 for February compared with 1402 for January. 2368 handovers were within 15 minutes of arrival and a further 757 were 15-30 minutes.

The validated NWAS penalty figures for February are reported as;- 164 missing timestamps, 316 handover breaches (30-60 mins) and 60 handover breaches (>60 mins).

Risks

- Royal Blackburn continues to be the busiest site in the North West for ambulance attendances. Surges in ambulance arrivals continue to cause pressure in the department especially in times of limited patient flow due to low bed availability within the Trust.
- Surge patterns continue with high numbers of arrivals in short time periods leading to delays.
- Congestion within the department at time of pressure leads to reduction in space to offload arriving ambulance patients. This impacts handover times.
- Increasing patient acuity with patients presenting with complex co-morbidities continues to place considerable demand on ED.
- Timely availability of medical and surgical beds has impacted on the length of stay in ED which has therefore resulted in Delayed First Assessments and overcrowding. Demand has exceeded capacity.

Actions

- Rapid Handover procedure for UCC patients has been agreed and introduced. This has seen a rise in the number of appropriate patients being taken to UCC.
- Fortnightly operational meetings continue with NWAS/ED/AMU with representation from the CCG.
- The Ambulance Liaison Officer role is now embedded and has been extended up to end of March 17. This role is now being reviewed with NWAS and ELHT clinicians to explore options to expand the role.
- Reception capacity has been increased. Staff are in post and this is supporting timely handovers and more efficient transfer of patients from the department.
- Rapid Assessment of Treatment (RAT) Process in ED had been reviewed and made leaner to improve the timeliness of assessment and to improve flow to enable an improvement in handover times.
- Process mapping of handover process undertaken jointly with ELHT/NWAS including RAT process in February.

Referral to Treatment (C1/C3/C4/C37.1)

Current Position

The 18 week referral to treatment (RTT) % ongoing position has been achieved with 92.2% patients waiting less than 18 weeks to start treatment at end of February, which is just above the 92% target.

The total number of ongoing pathways has reduced again to 25,779 from 26,143 last month. There were with 2004 patients waiting over 18 weeks at the end of the month, reduced from last month's 2004.

The median wait has improved in February to 6 weeks from 7.1 in January.

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

There were two patients waiting over 52 weeks at the end of February. One was a Trauma & Orthopaedics patient with a complex pathway and incurred delays due to patient choice, diagnostic tests, a secondary skin condition, transfer between consultants and long-term consultant sickness. The second was an Oral Surgery patient who incurred delays in the pathway due to operational pressures in both the Dermatology and Oral Surgery departments specifically, and wider pressures caused by emergency patients across the trust.

The latest published figures from NHS England show a slight improvement of the ongoing standard nationally, with 89.9% of patients waiting less than 18 weeks to start treatment in January, compared with 89.7% in December.

Risks

Operational pressures are still a risk and routine operations are being cancelled due to lack of beds. Pressures exist in the system with increasing demand and lack of capacity in some areas.

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

Forecast Position

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

Actions

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

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

Cancer (C18-C25/ C36)

Current Position

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

The 62 day target is not monitored nationally by tumour group and is included here for information only. At tumour site level, three groups did not meet the 62 day target in January; Colorectal (62.5%), Urology (70.5%) and Lung (76.5%). There were two patients in January treated after day 104 and these 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.

Risks

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

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

Forecast Position

The 62 day target is currently at risk for February and March, although validations not fully complete.

Actions

Risks are escalated to senior managers and cancer performance is monitored through weekly cancer patient tracking list (ptl) meetings, Surgery and Integrated Care Group (ICG)

performance weekly meetings and the director of operations weekly performance monitoring meeting.

Cancelled Operations – 28 Day breach (C27a)

Current Position

There were three 'on the day' cancelled operations not rebooked within 28 days in February. Two patients were booked for endoscopy procedures and one was booked for a vascular procedure. All three were cancelled initially due to bed pressures caused by demand from emergency patients. One patient could not be rebooked within 28 days due to needing an interpreter. One patient has their procedure cancelled twice due to bed pressures and third patient could not be rebooked within the 28 days due to capacity.

Risks

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

Forecast Position

No further breaches anticipated.

Actions

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

Delayed Discharges (M55)

Current Position

The number of delays reported against the delayed transfers of care standard has reduced to 5.2% against the January rate of 5.8% however still remains above the threshold of 3.5%. This equates to an average of 43 beds lost per day, which has decreased from 47 per day in January. The top three reasons for the delays are 'Awaiting completion of assessment' (34%), 'Awaiting domiciliary package of care' (21%) and 'Patient or Family Choice' (20%).

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

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

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

Risks

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

Forecast Position

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

Actions

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

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

- Integrated discharge service - This will ultimately result in the delivery of a fully integrated discharge service including a trusted assessor role to support ELHT front door areas and wards. The service has been developed to use the 'Assess to Admit' and 'Discharge to Assess' principles of care.
- System Reviews – Audits and improvement events held to identify opportunities for improvement.
- Continuing Health Care – micromanaged to ensure patients are transferred out of hospital as soon as possible when fit for discharge.
- Home of Choice - Our allocation service is supporting families to make timely choices for onward care. Working daily with Care Home Selection service to ensure that we are fully updated on progress and that actions to facilitate discharge are completed in a timely manner.
- Medically Ready Patients – operational plan in place to reduce medically fit for discharge number to below 79 by the end of March 2017.

Emergency Readmissions (Reported 1 month behind – C16)

Current Position

The emergency readmission rate is reported at 12.0% in January 2017 compared with 13.3% in January 2016.

Risks

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

Forecast Position

The forecast is for this to improve over the summer months.

Actions

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

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

Diagnostic Waits (C17)

Current Position

This measures the proportion of patients exceeding the 6 week target for a diagnostic procedure. In February, 0.3% (21 patients) waited longer than 6 weeks, which has decreased from last month (0.4%) and is still under the threshold of 1%.

Nationally, 1.7% of patients were waiting over 6 weeks at the end of December.

Risks

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

Forecast Position

On track

Actions

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

Length of Stay (M90/M91)

Current Position

The Trust non elective average length of stay has decreased to 4.8 days in February, compared to 4.9 in January.

The elective length of stay (excluding daycase) has increased on last month to 2.7 from 2.2.

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

Table 3 – Average Length of Stay VS expected, December 15 - November 16, Dr. Foster

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	58,308	10,028	48,280	3.3	2.6	-0.7
Emergency	53,596	53,596	0	4.8	4.9	0.1
Maternity/Birth	14,315	14,315	0	2.1	2.4	0.3
Transfer	180	180	0	10.7	37.3	26.6

Risks

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

Forecast Position

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

Actions

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

WELL LED

Sickness (M78)

Current Position

The sickness absence rate increased from 5.21% in December 2016 to 5.36% in January 2017. This is higher than the previous year (4.86%). Long term sickness currently stands at 2.27% and short term sickness at 3.09%.

Risks

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

Forecast Position

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

Actions

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

Turnover rate and Temporary costs (M77/F8)

Current Position

Overall the Trust is now employing 7063 FTE staff in total. This is a net increase of 8 FTE from the previous month. The number of nurses in post at February 2017 stood at 2274 FTE

which is a net increase of 10 FTE since last month and a net increase of 220 FTE since 1st April 2013.

There are a further 91 nurses in the recruitment pipeline.

The vacancy rate for nurses now stands at 9.9% (249 FTE)
In 2015/16 East Lancashire Hospitals NHS Trust spent £24.6m on temporary staffing. This represented 8% of the overall pay bill. (9% 2014/15; 8% 2013/4; 5.5% 2012/13). For the year ending 2015/16 the Trust spent £24,607,589 (£16,469,869 agency; £8,137,720 bank).

In February 2017 the Trust spent £2,183,837 on bank and agency. This was less than in February 2016 (£2,368,912) and more than in January 2017 (£2,127,294).
Total expenditure to date for 2016/17 is £24,648,629

Risks

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

Forecast Position

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

Actions

- Improving utilisation of Staffflow – now achieved 96%
- Additional eRostering training dates, and on ward training/refresher sessions
- Trust wide agency reduction task groups (medical and Non –Medical) and Executive Oversight Group established
- Each division now has an allocated eRostering expert lead/single point of contact, resulting in increased familiarity with their roster and therefore improved engagement.
- The 16/17 professional judgement meetings were concluded in November 2016. This resulted in required changes to the establishment, which will be documented in a separate paper for agreement.
- A proposal to change the annual leave allowance to a fixed percentage was agreed and so this will come into effect from the 1 April 2017 (updated policy has been agreed). This will have a positive impact in terms of being able to manage/flat line the 22% headroom across the year.
- A 60 unit role out plan has been developed for 2017/18 which will continue to see the Allocate tool being rolled out across the Trust. In December the Domestic workforce (299 WTE) were moved onto the eRoster and are now being paid via this tool. Several more units are now being progressed including, Catering, Portering, Therapies and multiple units within ICG and Family Care.
- A review of the eRoster training modules and the introduction of some eLearning modules are now complete and available via the Learning Hub. Customer feedback has been used to inform this review. This has also included 400 domestics being trained to use Employee on Line.
- Full implementation of the Safecare.

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

Appraisals & Job Plans (M80)

Current Position

The 2015/16 year end job plan completion rate was 80%. The 2016/17 job planning round was re-launched in May, with a window of June to August to undertake the reviews. The current completion figure for 2016/17 at the end of February was 67%, including reviews that have taken place since January 2016. The Deputy Medical Director is working closely with the Divisional Directors to ensure that job plans are undertaken.

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

Table 4 – Job Plans

	2015	2016 (YTD)
Trust Total	80%	67%
Integrated Care Group	66%	3%
Surgery	75%	90%
Family Care	100%	79%
Diagnostics & Clinical Support	84%	80%

There has been a new system implemented (MyL2P) to capture the appraisal rates for consultants and career grade doctors. The completion rates reported from this system are cumulative year to date, April – February 2017 and reflect the number of reviews completed that were due in this period.

The consultant appraisal rate is currently 96% and the other medical staff appraisal rate is now at 99%.

The AFC appraisal rates continue to be reported as a rolling 12 month figure and are currently at 57% which is below the threshold of 90%

Risks

None identified

Forecast Position

Compliance

Actions

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

- Additional PDR and Learning Hub sessions offered to staff from across the organisation
- Bespoke PDR and Learning Hub sessions provided to groups and individual staff undertaken and where requested this had taken place in the workplace.
- A quick PDR Guidance has been made available on the Learning Hub, the Message board and the Learning and Development page of the Intranet
- Flyers have been distributed across the organisation aimed at both Reviewers and Reviewee's detailing what PDR's are and whom to contact for further information
- Staffs are encouraged to consider how PDR's enhance their leadership and management role within their teams/services through various forms of facilitated activities.
- Service support up to the CQC inspection in 2015 was offered to support Divisions in inputting the dates of completed PDRs offered by the Learning and Development department.
- The *Get Ready for Revalidation Awareness Sessions* promotes Personal Development Reviews as a fundamental part of the process

- To promote Talent Management within the organisation we are in the process of implementing a *People Development Strategy* which will incorporate learning and development opportunities accessible to all, integrated within individuals appraisals and enable management of own development in accordance with their aspirations.
- An animated video is being developed which provides an overview of how to carry out an appraisal whilst promoting quality and engagement in the Personal Development Review process
- Work has commenced in making the Appraisal/PDR inputting onto the Learning Hub simpler in readiness for a new template which will be available from 1st January 2017
- *'Have you had the Conversation' campaign* commenced to promote a quality appraisal conversation
- Compliance rates reported and monitored through divisional and directorate management meetings.

Divisional

- Reminder e-mails to managers of non-compliant staff
- Scoping exercise currently being undertaken to look at the numbers of appraisals managers are doing and whether this is a cause for under performance. The results of this will be fed back to individual Directorates.
- Promotion of "have you had the conversation" via Divisional newsletter and other communications channels to encourage staff to come forward to ask their manager for an appraisal.

Core Skills Training

Current Position

From April 2016, the core mandatory training has been replaced by a core skills framework consisting of eleven mandatory training subjects. Training is via a new suite of e-learning modules and knowledge assessments on the learning hub. The threshold has been set at 80% for all areas except Information Governance which has a threshold of 95%

All of the eleven areas are currently above target for training compliance, with the exception of two modules which are currently below the threshold 'Basic Life Support' (79%) and 'Information Governance' (89%) .

The Trust's mandatory training programme was audited by the Mersey Internal Audit Agency in October 2016, following previous reviews in 2013/14 & 2014/15, which had given a limited assurance opinion. The report gave a 'Significant Assurance' for the learning system but a 'Limited Assurance' of the mandatory training compliance levels. An action plan to address the findings and recommendations from this audit has been developed. Progress against the action plan is being monitored by the Trust's Audit Committee.

Table 5 – Core Skills Training Compliance –February 2017

	Target	Compliance %
Basic Life Support	80%	79
Conflict Resolution Training Level 1	80%	94
Equality, Diversity and Human Rights	80%	95
Fire Safety	80%	86
Health, Safety and Welfare Level 1	80%	88
Infection Prevention	80%	88
Information Governance	95%	89
Prevent Healthwrap	80%	83
Safeguarding Adults	80%	83
Safeguarding Children	80%	90
Safer Handling Theory	80%	93

Risks

Divisions are reporting difficulties in accessing basic life support classroom training due to sessions being fully booked. This has been recognised by the Clinical Activities Support Team who are looking at increasing the capacity and number of sessions available. Staff are also able to access this training through a cascade trainer in their ward/department where available.

There are also some difficulties in releasing staff for training due to staffing levels.

Forecast Position

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

Actions

Trust Wide

- All new starters complete Core Skills Training via a combination of e-learning and classroom sessions during attendance at the Corporate Trust Induction programme
- A range of communications have continued centrally, via HROD bulletins and within compliance reports and meetings
- Training needs analysis document published on the Trust's intranet further reinforcing the message of who needs to do what training
- Compliance % reports are distributed at the beginning of each month centrally
- Reports training has been implemented from December 2015 and Managers now have direct access to run real time reports for their departments etc.

- All staff have the function available on learning hub to produce red, amber and green compliance reports for their team/area
- Ward and department support and bespoke support sessions in place
- Facilitated Core Skills e-learning sessions running once a fortnight for staff who cannot access this in the workplace or who need additional IT skills support
- Combined IT skills and facilitated Core Skills e-Learning sessions for Estates and Facilities staff
- Learning Hub sends out reminders to individual and their manager at 90, 60 and 30 days prior to expiry date and also once training has expired.
- Staff prompted around Core Skills Training when attending other courses
- Other controls – compliance checks in place before funded study leave
- Responsibilities included in new Nursing and Midwifery leadership programme
- Implementation of the Pay progression policy (May 2014)
- Improved compliance and attendance reports format for divisions
- Compliance rates reported and monitored through divisional and directorate management meetings
- 'Proud to be Green' with Core Skills Training campaign has been launched, rewarding teams and departments where all staff in the team/department are 100% compliant with their Core Skills Training. Qualifying teams/departments have been awarded with a 'Proud to be Green' certificate and cake. Information regarding the campaign has been circulated to all divisions, flyers are in the process of being put up around the Trust and will be included electronically in Trust/Divisional newsletters and message of the day over the coming weeks.
- A dedicated page on the staff intranet (OLI) has been developed containing detailed information and guidance on completion of Core and Essential Skills Training

Divisional

- Compliance rates reported and monitored through divisional and directorate management meetings.
- Managers to invoke the managing performance or pay progression policy on non-compliance.
- Circulation list of 'non-compliant' staff to managers
- Analysis of low compliance directorates
- Targeted support for low compliance directorates.

Financial Position (F1-F15)

Executive summary

1. The Trust is reporting a deficit of £1.5m at 28th February 2017. This is an improved position from that reported in January 2017, which reflects the continued achievement of our financial targets this year and the resulting impact of the new STF scheme, announced during January 2017.

2. It is pleasing to note that we are continuing to see an improvement to the financial position in line with the Trust and divisional recovery plans, despite the Trust being under operational pressures. We have now achieved the annual SRCP target of £14.0m in full, with £14.2m of savings achieved in year.
3. In addition, as previously reported at month 10, we have endeavoured to achieve additional savings to cover the reduction to STF funding that we have seen this year (£1.2m). This has presented an opportunity relating to the new STF incentive scheme which will see the Trust receive an amount equal to this saving to improve its outturn position further.
4. The Trust has also taken the decision to improve its outturn position further by removing our annual leave accrual, as it is not material. This will attract a further £1.3m of incentive funding.
5. As a result, we can report that the Trust is now working towards a breakeven position for the end of the financial year. The Finance and Use of Resources Metrics score has also improved from a score of 3 to a score of 2 as a result of the improving financial position.

STF Incentive Scheme

6. The Trust will benefit from the new 'STF Incentive scheme' where for every £1 improvement to a Trusts control total, NHS Improvement will match fund this, in cash, to the Trust on the understanding that it will be used to improve the Trusts outturn position and, in turn, improve the cash position going into 2017-18.
7. Our planned outturn position was a deficit of £3.8m. This is made up of a control total of a £16.2m deficit and planned STF funding of £12.5m. The first rule in order to achieve STF funding is the 'binary on/off switch' related to the financial control total. In other words, non-achievement of the £16.2m deficit will result in no access to any STF funding.
8. Achievement of the control total deficit of £16.2m 'switches on' access to STF, as follows:

Table 6 – STF finance and operational targets

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

9. The Trust is therefore not penalised twice for not achieving its outturn position.
10. Current indications remain that, in spite of appealing against non-payment, we will see a reduction to STF funding relating the 4 hour standard of £1.2m. As we have endeavoured to bridge this internally in order to sustain our cash position, we are in effect improving our performance against the control total (that is we are forecasting to achieve a £15m deficit against £16.2m).
11. In addition, we have taken the decision to remove our annual leave accrual, as it is not material in nature. This means that our financial position will improve further by £1.3m and that this will, in turn, attract further STF incentive scheme funding. This decision has been supported by our Audit Committee.
12. This now means we will receive £2.5m of incentive scheme funding and this will take our revised forecast outturn to breakeven. The movement from our original planned outturn position is detailed below.

Table 7 – Revised forecast outturns

	£m
Control total 2016-17	-16.3
Planned STF funding	12.5
Original planned outturn	**-3.8**
Reduction to STF funding	-1.2
Improved financial position	1.2
Annual leave accrual removal	1.3
STF incentive scheme	2.5
Revised outturn	**0.0**

Finance and Use of Resources metrics

13. Our planned metrics score of 3 for the year represented a potential support need for the Trust in relation to its financial position. We are now seeing an improved working capital position year to date as a result of our improving financial position and some slippage on our capital schemes which means that an overall score of 2 has been achieved for the financial year to date. However, agency spend continues as the only metric behind plan, with performance for the year to date 42% above the ceiling set.
14. While liquidity days are expected to fall at year end, our breakeven forecast means that an overall score of 2 is expected to be maintained at year end.

Table 8: Finance and Use of Resources metrics

Area	Metric		Actual YTD Performance	Score	Forecast outturn Performance	Score
Financial sustainability	Capital service capacity		1.4	3	1.5	3
	Liquidity (days)		(6.1)	2	(9.4)	3
Financial efficiency	I&E margin		(0.4%)	3	0.0%	2
Financial control	Distance from financial plan		0.4%	1	0.0%	1
	Agency spend		41.8%	3	47.6%	3
Total				**2**		**2**

Metric	Definition	Weighting	Scoring 1	2	3	4 [1]
Capital service capacity	Degree to which the provider's generated income covers its financial obligations	20%	> 2.5x	1.75 - 2.5x	1.25 - 1.75x	< 1.25x
Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	20%	> 0	(7) - 0	(14) - (7)	< (14)
I&E margin	I&E surplus or deficit / total revenue	20%	> 1%	1% - 0%	0% - (1%)	<=(1%)
Distance from financial plan	Year-to-date actual I&E surplus / deficit in comparision to year-to-date plan I&E surplus / deficit	20%	>= 0%	(1%) - 0%	(2%) - (1%)	<=(2%)
Agency spend	Distance from provider's cap	20%	<= 0%	0% - 25%	25% - 50%	> 50%

Break even duty

15. The Trust is reporting a deficit at month 11 of £1.5m, against an initial planned deficit of £3.4m. It is pleasing to note that we are continuing to see an improvement to this position overall (detailed below), despite the Trust being under immense operational pressures. The continued improvement in divisional forecast positions is shown in the table below.

Table 9 – Trust forecast 2016-17 expenditure position by division

Division	Mth 9 £000's	Mth 10 £000's	Mth 11 £000's
Integrated Care Group	(1,150)	(967)	(889)
Surgery and Anaesthetic Services	(4,000)	(4,000)	(4,000)
Diagnostic and Clinical Support	642	930	916
Family Care Division	(2,140)	(2,018)	(2,036)
Estates and Facilities	777	777	478
Corporate Services	962	1,115	1,449
Total Forecast Outturn Variance	**(4,909)**	**(4,163)**	**(4,082)**
Planned deficit for the year	(3,676)	(3,676)	(3,676)
Additional non-recurrent resource	**(1,233)**	**(487)**	**(406)**

16. The position above shows the level of non-recurrent resource required to meet the control total for 2016-17. In addition, the Trust has endeavoured to mitigate the risk of losing £1.2m of STF funding this year by achieving increased savings.
17. The Trust has non-recurrent resource to bridge the gap to the control total in year, through a combination of increased savings, reserves and one-off gains relating to accruals no longer required. Further improvement in the financial position will reduce the reliance on this non-recurrent resource. It should be noted that the use of non-recurrent resources is a normal practice and the 2016-17 financial year is no different to previous years.

Divisional performance to month 11

18. The divisional performance to the 28th February 2017 is shown in tables 4 and 5.

Table 10 - Organisational performance

	--------In Month--------			--------Year to date--------		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Income	37.2	37.2	0.0	433.1	433.5	0.4
Expenditure by division:-						
Integrated Care Group	(9.5)	(9.8)	(0.3)	(105.6)	(106.5)	(0.9)
Surgery and Anaesthetic Services	(8.4)	(8.4)	(0.1)	(85.0)	(88.8)	(3.8)
Diagnostic and Clinical Support	(8.6)	(8.6)	0.0	(90.8)	(90.0)	0.8
Family Care Division	(4.7)	(5.0)	(0.3)	(53.0)	(55.0)	(2.0)
Estates and Facilities	(3.4)	(3.2)	0.2	(34.8)	(34.4)	0.4
Corporate Services	(2.9)	(2.7)	0.2	(33.5)	(32.3)	1.1
Research and Development	(0.1)	(0.1)	(0.0)	(1.4)	(1.4)	0.0
Reserves	2.3	4.4	2.1	(9.3)	(3.5)	5.8
Total Expenditure	(35.3)	(33.4)	1.9	(413.5)	(412.0)	1.5
EBITDA : Earnings before interest, taxation, depreciation and amortisation	1.9	3.8	1.8	19.6	21.5	1.9
PDC/Depreciation/Interest	(2.3)	(2.3)	(0.0)	(23.1)	(23.1)	(0.1)
Impairments	0.0	0.0	0.0	0.2	0.2	(0.0)
Retained (Deficit)	(0.3)	1.5	1.8	(3.2)	(1.4)	1.8
Impairments	0.0	0.0	0.0	(0.2)	(0.2)	0.0
Donated assets	0.0	0.0	(0.0)	0.1	0.1	0.0
Break-even duty	(0.3)	1.5	1.8	(3.4)	(1.5)	1.8

Divisional Trading Position

19. Chart 52 shows the overall trading position for each division, taking account of income, expenditure and efficiency delivery. An extract of the clinical division's performance is shown in Table 5 below.

Table 11 - Clinical divisional trading position

Division / Directorate	Cumulative Variance						
	WTE Variance	Income £000	Pay £000	Non-Pay £000	SRCP £000	Expenditure £000	Total £000
Integrated Care Group	(115)	(195)	(3,791)	2,137	783	(870)	**(1,065)**
Surgery and Anaesthetic Services	(46)	49	(1,438)	(1,306)	(1,043)	(3,787)	**(3,738)**
Diagnostic and Clinical Support	77	586	108	606.7148	123	838	**1,424**
Family Care Division	35	(6)	(761)	(987)	(221)	(1,968)	**(1,974)**
Sub-total Clinical Divisions	**(49)**	**434**	**(5,881)**	**451**	**(358)**	**(5,788)**	**(5,354)**

20. Cumulatively to the end of month 11 the Trust's clinical divisions have a net overspend of £5.3m (previous month £4.7m), with overspends against the non-achievement of the SRCP of £0.4m (previous month £0.4m). This has been off-set by an improvement in the non-clinical position.

Agency expenditure

21. Agency staffing spend for month 11 was £1.1m, taking it to a cumulative total of £13.7m over 11 months. This is similar to month 10 levels, where we saw a reduction to usage levels. We have continued to reduce our administration agency and are working towards zero tolerance for the use of agency for any non-clinical posts.
22. If the reductions seen in months 10 and 11 were to continue in the new financial year, we would be close to meeting the £13.0m 2017-18 planned target. Agency spend hit a high across August 2016 to January 2017 averaging £1.43m per month

Income

23. The Trust's contract income position is showing a cumulative surplus of £1.3m at month 11 a deterioration in the month of £0.6m from the month 9 position. An analysis of the Trusts performance by POD shows an underperformance across the board against the plan. Areas that were above plan include Clinical Haematology, Radiology Acute Medicine and Urology. However this has been offset by a fall in Vascular Surgery, Physiotherapy, Paediatrics and Rehabilitation.

Safely Releasing Cost Programme (SRCP)

24. The Trust has identified £14.2m (previous month £13.9m) schemes against the annual £14.0m SRCP target (101%). £3.8m of this will be carried forward as a pressure into 2017-18. Table 7 shows the breakdown by Division for 2016-17 and

2017-18. The position is reported in further detail in the Sustaining Safe, Personal and Effective Transformation paper.

Table 7: SRCP forecast 2016-17 and 2017-18 position statement as at 28th February 2017

Division	2016-17 3% Target £000's	Identified Schemes Green £000's	Amber £000's	Red £000's	Non Rec £000's	Rec £000's	FYE £000's	% c/f gap £000's	(Over) / Under £000's	Total Green Schemes %	2016-2017 Recurrent Schemes %
Integrated Care Group	3,918	4,781	0	0	861	3,921	4,044	**(128)**	(863)	**122%**	**100%**
SAS	3,276	2,118	0	0	416	1,702	1,711	**1,565**	1,158	**65%**	**52%**
Family Care	1,727	1,499	0	0	863	636	629	**1,098**	228	**87%**	**37%**
DCS	2,901	3,138	0	0	301	2,836	2,902	**(2)**	(237)	**108%**	**98%**
Estates & Facilities	1,293	1,294	0	0	750	544	545	**748**	(2)	**100%**	**42%**
Corporate Services	886	1,350	0	0	798	552	555	**331**	(464)	**152%**	**62%**
Central		0	0	0	0	0	0	**0**	0		
Total	**14,000**	**14,180**	**0**	**0**	3,989	10,191	10,386	**3,612**	**(180)**		

Division	2017-2018 3% Target £000's	c/f £000's	Total £000's	Identified Schemes Green £000's	Amber £000's	Red £000's	Non Rec £000's	Rec £000's	% Total £000's	(Over) / Under £000's
Integrated Care Group	3,983	(127)	3,856	0	0	936	0	936	**936**	2,920
SAS	3,136	1,565	4,701	20	1,322	1,000	0	2,342	**2,342**	2,359
Family Care	1,759	1,098	2,857	250	92	283	47	578	**625**	2,232
DCS	2,804	(1)	2,803	0	1,077	1,840	0	2,917	**2,917**	(114)
Estates & Facilities	1,378	747	2,125	0	186	720	0	906	**906**	1,219
Corporate Services	940	330	1,270	0	0	688	0	688	**688**	582
Central			0	0	0	2,150	0	2,150	**2,150**	(2,150)
Total	**14,000**	**3,612**	**17,612**	**270**	**2,677**	**7,617**	**47**	**10,516**	**10,563**	**7,049**

STATEMENT OF FINANCIAL POSITION (SOFP)

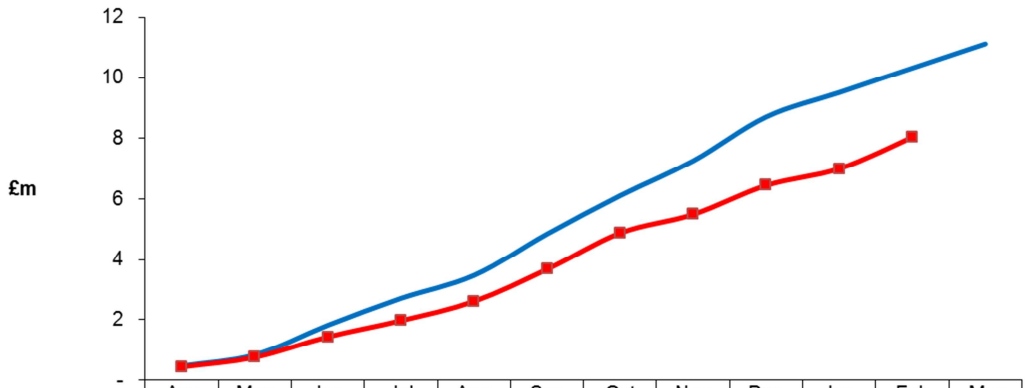
Summary

25. Overall the total assets employed at the end of the reporting month are £167.8m which is an increase of £1.5m as a result of the in-month retained surplus.

Non-Current Assets, including Capital Expenditure

26. The value of non-current assets has fallen by £0.1m to £285.9m, with the £1.0m monthly depreciation charge offset mainly by £1.0m of capital expenditure.
27. The Trust has invested £8.0m in capital to the 28 February which represents 77% of the planned expenditure for this period, an increase of 10% from the previous month. Capital expenditure for the financial year is still forecast to meet the targeted level of 85% of planned expenditure.

Table 8 - Capital expenditure



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Revised Plan	0.47	0.83	1.82	2.71	3.48	4.85	6.11	7.26	8.71	9.52	10.32	11.13
Actual	0.43	0.75	1.43	1.97	2.61	3.68	4.88	5.50	6.45	7.00	8.04	

Current Assets

28. The value of current assets at the end of the reporting month equates to £43.9m, a reduction of £3.6m in month. This is primarily due to a £2.6m reduction in prepayments, the main element of which is the £1.5m reduction in the value of the prepayment to NHSLA where the charge for the Trust's annual indemnity cover is invoiced in ten rather twelve monthly instalments. NHS accrued income has also fallen by £2.6m, despite the £0.9m increase in the value of the accrual for the STF allocation not yet received, which now stands at over £4.5m. However, these reductions are offset by a £1.2m increase in NHS system debtors.
29. Debt not yet due has increased by £0.4m, although the £0.4m reduction in non-NHS debt offsets a £0.8m increase in NHS debt. There has also been a £0.7m increase in overdue NHS system debt. Over £3.0m of the £5.7m of this overdue NHS debt is owed by the Trust's two main commissioners, which is largely expected to be settled before year end. As a result of these changes, there has been a small reduction in impairment provisions and total net debt overdue by more than 90 days has fallen from 49.7% to 38.5%.

Liabilities

30. Current liabilities have reduced by £4.8m, largely due to the £4.9m reduction in non-NHS revenue payables. The main reasons for this decrease are a £1.4m reduction in amounts owed to Rowlands Pharmacy with the £2.0m owed at the

end of last month relating to services provided over a three month period, the reversal of £1.3m relating to the annual leave accrual referred to above and a £0.4m reduction in the accrual for drugs received but not invoiced. The long term element of the PFI liability, which is the main component of non-current liabilities, has decreased by £0.3m.

Better Payment Practice Code (BPPC)

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

Conclusion

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

Charts

Chart 1 - Finance and Use of Resources metrics

Area	Metric		Actual YTD Performance	Score	Forecast outturn Performance	Score
Financial sustainability	Capital service capacity		1.4	3	1.5	3
	Liquidity (days)		(6.1)	2	(9.4)	3
Financial efficiency	I&E margin		(0.4%)	3	0.0%	2
Financial control	Distance from financial plan		0.4%	1	0.0%	1
	Agency spend		41.8%	3	47.6%	3
Total				2		2

Metric	Definition	Weighting	Scoring 1	2	3	4 [1]
Capital service capacity	Degree to which the provider's generated income covers its financial obligations	20%	> 2.5x	1.75 - 2.5x	1.25 - 1.75x	< 1.25x
Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	20%	> 0	(7) - 0	(14) - (7)	< (14)
I&E margin	I&E surplus or deficit / total revenue	20%	> 1%	1% - 0%	0% - (1%)	<=(1%)
Distance from financial plan	Year-to-date actual I&E surplus / deficit in comparision to year-to-date plan I&E surplus / deficit	20%	>= 0%	(1%) - 0%	(2%) - (1%)	<=(2%)
Agency spend	Distance from provider's cap	20%	<= 0%	0% - 25%	25% - 50%	> 50%

Chart 2 - Break Even Duty

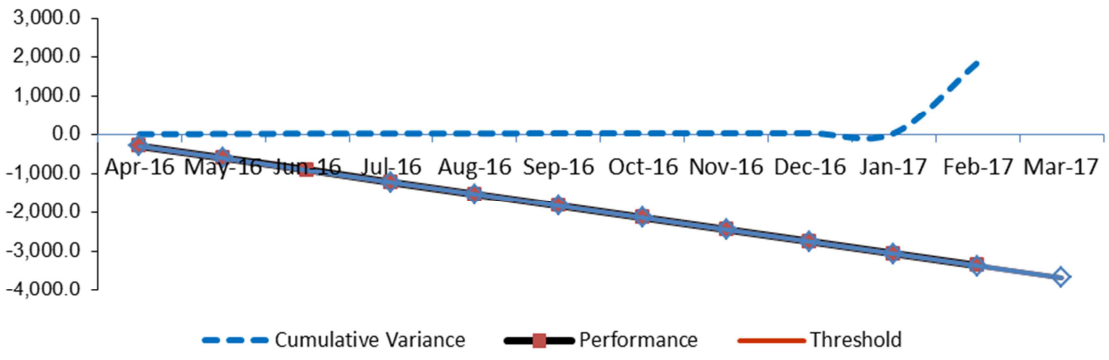


Chart 3 - Income and Expenditure variances

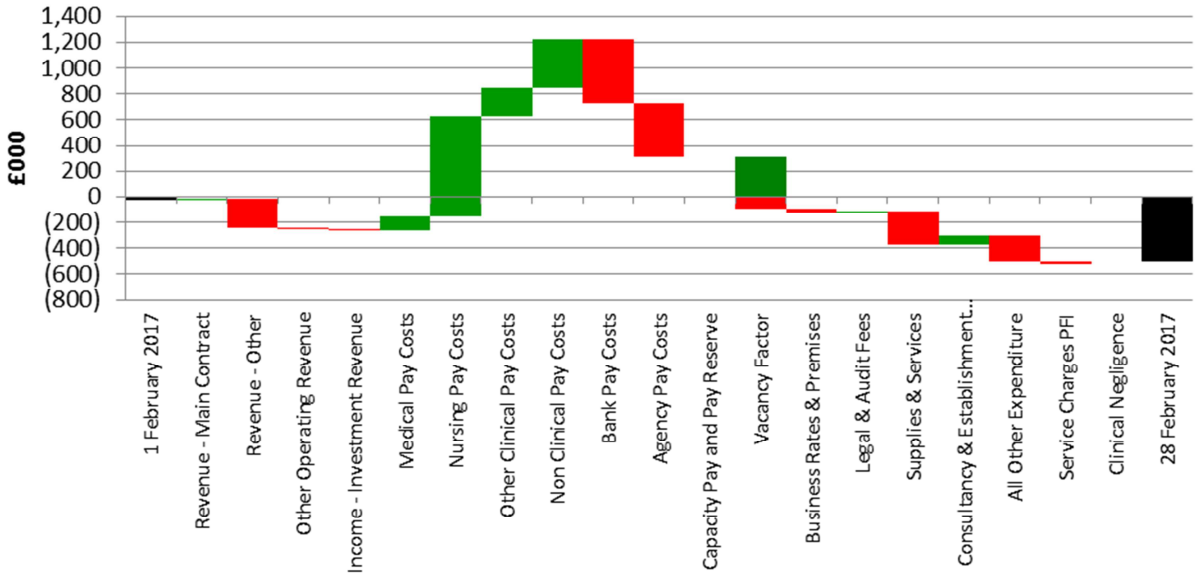


Chart 4 – Better Payment Practice Code (BPPC)

	Performance Target %	Actual in month	Actual YTD	Comments
Non NHS - No. of invoices	95.0%	97.8%	96.8%	Meeting target
Non NHS - Value of invoices	95.0%	97.1%	96.8%	Meeting target
NHS - No. of invoices	95.0%	96.8%	96.2%	Meeting target
NHS - Value of invoices	95.0%	98.5%	98.7%	Meeting target

Chart 5 – Total Trust Savings

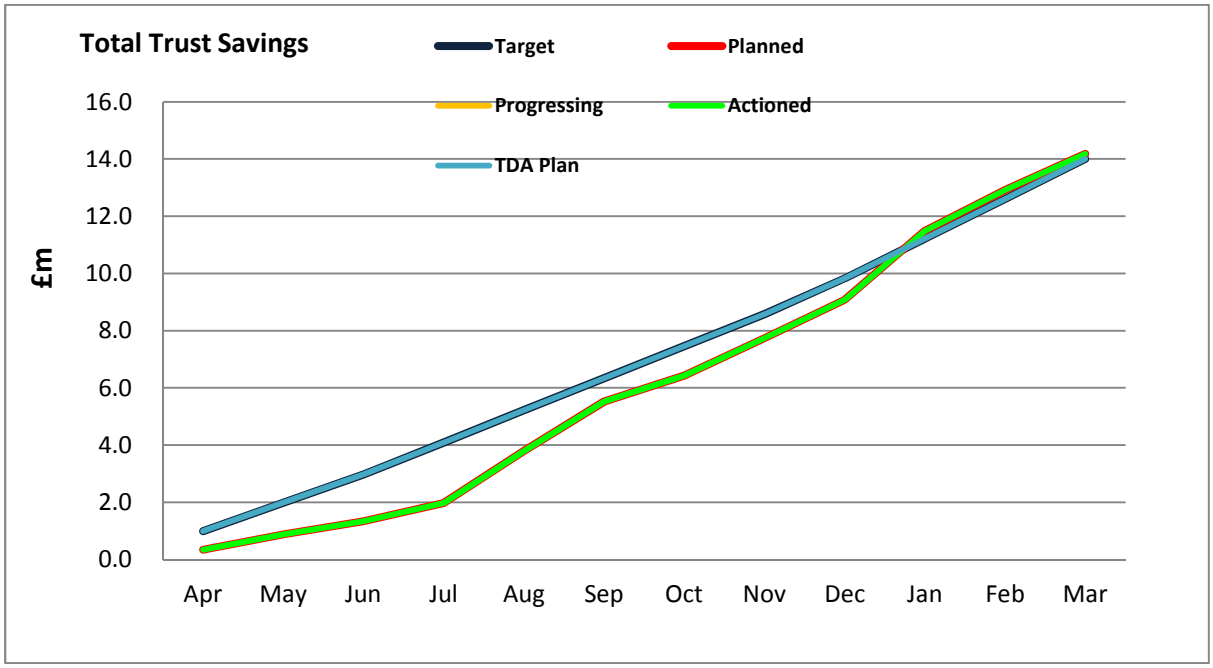


Chart 6 - Statement of Comprehensive Income by Division to 28th February 2017

surplus/(deficit)

	In Month			Annual	In Month			Cumulative			Forecast Outturn		
	Est Funded	Wte Worked	Wte Contracted	Budget	Budget	Actual	Variance	Budget	Actual	Variance	Plan	Likely	Worst
				£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income													
Revenue from Patient Care Activities - Main Contract				426,908	33,690	33,694	4	391,482	391,497	15	426,908	429,934	428,688
Revenue from Patient Care Activities - Other				8,926	431	396	(35)	8,044	7,846	(198)	8,926	8,413	8,869
Other Operating Revenue				36,462	3,111	3,100	(11)	33,540	34,131	591	36,462	38,893	38,562
Total Income				**472,296**	**37,232**	**37,190**	**(42)**	**433,065**	**433,474**	**409**	**472,296**	**477,240**	**476,119**
Expenditure													
Clinical Divisions													
Integrated Care Group	2,321.2	2,436.1	2,047.0	(115,060)	(9,515)	(9,829)	(314)	(105,595)	(106,466)	(870)	(116,410)	(116,410)	(116,410)
Surgery and Anaesthetic Services	1,608.1	1,654.4	1,456.9	(92,671)	(8,384)	(8,442)	(58)	(85,031)	(88,818)	(3,787)	(96,671)	(96,671)	(96,671)
Diagnostic and Clinical Support	1,578.6	1,501.2	1,509.6	(99,413)	(8,626)	(8,596)	31	(90,834)	(89,996)	838	(98,496)	(98,496)	(98,496)
Family Care Division	999.1	964.4	900.2	(57,898)	(4,677)	(4,956)	(279)	(53,031)	(54,999)	(1,968)	(60,064)	(60,064)	(60,064)
Sub Total	**6,507.0**	**6,556.1**	**5,913.7**	(365,042)	(31,202)	(31,822)	(620)	(334,490)	(340,279)	(5,788)	**(371,641)**	**(371,641)**	**(371,641)**
Non-Clinical Divisions													
Estates and Facilities	717.8	708.1	653.8	(38,147)	(3,374)	(3,182)	193	(34,784)	(34,386)	398	(37,669)	(37,669)	(37,669)
Corporate Services	500.9	498.4	484.6	(36,911)	(2,947)	(2,720)	227	(33,453)	(32,322)	1,130	(35,636)	(35,636)	(35,636)
Research and Development	0.0	42.4	33.5	(1,556)	(125)	(125)	(0)	(1,429)	(1,429)	0	(1,556)	(1,556)	(1,556)
Reserves	0.0	0.0	0.0	(9,350)	2,349	4,425	2,076	(9,319)	(3,545)	5,774	(4,504)	(5,716)	(7,151)
Total Expenditure	**7,725.6**	**7,804.9**	**7,085.5**	**(451,006)**	**(35,299)**	**(33,424)**	**1,876**	**(413,475.16)**	**(411,961)**	**1,514**	**(451,006)**	**(452,217)**	**(453,653)**
EBITDA : Earnings before interest, taxation, depreciation and amortisation				**21,290**	**1,933**	**3,766**	**1,834**	**19,590**	**21,513**	**1,922**	**21,290**	**25,023**	**22,466**
Depreciation				(10,398)	(874)	(874)	0	(9,588)	(9,588)	(0)	(10,398)	(10,398)	(10,398)
Amortisation				(1,448)	(132)	(132)	(0)	(1,327)	(1,327)	(0)	(1,448)	(1,448)	(1,448)
Impairments				230	0	0	0	230	230	(0)	230	230	230
Investment Revenue				256	21	11	(11)	235	158	(77)	256	256	256
Other Gains and (Losses)				(54)	(59)	(59)	0	(54)	(54)	0	(54)	(54)	(54)
Finance Costs				(9,094)	(757)	(757)	(0)	(8,336)	(8,336)	1	(9,094)	(9,096)	(9,094)
Dividends payable on Public Dividend Capital (PDC)				(4,358)	(460)	(459)	0	(3,995)	(3,995)	0	(4,358)	(4,393)	(4,358)
Retained (deficit) for the year				**(3,576)**	**(328)**	**1,496**	**1,824**	**(3,246)**	**(1,399)**	**1,847**	**(3,575)**	**120**	**(2,399)**
Other Adjustments for break-even duty													
Donated asset reserve elimination				130	22	22	(0)	110	111	0	130	110	130
Non IFRIC12 (Impairments)/ Impairment reversals				(230)	0	0	0	(230)	(230)	0	(230)	(230)	(230)
IFRIC12 (Impairments)/ Impairment reversals				0	0	0	0	0	0	0	0	0	0
Retained (deficit) for Break-even duty				**(3,676)**	**(306)**	**1,518**	**1,824**	**(3,365)**	**(1,518)**	**1,847**	**(3,676)**	**(0)**	**(2,500)**

Chart 7 - Financial Position by Divisional Variances to 28th February 2017

Division / Directorate	Cumulative Variance						
	WTE Variance	Income £000	Pay £000	Non-Pay £000	SRCP £000	Expenditure £000	Total £000
Integrated Care Group	(115)	(195)	(3,791)	2,137	783	(870)	**(1,065)**
Surgery and Anaesthetic Services	(46)	49	(1,438)	(1,306)	(1,043)	(3,787)	**(3,738)**
Diagnostic and Clinical Support	77	586	108	606.7148	123	838	**1,424**
Family Care Division	35	(6)	(761)	(987)	(221)	(1,968)	**(1,974)**
Sub-total Clinical Divisions	**(49)**	**434**	**(5,881)**	**451**	**(358)**	**(5,788)**	**(5,354)**
Estates and Facilities	10	(254)	228	214	(43)	398	**144**
Chief Executive	(19)	6	(15)	(78)	45	(49)	**(43)**
Finance, Informatics and Procurement	13	38	799	(894)	540	444	**483**
HR and OD	5	148	451	197	(105)	543	**691**
Clinical Care & Governance	4	0	180	12	0	192	**192**
Reserves	0	36	0	5,663	0	5,663	**5,700**
Research and Development	0	(0)	(0)	0	0	0	**0**
Sub-total Non-Clinical Divisions	**12**	**(26)**	**1,642**	**5,114**	**436**	**7,192**	**7,166**
Subtotal	**(37)**	**409**	**(4,240)**	**5,565**	**78**	**1,404**	**1,812**
Depreciation	0	0	0	(0)	0	(0)	**(0)**
Amortisation	0	0	0	(0)	0	(0)	**(0)**
(Impairments)/Reversal of Impairments	0	0	0	(0)	0	(0)	**(0)**
Investment Revenue	0	(77)	0	0	0	0	**(77)**
Other Gains and (Losses)	0	0	0	0	0	0	**0**
Finance Costs	0	0	0	1	0	1	**1**
Dividends payable on Public Dividend Capital (PDC)	0	0	0	0	0	0	**0**
Sub-total before Impairments	**(37)**	**332**	**(4,240)**	**5,566**	**78**	**1,405**	**1,737**
Other Adjustments for break-even duty						0	**0**
Donated asset reserve elimination	0	0	0	0	0	0	**0**
Non IFRIC12 (Impairments)/ Impairment reversals	0	0	0	0	0	0	**0**
IFRIC12 (Impairments)/ Impairment reversals	0	0	0	0	0	0	**0**
Retained Surplus / (Deficit) for Break-even duty	**(37)**	**332**	**(4,240)**	**5,566**	**78**	**1,405**	**1,737**
Planned Deficit	0	0	0	110	0	110	**110**
Total including planned deficit	**(37)**	**332**	**(4,240)**	**5,677**	**78**	**1,515**	**1,847**

Chart 8 - Expenditure analysis to 28th February 2017

under / (over) spent

	In Month			Annual	In Month			Year to date		
	Est Funded	Wte Worked	Wte Contracted	Budget £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Pay Expenditure										
Registered Nursing, Midwifery & HV	2,491.1	2,213.8	2,292.2	102,934	8,686	7,952	734	94,356	84,499	9,857
Scientific, Therapeutic & Technical	885.4	822.4	852.9	36,741	3,098	2,869	229	33,633	31,631	2,002
Support to clinical staff - AHP	1,002.4	953.4	985.6	24,374	2,067	2,075	(8)	22,367	22,129	238
Support to clinical staff - Nursing	310.1	283.8	286.1	7,313	627	579	48	6,700	6,380	320
NHS Infrastructure Support staff	2,239.8	2,095.8	2,136.8	62,025	5,221	4,847	374	56,497	52,155	4,343
Consultants	288.7	276.3	269.5	41,125.5	3,487.2	3,503.7	(16)	37,674	36,435	1,238
Career and Staff Grades	165.3	127.3	125.5	12,116.0	1,027.1	909.1	118	11,076	10,198	879
Trainee Grades	329.1	338.3	137.0	18,560.1	1,546.0	1,539.6	6	17,014	16,463	551
Bank - Nursing	0.8	111.7	0.0	613.3	170	341	(172)	585	3,441	(2,855)
Bank - Support to Clinical Staff - AHP	1.4	297.2	0.0	987.7	380	530	(149)	971	5,040	(4,069)
Bank - NHS Infrastructure Support staff	0.0	111.6	0.0	179.0	33	190	(158)	166	2,300	(2,134)
Bank - Scientific, Therapeutic & Technical	0.0	5.5	0.0	(0.1)	0	14	(14)	(0)	101	(102)
Agency - Nursing Qualified	1.2	94.9	0.0	848	321	540	(219)	809	4,670	(3,860)
Agency - Other Clinical	0.1	18.2	0.0	473	130	17	113	418	2,045	(1,627)
Agency - Non Clinical	(0.3)	5.8	0.0	196	16	12	4	160	248	(88)
Agency - Medical and Dental	10.6	49.0	0.0	2,593	226	539	(313)	2,380	6,804	(4,424)
Capacity Pay and Pay Reserve	0.0	0.0	0.0	0	0	0	0	0	0	0
Vacancy Factor	0.0	0.0	0.0	(4,917)	(409)	0	(409)	(4,508)	0	(4,508)
Total Pay Expenditure	**7,725.6**	**7,804.9**	**7,085.5**	**306,160.5**	**26,626.6**	**26,458.3**	**168.2**	**280,298.9**	**284,538.4**	**(4,239.5)**
Non-Pay Expenditure										
Purchase of Healthcare Non-NHS				649	56	127	(71)	593	863	(270)
Supplies & Services Clinical				68,181	6,005	6,188	(183)	62,159	64,370	(2,211)
Supplies & Services General				5,720	490	399	91	5,194	5,445	(251)
Consultancy Services				239	19	48	(28)	220	398	(178)
Establishment				5,931	658	642	17	5,426	5,264	162
Transport				2,020	179	190	(11)	1,858	1,959	(101)
Service Charges PFI				6,419	493	497	(4)	5,884	5,884	0
Business Rates				2,764	278	306	(28)	2,591	2,555	36
Premises				17,468	1,304	1,171	133	15,810	15,553	257
Hospitality				(5)	1	1	(1)	(3)	5	(9)
Legal Fees				598	13	(2)	15	445	465	(20)
Audit Fees				78	18	24	(6)	201	164	37
Clinical Negligence				18,159	1,513	1,513	0	16,646	16,646	0
Education and Training				941	67	(42)	109	869	617	252
All Other Expenditure				6,091	(330)	323	(653)	5,802	3,605	2,198
Research & Development				90	5	5	0	85	85	0
Total Non-Pay Expenditure				**135,342**	**10,769**	**11,390**	**(621)**	**123,780**	**123,878**	**(98)**
Reserves & Safely Releasing Cost Programme				5,698	(2,097)	(4,425)	2,328	9,397	3,545	5,852
Total Expenditure including Reserves & Red Rated saving scheme's				**447,201**	**35,299**	**33,424**	**1,876**	**413,475**	**411,961**	**1,514**
Operating Expenses - Technical				24,804	2,282	2,281	1	23,071	23,070	1
Total Expenditure				**472,004**	**37,581**	**35,705**	**1,876**	**436,546**	**435,031**	**1,515**

Chart 9 - Agency Staffing Costs

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Agency 1617 outturn
													£000
Medical staff													
Consultants	200	211	238	220	323	288	229	270	228	158	138		2,503
Career and staff grades	78	99	308	263	331	258	320	357	289	345	345		2,993
Trainee Grades	311	185	18	94	43	116	86	168	133	98	56		1,308
Total Medical	**589**	**495**	**564**	**577**	**697**	**662**	**635**	**795**	**650**	**601**	**539**	**0**	**6,804**
Nursing staff													0
Qualified	248	236	246	282	443	560	511	495	610	498	541		4,670
Unqualified	74	87	134	186	231	177	150	40	36	36	34		1,184
Total Nursing	**322**	**323**	**380**	**468**	**674**	**737**	**661**	**535**	**646**	**534**	**575**	**0**	**5,854**
Other Clinical/Scientific													0
AHP	132	119	109	80	-22	85	64.5	105	0	-47	-23		602
Scientific	13	22	27	36	34	18	42	20	19	23	6		259
Unqualified clinical / scientific	0	0	0	0	0	0	0	0	0	0	0		0
Total Other Clinical	**145**	**141**	**136**	**116**	**12**	**103**	**107**	**125**	**19**	**-24**	**-17**	**0**	**861**
Total Clinical	**1056**	**959**	**1080**	**1161**	**1383**	**1502**	**1402**	**1455**	**1315**	**1111**	**1096**	**0**	**13,519**
Non Clinical													0
Administrative and clerical	39	12	29	6	-5	-8	-3	12	-4	-110	1		-31
Estates	0	0	0	0	0	1	5	3	0	0	0		9
Managerial	23	25	21	42	33	17	21	19	1	29	11		242
Other	11	4	10	12	-4	0	-6	0	1	1	0		28
Total Non clinical	**73**	**41**	**60**	**60**	**24**	**10**	**17**	**34**	**-2**	**-80**	**12**	**0**	**248**
Grand Total	**1129**	**1000**	**1139**	**1221**	**1407**	**1512**	**1419**	**1489**	**1313**	**1031**	**1109**	**0**	**13,767**

Chart 10 - Statement of Financial Position as at 28th February 2017

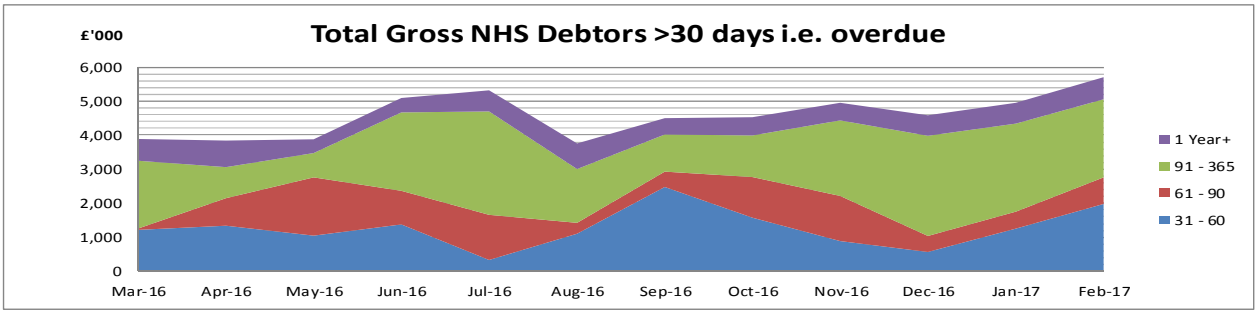
	Year to date movement			In Month		Year end
	Closing 31st March 2016	As at 28 February 2017	Year to date Movement	Prior Month	In-month Movement	Forecast
	£000	£000	£000	£000	£000	£000
Non-Current Assets:						
Property, Plant And Equipment	282,650	280,974	(1,676)	280,873	101	285,287
Intangible Assets	4,605	3,567	(1,038)	3,699	(132)	4,605
Trade And Other Receivables	1,172	1,363	191	1,405	(42)	1,172
Total Non-Current Assets	**288,427**	**285,904**	**(2,523)**	**285,977**	**(73)**	**291,064**
Current Assets:						
Inventories	2,450	2,173	(277)	2,081	92	2,450
Trade And Other Receivables	21,021	25,662	4,641	29,491	(3,829)	21,021
Cash And Cash Equivalents	32,165	16,036	(16,129)	15,947	89	25,933
Total Current Assets	**55,636**	**43,871**	**(11,765)**	**47,519**	**(3,648)**	**49,404**
Total Assets	**344,063**	**329,775**	**(14,288)**	**333,496**	**(3,721)**	**340,468**
Current Liabilities:						
NHS Trade Payables	(3,042)	(5,686)	(2,644)	(5,379)	(307)	(3,042)
Non-NHS Revenue Payables	(45,071)	(37,306)	7,765	(42,211)	4,905	(45,108)
Non-NHS Capital Payables	(4,963)	(632)	4,331	(875)	243	(4,963)
Borrowings / DH Loan	(200)	(200)	0	(200)	0	(200)
Other Financial Liabilities - PFI	(3,347)	(3,219)	128	(3,250)	31	(3,202)
Provisions For Liabilities And Charges	(229)	(907)	(678)	(918)	11	(914)
Total Current Liabilities	**(56,852)**	**(47,950)**	**8,902**	**(52,833)**	**4,883**	**(57,429)**
Net Current Assets/(Liabilities)	**(1,216)**	**(4,079)**	**(2,863)**	**(5,314)**	**1,235**	**(8,025)**
Total Assets Less Current Liabilities	**287,211**	**281,825**	**(5,386)**	**280,663**	**1,162**	**283,039**
Non-Current Liabilities						
Borrowings / DH Loan	(1,600)	(1,400)	200	(1,500)	100	(1,400)
Other Financial Liabilities - PFI	(111,867)	(108,718)	3,149	(108,985)	267	(108,437)
Provisions For Liabilities And Charges	(4,575)	(3,896)	679	(3,904)	8	(3,904)
Total Non-Current Liabilities	**(118,042)**	**(114,014)**	**4,028**	**(114,389)**	**375**	**(113,741)**
Total Assets Employed	**169,169**	**167,811**	**(1,358)**	**166,274**	**1,537**	**169,298**
Financed By Taxpayers Equity						
Public Dividend Capital	174,173	174,214	41	174,173	41	174,214
Retained Earnings	(44,932)	(46,332)	(1,400)	(47,828)	1,496	(44,844)
Revaluation Reserve	39,928	39,929	1	39,929	0	39,928
Total Taxpayers Equity	**169,169**	**167,811**	**(1,358)**	**166,274**	**1,537**	**169,298**

Chart 11 - Statement of Cash Flows as at 28th February 2017

Cash Flow Statement	As at 31st March 2016 £000	Previous month £000	As at 28 February 2017 £000	Forecast £000
Operating Activities				
Operating Surplus/(Deficit)	18,011	8,067	10,828	13,407
Depreciation and amortisation	9,878	9,909	10,915	11,846
Impairments and reversals	3,096	(230)	(230)	(230)
Donated assets received credited to revenue but non cash	(192)	(117)	(117)	(140)
Interest paid	(8,611)	(7,620)	(8,380)	(9,048)
Dividend paid	(5,682)	(1,702)	(1,702)	(4,393)
(Increase) in inventories	(202)	369	277	0
Decrease/(Increase) in trade and other receivables	(6,573)	(11,423)	(7,824)	(3,264)
(Decrease)/Increase in trade and other payables	3,752	(2,356)	(7,413)	0
(Decrease)/Increase in provisions	1,311	58	43	(34)
Net cash inflow from Operating Activities	**14,788**	**(5,045)**	**(3,603)**	**8,144**
Cash Flows from Investing Activities				
Interest received	178	147	158	256
(Payments) for property, plant and equipment	(7,447)	(8,371)	(9,090)	(9,617)
Proceeds from disposal of property, plant and equipment	137	130	130	130
(Payments) for intangible assets	(129)	0	(288)	(1,411)
Proceeds from disposal of intangible assets	0	0	0	0
(Payments) for investment with DH	0	0	0	0
(Payments) for other financial assets	0	0	0	0
Proceeds from disposal investment with DH	0	0	0	0
Proceeds from disposal of other financial assets	0	0	0	0
Net cash outflow from Investing Activities	**(7,261)**	**(8,094)**	**(9,090)**	**(10,642)**
Net cash inflow before Financing	**7,527**	**(13,139)**	**(12,693)**	**(2,498)**
Cash Flows from Financing Activities				
Public dividend capital received	30	0	41	41
Public dividend capital repaid	(3,700)	0	0	0
New capital investment loans	0	0	0	0
Other capital receipts	0	0	0	0
Capital investment loans repayment of principal	(850)	(100)	(200)	(200)
Capital element of finance lease and PFI	(1,826)	(2,979)	(3,277)	(3,575)
Net cash outflow from Financing Activites	**(6,346)**	**(3,079)**	**(3,436)**	**(3,734)**
Decrease in cash	**1,181**	**(16,218)**	**(16,129)**	**(6,232)**
Cash at the beginning of the year	**30,984**	**32,165**	**32,165**	**32,165**
Cash at the end of the financial period	**32,165**	**15,947**	**16,036**	**25,933**

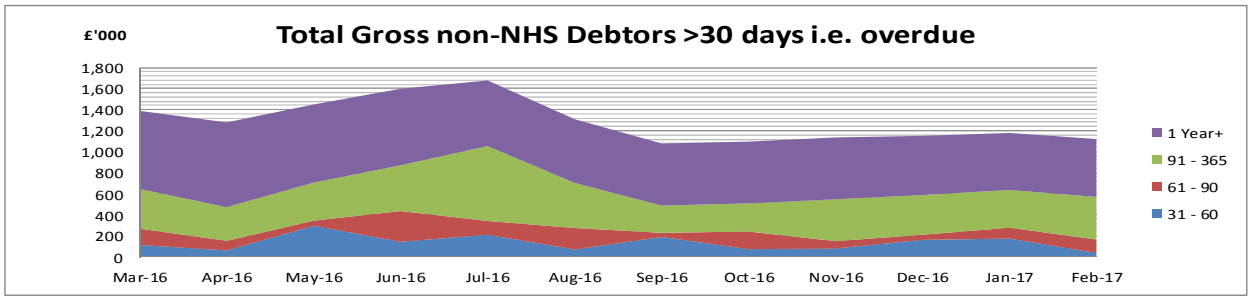
Chart 12 - Debtors Report as at 28th February 2017

Gross debtors	Not Due	No. of days overdue				Total overdue debt	
	0 - 30	31 - 60	61 - 90	91 - 365	1 Year+	M11	M10
	£'000	£000	£000	£000	£000	£000	£000
NHS	6,549	1,975	786	2,295	647	5,703	4,955
% of total debt	53.5%	16.1%	6.4%	18.7%	5.3%		
Non-NHS	935	37	129	404	552	1,122	1,178
% of total debt	45.5%	1.8%	6.3%	19.6%	26.8%		
Total gross debtors	**7,484**	**2,012**	**915**	**2,699**	**1,199**	**6,825**	**6,133**



Top five NHS Gross Debtors by value	No of	No. of days overdue				Total overdue debt	
		31 - 60 £'000	61 - 90 £'000	91 - 365 £'000	1 Year+ £'000	M11 £'000	M10 £'000
Blackburn with Darwen CCG	19	792	23	856	0	**1,671**	1,444
East Lancashire CCG	23	267	382	721	5	**1,375**	1,115
Nhs England - Y54 - Cheshire & Mersey - Q75	22	16	0	310	232	**558**	542
Central Manchester Univ Hospital Ft	18	294	14	49	121	**478**	259
Nhs England - 13Y - North West Comm Hub	2	193	164	0	0	**357**	165
Balance	230	413	203	359	289	**1,264**	1,940
Total Gross Debtors	**314**	**1,975**	**786**	**2,295**	**647**	**5,703**	**4,955**

The overdue balance includes debt with NHS England's North East Commissioning Hub which has reduced in month from £366k to £214k and debt with Lancashire Teaching Hospitals NHS Foundation Trust which has reduced in month from £295k to £268k.



Top five non-NHS Gross Debtors by value	No of	No. of days overdue				Total overdue debt	
		31 - 60 £'000	61 - 90 £'000	91 - 365 £'000	1 Year+ £'000	M11 £'000	M10 £'000
Blackburn With Darwen Borough Council	36	0	3	37	245	**285**	285
Lancashire County Council	7	0	5	80	(10)	**75**	77
Burnley College	2	0	20	35	0	**55**	55
Graham Curran	1	0	0	0	40	**40**	40
Bwd Integrated Children Services	1	0	0	0	30	**30**	30
Balance	1,207	37	101	252	247	**637**	691
Total Gross Debtors	**1,254**	**37**	**129**	**404**	**552**	**1,122**	**1,178**

The overdue balance includes debt with the HM County Coroner which has reduced in month from £35k to £28k.

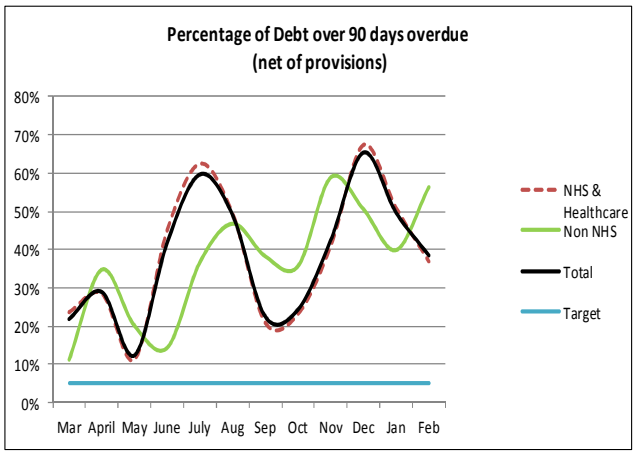
Chart 13 - Debtors Report as at 28th February 2017

NHS	M11 2016-17 £	M10 2016-17 £
NHS debtors overdue	5,703,119	4,954,789
Over 90 days	2,942,390	3,198,066
% debt over 90 days	51.59%	64.54%
Total provision *	(1,325,128)	(1,376,473)
Total NHS debt after provision	4,377,991	3,578,316
Net debt over 90 days	**1,617,262**	**1,821,593**
Net % NHS debt over 90 days	**36.94%**	**50.91%**
NHS memorandum items		
Credit notes >90 days	22	12

Non NHS	M11 2016-17 £	M10 2016-17 £
Non NHS debt overdue	1,121,371	1,177,746
Over 90 days	955,616	900,896
% debt over 90 days	85.22%	76.49%
Total provision *	(741,780)	(717,356)
Total Non NHS debt after provision	379,591	460,390
Net debt over 90 days	**213,836**	**183,540**
Net % Non NHS debt over 90 days	**56.33%**	**39.87%**
Non NHS memorandum items		
Awaiting write off	(5,027)	(3,867)
Paying installments	(144,326)	(134,108)

Total		
Total debt after provisions	4,757,582	4,038,706
Total debt overdue by 90 days after provisions	1,831,098	2,005,133
% Net debt over 90 days	**38.49%**	**49.65%**

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



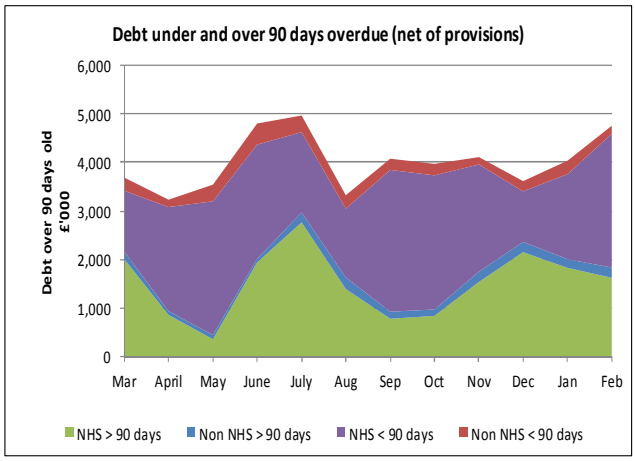


Chart 14 - Capital Spend as at 28 February 2017

East Lancashire Hospitals NHS Trust
Review of 2016/17 Capital Spend to Date as at 28th February 2017 (M11)

	Annual Plan	Actual/Forecast		Under/ (Over) Spend
	Revised Plan	Actual spend to date	Forecast Outturn	
Scheme	**£'000**	**£'000**	**£'000**	**£'000**
Total Building Infrastructure Schemes	5,733	2,425	4,871	863
Other Schemes	98	(12)	2	96
Total Maintenance and Statutory Compliance	250	156	250	0
Total Equipment	2,194	686	2,261	(67)
Total Information Technology	3,201	1,387	3,201	0
Total Fees	400	402	432	(32)
Donated Assets	100	0	117	(17)
Total Capital Expenditure (Non IFRIC 12)	**11,976**	**5,045**	**11,134**	**842**
Total PFI Life Cycle Costs	3,264	2,992	3,264	0
Charge against Capital Resource Limit including IFRS Impact	**15,240**	**8,037**	**14,398**	**842**

Capital Resource Limit (CRL)	
Capital Resource Limit (CRL)	
Allocation	10,993
PFI Allocation	3,264
PDC Fibroscanner	41
Loan re IT	0
TOTAL	**14,298**
Capital Expenditure (Non IFRIC12)	11,134
Capital Expenditure (IFRIC12)	3,264
Less Donated Asset	(100)
Net Book Value of Asset disposals	(125)
TOTAL	**14,174**
(Over) / Under spend against Limit	**124**

Capital Expenditure Performance	**£'000**
Planned expenditure to 28th February 2017	10,484
Actual expenditure to 28th February 2017	8,037
% of plan achieved to date	**77%**

APPENDIX A – SCORECARD

Safe

		Threshold 16/17	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Monthly Sparkline
M64	CDIFF	28	1	2	1	2	3	4	1	5	5	4	2	3	2	
M64.1	Cdiff Cumulative from April	28	27	29	1	3	6	10	11	16	21	25	27	30	32	
M65	MRSA	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
M66	Never Event Incidence	0	0	1	0	0	0	1	0	0	0	0	0	0	0	
M67	Medication errors causing serious harm (Steis reported date)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
C28	Percentage of Harm Free Care	92%	99.4%	99.1%	99.7%	98.8%	99.1%	99.4%	99.2%	99.1%	99.3%	99.2%	98.9%	99.1%	99.3%	
M68	Maternal deaths	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	99.3%	99.1%	99.1%	99.0%	99.0%	99.2%	98.9%	98.2%	98.2%	97.5%	97.4%	97.6%	97.1%	
M69	Serious Incidents (Steis)		9	7	10	2	6	5	7	5	4	8	6	8	5	
M70	CAS Alerts - non compliance	0	0	0	0	0	0	0	1	2	0	0	0	0	0	
M146	Safer Staffing -Day-Average fill rate - registered nurses/midwives (%)	80%	89%	86%	88%	89%	87%	86%	85%	87%	90%	90%	90%	90%	89%	
M147	Safer Staffing -Day-Average fill rate - care staff (%)	80%	105%	107%	110%	114%	116%	118%	126%	121%	123%	118%	112%	111%	114%	
M148	Safer Staffing -Night-Average fill rate - registered nurses/midwives (%)	80%	97%	97%	97%	99%	98%	99%	98%	99%	101%	99%	97%	99%	99%	
M149	Safer Staffing -Night-Average fill rate - care staff (%)	80%	120%	121%	124%	122%	129%	136%	142%	138%	134%	130%	122%	127%	128%	
M150	Safer Staffing - Day -Average fill rate - registered nurses/midwives- number of wards <80%	0	12	19	16	11	17	15	21	21	9	5	5	7	11	
M151	Safer Staffing - Night -Average fill rate - registered nurses/midwives- number of wards <80%	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
M152	Safer Staffing - Day -Average fill rate - care staff- number of wards <80%	0	4	3	2	0	1	1	0	1	1	1	3	4	1	
M153	Safer Staffing - Night -Average fill rate - care staff- number of wards <80%	0	2	3	2	1	1	1	1	1	1	1	2	1	1	

Caring

		Threshold 16/17	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Monthly Sparkline
C38	Inpatient Friends and Family - % who would recommend	92.07%	96.9%	98.4%	98.6%	97.9%	98.6%	98.5%	98.2%	98.4%	98.5%	97.7%	98.5%	98.1%	97.9%	
C31	NHS England Inpatients response rate from Friends and Family Test		48.5%	50.1%	45.9%	54.0%	50.5%	47.7%	51.2%	43.3%	43.2%	40.8%	51.2%	53.2%	47.4%	
C40	Maternity Friends and Family - % who would recommend	91.86%	95.5%	96.6%	96.4%	96.7%	95.9%	95.8%	97.0%	97.8%	97.3%	96.2%	98.3%	97.4%	97.9%	
C42	A&E Friends and Family - % who would recommend	74.90%	80.8%	76.5%	80.4%	75.7%	76.3%	75.0%	73.9%	75.8%	76.7%	75.7%	76.1%	76.0%	81.8%	
C32	NHS England A&E response rate from Friends and Family Test		21.7%	22.2%	21.8%	19.8%	19.7%	20.5%	21.5%	21.1%	20.8%	17.9%	19.1%	21.3%	21.2%	
C44	Community Friends and Family - % who would recommend	88.62%	93.7%	93.7%	94.0%	94.9%	94.3%	93.6%	94.3%	93.1%	92.5%	92.8%	92.8%	91.9%	93.1%	
C15	Complaints – rate per 1000 contacts	0.4	0.3	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.4	0.3	0.3	0.3	
M52	Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

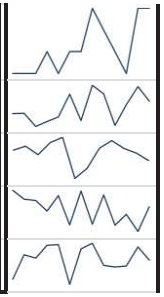
Effective

		Threshold 16/17	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Monthly Sparkline
M73	Deaths in Low Risk Categories - relative risk	Outlier	75.6	70.4	67.8	71.6	77.3	81.1	85.1	82.7	86.5	82.7				
M74	Hospital Standardised Mortality Ratio - Weekday (DFI Indicative)	Outlier	94.8	94.9	96.1	96.1	95.9	96.3	97.7	97.0	98.7	99.1				
M75	Hospital Standardised Mortality Ratio - Weekend (DFI Indicative)	Outlier	101.7	101.6	106.5	102.0	100.2	98.3	97.7	98.3	97.0	95.6				
M54	Hospital Standardised Mortality Ratio (DFI Indicative)	Outlier	96.6	97.0	99.1	97.6	97.0	96.8	97.7	97.4	98.3	96.5				
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Outlier		1.06			1.04									
C16	Emergency re-admissions within 30 days		12.6%	12.8%	12.3%	13.0%	13.2%	11.0%	11.6%	12.7%	13.1%	12.6%	12.4%	12.0%		
M89	CQUIN schemes at risk	0		2			0			3			1			

Responsive

		Threshold 16/17	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Monthly Sparkline
C2	Proportion of patients spending less than 4 hours in A&E	95%	90.0%	87.8%	89.3%	86.4%	86.4%	85.2%	79.3%	83.9%	84.1%	79.8%	77.3%	75.3%	79.9%	
C2ii	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95%	90.0%	87.8%	89.3%	86.4%	86.4%	85.2%	79.3%	83.9%	84.1%	79.8%	77.3%	81.2%	84.8%	
M62	12 hour trolley waits in A&E	0	1	0	2	3	3	7	9	2	3	3	0	16	7	
M81	HAS Compliance	90%	93.71%	91.40%	93.34%	92.97%	91.54%	94.76%	92.80%	92.91%	92.96%	92.82%	91.77%	91.12%	92.39%	
M82	Handovers > 30 mins ALL	0	435	807	630	701	682	891	884	714	909	954	1190	1402	674	
M82.6	Handovers > 30 mins ALL (NWAS Confirmed Penalty)	0	254	501	379	423	402	533	569	446	590	604	776	940	376	
C1	RTT admitted: percentage within 18 weeks	95%	83.2%	81.2%	78.5%	81.8%	79.2%	73.8%	79.0%	76.2%	78.1%	72.5%	75.3%	71.3%	70.7%	
C3	RTT non- admitted pathways: percentage within 18 weeks	90%	95.6%	96.3%	94.4%	94.4%	95.0%	93.8%	92.4%	92.0%	93.9%	92.7%	93.2%	91.3%	92.5%	
C4	RTT waiting times Incomplete pathways	92%	95.2%	95.6%	94.8%	93.7%	94.7%	95.7%	93.9%	93.9%	92.7%	92.9%	92.0%	92.0%	92.2%	
C37.1	RTT 52 Weeks (Ongoing)	0	0	0	1	2	1	1	0	1	1	1	0	3	2	
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1%	0.2%	0.2%	0.2%	0.1%	0.2%	0.3%	0.3%	0.1%	0.1%	0.2%	0.1%	0.4%	0.3%	
C18	Cancer - Treatment within 62 days of referral from GP	85%	86.6%	88.4%	85.6%	82.8%	81.6%	87.8%	80.8%	86.5%	85.4%	93.6%	89.4%	87.6%		
C19	Cancer - Treatment within 62 days of referral from screening	90%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	96.4%	96.9%	91.9%	95.8%	100.0%	100.0%		
C20	Cancer - Treatment within 31 days of decision to treat	96%	100.0%	98.9%	100.0%	98.4%	99.1%	99.4%	96.3%	98.9%	99.0%	99.0%	98.8%	98.9%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94%	97.3%	94.1%	97.1%	100.0%	97.8%	97.7%	97.5%	94.3%	100.0%	94.7%	100.0%	95.9%		
C24	Cancer - seen within 14 days of urgent GP referral	93%	95.5%	95.6%	95.2%	95.1%	94.3%	95.4%	93.9%	94.3%	95.1%	95.7%	96.9%	94.0%		
C25	Cancer - breast symptoms seen within 14 days of GP referral	93%	97.3%	93.6%	95.2%	94.1%	93.0%	97.5%	96.6%	98.7%	98.9%	95.6%	95.3%	98.8%		
C36	Cancer 62 Day Consultant Upgrade	85%	91.0%	90.4%	93.1%	92.9%	91.1%	90.5%	82.4%	92.0%	83.3%	95.6%	94.1%	93.6%		
C25.1	Cancer - Patients treated > day 104		1	4	0	7	2	2	6	3	1	3	4	2		
M9	Urgent operations cancelled for 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

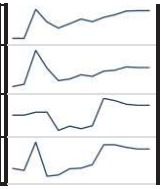
C27a	Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	0	0	0	1	0	1	1	3	2	1	0	3	3
M55	Proportion of delayed discharges attributable to the NHS	3.5%	4.8%	4.8%	4.3%	4.4%	4.6%	5.5%	4.5%	5.8%	5.5%	4.3%	5.1%	5.8%	5.2%
C16	Emergency re-admissions within 30 days		12.6%	12.8%	12.3%	13.0%	13.2%	11.0%	11.6%	12.7%	13.1%	12.6%	12.4%	12.0%	
M90	Average LOS elective (excl daycase)		3.0	2.8	2.8	2.6	2.9	2.3	3.0	2.3	2.9	2.3	2.5	2.2	2.7
M91	Average LOS non-elective		4.6	4.9	4.8	5.0	5.0	4.5	4.9	5.0	4.7	4.7	4.7	4.9	4.8



Well led

		Threshold 16/17	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Monthly Sparkline
C31	NHS England Inpatients response rate from Friends and Family Test	16%	48.5%	50.1%	45.9%	54.0%	50.5%	47.7%	51.2%	43.3%	43.2%	40.8%	51.2%	53.2%	47.4%	
C32	NHS England A&E response rate from Friends and Family Test	4%	21.7%	22.2%	21.8%	19.8%	19.7%	20.5%	21.5%	21.1%	20.8%	17.9%	19.1%	21.3%	21.2%	
M77	Trust turnover rate	12%	9.2%	8.7%	8.9%	8.9%	9.0%	9.0%	9.4%	9.6%	9.3%	9.2%	9.2%	9.2%	9.1%	
M78	Trust level total sickness rate	3.75%	4.74%	4.45%	4.5%	4.5%	4.9%	4.9%	4.8%	5.0%	5.1%	5.1%	5.2%	5.4%		
M79	Total Trust vacancy rate	5%	7.1%	7.3%	8.0%	6.7%	7.7%	8.0%	7.3%	6.2%	6.1%	5.7%	6.7%	6.5%	6.5%	
M80.3	Appraisal (AFC)	90%	72.0%	73.0%	71.0%	66.0%	64.0%	62.0%	65.0%	65.0%	64.0%	60.0%	59.0%	59.0%	57.0%	
M80.3!	Appraisal (Consultant)	90%	96.0%	96.0%	n/a	12.0%	21.0%	28.0%	37.0%	45.0%	50.0%	94.0%	95.0%	92.0%	96.0%	
M80.4	Appraisal (Other Medical)		96.0%	98.0%	n/a	16.0%	31.0%	45.0%	52.0%	61.0%	72.0%	99.0%	95.0%	94.0%	99.0%	
M80.2	Safeguarding Children	80%	87.0%	88.0%	88.0%	88.0%	90.0%	91.0%	93.0%	92.0%	91.0%	93.0%	93.0%	90.0%	90.0%	
M80.2:	Information Governance Toolkit Compliance	95%	85.0%	93.0%	95.0%	94.0%	95.0%	94.0%	94.0%	92.0%	92.0%	92.0%	92.0%	91.0%	89.0%	
F8	Temporary costs as % of total paybill	4%	9%	9%	7%	7%	8%	9%	10%	10%	9%	10%	9%	8%	8%	
F9	Overtime as % of total paybill	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
F1	Cumulative Retained Deficit for breakeven duty (£M)	(3.7)	(11.2)	(11.5)	(0.3)	(0.6)	(0.9)	(1.2)	(1.5)	(1.8)	(2.1)	(2.4)	(2.7)	(3.0)	(1.5)	
F2	SRCP Achieved % (green schemes only)	100.0%	64%	64%	52%	54%	56%	59%	71%	74%	75%	81%	87%	99%	101%	
F3	Liquidity days	>(14.0)	(14.4)	(5.0)	(5.3)	(5.9)	(5.6)	(5.5)	(5.8)	(6.2)	(6.6)	(6.9)	(7.1)	(7.1)	(6.1)	
F4	Capital spend v plan	85%	71%	90%	93%	91%	79%	73%	75%	76%	80%	76%	74%	67%	77%	
F16	Finance & Use of Resources (UoR) metric - overall	3									3	3	3	3	2	
F17	Finance and UoR metric - liquidity	3									2	2	3	3	2	
F18	Finance and UoR metric - capital service capacity	3									4	4	4	3	3	
F19	Finance and UoR metric - I&E margin	3									3	3	3	3	3	
F20	Finance and UoR metric - distance from financial plan	1									1	1	1	1	1	
F21	Finance and UoR metric - agency spend	1									3	3	3	3	3	

F12 BPPC Non NHS No of Invoices	95%	95.5%	95.5%	96.8%	96.3%	96.0%	96.2%	96.4%	96.3%	96.5%	96.6%	96.8%	96.8%	96.8%
F13 BPPC Non NHS Value of Invoices	95%	95.2%	95.4%	98.2%	96.7%	95.7%	95.8%	96.2%	96.0%	96.5%	96.6%	96.8%	96.8%	96.8%
F14 BPPC NHS No of Invoices	95%	95.0%	95.0%	95.3%	95.3%	93.2%	93.7%	93.4%	93.7%	97.0%	96.7%	96.3%	96.2%	96.2%
F15 BPPC NHS Value of Invoices	95%	96.6%	96.4%	99.5%	95.8%	95.9%	96.6%	96.6%	97.0%	99.2%	99.2%	98.9%	98.7%	98.7%



APPENDIX C – Safe Staffing

Ward Staff Summary - Feb 2017

Executed on: 22/03/2017 at: 8:22:16 AM

Division: All 3 Available Divisions Selected
Directorate: All 16 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected
This report is based on the 42 wards which submitted data for the monthly Safer Staffing return

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

Site	Cost Centre Code	Ward	Day Shift						Night Shift						Pressure Ulcers Acquired			Falls with Harm (Mod & Above)	Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence RegN/M + HCA)*	
			Registered Nurses / Midwives			Care Staff			Registered Nurses / Midwives			Care Staff												
			Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	G2	G3	G4		C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate
EC: Surgical & Anaes Services																								
EC02: General Surg Services																								
RBH	5142	Ward C14	2,184	1,761.50	80.65%	1,456	1,449.50	99.55%	935	957	102.35%	924	847	91.67%	0	0	0	0	0	-	7.06	14.50%	122.41	10.83%
	5143	Ward C18	2,184	1,742	79.76%	1,456	1,664	114.29%	924	924	100.00%	1,232	1,083.50	87.95%	0	0	0	0	0	-	7.81	16.64%	75.01	6.82%
	5144	Surgical Triage Unit	1,456	1,430	98.21%	728	838.50	115.18%	924	924	100.00%	308	605	196.43%	0	0	0	0	0	-	0.95	2.78%	49.40	5.42%
EC03: Urology																								
RBH	5128	Ward C22	2,177.50	1,722.50	79.10%	1,456	1,612	110.71%	924	1,089	117.86%	616	1,144	185.71%	0	0	0	0	0	-	9.16	19.14%	89.47	8.27%
EC04: Orthopaedic Services																								
BGH	4393	Ward 15	1,384.50	1,189.50	85.92%	910	897	98.57%	616	616	100.00%	616	638	103.57%	0	0	0	0	0	-	4.13	11.98%	34.96	4.09%
RBH	5366	Ward B24	1,456	1,261	86.61%	1,092	1,176.50	107.74%	616	638	103.57%	616	737	119.64%	0	0	0	0	0	-	2.13	6.27%	91.73	10.47%
	5367	Ward B22	1,456	1,267.50	87.05%	2,184	2,151.50	98.51%	616	649	105.36%	1,540	1,551	100.71%	0	0	0	0	0	-	3.10	6.72%	96.25	8.16%
EC05: Head & Neck																								
RBH	5175	Ward B20 Max Fac	1,456	1,215.50	83.48%	728	955.50	131.25%	616	649	105.36%	308	671	217.86%	0	0	0	0	0	-	-	-	-	-
EC09: Anaesth & Critical Care																								
RBH	5362	Elht Critical Care	5,889	5,902	100.22%	962	650	67.57%	5,049	4,950	98.04%	0	33	-	0	0	0	0	1	-	3.67	3.01%	158.18	4.87%
ED: Family Care																								
ED07: General Paediatrics																								
RBH	5210	Inpatient	4,200	4,138	98.52%	1,008	930	92.26%	3,234	3,181.50	98.38%	294	283.50	96.43%	0	0	0	0	-	-	6.52	7.74%	61.20	2.79%
ED08: Gynae Nursing																								
BGH	4169	Gynae And Breast Care Ward	1,212	1,164	96.04%	618	594	96.12%	738	738	100.00%	409.50	409.50	100.00%	0	0	0	0	0	-	9.45	27.88%	16.52	2.33%
ED09: Obstetrics																								
BGH	4165	Birth Suite	3,360	3,432	102.14%	672	690	102.68%	3,360	3,394	101.01%	672	672	100.00%	0	0	0	0	0	-	-0.99	-1.47%	47.65	2.52%
	4192	Burnley Birth Centre	1,260	1,244	98.73%	336	330.50	98.36%	1,007	972	96.52%	336	326	97.02%	0	0	0	0	0	-	-0.43	-0.91%	44.08	3.40%
	4200	Antenatal Ward 12	1,344	1,292.50	96.17%	672	613	91.22%	1,008	972	96.43%	672	648	96.43%	0	0	0	0	0	-	-3.61	-11.52%	26.68	2.72%
	4203	Postnatal Ward 10	2,022	2,020	99.90%	1,008	1,044	103.57%	2,016	1,824	90.48%	1,008	1,176	116.67%	0	0	0	0	0	-	-1.60	-2.88%	68.59	4.29%
RBH	5256	Blackburn Birth Centre	840	852.75	101.52%	420	361.50	86.07%	907.50	623.50	68.71%	301	301	100.00%	0	0	0	0	0	-	5.35	11.72%	29.48	2.63%
ED11: Neonates																								
RBH	4215	Nicu	4,584	4,312	94.07%	336	158	47.02%	4,032	3,660	90.77%	324	156	48.15%	0	0	0	0	0	-	15.96	18.32%	101.64	5.01%
EH: Integrated Care Group																								
EH15: Acute Medicine																								
RBH	5058	Medical Assessment Unit	3,150	3,131.25	99.40%	1,575	2,148.75	136.43%	2,835	2,711.25	95.63%	945	1,428.75	151.19%	0	0	0	0	-	-	4.09	4.72%	82.40	3.47%
EH20: Respiratory																								
RBH	5063	Ward C6	1,620	1,425	87.96%	1,260	1,095	86.90%	602	602	100.00%	602	602	100.00%	0	0	0	0	0	-	4.22	13.31%	42.16	5.38%
	5064	Ward C8	2,100	1,800	85.71%	1,260	1,582.50	125.60%	903	903	100.00%	602	602	100.00%	0	0	0	1	0	-	4.54	12.37%	15.36	1.71%

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 - Feb 2017

Executed on: 22/03/2017 at: 8:22:16 AM

Division: All 3 Available Divisions Selected
Directorate: All 16 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected
This report is based on the 42 wards which submitted data for the monthly Safer Staffing return

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

Site	Cost Centre Code	Ward	Day Shift						Night Shift						Pressure Ulcers Acquired			Falls with Harm (Mod & Above)	Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence RegN/M + HCA)*	
			Registered Nurses / Midwives			Care Staff			Registered Nurses / Midwives			Care Staff												
			Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	G2	G3	G4		C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate
RBH	6027	Ward C7	1,680	1,402.50	83.48%	1,260	1,500	119.05%	602	612.75	101.79%	602	892.25	148.21%	0	0	0	0	0	-	-1.77	-5.72%	102.52	11.36%
EH25: Cardiology																								
RBH	5095	Coronary Care	1,680	1,545	91.96%	420	795	189.29%	903	881.50	97.62%	0	21.50	-	0	0	0	0	0	-	3.29	12.37%	11.77	1.80%
	5097	Ward B18	1,890	1,717.50	90.87%	1,260	1,267.50	100.60%	602	720.25	119.64%	602	666.50	110.71%	0	0	0	0	0	-	2.18	6.81%	30.44	3.64%
EH30: Gastroenterlogy																								
RBH	5042	C1 (Gastro)	1,575	1,357.50	86.19%	1,350	1,642.50	121.67%	602	602	100.00%	602	1,064.25	176.79%	0	0	0	0	0	-	-	-	-	-
	5045	Ward C4	1,680	1,320	78.57%	1,260	1,417.50	112.50%	903	978.25	108.33%	602	806.25	133.93%	0	0	0	0	0	-	-	-	-	-
	5061	Ward C3	1,890	1,642.50	86.90%	1,680	1,717.50	102.23%	903	903	100.00%	903	935.25	103.57%	0	0	0	0	0	-	-	-	-	-
	6028	Ward C11	1,680	1,365	81.25%	1,050	1,672.50	159.29%	602	602	100.00%	602	741.75	123.21%	0	0	0	0	0	-	4.91	15.14%	-	-
	6095	Ward C2	1,680	1,342.50	79.91%	1,260	1,327.50	105.36%	903	924.50	102.38%	602	784.75	130.36%	0	0	0	0	0	-	8.05	23.58%	-	-
EH35: Mfop & Complex Needs																								
BGH	4613	Rakehead Nursing Staff	1,260	922.50	73.21%	1,620	1,920	118.52%	532	532	100.00%	532	779	146.43%	0	0	0	0	0	-	7.29	19.60%	41.20	4.92%
	6094	Ward 16 Sept 13	2,100	1,702.50	81.07%	1,470	2,077.50	141.33%	588	588	100.00%	882	1,575	178.57%	0	0	0	0	0	-	-2.27	-7.17%	20.60	2.17%
PCH	4581	Marsden Ward	1,680	1,305	77.68%	1,680	1,837.50	109.38%	602	602	100.00%	602	903	150.00%	0	0	0	0	0	-	2.21	6.88%	61.40	7.33%
	4582	Reedyford Ward	1,680	1,275	75.89%	1,050	1,455	138.57%	602	591.25	98.21%	602	903	150.00%	0	0	0	0	0	-	3.93	12.42%	76.91	9.67%
	4583	Hartley Ward	1,680	1,207.50	71.88%	1,050	1,492.50	142.14%	602	602	100.00%	602	881.50	146.43%	0	0	0	0	0	-	1.80	5.59%	79.73	9.38%
RBH	5036	Acute Stroke Unit (B2)	2,100	1,860	88.57%	1,050	1,447.50	137.86%	882	913.50	103.57%	588	913.50	155.36%	0	0	0	0	0	-	2.59	6.63%	71.40	6.99%
	5037	Ward B4	1,680	1,425	84.82%	2,310	2,295	99.35%	588	609	103.57%	1,176	1,186.50	100.89%	0	0	0	0	0	-	0.07	0.22%	48.76	5.37%
	5048	Ward C10	1,680	1,432.50	85.27%	1,680	1,882.50	112.05%	588	661.50	112.50%	882	1,029	116.67%	0	0	0	0	0	-	1.96	6.59%	53.88	6.79%
	6025	Ward C9	1,680	1,387.50	82.59%	1,260	1,770	140.48%	602	602	100.00%	602	1,118	185.71%	2	0	0	0	0	-	2.55	8.14%	-	-
	6058	Ward D1	1,680	1,357.50	80.80%	1,260	1,612.50	127.98%	602	602	100.00%	602	860	142.86%	0	0	0	0	1	-	8.68	28.65%	-	-
	6096	Ward C5	1,008	804	79.76%	1,400	1,230	87.86%	588	598.50	101.79%	588	903	153.57%	0	0	0	0	0	-	4.18	13.14%	41.96	5.51%
EH44: Speciality Medicine																								
RBH	5040	Ward D3	1,680	1,312.50	78.13%	1,260	1,552.50	123.21%	602	602	100.00%	602	956.75	158.93%	0	0	0	0	0	-	4.15	13.86%	65.28	9.05%
EH70: Comm In Patient Care																								
AVH	R133	Avch Ward 2	1,260	915	72.62%	840	892.50	106.25%	588	598.50	101.79%	294	577.50	196.43%	0	0	0	0	0	-	1.97	8.68%	61.55	10.96%
CLI	R141	Ribblesdale Ward	2,100	1,747.50	83.21%	1,680	2,182.50	129.91%	882	882	100.00%	882	1,417.50	160.71%	0	0	0	0	0	-	8.69	19.20%	263.88	25.33%
Total for 42 wards shown					**88.21%**			**113.48%**			**98.83%**			**128.75%**	**2**	**0**	**0**	**1**	**2**		**145.97**	**8.93%**	**2,284.47**	**5.90%**

East Lancashire Hospitals NHS Trust

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

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

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

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

Comments

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff									
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
RXR60	ACCRINGTON VICTORIA HOSPITAL	Ward 2	314 - REHABILITATION		1,260	915	840	893	588	599	294	578	72.6%	106.3%	101.8%	196.4%	495	3.1	3.0	6.0
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		2,100	1,860	1,050	1,448	882	914	588	914	88.6%	137.9%	103.6%	155.4%	552	5.0	4.3	9.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY		1,890	1,718	1,260	1,268	602	720	602	667	90.9%	100.6%	119.6%	110.7%	655	3.7	3.0	6.7
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	100 - GENERAL SURGERY		1,456	1,216	728	956	616	649	308	671	83.5%	131.3%	105.4%	217.9%	492	3.8	3.3	7.1
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS		1,456	1,268	2,184	2,152	616	649	1,540	1,551	87.1%	98.5%	105.4%	100.7%	619	3.1	6.0	9.1
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS		1,456	1,261	1,092	1,177	616	638	616	737	86.6%	107.7%	103.6%	119.6%	592	3.2	3.2	6.4
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE		1,680	1,425	2,310	2,295	588	609	1,176	1,187	84.8%	99.4%	103.6%	100.9%	657	3.1	5.3	8.4
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		840	853	420	362	908	624	301	301	101.5%	86.1%	68.7%	100.0%	22	67.1	30.1	97.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE		1,575	1,358	1,350	1,643	602	602	602	1,064	86.2%	121.7%	100.0%	176.8%	524	3.7	5.2	8.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1,680	1,433	1,680	1,883	588	662	882	1,029	85.3%	112.1%	112.5%	116.7%	609	3.4	4.8	8.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1,680	1,365	1,050	1,673	602	602	602	742	81.3%	159.3%	100.0%	123.2%	602	3.3	4.0	7.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY		2,184	1,762	1,456	1,450	935	957	924	847	80.7%	99.6%	102.4%	91.7%	900	3.0	2.6	5.6
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY		2,184	1,742	1,456	1,664	924	924	1,232	1,084	79.8%	114.3%	100.0%	87.9%	978	2.7	2.8	5.5
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1,680	1,343	1,260	1,328	903	925	602	785	79.9%	105.4%	102.4%	130.4%	653	3.5	3.2	6.7
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY	120 - ENT	2,178	1,723	1,456	1,612	924	1,089	616	1,144	79.1%	110.7%	117.9%	185.7%	872	3.2	3.2	6.4
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE		1,890	1,643	1,680	1,718	903	903	903	935	86.9%	102.2%	100.0%	103.6%	822	3.1	3.2	6.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1,680	1,320	1,260	1,418	903	978	602	806	78.6%	112.5%	108.3%	133.9%	650	3.5	3.4	7.0
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE		1,008	804	1,400	1,230	588	599	588	903	79.8%	87.9%	101.8%	153.6%	370	3.8	5.8	9.6
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1,620	1,425	1,260	1,095	602	602	602	602	88.0%	86.9%	100.0%	100.0%	693	2.9	2.4	5.4
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1,680	1,403	1,260	1,500	602	613	602	892	83.5%	119.0%	101.8%	148.2%	534	3.8	4.5	8.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	2,100	1,800	1,260	1,583	903	903	602	602	85.7%	125.6%	100.0%	100.0%	529	5.1	4.1	9.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1,680	1,388	1,260	1,770	602	602	602	1,118	82.6%	140.5%	100.0%	185.7%	640	3.1	4.5	7.6
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS		4,200	4,138	1,008	930	3,234	3,182	294	284	98.5%	92.3%	98.4%	96.4%	904	8.1	1.3	9.4
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1,680	1,545	420	795	903	882	-	22	92.0%	189.3%	97.6%	-	221	11.0	3.7	14.7
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		5,889	5,902	962	650	5,049	4,950	-	33	100.2%	67.6%	98.0%	-	517	21.0	1.3	22.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1,680	1,358	1,260	1,613	602	602	602	860	80.8%	128.0%	100.0%	142.9%	578	3.4	4.3	7.7
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE		1,680	1,313	1,260	1,553	602	602	602	957	78.1%	123.2%	100.0%	158.9%	551	3.5	4.6	8.0
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE		3,150	3,131	1,575	2,149	2,835	2,711	945	1,429	99.4%	136.4%	95.6%	151.2%	1134	5.2	3.2	8.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		3,780	3,600	2,520	2,888	2,352	2,363	1,176	1,313	95.2%	114.6%	100.4%	111.6%	1108	5.4	3.8	9.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS		4,584	4,312	336	158	4,032	3,660	324	156	94.1%	47.0%	90.8%	48.1%	625	12.8	0.5	13.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY		1,456	1,430	728	839	924	924	308	605	98.2%	115.2%	100.0%	196.4%	512	4.6	2.8	7.4
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS		1,344	1,293	672	613	1,008	972	672	648	96.2%	91.2%	96.4%	96.4%	114	19.9	11.1	30.9
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS		1,260	1,244	336	331	1,007	972	336	326	98.7%	98.4%	96.5%	97.0%	69	32.1	9.5	41.6
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS		3,360	3,432	672	690	3,360	3,394	672	672	102.1%	102.7%	101.0%	100.0%	208	32.8	6.5	39.4
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY		1,212	1,164	618	594	738	738	410	410	96.0%	96.1%	100.0%	100.0%	340	5.6	3.0	8.5
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS		2,022	2,020	1,008	1,044	2,016	1,824	1,008	1,176	99.9%	103.6%	90.5%	116.7%	725	5.3	3.1	8.4
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION		1,260	923	1,620	1,920	532	532	532	779	73.2%	118.5%	100.0%	146.4%	467	3.1	5.8	8.9
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS		1,385	1,190	910	897	616	616	616	638	85.9%	98.6%	100.0%	103.6%	475	3.8	3.2	7.0
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE		2,100	1,703	1,470	2,078	588	588	882	1,575	81.1%	141.3%	100.0%	178.6%	774	3.0	4.7	7.7
RXR70	CLITHEROE COMMUNITY HOSPITAL	Ribblesdale	314 - REHABILITATION		2,100	1,748	1,680	2,183	882	882	882	1,418	83.2%	129.9%	100.0%	160.7%	876	3.0	4.1	7.1
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION		1,680	1,208	1,050	1,493	602	602	602	882	71.9%	142.1%	100.0%	146.4%	693	2.6	3.4	6.0
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION		1,680	1,305	1,680	1,838	602	602	602	903	77.7%	109.4%	100.0%	150.0%	659	2.9	4.2	7.1
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION		1,680	1,275	1,050	1,455	602	591	602	903	75.9%	138.6%	98.2%	150.0%	658	2.8	3.6	6.4
		Total			86138	76249.5	51807	58816.75	49082.5	48548.25	27452.5	35142.5					25668			

TRUST BOARD REPORT

Item 58

29 March 2017

Purpose Information Assurance

Title	Finance and Performance Committee Update Report (February 2017)
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Mr David Wharfe, Non-Executive Director, Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Finance and Performance Committee meeting held on the 27 February 2017.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives Recruitment and workforce planning fail to deliver the Trust objectives Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable services by the Trust The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of

failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Finance and Performance Committee Update Report: 27 February 2017

At the last meeting of the Finance and Performance Committee held on 27 February 2017 members considered the following matters.

1. The Committee received the Integrated Performance Report, including an overview of the current financial position for the month of January 2017.
2. The Divisional Management Teams from the Family Care and Surgical and Anaesthetic Services Divisions attended the meeting to present their financial recovery plans. The Non-Executive Director members thanked the Divisional Management Teams for their detailed presentations and commented that assurance had been gained in relation to the ongoing work to improve the Divisional financial positions.
3. The Committee received the Financial Planning 2017-19 Report and noted that non-recurrent savings achieved in the current year would add additional pressure to the Safely Releasing Costs Programme (SRCP) in the new financial year. In addition, the Committee members received a recap of the control total requirements for the next two years, including the requirement to return to financial balance in 2018/19. It was confirmed that the ward based pharmacy service would be temporarily funded by the Trust until a decision was made by Commissioners in relation to the funding arrangements, although it was anticipated that the Commissioner would agree to fund the service.
4. The Committee received the Trust Financial Recovery Plan which listed the potential savings for 2017/18 and 2018/19. The Non-Executive Director members of the Committee commented that they had received the required levels of assurance in relation to the plan and expressed their support for the Finance Team to undertake the proposed actions set out in the report.
5. Members of the Committee received the Sustaining Safe, Personal and Effective Care 2016/17 update report and noted the work being undertaken to identify schemes for the forthcoming two years. During the discussions about the Pennine Lancashire Local Delivery Plan (LDP) and the Lancashire and South Cumbria Sustainability and Transformation Plan (STP), the Non-Executive Director members commented that there had been very little engagement with stakeholders at both LDP and STP levels.
6. The Committee received an update relating to the Lancashire Procurement Cluster. Non-Executive members suggested that the cluster should cover the whole of the STP area so that the optimal amount of savings could be achieved.

7. The Committee received an update on tenders and contracting, a report relating to reference costs for 2015/16, the Carter Review report and the Director of Audit Opinion for East Lancashire Financial Services (ELFS) Shared Service. In addition, the Committee discussed the terms of reference for the Committee and agreed a change in the membership in relation to the Medical Director. The Board will be presented with the change to the terms of reference for ratification. The Committee also received the minutes of the Contract and Data Quality Board for information.

Kea Ingham, Company Secretarial Assistant, 16 March 2017 2017

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 59

29 March 2017

Purpose Information Assurance

Title	Quality Committee Update Report (March 2017)
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Mr P Rowe, Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Quality Committee meetings held on 8 March 2017.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives Recruitment and workforce planning fail to deliver the Trust objectives Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable services by the Trust The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Quality Committee Update: 8 March 2017

1. At the last meeting of the Quality Committee held on Wednesday 8 March 2017 members considered the following matters:

2. The Committee received the Serious Incidents Requiring Investigation (SIRI) Report which focused on Venus thromboembolism (VTE). Committee members noted the number of incomplete Duty of Candour (DOC) actions and discussed the reasons for delays in completion of the disclosures. Work will be carried out with clinicians to develop their understanding of the process and the requirements regarding the strict timelines for DOC. Members discussed the work that was being undertaken to reduce the number of incidents, particularly around education, documentation, guidelines, communication and the prescribing of medication. A VTE committee and sub-group/quality improvement group has been established and is overseeing the work being carried out.

3. The Committee received the Nursing Assessment Performance Framework (NAPF) Update Report. Members noted that 98 assessments have been undertaken with 36 being initial assessments with the rest being re-audits. The Committee noted that the Breast and Gynaecology ward had received their third 'green' rated NAPF assessment in October 2016 and therefore became eligible to apply for accreditation as a 'Silver Ward' that consistently delivers Safe, Personal and Effective Care. Members noted that there would be a recommendation for the approval of the accreditation at the Trust Board meeting on 29 March 2017. Five more ward areas will potentially be eligible for 'Silver Ward' accreditation within the next quarter. The Committee discussed the future of the NAPF and noted that funding for two of the staff within the team had only been agreed until 31 March 2017, a business case has been developed for further funding. The Committee members wish to notify the Trust Board and register their support for the business case for further funding so that this work can continue. Future development of the assessment was discussed and it was agreed that widening the process out to other areas, including community services should be considered.

4. The Committee received an update in relation to the CQC Action Plan for information and assurance; members noted the progress made to date and the work that was ongoing. The Committee noted that all organisations registered with the CQC would receive an annual 'well led' visit. Mrs Pearson confirmed that the frequency of full inspections would be based on the current rating of the organisation, for example all organisations rated as 'inadequate' would receive a visit, 70% of organisations rated

as 'requiring improvement', 30% of 'good' rated organisations and 10% of 'outstanding' organisations would receive an inspection visit on an annual basis.

5. The Committee received an update in relation to the development of the Workforce Transformation Strategy and noted the actions that had been undertaken to date at organisational and Pennine Lancashire Local Delivery Plan (LDP) levels. The Committee received an update on the work being carried out within the Trust to develop a Workforce Transformation Team and noted that the Team will be fully staffed by the end of May 2017.
6. The Committee received the Annual National NHS Staff Survey Report which detailed the results of the survey. The members noted that the survey had been a full census and had had a 48% return rate, which was significantly above the national average. The Committee members noted the positive outcome of the survey, particularly the improvement in the overall staff engagement and experience scores. Members noted the outcome of the appraisal (Agenda for Change staff only) related questions and discussed the work that had been carried out to date and that is planned for the future to address the issue.
7. The Committee received an update in relation to CQUIN schemes and payments due for quarter three of the current financial year and the progress made towards agreeing the schemes for the forthcoming year.
8. The Committee received the draft plan for the preparation of the Quality Accounts for 2016/17 for information.
9. The Committee also received the Medicines Strategy, Corporate Risk Register, Quality Dashboard, and summary reports from the following meetings:
   a) Health and Safety Committee
   b) Patient Experience Committee
   c) Internal Safeguarding Board
   d) Infection Prevention and Control Committee
   e) Patient Safety and Risk Assurance Committee
   f) Clinical Effectiveness Committee

Kea Ingham, Company Secretarial Assistant, 20 March 2017

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 60

29 March 2017

Purpose Information Assurance

Title	Audit Committee Update Report (March 2017)
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 meeting held on 8 March 2017.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives Recruitment and workforce planning fail to deliver the Trust objectives Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable services by the Trust The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Audit Committee Update: March 2017

At the meeting of the Audit Committee held on Wednesday 8 March 2017 members considered the following matters:

1. The Committee received the management responses in relation to the internal audit reports relating to:
   a) Medical Staffing - there were four high rated recommendations which were addressed via the management response. They were:
      i. Annual leave entitlement and pro-rata calculation
      ii. Omitted absence data/responsibility for the Electronic Time and Attendance Data (ETAD) reporting
      iii. Junior Doctor sickness monitoring
      iv. Compliance with the Trust's annual leave policy
   b) Mandatory Training – there was one high rated recommendation related to the Trust attainment levels which was addressed via the management review.
2. The following internal audit reports were presented to the Committee:
   a) Medical Staffing (limited assurance, see point 2a above)
   b) Mandatory Training (dual assurance – significant and limited, see point 2b above)
   c) Waiting List Management (significant assurance)
   d) Safe and Competent Workforce - catering (significant assurance)
   e) IG Toolkit (significant assurance)
   f) Consultant Job Plans Follow-Up (intermediate review, no assurance option assigned)
   g) Assurance Framework Opinion (briefing note)
3. The Committee received, discussed and approved the following work plans for 2017/18:
   a) Internal Audit work plan
   b) External Audit work plan
   c) Anti-Fraud Service work plan
4. The Committee received an indicative Head of Internal Audit Opinion 2016/17 report. The final opinion will be circulated to the Committee members outside of the meeting once the report has been finalised after the end of the financial year.
5. The Committee received the draft Going Concern Statement and Internal Controls Assurance Statement and noted that the Going Concern Statement was an annual requirement as part of the Trust's financial year-end/annual accounts processes. It was agreed that the questionnaire element of the Internal Controls Statement would

be circulated to the Committee members outside of the meeting prior to presentation at the next Committee meeting in May 2017.

6. The Committee approved the proposal not to accrue for the annual leave not taken by staff at year end. While this proposal is based on materiality grounds, for 2016/17, the one off saving generated would result in a £1.5m improvement in the Trust's control total that would be matched by £1.5m of income through the Sustainability and Transformation Fund finance incentive scheme.

7. The Committee received a progress report from the external auditors in relation to the work that had been undertaken to date pertaining to the annual accounts. The Committee received assurance that there had been no significant issues found as part of their preparatory work. In addition to the progress report, the Committee received a number of briefing notes on emerging issues and developments in the wider sector for information.

8. The Committee received the anti-fraud service progress report and noted the progress being made in relation to the referrals and investigations that were currently underway.

9. The Committee also received the Anti-Fraud Service Standards for Providers: Fraud, Bribery and Corruption Self-Review Tool draft submission report for review and approval. The members noted the revised timeframe for submission was 1 April 2017 rather than 31 May as in previous years. The Committee also noted that the submission Trust had been RAG rated as 'green'. The Committee approved the document for submission.

10. The Committee discussed the governance implications relating to the Lancashire and South Cumbria Sustainability and Transformation Plan (STP). The members agreed that the item would be included as a standing agenda item for future Audit Committee meetings and that a regular progress report would be presented to the members. The Committee recognised the importance of ensuring sign up at all levels of governance across the STP area.

11. The Committee received a draft of the Annual Governance Statement and noted that work was continuing across the Company Secretariat, Quality and Safety Unit and Finance Team to prepare the final document for approval and submission. The Committee determined that all committee attendance reports should accurately reflect membership and attendance over the course of the financial year.

12. The Committee also received the Board Assurance Framework Methodology Report, Losses and Special Payments Report, the proposed form for the self-assessment of the Committee's effectiveness and Draft Accounting Policies.

Kea Ingham, Company Secretarial Assistant, 17 March 2017

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 61

29 March 2017

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 25 January 2017 and 1 March 2017.

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 and the organisation's corporate objectives Recruitment and workforce planning fail to deliver the Trust objectives Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable services by the Trust The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating.

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: n/a

Trust Board Part Two Information Report: 25 January 2017

1. At the meeting of the Trust Board on 25 January 2017, the following matters were discussed in private:
   a) Opportunities for ELHT to bid for work internationally via Healthcare UK
   b) Sustaining Safe, Personal and Effective Care 2016/17 Update Report
   c) Sustaining Safe, Personal and Effective Care 2016/17 Themed Discussion: Frailty Services
   d) Health and Wellbeing Tobacco Control
   e) Picker Staff Survey Results Report
   f) Current Operational Pressures
   g) Finance Report
   h) Serious Untoward Incident Report
   i) Doctors with Restrictions
2. At the meeting of the Trust Board on 1 March 2017, the following matters were discussed in private:
   b) Findings from Overseas Trade Visit
   c) Sustaining Safe, Personal and Effective Care 2016/17 Update Report
   d) Finance Reports: Tendering and Contracting Offer Update
   e) Finance Reports: Financial Planning 2017-19
   f) Serious Untoward Incident Report
   g) Doctors with Restrictions
3. The matters discussed were private and confidential and/or identified individuals and/or were commercially sensitive at this time and so the decision was taken that these items should not be discussed in the public domain. As these items progress, reports will be presented to Part 1 of Board Meetings at the appropriate time.

Kea Ingham, Company Secretarial Assistant, 17 March 2017