East Lancashire Hospitals NHS Trust

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING

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East Lancashire Hospitals NHS
NHS Trust

TRUST BOARD PART 1 MEETING

30 MARCH 2016, 14:00, SEMINAR ROOM 4, ROYAL BLACKBURN HOSPITAL

AGENDA

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

OPENING MATTERS				
TB/2016/091	**Chairman's Welcome**	Chairman	v	14:00
TB/2016/092	**Open Forum** To consider questions from the public	Chairman	v	
TB/2016/093	**Apologies** To note apologies.	Chairman	v	14:15
TB/2016/094	**Minutes of the Previous Meeting** To approve or amend the minutes of the previous meeting held on 24 February 2016	Chairman	d✓	14:20
TB/2016/095	**Matters Arising** To discuss any matters arising from the minutes that are not on this agenda. a) Action Plan and Timeline Emergency Department Consultant Recruitment	Chairman	v	14:25
TB/2016/096	**Action Matrix** To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	14:30
TB/2016/097	**Declarations of Interest** To note any new declarations of interest from Directors.	Interim Governance Advisor	v	14:35
TB/2016/098	**Chairman's Report** To receive an update on the Chairman's activities and work streams.	Chairman	v	14:40
TB/2016/099	**Chief Executive's Report** To receive an update on national, regional and local developments of note.	Chief Executive	d✓	14:50
QUALITY AND SAFETY				
TB/2016/100	**Patient Story** To receive and consider the learning from a patient story.	Director of Nursing	p	15:00
TB/2016/101	**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✓	15:15
TB/2016/102	**Corporate Risk Register** To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Medical Director	d✓	15:20
TB/2016/103	**SIRI Report** To receive information in relation to incidents in month or that may come to public attention in month and be aware of the associated learning.	Medical Director	d✓	15:30

STRATEGY				
TB/2016/104	**Clinical Strategy** To update Directors on the work to produce a new Clinical Strategy	Medical Director	d✓	15:40
TB/2016/105	**Operational Plan 2016/17** To receive and to agree the Plan for 2016/17	Director of Service Development	d ✓	16:10
ACCOUNTABILITY AND PERFORMANCE				
TB/2016/106	**Integrated Performance Report** To note performance against key indicators and actions being taken to recover areas of exception to expected performance. The following specific areas will be discussed: • Performance • Quality • Finance • HR • Safer Staffing	Director of Operations	d✓	16:30
TB/2016/107	**Staff Survey 2015 Results Report** To receive the Trusts results regardng the National Staff Survey and approve the associated work plan.	Director of HR & OD	d✓	16:45
GOVERNANCE				
TB/2016/108	**Quality Committee Annual Report** To consider and approve the Committee Annual Report	Committee Chair	d✓	16:50
TB/2016/109	**Finance and Performance Committee Information Report** To note the matters considered by the Committee in discharging its duties (February 2016)	Committee Chair	d✓	
TB/2016/110	**Finance and Performance Committee Annual Report and Terms of Reference** To consider and approve the Committee Annual Report	Committee Chair	d✓	
TB/2016/111	**Remuneration Committee Information Report** To note the matters considered by the Committee in discharging its duties (February 2016)	Committee Chair	d✓	
TB/2016/112	**Trust Board Part Two Information Report** To note the matters considered by the Committee in discharging its duties (February 2016)	Chairman	d✓	16:55
FOR INFORMATION				
TB/2016/113	**Any Other Business** To discuss any urgent items of business.	Chairman	v	17:00
TB/2016/114	**Open Forum** To consider questions from the public.	Chairman	v	17:05
TB/2016/115	**Board Performance and Reflection** To consider the performance of the Trust Board over the last 12 months, 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	Chairman	v	17:10

	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?			
TB/2016/116	**Date and Time of Next Meeting** Wednesday 27 April 2016, 14.00, Seminar Room 4, Learning Centre, Royal Blackburn Hospital.	Chairman	v	17:20

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

30 March 2016

Item 94

Purpose Action

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

Summary:

The draft minutes of the previous Trust Board meeting held on 24 February 2016 are presented for approval.

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

EAST LANCASHIRE HOSPITALS NHS TRUST

TRUST BOARD MEETING, 24 FEBRUARY 2016

MINUTES

PRESENT

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

IN ATTENDANCE

Mr M Hodgson	Director of Service Development	
Mr D Holden	Interim Governance Adviser	
Mrs C Hughes	Interim Director of Communications	
Miss K Ingham	Minute Taker	
Mr P Magill	Reporter, Lancashire Telegraph	Observer/Audience
Mrs J Molyneaux	Deputy Director of Nursing	
Mr K Moynes	Director of HR and OD	
Mr G Parr	Shadow Public Governor, Pendle	Observer/Audience
Mrs B Redhead	Shadow Public Governor, Ribble Valley	Observer/Audience
Mr M Wedgeworth	Chair, Healthwatch Lancashire	Observer/Audience

APOLOGIES

Mrs C Pearson	Director of Nursing
Mr R Slater	Non-Executive Director

TB/2016/054 CHAIRMAN'S WELCOME

Professor Fairhurst welcomed Directors, Governors and members of the public to the meeting.

TB/2016/055 APOLOGIES

Apologies were received as recorded above. Directors welcomed Mrs Molyneaux, Deputy Director of Nursing to the meeting and noted that she was deputising for Mrs Pearson.

TB/2016/056 OPEN FORUM

Mrs Redhead, Shadow Public Governor for Ribble Valley reported that she had just attended the Trust's Bereavement Steering Group meeting where there had been discussion regarding a rumour pertaining to a potential delay to the Phase Eight development at the Burnley General Hospital site. She asked whether this was true and if so, would it impact on the installation of a memorial garden within the Burnley General Hospital site. Mr Wood confirmed that the business case for the Phase Eight work was on the agenda for discussion and approval at today's meeting. Assuming approval being granted today there should be no delay to the work. Mr McGee advised that he would check this matter with the Estates Department and advise at the next Trust Board Meeting.

RESOLVED: **Mr McGee to check if any delay is likely to the installation of a memorial garden at Burnley General Hospital.**

TB/2016/057 MINUTES OF THE PREVIOUS MEETING

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

RESOLVED: The minutes of the meeting held on 25 January 2016 were approved as a true and accurate record.

TB/2016/058 MATTERS ARISING

Action on Four Hour Wait Target - Mrs Simpson reported that the NHS Trust Development Authority (NTDA) have requested that the Trust develop a suitable trajectory to meet the four hour Emergency Department (ED) target by the end of the 2016/17 financial year. She confirmed that a trajectory has been developed with support from CCG partners and has been submitted to the NTDA for approval.

Trust's Refurbishment Programme – Mr McGee reported that he had fed back the comment from the last Trust Board meeting to the Estates and Facilities department who have confirmed that the ward refurbishment programme has not been cancelled. He went on to confirm that due to the use of escalation areas, there is no vacant ward area to facilitate the on-going refurbishment programme at this time. Once activity returns to a normal level, escalation areas can be closed and the necessary ward moves can take place

to allow the refurbishment of ward areas to recommence.

TB/2016/059 ACTION MATRIX

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

TB/2016/021: Chief Executive's Report – Mr Moynes provided an update in relation to the ways in which the Trust is utilising Pharmacist and Pharmacy Technician roles, including ward based pharmacists where the anticipated benefits are now being realised. He went on to report that he is in discussion with NTDA regarding potential developments for Pharmacists and Pharmacy Technicians working within GP practices. Mr Rowe suggested that the Service Transformation Fund may be accessible for some of the proposed projects.

TB/2016/022: Patient Story – Mrs Molyneaux reported that she had contacted the Patient Experience Team to ascertain whether the gentleman who provided his story to the Board wished to take his comment relating to Northwest Ambulance Service (NWAS) any further; he had decided that he did not wish to pursue a complaint.

TB/2016/027: Integrated Performance Report – Mrs Hughes reported that a plan has been developed to highlight the importance of good hand hygiene at every opportunity. Mrs Molyneaux confirmed that the Trust is also taking part in a 90 day collaborative with the NTDA regarding this issue.

TB/2016/029: Corporate Risk Register – Dr Riley reported that the Community Equipment Store contract has not yet been awarded to any provider and as such the risk remains live. With regard to the risk for patients with mental health needs, he confirmed that the lack of inpatient beds is a national issue and the Trust is in discussion with commissioners and Lancashire Care NHS Foundation Trust (LCFT) to develop suitable alternatives for patients presenting at the Trust. Mrs Simpson reported that LCFT have secured an additional 6 assessment beds on the Royal Blackburn site, with a further 30 being explored across the two main sites. These 6 beds will come on line in March 2016.

RESOLVED: The position of the action matrix was noted.

TB/2016/060 DECLARATIONS OF INTEREST

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

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

TB/2016/061 CHAIRMAN'S REPORT

Professor Fairhurst reported that the Review of the Shadow Council of Governors Working Report from the Good Governance Institute had been received. Discussion regarding the report had taken place at the last closed Trust Board session due to the potential impact that the recommendations may have had on the current team who support the Governors. In addition, the Trust Board would not wish to discuss a report about the shadow governors without first discussing it with the shadow governors themselves in private. Discussions were undertaken with the Shadow Council of Governors on 5 February, 2016 and as a result of those discussions, a draft Terms of Reference is being developed in conjunction with the Governors. The initial proposal advises that the shadow governors could focus attention on public engagement and as lay representatives on interview panels and other important pieces of work within the Trust. She confirmed that the Formal Shadow Council of Governors meetings would be stood down until clarification was gained regarding the future of Foundation Trust applications. Directors noted that Mr Holden and Mrs Flanagan are to meet with the Governors before the end of March, 2016 to discuss the developing draft Terms of Reference for shadow governor working.

Directors noted that Professor Fairhurst had been invited to attend a civic service at Blackburn Cathedral at the end of January. Professor Fairhurst reported that she and Mr McGee had attended an event with Ben Gummer MP; Parliamentary Under Secretary for Quality at the Department of Health to discuss leadership for those Trusts how had been in special measures. The session was both helpful and informative.

Professor Fairhurst reported that she and Mr McGee had attended the launch of NHS Improvement; which replaces Monitor and NTDA from 1st April, 2016. The event provided an interesting opportunity to hear how the new organisation would be working in the future. Directors noted that there will be a focus on earned autonomy for Trusts. The event was useful and encouraging, particularly in terms of how the new organisation will work differently to improve and support Trusts.

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

TB/2016/062 CHIEF EXECUTIVE'S REPORT

Mr McGee drew Director's attention to the previously circulated report and highlighted the Care Quality Commission's (CQC) consultation regarding a new strategy for 2016-21. The consultation relates to proposed new ways of working, including flexibility of registration and methods to assess quality across populations and local areas.

He went on to report that the Trust Board Self Certification document was no longer required

by the NTDA and therefore would no longer be a standing agenda item at the public Trust Board meeting. Mr McGee confirmed that the Serious Incidents Requiring Investigation (SIRI) report would now be a feature of the public Board meetings.

Mr McGee reported that the Initial draft of the national Staff Survey had been received and a full report would be prepared for the March Trust Board meeting. Directors noted that the Trust results were positive with 12 of the 33 key indicators scoring in the top 20% of Trusts and 13 having better than the national average score.

Mr Hodgson confirmed that the submission of the draft Operating Plan was completed on 8 February 2016 as required and the final version would be presented to the March Trust Board meeting for approval prior to final submission.

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

The Operating Plan is to be presented at the March Trust Board.

The Staff Survey would be presented at the March Trust Board.

TB/2016/063 PATIENT STORY

Mrs Molyneaux introduced an audio recording of a patient story from a family's perspective. The parents of the patient reported that their daughter is a victim of Rubella which her mother contracted in early pregnancy. As a result, their daughter was born deaf, blind and has learning difficulties. It was noted that the daughter was now fifty two years of age. Her mother wanted to highlight the positive work of Mrs Julie Clift, Specialist Nurse for Learning Disabilities and Autism. They felt that the work that Mrs Clift carries out provides significant support and Multidisciplinary Team (MDT) co-ordination in caring for people like their daughter.

The parents reported that they found accessing services and getting staff to understand the needs of their daughter to be difficult. With the help of Mrs Clift and the development of a 'passport' which details their daughter's likes, dislikes and abilities they had found that services within the Trust to be much more inclusive and navigable than in other Trusts they had used in the past.

Mrs Molyneaux reported that the story reflected the ways in which the Trust is responding to the needs of the most vulnerable members of the population by making reasonable adjustments and providing care that is truly patient centred. She went on to confirm that focused work was being developed in relation to care plans, pathways and the Learning Disability Passport. This Learning Disability Passport explains everything the service provider needs to know about the person they are caring for.

Mrs Sedgley thanked Mrs Molyneaux for the presentation and commented that it was

heartening to hear the positive work that is being undertaken within the Trust.

RESOLVED: **Directors received and noted the patient story.**

TB/2016/064 **SAFER STAFFING REPORT**

Mrs Molyneaux presented the report to the Board, reporting that it detailed staffing information regarding nursing, midwifery and care staff. Directors noted the fill rates and reasons for reductions in the anticipated rates for the month of January, 2016. It was noted that eight wards fell below the 80% fill rate for day time and no wards fell below the fill rate for night time hours in month in relation to qualified nurse staffing.

Directors noted that, of the staffing related incidents reported in month, none resulted in a harm being caused to a patient. The average fill rate in day light hours for registered Nurses and Midwives in January was 89.2% and 97.0% for night time hours.

Mrs Molyneaux provided an update on recruitment to nursing roles within the Trust. She confirmed that forty four offers had been made at the recruitment day held on 6 February, 2016. Directors noted that five of the recently recruited nurses from the Philippines were due to commence in post in April, 2016 following completion of pre-employment examinations and checks. Directors discussed the issues in relation to the delay in the recruitment process of the nurses from the Philippines, particularly the difficulties in them achieving the required pass marks for the International English Language Testing System (IELTS) test. Mrs Molyneaux confirmed that the test is made up of four elements and most of the candidates have achieved in excess of level 7 in all but one element of the tests. However, it was noted that an average score cannot be used and all elements of the test must be passed at level seven as a minimum. Professor Fairhurst asked whether there was any action that Trusts could take together to seek a change to an average score rather than an outright score. Directors agreed that this issue would be followed up outside of the meeting.

Mrs Molyneaux confirmed that from March 2016, the information contained within the report would be included in the Integrated Performance Report and therefore the report would not be presented as a stand-alone item.

In response to Mr Barnes' question, Mr Moynes confirmed that the apprenticeship levy which is due to come into effect in April, 2016 will have an effect on the Trust and in order to fully benefit from the associated costs, the organisation would need to employ around 600 more apprentices.

In response to Mr McGee's query, Mrs Molyneaux confirmed that the agency cap was further reduced on 1 February 2016 and is due to be reduced again on 1 April 2016. The Trust is currently managing the issue but there are specific areas of pressure for nursing staff,

particularly in the Neonatal Intensive Care Unit (NICU) and ED.

Professor Fairhurst asked whether there were many nurses who were returning to practice at the recent recruitment day. Mrs Molyneaux confirmed that there were only two people who fit into this category. She went on to confirm that there have been issues in the past whereby people wishing to return to practice had been unable to achieve the required number of hours of clinical work to be able to complete the process in order to return to practice.

In response to Mrs Sedgley's question, Mrs Molyneaux confirmed that there were a number of offers accepted on the day with formal acceptances being followed up by the Human Resources Directorate at this time.

Mrs Sedgley sought clarification of the impact that Junior Doctor strikes are likely to have on the nursing staff working within the Trust. Dr Riley confirmed that the impact on nursing staff would be minimal as they are unable to carry out any tasks which doctors would usually carry out during the strikes.

RESOLVED: **Directors received and noted the report provided.**
Directors to work with other Trusts to review how the English language exams for foreign nurses are scored.

TB/2016/065 **OUTCOME OF THE BRITISH ORTHOPAEDIC ASSOCIATION REVIEW OF THE FRACTURED NECK OF FEMUR PATHWAY**

Dr Riley reported that the Trust had invited the British Orthopaedic Association (BOA) to undertake a review of the organisation's management of patients with a fractured neck of femur as the Trust had noted that there had been a higher than average mortality. He confirmed that the review was undertaken in November 2015 and included one of the Trust's Shadow Governors as a lay member. The review identified several areas of good practice. These, however were located in pockets and not spread across the entire pathway. Dr Riley highlighted the recommendations in the report and confirmed that a draft action plan has been developed for approval at the task and finish group which will take place on 2 March 2016. Directors noted that, once approved, the Clinical Effectiveness Sub-Committee will oversee the implementation of the plan with reporting to the Board via the Quality Committee.

Mr Rowe thanked Dr Riley for the report and the comprehensive action plan and commented that he looked forward to receiving reports through the Quality Committee. Professor Fairhurst asked whether the timeframes in the action plan were deliverable and suggested that they should be reviewed by the task and finish group. She went on to thank Dr Riley for recognising the issue and taking appropriate action. Directors noted that the Trust were

being open and honest in reporting the findings of the report and welcomed further information on progress through the Quality Committee. Dr Riley invited Mr Parr, Shadow Public Governor for Pendle to comment, as he had been the lay representative for the review. Mr Parr thanked the Board for the opportunity to be involved in the review and reported that he found the process to be interesting and that he had learned a great deal about the workings of the Trust and the service delivered. He went on to comment that the recommendations in the report would enable the service to develop well for the benefit of the population of the area. Dr Riley advised that the full report from the BOA would now be presented through the Trust's committee process.

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

Full Fracture Neck of Femur BOA Report and action plan to be overseen by the Clinical Effectiveness Sub-Committee and Quality Committee as appropriate.

TB/2016/066 SIRI REPORT

Dr Riley confirmed that the Board had taken the decision to present and discuss the report in the public part of the meeting to ensure that the Trust is being as open and transparent as possible with the public. He provided an overview of the incidents and Strategic Executive Information System (STEIS) reporting processes that are in place at both national and local level. Directors noted that in the event of a serious incident being declared on the DATIX system, a rapid review is undertaken by the Trust's Quality and Safety Team and a Root Cause Analysis (RCA) then takes place. Once fully investigated, the case is taken to a Serious Incident Requiring Investigation (SIRI) panel which is chaired by Mr Slater, Non-Executive Director. This process involves input from the local Clinical Commissioning Groups (CCGs). The Board noted that there are occasions where incidents that are initially reported through STEIS can be later removed or downgraded.

Dr Riley provided an overview of what constitutes a Never Event and confirmed that whist two Never Events had been declared in the previous two months, the Trust was confident that, following discussions with the NTDA, at least one of them would be de-escalated. He went on to report that feedback on any incident is provided back to the Division through multiple channels, including the Trusts intranet system, Message of the Day, Feedback Fridays and team meetings in order that teams and individuals can learn from these matters. Directors noted that a previous Never Event relating to a misplaced naso-gastric tube had led to a change in policy. Dr Riley advised the Trust Board that the SIRI report and Integrated Performance Report covered in the agenda differed in terms of the month in which they had reported the 2 Never Events. Professor Fairhurst thanked Dr Riley for his

report.

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

TB/2016/067 CLINICAL STRATEGY UPDATE

Dr Riley provided a presentation to Directors regarding the development of the Trust's Clinical Strategy. He confirmed that a number of workshops had been held with staff groups including with Allied Healthcare Professionals, Junior Doctors, Consultants and Nurses to develop the Strategy. In his presentation, Dr Riley highlighted the drivers for change, including the local healthcare need and outcomes; the national, regional, local and organisational environment. The presentation also covered the strategic aims and objectives; the triangulation of the Strategy, finance, business planning; the developments in provision and the influence of the Trust; the effect of creating smooth flow through the emergency pathway and the measures of success. He confirmed that the local and regional health and social care services would be required to work in a closer and more system based approach in the future in order to ensure sustainability and deliver high quality services to the population.

Mr Rowe commented that the Trust would require a bold Strategy for the future and that change was inevitable. Directors discussed the need to empower the population to carry out self-care where appropriate and they expressed their support for the Strategy. Professor Fairhurst requested that the Clinical Strategy be presented to the March public Trust Board meeting for approval.

RESOLVED: **Directors received, discussed and approved the submission to NHS England.**

The Clinical Strategy will be presented to the Trust Board in March 2016.

TB/2016/068 BURNLEY GENERAL HOSPITAL PHASE EIGHT BUSINESS CASE

Mr Wood reported that the Strategic Outline Case for the Burnley General Hospital Phase Eight development had been approved for development of an Outline Business Case at the closed Board meeting in September 2015. He went on to report that capital monies would be used to replace the current estate which houses the Ophthalmology, Maxillo Facial and Outpatient departments on the Burnley General Hospital site to meet the needs of the population they serve. Directors noted that pending approval at the meeting, the business case would be submitted to the NTDA/NHS Improvement for development of a Full Business Case (FBC). Mr Wood confirmed that the FBC would be submitted to the July, 2016 Trust Board meeting for final approval and if agreed, work would commence on site around

November 2016 for completion over a two year period.

Mr Barnes stated that the proposed developments were good news for the residents of Burnley and the wider area. Mr McGee reported that he had attended a stakeholder event in January, 2016 relating to the proposed developments and attendees at the event were very impressed with the proposed developments to the estate and also the improvements that it would inevitably have for patient care.

Directors approved the Outline Business Case for submission to the NTDA/NHS Improvement.

RESOLVED: **Directors received, discussed and approved the Outline Business Case for submission to the NTDA/NHS Improvement.**

TB/2016/069 INTEGRATED PERFORMANCE REPORT

Mrs Simpson reported that the Trust continues to meet all cancer targets and performance against RTT targets out-turned at above the 92% requirement. However, backlogs are increasing. The number of complaints received had increased in month; however this had been anticipated due to the increases in non-elective admissions and the knock on effect of the cancellation of elective surgery. Mrs Simpson confirmed that whilst the number of complaints had increased, they remained within the threshold. Work continues to answer as many complaints as efficiently and effectively as possible. The Trust continues to receive positive scores for the Friends and Family Test. Both SHMI and HSMR mortality rates remain within the expected range. The Trust continues to achieve the Hospital Ambulance Screen data quality compliance measure.

Mrs Simpson reported that the Never Event which had been reported in January had occurred in December. However, due to the timing of the event and the bank holiday period, the incident had not been reported onto the system until January, 2016. Performance against the four hour Emergency Department (ED) standard deteriorated in month and remains a significant challenge, out-turning at 88.15% against the 95% threshold. Staffing across the ED pathway remains an issue, particularly in relation to consultant and middle grade medical staff and nursing staff. Professor Fairhurst requested a paper for the March 2016 Trust Board regarding action taken and progress made to recruit new ED consultants.

Daily operational meetings continue to take place to review performance and plan for the coming day. Focused recruitment campaigns are taking place to recruit to vacant consultant posts. Mrs Simpson confirmed that she had attended a meeting with colleagues from the North West Ambulance Service (NWAS) to develop a way of managing surges in ambulance attendances which currently have a detrimental effect on flow through the emergency pathway.

Directors noted that there had been three cases of Clostridium Difficile identified in January, 2016 which takes the number of cases identified in year to 26 against a cumulative internal threshold for the month of 24. The number of patients suffering a formal delayed transfer of care increased to around 40, there was also an increase in the number of patients who were classed as 'medically fit for discharge' but had their discharge delayed. Mr Moynes confirmed that sickness absence out turned at 4.7% for the month.

Mr Barnes requested more information at the next meeting relating to the actions being taken to improve performance across those indicators that had deteriorated. He also requested information regarding the potential penalties that would be levied by commissioners.

In response to Mr Rowe's question, Mrs Simpson reported that performance against the four hour ED target was fragile and was often affected negatively by a number of individual complications occurring within a short space of time. She confirmed that performance during the day and into the evening on Saturday 20 February had been good, however within the space of an hour or so three significant emergency cases came into the ED, which had a negative impact on the ability to manage patients effectively. Therefore, there was an increase in breaches and patient flow was affected.

In response to Mr Wharfe's question concerning consultant provision in ED, Mr Moynes confirmed that the Trust were developing various recruitment and retention packages to attract medical staff into the organisation and retain the staff we currently have. In addition, the Trust will be placing advertisements in the BMJ, looking at international recruitment. Mrs Sedgley asked how the Trust would work with primary care partners and the local population to reduce the number of patients presenting with late diagnosis cancers. Dr Riley confirmed that the recently revised NICE guidelines for cancer testing would have an impact on the speed of diagnosis; however this would not encourage people to present earlier at their GP practice. He went on to suggest that public health must be involved in a drive to encourage patients to attend their GP practice to assist earlier diagnosis and improved outcomes.

Directors discussed performance against the national stretch targets in relation to acute kidney injury, sepsis antibiotic administration. Dr Riley confirmed that performance for quarter four was against the acute kidney injury CQUIN scheme was doubtful. He said this was due to the consistency of documentation in admission notes and discharge summaries. He went on to stress that this issue is not an indicator of poor care, rather an issue with record keeping; something which would need to be addressed.

Mr Wood confirmed that the Trust had reported a financial deficit of £10.8 million at the end of January 2016. He confirmed that the Trust was on track to meet the revised control total set by the NTDA. Activity was noted to be over performing against the planned position, and

this was in part due to the increase in demand for urgent care and ED services. Pressure remains in relation to pay and controls in agency spend. Mr Wharfe commented that the organisation was performing better than most other Trusts across the region and indeed the country.

Mr Moynes reported that while sickness levels remained elevated, they were significantly reduced against the same period last year. Work related stress remains the biggest reason for staff absence from work. Mr Moynes confirmed that the Trust have revised the sickness absence policy and have discussed it with the Unions. As reported at previous meetings, the Unions continue to disagree with the policy, but the Trust are now to implement the policy without consent of the Unions.

RESOLVED: **The IPR report next time to detail the actions being taken to address performance with the 4 hour wait.**

Report to be brought on ED consultant recruitment.

TB/2016/070 BOARD ASSURANCE FRAMEWORK

Dr Riley presented the framework to Directors and confirmed that there were a number of items for review and approval. Directors noted that risks SR/BAF004: The Trust fails to achieve a sustainable financial position and SR/BAF007: Continuity of Service Risk, should be amalgamated and re-scored at 16 against the previous score of 20. In addition, it was proposed that risk SR/BAF006: Corporate Functions fail to support delivery of the Trust's objectives be downgraded from 15 to 12. Dr Riley recommended two further amendments to the Board Assurance Framework in terms of Executive Director's responsible for SR/BAF001: Transformation schemes fail to deliver the anticipated benefits and SR/BAF005: The Trust fails to achieve the required contractual and national targets to be the Medical Director and Director of Operations respectively.

Directors discussed and approved the recommended changes and noted that the framework would be revised in the new financial year. Mr Barnes suggested that SR/BAF003: Partnership working fails to support delivery of sustainable safe, personal and effective care be reviewed.

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

Directors to review the risk rating of SR/BAF003: Partnership working fails to support delivery of sustainable safe, personal and effective care.

TB/2016/071 CORPORATE RISK REGISTER

Dr Riley presented the report to the Board for information and confirmed that two risks had been de-escalated in month. Risks 2154: Risk of not retaining contract for pan-Lancashire Community Equipment Service resulting in financial loss for ELHT and 1489/2310: Failure to meet the 18 week activity standard/referral to treatment.

Dr Riley confirmed that contrary to the information contained within the report, the Community Equipment Service contract had not been awarded at this time. Directors noted that work was being udertaken in relation to risk 453: Pathway for spinal fractures and would be completed prior to the March 2016 Trust Board meeting. Directors noted and approved the proposed changes to the Corporate Risk Register.

RESOLVED: **Directors received the report and approved the proposed changes to the Risk Register.**

TB/2016/072 **FINANCE AND PERFORMANCE COMMITTEE UPDATE REPORT**

Mr Wharfe presented the report and confirmed that it accurately reflected the discussions that had taken place at the last meeting. He confirmed that there had been detailed discussions in relation to the development of the Sustaining Safe, Personal and Effective Care Plan 2016/17 and confirmed that the Committee were keen to develop their understanding of the increased tender activity that the Trust was involved in. It was noted that a workshop to understand tenders was to be planned. The Committee were updated on tenders.

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

The Board noted that the Finance and Performance Committee wish to undertake a workshop on tenders. All Board members would be invited to the workshop when arranged.

TB/2016/073 **REMUNERATION COMMITTEE UPDATE REPORT**

Professor Fairhurst presented the report to the Board for information.

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

TB/2016/074 **TRUST BOARD PART 2 INFORMATION REPORT**

Professor Fairhurst informed the Board that this report documented the items discussed at the last private Board meeting in January 2016. She advised that items will be brought to Part 1, the meeting in public, at the appropriate time subject to issues of confidentiality and commercial in confidence. The items listed will remain under Part 2 whilst there remain aspects of confidentiality.

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

TB/2016/075 REMUNERATION COMMITTEE TERMS OF REFERENCE

Professor Fairhurst presented the proposed revised Terms of Reference for the Trust's Remuneration Committee for approval of the Board. Directors approved the proposed amendments to the Terms of Reference relating to Fit and Proper Person Test.

RESOLVED: Directors received noted and approved the revised terms of reference.

TB/2016/076 ANY OTHER BUSINESS

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

TB/2016/077 OPEN FORUM

Mr Parr, Shadow Public Governor for Pendle commented that he and other Governors were pleased to see the Outline Business Case for the Phase Eight development at Burnley General Hospital was approved at the meeting.

Mr Wedgeworth, Chair of Healthwatch Lancashire commented that it was encouraging to see how the Trust is looking to develop in the future, particularly in relation to the potential provision of social care, which seems to be in a period of weakening and decline.

Mrs Redhead, Shadow Public Governor for Ribble Valley asked whether Mrs Molyneaux had an update on the numbers of Italian nurses who were still employed within the Trust following the recruitment drive in early 2015. Mrs Molyneaux confirmed that there were 20 nurses who had been part of the recruitment drive; eight commenced employment with the organisation in March 2015. Only one of the nurses has returned to Italy; however this was noted to be due to family reasons. Mrs Hughes highlighted that the Trust would be featured on a "Look North" feature regarding nurse staffing in the NHS sometime during the week commencing 29 February and confirmed that one of the aforementioned Italian nurses had taken part in the feature.

Professor Fairhurst suggested that the Board should spend some time looking at the retention of student nurses within the Trust. Mrs Molyneaux confirmed that the Trust had a good reputation for retaining students. Directors noted that a number of Trusts are looking to develop their own schools for training nurses as they find it difficult to recruit and retain student nurses.

RESOLVED: A date would be set for a future Trust Board meeting to review the good work to retain student nurses in the Trust.

TB/2016/078 BOARD REFLECTION

Professor Fairhurst asked Directors whether there had been any areas where adequate assurance had not been received during the meeting. Mr Barnes commented that the Non-Executive Directors had been particularly probing at the meeting and highlighted the various action plans that they had requested sight of at the next meeting. Mr Rowe mentioned that despite all the work that was taking place regarding service transformations and ensuring sustainability of services there was a clear focus on quality by the Board. He went on to suggest that the Trust's Clinical Strategy would be crucial, as would the commitment to improve the estate and service provision at the Burnley General Hospital site.

Mr Hodgson commented that in previous years, the Board would not have received information and reports similar to the BOA review report, which demonstrates the commitment of the Board to providing high quality care in an open and honest arena. Mrs Sedgley agreed and added that the patient story presented at the meeting evidenced the positive work that was taking place within the organisation.

Mr Wharfe commented that the Safely Releasing Costs Programme (SRCP) plan for 2016/17 should be presented to the next Board meeting for discussion and approval.

RESOLVED: **Paper to be presented on the Safely Releasing Costs Programme (SRCP) for the March 2016 Board.**

TB/2016/079 **DATE AND TIME OF NEXT MEETING**

The next Trust Board meeting will take place on Wednesday 30 March 2016, 14:00, Seminar Room 4, Learning Centre, Royal Blackburn Hospital.

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 96

30 March 2016

Purpose Action

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

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

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Safe | Personal | Effective

East Lancashire Hospitals NHS
NHS Trust

ACTION MATRIX

Item Number	Action	Assigned To		Status
2015/66: Talent Management	Update report to be provided in early 2016	Director of HR and OD	April 2016	Agenda Item for April
2016/023: Safer Staffing Report	The professional judgement review report on beds in ward areas to be presented to a future Trust Board meeting.	Director of Nursing	When Available	Agenda Item (timing to be advised)
TB/2016/056: Open Forum	Mr McGee to check if any delay is likely to the installation of a memorial garden at Burnley General Hospital.	Chief Executive	Immediately	Oral Report
TB/2016/062: Chief Executive's Report	The Operating Plan is to be presented at the March Trust Board.	Director of Service Development	March 2016	Agenda Item March 2016
TB/2016/062: Chief Executive's Report	The Staff Survey would be presented at the March Trust Board.	Director of HR and OD	March 2016	Agenda Item March 2016
TB/2016/064: Safer Staffing Report	Directors to work with other Trusts to review how the English language exams for foreign nurses are scored.	Director of HR and OD/Director of Nursing	Immediately	Oral Report
TB/2016/065: Outcome of The British Orthopaedic Association Review of The Fractured Neck of Femur Pathway	Full Fracture Neck of Femur BOA Report and action plan to be overseen by the Clinical Effectiveness Sub-Committee and Quality Committee as appropriate.	Medical Director	Immediately	To Clinical Effectiveness Committee and Quality Committee

Item Number	Action	Assigned To		Status
TB/2016/067: Clinical Strategy Update	The Clinical Strategy will be presented to the Trust Board in March 2016.	Medical Director	March 2016	Agenda Item March 2016
TB/2016/069: Integrated Performance Report	The IPR report next time to detail the actions being taken to address performance with the 4 hour wait.	Director of Operations	March 2016	Agenda Item March 2016
TB/2016/069: Integrated Performance Report	Report to be brought on ED consultant recruitment.	Director of Operations/Director of HR and OD	March 2016	Agenda Item March 2016
TB/2016/070: Board Assurance Framework	Directors to review the risk rating of SR/BAF003: Partnership working fails to support delivery of sustainable safe, personal and effective care.	All Executive Directors	Immediately	Oral Report
TB/2016/077: Open Forum	A date would be set for a future Trust Board meeting to review the good work to retain student nurses in the Trust.	Interim Governance Advisor	Immediately	Oral Report
TB/2016/078: Board Reflection	Paper to be presented on the Safely Releasing Costs Programme (SRCP) for the March 2016 Board.	Director of Service Development/Director of Finance	March 2016	Agenda Item March 2016

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 99

30th March 2016

Purpose Information

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

Summary:

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

Recommendation:

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

Report linkages

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

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

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: N/A

National Updates

1. **Consultation on a new support role for nursing** - Health Education England (HEE) has launched a consultation asking for views on the scope and design of a new support role for nursing. The new role is designed to provide a route to nursing for those who want to become a registered nurse and will work alongside health care support workers and fully-qualified nurses. The consultation closes at midnight on 11 March. Further information can be found at the HEE website.

2. **Prostate Cancer Awareness Month- March 2016 -** March is Prostate Cancer Awareness Month. Organised by Prostate Cancer UK, the campaign aims to raise awareness of prostate cancer, as well as raise money so the charity can provide even better support to both sufferers and their families. If you would like to get involved, visit the link above. You can also learn how to check your prostate, and if you have any questions there is a free and confidential helpline

3. **NHS commits to major transformation of mental health care with help for a million more people -** The Mental Health Taskforce has published its Five Year Forward View with recommendations for changing and developing mental health care across the NHS. It calls for £1 billion investment to help over a million more people to access the services they need.

4. **Maternity review sets bold plan for safer, more personal services -** Maternity services in England must become safer, more personalised, kinder, professional and more family-friendly. That's the vision of the National Maternity Review, which today publishes its recommendations for how services should change over the next five years. The NHS England commissioned review – led by independent experts and chaired by Baroness Julia Cumberlege – sets out wide-ranging proposals designed to make care safer and give women greater control and more choices.

5. **New GP contract agreed for 2016/17 -** The outcome of the contract negotiations between NHS Employers (on behalf of NHS England) and the British Medical Association's General Practitioners Committee (GPC) on amendments that will apply to GMS contractual arrangements in England from April 2016 have been published on the NHS England website.

6. **Patient Online videos published: "I am fully engaged in the management of my own health" -** Online GP services are expanding. Besides ordering repeat prescriptions and booking appointments online, patients who request it will also be able to view detailed information in their online GP records by 31 March 2016. NHS England has interviewed three members of the Patient Working Together Group about their experience with online GP services. You can watch the interviews online to find out more about the benefits of accessing your health information online.

7. **Be Clear on Cancer: 'blood in pee' campaign -** Public Health England's nationwide 'Be Clear on Cancer: blood in pee' campaign returns for a second time to raise awareness of a key symptom for both bladder and kidney cancers – blood in pee. The campaign is aimed at men and women aged 50 and over, as between 90 to 97 percent of bladder and kidney cancer diagnoses are in people in this age group. It encourages anyone who notices blood in their pee, even if it's 'just the once', to visit their GP to get it checked out.

8. **No Smoking Day – 9 March 2016 -** Smoking just one to four cigarettes a day can triple your risk of developing cardiovascular disease. As a smoker, quitting is the single best thing you can do to improve your heart health. No Smoking Day is a launch pad to a smoke free life for thousands of people in the UK. If you want to quit, or want to support someone to quit, visit the No Smoking Day website for information and support.

9. **Changes in medicines legislation for Dietitians, Orthoptists and Therapeutic Radiographers –** From NHS England - Patients under the care of a suitably trained and qualified Dietitian, Orthoptist or Therapeutic Radiographer will shortly be able to access some of their medication without visiting a doctor, thanks to changes in legislation please Follow this link to full text

10. **NHS England launches national programme to combat antibiotic over usage -** NHS England has launched the world's largest healthcare incentive scheme for hospitals, family doctors and other health service providers to prevent the growing problem of antibiotic resistance. The new programme, which goes live in April 2016, will offer hospitals incentive funding worth up to £150 million to support expert pharmacists and clinicians review and reduce inappropriate prescribing of antibiotics.

11. **Purdah: EU Referendum from NHS Providers -** There will be an extended purdah in the run up to the EU referendum, confirmed as taking place on Thursday 23 June 2016. Purdah will begin on Friday 15 April and end once the results have been announced, which in effect means late on Friday 24 June. Those Trusts who have local council elections on 6 May will also need to account of purdah for those elections. Clearly it is not possible to stop all board business for a period of over two months, nor is much that concerns Trust Boards likely to have any bearing on the outcome of the referendum. ELHT already has its local purdah guidance in place.

Local Developments

12. **ELHT Partners with Health Research Network** - East Lancashire Hospitals NHS Trust is delighted to announce a new partnership with the National Institute of Health Research (NIHR) to further improve our patient care in three crucial areas. From 1st March, the Trust is a full partner in the **NIHR Collaborations for Leadership in Applied Health Research and Care** (CLAHRC) end-of-life, wound care and stroke programmes of work through our role in providing community services in these areas.

13. **Integrated MSK Service wins award** - The Integrated MSK, Pain & Rheumatology service, which is managed by East Lancashire Hospitals NHS Trust, came top in the category of 'Service Configuration and Pathways'. This was for a hugely successful piece of work alongside East Lancashire and Blackburn with Darwen Clinical Commissioning Groups. As part of the process, a small group of experts, including the Head of Policy for the British Society of Rheumatology, a consultant in Rheumatology and a health economist visited the service. They were extremely impressed with the changes that include a single point of access for all MSK, Orthopaedic, Pain & Rheumatology referrals to access either community or hospital based services. Dr Tony Mitchell, GP with Special Interest (GPwSI) and Clinical Lead for the integrated service, said "We are really delighted and proud to win this award which gives the new integrated MSK, Pain & Rheumatology service national recognition. This has been a huge piece of work that has involved a wide range on input from patients, GPs and other healthcare experts. This will provide a platform to go on and further develop this service that

will support and treat the increasing numbers of patients with musculoskeletal conditions."

14. **The new Acute Medical Unit (AMU)** at ELHT - Phase One went live on 5 October 2015; with the opening of AMU B. In the first 5 months of operation, 12,340 patients have passed through AMU A, B and Ambulatory Care. The operating model of managing patients for a maximum of 72 hours has seen approximately 45% of patients being discharged home. Previously, the best comparison for this figure was approximately 33%. The percentage of people being discharged outside of this time frame has been around 1% to 1.5%. This quick turnaround of patients does not appear to have had a detrimental effect on emergency readmission rates as these appear to have reduced by approximately 6% on a comparable 3 month period from 2014/15. Patient satisfaction levels, measured by the Friends and Family Test remain high with 98% of patients (who were solely treated on AMU A and AMU B) reporting that they would recommend our services. It is good to note that, there have been only 6 complaints since the Unit opened, 1 for AMU A and 4 for AMU B.

Summary and Overview of Board Papers

15. **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.

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

Summary of Chief Executive's Meetings for March 2016

03/03/16	Meeting with Harry Catherall, CEO LCC
03/03/16	Pan Lancashire Leadership Summit, Preston Business Centre
04/03/16	Lancashire Chief Executives Meeting, Royal Preston Hospital
08/03/16	North West Neonatal Operational Delivery Network, Birchwood, Warrington
08/03/16	Health and Wellbeing Board, Town Hall Blackburn
09/03/16	Daring to Ask Event, Whitehall London
10/03/16	HSJ Provider Summit
11/03/16	HSJ Provider Summit
14/03/16	Royal College of Physicians Future Hospitals Development Event, ELHT
15/03/16	System Leaders Forum, Town Hall Blackburn
17/03/16	NHS Providers Chairs and CEO's Network, London
23/03/16	Board Development Session, Boardroom ELHT
24/03/16	Lancashire Transformation Executive Group, Preston
29/03/16	Russ McLean - Chair Patient Voices Group
30/03/16	Stakeholder Listening Event, Learning Centre ELHT
31/03/16	Meeting with Hugh Bramwell & Simon Jorden from Burnley College

Summary of Chief Executive's Meetings for April 2016

01/04/16	Lancashire CEO's Development Workshop
04/04/16	Transformation Meeting with Dale Williams
07/04/16	Pennine Lancashire Transformation Programme Board
07/04/16	Pennine Lancashire System Resilience Group
11/04/16	Pam Smith CEO Burnley Borough Council
13/04/16	System Leaders Forum
15/04/16	Chair and CEO's Network
18/04/16	Time Out Session, Burnley
20/04/16	Lancashire Transformation Executive Group, Preston Business Centre
21/04/16	NHS Providers Regional Meeting, Wrightington
27/04/16	Trust Board
28/04/16	Team Brief
29/04/16	Team Brief
29/04/16	Star Awards

East Lancashire Hospitals NHS
NHS Trust

TRUST BOARD REPORT

Item 101

30 March 2016

Purpose Monitoring

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

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

Members are invited to consider the proposed changes to the framework and risk scores and advise on the appropriateness of the changes.

Recommendation: To approve the updated BAF as presented today.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: N/A

Safe | Personal | Effective

Executive summary

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

Background

2. The Trust Board will continue to review and strengthen the development of the Trust Board Assurance Framework. The BAF is considered at the Quality Committee and Operational Delivery Board before being submitted to the Trust Board.
3. There will be a need to define more clearly, the milestones and outcomes for the Trust's strategic objectives in tandem with the development of the clinical strategy.

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

4. Appendix 1 has been updated to show the risk position at the end of the third quarter of the financial year. It also shows the current risk scores at the end of February 2016.
5. All Directors have reviewed the risks for which they are the Principal Executive in the month of February.
6. Following the February Trust Board meeting, the Chief Executive Officer, as principal executive risk owner, reviewed risk SR/BAF003 – "Partnership working fails to support delivery of sustainable safe, personal and effective care." From this, it is considered that the risk score increases from a score of "9" to a score of "12" (likelihood 3 x 4 consequence). In summary, the reason for this change is that although relationships with partner organisations have never been better, the consequence of partnership working not delivering the sustainable safe, personal and effective care required has increased.
7. The Director of HR and OD and Medical Director have discussed risk SR/BAF002: The Trust fails to deliver and develop a safe, competent workforce, with the Interim Governance Advisor, after careful consideration it was decided that this risk score would remain unchanged at this time as the overall staffing position is in a much better place than it was 12 and 24 months ago. It is recognised that the Trust has vacancies in specific areas, such as Neonatal Intensive Care Unit (NICU) and the Emergency Department (ED). We will continue to monitor this situation as; not least the third revision to the agency cap will be implemented from 1 April 2016.

Conclusion:

8. Members are asked to:

   a) Review risk SR/BAF003 and consider if the revised scoring is appropriate at this time;

   b) Consider whether there are any additional strategic risks or other changes that need to be reflected in the Board Assurance Framework.

Recommendation:

9. To approve the updated BAF as presented today.

STRATEGIC AIMS: BOARD ASSURANCE FRAMEWORK 2015/16

SUMMARY OF CURRENT SCORES - Appendix 1

REF	Risk related to these Strategic Objectives (see key below)	Strategic Risk	Principal Executive Director	Assurance To	Current Risk Score	Target Risk Score	Q1	Q2	Q3	Q4
SR/BAF001	1, 2, 3, and 4	Transformation schemes fail to deliver anticipated benefits and the improvement priorities.	Medical Director	Trust Board Operational Delivery Board Finance & Performance Committee Quality Committee	15	10	15	15	15	
SR/BAF002	2, 3 and 4	The Trust fails to deliver and develop a safe, competent workforce	Director of HR/OD	Trust Board Operational Delivery Board Finance & Performance Committee Quality Committee	12	8	12	12	12	
SR/BAF003	3 and 4	Partnership working fails to support delivery of sustainable safe, personal and effective care	Chief Executive	Trust Board Operational Delivery Board Finance & Performance Committee Quality Committee	12	6	9	9	9	
SR/BAF004	1,2,3,4 and 5	The Trust fails to achieve a sustainable financial position & appropriate continuity of service risk rating (CoSR)	Director of Finance	Trust Board Operational Delivery Board Finance & Performance Committee	16	10	20	20	20	

REF	Risk related to these Strategic Objectives (see key below)	Strategic Risk	Principal Executive Director	Assurance To	Current Risk Score	Target Risk Score	Q1	Q2	Q3	Q4
SR/BAF005	1, 3 and 4	The Trust fails to achieve the required contractual and national targets.	Director of Operations	Trust Board Operational Delivery Board Finance & Performance Committee Quality Committee	15	8	12	12	15	
SR/BAF006	1,4 and 5	Corporate functions fail to support delivery of the Trust's objectives	Deputy CEO	Trust Board Operational Delivery Board Quality, Finance & Performance Committees	12	8	15	15	15	

Key**: (for column 2 above)**

Risk related to these Strategic Objectives

1 = Put safety and quality at the heart of everything we do

2 = Invest in and develop our workforce

3 = Work with key stakeholders to develop effective partnerships

4 = Encourage innovation and pathway reform and deliver best practice

5 = Become a successful foundation trust

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 102

30 March 2016

Purpose Information
Action
Monitoring

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

Summary: This paper reviews the current Corporate Risk Register

Recommendation: It is recommended that the Committee:

a) Note the Corporate Risk Register
b) Consider the risks listed under 'discussion' listed as for de-escalation.
c) Support the development and arrangements for the risk management group

Report linkages

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

Trust's objectives

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Patient Safety and Risk Assurance Sub-Committee

Discussion

1. There is one risk that have been escalated to the corporate risk register within this month:
   a) 2154 - Risk of not retaining contract for pan-Lancashire Community Equipment Store resulting in financial loss for the ELHT – In the previous report this risk was recommended for de-escalation due to the risk having been realised with the CCG awarding the contract to an independent company, as there is work on-going to challenge the CCGs decision this risk remains material to the Trust business
2. The current risk register is attached as Appendix 1.
3. Where aggregations can be made, these have been undertaken and the aggregated risk is shown together and the divisional risks that contribute and are related to the Trust wide risk listed below.

Support and challenge

4. The Associate Director of Quality and Safety has been supported by the Medical Director and Director of Finance who have nominated deputies from their respective teams for the membership of the new support and challenge sessions to which divisional senior management teams will be invited to strengthen the definitions of risks, and to scrutinise the controls that are in place to mitigate risks, identify possible gaps in controls and assurance and test plans and actions to close any gaps. The first of the meetings is scheduled for 12th April 2016, and will focus its support for Estates and Facilities.

Recommendations

5. It is recommended that the Committee:
   a) **Note** the Corporate Risk Register
   b) **Consider the risks listed under 'discussion' listed as fore-escalation.**
   c) **Support** the development of a risk management group

David Tansley, Associate Director of Quality and Safety, 14.03.2016

Appendix 1 - Corporate Risk Register as at 14.03.2016

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
2154	Risk of not retaining contract for pan-Lancashire Community Equipment Store resulting in financial loss for the Trust	• CCG representation on commissioning group. • Service meets commissioning quality requirements and produces monthly activity reports. • Highly motivated staff with low turnover. • Registered with CECOPS and working towards accreditation status. • Working towards achievement of quality standard ISO 9001 • High patient satisfaction • Low complaints	16	8	Divisional Director - ICG	ICG	Kick Off Meeting Deadline for Bidder Clarification Questions Deadline for ITT Responses ITT Bid Evaluation ELHT challenge to the CCGs decision
453	Pathway for Spinal fractures	• Web based referral system is in place. • There are now named liaison nurses in place at Preston who the orthotists and the trauma nurses can contact if concerned regarding the treatment. • Nurses can be asked to arrange an OT moulded collar if required as these not currently provided in ELHT. • Orthotists have and will assess patient and challenge any request for treatment that is inappropriate. • Action also to contact Moving and handling trainers to see if they could incorporate moving a patient with spinal damage into the training. • Written care plan in place that will follow the patient to the ward or nursing home so that the staff aware of how to nurse patient.	15	5	Medical Director	Diagnostic & Clinical Support	Web based referral system is in place. Concerns over the issues within the current pathway are being highlighted with Preston to ensure that the pathways is strengthened. Further meeting is to be held with ED and Orthotists to review any further concerns and re-assess the current risk. Further review of risk and controls on the 17th March 2016
2995	Risk of not meeting financial outturn	• Weekly performance meetings with Executive team, working through financial recovery plan • Financial recovery plan broken down to directorates to ensure accountability"	16	9	Jonathon Wood	ICG	Financial recovery plan in place

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
5791 Linked to Div risks 3804, 4640, 4708, 6487.	Aggregated risk - Nursing shortages requiring high agency spend	• Daily staffing teleconference to ascertain staffing "hot spots" and reallocation of staff • Corporate Safer Staffing steering group • Planned duty rosters set out to deliver numbers and skill mix, aiming to ensure appropriate senior nurse with skills and experience on duty to achieve 1:8 (daylight hours); • All supervisory management time has been identified and is utilised to deliver 'hands on' nursing care • E-rostering utilised • Robust systems implemented to manage and monitor the utilisation of temporary staff, and overtime; • A strategic recruitment campaign and improved processes has resulted in a significant reduction in unfilled vacancies, and monitoring of same; • Reduced bed base and increased efficiency in managing length of stay to make more effective and safe use of staffing resource	**15**	**8**	Chief Nurse	Trustwide	Local plans in place to manage and fill vacancies
5790, Linked to Div risks 4488, 5702, 908, 6487.	Aggregated risk - high usage of medical locums resulting in risk of increased costs	• Re-applying for consultant post • Re-advertise other medial vacancies • Consultants current do cross cover at times of need	**15**	**9**	Medical Director	Trustwide	Local Plans in place to manage medical vacancies

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
4999 - Linked to Div risks 1487, 2109.	Aggregated Risk - Failure to deliver the Safely Releasing Costs Programme	• Safely releasing Costs Programme plans in place for all Divisions with regular management review	16	12	Director of Operations	Trustwide	Monthly performance meetings Divisional action plans to manage SRCP compliance
5083	Failure to have a robust system to assess and manage patients with mental health needs	• Risk assessments and care plans to identify and support staff to care for patients at risk • Safe guarding support • Meetings with LCFT ongoing to improve joint working education to staff • Observation policy for patients at risk agreed • Commissioners have funded additional Staff (now employed by LCFT) to support ED staff and patients with one to one supervision when required	15	5	Deputy Chief Nurse - ICG	ICG	meeting to review shared care ICG and LCFT joint pathway meetings 15 new assessments beds will be opening imminently
2309	Failure to contact and appropriately treat all patients with failing metal on metal hip implants (in compliance with MHRA)	• Campaign to provide information to relevant patients regarding need to refer to T and O service if relevant symptoms present. • Telephone advice line and process identified for patients to contact trust via PALs Some consultants using own records to contact relevant patients. • Guidelines for secretaries for patients who contact them directly. • National Joint Registry monitoring of data completion and to provide assurance of patient outcome	16	8	Divisional Director – Surgical & Anaesthetic Services	Surgical & Anaesthetic Services	Action plan developed and reported via Clinical Effectiveness Committee

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
5180	Failure to meet the HIMOR standards of living in the Staff residence buildings at RBH	• Faults are reported to BBW. • Highlighted to head of Estates that action needs to be taken to rectify these faults immediately.	16	8	Director of Estates	Corporate	Review of finances required
1660	Risk of unsuitable ward areas due to cancelling Statutory refurbishment programme	• All works have to be suspended as no decant ward area available on site to continue with programmed works.	16	12	Director of Estates	Corporate	As wards become available works are being commenced and further work is being done to identify ward flows to free wards for works to take place
5283	The Safeguarding Adults and Children Unit are at risk of losing resources if funding is not agreed	• Prioritisation of patients who need to be assessed and monitored by the Safeguarding Unit • Review of individual team member's caseloads at team meetings • Caseload takes priority over strategy development	16	6	Divisional Director, Family Care	Family Care	Meeting in October with Commissioners
2053	Workload in pharmacy chemotherapy unit leading to delays in treatment	• 8 week training programme for pharmacists, 14 week training programme for pharmacy technicians and pharmacy assistants (but high turnover of assistants) to ensure competency of staff. • Third party dispensing and final checking of oral chemotherapy medicines from September 2012 to alleviate some capacity. • Dose Banding some high usage chemotherapy medicines to enable outsourcing to help relieve pressure on patient waiting times. • Trying to purchase room temperature outsourced medicines to relieve pressure on cool storage facilities.	16	8	Divisional Director DCS	DCS	Work ongoing to purchase extra equipment to provide more capacity
2311	Failure to meet the unplanned care needs of patients using the emergency care pathway	• Escalation plan • Winter plan • Improved discharge planning Additional community capacity	16	10	Director of Operations	ICG	Sustainability workshop planned for March 2016

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
2256 / 2051	Failure to deliver stroke care within standard time frame	• Rectification action plan in place Care pathways and bundles be improved Improving patient flow • Therapy input into stroke is prioritised from staffing across all services during periods of annual leave and sickness. This ensures that limited therapy cover is provided.	15	10	Director of Operations	ICG / DCS	Stroke care action plan developed

East Lancashire Hospitals NHS
NHS Trust

TRUST BOARD REPORT

Item 103

30th MARCH 2016

Purpose Monitoring

Title	Serious Incident Report
Author	Mr D Tansley, Associate Director Quality and Safety
Sponsor	Dr D Riley, Medical Director

Summary: The report provides an update on the progress of investigations into Serious Incidents, their outcomes and learning from events.

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

Report linkages

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

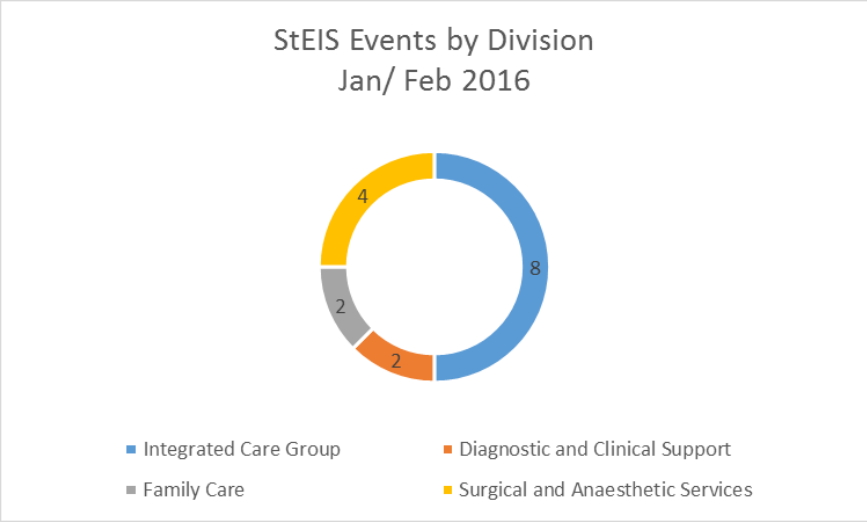
Impact

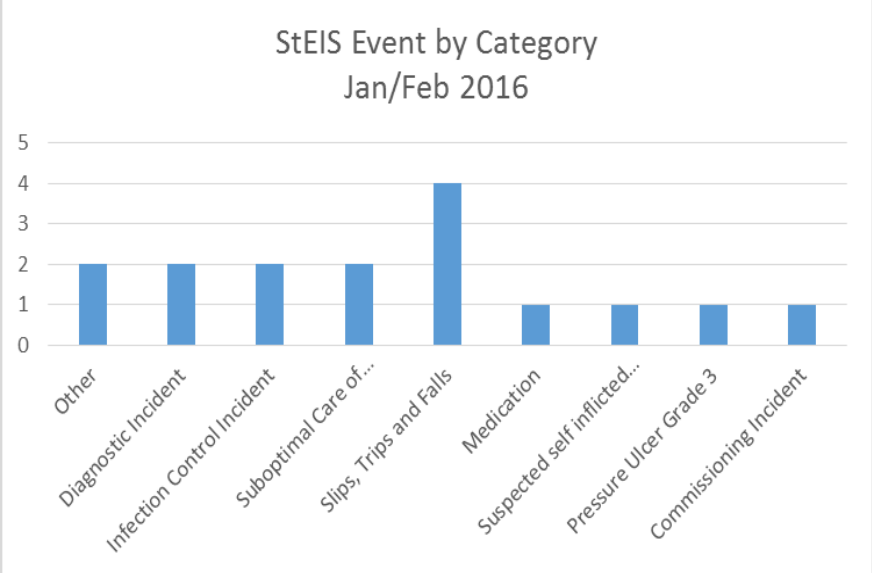
Safe | Personal | Effective

Legal	No	Financial	No
Equality	No	Confidentiality	No

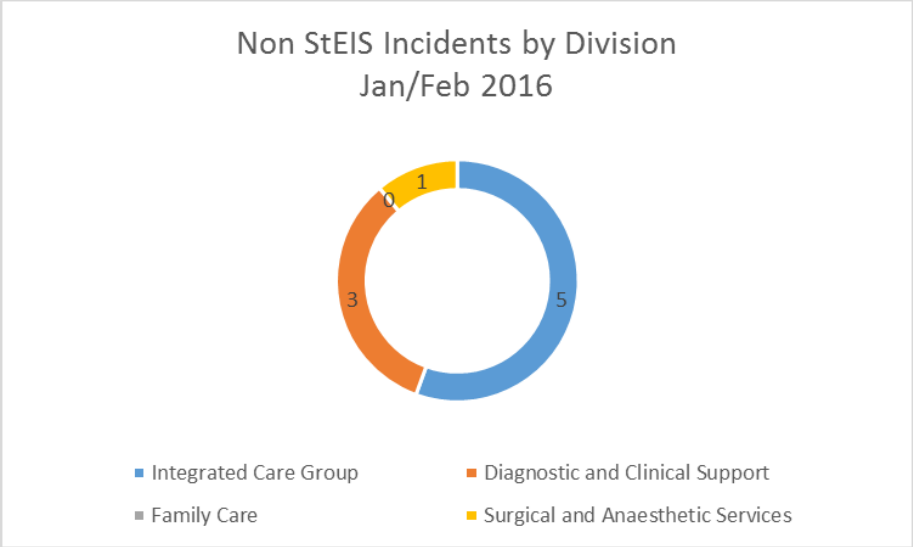
Executive Summary

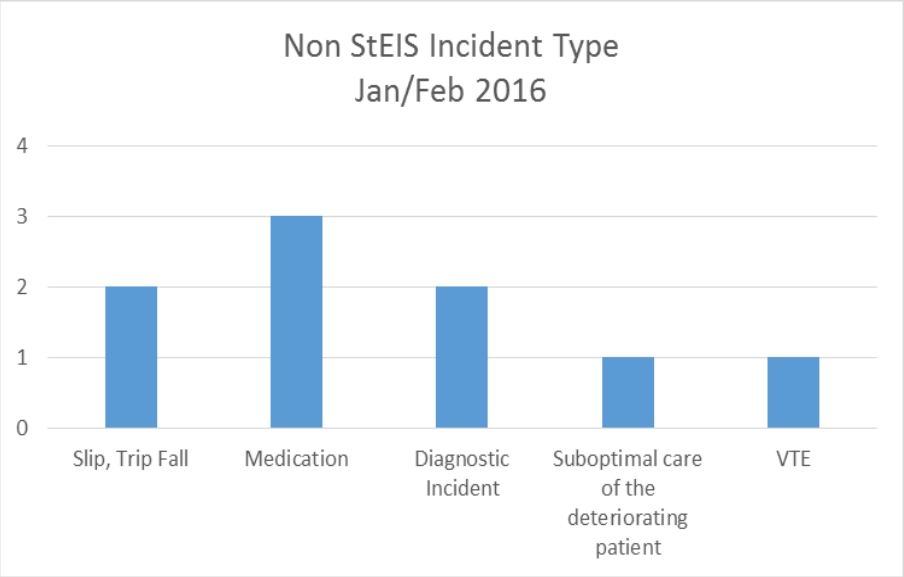
1. **Serious Incidents Requiring Investigation (SIRI) January/February 2016**
   a. There have been 16 Strategic Executive Information System (StEIS) events reported in January and February 2016. All will undergo Root Cause Analysis (RCA) which will be performance managed by the Trust's SIRI Panel and East Lancashire Clinical Commissioning Group.





   b. There were 9 non StEIS incidents deemed to be serious incidents requiring investigation in January/February 2016. All will undergo RCA, performance managed by the Serious Incident Review Group (SIRG).





2. Never Events Update

The never event reported in December 2015 has been closed following consideration by the Trust SIRI Panel in February. The never event reported in January 2015 is to be presented at SIRI Panel in April 2016.

3. Duty of Candour Update

Seventeen patient safety incidents graded as moderate or above were reported in January with nine being reported in February. There are three outstanding Duty of Candour cases at present.

4. Corporate Learning from Incidents.

As part of the Trust wide Harm Reduction Programme, the Venous Thromboembolism (VTE) Group has been working throughout 2015 to reduce the harm to patients from VTE, and especially hospital acquired VTE, by implementing, monitoring and reporting against National Institute for Health and Care Excellence (NICE) guidelines. Root Cause Analyses from incidents have been used to guide the work of the group and to monitor the implementation of learning resulting in reducing harms to patients, increased awareness of symptoms and treatment among staff and significantly improved performance against the national performance standards.

A single pathway across the hospital now exists for the assessment, treatment and monitoring of patients identified as being at risk from VTE which is supported by NICE compliant guidelines which have been re-issued and update. Feedback from staff over the course of the year has resulted in the development of learning materials which will be deployed in educational workshops from May and supported with a communications programme to raise awareness.

Staff reported that further support would be of benefit when completing RCA documentation for missed or delayed administration of VTE treatment and as a result a simple VTE element has now been embedded in standard RCA documentation. This has benefitted staff by improving the quality and content of RCA documentation and supporting the rapid review of events so that the previous backlog of cases has cleared and RCA are routinely completed and submitted in a timely way.

Following investigation of incidents of delayed or missed administration of treatment each Division submits a monthly report to the VTE Committee. The reports are aggregated and lessons learned in relation to particular incidents are reported through the Divisional Quality Meetings and on the wards at Share to Care Meetings and Safety Huddles.

The Trust is now regularly reporting 98% of patients are assessed for VTE prophylaxis against the national standard of 95% with VTE assessment embedded in admission and discharge processes and incident reporting arrangements. There have been no referrals in year from the Coroner in relation to concerns with VTE procedures in the Trust.

The approach taken to reduce VTE incidents across the organisation has been reliant on the following factors:

- Strong leadership from the Medical Director's Office and a strong project lead in Dr Uma Krishnarmoorthy

- Strong support from Divisions and corporate departments in improving electronic systems to record, monitor and report VTE issues and support the dissemination of learning from incidents.
- Willingness of staff to engage in recognising the issues faced in improving performance for the benefit of patients, providing feedback on system and process to promote improvement, engaging in learning and raising awareness among colleagues.

The VTE team will continue to work to improve patient safety and experience with a particular focus on outpatient clinics and working across the health care community during 2016.

David Tansley
Associate Director of Quality and Safety
March 2016.

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

30 March 2016

Item 104

Purpose Action

Title	ELHT Clinical Strategy – 2016/17 to 2020/21
Author	Dr Damian Riley, Medical Director
Executive sponsor	Kevin McGee, Chief Executive

Summary: This paper presents the first output in the ongoing development of the East Lancashire Hospital Trust Clinical Strategy for 2016/17 to 2020/21.

Recommendation: Members are asked:

- to note and support the Clinical Strategy, and;
- to recommend engagement with partner agencies so as to continue collaborative development of our strategic direction and new ways of working.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by:

Introduction

1. This paper presents the first output in the ongoing development of the East Lancashire Hospital Trust Clinical Strategy for 2016/17 to 2020/21.

2. The need for us to change our ways of working in order to maintain Safe Personal and Effective care for the future has necessitated the development of this new strategy. The Clinical Strategy has been informed by discussions with Clinicians and Managers in all Divisions in the Trust, from which our key transformational themes have been created.

3. It is expected that over the next five years East Lancashire Hospitals NHS Trust (ELHT) will see closer integration with providers of health and care across Pennine Lancashire through the Pennine Lancashire Transformation programmes, and across all Lancashire as part of Healthier Lancashire. We will seek greater roles in the prevention of illness, encouraging self-care, in primary care, and in regional specialist work. Across Pennine Lancashire, we will integrate more closely with providers in the primary, community, voluntary and third sectors. We will undertake co-design with commissioners. This programme will sit under the Healthier Lancashire overall Strategic Commissioning and Planning Framework. Clinicians of the Trust will increasingly work with their professional colleagues from other providers to form Lancashire-based sustainable networks which determine the standards of care, the governance, and the delivery of care pathways.

4. Our Transformation themes will drive us towards a clinically and financially sustainable integrated organisation.

   These themes are:

   a) Agreeing new system-governance principles with Healthier Lancashire and Pennine Lancashire Partners, agreeing key outcomes for the system.
   b) Increasing primary and community care involvement: new models of care.
   c) Increasing standardisation.
   d) Improving efficiency in elective care.
   e) Changing non-elective pathways.
   f) Reviewing and Networking specialist services.

5. The next stage for us is to take our proposed Clinical Strategy into wider debate with partners, with whom we will work in partnership in order to shape our planning in the context of Pennine Lancashire and Healthier Lancashire needs.

6. It is expected that our Clinical Strategy is a "living" document which will be used as a framework, and revised regularly with the support and input of partner organisations in health and social care.

Recommendations

7. Board is asked:
   a) to note and support the Clinical Strategy, and
   b) to recommend engagement with partner agencies so as to continue collaborative development of our strategic direction and new ways of working.

Damian Riley, Medical Director, 18.03.16.

East Lancashire Hospitals NHS
NHS Trust

FIT FOR THE FUTURE

ELHT Clinical Strategy 2016/17 - 2020/21

Safe | Personal | Effective

PREFACE

The NHS, and East Lancashire Hospitals NHS Trust, face a significant challenge to maintain high quality, sustainable, services in a difficult financial climate. The health needs of our local population are significant and rising, and we have a duty to make sure the outcomes of healthcare interventions both in and out of hospital are as good as they can possibly be. We are on a "burning platform" and doing the same over and over again is not an option for us. It is necessary for us to be bold in our thinking and our actions. Our Clinical Strategy reflects a committed approach to addressing the needs of the population of Pennine Lancashire. We propose to address the changes through integration: with other providers of health and care services, across primary, secondary and tertiary care, and with partners in our locality and across all of Lancashire. Our services and our expertise shall have "no walls" as we seek to provide and influence the health care offered to the population. We recognise that the clinical strategy is a live document and will be subject to many changes and iterations as we respond to stakeholder comments and views. We welcome this debate and challenge and look forward to developing and over arching strategy for Pennine Lancashire with the specific aim of improving the health outcomes of our communities .

Professor Eileen Fairhurst, Chair of East Lancashire Hospitals NHS Trust

I am grateful to all the clinicians of the Trust who took part in shaping this strategy, in contributing their ideas and expertise through a series of workshops, clinical discussions and through their senior leadership roles. This strategy represents the voice of clinical opinion in East Lancashire Hospital NHS Trust. It represents our commitment to change, our commitment to improvements, and our recognition of opportunity and challenge. The Trust is in a stronger place than ever before, with the best clinical outcomes in its history. This strategy allows us to build upon our foundation of expertise and credibility. We will make tackling local health needs a priority, focusing on the conditions such as frailty, chronic respiratory disease, and cancer which affect our local population. We will move care and expertise into communities, and expand our delivery of care over seven days.

Kevin McGee, Chief Executive of East Lancashire Hospitals NHS Trust

EXECUTIVE SUMMARY

Towards Better Health, Better Care

Over the next five years East Lancashire Hospitals NHS Trust (ELHT) will see closer integration with providers of health and care across Pennine Lancashire through the Pennine Lancashire Transformation programmes, and across all Lancashire as part of Healthier Lancashire. We will seek greater roles in the prevention of illness, encouraging self-care, in primary care, and in regional specialist work. We will describe ourselves as a Healthcare Trust, rather than a Hospitals Trust

Across Pennine Lancashire, we will integrate more closely with providers in the primary, community, voluntary and third sectors. We will undertake co-design with commissioners, creating an 'accountable care system' in Pennine Lancashire. This programme will sit under the Healthier Lancashire overall strategic commissioning and planning framework. Clinicians of the Trust will increasingly work with their professional colleagues from other providers to form Lancashire-based sustainable networks which determine the standards of care, the governance, and the delivery of care pathways.

Our Transformation themes will drive us towards a clinically and financially sustainable integrated organisation. These themes are:

- Agreeing new system-governance principles with Healthier Lancashire and Pennine Lancashire Partners, agreeing key outcomes for the system
- Increasing primary and community care involvement: new models of care
- Increasing standardisation
- Improving efficiency in elective care
- Changing non-elective pathways
- Reviewing and Networking specialist services.

We will achieve greater efficiencies, reducing length of stay for key medical conditions including COPD, reducing theatre times for elective and emergency surgery through increased productivity measures, and reducing our overall bed-base by the equivalent of at least two wards by new pathways of care and integrated community care services.

We will continue to improve care in our Trust and community, increasing access to all relevant services across all seven days of the week, reducing avoidable mortality and improving patient experience.

INTRODUCTION

Principles, Drivers, National and Local Context, and Transformational Themes
Principles of Our Strategy

2. East Lancashire Hospital NHS Trust has the following strategic aims:

- To be a **Safe, Personal, Effective** provider of generalist hospital, community and primary care services, by working in partnership with others
- To be integrated in the health and care economy across Pennine Lancashire as part of a **Sustainability and Transformation Plan**
- To be a **networked provider** of key specialist services in conjunction with other Trusts across all of Lancashire (including stroke services, maxillofacial services, vascular services, radiology services and cancer services)
- To be a **regional centre** of excellence for specific services (for example certain urology and hepatobiliary surgery, and neonatology).

3. Our new strategy will be required to drive and deliver:

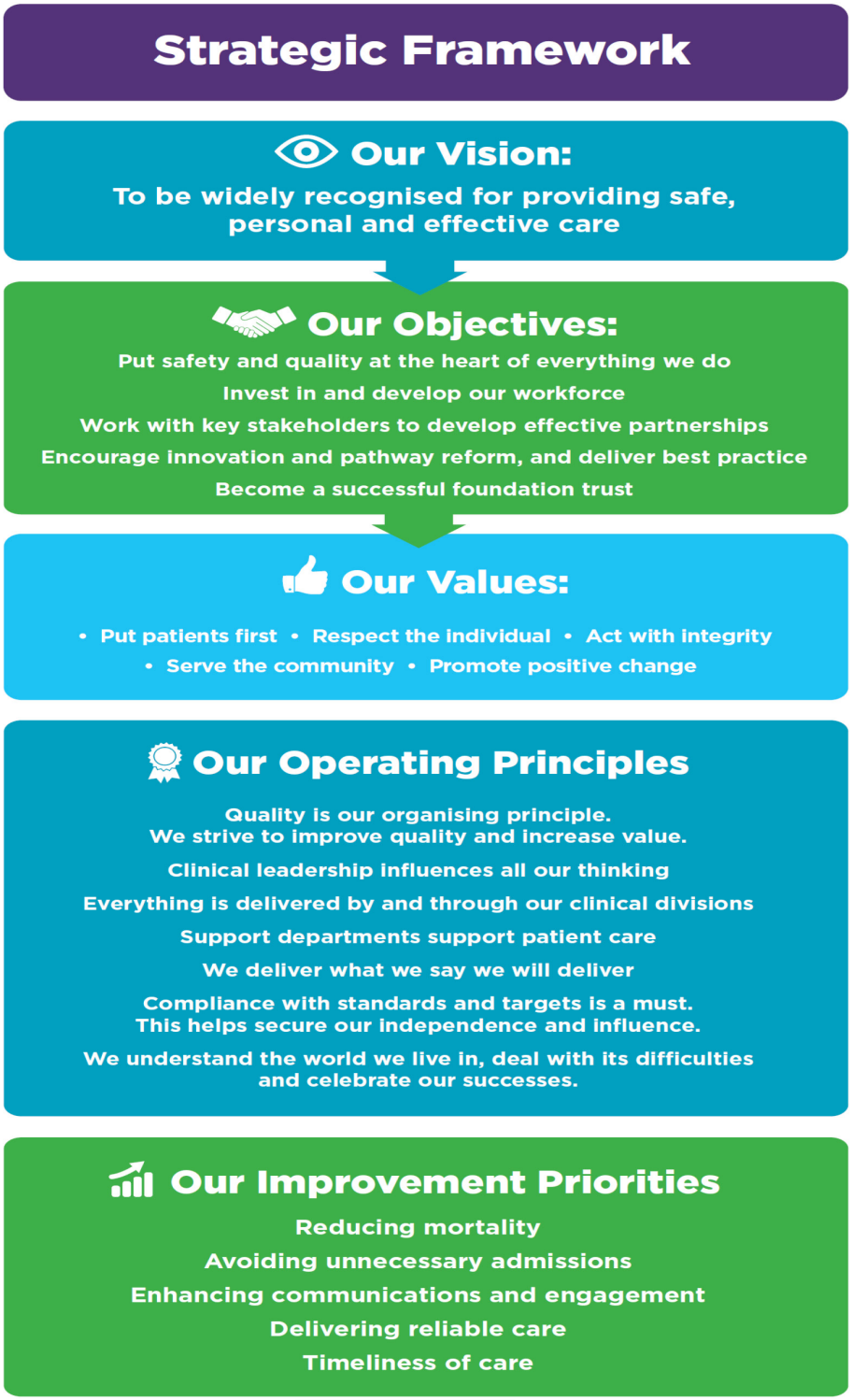
- Safe, Personal and Effective Care
- Sustainable services which demonstrate affordability
- Standardised and consolidated services which demonstrate efficiency
- Clinical leadership and professional networking, both within and between organisations.

4. Our strategic and transformational themes in 2016/17 – 2020/21 will be:

- Agreeing new system-governance principles with Healthier Lancashire and Pennine Lancashire Partners
- Increasing primary care involvement and agreeing new models of care
- Increasing standardisation
- Improving efficiency in elective care
- Changing non-elective pathways
- Reviewing and Networking specialist services.

5. The Strategic Framework which outlines our Vision, Objectives, Values, Operating Principles and Priorities (see diagram 1) remain at our core.

Diagram 1: ELHT Strategic Framework

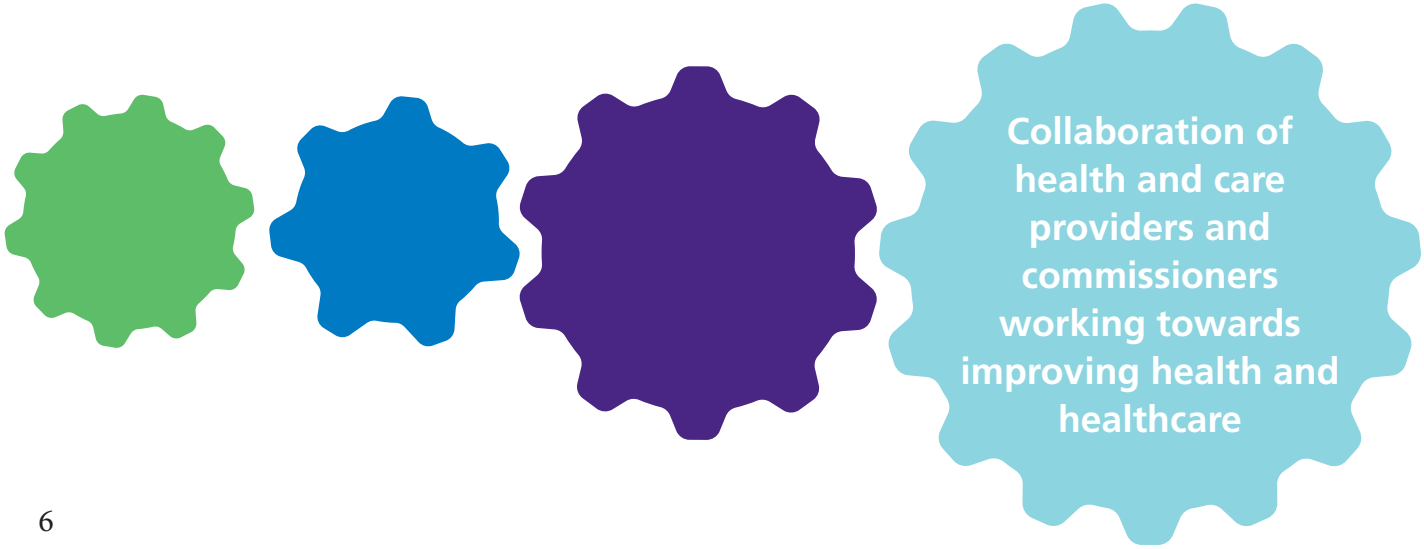


6. Whilst a divisional and directorate structure in the Trust will remain for the short to medium term, there will be an increasing tendency to deliver care through functional teams which bring together the multidisciplinary clinical and managerial expertise.

7. Our ethos reflects commitments already agreed with local partners, as follows:

- We will deliver services around the needs of patients and their carers
- We will continuously improve the care given to patients and their carers
- We will implement transformational change, maximising innovation and use of technology to deliver care in a standardised and efficient way
- Co-production will be the hallmark of care redesign: Commissioners and providers will develop a shared approach and focus of continuous quality improvement
- We will strive for more third sector involvement in the delivery of care
- We will develop the workforce, and facilitate learning and education of staff, patients and carers at every opportunity
- We will all recognise our role in prevention of ill-health; we will work in partnership and will share responsibility for health and outcomes with partners and the public
- We will continuously strive to improve our commitment to research.

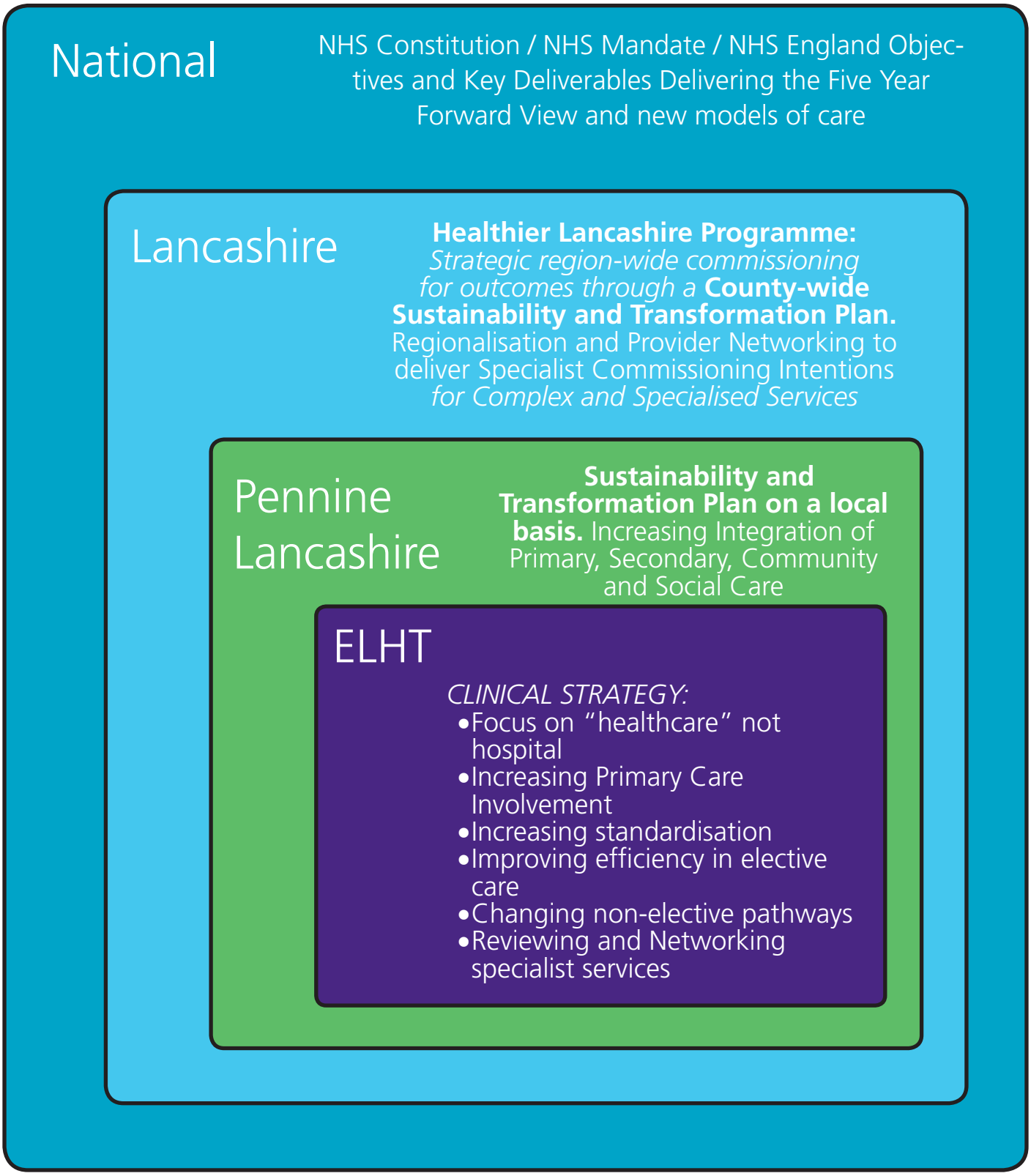
8. The Trust sees itself increasingly as a partner in a collaboration of health and care providers and commissioners working towards improving health and healthcare across a population base. With renewed focus on prevention, long term conditions management and cross-sector working, the Trust influences both demand, quality and outcome. The Trust will reflect this by developing its name and brand, indicating a shift towards a wider **healthcare** perspective.



The National, Regional and Local Context

9. Our strategy is seen in the context of national "must-do's", with regional collaboration and networking in response to wider system planning, but with local planning footprints in order to respond to local needs. Diagram 2 depicts how the national, regional and local planning influences the context for our strategy.

Diagram 2: The Context of ELHT strategy



10. Provision of ELHT services will be focussed conceptually across three footprints:

- The boundaries of our estate and our centres in East Lancashire as we seek *quality and efficiency*
- All Pennine Lancashire, as we seek *integration, locality modelling, unified standards and improved access*
- All of Lancashire through networked arrangements as we seek *sustainability of and access to specialist services.*

11. We will also work in professionally-coordinated network arrangements (or where indicated franchising arrangements) with regional tertiary centres for highly specialised services. Therefore whilst we network with Lancashire hospital provider partners for many aspects of specialist services, we will network with hospital provider partner organisations in Greater Manchester and Merseyside for others, such as specialist or tertiary children's services. The national context is set each year as the Government sets the "Mandate" for the NHS, and NHS England creates the overall operating framework and system objectives for the delivery of the Government's Mandate.

12. The Government's 2016/17 Mandate to the NHS contains the following key objectives:

- Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities
- To help create the safest, highest quality health and care service
- To balance the NHS budget and improve efficiency and productivity
- To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives
- To maintain and improve performance against core standards
- To improve out-of-hospital care
- To support research, innovation and growth.

13. NHS England has accepted the Mandate and has incorporated the requirements into the Planning Guidance "*Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*" published on 22 December 2015. This guidance is published in the context of the recent pending review announcements, and is explicitly positioned to set out how the sector is expected to deliver the Five Year Forward View by 2020, 'restore and maintain financial balance' and 'deliver core access and quality standards for patients.'

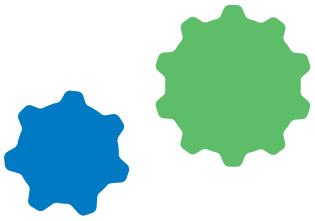
14. This guidance is jointly prepared by NHS England, NHS Improvement (Monitor and the NHS Trust Development Authority), Care Quality Commission (CQC), Health Education England (HEE), National Institute of Health and Care Excellence (NICE), and Public Health England (PHE).

15. Planning guidance directs each locality to create a Sustainability and Transformation Plan ("STP"). Taken together, all transformation footprints should form a complete national map. Under an overarching Healthier Lancashire STP, our local STP footprint will be Pennine Lancashire. The STP is the umbrella plan, holding underneath it a specific delivery plans and individual organisational plans. Pennine Lancashire is chosen because it builds upon natural communities, existing working relationships, patient flows and takes account of the scale which is needed to deliver the services, transformation and public health programmes required. Change in footprint may occur with time.

16. Our Clinical Strategy is influenced by the following nine "must do's" for NHS organisations and locality 'systems' as articulated in the planning guidance for 2016/17:

- Develop an agreed Sustainability and Transformation Plan
- Return the system to aggregate financial balance
- iDevelop and implement a local plan to address the sustainability and quality of general practice including workforce and workload issues
- Getting back on track with access standards for A&E and ambulance waits (such that 95% patients wait no more than four hours in A&E and that ambulances respond to 75% of Category A calls within eight minutes)
- Improvement and maintenance of NHS Constitution standards for referral to treatment (such that more than 92% patients on non-emergency pathways wait no more than 18 weeks from referral to treatment), including offering patient choice
- Deliver Constitutional standards on cancer care, including the 62 day cancer waiting standard and the constitutional two week and 31 day cancer standards, making progress in earlier diagnosis and improving one year survival rates
- Achieve and maintain the two new mental health access standards (more than 50% people experiencing a first episode of psychosis will commence treatment with a NICE approved package within two weeks of referral; 75% referrals to IAPT will be treated within six weeks and 95% within 18 weeks). Continue to meet dementia diagnosis targets
- Deliver actions in local plans to transform care for people with learning disabilities including enhanced community provision, reducing inpatient capacity and rolling out care and treatment reviews
- Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. (In addition providers are required to participate in the annual publication of avoidable mortality rates).

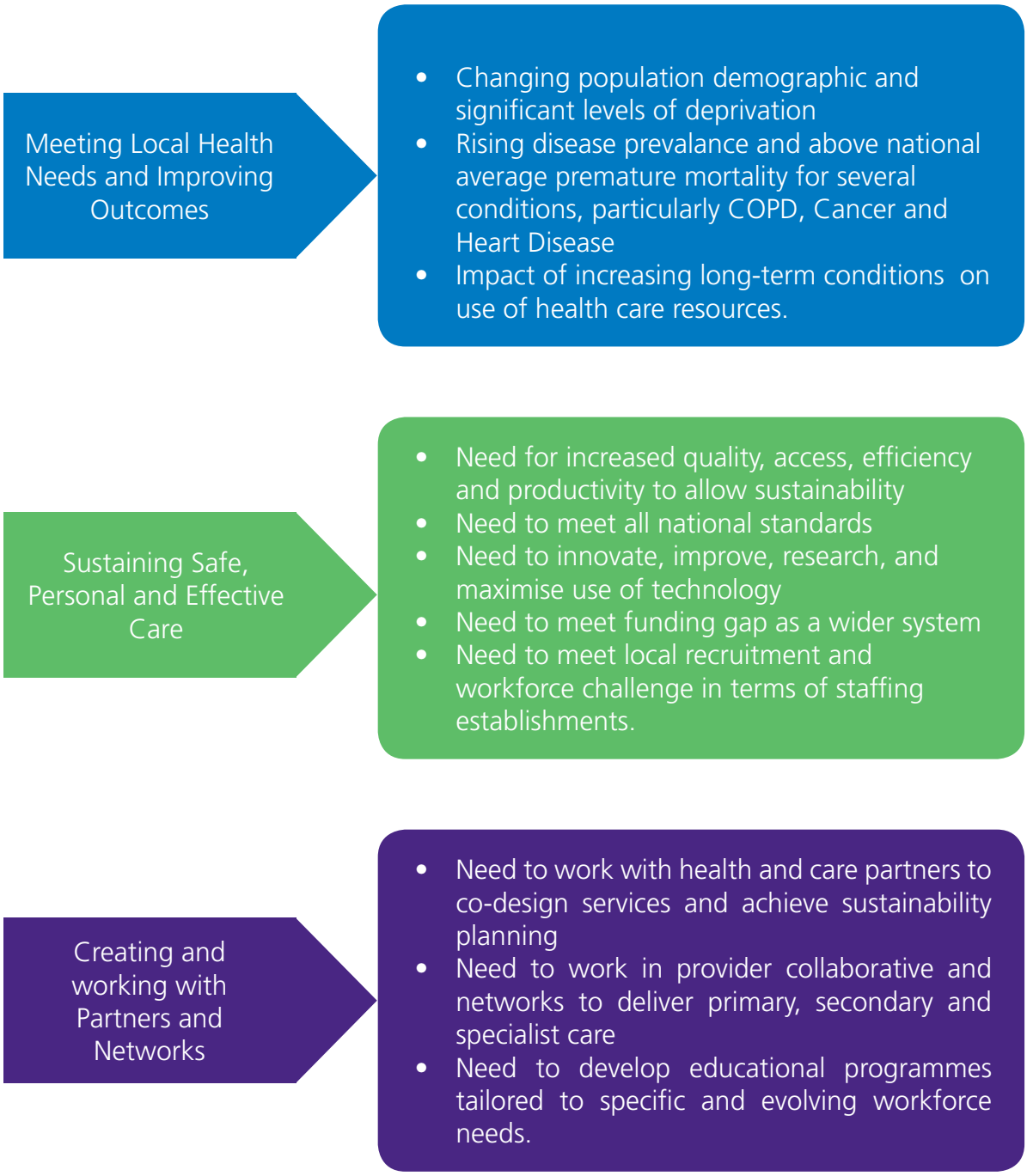
17. Our response to the must-dos will be addressed through delivery of the strategy and is summarised in Appendix 1.



Local Drivers for Change

18. Much of the 2014-2016 Clinical Strategy remains relevant and is incorporated into ongoing workstreams. Local challenges as well as national priorities now give rise to the opportunity to refresh our clinical strategy for 2016-2020. The nature of pressures acting as 'drivers for change' in the development of this Clinical Strategy are summarised in diagram 3.

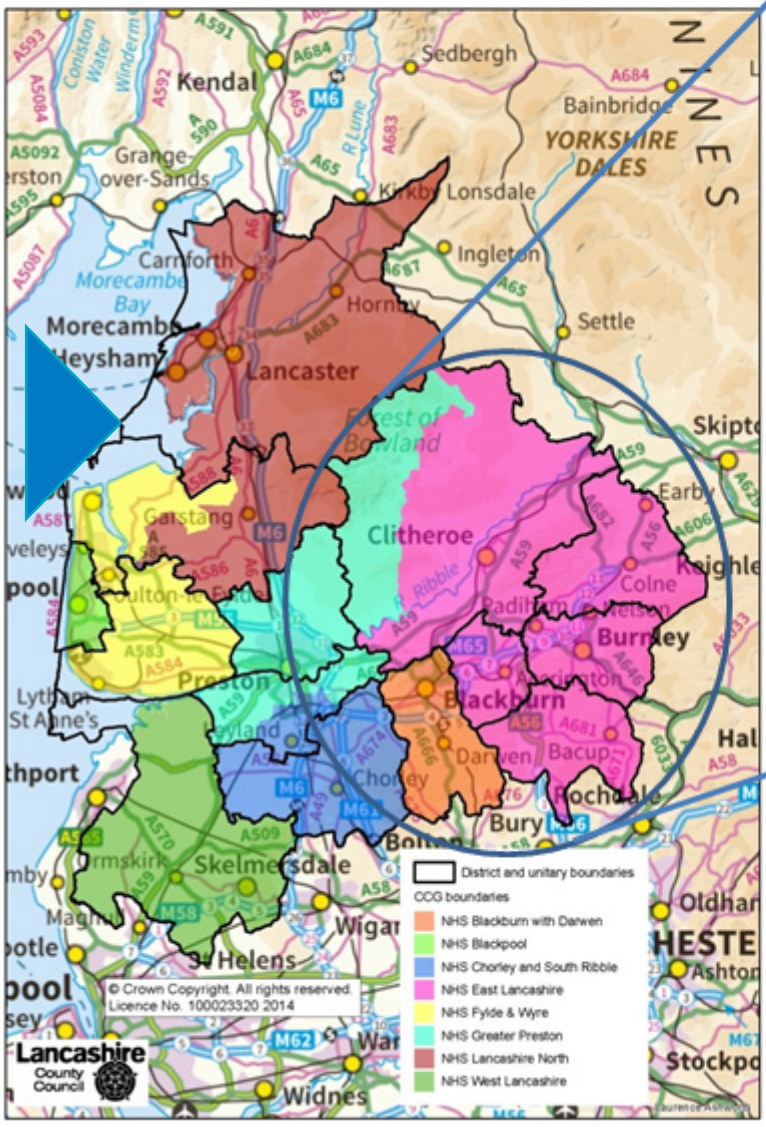
Diagram 3: Drivers for Change



Public Health Context

19. Pennine Lancashire comprises the six local authorities of Blackburn with Darwen, Rossendale, Burnley, Pendle, Ribble Valley and Hyndburn (see diagram 4). With a population of more half a million, Pennine Lancashire has a diverse population, with over 25% of Blackburn with Darwen residents and 10% of East Lancashire residents being of South Asian heritage. Blackburn with Darwen has one of the youngest populations in England, with half its school-age children coming from BME communities. The Pennine Lancashire population is estimated to grow by 1.9% overall by 2020 with a 4.5% increase in those aged under 16 years, and a 7.7% increase in over 65's.

Diagram 4: Lancashire CCG configuration and Pennine Lancashire Local Authorities



20. Pennine Lancashire has some of the most deprived areas of England, with Blackburn with Darwen, Burnley, Pendle and Hyndburn all ranking highly on the latest (2015) Index of Multiple Deprivation. All Pennine Lancashire boroughs except for Ribble Valley have a substantial proportion of their neighbourhoods among the most deprived 20% in England. In terms of health deprivation, more than a third of Pennine Lancashire neighbourhoods are among the worst 10% in England. Levels of child poverty vary markedly over Pennine Lancashire, with Burnley and Blackburn with Darwen both having more than 22% of children in poverty, while Ribble Valley has only 5.7% (the lowest equal proportion in England).

21. Pennine Lancashire experiences high levels of health inequalities and there is a big gap in terms of health outcomes. Pennine Lancashire has some of the worst health outcomes in the country, with life expectancies in Burnley, Hyndburn and Blackburn with Darwen all ranking in the bottom 20 out of more than 300 local authorities. The rates of heart failure, asthma, depression and severe mental illness are all higher than national averages and the long term drivers of inequalities in non-communicable diseases, such as obesity, alcohol and tobacco, persist and are strongly associated with the high levels of deprivation.

22. According to the latest NHS Atlas of Variation, both Pennine Lancashire CCGs are in the worst 20% in the country for:

- Mortality from cancer in people aged under 75 - *so we will work with CCGs to improve cancer pathways*
- Rate of epilepsy emergency admissions in people aged 18+ *so we will work with CCGs to improve diagnostic and urgent care pathways*
- % of people with epilepsy aged 18+ who were seizure-free for last 12 months - *so we will work with primary care to improve local management*
- Rate of COPD admissions - *so we will improve community respiratory care services, urgent care pathways and reduce COPD length of stay in hospital*
- Rate of asthma emergency admissions in people aged 19+ *so we will improve community respiratory care services and urgent care pathways*
- % people in National Diabetes Audit who met treatment targets - *so we will work with CCGs and GP federations to establish better models of care*
- CHD mortality in people under 75 - *so we will improve access to cardiology services*
- Quality of stroke care - *so we will commit to improving stroke care, achieving improved national audit standards*
- Hospital admissions for dental caries age 0-4 - *so we will offer expertise to local dental programmes*
- Child emergency admissions for asthma - *so we will redesign access to paediatric services*
- Child admissions for mental health problems - *so we will redesign access to paediatric services*
- Emergency admissions for ambulatory care sensitive conditions - *so we will develop better ambulatory care services and facilities in the Trust*

23. Five out of the six Pennine Lancashire districts (i.e. all except Ribble Valley) are in the worst category for:

- Percentage of people aged over 16years who are physically inactive - *so we will work with Pennie Lancashire Partners to improve the focus on healthy lifestyle, as well as becoming a "healthy hospital" to promote improved lifestyle choices*
- Hospital admissions for alcohol-related causes - *so we will improve our care of alcohol related disease.*

Case for Change as a system

24. The health, disease management and care needs of our population are outstripping the resources available. It has been estimated that if we do not change the way we deliver care in Pennine Lancashire, the resource gap will grow and become £250m over the next 5 years. The Pennine Lancashire care partners will need to work together to secure high-quality and financially sustainable prevention, information and care services driven through improved productivity and efficiency in targeted ways.

25. The scale of the affordability challenge will require options that involve a package of estate rationalisation, reduced unit labour costs, the reconfiguration or closure of some services, and improvements in the delivery of long term conditions, frail elderly and mental health services. In order for the challenge across health and social care to be met, a pool of transformation schemes are required meet the affordability gap that will need to be identified in collaboration with our local communities.

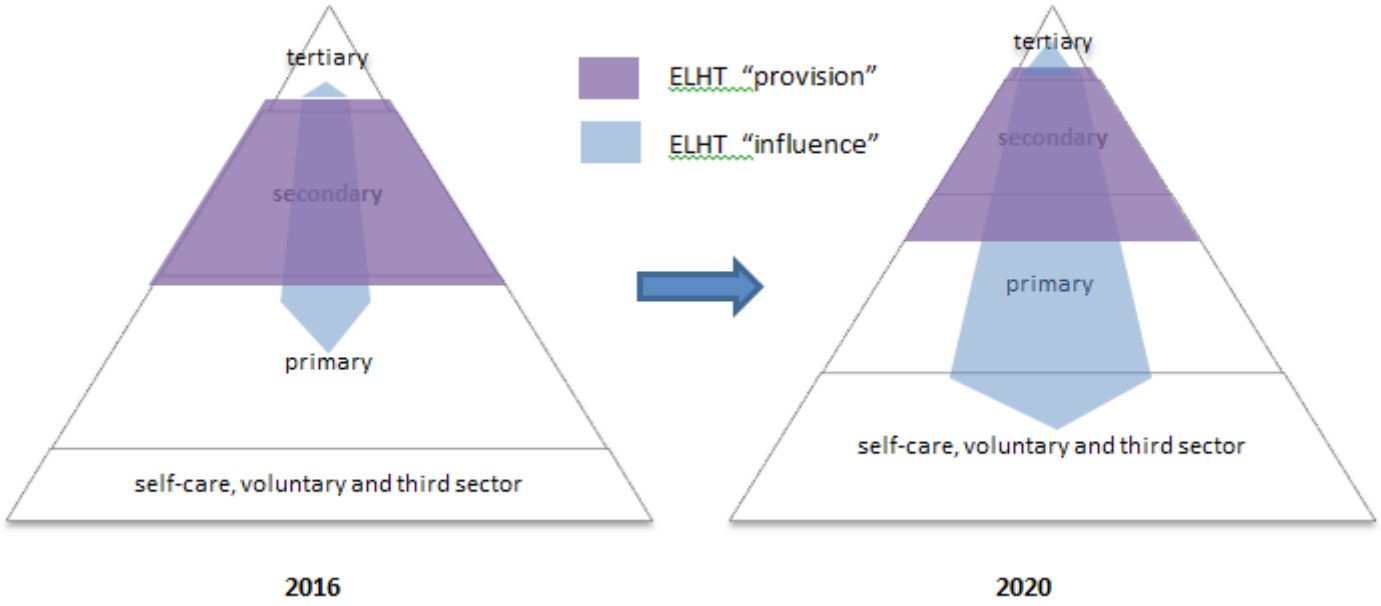
Transformational Themes

26. In order to tackle health needs, improve outcomes, deliver efficiency, and make safe, personal and effective care sustainable, our strategic and transformational themes in 2016-20 will be:

- Agreeing new system-governance principles with Healthier Lancashire and Pennine Lancashire Partners and agreeing key outcomes for the system
- Increasing primary and community care involvement: new models of care
- Increasing standardisation
- Improving efficiency in elective care
- Changing non-elective pathways
- Reviewing and Networking specialist services

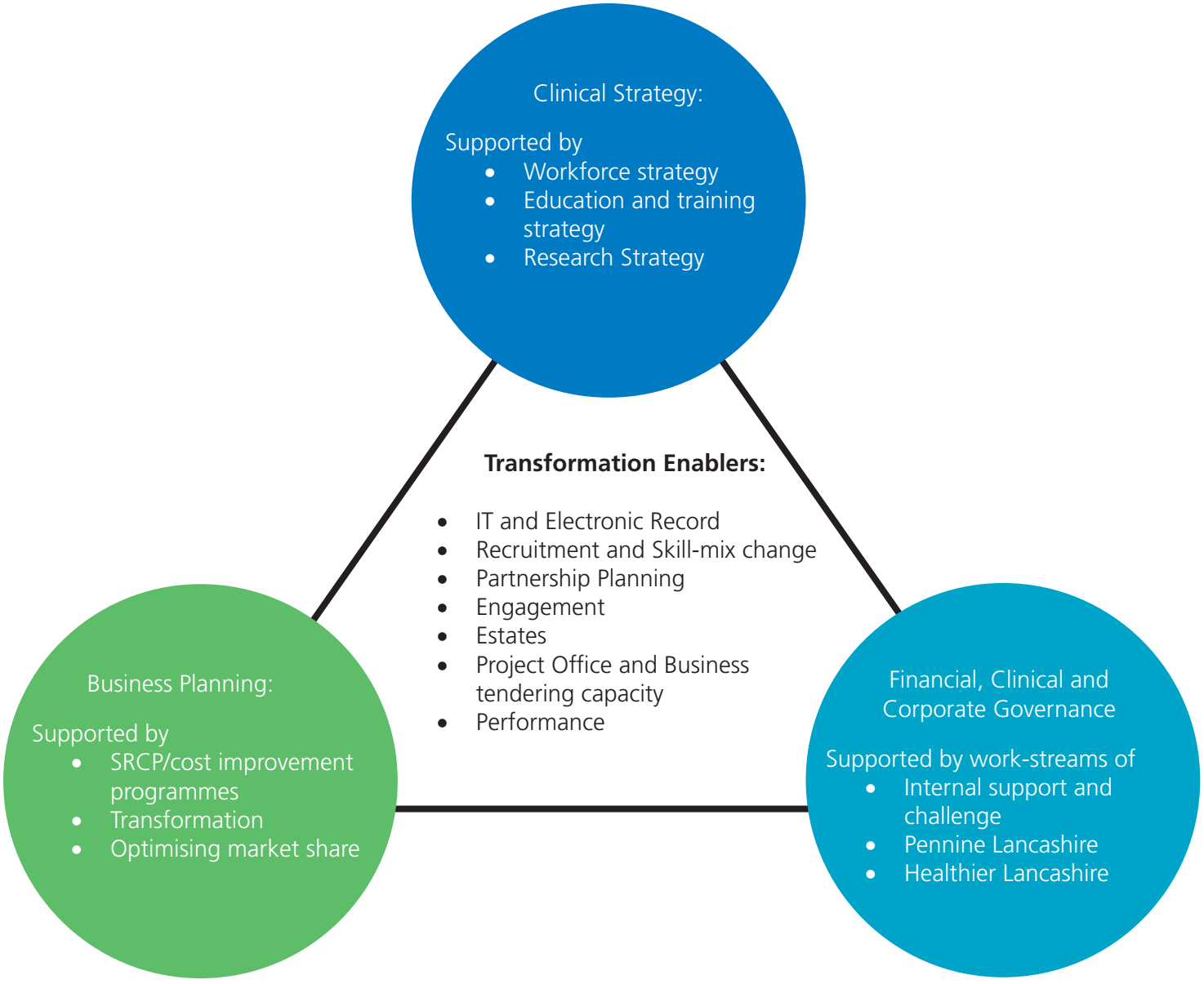
27. The Trust will work with partners to enhance self-care. We will increasingly influence delivery of care in tertiary, secondary, primary, third sector and self-care sectors, by system leadership, transformation and provision. This requires partnership and collaboration with health and care providers and commissioners across the population base. With renewed focus on prevention, long term conditions management and cross-sector working, the Trust influences both demand, quality and outcome across more than just the secondary care sector, as shown in diagram 3:

Diagram 3:
Schematic of current and increasing sectors of provision and system influence



Relationship to ELHT Business Planning, Financial Planning, and strategies for Workforce, and Education, and Research

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



Using today's estimates, the community of Pennine Lancashire will have £962m available to it in 2016-17 to buy and provide healthcare services, rising to £1069m by 2010-21. This is the equivalent of £1300 per resident per year. This money buys services from a range of providers – from GPs, to pharmacists, to Trusts like ELHT and Lancashire Care Foundation Trust. It is estimated that if we do not change, the cost of providing care will outstrip resources available by £250m in 2020-21.

PART ONE

Agreeing new system-governance principles with Healthier Lancashire and Pennine Lancashire Partners

29. The Trust will conform to Healthier Lancashire Governance and strategic intentions in a way that optimises the benefits for our patients and public. Under the umbrella of Healthier Lancashire, the Trust will have a renewed focus on the delivery of key outcomes and the delivery of services through networked arrangements. The Trust will actively contribute clinical and managerial leadership through Healthier Lancashire.

30. Networked arrangements will include

- Professionally-generated networking for continuing professional development and multidisciplinary team meetings for case management such as Cancer MDT meetings
- Professional "pool" arrangements with shared workforce for in-hours or out-of-hours services
- A hub and spoke service, whereby one Trust in Lancashire provides the overriding governance, leadership and contractual infrastructure, with other Trusts providing work as part of that system on their own sites
- Non-clinical administrative and 'back-office' function collaboration and pooling to provide economies of scale, robust governance and standardisation
- A Shared digital roadmap supporting better decision-making.

31. Across Pennine Lancashire the goal will be to create a unified system with integration of health and social care. The term **"Accountable Care System"** may be used to describe such integration. Breaking down the barriers between commissioner and provider, and unifying both health and social care provider systems will bring advantages and should be developed at a pace that regulatory, contractual and financial stability will allow.

32. The Trust - and therefore the whole health economy - can only become sustainable through systematised approaches at scale, which reduce the demand on expensive acute care. As it develops, Pennine Lancashire Transformation Group will be an overarching alliance of all commissioners and relevant providers in the locality. It will oversee the planning, governance and outcomes of health and care systems, for both scheduled (elective) and unscheduled (unplanned and non-elective) care.

33. The Pennine Lancashire system is led by health and care commissioners. Providers are held to account through contractual mechanisms for planned and elective care programmes.

34. The forum for commissioner and provider organisations to mutually oversee and agree planning for unscheduled care, cancer services, and provider contributions to escalation/emergency planning is the Pennine Lancashire System Resilience Group (SRG) at which all relevant agencies will be represented.

35. Aside from this, there is currently no one single organisation who has the responsibility for improving healthcare to the community of Pennine Lancashire, Therefore, the existing governance architecture will not drive the necessary changes, or hold the system to account, and a new model of Pennine Lancashire governance is required.

36. The healthcare economy system will plan together to optimise opportunities and challenges including:

- 111 procurement and service specification
- Addressing social isolation
- Addressing opportunities and challenges for funding and delivering seven-day services
- Defining the role of intermediate care
- Ensuring the continuous improvement in quality and performance of the health economy
- Overseeing wider workforce planning
- Standardising discharge planning and arrangements for those patients no longer in need of acute-hospital care across the two CCG footprints.

37. Whilst health and social care integration remains the goal for achievement by 2020, during 2016 the Trust will promote closer working and where necessary integration of healthcare commissioners and providers in order to create the Sustainability and Transformation Plan for Pennine Lancashire.

38. Working within a Sustainability and Transformation Plan, the Trust will encourage the closer integration and unified management and commissioning intentions of the Clinical Commissioning Groups of East Lancashire and Blackburn with Darwen. This closer integration will enhance capacity for the Trust and the CCG(s) to co-produce service developments, to reduce wastage in transactional system costs, and to align incentives for better patient care.

39. The Trust will seek to achieve the benefits of a single system of community care across Pennine Lancashire. The Trust will seek to become the provider of community services across Pennine Lancashire in order to:

- standardise care
- create a stable workforce with a move to generic therapists, closely aligned to Local Authority workforce
- enhance multidisciplinary networking
- reduce transactional costs
- reduce duplication and system wastage currently seen in the efforts of clinical and ward based staff administering two systems of community care in Pennine Lancashire.

40. The Trust will seek closer integration with partner providers of primary care as detailed in Part Two. This Integration between healthcare providers across primary and secondary sectors is in order to:

- to agree and standardise pathways, and create new access to care
- upskill primary care to manage long term conditions closer to home
- create flexible workforce with emphasis on generic workers.

41. The Trust will create strategic partnership, professional collaboration, and functional patient pathways in liaison with Manchester-based tertiary providers for selected specialist services. This includes Christie Hospital for certain cancers, Royal Manchester Children's Hospital for certain paediatric conditions, and providers in Manchester for specific vascular and cardiac conditions.

42. As an "Accountable Care System" across Pennine Lancashire we will agree key strategic objectives, based on measurable outcomes, with our partners. This will include: reducing premature mortality, addressing inequalities in health, improving cancer detection at an earlier stage, improving cancer survival, improved access to universal healthcare services, sustainability and affordability, and continuous quality improvement in quality.

What does this mean 2016-17

- We will put resources into the Healthier Lancashire programme, creating system wide governance
- We will develop provider collaboration across Lancashire
- We will work towards an Accountable Care System in Pennine Lancashire, , supporting programmes of work which reduce avoidable admissions, avoidable mortality, and improving access to Healthcare.

PART TWO

Increasing primary and community care involvement: new models of care

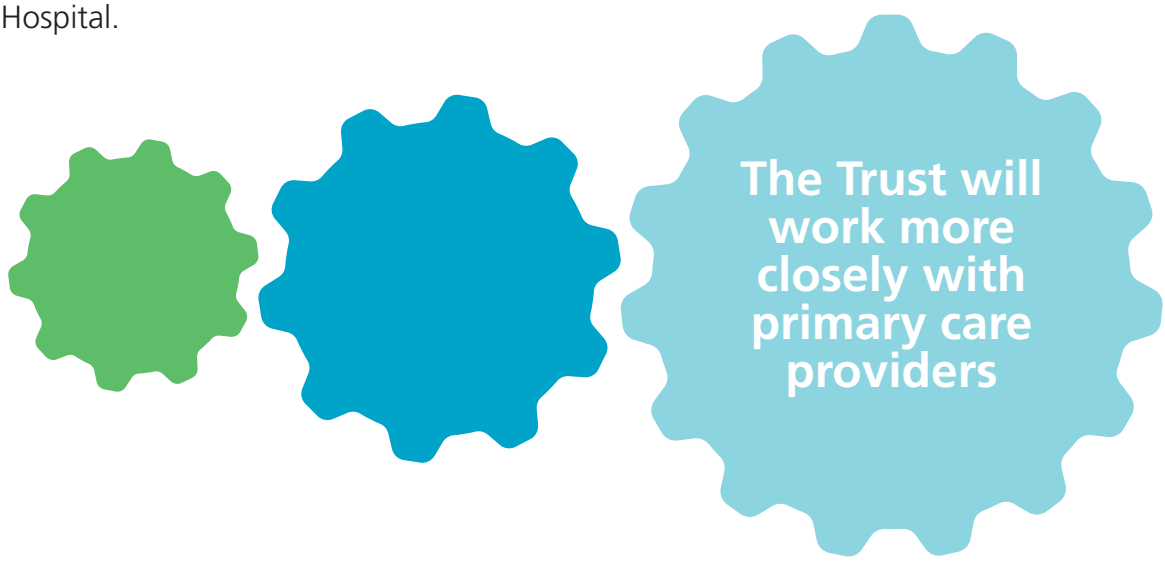
43. The Trust will develop better relationships with primary care providers, including GP Federations, and will forge better links and direct communications to other providers. There is a recognised role for expertise of the secondary care sector to be used in primary care. This role includes both service delivery and contributing to education and facilitating the enhanced delivery of additional services by a primary care workforce. This includes a role in "in-hours" and "out-of-hours" care provision.

44. General Practice has historically provided an effective delivery model but faces challenges to workforce recruitment and retention. The "practice partnership" model is not attractive to all newly qualified GPs. The Trust will develop a salaried primary care workforce in conjunction with local GP providers, working in Urgent Care / Primary Care Centres.

45. The Trust will employ such workforce in Urgent Care Centre in order to provide rapid diagnostic and holistic assessment of the variety of primary care based conditions regularly seen in such centres. The skill base will enhance the specialist services already available in the Urgent Care and Emergency Departments.

46. The Trust will submit tenders for Primary Care provision under APMS contracting arrangements when beneficial to population and organisation. The Trust will also explore the willingness of Pennine Lancashire primary care providers to create partnerships with the Trust as contract holders for GMS/PMS practices.

47. Working more closely with primary care providers the Trust will seek to break down boundaries between primary care secondary care, integrating the delivery of care between primary and secondary care providers. We will propose a "health campus" model for primary, community and urgent care in the locations of Accrington and Pendle. A similar community centre model will be explored for Clitheroe Community Hospital.



48. We propose to work with local GP providers in a joint venture, redeveloping these hospital sites and ensuring integrated on-site provision of primary, community and step-up as well as step-down care.

49. The Trust will create an enhanced primary care centre through use of facilities at the urgent care centre Burnley General Hospital, ensuring the integration of the children's unit and urgent care facilities can be used to create a 24/7 primary care facility.

50. Working in conjunction with GP practices and federations, the Trust will aim to create a more multidisciplinary primary care workforce, recognising the difficulty in recruitment of general practitioners. In localities, the Trust will seek to provide community geriatricians, community paediatricians, community gynaecologists, community orthopaedic and musculoskeletal specialists and community diabetologist specialist input.

51. If successful in tendering for GP practices, and in creating "health campuses" in Pendle and Accrington, the Trust will explore developing open-access and self-referral routes for patients to the community specialist care outlined above. There will be opportunities for increased use of Skype or similar consultations models with Trust specialists.

52. The Trust will explore options for developing a consolidated Children's service on the Trust site which provides the "core" service, with community "children's centres" and identifying new community locations combining GP care, paediatrician care and integrated specialist nursing and therapy teams.

53. The Trust will continue to develop the frailty pathway, delivered by enhanced multidisciplinary neighbourhood teams, with "reach in" into homes, care homes, and into the Trust.

54. The Trust will develop new clinical management models, both in community hospitals and acute Trust sites. With appropriate clinical and information governance, we will encourage formal in-reach of GPs into hospital wards to facilitate handover to primary care and to get patients back to or closer to their home.

55. The Trust clinicians will work with Primary Care in establishing joint Clinical Education events, and developing tailored interventions to help high users of secondary care, as well as creating learning and feedback in relation to GP referrals.

56. The Trust will seek full primary care provider and commissioner involvement in enhancing care planning and treatment escalation plans for complex care patients and those who prefer their care at home rather than in hospital.

57. The Trust will work with GP federations for enhanced and more appropriate use of community hospital beds (in-hours and out-of-hours) as "step-up" and intermediary facilities, expanding services in community settings such as blood transfusions, and short therapeutic admissions.

58. The Trust will seek to maximise the use of treatment rooms as a means of preventing admission, performing for example transfusion and venesection in community.

59. The Trust will explore opportunities for greater involvement of self-care, family care, the third sector, community independent contractors and the private sector where it is beneficial to do so.

60. The Trust will work with partners in order to create the wrapping of a comprehensive system of care around care home residents. This will involve closer working with GP Federations, GP Practices and other providers, further development of Integrated Neighbourhood teams, and increased advanced care planning in the community. It is an expectation that the sustainability planning of Pennine Lancashire will confirm the commitment to care planning, treatment escalation planning, involving 'Do Not Attempt Resuscitation'' and end-of-life care arrangements for all vulnerable patients in order to ensure better care in line with patient wishes.

61. Medicine for elderly should move towards a community based specialty, working in the acute sector but also in nursing and residential homes, working alongside GPs.

62. The Trust will continue to work closely with Lancashire Local Pharmaceutical Committee, the Local Professional Network (Pharmacy) and the 154 community pharmacies in Pennine Lancashire to maximise the benefits of the Refer-to-Pharmacy hospital to community pharmacy electronic referral system.

What does this mean 2016-17

- We will engage with GP federations
- We will work towards new models of care for diabetes
- We will develop our approach to defining, assessing and managing frailty
- We will reduce the length of in-patient stay for patients with frailty
- We will shape the use of community step up and step down facilities

PART THREE

Increasing Standardisation

63. At the heart of ELHT is a strong and efficient District General Hospital (DGH) service. Defining and upholding the characteristics of such a DGH are important. We will sustain the strong brand of "Safe, Personal, Effective" which enshrines how we work here.

64. Standardisation of care is the repeated and reliable delivery of safe, personal and effective care. It is characterised by adherence to agreed pathways and processes of care, and when best practice is systematised, can reduce hospitalisation, length of stay, risk to patients, litigation, costs to the NHS, and it is facilitated by audit and research. The Trust will assure itself of the delivery of standardised care to patients.

65. It is expected that all clinicians have systematised performance metrics and feedback on their own and their team's performance within two years. Striving to be in the national upper quartile will be our aim.

66. As described in our annual Quality Accounts we will partake in all relevant national audits (see Appendix 2) and in addition we will partake in selected Advancing Quality local North West audits, where these can deliver measures of reliability that national audit programmes or local and national CQUINs cannot. Trust performance in these will be monitored through Clinical Effectiveness Committee.

67. Through increasing standardisation we will achieve:

- more day case procedures
- widespread adoption of care bundles
- enhanced recovery programme inclusion of all relevant surgical patients
- Reduced investigations
- reduced variability between clinicians
- admitting only "acutely" ill patients in an "Acute" hospital; and we will seek agreement with primary care commissioners and providers as to the expectations of services provided in our Emergency Department
- care remaining evidence based and effective and in line with national (NICE) guidance.

68. The Trust will expect professionalism to be the driver for continued improvement in the delivery of optimum care.

69. In addition, through the work streams of Pennine Lancashire Transformation, we will support standardised care delivery across the wider footprint of our health economy, intervening through co-design, education feedback, and medicines optimisation.

What does this mean for 2016-17

- We will standardise packages of care and develop enhanced auditing of managing acute kidney injury and sepsis
- We will develop individualised performance metrics for individual doctors, teams, and directorates
- We will reduce inappropriate use of CT and MRI
- We will refine our process for identifying the named Consultant in Charge
- We will develop our plans for an electronic patients record
- We will improve our discharge letter templates
- We will standardise process in Theatres, including ordering of equipment and prosthetic usage.

PART FOUR

Improving Efficiency in Elective Care

70. In line with guidance from Monitor (now functioning under NHS Improvement), we will adopt five principles to improve efficiency in elective care procedures:

- stratifying patients by risk and creating low-complexity pathways for lower-risk patients
- extending clinical roles to enable staff of junior or lower grade to undertake routine tasks in theatre or outpatients which are within their competencies
- increasing throughput in theatres by explicitly measuring, communicating and managing the number of procedures per theatre session
- implementing enhanced and rapid recovery practices to reduce length of stay
- providing virtual follow-up for uncomplicated patients.

71. We will explore the benefits of the following in order to increase efficiency and productivity:

- piloting three session days in theatres and in out-patients
- removing divisional silos – developing care teams and ward based teams.
- reducing investigations requested unnecessarily
- implementing Care pathways and bundles increased to standardise care
- pre-operative work shifting to skilled non-medical staff, in community
- managing some patients post-operatively in their own home by nursing staff
- piloting day-after-surgery telephone follow-up for those discharged on the day
- moving to seven-day home and community based chemotherapy delivery if it is cost effective to do so
- Transferring of activity to day-case or to outpatient or primary care centre setting where appropriate, for example with hysteroscopy, cystoscopy and endometrial ablation
- Piloting outpatient physiotherapy delivered other than at the hospital, for example in local facilities, gyms, GPs, health centres
- Enhancing self-referral for specialties such as dermatology and cancer services
- Developing Open access for breast clinic patients, rectal bleeds and others
- Introducing pharmacy staff working in pre-operative assessment clinics to ensure effective medicines reconciliation and optimisation.

72. We will explore different use of Out-Patient facilities and services, including:

- increasing telephone and/or Skype review appointments
- introducing GP-led review clinics
- centralising of Outpatient Nursing staff
- developing different models of care for follow-up of cancer survivors e.g. breast, colorectal, urology creating open-access follow up
- chemotherapy – more home and community based delivery, evening and weekend provision
- reducing consultant follow-ups – increase specialist nursing roles and more therapist-led clinics
- transferring activity to outpatient setting where appropriate e.g. hysteroscopy, TOP, cystoscopy and endometrial ablation
- operating as Prime Contractor where appropriate when multiple providers link on a care model.

What does this mean for 2016-17

- We will develop new models of dermatology services
- We will develop new models of diabetes care
- We will pilot rescheduling of trauma lists in orthopaedic theatres
- We will move more elective surgery to Burnley General Hospital
- We will continue to plans for Phase 8 development to improve the services to ophthalmology and maxillofacial patients at Burnley General Hospital.
- We will increase access to the Enhanced Recovery Programme after surgery
- We will pilot delivery of an Eating Disorder Service

PART FIVE

Changing Non-Elective Pathways

73. The aim of our strategy is to get the right treatment in the right setting for every patient, to reduce unnecessary admissions, optimise patient flow and ensure patients are discharged to the right environment.

74. The Trust - and therefore the whole health economy - can only become sustainable through systematised approaches at scale, which reduce the demand on expensive acute care. The forum for much of the partnership working for non-elective care will be the Pennine Lancashire System Resilience Group (SRG) which we view as taking the overall system overview to non-elective healthcare planning and population unplanned care management.

75. Therefore, organisational form and integration of providers is relevant to how whole system change is delivered. Earlier sections have referred to these key aspects.

76. The healthcare economy system will have to plan together to optimise opportunities and challenges including:

- 111 procurement and service specification
- addressing social isolation
- iaddressing the funding and delivery of seven-day services: choosing priorites
- defining the role and investment in intermediate care
- ensuring the quality and performance of the health economy and providers outside the hospital
- Overseeing wider workforce planning
- Standardising discharge planning and arrangements for those patients no longer in need of acute-hospital care across the entire Pennine Lancashire footprint, with no difference between CCGs.

77. Clinical teams in the Trust have identified a number of initiatives which will be modelled and explored as part of the development of our clinical strategy, and these are described in the following paragraphs.

78. With regard to Emergency Department and Urgent Care centres, the Trust will explore the following:

- increasing senior decision-makers at the "front door"
- increasing the Intensive Home Support Service in-reach both in ED and on AMU
- changing the workforce with increased employment of general practitioners and MSK/ Orthopaedic skills in ED and UCC, with reduced reliance on ED Consultants and locums. Physiotherapy non-medical prescriber working in ED on MSK injuries and simple wound management
- increased access to Cardiology wards and direct ED Consultant-led admission to CCU.

79. With regard to Ambulatory Care Services the Trust will explore the following:

- extending the role of Ambulatory Care Unit and Acute Assessment Units and "hot clinics" developing an ambulatory cardiac unit
- enhancing the Urology Assessment Unit and
- developing Ambulatory Nurse-led units for Gynaecology conditions.

80. With regard to in-patient acute admissions the Trust will aim for the following:

- utilising a radiologist opinion on AMU to advise on imaging decisions
- undertaking only the urgent procedures whilst the patient is an inpatient, and arranging those which can be safely performed as an out-patient to be done so accordingly, where appropriate completing assessments in patient's home.
- increasing the role of Pharmacists and technicians to confirm drug histories on all non-elective patients admitted to ELHT within the patient's first day of admission; and confirm histories for elective patients at pre-op, and to facilitate discharge arrangements
- piloting the feasibility and impact of Consultant presence on-site 24/7
- piloting Consultants freed up as 'consultant of the week' to concentrate on the emergency take, providing direct support to the Emergency Department/Urgent Care Centres.
- as part of the move towards 7 day urgent care full diagnostic and team care support the Trust will aim for "today's scans being done today".
- the Trust will aim for a 10% reduction in laboratory investigations by education and prioritisation of use of the laboratory
- the Trust will reduce HCAI year on year and will reduce incidence of Clostridium *difficile* infections through improved hand hygiene and antibiotic stewardship.
- development of designated inpatient beds/ward for acute oncology
- a reduction in length of stay in hospital of 1 day for key conditions, including COPD. The delivery of this length of stay reduction will initially focus on acute respiratory conditions and cerebrovascular conditions.
- the Trust will prioritise development of nurse-led and criteria-led discharge.

81. With regard to Acute Stroke services the Trust is committed to an improved stroke pathway with improved stroke nurse leadership, earlier scanning, optimising thrombolysis, and optimising therapist input to patients care. The Trust aims to reach "B" rating in SSNAP by end of 2017. This will involve a re-designation of the Stroke Unit and all stroke patients being looked after on one site.

82. With regard to discharge processes the Trust will aim for the following:

- standardising discharge arrangements across both our CCG footprints: the Trust considers it essential to systematic progress that existing variation in the discharge arrangements between the CCGs is removed
- introducing dedicated ward pharmacy teams which will include the presence of pharmacists on ward rounds. They will facilitate the Safely HERE Safely HOME principles of using a ward round checklist to ensure the safe care and effective planning for discharge, including the pharmacy team generating the medicines related elements of the electronic discharge letter so that, wherever possible, the following days discharges are completed in advance
- extending the SAFER initiative for the proactive management of controlled discharge of patients, with the deployment of operational enablers or "progress chasers" within the wards
- use community pharmacies for TTOs (take home medication after discharge).

83. With regard to Paediatric services the Trust will

- undertake feasibility and financial modelling for day-case paediatric and Neonatology services to be located alongside General Paediatrics
- review the staffing of the Neonatal Intensive Care Unit particularly with regard to trainee doctors
- incorporate some of the services currently provided in the existing Burnley Childrens Unit (CMIU) in any model of Primary Care Centre in Burnley General Hospital whilst retaining some specialist aspects of this service by relocation to be alongside general paediatrics at the Blackburn site.

84. With regard to maternity services:

- midwifery staffing ratios and skill mixing will be reviewed
- the sustainability of all birth centres will be reviewed and a feasibility proposal will be considered for the closure Rossendale Birth Centre.

86. With regard to Trauma the Trust will aim to reduce trauma theatre time by 10% by increasing efficient flow and productivity through the pathway. The Trust will implement recommendations from the British Orthopaedic Association Review of the Fracture Neck of Femur Pathway.

What does this mean for 2016-17

- We will create expanded roles for ward based pharmacists and develop the roles of "ward flow coordinators"
- We will increase complex case management support
- We will develop new models of ambulatory care with enhanced provision
- We will refine our Acute Medical Unit function
- We will increase our SSNAP audit rating for Stroke care to a grade "C" as a minimum
- We will improve the pathway of care for patients with fractured neck of femur and increase the proportion of patients operated within 36 hours
- We will start first case of orthopaedic trauma lists at 0900hrs and pilot two trauma lists each morning
- We will seek GP Federation support in new models of community step-up

PART SIX

Reviewing and Networking Specialist Services

87. The Trust is recognised as a centre of excellence for certain key clinical services and takes referrals into the service from a wide geography across the North West. These include vascular services, cardiology services, uro-gynaecology services, neonatology, hepatobiliary surgical and medical procedural interventions, oral and maxillo-facial services, head and neck cancer services and urogenital dermatology.

88. It is recognised that these services attract high calibre clinicians to work in the Trust. However it is also clear that some specialist services can only be provided sustainably by the Trust with collaboration and professional networking across a wider Lancashire footprint in order to gain a critical mass of population base, commissioner support, and to maintain 24/7 rotas and clinician expertise. The balance of access, commissioner intention, workforce availability and outcome measure will determine sustainability. As a result we will have to accept that some specialist services will not be provided by ELHT on its own.

89. Our Clinicians recognise that there is considerable scope to collaborate on a wider footprint and there is generally consensus that it makes sense to do this where appropriate over the Lancashire footprint. We envisage being in a network across Lancashire but remaining a skilled centre for provision for key services as follows:

High dependency care for children – becoming a tier 2 provider

- developing paediatric oncology
- becoming a second regional centre for haemoglobinopathy
- paediatric TB services
- site specific cancer services
- vascular services (including Interventional radiology)
- cardiology services
- uro-gynaecology services
- neonatology
- hepatobiliary surgical and medical procedural interventions,
- oral and maxillo-facial services
- head and neck cancer services
- cardiology Implantable cardiac devices and primary interventions
- considering all hip revisions to be done in one centre
- robotic assisted surgery (Urology, hepatobiliary, colorectal surgery)
- urogenital dermatology.

90. There are instances where collaborating in networks and referral mapping with centres beyond Lancashire - for example in Manchester, Greater Manchester, Mersey region or Yorkshire hospitals - is appropriate. This will include some aspects of specialist children services and some cancer services.

91. Collaboration will be underpinned by strong data in terms of quality, performance, finance, and governance. Arrangements for joint provider boards will need defining. We will explore opportunities to create workforce teams at a Lancashire level with standardised job descriptions, a pool of training opportunities, pooled rotas, harmonised pay and terms, 'no poaching' agreements, centralised agency work, a centralised bank, and shared on-call rotas.

92. Some services across Lancashire may develop partially autonomous governance and be offered back to the Trust. A model for "Lancashire Urological Cancer Surgery Services" is an example which may be explored.

93. Discussions will be undertaken across the North West for there to be a single centre for all hip revisions.

94. The Trust will seek to be commissioned to provide implantable cardio-defibrillator devices.

95. The Trust will work as part of a Lancashire network of vascular services, whilst retaining status as an arterial centre.

What does this mean for 2016-17

- We will add an additional vascular surgeon to our rota and remodel our provision of acute vascular and interventional radiology services
- We will work with tertiary centre providers for their services to be provided at East Lancashire
- We will work collaboratively across Lancashire towards a NICE complaint surgical site for urological cancers
- We will develop urogenital dermatology services as a leader across Lancashire
- We will lead the formation of the operational delivery network for Hepatitis C

PART SEVEN

Enabling Programmes and Supportive Strategies - Seven Day Services

96. We will enhance seven day services, in line with national priorities, as follows:

National Priority Objective		ELHT Strategic Planning
2	All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours of arrival at hospital.	Subject to funding the acute medical and surgical admission processes will support daily or twice daily consultant review of acute and new medical and surgical admissions. ELHT will explore feasibility of resident consultants over extended hours and ultimately 24/7 in key specialties
5	Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hours for urgent patients • Within 24 hours for non-urgent patients	Subject to appropriate funding clarification, ELHT will achieve this by 2017-18. We will include a focus on paediatric investigations to allow weekend ultrasound scheduling, and 7 day reporting of MRI's for all patient groups.
6	Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols	Subject to appropriate funding clarification, ELHT will achieve this by 2017-18
8	All patients on the AMU, SAU, ICU and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise continuity of care consultants should be working multiple day blocks. Once transferred from the acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	Subject to appropriate funding clarification, ELHT will achieve this by 2020

Research and Innovation

97. We will rigorously and systematically adopt those innovations which are proven to be resource efficient and help to improve outcomes.

98. ELHT will play a continued significant role in the Greater Manchester Academic Health Science Network and North West Coast AHSN, and through our clinicians will influence the work of both Strategic Clinical and Operational Delivery Networks. Through our Research Strategy we will actively develop a research conscious workforce by supporting staff to be research aware, engaged and for some to develop research skills. This approach is designed to achieve a culture in which staff of all disciplines examine critically all aspects of healthcare, develop and test appropriate research questions, and apply research-based knowledge in clinical practice.

99. Specifically we will:

- host and support high quality research which has the potential to improve patient care in the short, medium or long term
- encourage and support application for internal and external research grants to fund "home grown" major research projects
- support research that relates to the Trust's objectives around clinical effectiveness and service improvement
- develop collaborative and consultative partnerships with patients, carers and the public to prioritise research to meet the clinical needs and improve quality of life for patients and improve the health of the population
- develop collaborative and consultative partnerships with regional and national higher education institutions, and other NHS Trusts to identify and prioritise research
- identify and prioritise areas of exceptional research activity within the Trust to further develop and support individual and departmental/ divisional strategies
- ensure recognition for local researchers in collaborative research
- continue to direct research training support at a number of individuals from a range of disciplines who would be expected to become proficient in research methods.

Education

100. We will look at education provision across the health economy and work towards more multi-disciplinary (MDT) professionally led senates and related MDT groups.

101. We will involve GPs to an increasing extent in our education and service redesign programmes.

102. We will continue to develop how we provide medical education, working closely with Health Education England, Manchester Medical School, University of Central Lancashire Medical School (UCLan) and Lancaster Medical School. This is particularly focussing on the clinical education and supervision provided to cohorts of medical students, and postgraduate trainees (including GP trainees), but also ensuring the provision of medical education is a core activity extended to doctors in non-training "clinical fellow" posts.

Leadership Development

103. The implementation of strategy is predicated on our service redesign being clinically-led. In this it is recognised that the role of Clinical Directors is seen as key leadership role. A clear and transparent clinical decision making process is required. The Trust will offer leadership capacity to Pennine Lancashire and Healthier Lancashire Programmes. The Trust will continue to develop leadership skills in senior clinical staff. We will review the scope and agenda of our Consultant Leadership Development Programme.

Workforce

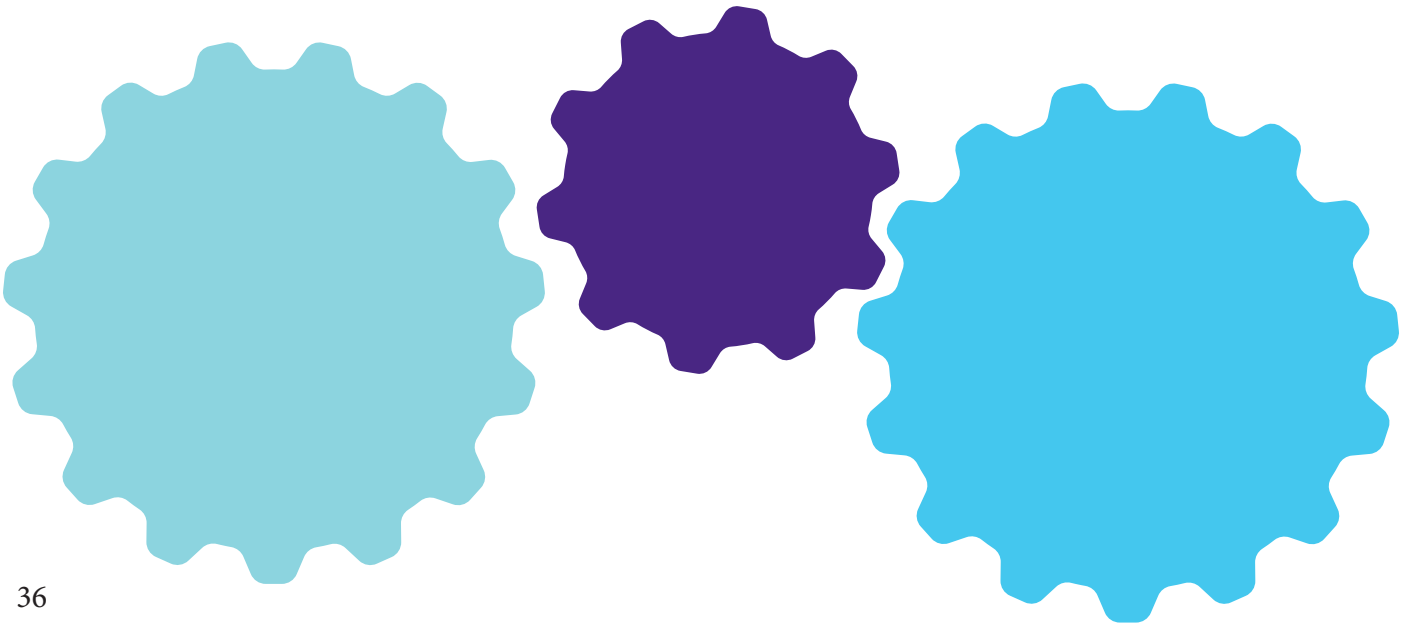
104. We will work towards the following:

- new clinical roles e.g. ward based pharmacists, ward flow coordinators, physicians assistants and extended scope practitioners
- clinical teams "owning" their administrative support and audit capacity – as part of the team
- teams becoming cross-divisional based on patient need, not professional silos
- teams being led by the professional with the best leadership skills, not always the most senior consultant
- expert patients providing education and support
- voluntary sector forming an integral and increasing part of care teams
- video conferencing for team meetings to prevent travel
- reduced dependency on locums
- training the wider workforce in a more standardised fashion, collaborating with Trusts across Lancashire
- creating new roles and training ourselves or with local education partners such as UCLan and other Universities
- strengthening our culture and the sense of "This is how we work here" – taking formal action against inappropriate behaviours
- workforce planning and development across a bigger footprint for e.g. in specialities where it is difficult to recruit, with joint CPD, joint training, creation of opportunities for workforce teams or bank at a Lancashire level – using the same job descriptions, a pool of training opportunities, pooled rotas, harmonised pay and terms, 'no poaching' agreements, centralised agency work, centralised bank, shared on-call rotas
- working with schools to encourage volunteers and offering increased work experience
- involving non-medical prescribing pharmacists in the management of long-term conditions eg COPD, asthma, rheumatology, diabetes, heart failure.

Information Technology / Informatics and Clinical Records

105. We will continue to progress the following

- 24/7 IT support
- telemedicine, to provide advice to GPs to prevent referral or attendance and on line appointments
- single care e-record
- integrated PACS (Picture Archiving and Communication System) and RIS (Radiology Information System) across Lancashire
- view and addition to GP/Community/tertiary care record and vice versa
- medication changes in hospital auto-populated on local GP systems or pharmacists given access to populate changes
- clinical decision support on the local web for "right care", agreed pathways across the continuum, regularly updated, reducing over use of healthcare
- patient access to "apps" for guidance
- immediate data and feedback for "right care"
- electronic alerts including for deteriorating patients
- patients "commenting on" their own records
- e-based patient contacts – skype, email, etc
- development of our website at specialty level – more links to patient information, evidence etc
- greater use of robot technology in medication systems, in pharmacy and in clinical areas.
- on-line self-booking by patients for outpatient appointments
- enhanced Switchboard functionality to improve patient communication/recorded telephone conversations to improve handling complaints etc.
- utilising and developing Refer-to-Pharmacy e-referral solutions, expanding to offer for example Refer-to-District Nurse or Refer-to-Social Services.



Communications and Engagement

106. We will explore how to:

- aim for all communication being electronic - no letters or faxes being used routinely
- clarify the point of contact for each patient when needed – using only one if possible
- make every contact count in delivering the public health agenda
- contribute more on prevention in schools and businesses
- use health apps to guide the patient
- use Phone first – advice lines professionals and patients - to senior clinicians
- develop more emphasis on patient self-care and management, seeing patients as experts
- offer more opportunities for patients to self-refer – informed, activated patient rather than patients being on long-term follow-up schedules
- create Self-management tools such as videos
- create and facilitate communities of health which patients can be part of to educate and learn from each other
- gain support from local business.

Estates

107. We will review Estate efficiencies and consider increased home working to reduce estate needs.

108. We will influence local partnership working into modelling the sustainability and efficiencies of delivering care closer to home.

109. We will explore the feasibility and effectiveness of "3 session days" for some services.

Mental Health

110. We recognise the important liaison role with mental health services and it is our aim to remove boundaries between mental health and physical health care.

111. We will explore the feasibility of a mental health assessment unit at the Royal Blackburn Hospital site, if necessary with mental health staff employed by the Trust to work in the Emergency Department.

112. We will aim for provision of more adolescent mental health services in the community, including piloting the development of an Eating Dosrder Service.

113. We will aim to reduce the gap between East Lancashire Children and Adolescent Service (ELCAS) and adult mental health services, with increased psychology support where needed.

PART EIGHT

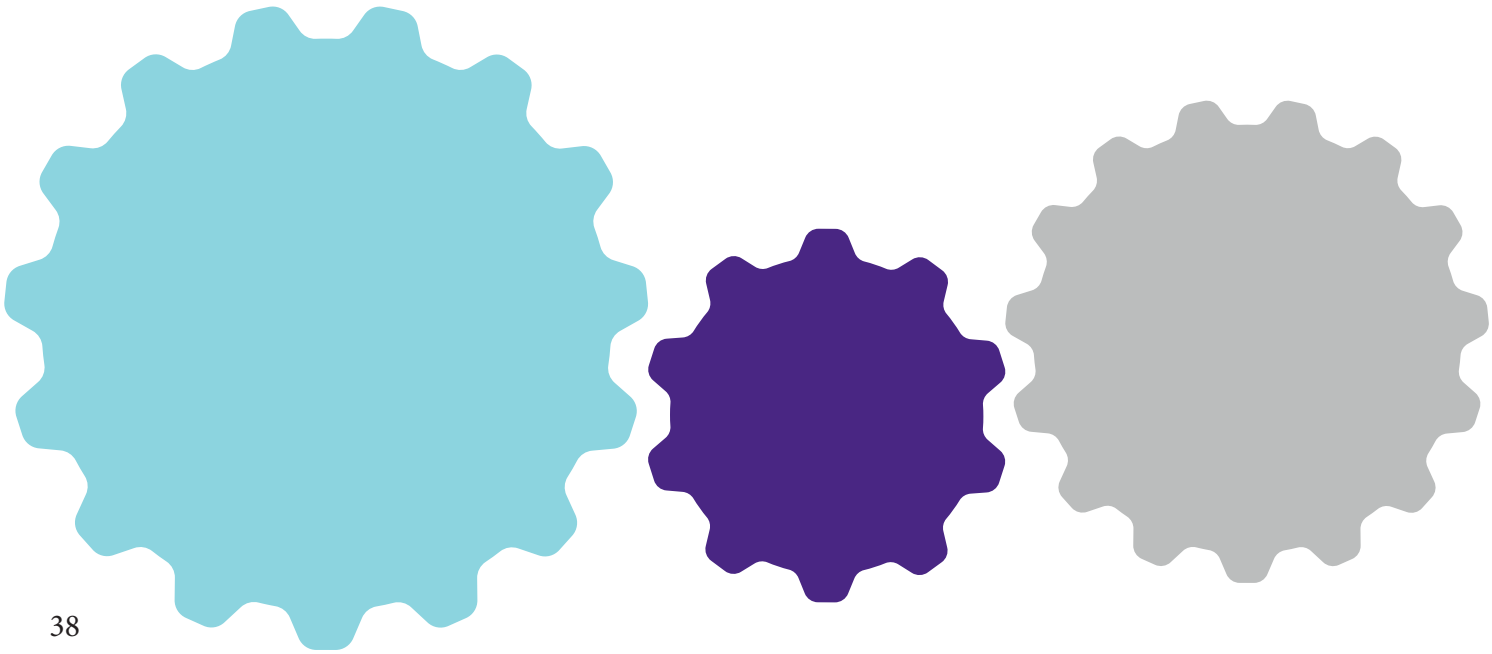
Business and Financial Modelling

114. The net gain for the workstreams in this strategy will allow specific savings to be realised. The Divisions will be aligning their Business Plans to the Clinical Strategy Priority and will in summation achieve:

- average Length of Stay decreases by 1 day
- reduction in beds by equivalent of 2 wards
- decreased trauma theatre time by up to 20%
- decrease Community management costs with increased integration
- 100% priority scans being done on the day with no patients waiting as an in-patient simply for a scan
- decrease laboratory tests by 10%
- decrease use of locum, agency and bank staff by 20% compared to 2015/16, and adherence to national capping of payment rates for locums.

115. Appendix 3 shows an example financial modelling of some key elements of the clinical strategy.

116. The 2015 estimate of ELHT market share for individual specialties is shown in Appendix 4. The Trust will aim to increase its market share in all possible specialties but the net financial impact has not yet been calculated in terms of income and delivery costs. Appendix 4 lists a fuller account of present day-case and elective in patient market share.



APPENDIX 1: Summary of approach of East Lancashire Hospitals NHS Trust strategic intentions with regard to national "must-do's"

	National Planning Guidance "must-do"	ELHT proposals
1	Develop an agreed Sustainability and Transformation Plan (STP)	ELHT will make senior leadership available to the Pennine Lancashire Transformation Programme and System Resilience Group, and will ensure subsequent delivery of agreed STP milestones in 2016/17. We will ensure our Operational Planning forms an integral part of the Pennine Lancashire STP. The 2016/17 Operational Plan will be regarded as 'year one of the five year STP' and contribute to the transformation agenda. The operational plan will demonstrate how quality and safety will be maintained and improved for patients and how risks across the local health economy plans have been jointly identified and mitigated through an agreed contingency plan.
2	Return the system to aggregate financial balance	We will engage with Lord Carter's productivity work programme, comply with agency spending rules, tackle unwarranted variation in demand and care. The operational plan will demonstrate how we reconcile finance with activity (and where a deficit exists, how to return to balance). We will aim to achieve the following indicators of change • Average Length of Stay decreases by 1 day • Reduction in beds by equivalent of 2 wards • Decreased trauma theatre time by at least 20% • Decrease Community management costs – increased integration • 100% priority scans done on the day by end of 2016/17 • Decrease laboratory tests by 10% by end of 2016/17 • Decrease use of agency and bank staff by 20% by end of 2016/17 • Increase in patients discharge on predicted day and before noon • Income generation – developing new services

3	Developing and implementing a local plan to address the sustainability and quality of general practice including workforce and workload issues	Where we invest in and work with Primary Care we will offer new salaried employment models, and we will seek to tender for GP provision. We will work with Out Of Hours providers to optimise access, care planning and effectiveness. We will continue to improve and transform community services, including Intensive Home Support, Integrated Discharge Services and COPD services in the community to reduce admissions. We will include this workstream as part of our improvement of seven day services. We will pilot models of Care home patients undergoing review by Medicine for the Elderly Consultants We will seek the Increased use of Community Hospitals as nurse-led / step-up
4	Getting back on track with access standards for A&E	We will achieve the standard that 95% patients wait no more than four hours in A&E
5	Improvement and maintenance of NHS Constitution standards for referral to treatment	We will ensure more than 92% patients on non-emergency pathways wait no more than 18 weeks from referral to treatment
6	Deliver Constitutional standards on cancer care,	We will achieve the 62 day cancer waiting standard and the constitutional two week and 31 day cancer standards, making progress in earlier diagnosis and improving one year survival rates
7	Improving mental health access standards	We will continue to meet dementia screening diagnosis targets in the Trust to ensure prompt recognition and treatment
8	Deliver actions in local plans to transform care for people with learning disabilities	We will work with partner organisations to enhance community provision of services

9	Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures.	We are not in special measures, however we will implement necessary plans to improve quality. We will maintain a clearer focus on mortality reviews and identify avoidable mortality. We will participate in the annual publication of avoidable mortality rates by Trust. We will continue to enhance our delivery of services across seven days, as required for the reduction in excess deaths at weekends. The delivery of seven day services in the Trust will reflect the national ambition that by March 2017, 25% of the population will have access to acute hospital services that comply with four priority clinical standards (Standards 2,5,6 and 8) every day. We will commence a programme to better align service requirements at departmental level with workforce and consultant job planning at individual level. Supporting professional activities (SPAs) will be awarded to offer time for auditing, assessing and appraising the reliability of care offered by clinicians and clinical teams. This empowers clinicians to invest in teaching, training, education, continuing professional development, appraisal, research, clinical management, clinical governance, and service development - in particular investing time in audit for both national and local audits of services offered by the Trust. It is expected that all individuals, directorates and divisions will have metrics for performance measures which are monitored though the Trust's Clinical Effectiveness Committee and governance processes.

APPENDIX 2

NHS England Quality Accounts List 2016/17 The table below lists the National Clinical Audits and Clinical Outcome Review programmes which NHS England advises Trusts to prioritise for participation and inclusion in their Quality Accounts for 2016/17.

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation
1	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	National Institute for Cardiovascular Outcomes Research (NICOR)
2	Adult Asthma	British Thoracic Society
3	Adult Cardiac Surgery	National Institute for Cardiovascular Outcomes Research (NICOR)
4	Asthma (paediatric and adult) care in emergency departments	Royal College of Emergency Medicine
5	Bowel Cancer (NBOCAP)	Royal College of Surgeons
6	Cardiac Rhythm Management (CRM)	National Institute for Cardiovascular Outcomes Research (NICOR)
7	Case Mix Programme (CMP)	Intensive Care National Audit and Research Centre (ICNARC)
8	Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
9	Chronic Kidney Disease in primary care	Informatica Systems Ltd
10	Congenital Heart Disease (CHD)	National Institute for Cardiovascular Outcomes Research (NICOR)
11	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	National Institute for Cardiovascular Outcomes Research (NICOR)
12	Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health
13	Elective Surgery (National PROMs Programme)	Health & Social Care Information Centre (HSCIC)
14	Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons
15	Falls and Fragility Fractures Audit programme (FFFAP)	Royal College of Physicians
16	Head and Neck Cancer Audit	Saving Faces - The Facial Surgery Research Foundation
17	Inflammatory Bowel Disease (IBD) programme	British Society of Gastroenterology /Royal College of Physicians
18	Learning Disability Mortality Review Programme (LeDeR Programme)	University of Bristol
19	Major Trauma Audit	Trauma Audit & Research Network
20	Maternal, Newborn and Infant Clinical Outcome Review Programme	MBRRACE-UK - National Perinatal Epidemiology Unit (NPEU)
21	Medical & Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

22	Mental Health Clinical Outcome Review	National Confidential Inquiry into Suicide and Homicide (NCISH) - University of Manchester
23	National Audit of Dementia	Royal College of Psychiatrists
24	National Audit of Pulmonary Hypertension	Health & Social Care Information Centre (HSCIC)
25	National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC)
26	National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Royal College of Physicians
27	National Comparative Audit of Blood Transfusion - Audit of Patient Blood Management in Scheduled Surgery	NHS Blood and Transplant
28	National Diabetes Audit - Adults	Health & Social Care Information Centre (HSCIC)
29	National Emergency Laparotomy Audit (NELA)	The Royal College of Anaesthetists
30	National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research
31	National Joint Registry (NJR)	Healthcare Quality Improvement Partnership
32	National Lung Cancer Audit (NLCA)	Royal College of Physicians
33	National Neurosurgery Audit Programme	Society of British Neurological Surgeons
34	National Ophthalmology Audit	Royal College of Ophthalmologists
35	National Prostate Cancer Audit	Royal College of Surgeons
36	National Vascular Registry	Royal College of Surgeons of England
37	Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health
38	Nephrectomy audit	British Association of Urological Surgeons
39	Oesophago-gastric Cancer (NAOGC)	Royal College of Surgeons
40	Paediatric Intensive Care (PICANet)	University of Leeds
41	Paediatric Pneumonia	British Thoracic Society
42	Percutaneous Nephrolithotomy (PCNL)	British Association of Urological Surgeons
43	Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists
44	Radical Prostatectomy Audit	British Association of Urological Surgeons
45	Renal Replacement Therapy (Renal Registry)	UK Renal Registry
46	Rheumatoid and Early Inflammatory Arthritis	Northgate
47	Sentinel Stroke National Audit programme (SSNAP)	Royal College of Physicians
48	Severe Sepsis and Septic Shock – care in emergency departments	Royal College of Emergency Medicine

49	Specialist rehabilitation for patients with complex needs	London North West Healthcare NHS Trust
50	Stress Urinary Incontinence Audit	British Association of Urological Surgeons
51	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust

APPENDIX 3 - Example Financial Impact Modelling

Alignment to Clinical Strategy	Strategic Objective	Operational Tactic	Expected Financial Saving £000s	Associated Measures
		Trust Bed Reduction Opportunity		
Standardisation/Improving Efficiency in elective care/Changing Non-Elective Pathways	Reduce the number of in-patient beds	Re-commissioning of 2 wards	2,200	Total Bed Numbers by Division
		ICG Bed Reduction Opportunity	1,200	Length of stay (wards, AMU and IHS)
		SAS Bed Reduction Opportunity	2,100	Daycase rates
		Family Care Bed Reduction Opportunity	1,200	Emergency re-admissions within 30 days
				Proportion of delayed discharges attributable to the NHS
				Weekend discharges
				Length stay Assesment units
				Average LOS elective and daycase
				Ward transfers per patient
				Average LOS non-elective
				Non-medical discharges
				Pre-procedure beddays
Improving Efficiency in Elective Care	More efficent theatre utilisation	Increased theatre utilisation	970	Theatre Utilisation
				Increased number of cases on each list
				Activity moved from theatre to procedure rooms
				Reduced turnaround time between cases
				Reduced Theatre cancellations within 2 days by hospital
				Reduced theatre cancellations on the day
	More efficient use of Outpatient capacity	Outpatient clinic utilisation	500	DNA rate
		Footprint utilisation/reduced accommodation		Clinic utilisation rates
		Reduced DNA rate		Late starts/early finishes
		Improved new to review ratio		New to review ratio
Standardisation/Improving Efficiency in Elective Care	Maximise Income	Best Practice Tariff Adherence	500	Best Practice Tariff Performance
		Market Optimisation	750	Achievement of income plans
		Service reviews	500	Measure - lost income e.g. DNAs
		Overseas and private patient income	200	Market share %
				Demand/Capacity data
Standardisation	Reducing Variation in Practice	Reduction in prescribing spend	2,000	Readmission rates
		Diagnostics - reduce internal demand	500	Activity data - diagnostics
		Standardisation of equipment		
		Reducing hospital attendances		
		Reducing likelihood of admission/re-admission		
		Reducing time to diagnosis/test to enable swifter turnaround		
		Asset management improvement	200	
Increasing primary and community care involvement/Changing Non-Elective Pathways	Improved Community Productivity	Community Carter Challenge (ICG)	2,000	Productivity improvements
		Family care/midwives productivity		
		DCS community therapies productivity		
		SAS Community model development		
All Themes	Workforce	Specialist Nurse Reduction/Redeployment to consultants	1,500	Staff in Post
		Reduction in premium staff costs	3,000	Trust turnover rate
		Reduction in management costs	1,900	Increase use of bank staff
		Reduction in administration costs	3,200	Agency usage
		Skill mix and grade mix review	1,000	Areas with agency but no active recruitment
		Reduction in sicness absence	500	Trust level total sickness rate
		Standardise terms and conditions	150	Total Trust vacancy rate
		Outsource process functions	300	Temporary costs as % total paybill
		Increase use of voluntary sector	200	Effective E-roster usage
				Use of overtime
All Themes	Non-Pay Efficiencies	Procurement Efficiency/Savings	2,500	Spend % of non-pay
		Increase in-house capability	175	Non-pay spend reduction
		Standardise stationary/admin usage/costs	100	
		Transport Strategy - Shuttle bus	500	
		Transport Strategy - Car Parking	200	
		Salary Sacrifice schemes	100	
			30,145	

APPENDIX 4 - East Lancashire CCG Elective Inpatient Activity (Sep-14-Aug-15)

Specialty and Provider	% Market Share	Potential to increase local Market Share (i.e. currently less than 90%)?	Potential to increase referral footprint from surrounding areas?
General Surgery	100.0%		Yes
East Lancashire Hospitals NHS Trust	79.2%	Yes	
Airedale NHS Foundation Trust	6.7%		
Bmi Healthcare	5.8%		
Lancashire Teaching Hospitals NHS Foundation Trust	3.5%		
Urology	100.0%		
East Lancashire Hospitals NHS Trust	79.3%	Yes	Yes
Airedale NHS Foundation Trust	6.5%		
Pennine Acute Hospitals NHS Trust	5.4%		
Central Manchester University Hospitals NHS Foundation Trust	2.4%		
Breast Surgery	100.0%		
East Lancashire Hospitals NHS Trust	86.2%	Yes	
Airedale NHS Foundation Trust	9.4%		
University Hospital Of South Manchester NHS Foundation Trust	4.4%		
Vascular Surgery	100.0%		Yes
East Lancashire Hospitals NHS Trust	93.0%	No	
Bradford Teaching Hospitals NHS Foundation Trust	3.7%		
Pennine Acute Hospitals NHS Trust	3.3%		
Trauma & Orthopaedics	100.0%		
East Lancashire Hospitals NHS Trust	54.5%	Yes	
Bmi Healthcare	21.7%		
Wrightington, Wigan and Leigh NHS Foundation Trust	7.5%		
Pennine Acute Hospitals NHS Trust	3.6%		
Airedale NHS Foundation Trust	3.5%		
Spire Healthcare	3.2%		
Lancashire Teaching Hospitals NHS Foundation Trust	2.0%		
ENT	100.0%		
East Lancashire Hospitals NHS Trust	72.7%	Yes	
Bmi Healthcare	14.0%		
Bradford Teaching Hospitals NHS Foundation Trust	5.8%		
Pennine Acute Hospitals NHS Trust	4.2%		
Ophthalmology	100.0%		
East Lancashire Hospitals NHS Trust	67.8%	Yes	
Central Manchester University Hospitals NHS Foundation Trust	28.0%		

Barts Health NHS Trust	4.2%		
Maxillo-Facial Surgery	100.0%		Yes
East Lancashire Hospitals NHS Trust	100.0%	No	
Pain Management	100.0%		
East Lancashire Hospitals NHS Trust	57.9%	Yes	
Leeds Teaching Hospitals NHS Trust	42.1%		
General Medicine	100.0%		
East Lancashire Hospitals NHS Trust	98.7%	No	
Gastroenterology	100.0%		Yes
East Lancashire Hospitals NHS Trust	85.6%	Yes	
Pennine Acute Hospitals NHS Trust	8.6%		
Central Manchester University Hospitals NHS Foundation Trust	3.8%		
Cardiology	100.0%		Yes
East Lancashire Hospitals NHS Trust	51.4%	Yes	
Blackpool Teaching Hospitals NHS Foundation Trust	16.6%		
Central Manchester University Hospitals NHS Foundation Trust	10.0%		
University Hospital Of South Manchester NHS Foundation Trust	9.5%		
Leeds Teaching Hospitals NHS Trust	8.2%		
Respiratory Medicine	100.0%		Yes
East Lancashire Hospitals NHS Trust	41.9%	Yes	
University Hospital Of South Manchester NHS Foundation Trust	34.6%		
Airedale NHS Foundation Trust	11.8%		
Lancashire Teaching Hospitals NHS Foundation Trust	7.4%		
Sheffield Teaching Hospitals NHS Foundation Trust	4.4%		
Paediatrics	100.0%		
East Lancashire Hospitals NHS Trust	94.9%	No	
Alder Hey Children's NHS Foundation Trust	5.1%		
Gynaecology	100.0%		Yes
East Lancashire Hospitals NHS Trust	81.0%	Yes	
Bmi Healthcare	8.2%		
Airedale NHS Foundation Trust	4.1%		
Pennine Acute Hospitals NHS Trust	3.0%		

East Lancashire CCG Daycase Activity: ELHT % Market Share

Specialty and Provider	% Market Share	Potential to increase local Market Share (i.e. currently less than 90%)?	Potential to increase referral footprint from surrounding areas?
General Surgery	100.0%		
East Lancashire Hospitals NHS Trust	79.1%	Yes	
Bmi Healthcare	11.5%		
Airedale NHS Foundation Trust	6.3%		
Lancashire Teaching Hospitals NHS Foundation Trust	1.3%		
Urology	100.0%		
East Lancashire Hospitals NHS Trust	67.9%	Yes	
Airedale NHS Foundation Trust	15.6%		
Bmi Healthcare	9.0%		
Pennine Acute Hospitals NHS Trust	2.8%		
Lancashire Teaching Hospitals NHS Foundation Trust	1.8%		
Breast Surgery	100.0%		
East Lancashire Hospitals NHS Trust	96.1%	No	
Airedale NHS Foundation Trust	3.9%		
Vascular Surgery	100.0%		yes
East Lancashire Hospitals NHS Trust	96.4%	No	
Pennine Acute Hospitals NHS Trust	1.8%		
Trauma & Orthopaedics	100.0%		
East Lancashire Hospitals NHS Trust	64.9%	Yes	
Bmi Healthcare	20.7%		
Wrightington, Wigan and Leigh NHS Foundation Trust	3.7%		
Airedale NHS Foundation Trust	3.1%		
Pennine Acute Hospitals NHS Trust	3.1%		
Lancashire Teaching Hospitals NHS Foundation Trust	2.7%		
ENT	100.0%		
East Lancashire Hospitals NHS Trust	81.0%	Yes	
Bmi Healthcare	12.0%		
Pennine Acute Hospitals NHS Trust	2.2%		
Ophthalmology	100.0%		
East Lancashire Hospitals NHS Trust	76.0%	Yes	
Bmi Healthcare	7.6%		
Airedale NHS Foundation Trust	3.8%		
Pennine Acute Hospitals NHS Trust	3.0%		
Central Manchester University Hospitals NHS Foundation Trust	2.8%		
Spamedica	2.5%		

Maxillo-Facial Surgery	100.0%		yes
East Lancashire Hospitals NHS Trust	99.7%	No	
Lancashire Teaching Hospitals NHS Foundation Trust	0.3%		
Pain Management	100.0%		
East Lancashire Hospitals NHS Trust	57.5%	Yes	
Pennine Acute Hospitals NHS Trust	24.8%		
Bmi Healthcare	7.2%		
Lancashire Teaching Hospitals NHS Foundation Trust	5.7%		
Ramsay Healthcare Uk Operations Limited	2.1%		
General Medicine	100.0%		
East Lancashire Hospitals NHS Trust	74.6%	Yes	
Airedale NHS Foundation Trust	11.6%		
Pennine Acute Hospitals NHS Trust	10.1%		
Lancashire Teaching Hospitals NHS Foundation Trust	3.8%		
Gastroenterology	100.0%		yes
East Lancashire Hospitals NHS Trust	83.3%	Yes	
Airedale NHS Foundation Trust	4.6%		
Pennine Acute Hospitals NHS Trust	3.4%		
Salford Royal NHS Foundation Trust	2.6%		
Clinical Haematology	100.0%		
East Lancashire Hospitals NHS Trust	22.9%	Yes	
Airedale NHS Foundation Trust	31.4%		
Blackpool Teaching Hospitals NHS Foundation Trust	17.1%		
Central Manchester University Hospitals NHS Foundation Trust	13.1%		
Pennine Acute Hospitals NHS Trust	8.4%		
The Christie NHS Foundation Trust	4.9%		
Cardiology	100.0%		yes
East Lancashire Hospitals NHS Trust	72.2%	Yes	
Airedale NHS Foundation Trust	10.8%		
Pennine Acute Hospitals NHS Trust	7.5%		
University Hospital Of South Manchester NHS Foundation Trust	4.2%		
Blackpool Teaching Hospitals NHS Foundation Trust	2.3%		
Respiratory Medicine	100.0%		yes
East Lancashire Hospitals NHS Trust	63.7%	Yes	
Lancashire Teaching Hospitals NHS Foundation Trust	19.9%		
Sheffield Teaching Hospitals NHS Foundation Trust	9.5%		
Airedale NHS Foundation Trust	3.6%		
University Hospital Of South Manchester NHS Foundation Trust	2.0%		
Rheumatology	100.0%		
East Lancashire Hospitals NHS Trust	84.7%	Yes	
Pennine Acute Hospitals NHS Trust	7.8%		
Airedale NHS Foundation Trust	4.0%		
Paediatrics	100.0%		

East Lancashire Hospitals NHS Trust	95.8%	No	
Airedale NHS Foundation Trust	2.4%		
Gynaecology	100.0%		
East Lancashire Hospitals NHS Trust	76.3%	Yes	
Central Manchester University Hospitals NHS Foundation Trust	8.3%		
Bmi Healthcare	6.6%		
Airedale NHS Foundation Trust	6.2%		
Dermatology			yes

Blackburn with Darwen Elective Inpatient Activity (Sep-14-Aug-15) ELHT % market share

Specialty and Provider	% Market Share	Potential to increase local Market Share (i.e. currently less than 90%)?	Potential to increase referral footprint from surrounding areas?
General Surgery	100.0%		yes
East Lancashire Hospitals NHS Trust	88.4%	Yes	
Bmi Healthcare	6.8%		
Lancashire Teaching Hospitals NHS Foundation Trust	4.8%		
Urology	100.0%		yes
East Lancashire Hospitals NHS Trust	94.6%	No	
Bmi Healthcare	3.9%		
Breast Surgery	100.0%		
East Lancashire Hospitals NHS Trust	100.0%	No	
Vascular Surgery	100.0%		yes
East Lancashire Hospitals NHS Trust	100.0%	No	
Trauma & Orthopaedics	100.0%		
East Lancashire Hospitals NHS Trust	57.7%	Yes	
Bmi Healthcare	22.4%		
Wrightington, Wigan and Leigh NHS Foundation Trust	5.9%		
Lancashire Teaching Hospitals NHS Foundation Trust	5.0%		
Spire Healthcare	4.3%		
Ramsay Healthcare Uk Operations Limited	2.3%		
ENT	100.0%		
East Lancashire Hospitals NHS Trust	71.7%	Yes	
Bmi Healthcare	25.7%		
Lancashire Teaching Hospitals NHS Foundation Trust	2.5%		
Ophthalmology	100.0%		
East Lancashire Hospitals NHS Trust	66.7%	Yes	
Central Manchester University Hospitals NHS Foundation Trust	24.2%		
Royal Liverpool and Broadgreen University Hospitals NHS Trust	9.1%		
Maxillo-Facial Surgery	100.0%		yes
East Lancashire Hospitals NHS Trust	100.0%	No	
General Medicine	100.0%		
East Lancashire Hospitals NHS Trust	100.0%	No	
Gastroenterology	100.0%		yes
East Lancashire Hospitals NHS Trust	94.2%	No	
Central Manchester University Hospitals NHS Foundation Trust	5.8%		

Clinical Haematology	100.0%		
East Lancashire Hospitals NHS Trust	66.3%	Yes	
Blackpool Teaching Hospitals NHS Foundation Trust	24.4%		
The Christie NHS Foundation Trust	9.3%		
Cardiology	100.0%		yes
East Lancashire Hospitals NHS Trust	61.1%	Yes	
Blackpool Teaching Hospitals NHS Foundation Trust	22.9%		
University Hospital Of South Manchester NHS Foundation Trust	12.1%		
Central Manchester University Hospitals NHS Foundation Trust	3.8%		
Respiratory Medicine	100.0%		yes
East Lancashire Hospitals NHS Trust	56.1%	Yes	
University Hospital Of South Manchester NHS Foundation Trust	43.9%		
Paediatrics	100.0%		
East Lancashire Hospitals NHS Trust	100.0%	No	
Gynaecology	100.0%		yes
East Lancashire Hospitals NHS Trust	84.4%	Yes	
Bmi Healthcare	8.6%		
Lancashire Teaching Hospitals NHS Foundation Trust	5.7%		

Blackburn with Darwen Daycase Activity (Sep-14-Aug-15) ELHT % market share

Specialty and Provider	% Market Share	Potential to increase local Market Share (i.e. currently less than 90%)?	Potential to increase referral footprint from surrounding areas?
General Surgery	100.0%		yes
East Lancashire Hospitals NHS Trust	75.4%	Yes	
Bmi Healthcare	19.6%		
Ramsay Healthcare Uk Operations Limited	2.3%		
Lancashire Teaching Hospitals NHS Foundation Trust	2.2%		
Urology	100.0%		yes
East Lancashire Hospitals NHS Trust	76.5%	Yes	
Bmi Healthcare	16.2%		
Lancashire Teaching Hospitals NHS Foundation Trust	5.8%		
Breast Surgery	100.0%		
East Lancashire Hospitals NHS Trust	100.0%	No	
Vascular Surgery	100.0%		yes
East Lancashire Hospitals NHS Trust	97.0%	No	
Lancashire Teaching Hospitals NHS Foundation Trust	3.0%		
Trauma & Orthopaedics	100.0%		
East Lancashire Hospitals NHS Trust	61.0%	Yes	
Bmi Healthcare	23.1%		
Lancashire Teaching Hospitals NHS Foundation Trust	8.9%		
Wrightington, Wigan and Leigh NHS Foundation Trust	3.5%		
Ramsay Healthcare Uk Operations Limited	2.0%		
Salford Royal NHS Foundation Trust	0.6%		
ENT	100.0%		
East Lancashire Hospitals NHS Trust	81.9%	Yes	
Bmi Healthcare	13.3%		
Lancashire Teaching Hospitals NHS Foundation Trust	4.8%		
Ophthalmology	100.0%		
East Lancashire Hospitals NHS Trust	73.6%	Yes	
Bmi Healthcare	6.8%		
Lancashire Teaching Hospitals NHS Foundation Trust	6.4%		
Spamedica	6.0%		
Central Manchester University Hospitals NHS Foundation Trust	3.5%		
Maxillo-Facial Surgery	100.0%		yes
East Lancashire Hospitals NHS Trust	99.0%	No	
Pain Management	100.0%		
East Lancashire Hospitals NHS Trust	66.4%	Yes	

Lancashire Teaching Hospitals NHS Foundation Trust	19.8%		
Bmi Healthcare	6.7%		
Salford Royal NHS Foundation Trust	3.5%		
General Medicine	100.0%		
East Lancashire Hospitals NHS Trust	79.6%	Yes	
Lancashire Teaching Hospitals NHS Foundation Trust	16.0%		
Central Manchester University Hospitals NHS Foundation Trust	4.4%		
Gastroenterology	100.0%		yes
East Lancashire Hospitals NHS Trust	90.1%	No	
Lancashire Teaching Hospitals NHS Foundation Trust	2.9%		
Salford Royal NHS Foundation Trust	2.4%		
Bmi Healthcare	2.0%		
Clinical Haematology	100.0%		
East Lancashire Hospitals NHS Trust	53.4%	Yes	
Blackpool Teaching Hospitals NHS Foundation Trust	23.8%		
Central Manchester University Hospitals NHS Foundation Trust	13.5%		
The Christie NHS Foundation Trust	5.4%		
Pennine Acute Hospitals NHS Trust	3.9%		
Cardiology	100.0%		yes
East Lancashire Hospitals NHS Trust	92.0%	No	
Blackpool Teaching Hospitals NHS Foundation Trust	3.3%		
University Hospital Of South Manchester NHS Foundation Trust	2.8%		
Respiratory Medicine	100.0%		yes
East Lancashire Hospitals NHS Trust	60.8%	Yes	
Lancashire Teaching Hospitals NHS Foundation Trust	29.8%		
Sheffield Teaching Hospitals NHS Foundation Trust	6.8%		
University Hospital Of South Manchester NHS Foundation Trust	2.7%		
Rheumatology	100.0%		
East Lancashire Hospitals NHS Trust	98.2%	No	
Paediatrics	100.0%		
East Lancashire Hospitals NHS Trust	98.3%	No	
Gynaecology	100.0%		
East Lancashire Hospitals NHS Trust	77.0%	Yes	
Central Manchester University Hospitals NHS Foundation Trust	11.3%		
Bmi Healthcare	7.1%		
Lancashire Teaching Hospitals NHS Foundation Trust	4.1%		
Dermatology			yes

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

30 March 2016

Item 105

Purpose Information
Action
Monitoring

Title	Operational Plan 2016-17
Author	Kate Atkinson, Associate Director of Service Development
Executive sponsor	Martin Hodgson, Director of Service Development

Summary: This paper provides an update with regards to the national planning requirements for 2016-17 and a copy of the proposed Operational Plan 2016-17 narrative to be submitted to the National Trust Development Agency (TDA) on 11th April 2016.

A first draft plan was submitted on 8th February 2016 and received a positive review. Informal feedback was given by the TDA and this has been incorporated into the second draft incorporated into this paper. The Trust Board is required to approve the Operational Plan .

Recommendation: To note and approve the Operational Plan 2016-17.

Report linkages

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

The Trust fails to achieve required contractual and national targets and its improvement priorities

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

Impact

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

Previously considered by:

OPERATIONAL PLAN 2016-17

Introduction

1. This paper provides an update with regards to the national planning requirements for 2016-17 and a copy of the proposed second draft Operational Plan 2016-17 narrative to be submitted to the National Trust Development Agency (TDA) on 11th April 2016. The Trust Board is required to approve the Operational Plan.

National Planning Requirements 2016-17

2. The national planning requirements for 2016-17 are broken down into two major requirements. The first stage of this planning round is the development and submission of:
   - A Trust-level one year Operational Plan 2016-17. A 20-25 page narrative plan covering:
     - Approach to activity planning
     - Approach to quality planning
     - Approach to workforce planning
     - Approach to finance planning
     - Link to the emerging 'Sustainability and Transformation Plan'
   - A Financial plan
   - An Activity plan
   - A Workforce plan

3. The second stage is the development of a 'system level' 5 year Sustainability and Transformation Plan (STP) to be submitted by 'the end of' June 2016.

4. The initial draft Operational Plan was submitted, on time, on the 8th February 2016. The final draft submission is required by 11th April 2016 following Trust Board approval.

5. A copy of the proposed final draft Operational Plan narrative is included in Appendix 1.

Feedback on Draft Plans

6. Further to submission of our first draft Operational Plans on 8th February 2016 the Trust received informal feedback from the TDA. .This was extremely positive recognising the steps taken to address all the requirements of the national technical guidance. However, the Trust was required to provide written feedback to a number of questions relating to the activity, finance and workforce detailed plans. This response was submitted on the 4th March 2016.

7. In relation to the narrative plan document the Trust has received informal feedback with suggestions for further detail to be included relating to:
   - Our approach to the ' Sign up to Safety Campaign'
   - Costings for what we plan to do on 7 day services in 2016-17
   - Risk and mitigation regarding delivery of the plan
   - Trust compliance with the well – led framework
   - Top three risks to quality
   - 4 hour standard performance trajectory

8. This feedback has been incorporated into the final draft plan narrative as attached.

Recommendations

9. The Trust Board is asked to note the contents of this report and approve the Operational Plan narrative for submission to the TDA on 11th April 2016.

Appendix 1

Operational Plan 2016-17
East Lancashire Hospitals NHS Trust

1. Introduction and Organisational Context

In 2016-17, and indeed over the next five year period covered by the Sustainability and Transformation Plan, East Lancashire Hospitals NHS Trust (ELHT) will see closer integration with providers of health and care across Pennine Lancashire through the Pennine Lancashire Transformation programmes, and across all Lancashire as part of Healthier Lancashire. We will seek greater roles in the provision of prevention of illness, in primary care, and in regional specialist work. We will describe ourselves as a Healthcare Trust, rather than a Hospitals Trust.

Across Pennine Lancashire, we will integrate more closely with providers in the primary, community, voluntary and third sectors. We will undertake co-design with commissioners, creating an "*accountable care system*" in Pennine Lancashire. This programme will sit under the Healthier Lancashire overall strategic commissioning and planning framework. Clinicians of the Trust will increasingly work with their professional colleagues from other providers to form Lancashire-based sustainable networks which determine the standards of care, the governance, and the delivery of care pathways.

Our Transformation themes will drive us towards a clinically and financially sustainable integrated organisation. These themes are:

i. Agreeing new system-governance principles with Healthier Lancashire and Pennine Lancashire Partners, agreeing key outcomes for the system.
ii. Increasing primary and community care involvement: new models of care.
iii. Increasing standardisation.
iv. Improving efficiency in elective care.
v. Changing non-elective pathways.
vi. Reviewing and Networking specialist services.

We will achieve greater efficiencies, reducing length of stay for key medical conditions including COPD, reducing theatre times for elective and emergency surgery through increased productivity measures, and reducing our overall bed-base through the introduction of new pathways of care and integrated community care services.

We will continue to improve care in our Trust and community, increasing access to all relevant services across all seven days of the week, reducing avoidable mortality and improving patient experience.

2. Approach to Activity Planning

Our approach to activity planning will ensure the sustainable delivery of, or delivery of recovery milestones for, key access standards.

The Trust has put in place a robust process, working transparently in conjunction with our commissioners, to agree realistic and aligned activity plans for 2016-17. The Trust has ensured good representation at regional demand and capacity planning events and already has a long history of using nationally developed demand and capacity planning models.

The health economy agreed process for development of activity plans is outlined below:

- Forecast outturn at Month 8 used as a starting position for activity plans
- Forecast outturn verified by services and adjusted for any in-year anomalies or service changes
- Demand modelling completed to understand activity requirements to meet sustainable delivery of key national access targets e.g. sustainable delivery of 18 weeks Referral To Treatment (RTT) which takes account of requirements for reduced/sustainable backlogs, realistic polling times etc. This is shared and verified with Commissioners.
- Through contract negotiations the implications of agreed commissioning intentions or key Trust developments/code of conduct notifications are debated and agreed with regards to likely impact on planned activity (and capacity) and adjusted accordingly.
- Population projections are applied to reflect known changes to local demography. An initial growth projection of 0.2% has been agreed with commissioners and added to plans (to be finalised during contract negotiations).
- In support of new NICE guidance for cancer referrals we have a joint health economy working group in place which is working to quantify likely increases in suspected cancer referrals. Detailed work is currently being undertaken to understand the additional capacity requirements associated with this. Refer to further details below under the heading Cancer Targets.

In terms of capacity planning we have a number of processes in place:

- Detailed modelling of theatre capacity requirements linked to consultant job planning to ensure achievement of elective plans
- Review of outpatient capacity and provision of plans to reduce polling times where necessary to support delivery of 18 week RTT
- We have undertaken detailed bed modelling across our non-elective medical pathways to support redesign of our acute medical pathway. This has determined our bed requirements including additional winter resilience requirements and has been instrumental in significant service redesign and implementation of our new Acute Medical Unit.
- The Trust is currently undertaking further bed modelling across other specialties to ensure sustainable delivery of flow whilst identifying opportunities for efficiency improvements and transformation of pathways (further detail to be provided for final plan submission).

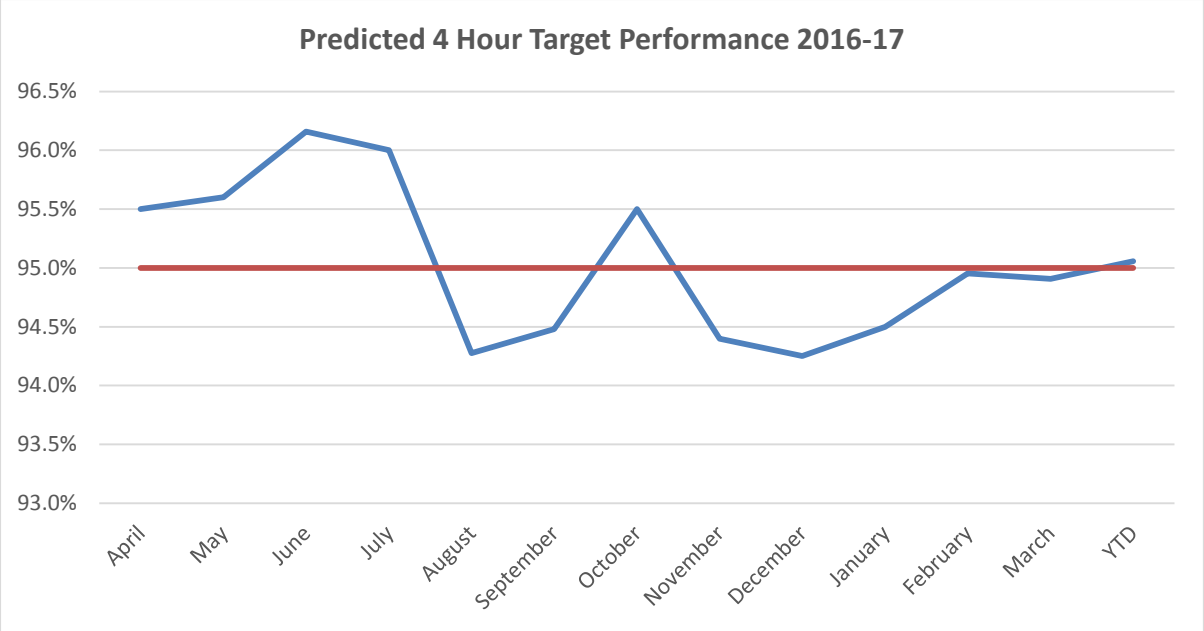
Accident and Emergency 4 hour standard

The Trust has continued to have a challenging year in 2015-16 in achieving sustainable delivery of the 4 hour standard. Our performance remains just under the 95% threshold with 94.49% in December and 92.73% year to date (21st March 2016).

The key contributory factors leading to under-performance are summarised below:

- Surge patterns continue with high numbers of ambulance arrivals in short time periods leading to delays within the department for triage and initial assessment. .
- Lack of bed availability within the Trust creates flow issues resulting in patients waiting over four hours for an in-patient bed. Discharge activity has been lower than anticipated levels across both surgery and medicine. In addition we have experienced a number of surgical outliers.
- Increasing patient acuity with patients presenting with complex co-morbidities continues to place considerable demand on ED and increased length of stay in our surgical specialties.
- Access to timely Mental Health Beds continues to be an issue. In November and December there were 3 over 12 hour waits for patients awaiting a Mental Health bed. In response to this we have agreed protocols in place with Lancashire Care Foundation Trust (LCFT) and regular meetings with both LCFT and Commissioners to ensure that any necessary actions can be swiftly addressed.
- Limited departmental space due to over-capacity at times of increased pressure also leads to issues with areas for patient reviews and ultimately delayed first assessments.

The Trust has worked with its commissioners to agree a performance trajectory for achievement of the 4 hour target during 2016-17. The cumulative performance for 2016-17 is expected to be 95.1% with some expected variation in performance each month, based on a 3 year trend of activity and performance. Our performance trajectory is shown below:



The Trust is putting in place a comprehensive programme of work to support the delivery of a highly effective emergency pathway. The Trust has held a health economy workshop on 22nd March 2016 to identify the key actions which will be put in place during 2016-17. These are summarised below:

- To ensure that our Electronic Patient Tracking System (EPTS) is kept fully up to date and live with all relevant patient information in order for EPTS to be utilised as our central interactive tool for oversight and active management of our in-patient pathways, ensuring that patients are pulled appropriately through our pathways from ED to discharge.
- To complete the development of our new Acute Medical Unit, maximising the benefits of this model of care to ensure high quality and efficient emergency in-patient care and reduction to length of stay.
- To maximise the benefits of ambulatory care as an effective and high quality alternative to admission. In doing this we will work across all of our clinical divisions to optimise the model of care for all relevant patient groups/care pathways.
- To ensure the right staffing are available on our wards, at the right time, to maximise patient care and to optimise the flow of patients through the adoption of lean and efficient processes and operating procedures.

18 Week Referral to Treatment (RTT) Incomplete

Referral to treatment incomplete pathways remains above 92% with 95.2% in February 2016.

We continue to have a small number of specialties who struggle to achieve sustainable performance with both demand and/or capacity issues. Commentary to support particular specialties is included below:

- Dermatology – work has commenced in conjunction with commissioners to redesign dermatology services across primary, community and secondary care where we expect to see a significant shift of activity to the intermediate tier through GPSI, specialist nursing and pharmacy provision.
- Gastroenterology/endoscopy – changes to national clinical protocols have resulted in a significant additional demand. A sub-contract agreement has been put in place with the Independent Sector to provide additional capacity whilst we undertake recruitment to support endoscopy. We are working in partnership with other NHS organisations to provide additional capacity at the Trust. We are developing a 5 year plan/business case to accommodate expected expansion of services which will explore options to increase capacity including the provision of an additional endoscopy room at Burnley General Hospital.
- Rheumatology/Chronic Pain – a detailed review and action plan has been agreed and presented to commissioners. This includes actions to recruit to consultant posts, maximise multi-disciplinary working and development of Allied Health Professionals/Specialist nursing roles to undertake more complex work and development of hot clinic pathways.
- Maxillo-facial surgery – Whilst the directorate's performance currently remains above 92% the directorate have agreed an internal action plan to monitor delivery and ensure this is sustainable moving forward. This includes flexing of consultant workloads between outpatient and theatre capacity dependant on demand with consultants offering additional theatre sessions when required to manage seasonal fluctuations in activity.

Cancer Targets

Relevant national cancer targets have been achieved since January 2015 and based on current referral demand we expect this to continue. It should be further noted that we have consistently achieved the 62 day target since November 2014.

NICE guidance for cancer and to forecast likely increases in demand. Key actions currently being undertaken include:

- Working with primary care and commissioning colleagues to predict likely new demand
- Detailed capacity modelling being undertaken
- Monthly meetings with commissioners to plans and cost the implications
- Pathway redesign work to bring forward key diagnostics prior to outpatient attendance
- Each tumour group is developing its own action plan to redesign pathways, working towards the new target for 90% of cancers to be given a diagnosis by 28 days by 2020.

Diagnostics Waiting Times

The Trust continues to meet the threshold for no more than 1% of patients waiting over 6 weeks with performance at 0.15% in February 2016.

The business plans for pathology and radiology are being developed with a particular focus on opportunities to:

- reduce demand for investigations in line with our clinical strategy aspirations to reduce demand by 10%
- redesign patient pathways to bring forward diagnostics prior to outpatient appointments. This is currently being piloted with our Family Care Division.
- Develop a care bundle type approach to diagnostic requests, concentrating initial on key conditions across MSK, gynaecology and general surgery.

Detailed capacity and demand modelling has been undertaken for radiology to understand future growth requirements related to expected increased demand (including cancer demand) and the requirements for the delivery of 7 day services.

3. Approach to Quality Planning

Our quality priorities for 2016-17 are a continuation of the work commenced in 2014-15 and detailed in our Quality Strategy.

Specifically we will continue to work to:

- Reduce Harm experienced in Hospital
- Improve Mortality
- Improve the reliability of delivery of best care

Harm Reduction Programme

Our Harm Reduction Programme now has a standardised approach to identifying high risk areas through review of incident reports and proactive identification of risk. Once identified, a number of different tools are used to drive improvement (as outlined in our approach to quality improvement). A specific notable area of improvement previously has been the reduction in pressure ulcers through a collaborative approach and the reduction of medication safety incidents.

Specific areas of focus for 2016-17 include:

- An ELHT Falls Collaborative – linking this work with the health economy falls reduction programme
- NHS Improvement Infection Control Collaborative
- Safer Surgery

Mortality Improvement Plan

East Lancashire Hospitals NHS Trust is no longer an outlier for SHMI or HSMR. This has been achieved through a focused approach to identifying outlying diagnostic groups, investigating underlying causes and ensuring an appropriate improvement plan is in place. This work will continue but in 2016-17 there will be an additional focus on improving the mortality review process so that all 'avoidable deaths' can be identified and opportunities for

learning and taking actions from such reviews are maximised. To this end we have asked to be a pilot site for NHS England's RCRR process and publishing 'avoidable ' mortality information.

Improving Reliability of Delivery of Evidence-Based Care

To ensure that patients receive optimum care and to facilitate improvements where this is not occurring, we will improve our real-time measurement of both process and outcomes. We have also identified key areas of care where key fundamental aspects must be delivered; these are reflected in our care bundles.

We have reviewed all of the quality data we collect and refined this to ensure each Directorate has a clear portfolio of data collected and how they measure reliability of care. Through collaboration with the Performance and Information Department we will improve the speed of data collection to ensure it is more 'real time' and able to inform clinical teams of areas of concern.

Our improvement priorities are reflected in our **'Sign up 2 Safety'** pledges and in particular our Harms Reduction Programme. The Trust's 5 priority areas for improvement/aims under 'Sign up 2 Safety' are outlined below and as demonstrated throughout this section are core to our plans for 2016-17:

- To reduce the number of inpatient falls (with avoidable harm) by 15% (Falls Reduction)
- To improve the recognition of and response to the acutely deteriorating patient so that unexpected cardiac arrests are reduce by 50% in 3 years (deteriorating Patient)
- To improve the recognition and subsequent timely management of sepsis in the emergency department and acute admissions unit so that standardised mortality for sepsis is within the expected range (Sepsis)
- To reduce avoidable harm associated with surgical procedures in the Surgical and Anaesthetic Division (Safer Surgery)
- To reduce still birth rate by reducing the number of stillbirths secondary to IUGR/FGR (stillbirths)

Our commitment to Year 2 of Sign up 2 Safety is to improve the resilience of the organisation so that at times of 'stress' to the organisation reliable and safe care is delivered. This will help mitigate the key risks to quality in the organisation which relate to high demand on our services, challenges in staffing numbers and concerns around competencies of short-term and agency staff. Development of a resilient culture will ensure that the 'right way' is the default at times of challenge.

In order that clinical outcomes are effectively monitored and acted upon, clear clinical leadership and responsibility is essential. Work will continue to review and strengthen the process to ensure patient allocation of a responsible Consultant and that this is accurately recorded and is clear, and in lines with Academy of Medical Royal Colleges (AMRC) guidance. To that end the Trust is currently working on the development of a Trust policy to reflect these requirements which will be available during 2016-17.

3.1. Approach to Quality Improvement

ELHT is committed to the continuous improvement of the quality of care given to local people and, in so doing, achieve our organisational aim 'to be widely recognised for providing **Safe**, **Personal** and **Effective** Care'.

Quality monitoring occurs through our clinical governance structure, reporting to the Board via the Quality Committee. The Quality Committee is informed by the Patient Safety and Risk Assurance Committee, Clinical Effectiveness Committee and Patient Experience Committee. Divisional Directors or their agreed deputies, attend and report at these committees. Reporting in Divisions replicates this corporate structure to ensure consistent reporting from 'floor to Board'.

In order to ensure that we are delivering **safe**, **personal** and **effective** care we have a robust process for the identification and agreement of key quality priorities. Those that require quality improvement are consolidated into our Quality Improvement Plan including Harms Reduction Programme, Clinical Effectiveness (reliability) and Patient Experience, and monitored for progress through this structure.

Our Quality Improvement methodology in ELHT is the 7 Steps to Safe Personal Effective Care. This is based on the Model for Improvement and also incorporates Lean and other tools. For large multi team improvements we run Breakthrough Series Collaboratives.

We have a small and developing quality improvement team of facilitators as part of the Quality and Safety Unit, linking with Quality Committee structure. A staff development programme in quality improvement skills is in place both internally and through our membership of Advancing Quality Alliance (AQuA). Professionals in training are supported to develop and participate in quality improvement projects, and support for projects is agreed at the Quality Improvement Triage group.

Dr Damian Riley is Executive Medical Director and the lead for clinical quality.

3.2. Seven Day Services

ELHT is working with local commissioners, supported by the NHS Improving Quality team (NHS IQ), to review delivery against both the four clinical priority standards and the additional 6 standards for providing seven day services.

A comprehensive gap analysis against all 10 clinical standards has been undertaken, followed by a caseload audit against the priority four clinical standards. This has given a clear understanding of the baseline position for the Trust. Whilst inevitably there are some gaps in 7 day provision the Trust is in a strong position, with many examples of 'best practice' weekend and 'out of hours' working. Significant Consultant presence at weekends is especially of note and indeed there are no differences between weekday and weekend mortality. The more significant areas for further development over the next 1-4 years are:

- Standard 2 – Specific areas of initial assessment within the standard need scrutiny across Gynaecology, Obstetrics, General Surgery, Trauma and Orthopaedics and Paediatrics in order to deliver consistency across 7 days.
- Standard 5 – There is a shortfall in weekend access to Bronchoscopy, Echocardiography, Histopathology, Magnetic Resonance Imaging (MRI) and Ultrasound, although Consultant Radiologists are present in the hospital throughout Saturday and Sunday. There is a recognised gap in the provision of scheduled diagnostic tests over the weekend, which is being discussed with local commissioners.
- Standard 6 – 24/7 access to consultant-directed interventions that meet the relevant specialty guidelines appears to be in place for all specialities apart from non-vascular interventional radiology.
- Standard 8 – Twice daily review of all acutely ill patients is in place across Acute Medical Unit and Critical Care Unit. There is a current shortfall against this standard is in the Surgical Triage Unit.

Local Commissioners, NHS IQ and the Trust are reviewing caseload data analysis and discussing the formal governance arrangements that will support the delivery of the four priority clinical standards. Initial scoping suggests that the delivery of the standards will be overseen by the Pennine Lancashire System Resilience Group (PL SRG) working to the Lancashire and South Cumbria Urgent and Emergency Care Network (UECN). A task and finish group working to the SRG specifically around the delivery of the 4 priority standards for 7 day working will be established beneath the proposed governance structure.

The need to site the work within the wider Lancashire and South Cumbria footprint of the UECN has emanated from the discussions that the CCG's and Trust have also had with Lancashire Teaching Hospitals Trust (LTHT), NHS IQ and Health Education England (HEE). This has identified that overcoming workforce constraints and challenges are a critical element to the successful implementation of these standards and that this can only be tackled collaboratively within a wider pan-Lancashire approach or there may be significant risks that local competition for staff wold undermine each individual effort to develop the necessary workforce for their successful delivery.

A plan for the delivery of the four clinical priority standards across all relevant service areas and specialities will be in place by April 2016 . Whilst discussions have taken place with local commissioners through the initial round on 2016-17 contract negotiations no formal agreement has been reached. To deliver against each of the four clinical priority standard does have resource (finance and workforce) implications for the Trust. This will be minimised by gradual implementation. It is anticipated that the costs of implementation will be proportionately less for delivery against standards 2, 6 and 8 but significant for standard 5. The anticipated cost for the radiology service to deliver all required scanning including routine, on a seven day basis, within one year is c.£880k (a detailed supporting business case has been developed) . There are also resource implications in increasing capacity for other diagnostic procedures such as endoscopy and echocardiography. Clinical Divisions are currently determining the ongoing revenue costs behind these identified gaps, which will, in part, be driven by the outcomes of the latest (end of March 2016) NHSQI case note audit. This will supplement the findings of the audit undertaken in Autumn 2015. These will be

shared in a workshop to be held in April 2016. This will involve local commissioners. Timescales for delivery will be agreed through the local system contracting and service redesign /transformation processes and programmes.

3.3. Quality Impact Risk Assessment Process

A robust Quality Impact Risk Assessment Process (QIRA) is in place to ensure that our Safely Releasing Costs Programme (SRCP) ensures we continue to maintain **Safe**, **Personal** and **Effective** care as we work to reduce our cost base.

The Medical Director and Director of Nursing are required to sign off every QIRA. The QIRA assesses the risk associated with each SRCP scheme and is embedded into the Trust's risk management processes.

Risk processes are overseen by the Quality Committee which is Chaired by a Non-Executive Director. Through these processes high risk schemes are added to risk registers and are monitored through the processes described above.

A quarterly report, focussing specifically on SRCP/QIRA is reviewed at the Patient Safety and Risk Assurance Committee.

3.4. Triangulation of Indicators

The Trust has recently revised its integrated performance reporting process, which covers a comprehensive suite of performance, quality, finance and workforce indicators. Through this process a monthly report is presented to the Operational Delivery board, Finance and Performance Committee and the Board.

As part of the Trust's internal planning processes, through Directorate and Divisional 5 year business plans, the Programme Management Office is creating an integrated organisational transformation plan, with key quality and productivity deliverables identified across each of the 5 years, 2016-17 to 2020-21. Each month performance against these deliverables will be monitored and discussed in detail at both the Operational Delivery Board and Finance and Performance Committee. This will triangulate activity/demand, finance and workforce indicators. In addition a monthly report will be presented to Board, titled '*Sustaining Safe, Personal and Effective Care.*'

3.5. Risks to Quality

In developing our operational plan we have identified the following 3 main risks to quality:

- Transformation schemes fail to deliver anticipated benefits and the improvement priorities
- The Trust fails to deliver and develop a safe, competent workforce
- Partnership working fails to support delivery of sustainable, safe, personal and effective care

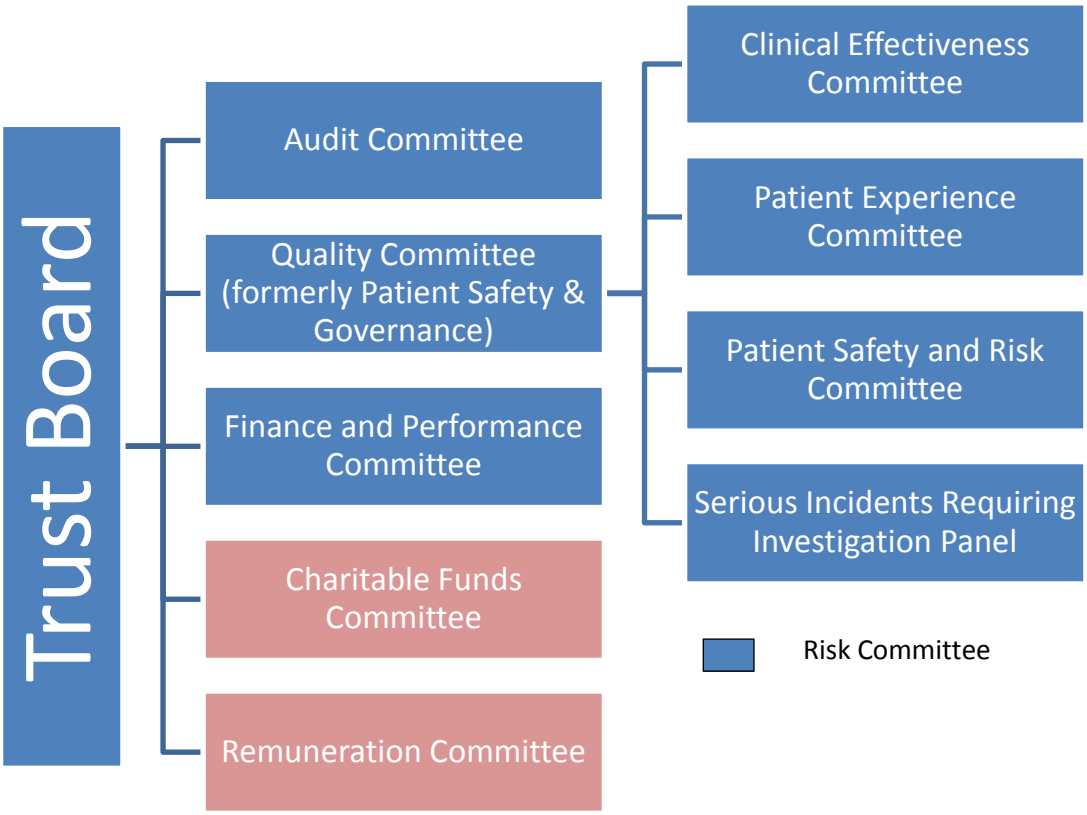
These risks have been appropriately reflected in both our Corporate Risk Register and our Board Assurance Framework. The section below outlines our corporate governance processes which support the appropriate mitigation of these risks.

3.6. Trust approach to risk and mitigation

This section outlines our organisational governance processes which will support delivery and assurance of our operational plan, enabling early identification of risks to delivery and the development of appropriate mitigating actions.

The Trust Board has overall responsibility for setting the strategic direction of the Trust and managing the risks to delivering that strategy. The Board Assurance Framework (BAF) is the main tool by which the Trust Board monitors the risks to the organisation in relation to achieving the strategic objectives. The Trust board will continue to review and strengthen the development of the BAF. The BAF is considered at the Quality Committee and Operational Delivery Board before being submitted to the Trust Board. There will be a need to define more clearly, the milestones and outcomes for the Trust's strategic objectives in tandem with the development of the clinical strategy.

All committees with risk management responsibilities have reporting lines to the Trust Board. These are shown below:



The role of the Finance and Performance Committee is to provide assurance on the delivery of the financial plans approved by the Board for the current year, develop forward plans for subsequent financial years for consideration by the Board and examine in detail risks to the achievement of national and local performance and activity standards. It maintains an overview of the financial and performance risks recorded on the Board Assurance Framework.

Quality monitoring occurs through our clinical governance structure, reporting to the Board via the Quality Committee. The Quality Committee is informed by the Patient Safety and Risk Assurance Sub-Committee, Serious Incidents Requiring Investigation Panel, Clinical Effectiveness Sub-Committee and Patient Experience Sub-Committee. Divisional Directors or their agreed deputies attend and report at these committees. Reporting in Divisions replicates this corporate structure to ensure consistent reporting from 'floor to Board'.

In addition to the Committees outlined in the diagram above which have Non-Executive Director membership, the Trust also has in operation the Operational Delivery Board. The function of this committee is to provide a forum by which the senior staff in the organisation can assist in the development of strategies to present to the Board, monitor operational delivery against the Trust's strategic objectives and policies and advise the Board on the emerging risks to operational and strategic objectives and the mitigation plans being deployed to ensure the delivery of safe, personal and effective care.

A Transformation Board, supported by the Trust's Programme Management Office (PMO), will be established from April 2016 which will oversee delivery of our Transformational Programme which will be the key vehicle for the delivery of our Clinical Strategy, key elements of the Pennine-Lancashire transformation programme/STP (refer to section 6 below) and realisation of the 'transformational' elements of our Safely Releasing Costs Programme. If areas were seen to go off track, the Transformation Board will have oversight and would advise on the need for corrective action. The Transformation Board will report monthly to the Trust's Operational Delivery Board (ODB) on the management and monitoring of performance against delivery of our transformational programme and related SRCP.

The arrangements outlined above will be underpinned by:

- Weekly Executive Team meeting, chaired by the Chief Executive, where there will be a focus on operational delivery from the previous week and plans for the week ahead and weekly review of our performance dashboard.
- Weekly Operational Performance meetings, chaired by the Director of Operations to review all aspects of operational delivery with patient level detail considered where necessary.
- Quarterly Divisional Performance meeting, chaired by the Chief Executive, focussing on all aspects of performance and quality. If felt necessary more frequent support and challenge meetings will be established if a Division's performance was cause for concern.

3.7. Trust Compliance with the Well-Led Framework

The Trust continues to progress well against the Well-Led Framework. Examples of this include:

- The Trust has a clear vision, objectives, values, operating principles and improvement priorities.
- The hospital services are supported by strong governance processes including well managed risk registers and processes feeding into the Trust Board. This ensures a robust overview of the risks within the hospital.
- There is on-going work to enhance the Board Assurance Framework and risk management in the Trust.
- The Trust has a Clinical Strategy in place which has served our communities well but is currently being refreshed.
- The Trust Board is undertaking a programme of board development with the Good Governance Institute (GGI) and this has elements of self and external assessment.
- In terms of open and transparent, the Trust is rated as 'good' and ranked 72 out of 230 Trusts by Monitor/NHS TDA.
- The Board continues to support continuous learning and professional development; is clear on roles and accountabilities in relation to Board governance and there are clearly defined and understood processes, which have just been reviewed, for escalating and resolving issues and managing performance.
- The Trust Board ensures that it actively seeks and engages with its patients, staff and its shadow governors and other stakeholders as appropriate on quality, operational and financial performance.
- Reports are taken to the Trust Board each month on all matters of performance and through the assurance committees of the Trust.

In March, 2015, the Trust commissioned an independent review of governance by the Good Governance Institute and this, together with regular update reviews is brought to the attention of the full Trust Board. The Trust has a governance action plan in place which covers the well-led framework and other governance matters to ensure that it continues to improve on corporate and clinical governance matters. The report is updated monthly; is seen by the Trust Board and is regularly reviewed at meetings with the NHS Trust Development Authority.

4. Approach to Workforce Planning

The Human Resource and Organisational Development Directorate provides assurance to the Trust Board on all matters relating to our workforce, who ultimately sign off the Workforce Plan.

All workforce related activity creates further opportunities for the Trust to improve workforce efficiency and productivity, workforce development, education and workforce transformation. All of our operational plans are underpinned by effective staff engagement and evidence based approaches to health and well-being.

Over the next five years the Trust will see closer integration with providers of health and care across Pennine Lancashire through the Pennine Lancashire Transformation programmes, and across all Lancashire as part of Healthier Lancashire. We will seek greater roles in the provision of prevention of illness, in primary care, and in regional specialist work.

The Trust has developed a Clinical Strategy which has been shaped with the collective input of our clinicians, managers and employees. This Strategy sets out the transformation journey for the next 5 years, which is underpinned by our workforce planning process.

The Trust has developed divisionally owned workforce plans for 2016/17 through our Business Planning process which triangulates these plans with our clinical strategy, efficiency schemes and service developments. We are commencing use of the Patient Centric Workforce Planning model from April 2016 to move our annual workforce planning process towards a demand led approach which triangulates finance, activity and workforce intelligence. This will be achieved by establishing an internal Trust Workforce Planning Network and by further strengthening our relationship with Health Education England (North West) (HEENW) to enable us to deliver the Five Year Forward View. We are also leading a piece of work with the wider Health Economy stakeholders to understand our workforce challenges and establish what workforce transformation is underway, beginning with a stakeholder event scheduled for June 2016.

The Workforce Plan outlines the Trust's plan to make more effective use of its substantive workforce and reduce our premium staffing spend by 30%. It identifies key posts and staff groups for recruitment and the phasing of these in the plan is in line with our average recruitment time to hire times, on-going recruitment campaigns and consultation processes where necessary.

Between 2013 and 2016 the Trust has increased the number of established nursing staff in order to provide safer staffing in clinical areas, which is reflected in the profiling provided in terms of continued recruitment campaigns and staff awaiting commencement dates within our existing recruitment pipeline.

Following a successful international recruitment campaign in the Philippines in 2015, we expect to see new Nurse recruits commencing in small cohorts from April 2016 onwards. The potential risks to delivery of this campaign are the delays in the international recruitment process and the potential removal of Nurses from the Home Office shortage occupation list.

In addition, the funding of Advanced Nursing posts and Assistant Nurse Practitioner posts are also presented in our Workforce Plan. The recruitment of student nurses is linked to the completion of their nursing programmes and is therefore profiled into the return. We also have on-going local recruitment campaigns and open days to recruit experienced hires.

Through the Trust's Business Planning Process supply issues and gaps have been identified at a Divisional and Organisational level. Below is a summary of the most significant supply and demand implications for the Trust:

Supply:

- AHPs – cuts in the level of AHP places supplied by HENW in 2017 in addition to an end to bursaries which is likely to impact on the Trust's supply significantly. Supply of AHPs is limited outside of the June to September window when students qualify.
- Consultant shortages – national shortages of Emergency Medicine and Older People's Medicine. Projected retirements of maternity consultants.
- Middle grade and specialty doctor shortages.
- Nurse shortages – Acute Medicine, Medicine for Older People, Surgical Nurses and Specialist Chemo Nurses.
- High vacancy rates across wards in Medical and Nursing posts.
- Shortages of trained Endoscopy staff, Physiologists, Assistant Practitioners and Pharmacy Technicians.

Impact on workforce plan:

- Use of volunteers to support qualified staff with non-clinical duties.
- Convert agency to bank and permanent staff.
- Administration review across the Trust.
- Staff banks created in areas not previously used (AHP services, Theatres, Critical care, Radiology, Pharmacy, and Pathology).
- Review of specialist nurse roles and deployment.
- Continued international recruitment.
- Service redesign to decrease reliance on medical workforce.

The workforce profiling has been developed using ESR intelligence relating to sickness absence trends and demographics including turnover and workforce pensionable age.

The Trust is projecting an overall improvement in its sickness rates and these figures appear as a flat line to take into account the anticipated improvement which in effect cancels out the usual seasonal variation. The Trust is consulting on the implementation of an Attendance Management Policy which clearly links the Trust target to individual trigger levels. Additional resources have also been agreed through the Business Case Review Process to support our staff with Mental Health conditions.

The Trust has a number of local workforce transformation programmes underway and in the process of being developed, including:

- Continuing to develop its Advanced Practitioner workforce, with 13 new posts currently in development for 2016-17. This is supplemented by the Trust's Assistant Practitioner workforce, with 14 new posts being developed.
- Internal Clinical Fellow development programme to support the national Medical shortages.
- The Trust continues to work in Partnership with University of Central Lancashire (UCLAN) to deliver clinical placements for the independent medical school.

- The Trust has submitted a joint bid with our local commissioners to develop 10 Physician Associate posts across the health economy starting February 2016.
- Development of an Advanced Practitioner Pharmacist role working in the Emergency Department.
- Restructure of the Therapy Department which will enable therapy good practice to be shared across the professions and enable staff to work across internal and external boundaries.
- Development of additional Nurse Practitioners within the Endoscopy team.
- Review of voluntary services to support a new and robust service for 2016-17 that will include dedicated recruitment campaigns targeted at specific groups to reflect our diverse population.
- The Trust has a well-established cadet programme working with local colleges and has been successful in obtaining funding from HEE (NW) to fund a workforce development hub for local schools and colleges, facilitating a feed into our future employment pipeline.
- Currently we have over 100 apprentices in the workplace as well as 30 modern apprentices with 30 more in the pipeline.

Each Division has an Education Board (reporting into the Trust Education Board) which provides assurance on workforce development. Multi-professional education is encouraged, enabling employees to explore new ways of working across professional boundaries. The Trust is exploring how medical education can be taken into community settings, rather than being hospital centric. The Trust has been successful in securing a LIFT track for its foundation programme, facilitating more joint working with GP practices.

The Trust triangulates quality and safety metrics with workforce indicators to identify areas of risk through the Board Assurance Framework. This is the main tool by which the Trust Board monitors the risks to the organisation in relation to achieving its strategic objectives. The framework maps the organisation's objectives to principal risks, controls and assurances. The Trust has in place a monthly Integrated Performance Report which allows the Trust Board to have visibility of any areas of risk across the organisation, including sickness absence, turnover, vacancies and agency spend and act on these accordingly.

The Trust's workforce CIPs are identified in the Safely Releasing Costs Programme (SRCPs) which are proposed by the Divisions along with a Quality Impact Risk Assessment which is assessed and approved by the Trust's Executive Medical Director and Executive Director of Nursing to ensure that there is not a negative impact upon patient safety.

The Trust is undertaking significant work to reduce the reliance on agency staffing, including local and international recruitment campaigns to fill vacancies. The Trust has an on-going recruitment strategy for the internal staff bank, with monthly recruitment campaigns for nursing, HCA and administration roles. External recruitment is also on-going for specialist areas, e.g. Emergency Department and Physiotherapy. The Trust implemented weekly pay for all bank staff in April 2015 and new nursing starters are automatically enrolled on the staff bank unless they opt out. The Trust has seen a

significant positive impact of this strategy with the number of bank shifts filled having increased from 2,143 in December 2014 to 3,783 in December 2015.

The Trust has carried out a detailed review on the use of eRostering in order to make better use of the substantive workforce and improve overall productivity. The Trust has also commenced implementation (December 15) of 'Safecare', a tool which will enable us to redeploy staff (based on evidence of patient acuity and dependency) across the Trust to ensure safe staffing levels. We are improving our performance reporting (KPIs developed) on the use of eRostering in order to understand the Trusts 'hot spot' areas and are working proactively with wards and departments to ensure they get the best from their resource. This work is being led jointly by the HR, Finance and the Nursing Directorates.

Reducing the reliance on use of agency medical locums is a key priority. The Trust has recently reviewed the arrangements for the management of medical rotas in the Trust and is currently developing an alternative model for the management of medical staffing functions. The new model will include a centralised system for the booking of locums, focus on the development of an-in house 'Medical Bank' through 2016-17 and enhance the use DRS (eRostering system for Doctors).

The Trust is planning to extend its use of STAFFflow; a system that enables the Trust to directly engage its temporary medical staff, rather than employing via agencies. The Trust is in the process of centralising the control and management of this resource giving the Trust more visibility over what is being spent and where, and enabling better planning and control. In 2015-16 (to the end of month 8) the Trust has saved £304,000 through the use of STAFFflow. The continuing benefits of STAFFflow to the Trust are:

- Complete transparency in the organisation's relationships with agencies
- Centralised and improved management information
- A clearer and stronger supplier sourcing strategy
- Reduced expenditure on temporary staff
- Improve controls in the induction of temporary staff
- Reduced VAT and finance process costs
- Protected delivery of frontline services

The Trust is working hard to adhere to the Monitor/TDA nursing agency rules and price caps for agency workers. Trust spend on qualified nursing is reducing (currently at 3.2% at month 9) and on track to achieve the expected level of 3%. The Trust is also compliant with the requirement to use agencies on approved frameworks. A process is in place for the approval of agency overrides where there is a case that patient safety would be compromised and this must be approved by the Executive Directors or Director On Call if out of normal working hours.

Alongside the implementation of the above, the Trust has implemented a Workforce Control Group which considers all vacancies and temporary staffing spend across the Trust. This has improved pay spend by increasing controls and also ensures that temporary staffing spend is assessed against the resourcing plans with the aim of reducing the reliance on

temporary staffing. The Trust also regularly reviews workforce risk areas identified in the monthly Integrated Performance Report which is reported to the Finance and Performance Committee.

The Trust also has in place a Business Case review process, involving senior representatives from Finance, HR, Strategy and Business Planning, Estates and Procurement to ensure that business cases are reviewed early in their development to ensure that any impact upon the workforce is known and appropriate. Once agreed at this stage, Business cases progress to the Trust Operational Delivery Board for approval.

5. Approach to Financial Planning

5.1. Financial forecasts and modelling

Forecast outturn

The Trust started 2015-16 with a £10m underlying deficit and originally forecast a £20.5m deficit for 2016-17. This position was re-assessed during the year and with the use of some recurrent and non-recurrent schemes the forecast position was re-set at a deficit of £12.1m. A technical gain to the Trust's revenue position has revised the forecast deficit of £12.1m to a surplus of £7.6m. The Trust will meet its statutory duty to break-even in 2015-16.

To achieve this position, the Trust has achieved efficiencies of 4.5% (£18.7m). This is in excess of the original planned position of £13.7m. Income from patient related activity has performed above plan by 1.7% (excluding pass-through costs). The Trust has managed to hold this additional activity within its expenditure plans for the year. Initiatives around the use of agency staffing, improved use or rostering and tighter controls in general on all expenditure have assisted with this improvement.

Underlying position

After taking into account the non-recurrent elements of this outturn, the underlying deficit carried forward into 2016-17 is likely to be in the region of £16.5m.

In addition, there are a number of pressures that have been identified through the Trust's budget setting process. These are currently under review but current assumptions are that we will need to cover additional pressures of around £1.8m.

2016-17 Financial Modelling

The Trust has assessed its income and costs for 2016-17 against the national efficiency requirement for 2016-17 of 2%. Our current modelling suggests that generic costs will increase by £15.9m; assuming a 1% pay award. A significant proportion of this is the change to the national insurance rebate for staff in the pension scheme in 2016-17 (£4.3m employers increase). Any increase/decrease in the pay award will change the generic costs.

The revised tariff has recently been published and we are currently assessing this. Initial indications are that we will see an increase in the tariff to cover part of the generic costs, close to the figures expected in the guidance (1.1% increase with 0.7% increase to cover CNST changes). Again any movement on this will impact on the financial planning figures. Final figures will be confirmed through contract negotiations.

The financial position has been further evaluated following the Sustainability Funding confirmation of £12.5m. As a result, the anticipated efficiency target for the year will be in the region of £14m to achieve a deficit position of £3.8m.

5.2 Efficiency Savings 2016-17

All areas of the Trust have been developing their short and medium term efficiency plans. As described in the previous section, the efficiency required of the Trust in 2016-17 to achieve its planned £3.8m deficit is £14m. As outlined in section 3.3 all efficiency schemes require a quality impact risk assessment (QIRA) and cannot be implemented until being reviewed and signed off by the Medical Director and Chief Nurse. This is to ensure that any impact on quality and safety is mitigated and that all high risk schemes are given sufficient challenge. It also ensures that all schemes are aligned to the Trust's clinical strategy.

Currently the Trust has identified schemes to address the £14m challenge for 2016-17 including a range of non-recurrent schemes that can support the programme while the longer term projects progress. Key transformational areas that the Trust will be reviewing include working with commissioners to explore different models of care for our patients that do not require continued acute bed stay.

The Trust is currently assessing the potential savings opportunities detailed in the Carter review. Some of these schemes feature in the current plans for the Trust. Refer to section 5.3 for further details.

5.3 Lord Carter's provider productivity work programme

The NHS Productivity and Efficiency Programme (PEP) was launched by Lord Carter of Coles in 2014 15 to better understand the variability of costs in secondary care acute system (England). The aims of the programme are to:

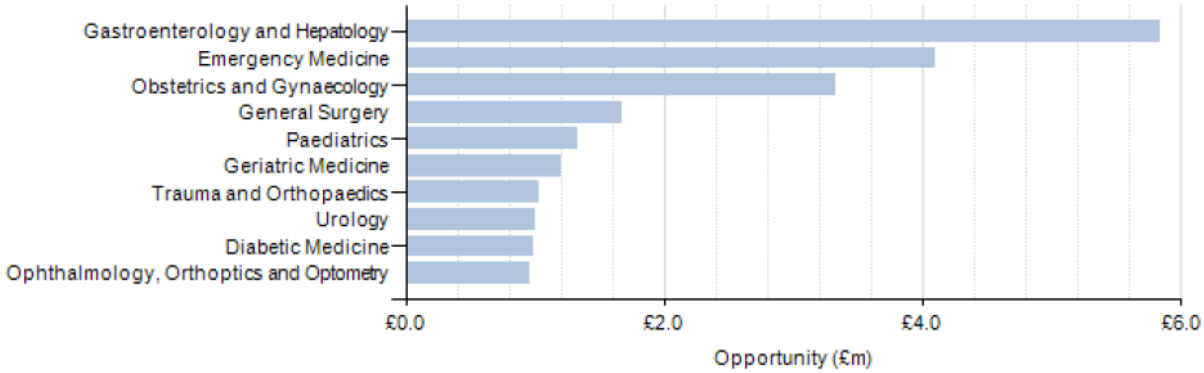
- Provide an efficiency benchmark for hospital services
- Outline best practice for a model hospital and model departments

A range of organisations were nominated to work together with the aim of better understanding opportunities for driving efficiency. The size of the initial cohort of 22 organisations was extended to 32 in 2015-16. ELHT joined at this time.

ELHTs headline Adjusted Treatment Cost is £0.99 which means that we are 1 penny less expensive than the national average £1 spent. A potential annual savings opportunity of

£35.8m has been identified for ELHT from clinical services (notified 24th November). All Trusts are asked to sign up to a savings trajectory which will demonstrate progression in releasing the identified savings opportunity.

The top 10 apparent savings opportunities are highlighted in the specialties below. These specialties account for £21m of the £35.8m. A further £7.9m opportunity appears to lie in community services and smaller values are apparent in a range of other specialties.



This valuable benchmarking data is now being used to aid in the identification of SRCP schemes for the Trust in 2016-17 and beyond.

5.4 Agency rules

In September 2015, Monitor and the Trust Development Authority (TDA) introduced a set of Nursing Agency Rules for all NHS Trusts and on the 23rd November 2015 also implemented price caps for agency workers. A cap on all agency costs has been set at £10.5m for 2016-17 by NHS Improvement (against a 2015-16 outturn spend of c£16.5m).

The Trust has implemented the Nursing Agency rules, with the Trust spend on Qualified Nursing reducing (currently at 3.2% against the target of 3% at Month 9) and the mandatory use of approved frameworks.

The Trust has also implemented the Price Caps for agency workers, effective from the 23rd November 2015. Aside from a number of breaches reported in the two weeks immediately following the 23rd November due to the honouring of previously booked shifts, the following breaches have been reported by the Trust:

- 1 Registered Nurse breach in the Emergency Department
- On-going breach – Occupational Health Consultant
- On-going breaches – 6 Corporate Management roles

The Trust is taking actions to stop the on-going breaches of the Price Caps and intends to fully implement the further Price Caps on the 1st February and 1st April 2016. The Trust will also implement the new Agency Framework Arrangements which will come into effect from the 1st April 2016 requiring all Trusts to procure all agency staff from approved frameworks.

Overall, the Trust has seen a slight financial improvement in temporary staffing spend, with a reduction on anticipated levels of £150k in December. There has been an improvement in relation to Nursing, Administration and Clerical and Managerial staff, however there has been a worsening position in relation to Medical staff and 'Other Areas'. A continued positive impact of the caps and other initiatives to improve the temporary staffing spend position is expected to be seen in coming months.

5.5 Procurement

Further to the Trust supporting and implementing the recommendations of the Better Procurement, Better Value, Better Care programme, ELHT's Head of Procurement has been an active lead representative in the Lord Carter of Coles Cohort of 32 programmes for development of the model procurement function for the last 6 months. ELHT can confirm that the proposed principles and direction of travel are being embraced and developed:

- Local Savings targets against 'influenceable' spend of £2m is on track.
- 90% of Purchase order lines are catalogued and 60% are aligned to a contract; this performance is one of the highest within the NW.
- Our procurement team fully supports collaboration with other NHS Trusts:
    - It is an active member of the NW Shared Business Services Procurement Hub and gains a solid 4:1 return on its investment; a highlight this financial year is a further £160k full year saving by rationalising its orthopaedic hip and knee supply base to 2.
    - It participates in NHS Supply Chain Multi Trust agreements to gain aggregation benefits from its capital budgets, and regional commitment discounts for clinical consumables.
    - It continually fights and resists inflation increases to supply partners with a developing Lancashire Cluster of 3 Acute Trusts.
- The evolving NHS Standards of Procurement will be further adopted upon refinement, alongside regional peer reviews and assessments.
- It consistently avoids 'reinventing the wheel at local level' when a regional or national contract exists and good examples are with the recent migration of the Trust's energy contracts to Crown Commercial Services, and IM&T patient record contracts utilising local procurement hub framework agreements.
- It is helping to shape procurement hub offers by actively pursuing the commitment of volume across all participants in order to realise financial savings and better outcomes.
- At local level, its Head of Procurement chairs with a Clinical Director a 6-weekly product rationalisation/standardisation group focussed primarily on clinical consumables.
- ELHT commits to share its spend data with the BSA2q3 (Project Scorpio) as part of the Lord Carter programme on spend metrics.
- GS1 compliance is fully supported, especially with regard to new investments eg inventory systems.
- ELHT has also built on its product benchmarking adoption having switched service providers and after 6 months has enjoyed a 7:1 ROI by sharing data transparently and pursuing better price options and market routes with its national peers.

- The Trust has a non-Executive lead for Procurement and quarterly updates are provided to its Finance and Performance Committee.

5.6 Capital planning

The Trust is currently developing a full business case for the Burnley Eye Centre. It is likely that, once approved, the full capital costs for this will fall into 2016-17. The Trust is anticipating £15.6m of PDC to cover the costs of this build and our financial plans are reflective of this. The business case is predicated on the potential to achieve future revenue savings through improved quality of estate and operational opportunities relating to this development.

The Trust continues to invest in new technology and IT systems through its capital spending and has developed a medium term technical strategy which will focus on a number of areas in preparation for a new Electronic Patient Record (EPR) infrastructure. The cost of this and a supporting loan are reflected in the Trust's financial plans. The failure to secure the loan for the EPR scheme will require a reprioritisation of internally generated capital leading to increased risk associated with the medical equipment replacement programme.

Funding for the remainder of the capital programme will be through internally generated resources. Capital Charge estimates are based on the Trusts asset portfolio and planned capital investment for 2016-17.

In addition to the Burnley Eye Centre and EPR, there are a number of smaller schemes which align to the clinical and operational strategies of the Trust. 2016-17 plans are reflective of the third year of significant medical equipment investment. This investment continues to improve and standardise our equipment across all sites of the Trust. Standardised equipment has proven beneficial both financially, through better procurement, and in terms of safety.

Final capital plans for 2016-17 will be approved by the Trust Board in March 2016.

6. Link to the emerging 'Sustainability and Transformation Plan'

In the submission of 28th January it is confirmed that ELHT will be part of the Lancashire and South Cumbria Sustainability and Transformation Plan (STP). This is line with the Healthier Lancashire transformation programme. Within Lancashire and South Cumbria there are five health economies. ELHT is part of the 'Pennine Lancashire' health economy.

Lancashire and South Cumbria has some significant issues of health inequality with an average life expectancy which is significantly worse than the national average. It is recognised that the majority of the required transformation will need to be owned and driven within these health economies. There will be a need in some areas to transform service across Lancashire and potentially beyond.

Three asks:

Financial improvement - It is estimated that there is a recurrent resource gap of £805m facing the Lancashire health and care community over the next five years (£250m in Pennine Lancashire, £100m in ELHT). We intend to close this gap by greater standardisation of our clinical processes, by rationalising our estates and continuing to transform our workforce.

Access standards – With the exception of the four hour standard, ELHT performance is robust. In the course of 2015-16 we have altered our acute pathway which has seen a marked improvement to our performance, we need however to continue to drive improved access to out of general hospital beds and find more resilient solutions to our workforce needs. Improvements to seven day services will continue to help (particularly in weekend diagnostics) and the ability of partners to provide an equality of services through the entire week.

Transformation – As a health economy we see the variability of the services that are provided and the duplication across a range of providers across health and care. We are keen to accelerate transformation in those areas where it is pragmatic to do so. Programme Management Offices have been established at organisational, area and County level. The case for change has been described and we are now entering the 'solutions phase'. This is likely to lead to a consultation phase in 2017 followed by implementation from 2017 through to 2020.

Local health and care system vision

The Pennine Lancashire leadership (ELHT, ELCCG, BWDCCG, Lancashire Care FT, BWD Local Authority and Lancashire County Council) have confirmed an intention to work together on the formation of an accountable care system. Within this it is currently assumed that ELHT will continue as the single largest provider of secondary care services to the community of Pennine Lancashire. Working with key partners ELHT is likely to help to provide solutions in element of primary care and the development of neighbourhood services. In line with the five year forward view this is likely to involve the inclusion of adult social services.

Strategic risks facing ELHTs operational plan for 2016-17

There are no current elements of the local health and care system's (either at County or local health economy) early strategic thinking which will materially impact on ELHTs 2016-17 operational plan.

Programme Structure

Members of the executive are supporting the programmes of change both at a county level and at a local level. The programmes are designed to work in tandem with the aim of driving consistent agreement and transformation. As yet a Joint Committee needs to be established across the STP and work needs to be completed on governance arrangements. Workstreams that are progressing are as follows:

Worstreams	Lancashire and South Cumbria	Pennine Lancashire
Acute care	√	√
Specialist Care	√	√
Locality care	√	√
Mental Health	√	√
Nursing Home	√	√
Urgent care	√	√
Enabling:		
Communications and engagement	√	√
Estates	√	√
Finance and Investment Group	√	√
IM&T	√	√
Workforce	√	√

TRUST BOARD REPORT		Item	106
30 March 2016		Purpose	Monitoring
Title	Integrated Performance Report for the period to February 2016		
Author	Mr M Johnson - Associate Director of Performance and Informatics		
Executive sponsor	Mrs G Simpson – Executive Director of Operations		
Summary: This paper presents the corporate performance data at February 2016 against the Trust Development Authority Standards and other key areas.			
Report linkages			
Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice Become a successful Foundation Trust		
Related to key risks identified on assurance framework	The Trust fails to deliver and develop a safe, competent workforce Partnership working fails to support delivery of sustainable safe, personal and effective care The Trust fails to achieve a sustainable financial position The Trust fails to achieve required contractual and national targets and its improvement priorities Corporate functions fail to support delivery of the Trust's objectives		
Impact			

Legal	No	Financial	No
Equality	No	Confidentiality	Yes
Previously considered by:			Not applicable

Board of Directors, Update

Corporate Report – March 2016

Key Messages of this Report

All of the national cancer waiting time targets continue to be achieved.
18 week ongoing pathways continue to perform well at 95.15% in line with national performance.
Accident and emergency four hour failed in February 2016 alongside the number of ambulance handover over 30 minutes
The number of delayed transfers of care remains above threshold.
The Trust is reporting a £11.2m deficit.

Introduction/Background

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

2. The integrated performance report has been updated to include safe staffing information, this includes the average fill rates for registered nurses, midwives and care staff on day and night shifts in respect of actual versus planned hours

Achievements

3. **Main achievements for February 2016:**

- There was just one Clostridium difficile toxin positive isolate identified in February. The year to date figure is 27 against the cumulative threshold of 26 with a full year threshold of 28.
- All National cancer targets achieved since February 2015
- Complaints continues to achieve against the 0.4 complaints per 1000 contacts threshold.
- Compliance with safeguarding training continues to achieve.
- The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission has improved and is within expected levels, as published in January 2016 at 1.07
- The latest indicative 12 month rolling HSMR (Dec 14 – Nov 15) is reported as expected at 100.42 against the monthly rebased risk model.

- The Trust continues to receive a high response rate and positive scores for the friends and family test.
- The Trust continues to achieve the hospital ambulance screen data quality compliance measure.
- Referral to treatment incomplete pathways remains above the 92% with a slight increase for February 2016.

Key Issues

4. **Main issues for February 2016:**

- Overall performance against the Accident and Emergency four hour standard continues to under achieve with 89.95% in February
- There were 391 validated over 30 minute handover breaches in January 2016.
- Sickness rates remain above threshold at 4.81% in January.
- Three of the Commissioning for Quality and Innovation (CQUIN) schemes are a risk for quarter four - acute Kidney Injury, Sepsis antibiotic administration and accident and emergency diagnosis rates.
- The Trust is reporting a £11.2m deficit
- The ambulance handover contract penalties are £1.2m
- The A&E 4 hour contract penalties are £0.4m
- The CQUIN penalties are £0.5m

Strategic intentions

5. **For 2016/17 this report will include summary monitoring of our strategic intentions with regard to national "must-do's"**

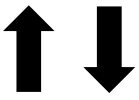
National "must-do's"
Develop an agreed Sustainability and Transformation Plan (STP)
Return the system to aggregate financial balance,
Developing and implementing a local plan to address the sustainability and quality of general practice including workforce and workload issues
Getting back on track with access standards for A&E

Improvement and maintenance of NHS Constitution standards for referral to treatment
Deliver Constitutional standards on cancer care
Improving mental health access standards
Deliver actions in local plans to transform care for people with learning disabilities
Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures.

Key

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

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



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

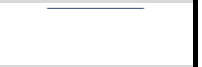
Safe

		Threshold 15/16	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Monthly Sparkline
M64	CDIFF	24	5	3	2	1	1	1	2	4	4	5	3	3	1	
M65	MRSA	1	0	0	0	0	0	0	0	0	0	0	1	0	0	
M66	Never Event Incidence	1	0	0	0	0	0	1	0	0	0	0	1	1	0	
M67	Medication errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C28	Percentage of Harm Free Care	92%	98.96%	99.01%	99.08%	98.98%	99.42%	98.69%	98.77%	99.37%	98.96%	99.11%	99.20%	99.14%	99.37%	
M68	Maternal deaths	1	0	0	1	0	0	0	0	0	0	0	0	0	0	
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	97.22%	98.61%	99.39%	99.56%	99.39%	98.89%	98.44%	98.58%	98.94%	98.69%	99.40%	98.90%		
M69	Serious Incidents (Steis)		8	5	4	5	5	10	8	3	3	8	10	7	9	
M70	CAS Alerts - non compliance	1	0	0	0	0	0	0	4	0	0	0	1	0	0	
M146	Safer Staffing -Day-Average fill rate - registered nurses/midwives (%)	80%	87%	86%	88%	88%	89%	88%	86%	87%	91%	92%	90%	89%	89%	
M147	Safer Staffing -Day-Average fill rate - care staff (%)	80%	105%	105%	110%	109%	106%	107%	106%	105%	105%	109%	105%	105%	105%	
M148	Safer Staffing -Night-Average fill rate - registered nurses/midwives (%)	80%	96%	97%	98%	99%	99%	99%	98%	98%	99%	98%	97%	97%	97%	
M149	Safer Staffing -Night-Average fill rate - care staff (%)	80%	109%	107%	110%	109%	108%	109%	109%	114%	112%	117%	116%	120%	120%	
M150	Safer Staffing - Day -Average fill rate - registered nurses/midwives- number of wards <80%	0	15	12	15	9	8	12	18	10	6	3	9	8	12	
M151	Safer Staffing - Night -Average fill rate - registered nurses/midwives- number of wards <80%	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
M152	Safer Staffing - Day -Average fill rate - care staff- number of wards <80%	0	2	2	2	1	4	4	5	4	1	1	2	3	4	
M153	Safer Staffing - Night -Average fill rate - care staff- number of wards <80%	0	0	1	2	1	1	1	2	2	1	1	1	3	2	

Caring

		Threshold 15/16	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Monthly Sparkline
C38	Inpatient Friends and Family - % who would recommend	91.76%	97.68%	98.25%	98.19%	98.08%	97.71%	98.90%	98.59%	98.71%	98.16%	98.10%	98.77%	99.08%	96.90%	
C40	Maternity Friends and Family - % who would recommend		94.97%	95.47%	96.37%	94.38%	95.38%	95.68%	94.15%	94.90%	94.09%	95.80%	92.60%	93.37%	95.50%	
C42	A&E Friends and Family - % who would recommend	77.83%	80.93%	80.51%	77.20%	78.96%	82.88%	77.42%	84.42%	84.66%	83.20%	83.90%	85.14%	78.28%	80.80%	
C44	Community Friends and Family - % who would recommend		93.49%	90.61%	92.58%	94.69%	92.07%	93.52%	93.51%	91.57%	94.59%	93.90%	93.67%	94.37%	93.70%	
C15	Complaints – rate per 1000 contacts	0.4	0.25	0.31	0.21	0.14	0.26	0.22	0.25	0.20	0.22	0.21	0.18	0.28	0.29	
M52	Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	2	0	0	0	0	

Effective

		Threshold 15/16	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Monthly Sparkline
M73	Deaths in Low Risk Categories - relative risk	Outlier	109.73	113.76	110.28	103.76	92.74	92.85	85.66	92.82	96.14					
M74	Hospital Standardised Mortality Ratio - Weekday (DFI Indicative)	Outlier	107.57	105.45	105.09	103.35	102.81	101.38	100.33	100.91	98.14					
M75	Hospital Standardised Mortality Ratio - Weekend (DFI Indicative)	Outlier	102.69	104.59	101.43	104.10	105.32	103.96	105.79	104.73	104.96					
M54	Hospital Standardised Mortality Ratio (DFI Indicative)	Outlier	106.35	105.26	104.23	103.56	103.48	102.12	101.80	101.97	99.89					
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Outlier		1.08			1.07									
C16	Emergency re-admissions within 30 days		12.54%	12.50%	12.61%	12.42%	13.10%	13.01%	12.75%	12.65%	12.69%	13.44%	13.33%	13.08%	11.95%	
M89	CQUIN schemes at risk	3								0			3			

Responsive

		Threshold 15/16	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Monthly Sparkline
C2	Proportion of patients spending less than 4 hours in A&E	95%	94.8%	94.7%	92.5%	93.42%	94.78%	93.36%	93.32%	94.79%	93.56%	94.42%	94.49%	88.15%	89.95%	
M62	12 hour trolley waits in A&E	0	0	0	0	0	0	0	0	0	0	1	2	0	0	
C1	RTT admitted: percentage within 18 weeks	n/a	89.6%	93.6%	93.0%	93.3%	94.0%	91.1%	89.9%	85.0%	85.3%	85.0%	86.3%	82.5%	93.2%	
C3	RTT non- admitted pathways: percentage within 18 weeks	n/a	97.9%	98.1%	98.4%	98.7%	98.0%	97.6%	97.5%	97.5%	96.3%	97.5%	95.9%	95.3%	95.6%	
C4	RTT waiting times Incomplete pathways	92%	97.4%	97.7%	97.6%	98.0%	97.5%	97.5%	97.9%	96.7%	95.9%	94.6%	93.9%	94.5%	95.2%	
C37.1	RTT 52 Weeks (Ongoing)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1%	0.15%	0.01%	0.00%	0.04%	0.04%	0.01%	0.09%	0.11%	0.02%	0.1%	0.08%	0.19%	0.15%	
C18	Cancer - Treatment within 62 days of referral from GP	85%	85.80%	92.70%	87.40%	89.50%	85.40%	85.10%	86.6%	85.90%	93.2%	89.2%	91.0%	93.7%		
C19	Cancer - Treatment within 62 days of referral from screening	90%	96.0%	100.0%	100.0%	94.3%	93.8%	100.0%	93.9%	95.70%	100.0%	100.0%	100.0%	100.0%		
C20	Cancer - Treatment within 31 days of decision to treat	96%	97.9%	97.4%	100.0%	96.8%	98.9%	98.9%	98.1%	100.00%	100.0%	100.0%	100.0%	98.3%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	98.3%	100.0%	100.0%	100.0%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94%	97.6%	97.4%	96.9%	100.0%	97.1%	97.1%	100.0%	100.00%	97.4%	100.0%	100.0%	99.0%		
C24	Cancer - seen within 14 days of urgent GP referral	93%	98.00%	96.70%	96.30%	97.10%	96.90%	96.60%	96.0%	96.40%	96.3%	96.7%	96.7%	97.6%		
C25	Cancer - breast symptoms seen within 14 days of GP referral	93%	96.90%	96.30%	94.70%	95.30%	96.30%	94.90%	94.6%	94.70%	97.1%	93.0%	97.2%	96.4%		
M9	Urgent operations cancelled for 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C27	Not treated within 28 days of last minute cancellation due to non clinical reasons	0	0%	0%	4.44%	3.03%	0.00%	0.00%	1.92%	0.00%	0.00%	0.0%	0.00%	0.00%	0.00%	
M55	Proportion of delayed discharges attributable to the NHS	3.5%	4.53%	4.03%	4.07%	3.94%	3.84%	4.75%	3.69%	3.62%	3.64%	3.0%	4.16%	4.42%	4.75%	
M90	Average LOS elective and daycase		2.5	2.8	2.7	2.3	2.9	3.2	3.5	2.8	2.4	2.9	2.8	2.9	3.3	
M91	Average LOS non-elective		4.9	5.0	4.5	4.8	4.6	4.7	4.7	4.4	4.6	4.6	4.6	4.6	4.6	

Well led

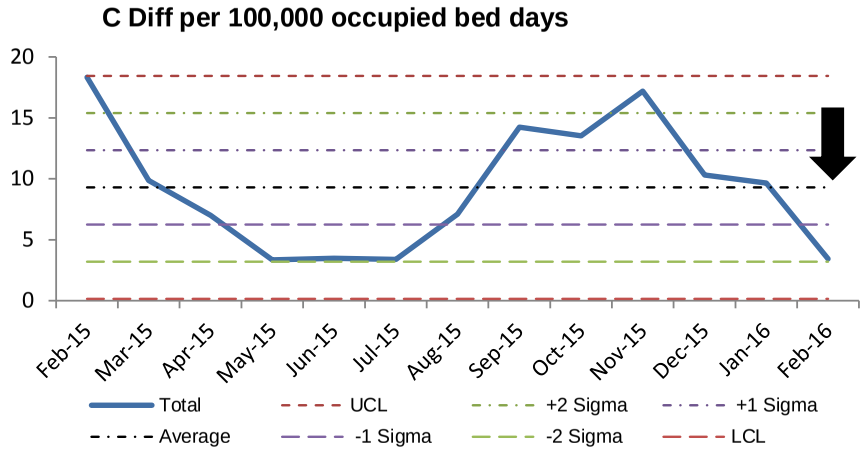
		Threshold 15/16	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Monthly Sparkline
C31	NHS England Inpatients response rate from Friends and Family Test	16%	54.1%	55.4%	51.1%	56.92%	59.79%	57.90%	55.12%	45.92%	49.05%	43.70%	49.81%	48.87%	48.50%	
C32	NHS England A&E response rate from Friends and Family Test	4%	23.3%	22.6%	23.8%	23.09%	25.52%	23.08%	25.44%	25.04%	25.42%	23.00%	23.69%	21.06%	21.71%	
M77	Trust turnover rate	12%	10.0%	10.0%	10.0%	10.0%	10.0%	9.9%	9.6%	9.7%	9.6%	9.5%	9.4%	9.3%	9.2%	
M78	Trust level total sickness rate	3.75%	4.9%	4.8%	4.8%	4.8%	4.79%	4.99%	4.87%	4.81%	4.91%	4.93%	4.74%	4.81%		
M79	Total Trust vacancy rate	5%	6.4%	6.7%	6.9%	6.2%	6.3%	6.3%	6.1%	5.2%	6.8%	6.5%	7.5%	7.8%	7.1%	
M80.1	Mandatory Training	95%	72.0%	72.0%	68.0%	72.0%	73.0%	81.0%	84.0%	89.0%	92.0%	93.0%	90.0%	89.0%	85.0%	
M80.2	Safeguarding	80%	86.0%	83.0%	78.0%	78.0%	78.0%	81.0%	81.0%	84.0%	85.0%	86.0%	86.0%	87.0%	87.0%	
F8	Temporary costs as % of total paybill	4%	9%	9%	8%	7%	6%	8%	7%	8%	8%	8%	8%	8%	9%	
F9	Overtime as % of total paybill	0%	1%	1%	0%	0%	0%	0%	0%	1%	0%	1%	0%	0%	1%	
F1	Cumulative Retained Deficit for breakeven duty (£M)	0.0	0.5	1.3	(1.7)	(3.4)	(5.0)	(6.7)	(7.5)	(8.2)	(8.8)	(9.5)	(10.1)	(10.8)	(11.2)	
F2	SRCP Achieved % (green schemes only)	100.0%	52%	59%	11%	15%	20%	24%	33%	46%	49%	54%	60%	62%	64%	
F3	Liquidity days	0	(1.2)	(1.3)	(2.5)	(5.9)	(7.7)	(8.4)	(10.8)	(13.2)	(12.7)	(13.2)	(13.5)	(14.0)	(13.5)	
F4	Capital spend v plan	85%	89%	74%	75%	80%	90%	77%	81%	75%	72%	71%	71%	72%	71%	
F5	COSR (Continuity of risk rating)	2	3	3	2	2	2	2	2	2	2	2	2	2	2	
F6	COSR - Liquidity rating	3	4	3	3	3	3	3	3	3	2	2	2	1	2	
F7	COSR - Capital Servicing Capacity rating	1	1	3	1	1	1	1	1	1	1	1	1	1	1	
F10	COSR - I&E Margin	1										1	1	1	1	
F11	COSR - I&E Margin variance from plan	1										4	4	4	4	
F12	BPPC Non NHS No of Invoices	95%			96.4%	96.6%	96.5%	96.2%	96.2%	96.0%	96.0%	95.9%	95.90%	95.65%	95.55%	
F13	BPPC Non NHS Value of Invoices	95%			95.5%	95.6%	94.9%	95.1%	95.1%	94.5%	94.8%	94.8%	95.08%	95.30%	95.15%	
F14	BPPC NHS No of Invoices	95%			94.9%	95.6%	95.6%	95.6%	95.4%	95.8%	95.6%	95.5%	95.63%	95.17%	94.86%	
F15	BPPC NHS Value of Invoices	95%			93.2%	95.0%	96.4%	96.1%	96.4%	97.0%	97.0%	96.6%	96.61%	96.56%	96.58%	

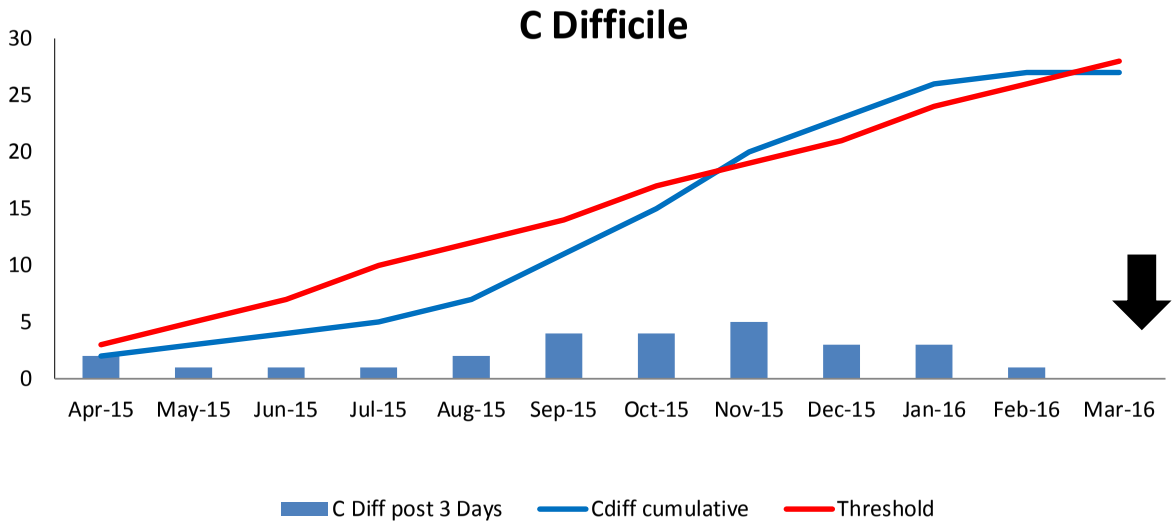
Safe – Infection Control (M64, M65)

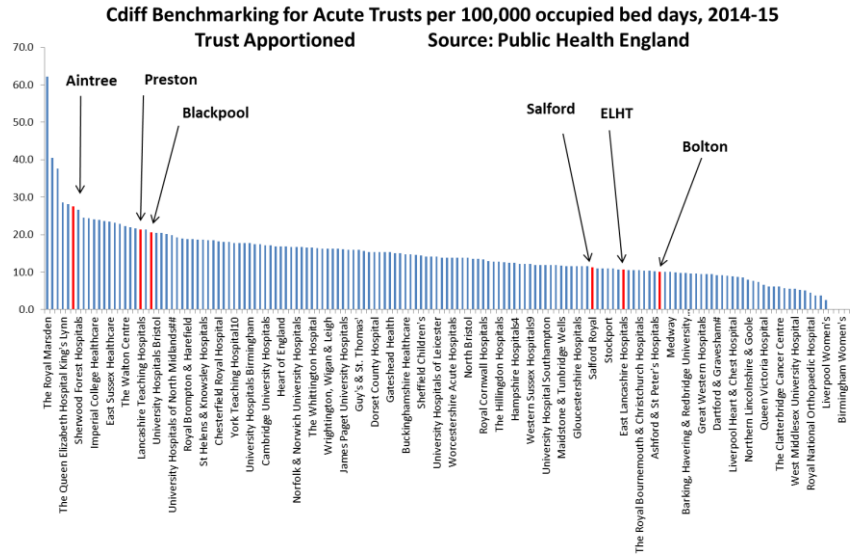
No MRSA infections detected in February post 2 days of admission. One attributed YTD against threshold of zero. The post infection review panel acknowledged there were no lapses in care and therefore no financial penalty applicable.

There was one Clostridium difficile toxin positive isolate identified in the laboratory in February which was post 3 days of admission. The YTD figure is 27 against the cumulative threshold of 26. The trust target for the year is 28.

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







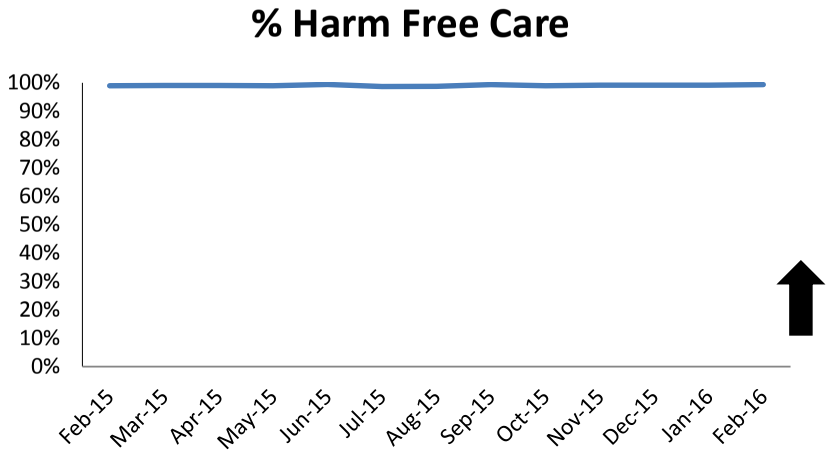
Safe – Harm Free Care

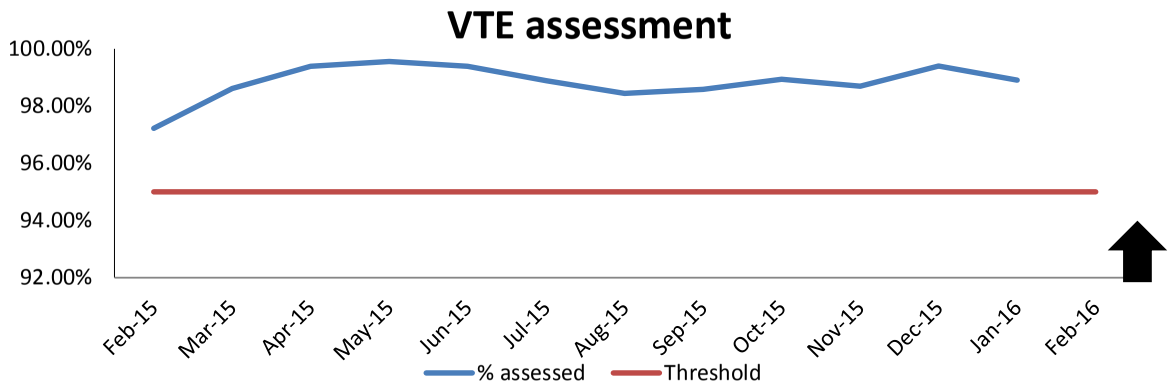
Never events
There were no never events in February.

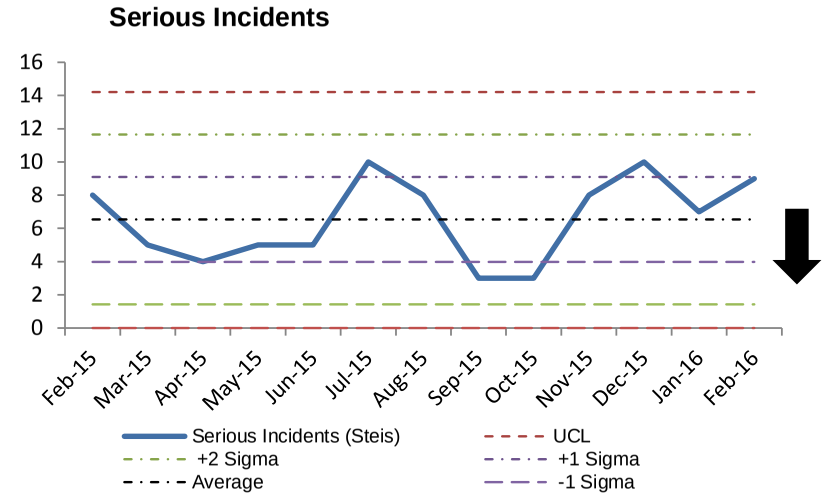
Serious Incidents
The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in the month of February was nine incidents. These incidents were categorised as four slips,trips and falls, one pressure ulcer, one actual/suspected self harm, one medication incident, one commissioning incident and one diagnostic incident.
A detailed report providing assurance on the management of each of the STEIS reported incidents is submitted monthly to the Patient Safety and Risk Assurance Committee.

Harm free Care
The Trust remains consistent with the percentage of patients with harm free care at 99.37% for February 2016 using the National safety thermometer tool.

For February 2016 we are reporting the unverified position as four grade 2 inpatient hospital acquired pressure ulcer.







Safe – Safer Staffing

Nurse staffing remains challenging, caused by similar factors as in previous months. Contributory factors include:

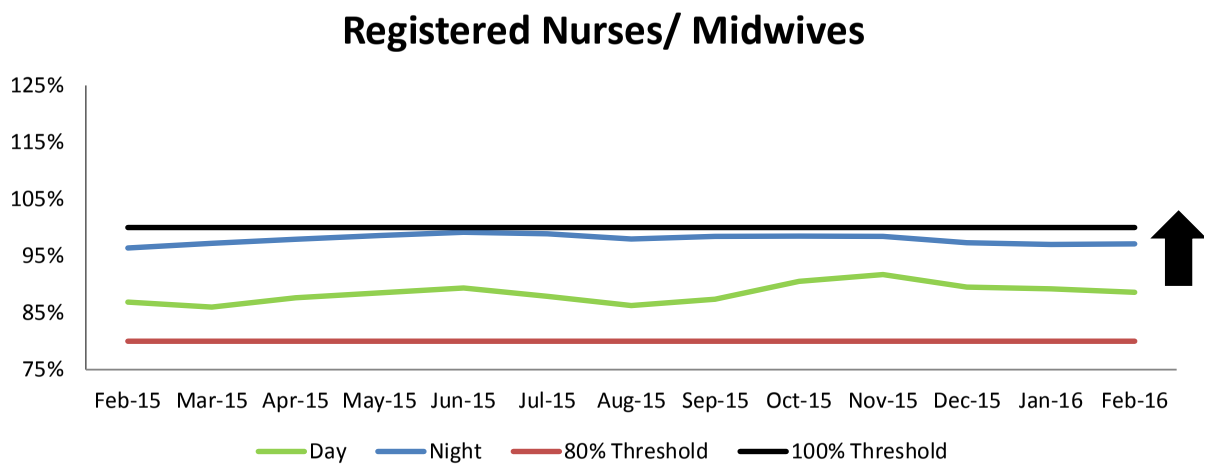
- Vacancies
- Maternity leave
- Sickness and absence levels
- Limited coordinators on daylight shifts
- Ability to match demand for nurse staffing with bank and agency fill rate/availability
- Escalation areas opened
- Agency Caps

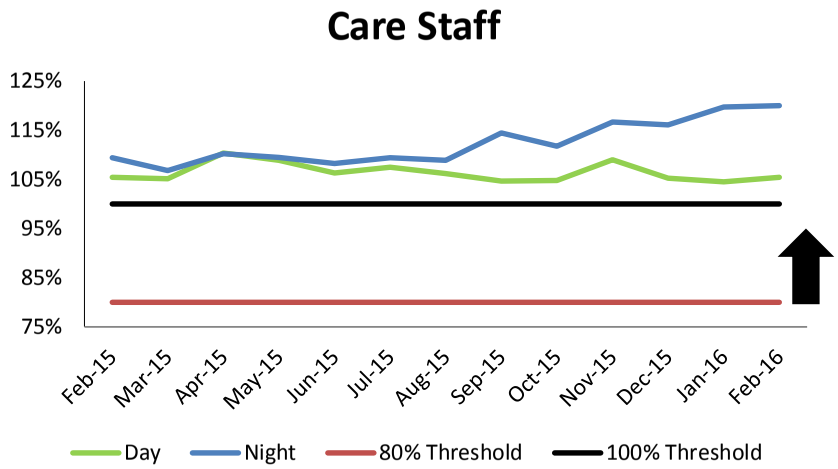
Of the datix incidents submitted regarding staffing, the divisions have reviewed the incidents and have given assurance that none resulted in harm.

Safe care project continues to roll out, 8 wards in SAS now live.

Active recruitment is on going both to substantive vacancies and internal and external bank positions.

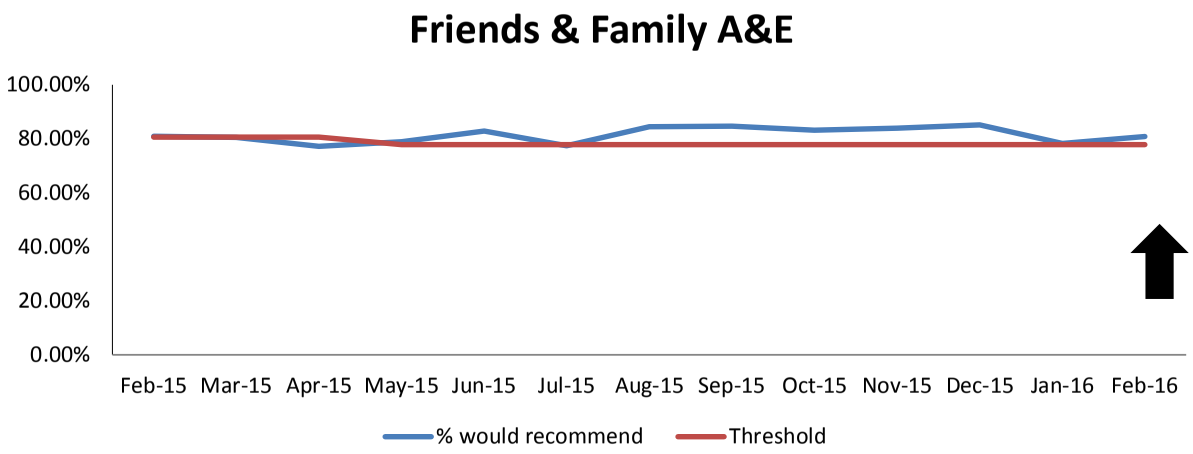
Please see appendix 1 for UNIFY upload and appendix 2 for safe staffing return and nurse sensitive indicator report.

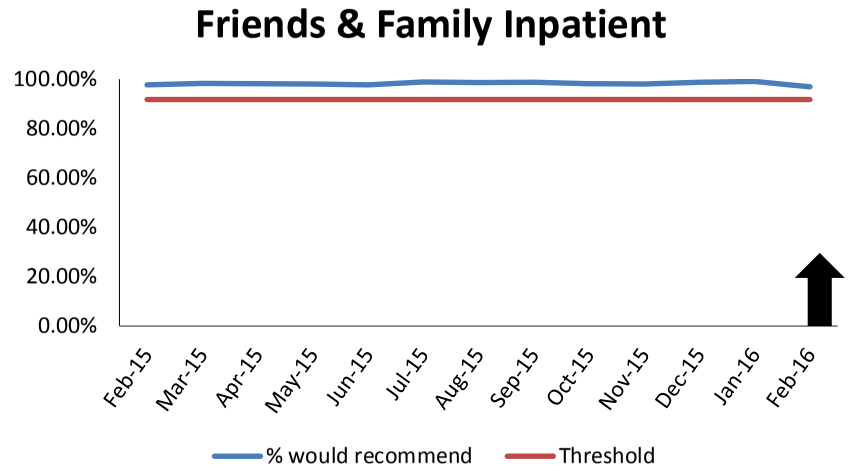


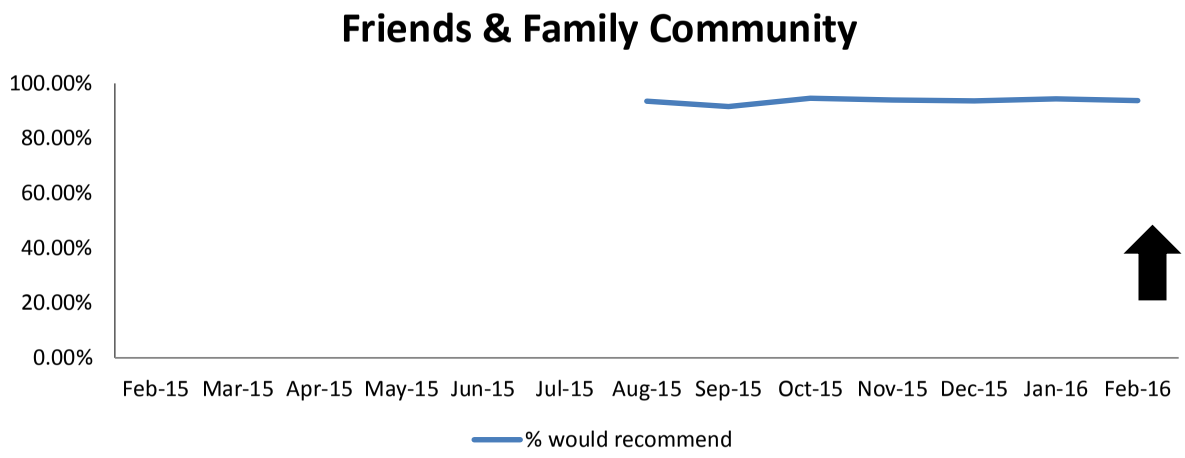


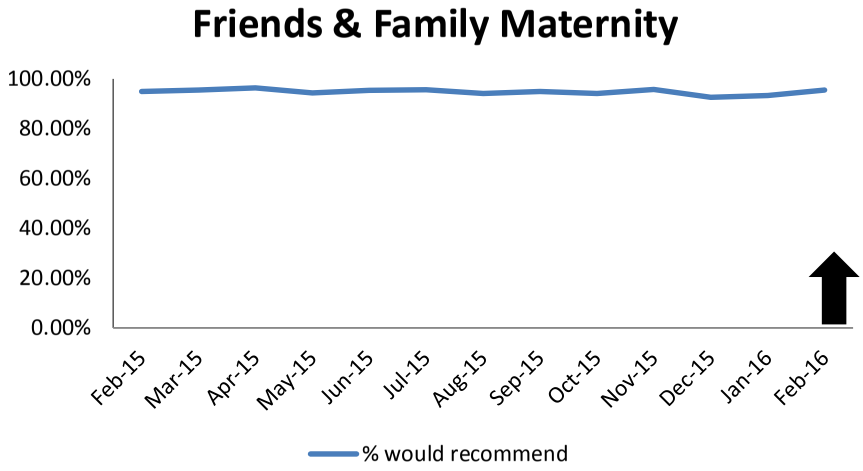
Caring – Friends and Family Test (C38, C42)

This report reflects national measurement methodology, which measures the proportion of patients that would recommend the Trust to friends and family. The latest Trust development authority thresholds have been included where available.
In February the number that would recommend A&E to friends and family increased slightly to 80.8%, whilst the proportion that would recommend inpatient services, reduced to 96.9%. Community services would be recommended by 97.7% and maternity 95.5%









Caring – Complaints and Patient Experience

Complaints

The Trust received 32 new complaints during February which is the same number as last month, however the rate per 1000 contacts shows in increase to 0.31.

Patient Experience Surveys

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

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

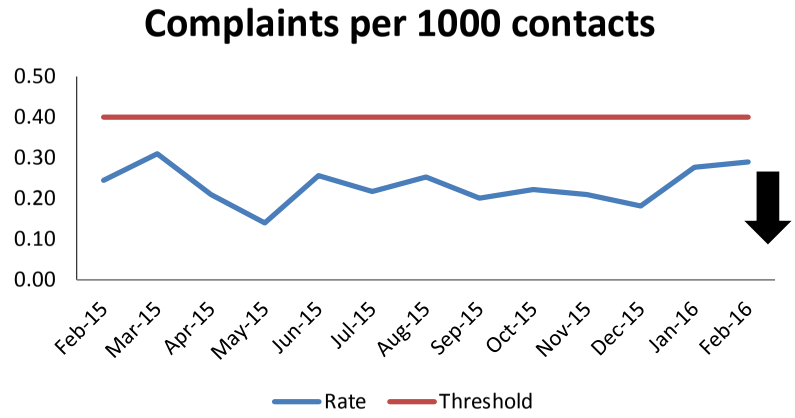
The scores for the Integrated Care Group continue to be high with the Integrated Care Group – Community scoring 99% against the dignity, involvement and quality competencies, although this performance has slightly fallen from 100% against these competencies in January 2016.

Performance by the Integrated Care Group – Acute against the information competency fell slightly from 100% to 99% and quality also decreased to 96% from 99% the previous month.

Surgery's performance against the quality competency increased to 98% from 94% in January and there were slight increases against dignity and information.

Family Care have shown slight decreases against the information and quality competencies in February, However, there was a slight increase against involvement.

The Diagnostic and Clinical Care Directorate's performance against the dignity and information competencies decreased slightly from the previous month but there were increases against the involvement and quality competencies.



February 2016 Totals	Overall		Dignity	Information	Involvement	Quality
	No.	%	%	%	%	%
Trust	2314	97%	98%	97%	98%	97%
Integrated Care Group - Acute	577	98%	99%	99%	99%	96%
Integrated Care Group - Community	353	99%	99%	98%	99%	99%
Surgery	435	97%	97%	97%	98%	98%
Family care	457	95%	99%	93%	99%	94%
Diagnostic and Clinical	477	96%	94%	96%	98%	96%

Effective - Mortality

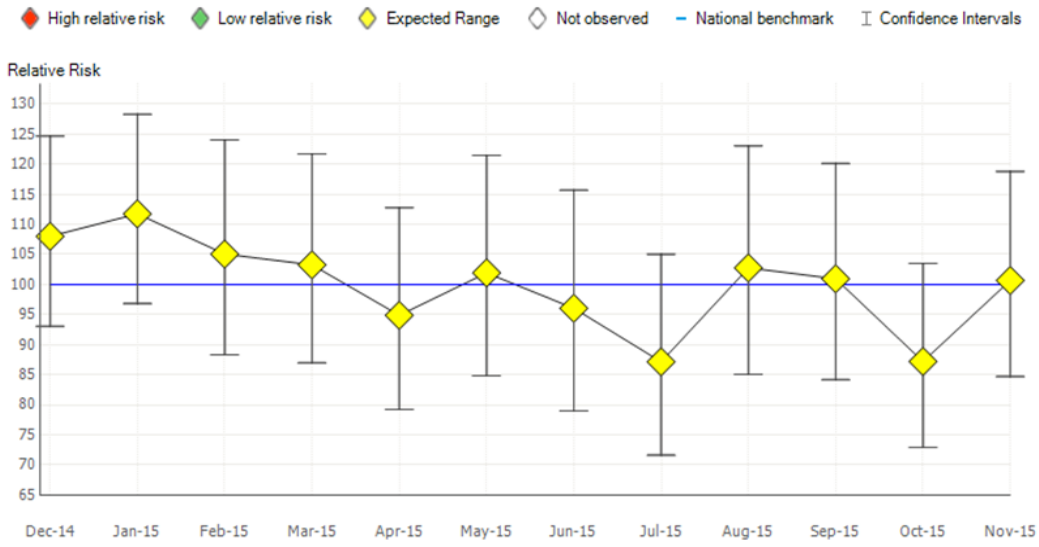
The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission has improved and is within expected levels, as published in January 2016 at 1.07

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

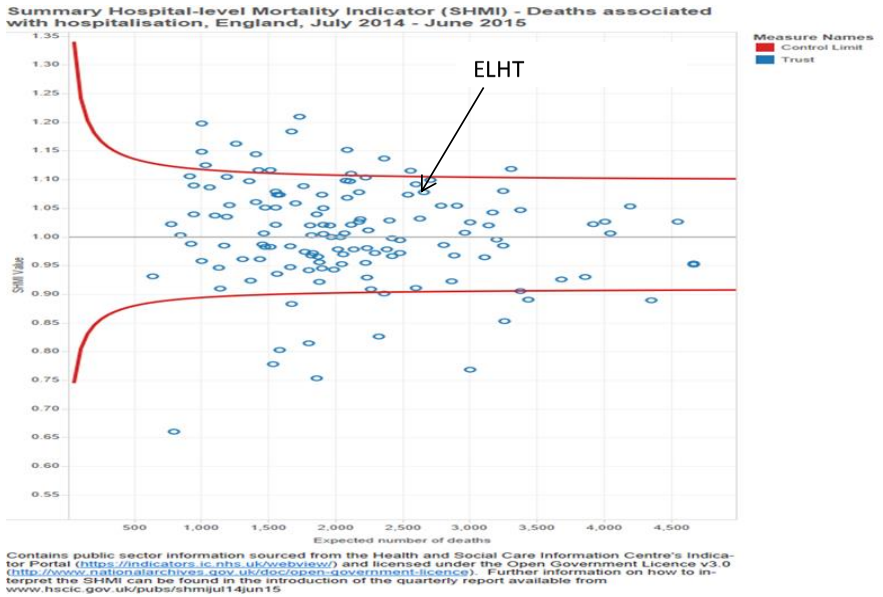
DFI Indicative HSMR - rolling 12 month - Green rating
The latest indicative 12 month rolling HSMR (Dec 14 – Nov 15) is reported as expected at 100.42 against the monthly rebased risk model.

	TDA Reported HSMR July 14 – June 15	DFI Rebased on latest month Dec 14 – Nov 15 (Risk model Aug 15)
TOTAL	103.03	100.42 (CI 95.64 – 105.37)
Weekday		99.73 (CI 94.26 – 105.44)
Weekend	103.94	102.41 (CI 92.86 – 112.67)
Deaths in Low Risk Diagnosis Groups		88.94 (CI 57.54 – 131.30)

Dr. Foster Indicative HSMR monthly Trend



SHMI Published Funnel Plot

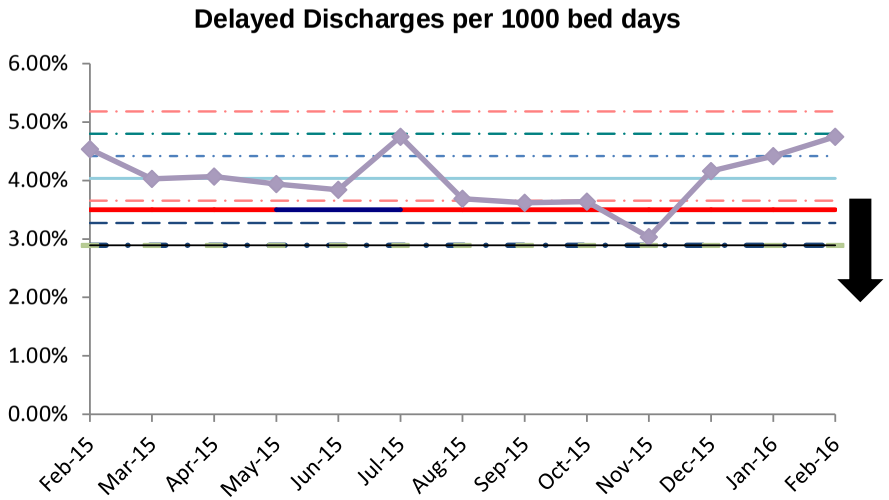


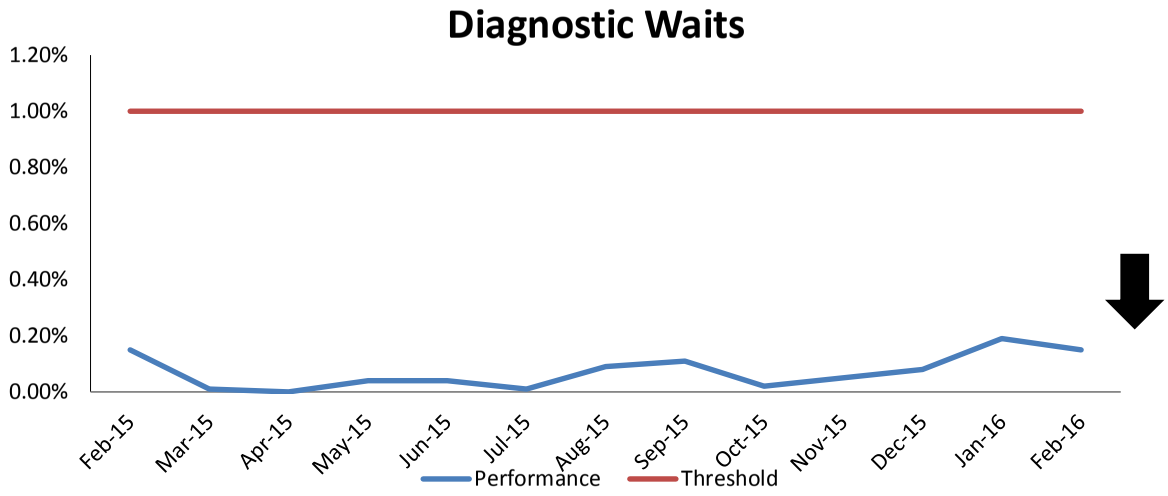
Effective/Responsive - Readmissions, Diagnostic Waits, Delayed Discharges

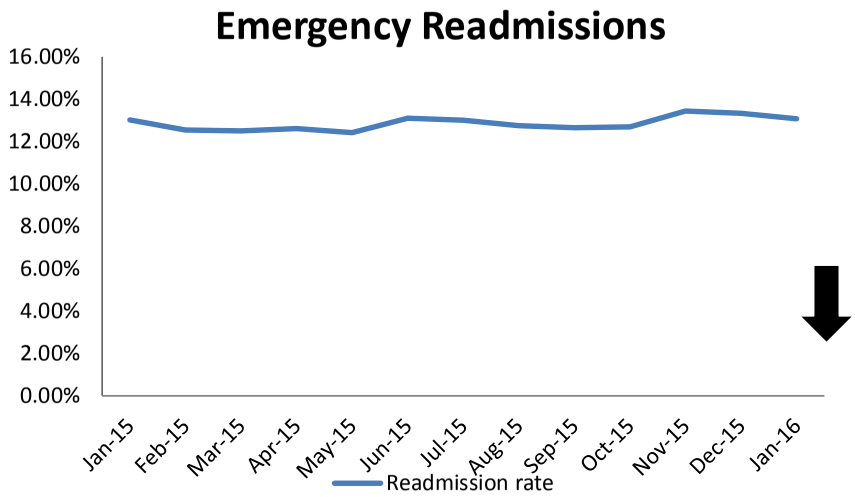
Delayed Discharges. The number of delays reported against the delayed transfers of care standard has deteriorated in February and is breaching the threshold at 4.75%.

Emergency Readmissions (Reported 1 month behind). The emergency readmission rate has decreased to 12.2% in January 2016 compared with 13.02% in January 2015.

Diagnostic Waits. This measures the proportion of patients exceeding the 6 week target for a diagnostic procedure. In February, 0.15% waited longer than 6 weeks.







Effective - CQUIN

Current rating:

Commissioning for Quality and Innovation (CQUIN) - Risks identified for Q4 include Acute Kidney Injury, Sepsis antibiotic administration and A&E diagnosis rates.

CQUIN Scheme		Reporting Freq	Baseline	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1	Q2	Q3	Q4
national	ACUTE KIDNEY INJURY	Mthly	n/a	>90% by Q4	20.0%	24.0%	23.0%	43%	33%	25%	31%	35%	39%				22.3%	35.0%	35.0%	
national	SEPSIS - Screening	Mthly	n/a	>90% by Q4	28.6%	41.2%	25.0%	86.0%	100.0%	100.0%	100.0%	100.0%	100.0%				31.6%	95.0%	100.0%	
national	- Antibiotic Administration	Mthly	n/a	>90% by Q4	n/a	n/a	n/a	100%	67%	n/a	75%	100%	67.70%					75%	75%	
national	DEMENTIA AND DELIRIUM - FAIRI Standards - indicator 1 - dementia case finding	Mthly		90.0%	96.80%	93.45%	94.39%	96.88%	94.64%	93.3%	96.8%	92.44%	92.6%				94.8%	95.0%	93.9%	
national	DEMENTIA AND DELIRIUM - FAIRI Standards - indicator 2 - diagnostic assessment & investigate	Mthly		90.0%	97.30%	98.35%	95.62%	95.65%	97.92%	98.2%	98.5%	97.78%	97.3%				97.0%	97.2%	97.8%	
national	DEMENTIA AND DELIRIUM - FAIRI Standards - indicator 3 - referral for specialist diagnosis	Mthly		90.0%	100.00%	100.00%	100.00%	96.55%	100.00%	100.0%	100.0%	100.00%	97.1%				100.0%	98.9%	98.9%	
national	REDUCING THE PROPORTION OF AVOIDABLE EMERGENCY ADMISSIONS TO HOSPITAL - ambulatory care sensitive emergency admissions as % total emergency admissions	Mthly	28.86%	n/a	28.13%	27.97%	27.21%	26.78%	24.66%	25.30%	27.38%	29.48%	n/a				27.77%	25.52%		
local	- Number of 0 LOS avoidable admissions (ACS) patients discharged directly from AMBC/MAU/STU	Mthly	2005	n/a	157	191	178	162	156	146	131	119	n/a				526	464	250	
local	- % of all avoidable admissions (ACS) age >19 discharged directly from AMBC/MAU/AMU//STU	Mthly	18.27%	n/a	18.47%	21.27%	19.96%	17.92%	18.68%	18.14%	15.16%	14.51%	n/a				19.92%	18.24%	14.85%	
local	- Number of 0 LOS avoidable admissions (ACS) patients discharged directly from COAU/CMIU <19	Mthly	2952	n/a	240	209	200	211	123	161	249	321	n/a				649	495	570	
local	- % of all avoidable admissions (ACS) age <19 discharged directly from COAU/CMIU	Mthly	54.40%	n/a	54.18%	47.50%	53.05%	56.87%	48.24%	46.67%	56.21%	54.78%	n/a				51.51%	50.98%	55.39%	
national	IMPROVING DIAGNOSES AND REATTENDANCE RATES OF PATIENTS WITH MENTAL HEALTH NEEDS AT A & E	Mthly	68%	85%	84.2%	84.5%	85.1%	85.2%	83.7%	85.3%	86.4%	83.4%	82.3%				84.6%	84.7%	84.1%	
local	DISCHARGE LETTERS - timeliness (within 48 hours)	Mthly		n/a		94%			94%			97%					94%	94%	97%	
local	DISCHARGE LETTERS - compliance	Mthly		n/a		92%			91%			88%					92%	91%	88%	
local	STILLBIRTH - Induction rate	Mthly		n/a	28.7%	26.7%	26.9%	27.8%	26.9%	30.9%	25.9%	29.2%	29.3%				27.0%	28.5%	28.1%	
local	- No. Stillbirths	Mthly		n/a	2	1	5	2	9	5	3	3	3				8	16	9	
local	- Stillbirth rate (Quarterly) - Proportion of all births	Mthly		n/a		0.5%			0.9%			0.5%					0.5%	0.9%	0.5%	
local	- Early Neonatal Deaths >7days	Mthly		n/a	2	2	0	0	1	0	2	0	0				4	1	2	
local	- Babies Requiring Cooling	Mthly		n/a	3	0	4	0	0	0	0	0	0				7	0	0	
local	-Smoking Status at Booking	Mthly		n/a	21.0%	18.9%	17.0%	20.5%	19.5%	19.3%	17.0%	19.8%	18.2%				18.9%	19.7%	18.3%	
local	-Number of staff who have undertaken PROMPT (CTG training) - rolling 12 months	Qtrly		n/a	285	291	271	271	271	287	265	283	265				178	829	813	
local	-Percentage of staff who have undertaken PROMPT (CTG training) - Rolling 12 months	Qtrly		n/a	85.6%	87.1%	81.1%	81.6%	81.1%	86.7%	78.9%	83.7%	79.1%				81.1%	86.7%	79.1%	

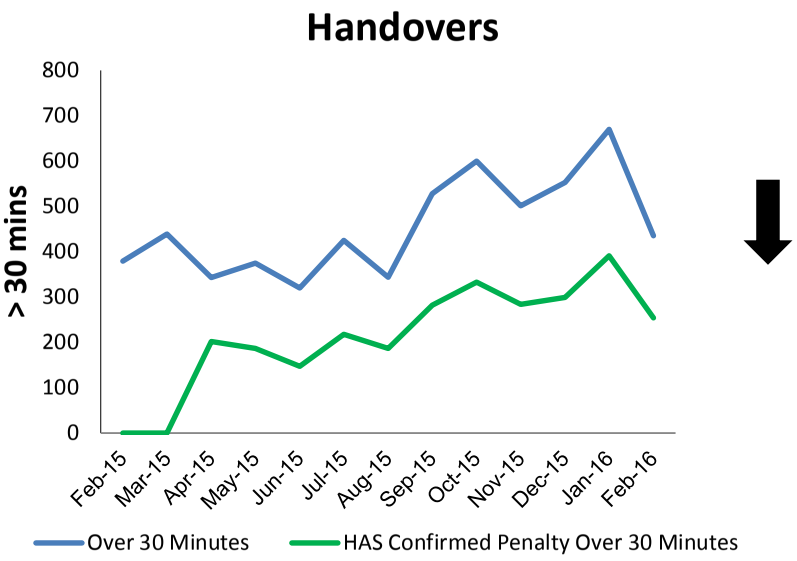
CQUIN Scheme		Reporting Freq	Baseline	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1	Q2	Q3	Q4
local	-Training in the use of customised growth charts	Qtrly	24.3%	n/a	34.5%	35.6%	53.3%	54.5%	64.4%	68.6%	73.5%	83.7%	88.1%				53.3%	68.6%	88.1%	
local	CANCER PATHWAYS - 31 day decision to treat - Upper GI	Qtrly		n/a		22.7%			13.0%			n/a					22.7%	13.0%		
local	CANCER PATHWAYS - 31 day decision to treat - Colorectal	Qtrly		n/a		20.0%			28.0%			n/a					20.0%	28.0%		
local	CANCER PATHWAYS - 31 day decision to treat - Haematology	Qtrly		n/a		24.4%			7.1%			n/a					24.4%	7.1%		
local	CANCER PATHWAYS - 31 day decision to treat - Gynaecology	Qtrly		n/a		31.0%			40.0%			n/a					31.0%	40.0%		
Spec Comms	CANCER – ELIGIBLE PATIENTS RECEIVING A NICE DG10 COMPLIANT TEST (ONCOTYPE DX) - Number of tested Patients	Monthly		n/a	2	0	2	3	2	0	0	3	4				4	5	7	
Spec Comms	'-Untested patients having chemotherapy	Monthly		n/a	0	1	1	2	0	0	0	0	0				2	2	0	
Spec Comms	'-Untested patients not having chemotherapy	Monthly		n/a	1	1	1	0	1	0	0	3	2				3	1	5	
Spec Comms	DATA COMPLETENESS FOR NEONATAL CRITICAL CARE no. questions achieving >=90% data completeness	Qtrly		4	3	4	4	4	4	4	4	4	4				4	4	4	
Spec Comms	- Babies <29 weeks gestation: temperature taken within first hour after birth (episode=1)	Qtrly		>=90%	75.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.00%	100.00%	100.00%				90.0%	100%	100%	
Spec Comms	Retinopathy screening (all babies <1501g or 32 weeks at birth)	Qtrly		>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	100%	100%	
Spec Comms	Mother's milk at discharge - babies <33 weeks at birth	Qtrly		>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	100%	100%	
Spec Comms	Parental Consultation by senior member within 24 hrs of admission	Qtrly		>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.0%	100.00%	100.00%				95.9%	98.5%	100%	
Spec Comms	TWO YEAR OUTCOMES FOR INFANTS <30 WEEKS GESTATION	Qtrly		40.0%	66.7%	50.0%	50.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%				57.0%	67.0%	100.0%	
Spec Comms	HIV – REDUCING UNNECESSARY CD4 MONITORING	Annual	n/a	>=90%	In development - Annual Data Submission															

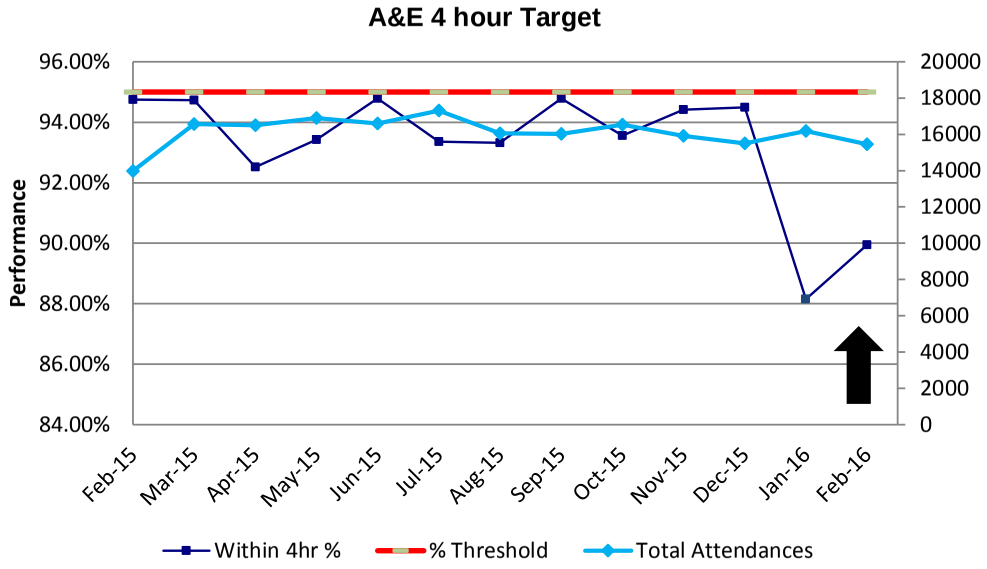
Responsive – A&E

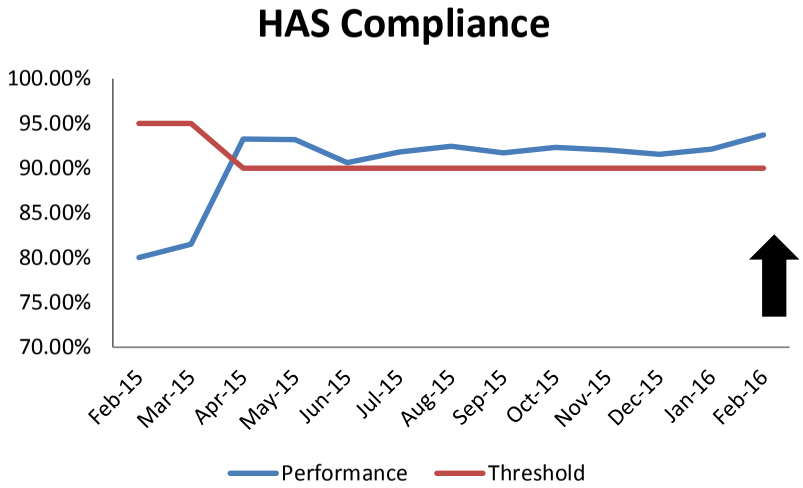
Overall performance against the Accident and Emergency four hour standard has significantly reduced to 89.95% in February, below the 95% threshold.

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

The ambulance handover data for February was not available at the time of this report and so data is as at January.
The ambulance handover compliance indicator is reported at 92.14% in January, which is above the revised 90% threshold.
The number of handovers over 30 minutes has increased to 670 for January compared to 553 for December.
The validated NWAS penalty figures for January are 180 missing timestamps, 316 handover breaches (30-60 mins) and 75 handover breaches (>60 mins).







Responsive – Referral to Treatment (18 week target)

The Trust continues to achieve the ongoing standard at 95.15% in February, which is an improvement on January. The graphs below show the numbers of patients still waiting for treatment at the end of February, by weeks waited over 10 weeks.

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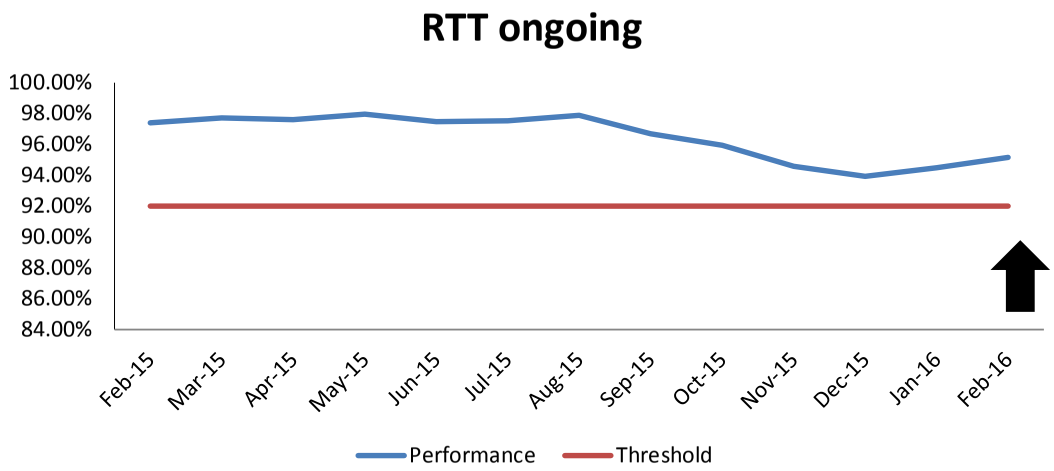
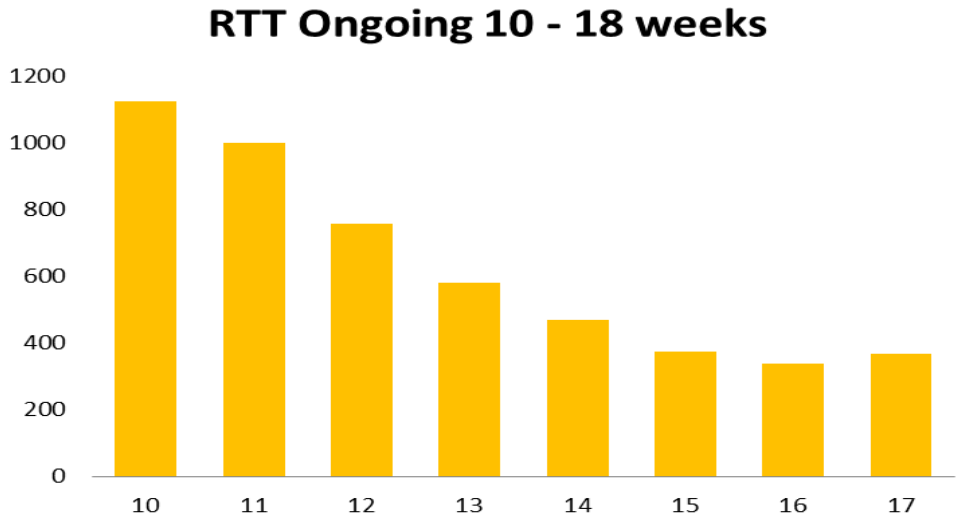
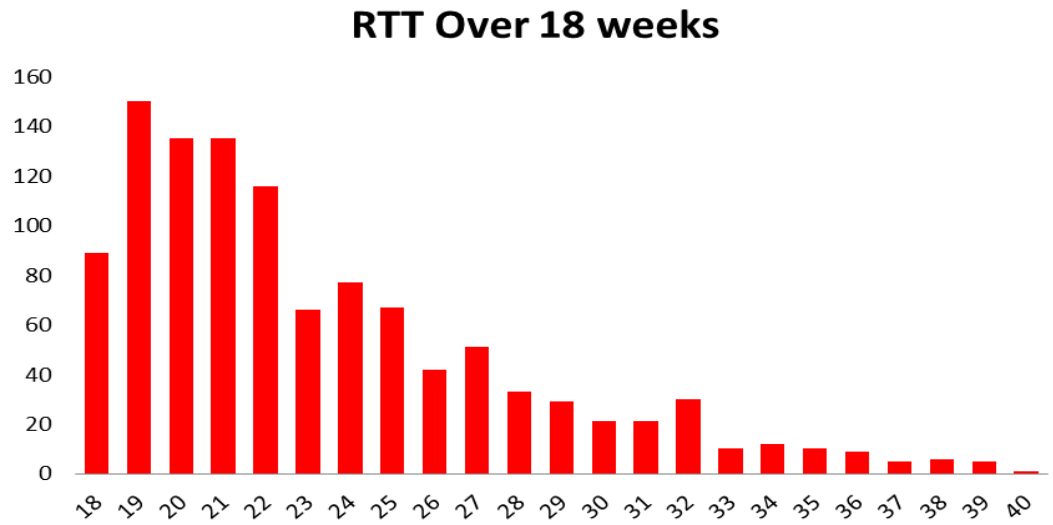


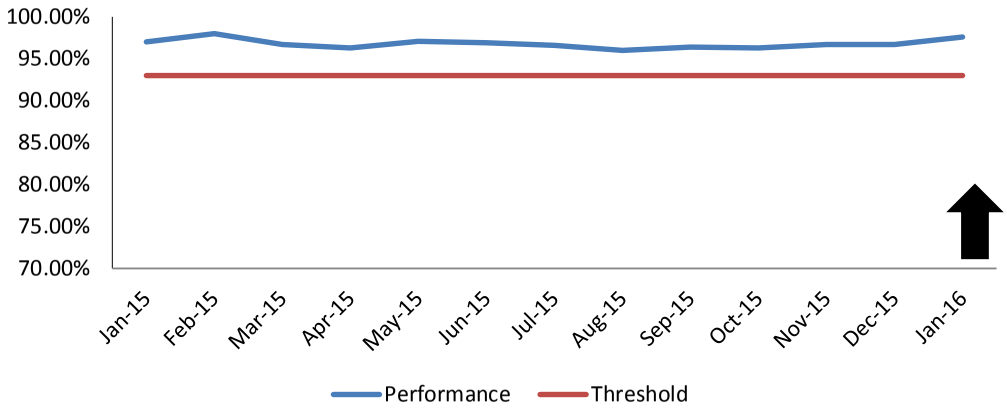




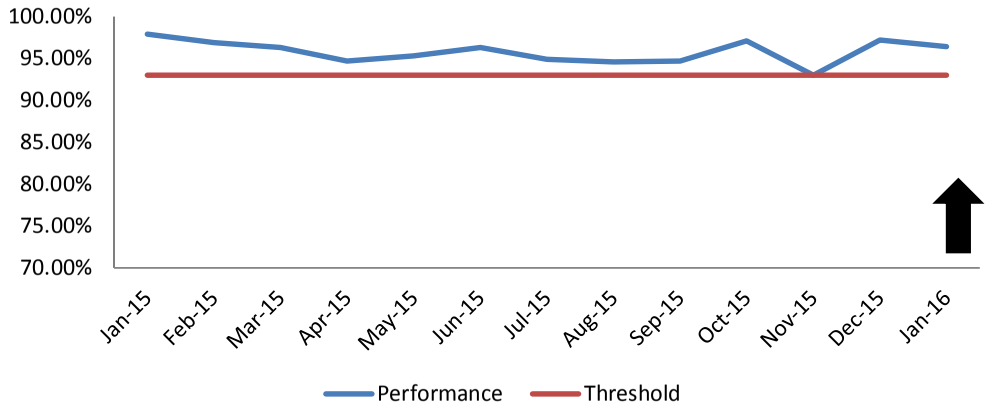
Responsive – Cancer Waits

All cancer targets have been met in January. At tumour site level, lung cancer did not meet the 62 day target in January. Colorectal and upper GI performance has improved in January and met the 62 day standard. There was one patient in January treated after day 104.

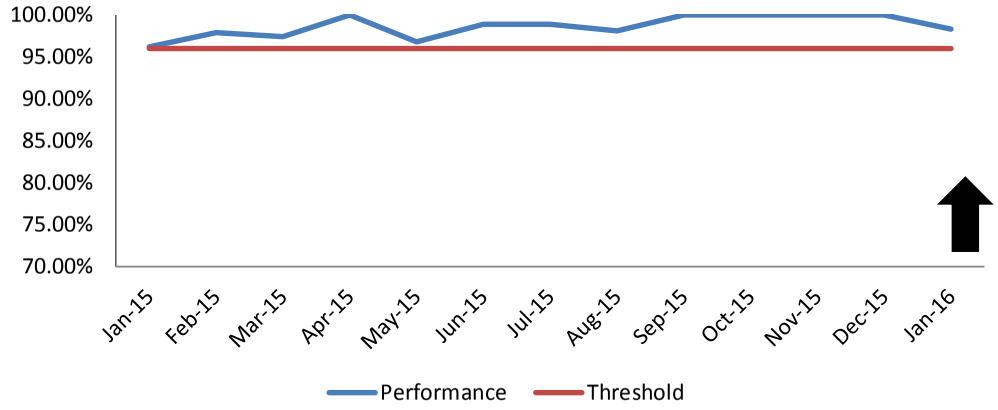
Cancer 2 Week



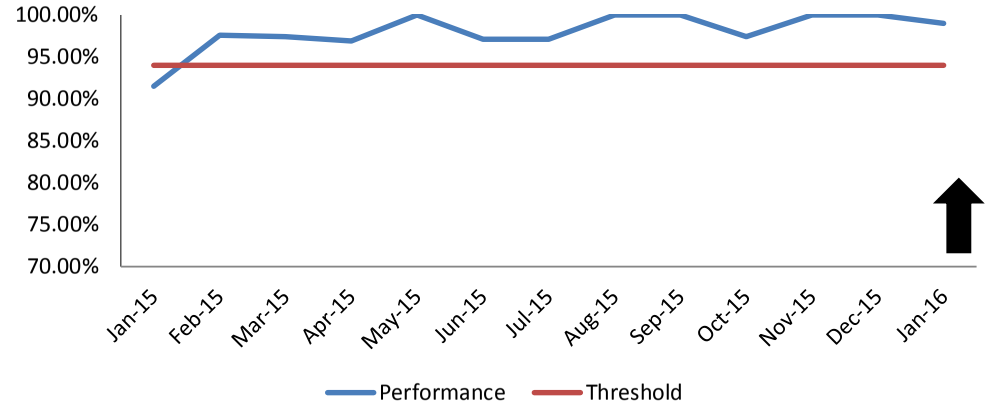
Cancer 2 Week Breast



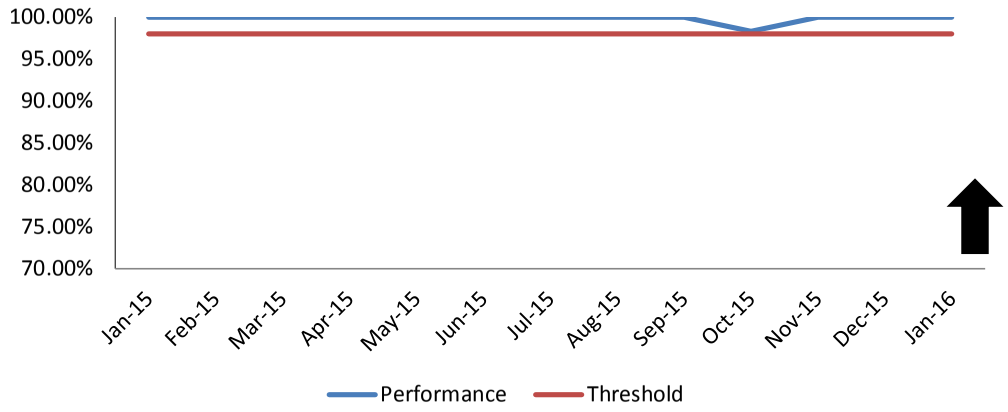
Cancer 31 Day



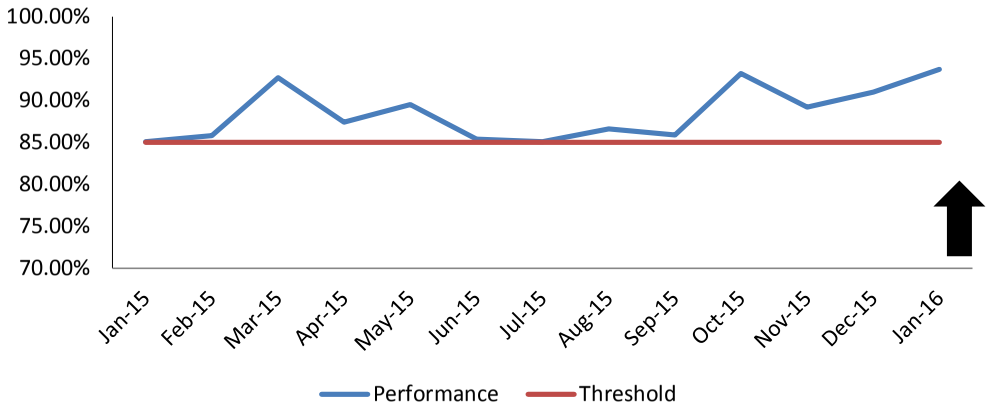
Cancer 31 Day Surgery



Cancer 31 Day Drug



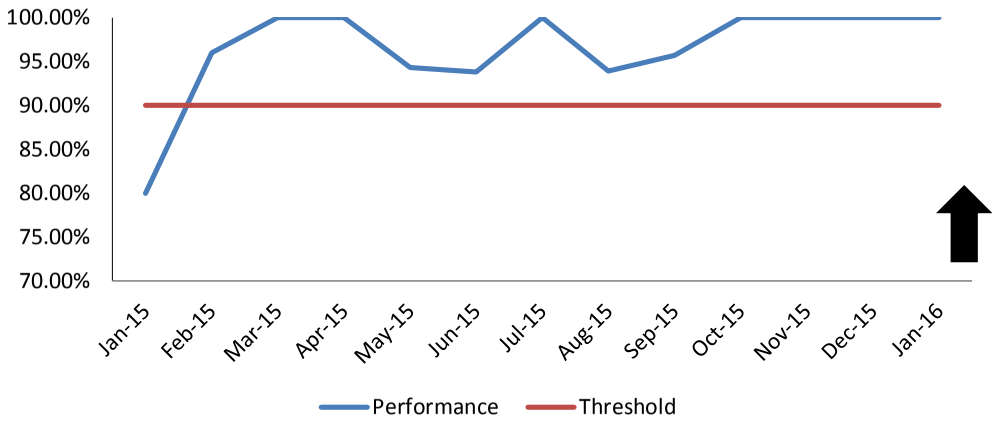
Cancer 62 Day

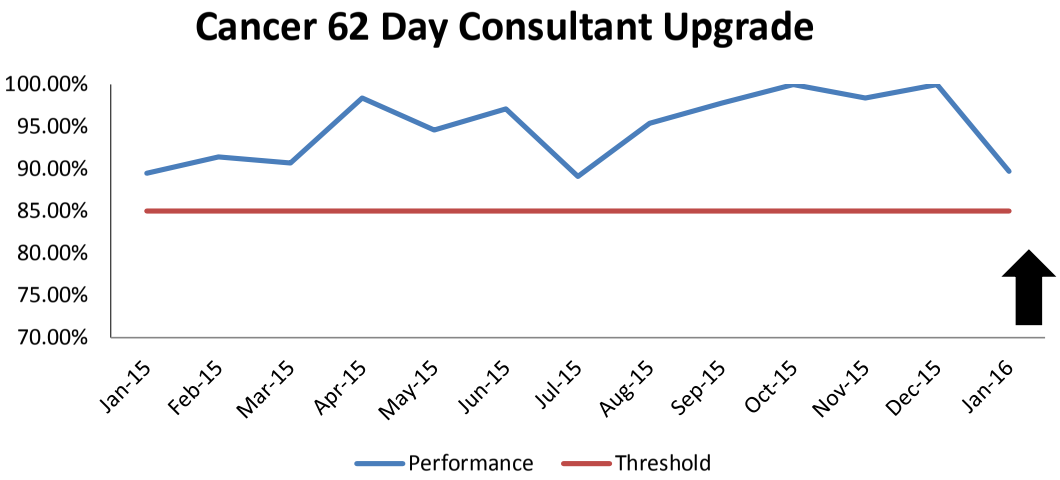


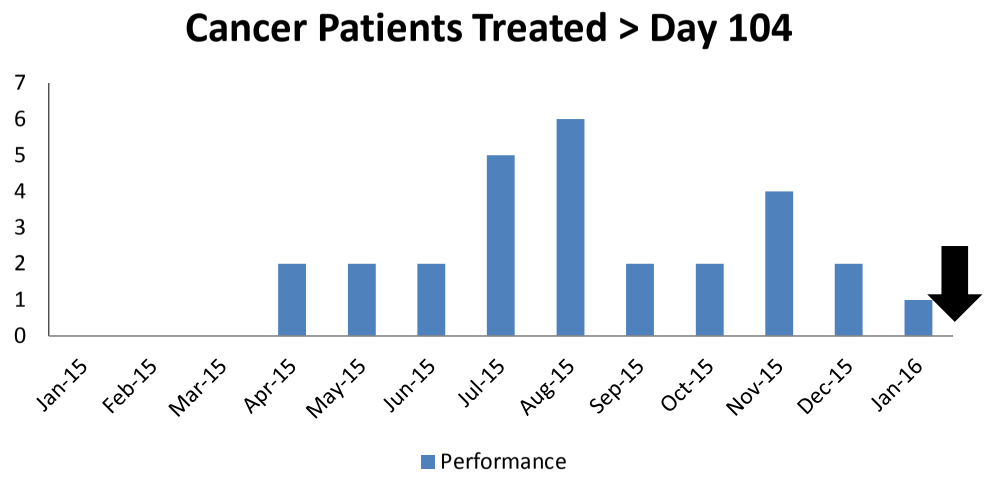
Cancer 62 Day by Tumour Site

Tumour Site	Q1	Q2	Q3	Jan-16
Brain	100.0%			
Breast	98.7%	97.8%	100.0%	100.0%
Colorectal	76.4%	78.7%	57.8%	94.4%
Gynaecology	88.1%	100.0%	100.0%	100.0%
Haematology	85.7%	48.1%	91.7%	100.0%
Head & Neck	82.2%	78.6%	96.2%	100.0%
Lung	90.3%	76.9%	90.0%	83.3%
Skin	95.9%	100.0%	97.9%	100.0%
Upper GI	69.0%	81.6%	80.0%	89.5%
Urology	86.7%	84.3%	95.4%	89.5%

Cancer 62 Day Screening




Cancer 62 Day Consultant Upgrade
100.00%
95.00%
90.00%
85.00%
80.00%
75.00%
70.00%
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Performance
Threshold

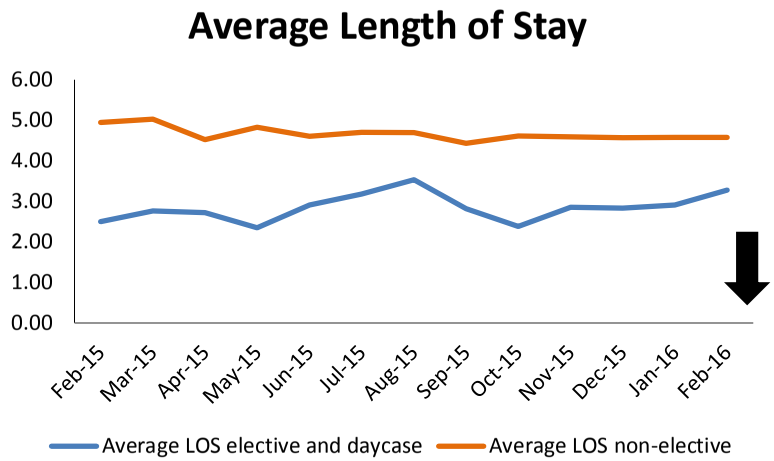

Cancer Patients Treated > Day 104
7
6
5
4
3
2
1
0
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Performance

Responsive – Average Length of Stay

Trust non elective average length of stay has remained static against last month at 4.58 for February.

The elective length of stay has increased in February at 3.28.

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

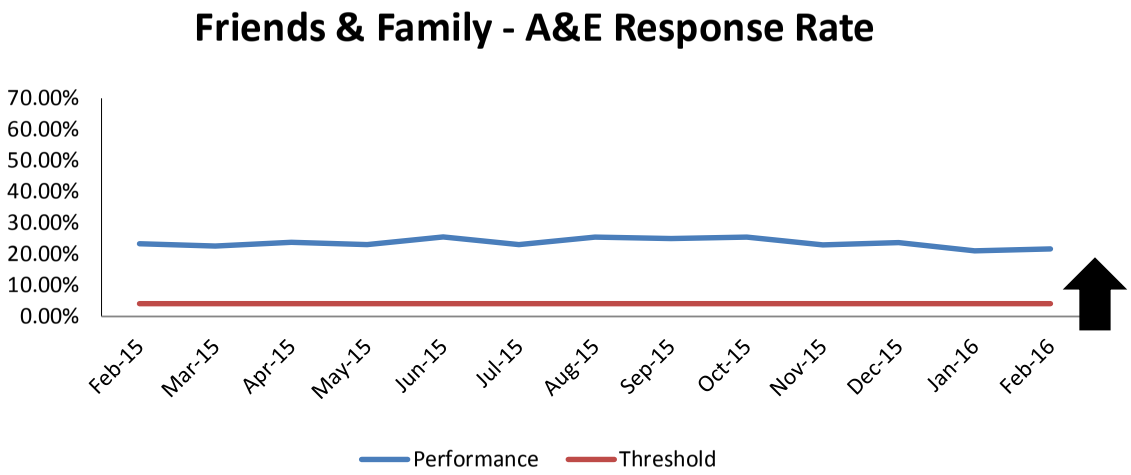


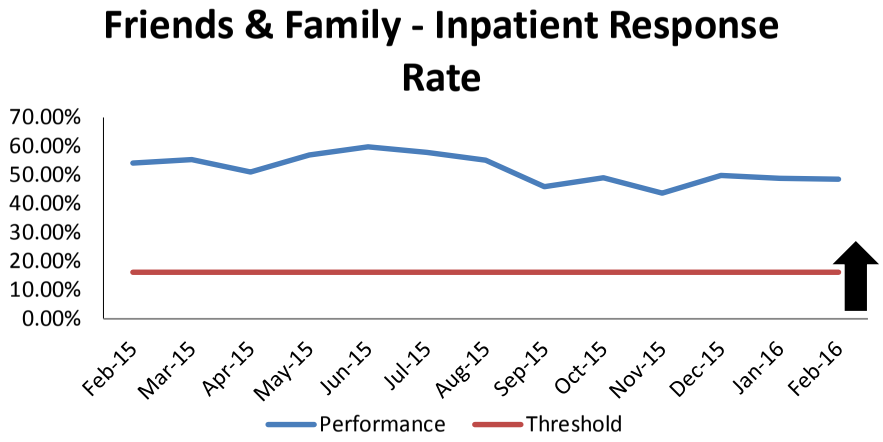
Average Length of Stay vs expected, Dec 14 - Nov 15, Dr Foster Information

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Emergency	56,415	56,415	0	4.82	4.76	-0.06
Elective	57,963	10,177	47,786	3.3	2.93	-0.37
Maternity/Birth	14,347	14,347	0	2.08	2.59	0.51
Transfer	217	217	0	11.36	29.67	18.31

Well Led – Response Rates from Friends & Family Test

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





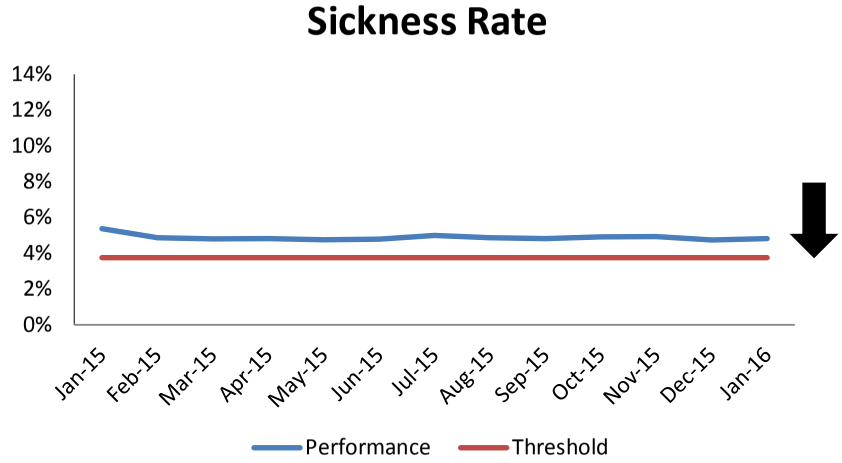
Well Led – Workforce - Sickness

Sickness rate - Amber rating

The sickness absence rate increased slightly from 4.74% in Dec 2015 to 4.81% in Jan 2016. This is lower than in the previous year (5.37%). The year to date average for 2014/15 is 4.86%.

Between July 2015 and September 2015 the average sickness absence rate for the NHS in England was 3.97%. ELHT performance (4.92%) in Q1 was worse than the national (3.97%) and North West average of 4.61%.

The following actions are being taken to reduce sickness absence:
Developing a corporate managing attendance action plan linking in to the Trust's Health and Wellbeing strategy which will then inform the further development of Divisional action plans
Reviewing sickness absence policy
Re-tender for employee assistance programme on-going - the current provider has been extended to April 2016.
Mental Wellbeing business case will be discussed at April Operational Delivery Board.
Current review of Mental Health pathway.
Mental Health First Aid training successful pilotcompleted. This will be rolled out across the organisation if the mental wellbeing business case is approved.
Reviewing the training for managers in relation to managing attendance
Reviewing the Divisional IPR
Continuing provision of Fast physio and Worksmart services - Occupational Therapist Wellbeing Practitioner in place who supports recommendations relating to returns to work
Letters of recognition for staff with no sickness have been sent out
Referral of all staff highlighting stress/anxiety and musculoskeletal problems to Occupational Health Services from day one of sickness absence
Continuing promotion of health & wellbeing initiatives – annual football tournament (mixed teams) in August, planned department sports events
2016 Flu Campaign – 83.5% uptake (ahead of our position this time last year)

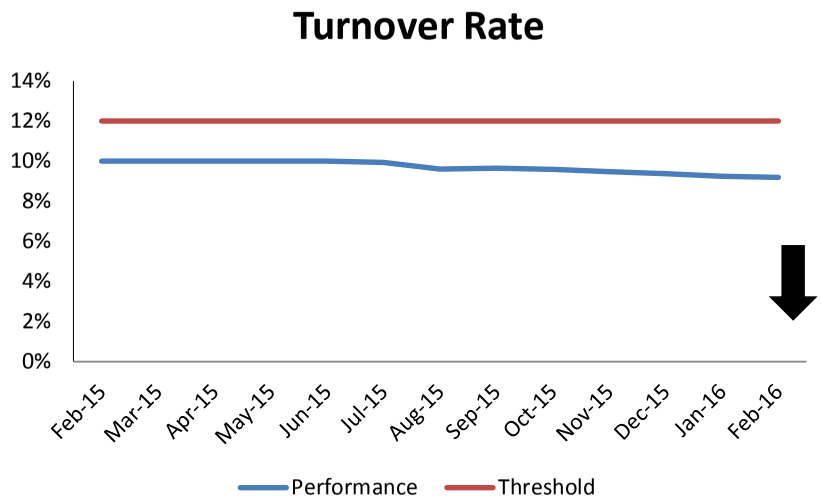


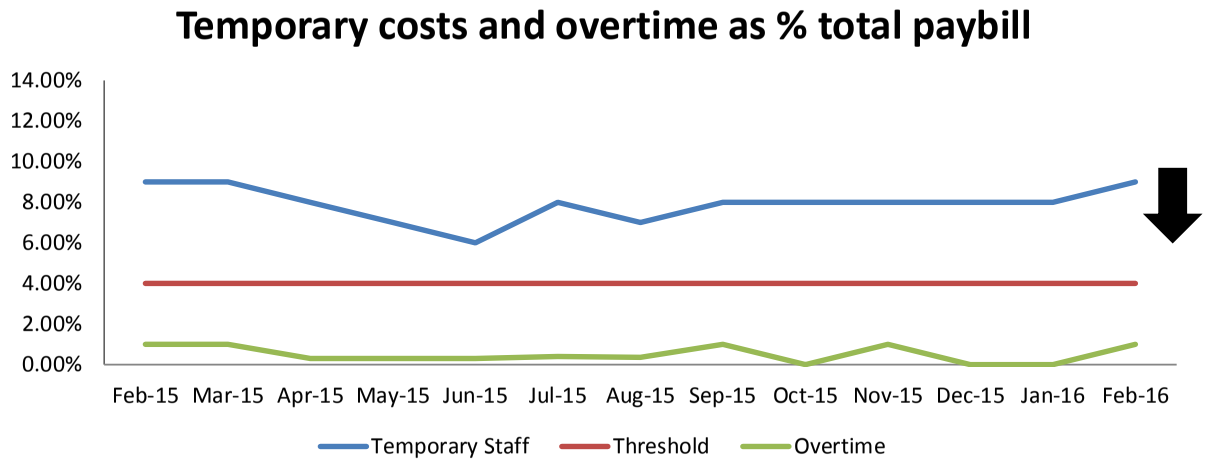
Well Led – Workforce – Staff in Post, Recruitment

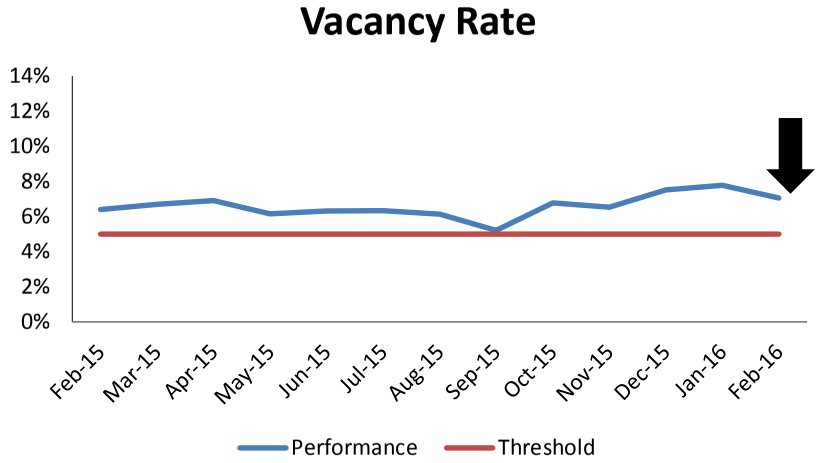
Current rating:

Turnover rate, Vacancy rate and temporary costs - Amber rating

Overall the Trust is now employing 6898 FTE staff in total. This is a net Increase of 1 FTE from the previous month. The number of nurses in post at February 2015 stood at 2264 FTE which is a net decrease of 4 FTE since last month and a net increase of 210 FTE since 1st April 2013. There are a further 209 nurses in the recruitment pipeline. The vacancy rate for nurses now stands at 9.3% (233 FTE)







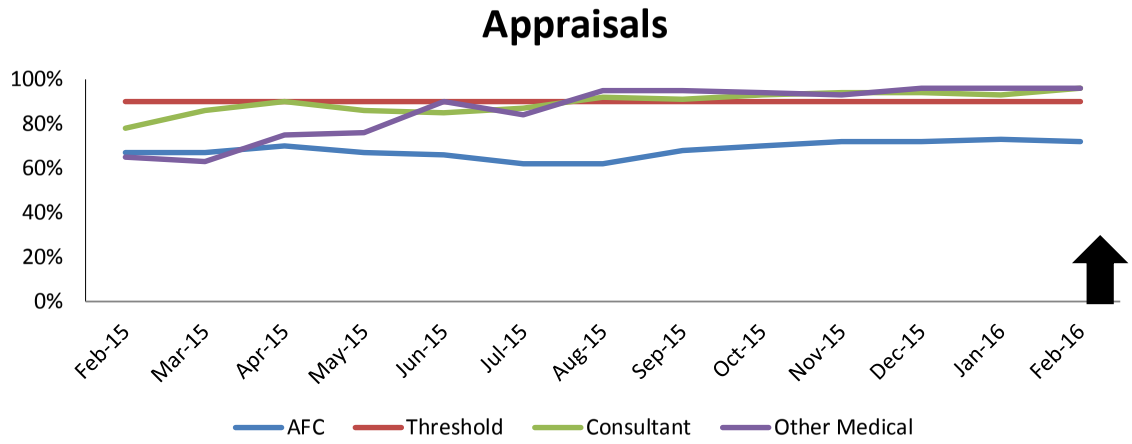
Well Led – Workforce – Training and appraisals

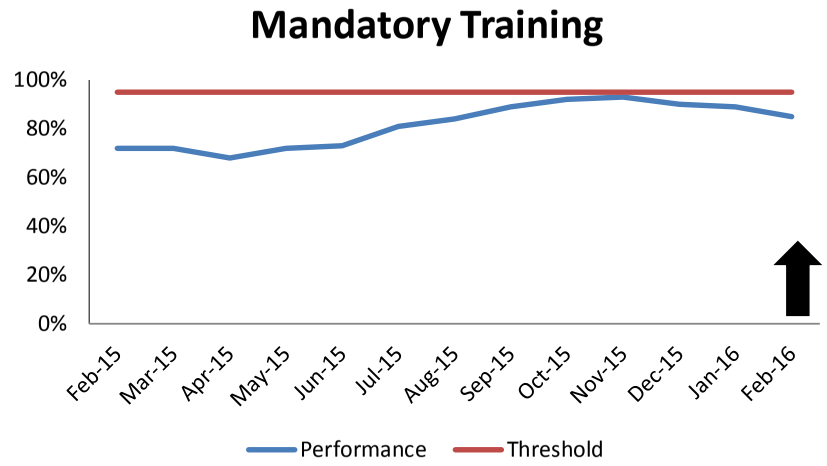
Current rating:

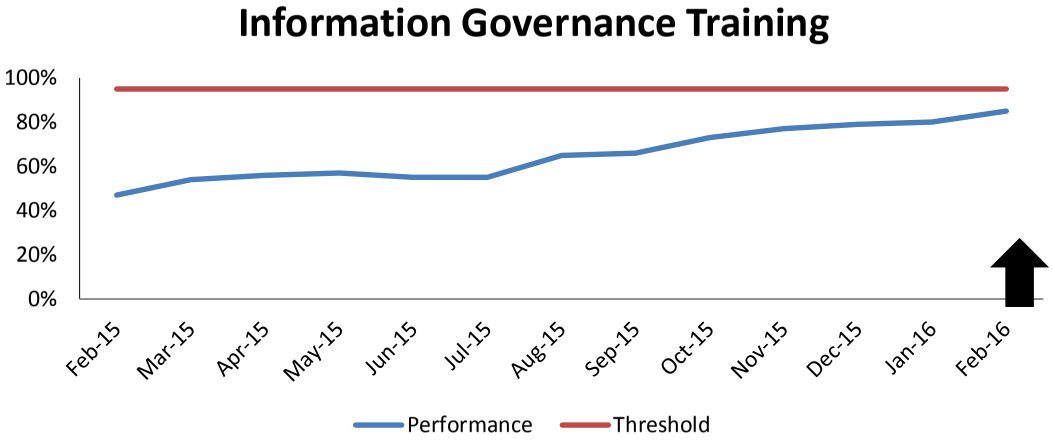
Appraisal/ Job Plans

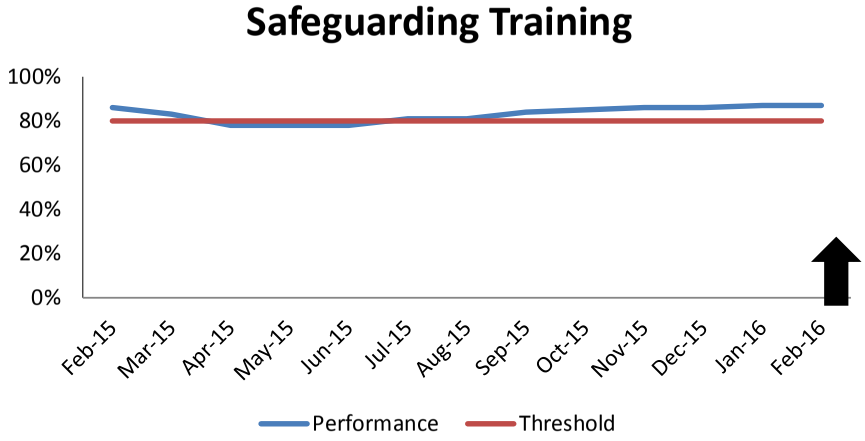
The number of job plans which have been completed to date as at February 2016 is 78% which has remained the same as January 2016.

The current compliance rate for the information governance toolkit training is 85% for February 2016.







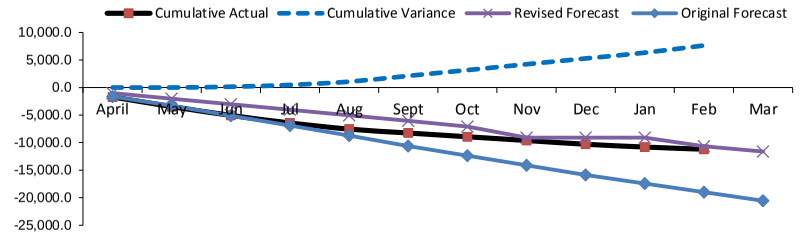


Well Led - Finance

East Lancashire Hospitals NHS Trust: Financial Overview as at 29th February 2016

Break-even duty

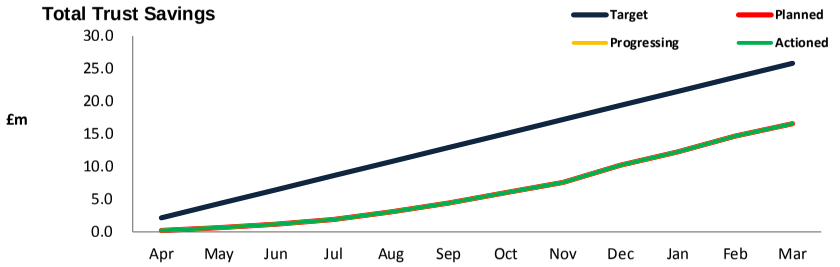
	Plan £m	Actual £m	Variance £m
Cumulative	(18.8)	(11.2)	**7.6**
In Month	(1.7)	(0.4)	1.3



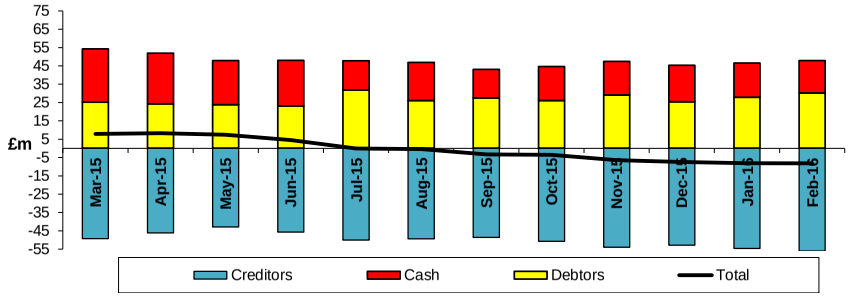
Statement of Comprehensive Income

	Annual Budget £000	In Month Budget £000	In Month Actual £000	In Month Variance £000	Cumulative Budget £000	Cumulative Actual £000	Cumulative Variance £000
Gross employee benefits	(292.9)	(25.6)	(25.7)	(0.1)	(268.3)	(271.9)	(3.6)
Other operating costs	(164.2)	(13.3)	(12.0)	1.4	(149.9)	(140.3)	9.6
Revenue from patient care activities	423.9	36.1	36.0	(0.1)	389.1	388.7	(0.4)
Other operating revenue	25.9	2.2	2.2	0.0	23.9	24.3	0.3
Operating Surplus	(7.3)	(0.6)	0.6	1.2	(5.1)	0.8	5.9
Investment Revenue	0.3	0.0	0.0	(0.0)	0.2	0.2	(0.1)
Other gains and (losses)	0.4	0.0	0.1	0.1	0.4	0.5	0.1
Finance Costs	(8.7)	(0.7)	(0.7)	0.0	(7.9)	(7.9)	0.0
(Deficit) for the year	(15.3)	(1.3)	0.0	1.3	(12.4)	(6.4)	6.0
Public Dividend Capital dividends payable	(5.4)	(0.4)	(0.5)	(0.0)	(4.9)	(5.0)	(0.0)
Retained (deficit) for the year	(20.7)	(1.7)	(0.4)	1.3	(17.3)	(11.4)	5.9
Adjustment in respect of donated asset	0.1	0.0	0.0	(0.0)	0.2	0.2	(0.0)
Adjusted retained (deficit) for breakeven duty	(20.6)	(1.7)	(0.4)	1.3	(17.1)	(11.2)	5.9

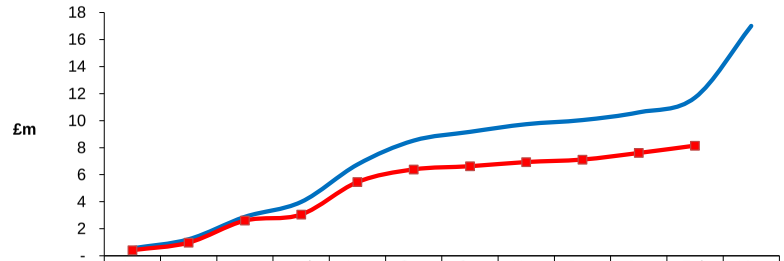
Safely Releasing Cost Programme Performance



Working Capital



Capital Expenditure



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Revised Plan	0.553	1.222	2.882	3.985	6.754	8.524	9.169	9.737	10.043	10.613	11.707	17.008
Actual	0.416	0.975	2.605	3.054	5.454	6.392	6.627	6.937	7.12	7.608	8.151	

Summary Balance Sheet

	YTD £m	Prior Month £m	Movement £m
Total Assets	342	342	1
Total Liabilities	(178)	(176)	(1)
Total Assets Employed	165	165	(0)
Financed by;			
Taxpayers Equity	165	165	(0)

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

Org: RXR East Lancashire Hospitals NHS Trust

Period: February_2015-16

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

Validation alerts (see control panel)	Only complete sites your organisation is accountable for	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
							Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
		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				
		RXR60	ACCRINGTON VICTORIA HOSPITAL	Ward 2	314 - REHABILITATION		1305	982.5	870	1095	609	609	304.5	367.5	75.3%	125.9%	100.0%	120.7%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		1740	1657.5	1087.5	1080	913.5	934.5	609	819	95.3%	99.3%	102.3%	134.5%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY		1957.5	1785	870	967.5	623.5	623.5	623.5	623.5	91.2%	111.2%	100.0%	100.0%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	145 - ORAL & MAXILLO FACIAL SURGERY		1508	1124.5	754	1007.5	638	660	319	561	74.6%	133.6%	103.4%	175.9%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS		1508	1384.5	1508	2229.5	638	638	957	1782	91.8%	147.8%	100.0%	186.2%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS		1508	1404	1131	1241.5	638	638	638	792	93.1%	109.8%	100.0%	124.1%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE		1740	1350	1522.5	1462.5	609	661.5	609	829.5	77.6%	96.1%	108.6%	136.2%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		1305	1199.5	435	290.85	935.25	935.25	311.75	290.25	91.9%	66.9%	100.0%	93.1%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE		1522.5	1305	1305	1342.5	623.5	634.25	623.5	677.25	85.7%	102.9%	101.7%	108.6%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1740	1455	1522.5	1425	609	609	609	798	83.6%	93.6%	100.0%	131.0%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1740	1335	1087.5	1440	623.5	623.5	623.5	913.75	76.7%	132.4%	100.0%	146.6%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY		2262	1898	1514.5	1833	957	946	968	1210	83.9%	121.0%	98.9%	125.0%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY		2262	1963	1508	1449.5	957	924	1276	1034	86.8%	96.1%	96.6%	81.0%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	300 - GENERAL MEDICINE		1740	1485	1087.5	1380	623.5	623.5	623.5	924.5	85.3%	126.9%	100.0%	148.3%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY		1696.5	2002	1319.5	1462.5	957	946	638	957	118.0%	110.8%	98.9%	150.0%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE		2122.5	1620	1305	1320	913.75	881.5	935.25	924.5	76.3%	101.1%	96.5%	98.9%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	300 - GENERAL MEDICINE		1740	1515	1087.5	1260	623.5	623.5	623.5	645	87.1%	115.9%	100.0%	103.4%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE		1044	810	1402	1086	609	609	609	955.5	77.6%	77.5%	100.0%	156.9%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1740	1440	1087.5	1005	623.5	623.5	623.5	688	82.8%	92.4%	100.0%	110.3%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1740	1387.5	1087.5	1035	623.5	623.5	623.5	623.5	79.7%	95.2%	100.0%	100.0%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	2175	1740	1087.5	1042.5	935.25	956.75	623.5	645	80.0%	95.9%	102.3%	103.4%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1740	1417.5	1305	1327.5	623.5	623.5	623.5	935.25	81.5%	101.7%	100.0%	150.0%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS		4176	3984	1392	1128	3349.5	2961	609	462	95.4%	81.0%	88.4%	75.9%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1740	1612.5	435	480	935.25	913.75	0	0	92.7%	110.3%	97.7%	-
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		6968	6903	728	689	5412	5346	0	0	99.1%	94.6%	98.8%	-
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1740	1357.5	1305	1125	623.5	623.5	623.5	688	78.0%	86.2%	100.0%	110.3%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE		1740	1402.5	1087.5	1057.5	623.5	655.75	623.5	817	80.6%	97.2%	105.2%	131.0%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE		3262.5	3022.5	1631.25	2126.25	2936.25	2711.25	978.75	1203.75	92.6%	130.3%	92.3%	123.0%
		RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		3480	3427.5	2610	2955	1827	1837.5	1218	1218	98.5%	113.2%	100.6%	100.0%

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

Org: RXR East Lancashire Hospitals NHS Trust

Period: February_2015-16

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									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 (%)
				RXR60	ACCRINGTON VICTORIA HOSPITAL	Ward 2	314 - REHABILITATION		1305	982.5	870	1095	609	609	304.5	367.5	75.3%	125.9%	100.0%	120.7%
				RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS		4568	4252	348	252	3840	3672	348	120	93.1%	72.4%	95.6%	34.5%
				RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY		1508	1495	754	773.5	957	935	319	506	99.1%	102.6%	97.7%	158.6%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS		1392	1463	696	678	1044	1056	696	696	105.1%	97.4%	101.1%	100.0%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS		1312.5	1204	348	328	1044	1044	336	312	91.7%	94.3%	100.0%	92.9%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS		3480	3186	696	678	3480	3180	696	696	91.6%	97.4%	91.4%	100.0%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY		1198	1170	576	553.5	762	762	468	468	97.7%	96.1%	100.0%	100.0%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS		2088	2064	1044	1011	2088	1800	1056	1332	98.9%	96.8%	86.2%	126.1%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION		1305	1147.5	1740	1582.5	551	551	551	627	87.9%	90.9%	100.0%	113.8%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS		1527.5	1436.5	1033.5	942.5	781	737	605	616	94.0%	91.2%	94.4%	101.8%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE		2175	1590	1522.5	1560	609	619.5	913.5	1071	73.1%	102.5%	101.7%	117.2%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 23	300 - GENERAL MEDICINE		1740	1342.5	1522.5	1522.5	638	638	638	891	77.2%	100.0%	100.0%	139.7%
				RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 28	300 - GENERAL MEDICINE		1387.5	1365	442.5	315	182.75	182.75	182.75	182.75	98.4%	71.2%	100.0%	100.0%
				RXR70	CLITHEROE COMMUNITY HOSPITAL	Ribblesdale	314 - REHABILITATION		2175	1747.5	1800	2085	913.5	892.5	913.5	1249.5	80.3%	115.8%	97.7%	136.8%
				RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION		1740	1320	1087.5	1500	623.5	623.5	623.5	817	75.9%	137.9%	100.0%	131.0%
				RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION		1740	1455	1740	1650	623.5	623.5	623.5	623.5	83.6%	94.8%	100.0%	100.0%
				RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION		1740	1365	1087.5	1530	623.5	623.5	623.5	1042.75	78.4%	140.7%	100.0%	167.2%

Ward Staff Summary - Jan 2016

Executed on: 22/02/2016 at: 2:41:27 PM

Division: All 3 Available Divisions Selected
Directorate: All 16 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected
This report is based on the 44 wards which submitted data for the monthly Safer Staffing return

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

Site	Cost Centre Code	Ward	Day Shift						Night Shift						Pressure Ulcers Acquired			Falls with Harm (Mod & Above)	Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence RegN/M + HCA)*	
			Registered Nurses / Midwives			Care Staff			Registered Nurses / Midwives			Care Staff												
			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	2,418	2,041	84.41%	1,612	1,950	120.97%	1,023	1,023	100.00%	1,023	1,331	130.11%	0	0	0	0	0	0	4.16	8.62%	124.79	9.09%
	5143	Ward C18	2,418	2,093	86.56%	1,612	1,488.50	92.34%	1,023	1,023	100.00%	1,364	1,309	95.97%	0	0	0	0	1	0	4.16	8.88%	143.92	10.49%
	5144	Surgical Triage Unit	1,612	1,488.50	92.34%	806	708.50	87.90%	1,023	1,012	98.92%	341	492	144.28%	0	0	0	0	0	0	8.23	24.59%	96.36	11.95%
EC03: Urology																								
RBH	5128	Ward C22	1,813.50	2,028	111.83%	1,410.50	1,371.50	97.24%	1,023	1,012	98.92%	682	1,012	148.39%	0	0	0	0	0	0	0.21	0.56%	56.93	5.50%
EC04: Orthopaedic Services																								
BGH	4393	Ward 15	1,573	1,462.50	92.98%	1,085.50	1,137.50	104.79%	814	781	95.95%	649	869	133.90%	0	0	0	0	0	0	1.51	4.29%	30.53	2.92%
RBH	5366	Ward B24	1,612	1,508	93.55%	1,209	1,248	103.23%	682	682	100.00%	682	825	120.97%	1	0	0	0	0	0	1.17	3.59%	54.80	5.64%
	5367	Ward B22	1,612	1,462.50	90.73%	1,612	1,859	115.32%	682	682	100.00%	1,023	1,628	159.14%	0	0	0	0	0	0	2.69	6.83%	164.16	14.45%
EC05: Head & Neck																								
RBH	5175	Ward B20 Max Fac	1,410.50	1,176.50	83.41%	806	916.50	113.71%	682	682	100.00%	341	429	125.81%	0	0	0	0	0	0	25.04	92.60%	17.20	2.82%
EC09: Anaesth & Critical Care																								
RBH	5362	Elht Critical Care	7,345	7,293	99.29%	741	689	92.98%	5,764	5,731	99.43%	0	0	-	0	0	0	0	1	0	1.74	1.42%	198.79	5.32%
ED: Family Care																								
ED07: General Paediatrics																								
RBH	5210	Inpatient	4,464	4,206	94.22%	1,488	1,248	83.87%	3,580.50	3,255	90.91%	651	493.50	75.81%	0	0	0	0	0	0	-1.52	-1.99%	70.91	2.91%
ED08: Gynae Nursing																								
BGH	4169	Gynae And Breast Care Ward	1,346	1,303	96.81%	576	606	105.21%	825	813	98.55%	372	480	129.03%	0	0	0	0	0	0	4.39	12.66%	28.37	3.03%
ED09: Obstetrics																								
BGH	4165	Birth Suite	3,720	3,480	93.55%	744	732	98.39%	3,720	3,504	94.19%	744	720	96.77%	0	0	0	0	0	0	-3.26	-4.91%	123.68	5.91%
	4192	Burnley Birth Centre	1,395	1,335	95.70%	372	334.50	89.92%	1,116	1,080	96.77%	372	266	71.51%	0	0	0	0	0	0	-0.28	-6.42%	1.92	1.33%
	4200	Antenatal Ward 12	1,488	1,440	96.77%	744	720	96.77%	1,116	1,116	100.00%	744	732	98.39%	0	0	0	0	0	0	-4.54	-17.34%	21.41	2.28%
	4203	Postnatal Ward 10	2,232	2,262	101.34%	1,116	1,116	100.00%	2,232	1,980	88.71%	1,116	1,368	122.58%	0	0	0	0	0	0	-3.12	-5.38%	54.00	2.79%
RBH	5256	Blackburn Birth Centre	1,395	1,305.75	93.60%	465	274.45	59.02%	999.75	945.75	94.60%	333.25	301	90.32%	0	0	0	0	0	0	1.37	29.72%	9.04	9.00%
ED11: Neonates																								
RBH	4215	Nicu	4,664	4,210	90.27%	360	348	96.67%	3,720	3,482	93.60%	372	216	58.06%	0	0	0	0	0	0	5.87	7.35%	91.77	4.05%
EH: Integrated Care Group																								
EH15: Acute Medicine																								
RBH	5045	C4 Fast Flow	1,860	1,620	87.10%	1,162.50	1,350	116.13%	666.50	666.50	100.00%	666.50	741.75	111.29%	0	0	0	0	0	0	0.00	-	-	-
	5058	Medical Assessment Unit	3,487.50	3,180	91.18%	1,743.75	2,160	123.87%	3,138.75	2,778.75	88.53%	1,046.25	1,147.50	109.68%	0	0	0	0	0	0	7.72	8.92%	134.32	5.48%
	6095	Ward C2	1,860	1,665	89.52%	1,162.50	1,612.50	138.71%	666.50	709.50	106.45%	666.50	956.75	143.55%	0	0	0	0	0	0	3.43	9.89%	-	-

Ward Staff Summary - Jan 2016

Executed on: 22/02/2016 at: 2:41:27 PM

Division: All 3 Available Divisions Selected
Directorate: All 16 Available Directorates Selected
Site: All 5 Available Hospital Sites Selected
This report is based on the 44 wards which submitted data for the monthly Safer Staffing return

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

Site	Cost Centre Code	Ward	Day Shift						Night Shift						Pressure Ulcers Acquired			Falls with Harm (Mod & Above)	Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence RegN/M + HCA)*	
			Registered Nurses / Midwives			Care Staff			Registered Nurses / Midwives			Care Staff												
			Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	G2	G3	G4		C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate
EH20: Respiratory																								
RBH	5063	Ward C6	1,860	1,590	85.48%	1,162.50	1,065	91.61%	666.50	666.50	100.00%	666.50	666.50	100.00%	0	0	0	0	0	0	5.03	15.96%	43.71	5.30%
	5064	Ward C8	2,325	1,905	81.94%	1,162.50	1,155	99.35%	999.75	999.75	100.00%	666.50	666.50	100.00%	0	0	0	0	0	0	10.54	28.72%	35.56	4.37%
	6027	Ward C7	1,860	1,522.50	81.85%	1,162.50	1,192.50	102.58%	666.50	666.50	100.00%	666.50	698.75	104.84%	0	0	0	0	0	0	5.10	16.53%	17.68	2.19%
EH25: Cardiology																								
RBH	5095	Coronary Care	1,860	1,680	90.32%	465	577.50	124.19%	999.75	989	98.92%	0	0	-	0	0	0	0	0	0	0.08	0.30%	90.36	11.19%
	5097	Ward B18	2,092.50	1,897.50	90.68%	930	997.50	107.26%	666.50	666.50	100.00%	666.50	666.50	100.00%	0	0	0	0	0	0	3.40	10.48%	19.03	2.09%
EH30: Gastroenterlogy																								
RBH	5042	C1 (Gastro)	1,627.50	1,515	93.09%	1,395	1,425	102.15%	666.50	666.50	100.00%	666.50	870.75	130.65%	0	1	0	0	0	0	0.00	-	0.00	0.00%
	5061	Ward C3	2,017.50	1,507.50	74.72%	1,320	1,410	106.82%	956.75	924.50	96.63%	666.50	924.50	138.71%	0	0	0	0	0	0	0.00	-	-	-
	6028	Ward C11	1,860	1,395	75.00%	1,162.50	1,507.50	129.68%	666.50	666.50	100.00%	666.50	978.25	146.77%	0	0	0	2	0	0	4.27	13.17%	-	-
EH35: Mfop & Complex Needs																								
BGH	4613	Rakehead Nursing Staff	1,395	1,267.50	90.86%	1,860	1,567.50	84.27%	589	589	100.00%	589	731.50	124.19%	0	0	0	0	0	0	7.58	20.31%	30.27	3.25%
	6094	Ward 16 Sept 13	2,325	1,867.50	80.32%	1,627.50	1,552.50	95.39%	651	651	100.00%	976.50	955.50	97.85%	0	0	0	0	1	0	-0.47	-1.48%	38.72	3.84%
PCH	4581	Marsden Ward	1,860	1,582.50	85.08%	1,860	1,785	95.97%	666.50	666.50	100.00%	666.50	666.50	100.00%	0	0	0	0	0	0	3.83	11.31%	57.64	5.91%
	4582	Reedyford Ward	1,860	1,470	79.03%	1,162.50	1,627.50	140.00%	666.50	666.50	100.00%	666.50	1,139.50	170.97%	0	0	0	1	0	0	1.85	5.70%	29.36	3.09%
	4583	Hartley Ward	1,860	1,492.50	80.24%	1,162.50	1,530	131.61%	666.50	666.50	100.00%	666.50	806.25	120.97%	0	0	0	1	0	0	-0.98	-3.06%	52.36	5.30%
RBH	5036	Acute Stroke Unit (B2)	1,860	1,695	91.13%	1,162.50	1,177.50	101.29%	976.50	966	98.92%	651	735	112.90%	0	0	0	0	0	0	2.34	6.69%	61.73	6.06%
	5037	Ward B4	1,860	1,567.50	84.27%	1,627.50	1,777.50	109.22%	651	672	103.23%	651	840	129.03%	0	0	0	0	0	0	1.83	5.86%	69.08	7.72%
	5048	Ward C10	1,860	1,695	91.13%	1,627.50	1,567.50	96.31%	651	661.50	101.61%	651	787.50	120.97%	0	0	0	0	0	0	-3.97	-14.09%	15.57	1.64%
	6025	Ward C9	1,860	1,477.50	79.44%	1,395	1,590	113.98%	666.50	666.50	100.00%	666.50	989	148.39%	0	0	0	0	0	0	6.54	20.88%	-	-
	6058	Ward D1	1,860	1,657.50	89.11%	1,395	1,402.50	100.54%	666.50	666.50	100.00%	666.50	784.75	117.74%	0	0	0	0	0	0	7.04	23.23%	0.00	0.00%
	6096	Ward C5	1,116	780	69.89%	1,490	1,164	78.12%	651	651	100.00%	651	987	151.61%	0	0	0	0	0	0	3.59	11.29%	48.96	5.60%
EH44: Speciality Medicine																								
BGH	6093	Ward 28	1,320	1,350	102.27%	420	277.50	66.07%	172	172	100.00%	172	172	100.00%	0	0	0	0	0	0	3.33	18.96%	15.87	3.59%
RBH	5040	Ward D3	1,860	1,447.50	77.82%	1,162.50	1,147.50	98.71%	666.50	677.25	101.61%	666.50	849.25	127.42%	0	0	0	0	0	0	2.76	9.26%	96.68	11.52%
EH70: Comm In Patient Care																								
AVH	R133	Avch Ward 2	1,395	1,095	78.49%	930	1,095	117.74%	651	651	100.00%	325.50	462	141.94%	1	0	0	0	0	0	1.24	5.45%	36.92	5.55%
BGH	R215	Ward 23	1,860	1,492.50	80.24%	1,627.50	1,687.50	103.69%	682	682	100.00%	682	1,012	148.39%	0	0	0	0	0	0	4.36	13.24%	69.96	7.92%
CLI	R141	Ribblesdale Ward	2,325	1,777.50	76.45%	1,935	1,972.50	101.94%	976.50	987	101.08%	976.50	1,260	129.03%	0	0	0	0	0	0	8.02	17.82%	134.00	11.77%
Total for 44 wards shown					**88.88%**			**104.01%**			**97.01%**			**120.54%**	**2**	**1**	**0**	**4**	**3**	**0**	**136.26**	**8.58%**	**2,386.36**	**5.66%**

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

30 March 2016

Item 107

Purpose Information / Action / Monitoring

Title	Staff Survey 2015 Results Report
Author	Mrs L Barnes, Head of Staff Health, Wellbeing and Engagement
Executive sponsor	Mr K Moynes, Director of HR and OD

Summary: This paper provides information on the National NHS Staff Survey 2015.

Recommendation: Members are asked to note the contents of the survey and support the recommendations detailed within the report.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework	The Trust fails to deliver and develop a safe, competent workforce 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
Non-compliance with regulatory bodies and the possibility of improvement notices			
Equality	Yes	Confidentiality	No
Ensuring a spectrum of pedagogical approaches to training to meet the educational needs of a diverse workforce			

Previously considered by: Operational Delivery Board

Executive summary

1. This report summarises the findings from the 2015 NHS Staff Survey for East Lancashire Hospitals NHS Trust. 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 7374 staff were eligible to complete the survey. 2885 staff returned a completed questionnaire[1], giving a response rate of 39% which is average for Acute Trusts in England, and compares with a response rate of 42% in the 2014 survey.
3. The reduction in response rate is consistent with a fall in the response rate nationally. It has been suggested that this may be due to survey apathy amongst staff following the introduction of the quarterly Staff Friends and Family Test.
4. The table below details the return rate by division/directorate and compares with 2014 response rates.

Locality	Response rate 2014	Response rate 2015
Balance Sheet	20%	30%
Chief Executive	83%	65%
Diagnostics & Clinical Support	60%	47.7%
Estates and Facilities	51%	51.8%
Family Care	39%	35.6%
Finance and Informatics	78%	70.9%
Governance	50%	80%
Integrated Care Group	32%	27.2%
Human Resources & Organisational Development	72%	65.8%
Research and Development	64%	71.9%
Surgical and Anaesthetics Services	35%	33.6%
Overall	**42%**	**39%**

[1] 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 and has been structure around four pledges to staff from the NHS Constitution published in 2013 which are:

   a) Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

   b) Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

   c) Staff Pledge 3: provide support and opportunities for staff to maintain their health, well-being and safety.

   d) Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

   Additionally, three themes have been incorporated into the findings. They are;

   e) Additional theme: Equality and diversity.

   f) Additional theme: Errors and incidents.

   g) Additional theme: Patient experience measures.

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 3.85. 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 3.85 is above average when compared with other Acute Trusts. The score has also improved from the 2014 Staff Survey result which was 3.76 and the 2013 Staff Survey result which was 3.73.

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 improved when compared with 2014 and the score remains average when compared with other Acute Trusts.

10. Key finding 4: Staff motivation at work has improved when compared with 2014 and the score remains above average when compared with other Acute Trusts.

11. Key finding 7: Staff ability to contribute towards improvements at work remains the same when compared with 2014 and the score remains in the highest 20% of Acute Trusts.

12. Please see appendix 1 and 2 for local Trusts and East Lancashire Hospitals benchmarking data.

Summary of Key Findings (KF)

13. The East Lancashire Hospitals NHS Trust staff satisfaction responses were in the highest 20% (best) in 12 key findings. This compares to 5 key findings being in the highest 20% in the 2014 survey. The 12 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) KF9: Effective team working.
    d) KF15: Percentage of staff satisfied with the opportunities for flexible working patterns.
    e) KF16: Percentage working extra hours.
    f) KF18: Percentage feeling pressure in last three months to attend work when feeling unwell.
    g) KF22: Percentage experiencing physical violence from patients, relatives or the public in last twelve months.
    h) KF24: Percentage reporting most recent experience of violence.
    i) KF29: Percentage reporting errors, near misses or incidents witnessed in last month.
    j) KF30: Fairness and effectiveness of procedures for reporting errors, near misses and incidents.
    k) KF31: Staff confidence and security in reporting unsafe clinical practice.
    l) KF32: Effective use of patient/service user feedback.

14. The Trust demonstrated above (better than) average staff satisfaction responses in 13 key findings. This compares to 12 key findings being above average in the 2014 survey. The 13 key findings in which East Lancashire Hospitals NHS Trusts were above average compared to other Acute Trusts are the following:

    a) KF2: Staff satisfaction with the quality of work and patient care they are able to deliver.

b) KF4: Staff motivation at work.
c) KF5: Recognition and value of staff by managers and the organisation.
d) KF8: Staff satisfaction with level of responsibility and involvement.
e) KF10: Support from immediate managers.
f) KF12: Quality of appraisals.
g) KF14: Staff satisfaction with resourcing and support.
h) KF19: Organisation and management interest in and action on health and wellbeing.
i) KF20: Percentage experiencing discrimination at work in last twelve months.
j) KF25: Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last twelve months.
k) KF26: Percentage experiencing harassment, bullying or abuse from staff in the last twelve months.
l) KF27: Percentage reporting most recent experience of harassment, bullying or abuse.
m) KF28: Percentage witnessing potentially harmful errors, near misses or incidents in last month.

15. The Trust demonstrated average staff satisfaction responses in the following 4 areas:
a) KF1: Staff recommendation of the organisation as a place to work or receive treatment.
b) KF3: Percentage agreeing that their role makes a difference to patients/service users.
c) KF17: Percentage suffering work related stress in last twelve months.
d) KF23: Percentage experiencing physical violence from staff in last twelve months.

16. The Trust demonstrated worse than average staff satisfaction responses in the following 3 areas:
a) KF11: Percentage appraised in the last twelve months.
b) KF13: Quality of non-mandatory training, learning or development.
c) KF21: Percentage believing the Trust provides equal opportunities for career progression or promotion.

Recommendations

17. 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.

18. Invest in mental wellbeing interventions and supportive management practices to minimise work related stress and build resilience in the workforce. The staff mental wellbeing business case will be presented at the April Operational Delivery Board for discussion.
19. Scope, design and implement an engaging manager's programme to capitalise on the overwhelming impact the immediate line manager has on employee engagement. This will be informed by a specific managers Big Conversation and a scoping day to understand the key enablers and barriers from a line manager's perspective.
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 16th and 17th March 2016. 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 employee engagement strategy.
24. It is recommended that if there are any directorate teams that were identified as hot spots for poor staff experience in 2014 and remain hotspots in 2015, further diagnostics, support and interventions are agreed and implemented.

Conclusion

25. The staff survey results for 2015 are broadly positive and pleasingly staff engagement and experience continues to improve despite significant changes and pressures seen across the organisation.

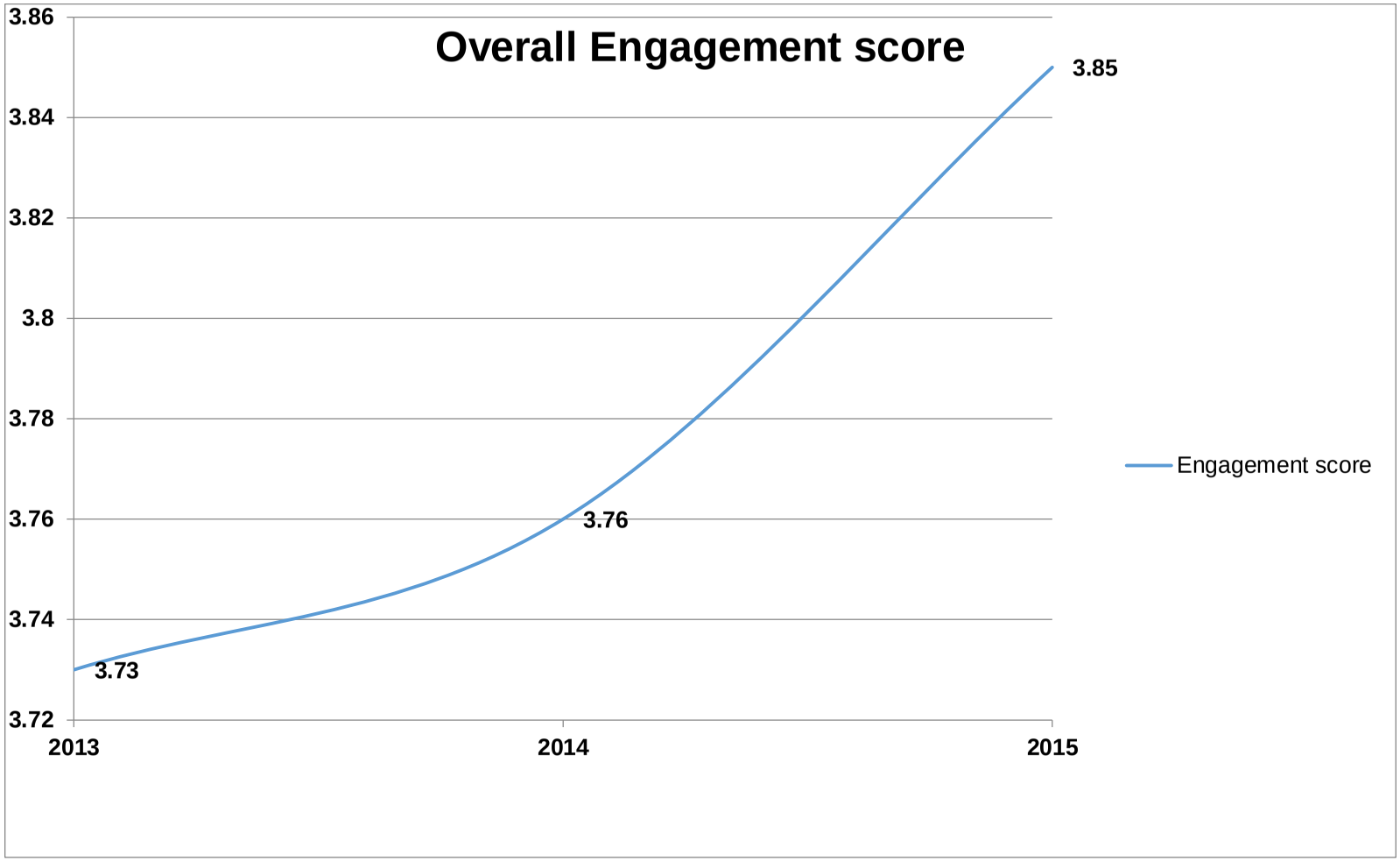
26. The intelligence gained from the 2015 national staff survey along with improvements seen in the quarterly Staff Friends and Family Test is an indicator that the long term approach that we committed to in early 2014 is starting to have the desired effect throughout the organisation. However there is still room for significant improvement and enhancing communication and engagement continues to remain a key improvement priority in 2016.

Lee Barnes Head of Staff Health Wellbeing & Engagement, 14 March 2016

Appendix 1: Local Benchmark Data

Overall Engagement score	Local Acute Trust	Rank
4.00	Wrightington, Wigan and Leigh NHS Foundation Trust	1
3.95	Tameside Hospital NHS Foundation Trust	2
3.91	St Helens And Knowsley Hospitals NHS Trust	3
3.88	Bolton NHS Foundation Trust	4
3.88	Mid Cheshire Hospitals NHS Foundation Trust	5
3.85	East Lancashire Hospitals NHS Trust	6
3.83	Blackpool Teaching Hospitals	7
3.82	Stockport	8
3.82	Central Manchester University Hospitals	9
3.81	Airedale NHS Foundation Trust	10
3.80	Salford Royal	11
3.80	Wirral University Teaching Hospital NHS Foundation Trust	12
3.80	Royal Liverpool & Broadgreen University Hospitals Trust	13
3.79	Countess of Chester Hospital NHS Foundation Trust	14
3.79	University Hospitals of Morecambe Bay Foundation Trust	15
3.77	Aintree University Hospital NHS Foundation Trust	16
3.76	Calderdale and Huddersfield NHS Foundation Trust	17
3.76	University Hospital of South Manchester Foundation Trust	18
3.75	Warrington and Halton Hospitals NHS Foundation Trust	19
3.74	East Cheshire	20
3.74	Lancashire Teaching Hospitals NHS Foundation Trust	21
3.74	Southport and Ormskirk Hospital	22
3.67	Pennine Acute Hospitals NHS Trust	23
3.61	North Cumbria University Hospitals NHS Trust	24

Appendix 2: East Lancashire Hospitals NHS Trust Overall Engagement Score 2013-2015



NHS Acute Trust staff have their say on leadership and culture

Mon 29th February, 2016

The 'LiA Scatter Map' for NHS Acute Trusts captures an analysis of NHS staff responses to 20 of the Picker Institute's Key Findings from the 2015 National Staff Survey.

The comparable questions from 2014 to 2015 offer an insight into how NHS staff rate their Trust's leadership and the culture across 96 of our Acute Trusts. This year's 'LiA Scatter Map' replaces the league tables many will remember from last year – still available on this blog – because of a significant shift in the questions considered comparable by Picker in 2015. The peer group for Acute Trusts this year does not include Acute and Community Combined Trusts who form a different cohort for the analysis of the findings.

Each Acute Trust is plotted on the 'LiA Scatter Map' against two axes:

If your Trust is positioned above the horizontal 'x axis', it means that staff responses to the 20 Key Findings rank the Trust on or above average for your peer group. Below the horizontal means staff responses put the Trust below the average. In other words, the higher up you are, the better your Trust is performing in the eyes of your staff;

If your Trust is positioned to the right of the vertical 'y axis', it indicates a positive response trend from staff within your own Trust relative to their responses in 2014. If your Trust is to the left of the vertical, it means a declining trend from 2014 with staff feeling less positive overall than they did before. In other words, the further to the right you are, the more positive the year-on-year trend.

On this basis, the position of each Trust is clear:

• The best-performing Trusts based on how staff feel in 2015 are in the top-right quadrant - above average performance and trending positively too

• The second best quadrant is the top-left - above average against the peer group, but trending negatively compared to 2014

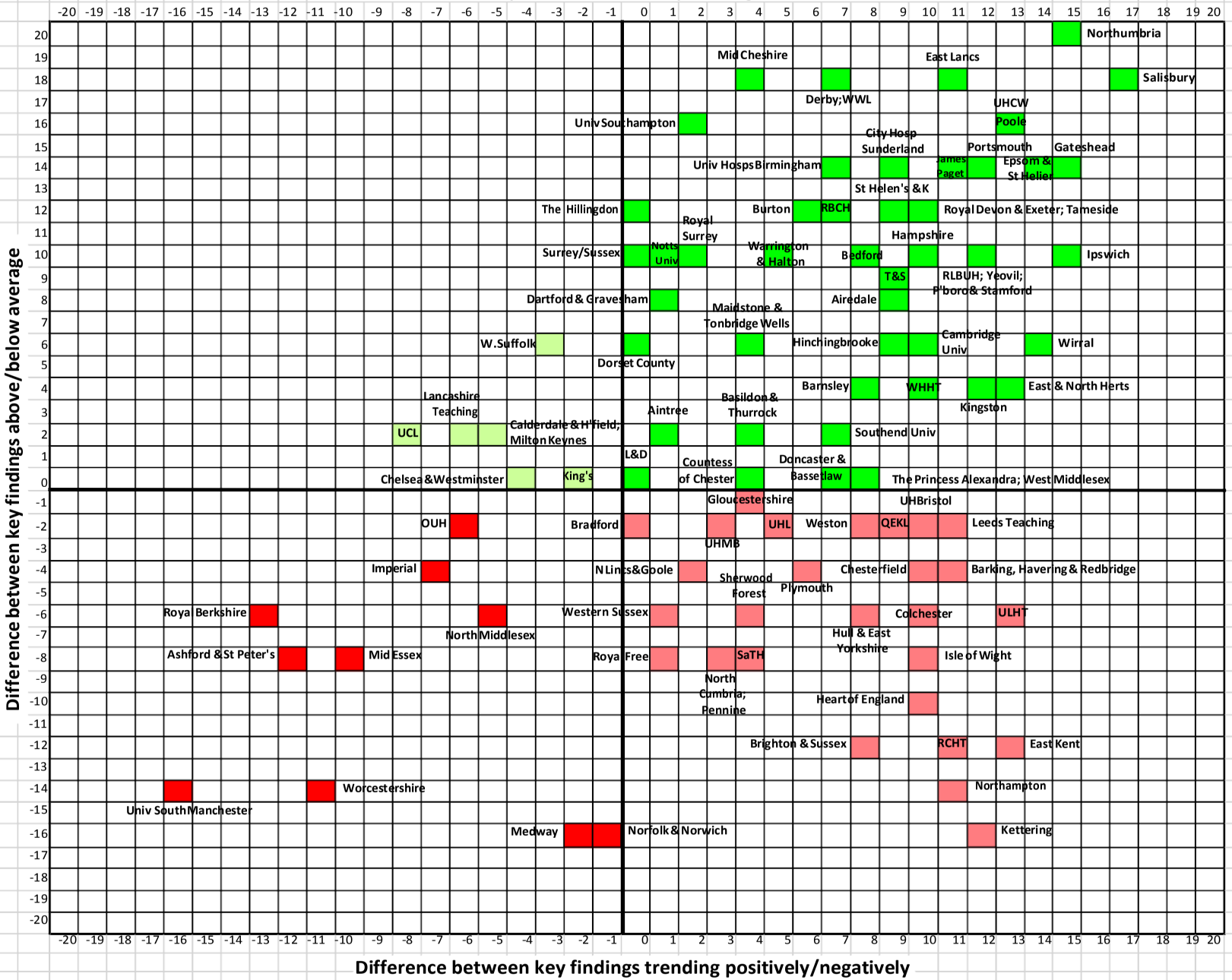
• The third best quadrant is the bottom-right - below average against the peer group, but trending positively compared with 2014

• The bottom-left quadrant is the worst quadrant to be in - below average against the peer group, and trending negatively compared with 2014.

Congratulations to Northumbria for re-gaining top spot in the National Staff Survey results and analysis after a year off the top. The Trusts with a real challenge on their hands in relation to how staff feel in the year ahead are clear from the 'LiA Scatter Map'.

Acute Trusts Scatter Map

LiA Analysis of 20 Picker Key Findings from 2015 NSS



2015 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 2015 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 around four of the seven pledges to staff in the NHS Constitution which was published in March 2013 (http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution) plus three additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- Additional theme: Equality and diversity
- Additional theme: Errors and incidents
- Additional theme: Patient experience measures

Please note, the questionnaire, key findings and benchmarking groups have all undergone substantial revision since the previous staff survey. 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 2015 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.

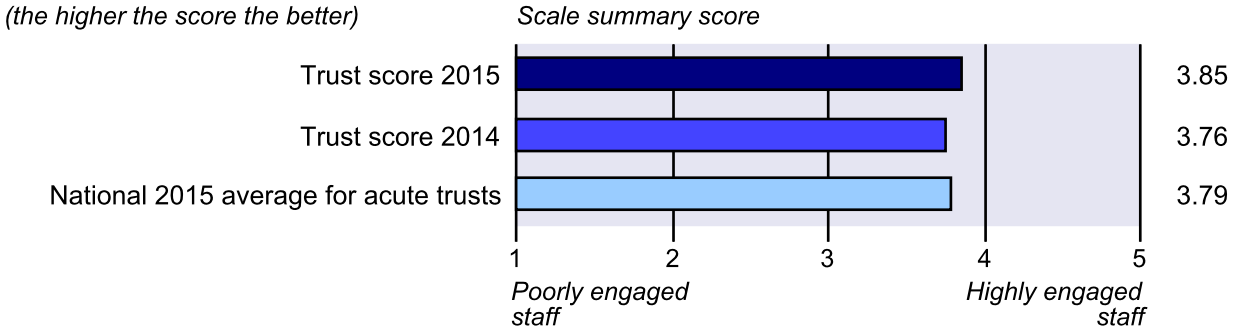
Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

		Your Trust in 2015	Average (median) for acute trusts	Your Trust in 2014
Q21a	"Care of patients / service users is my organisation's top priority"	79%	75%	71%
Q21b	"My organisation acts on concerns raised by patients / service users"	78%	73%	73%
Q21c	"I would recommend my organisation as a place to work"	64%	61%	59%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	69%	70%	60%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.80	3.76	3.66

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 3.85 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 change since the 2014 survey.

	Change since 2014 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	✓ Increase (better than 14)	✓ 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.)*	✓ Increase (better than 14)	• 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.)*	✓ Increase (better than 14)	✓ 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 2015 Key Findings for East Lancashire Hospitals NHS Trust

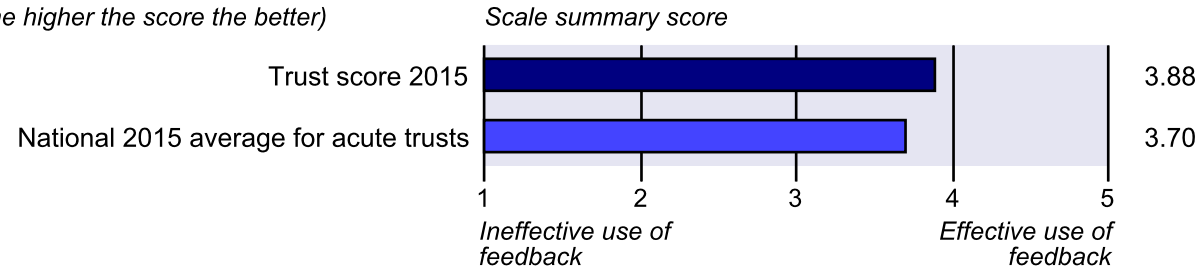
3.1 Top and Bottom Ranking Scores

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

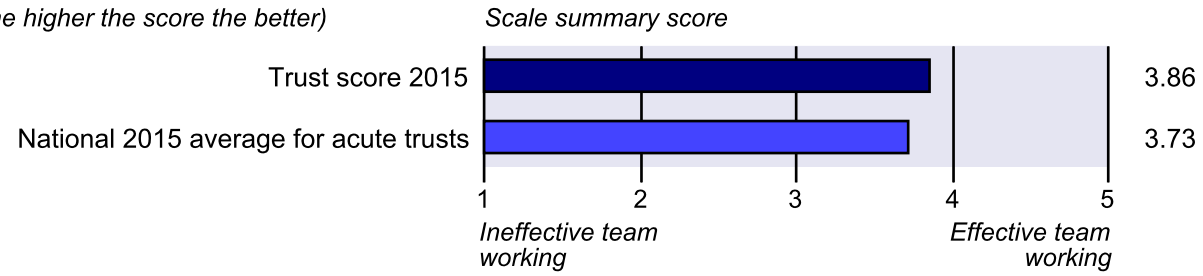
✓KF32. Effective use of patient / service user feedback

(the higher the score the better)



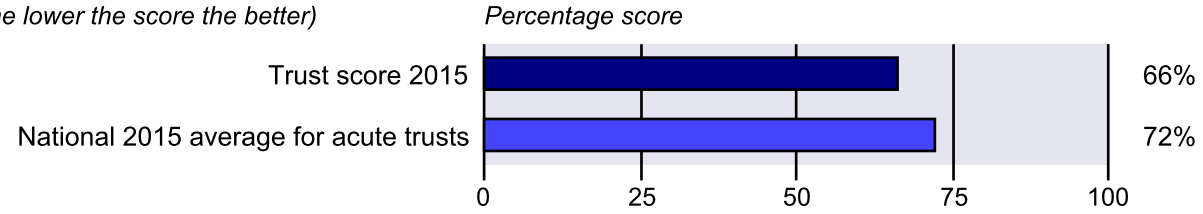
✓KF9. Effective team working

(the higher the score the better)



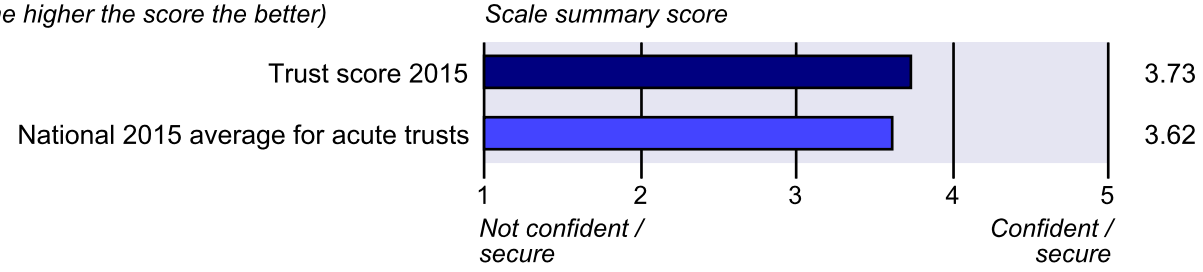
✓KF16. Percentage of staff working extra hours

(the lower the score the better)



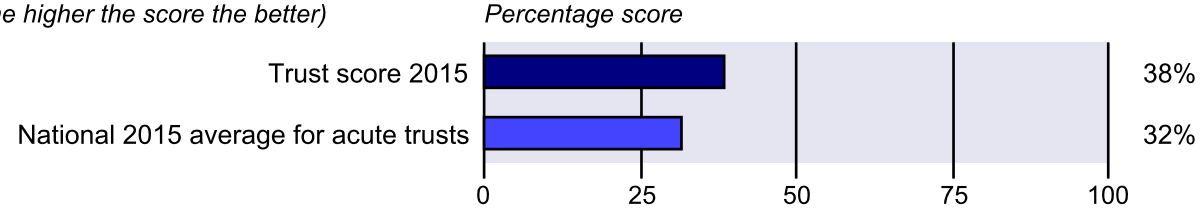
✓KF31. Staff confidence and security in reporting unsafe clinical practice

(the higher the score the better)



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

(the higher the score the better)



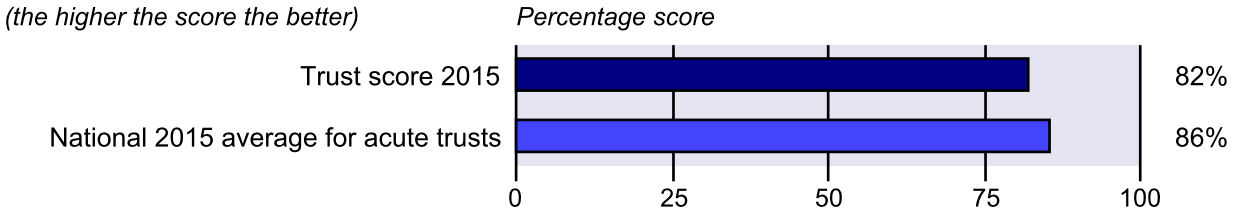
For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 99 (the bottom ranking score). East Lancashire Hospitals NHS Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest 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

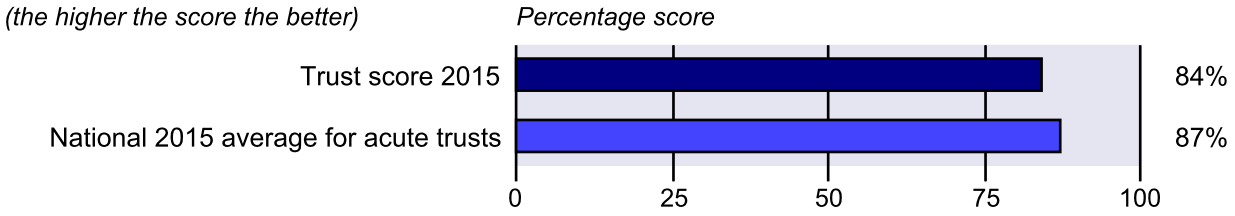
! KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



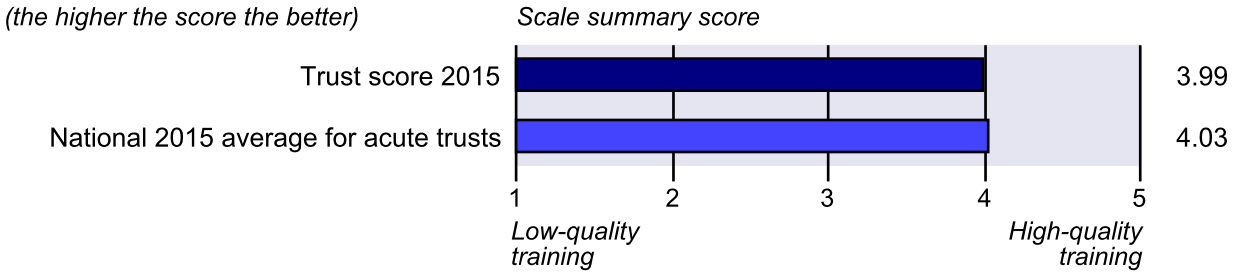
! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



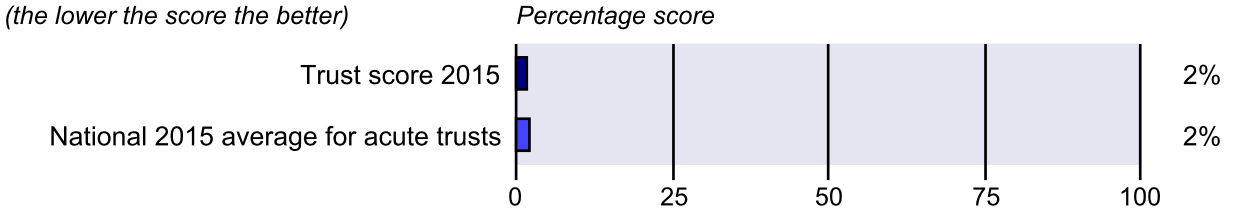
! KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



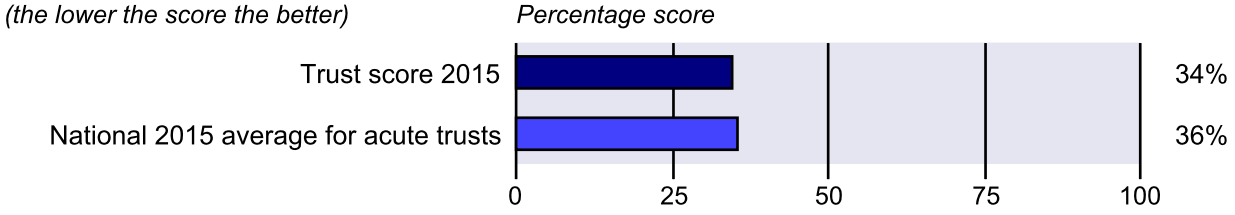
! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



! KF17. Percentage of staff suffering work related stress 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 99 (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 99. Further details about this can be found in the document ***Making sense of your staff survey data***.

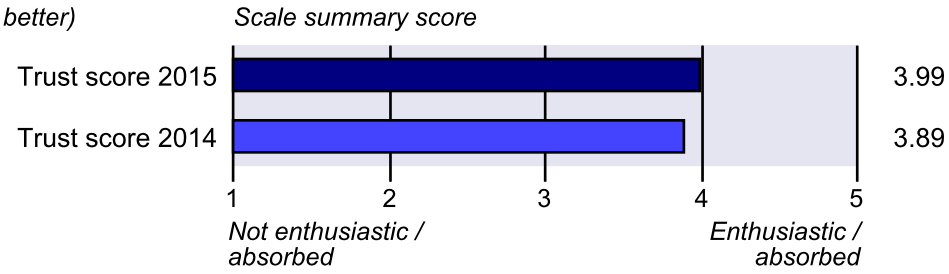
3.2 Largest Local Changes since the 2014 Survey

This page highlights the five Key Findings where staff experiences have improved at East Lancashire Hospitals NHS Trust since the 2014 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

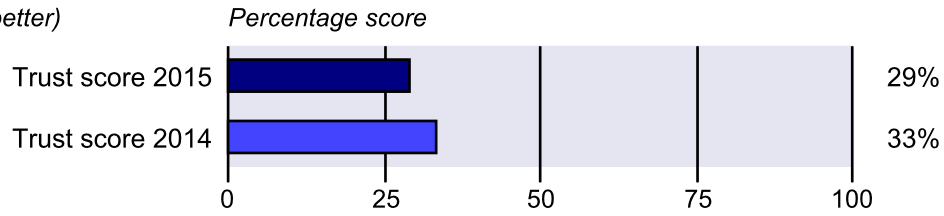
✓KF4. Staff motivation at work

(the higher the score the better)



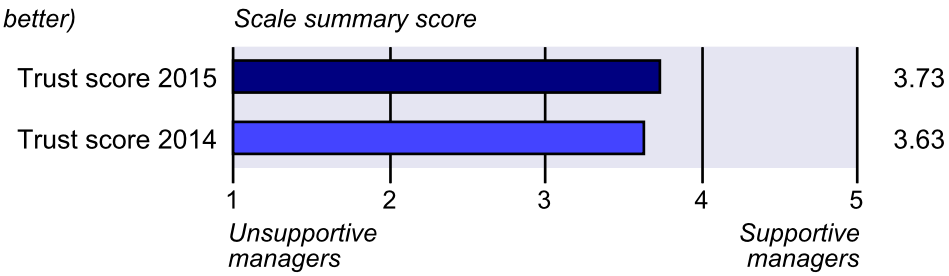
✓KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



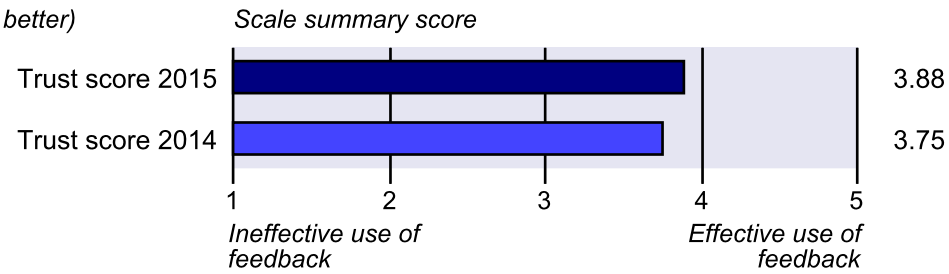
✓KF10. Support from immediate managers

(the higher the score the better)



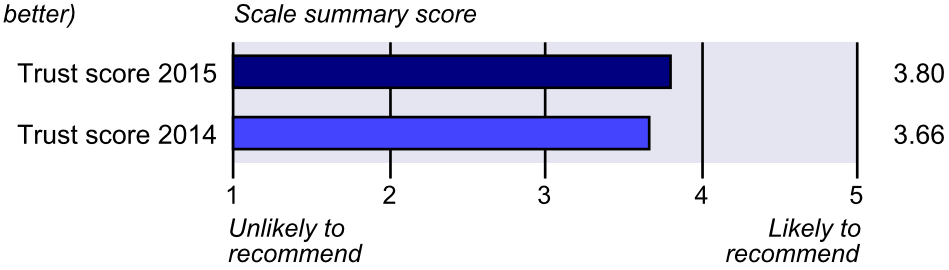
✓KF32. Effective use of patient / service user feedback

(the higher the score the better)



✓KF1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)

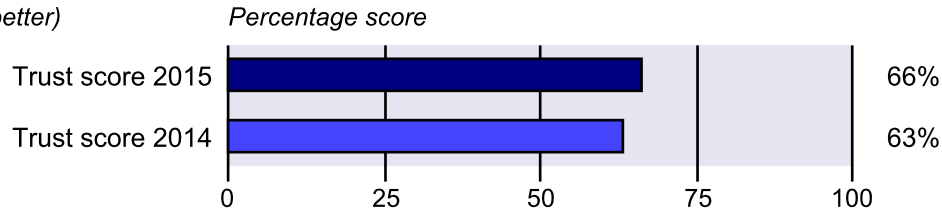


This page highlights the Key Finding that has deteriorated at East Lancashire Hospitals NHS Trust since the 2014 survey. It is suggested that this might be seen as a starting point for local action to improve as an employer. (However, please note that, as shown in section 3.3, when compared with other acute trusts in England, the score for Key finding KF16 is better than average).

WHERE STAFF EXPERIENCE HAS DETERIORATED

! KF16. Percentage of staff working extra hours

(the lower the score the better)



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

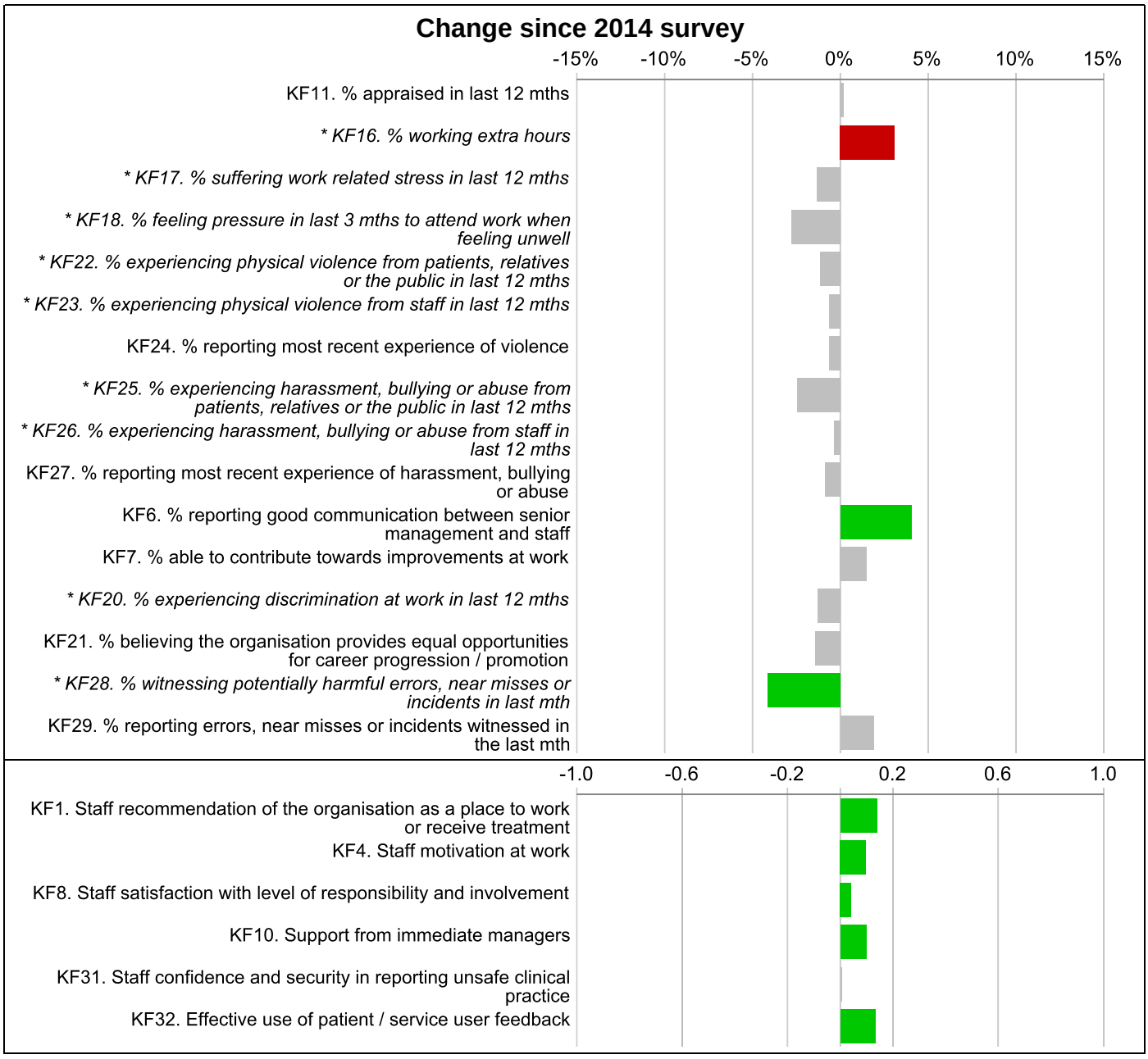
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2014 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2014 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2014 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

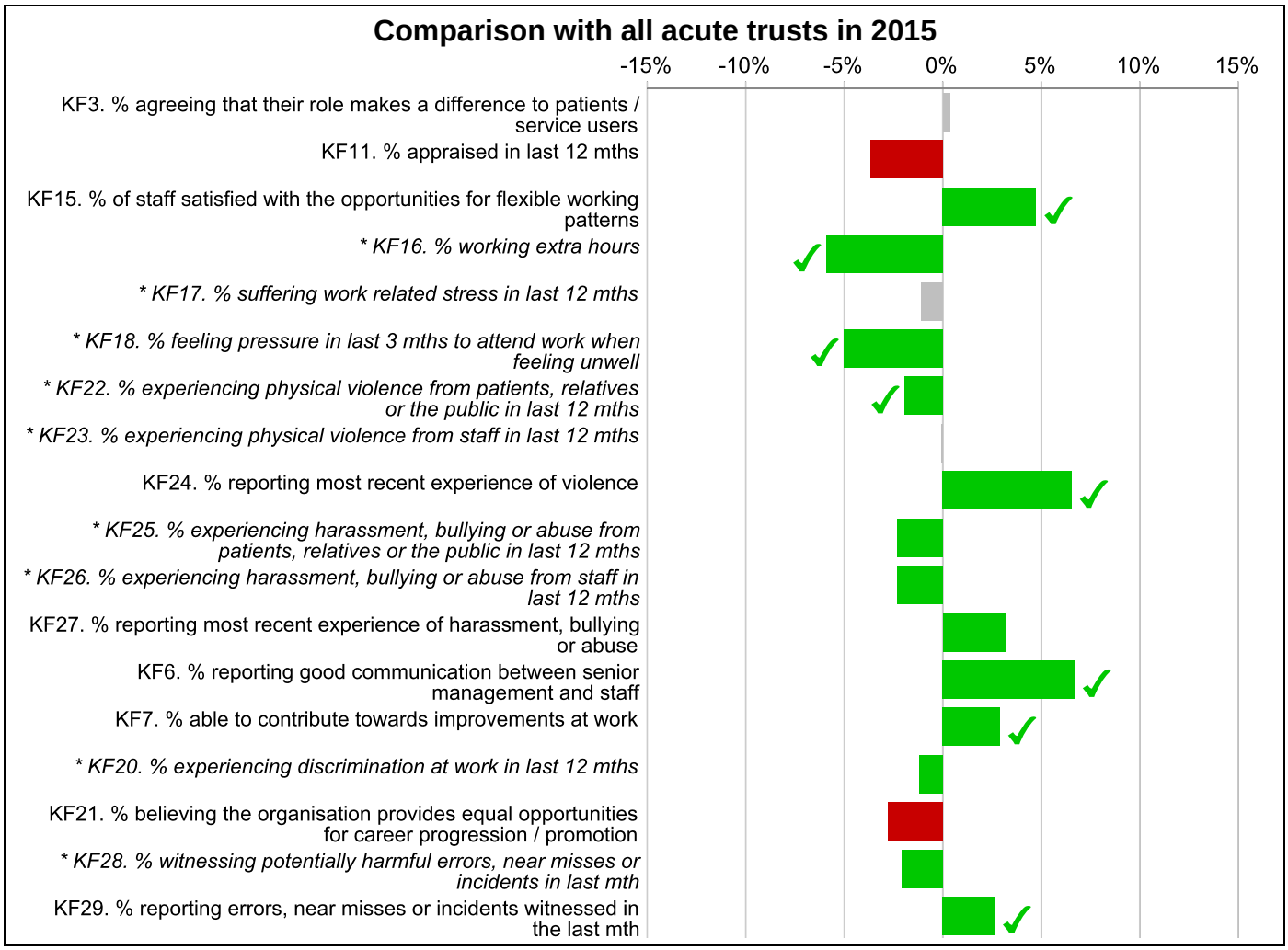
KEY

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, e.g. 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

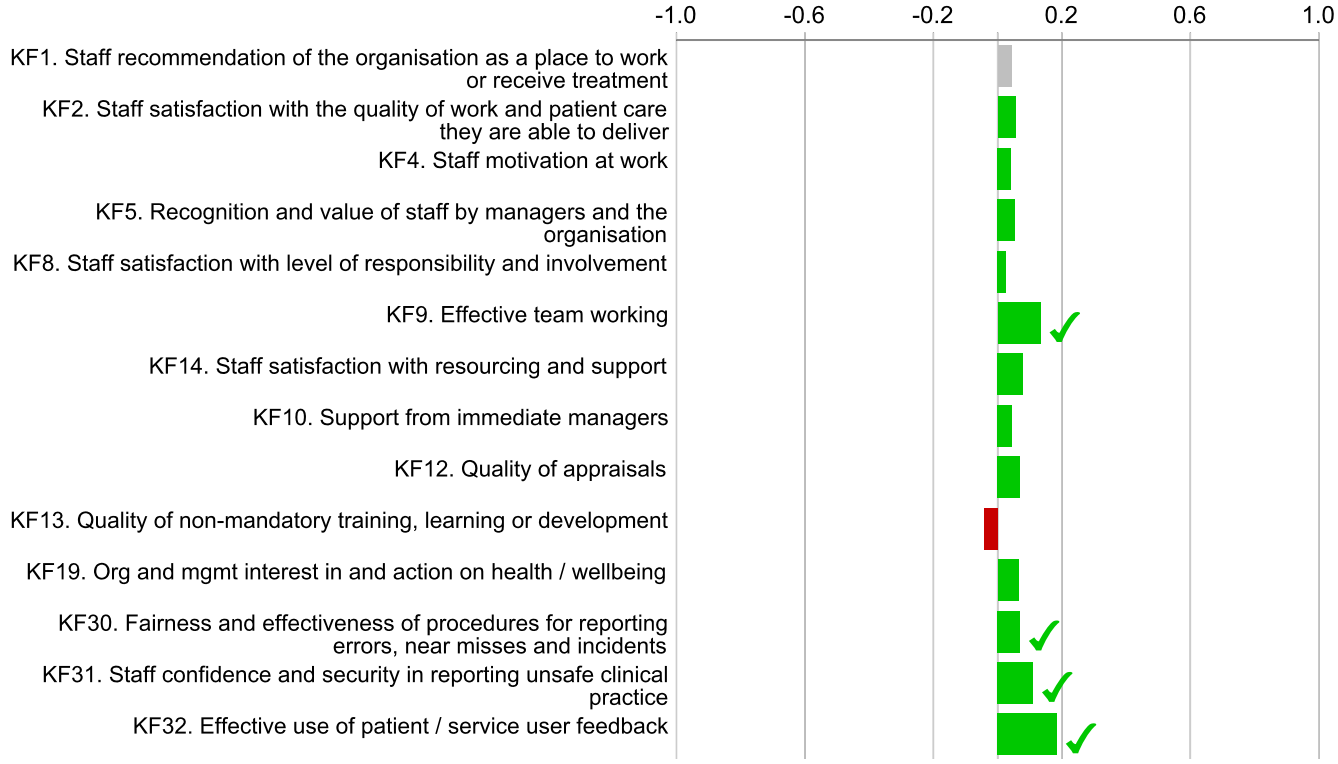
Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. 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 2015 (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 2014.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2014.

'Change since 2014 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2014 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2014 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 2014 survey	Ranking, compared with all acute trusts in 2015
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	✓ Increase (better than 14)	• Average
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	--	✓ Above (better than) average
KF3. % agreeing that their role makes a difference to patients / service users	--	• Average
KF4. Staff motivation at work	✓ Increase (better than 14)	✓ Above (better than) average
KF5. Recognition and value of staff by managers and the organisation	--	✓ Above (better than) average
KF8. Staff satisfaction with level of responsibility and involvement	✓ Increase (better than 14)	✓ Above (better than) average
KF9. Effective team working	--	✓ Highest (best) 20%
KF14. Staff satisfaction with resourcing and support	--	✓ Above (better than) average
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF10. Support from immediate managers	✓ Increase (better than 14)	✓ Above (better than) average
KF11. % appraised in last 12 mths	• No change	! Below (worse than) average
KF12. Quality of appraisals	--	✓ Above (better than) average
KF13. Quality of non-mandatory training, learning or development	--	! Below (worse than) average
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Health and well-being		
KF15. % of staff satisfied with the opportunities for flexible working patterns	--	✓ Highest (best) 20%
* *KF16. % working extra hours*	! Increase (worse than 14)	✓ Lowest (best) 20%
* *KF17. % suffering work related stress in last 12 mths*	• No change	• Average
* *KF18. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	✓ Lowest (best) 20%
KF19. Org and mgmt interest in and action on health / wellbeing	--	✓ Above (better than) average

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

	Change since 2014 survey	Ranking, compared with all acute trusts in 2015
Violence and harassment		
* *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	• 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	✓ Below (better than) average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	✓ Below (better than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	✓ Above (better than) average
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF6. % reporting good communication between senior management and staff	✓ Increase (better than 14)	✓ Highest (best) 20%
KF7. % able to contribute towards improvements at work	• No change	✓ Highest (best) 20%
ADDITIONAL THEME: Equality and 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
ADDITIONAL THEME: Errors and incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	✓ Decrease (better than 14)	✓ Below (better than) average
KF29. % reporting errors, near misses or incidents witnessed in the last mth	• No change	✓ Highest (best) 20%
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	--	✓ Highest (best) 20%
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	✓ Highest (best) 20%
ADDITIONAL THEME: Patient experience measures		
KF32. Effective use of patient / service user feedback	✓ Increase (better than 14)	✓ Highest (best) 20%

4. Key Findings for East Lancashire Hospitals NHS Trust

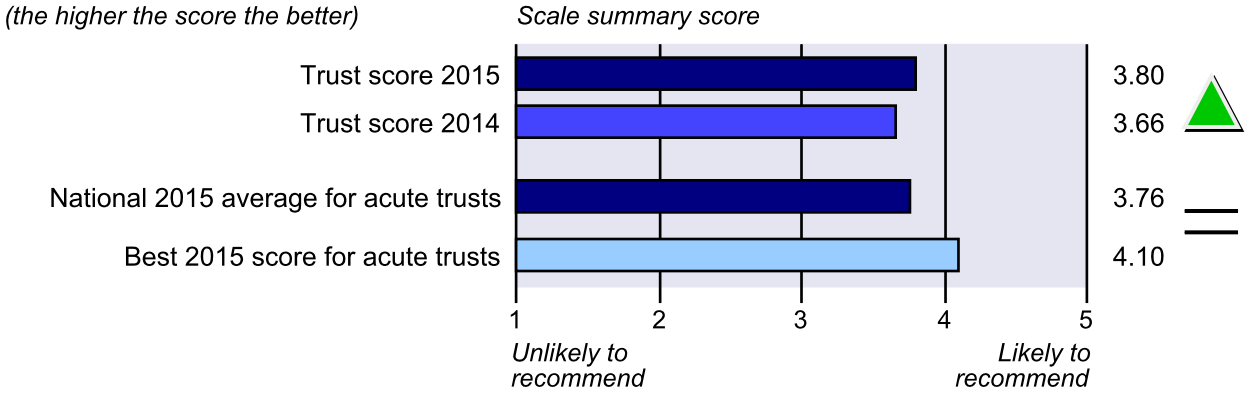
2885 staff at East Lancashire Hospitals NHS Trust took part in this survey. This is a response rate of 39%[1] which is average for acute trusts in England, and compares with a response rate of 42% in this trust in the 2014 survey.

This section presents each of the 32 Key Findings, using data from the trust's 2015 survey, and compares these to other acute trusts in England and to the trust's performance in the 2014 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.

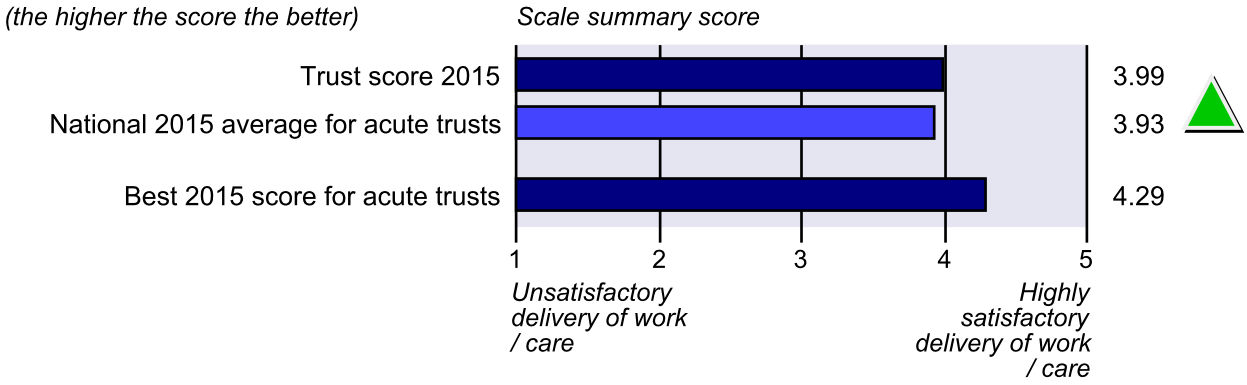
Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2014). Negative findings are highlighted with a red arrow (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2014). An equals sign indicates that there has been no change.

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

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



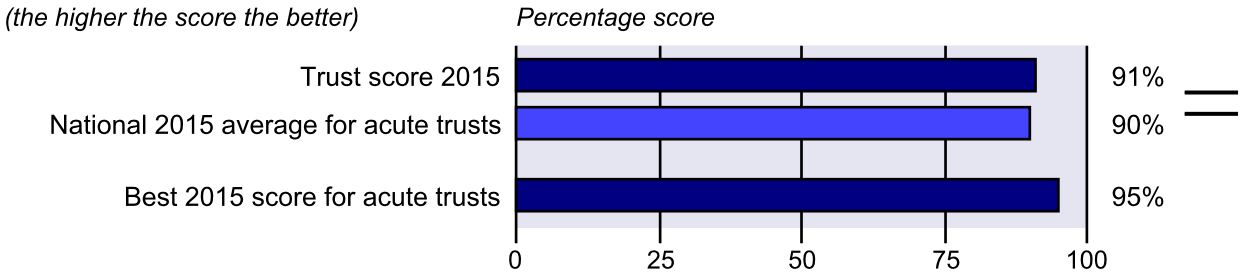
KEY FINDING 2. Staff satisfaction with the quality of work and patient care they are able to deliver



[1]Questionnaires were sent to all 7374 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.

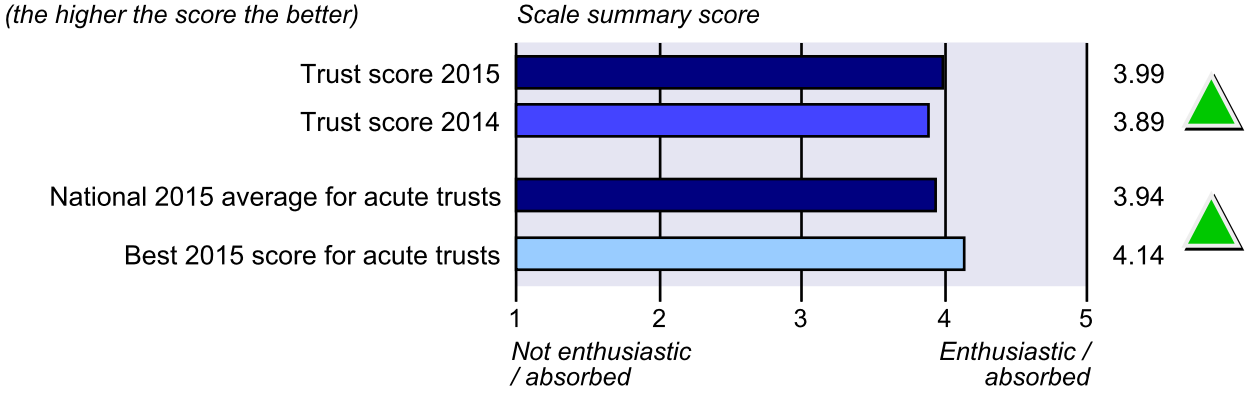
KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



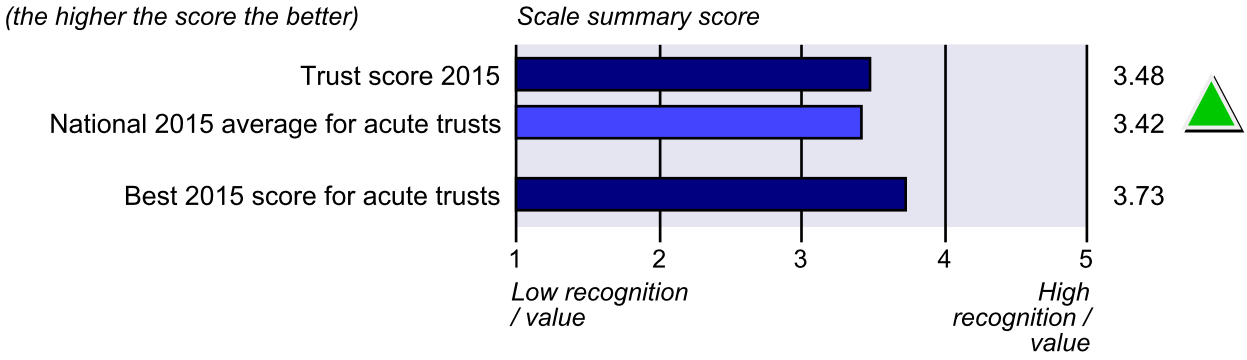
KEY FINDING 4. Staff motivation at work

(the higher the score the better)



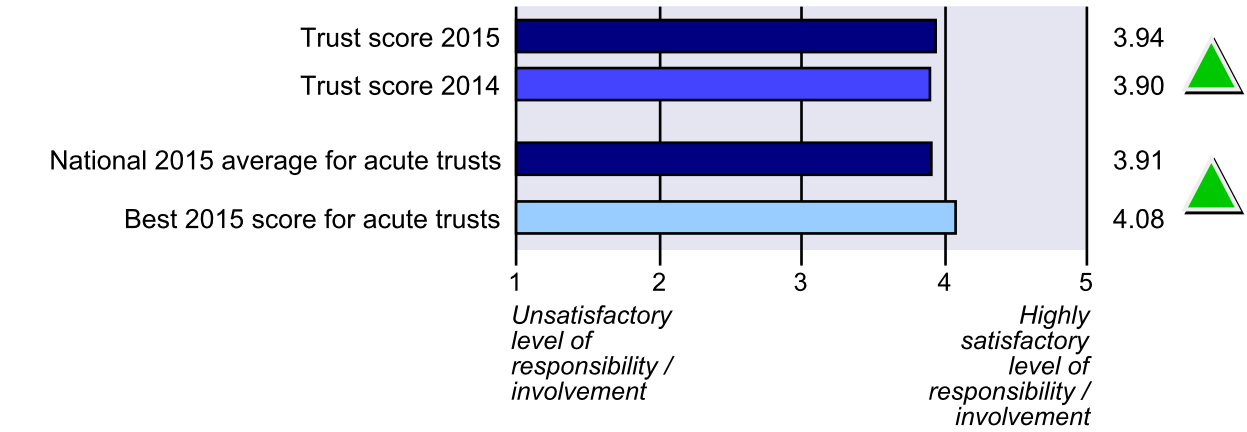
KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)



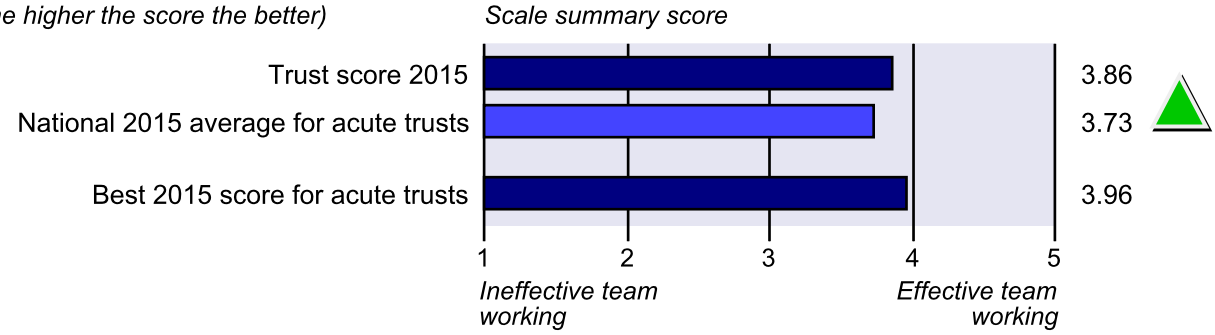
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



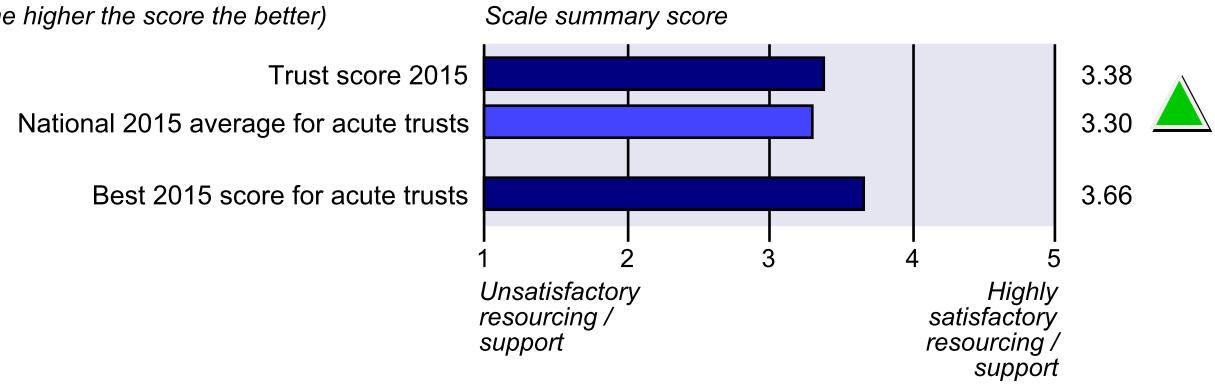
KEY FINDING 9. Effective team working

(the higher the score the better)



KEY FINDING 14. Staff satisfaction with resourcing and support

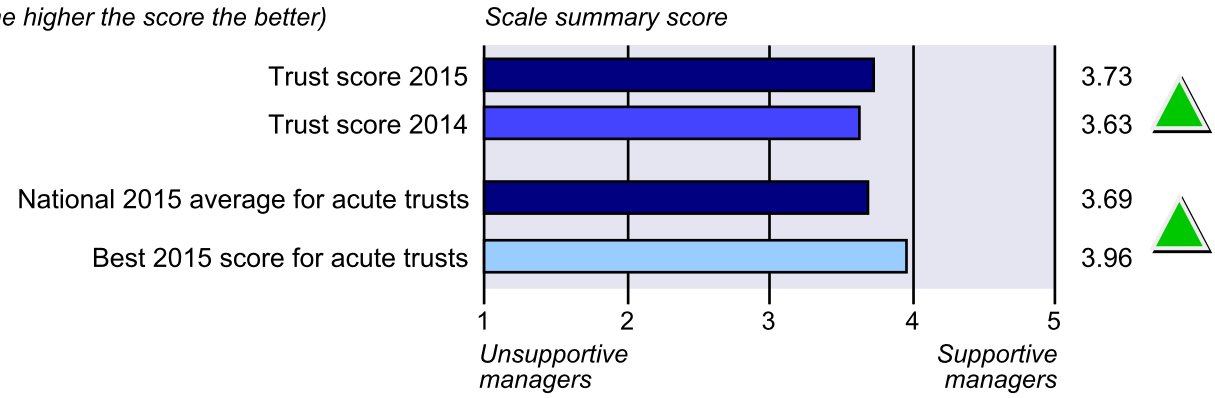
(the higher the score the better)



STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

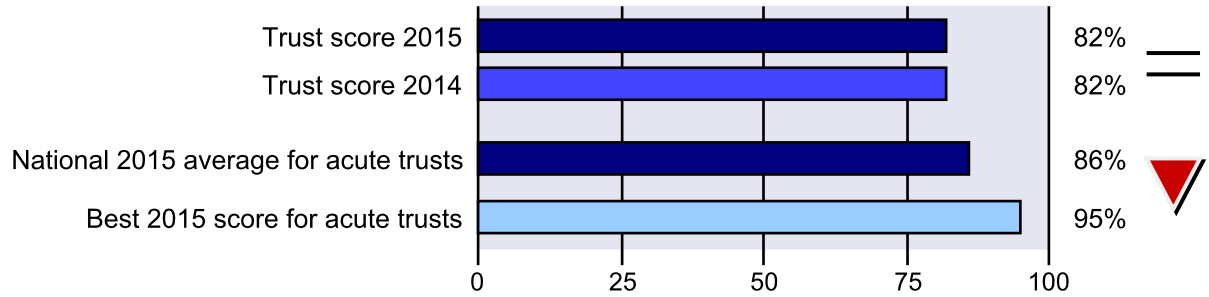
KEY FINDING 10. Support from immediate managers

(the higher the score the better)



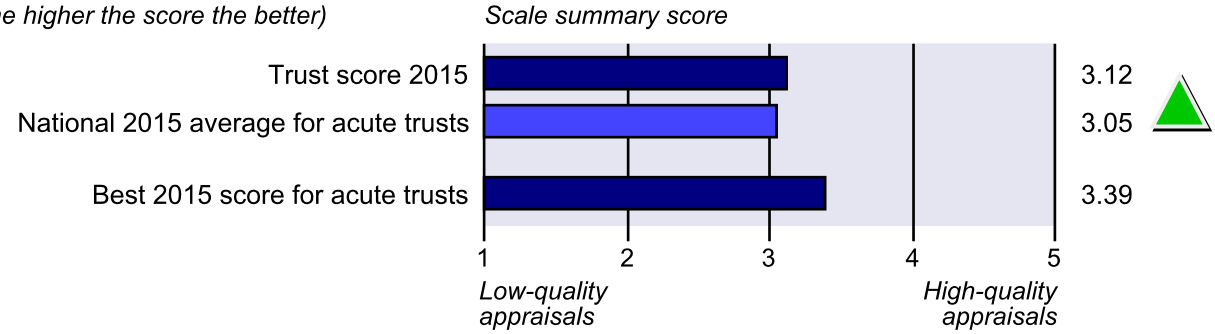
KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)



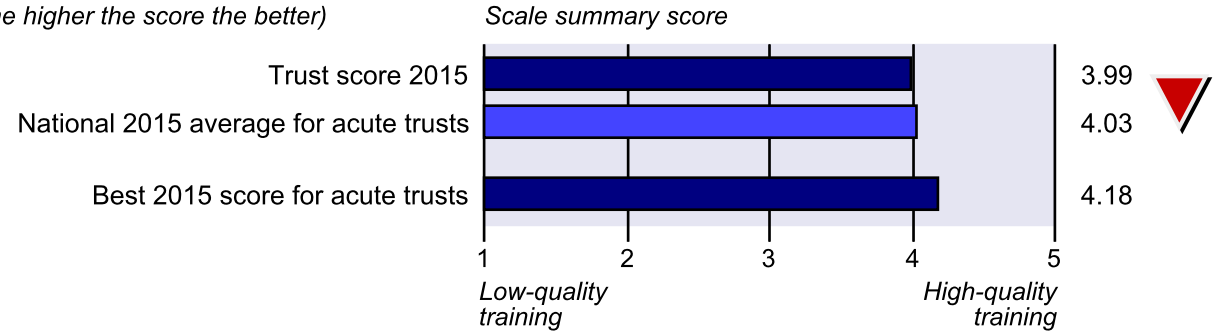
KEY FINDING 12. Quality of appraisals

(the higher the score the better)



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

(the higher the score the better)

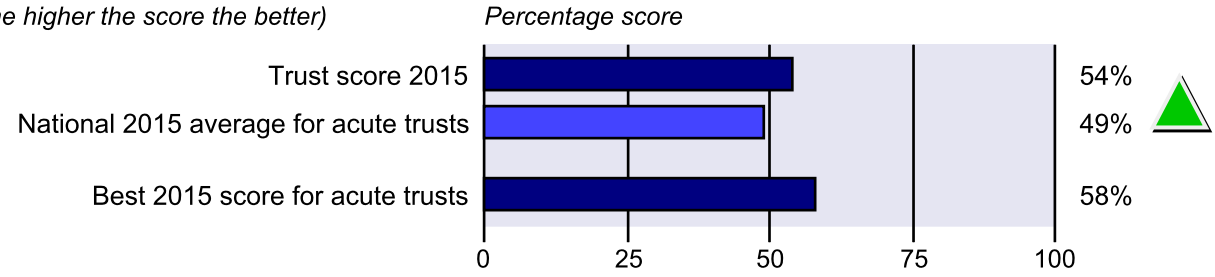


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Health and well-being

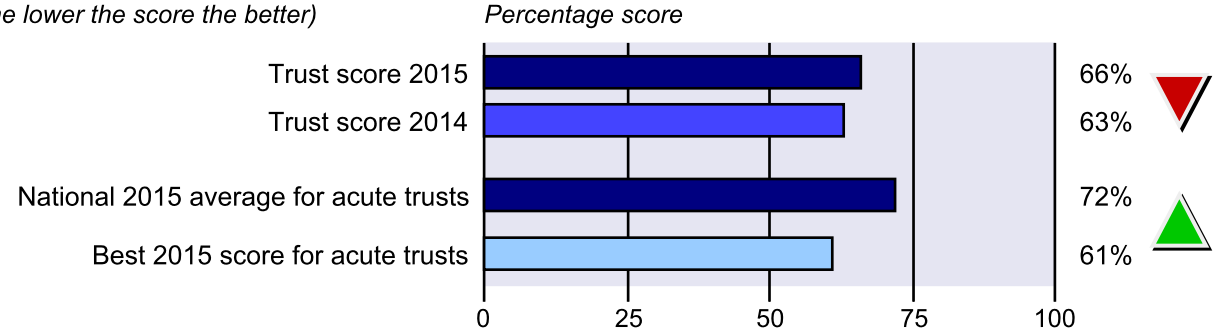
KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



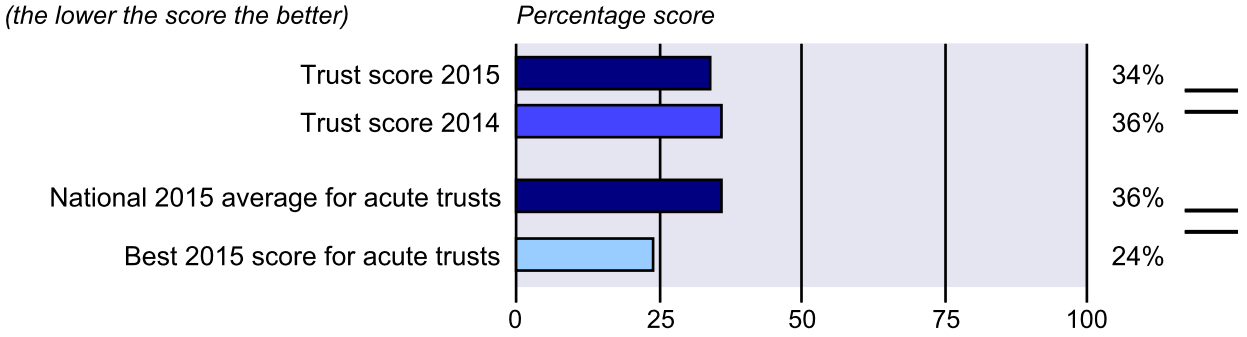
KEY FINDING 16. Percentage of staff working extra hours

(the lower the score the better)



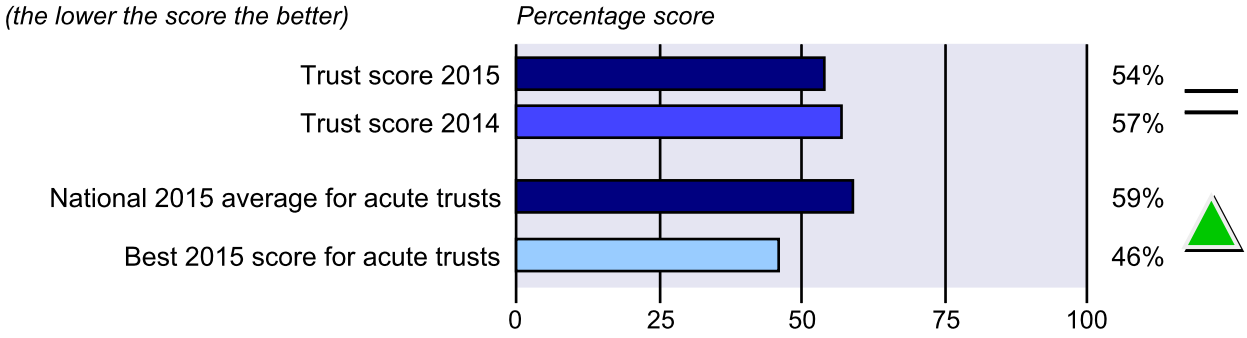
KEY FINDING 17. Percentage of staff suffering work related stress in last 12 months

(the lower the score the better)



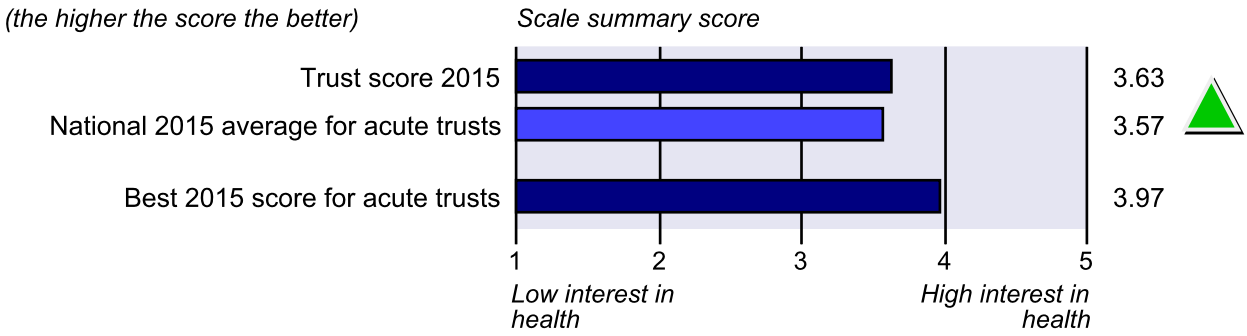
KEY FINDING 18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

(the lower the score the better)



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

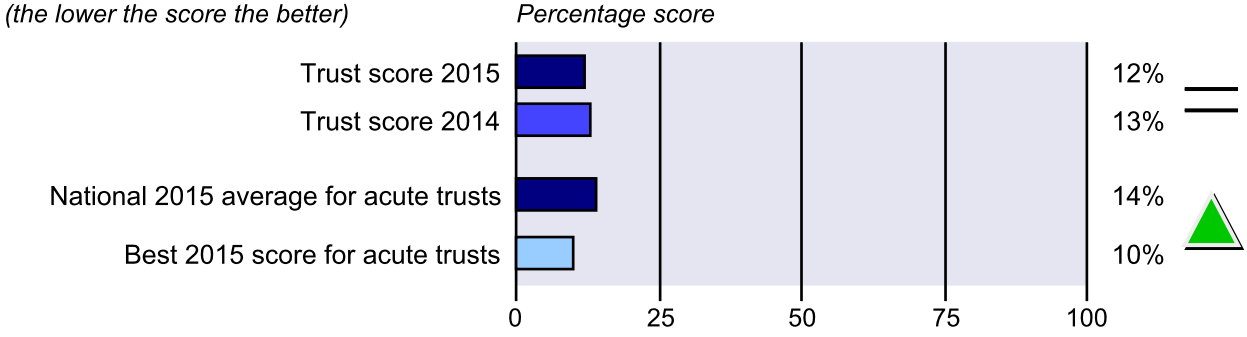
(the higher the score the better)



Violence and harassment

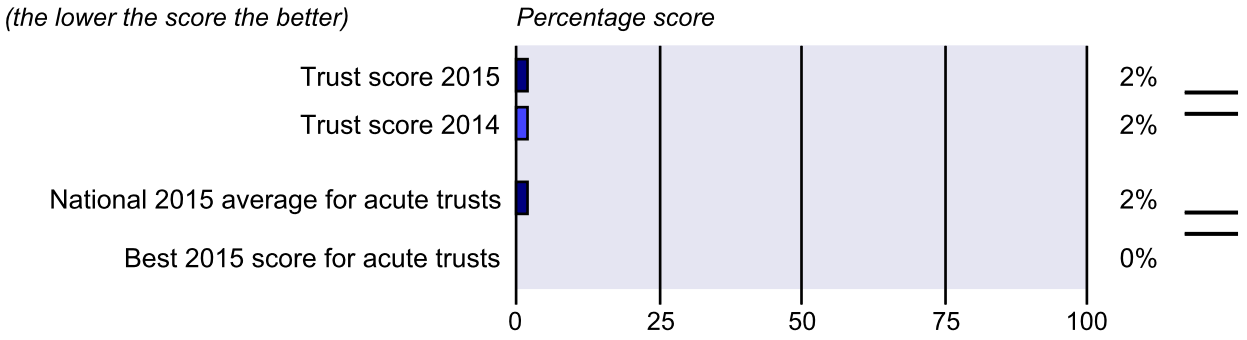
KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



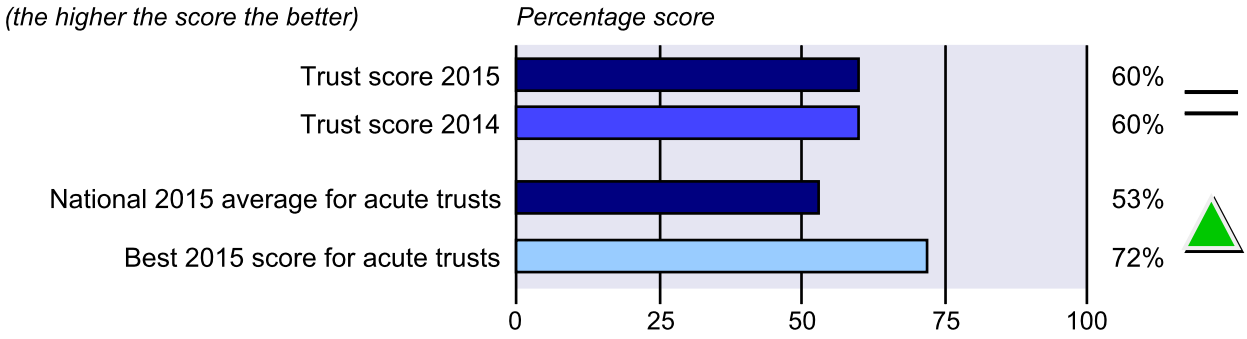
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



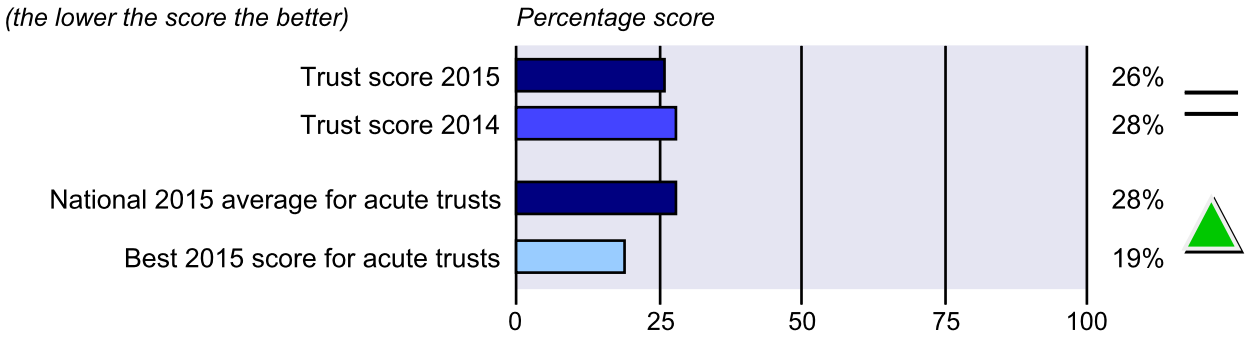
KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



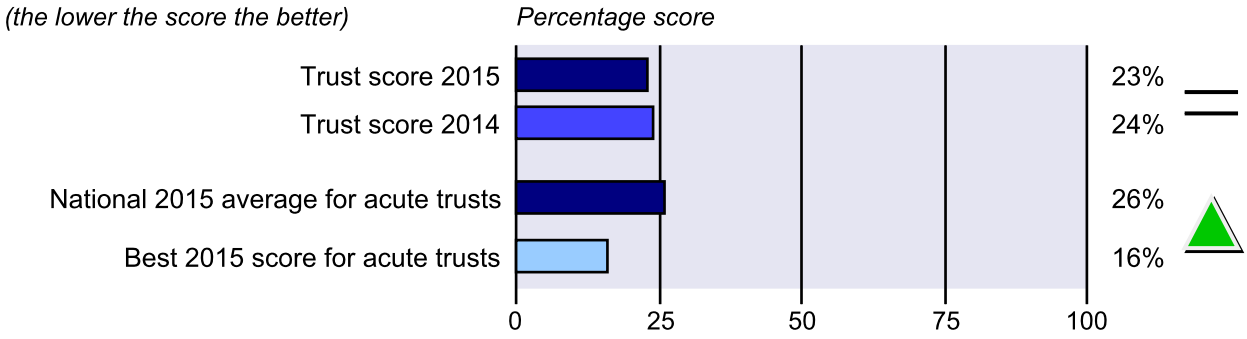
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



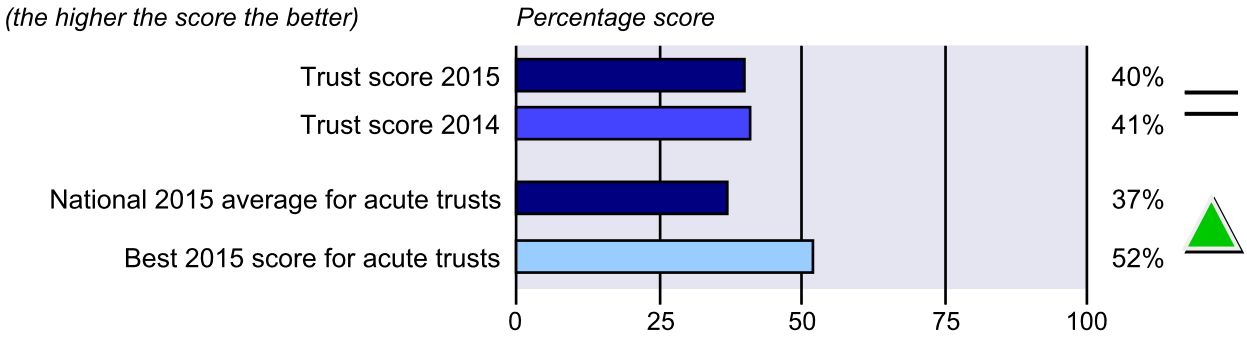
KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



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

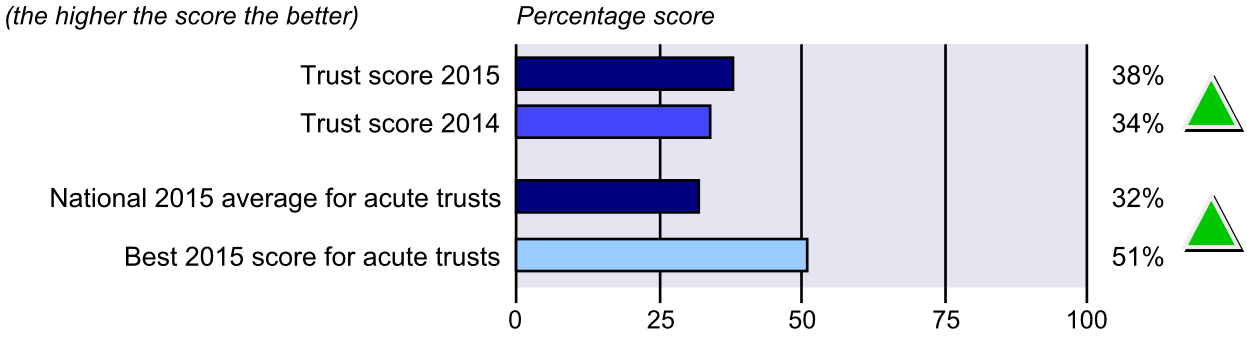
(the higher the score the better)



STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

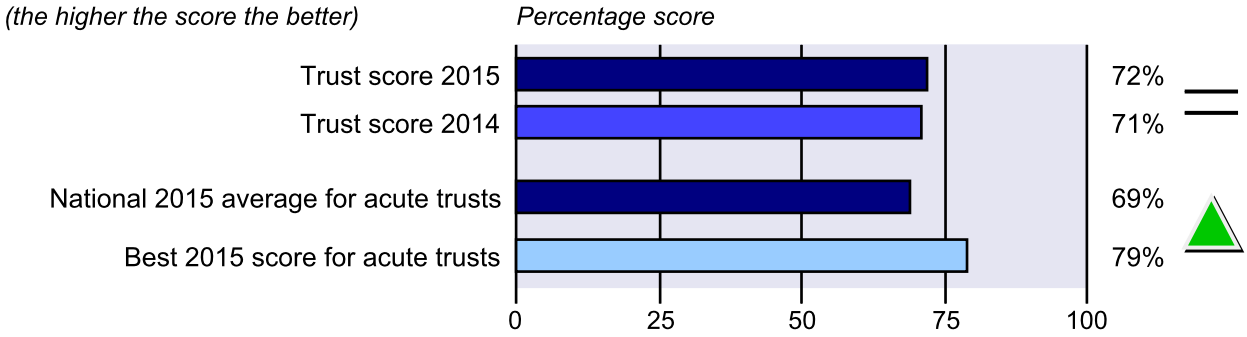
KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



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

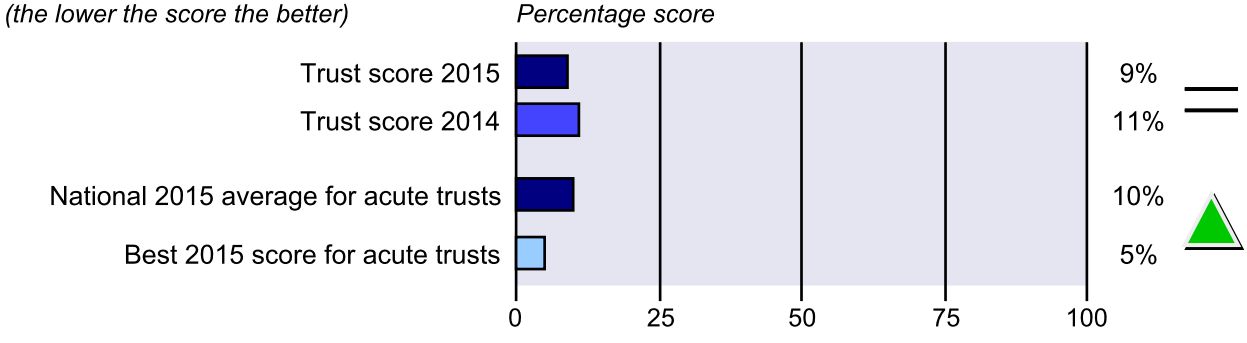
(the higher the score the better)



ADDITIONAL THEME: Equality and diversity

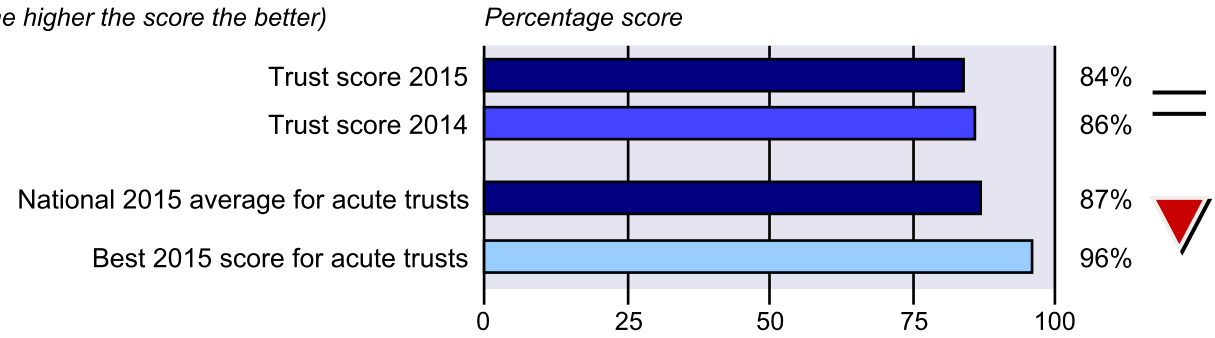
KEY FINDING 20. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



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

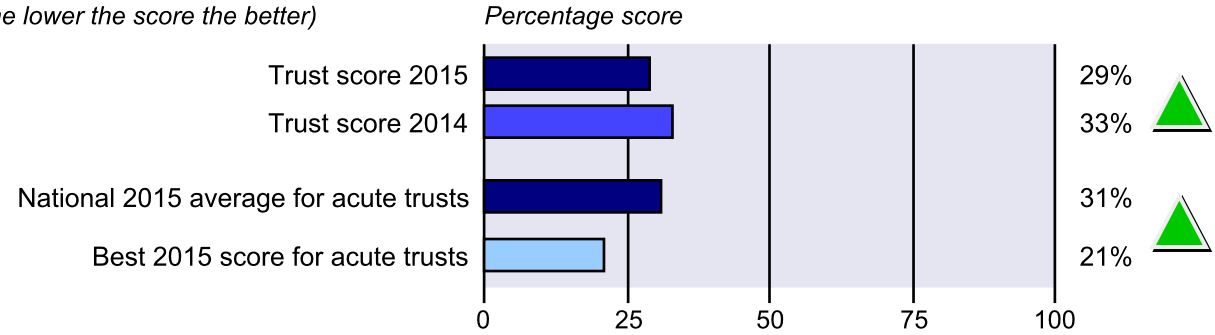
(the higher the score the better)



ADDITIONAL THEME: Errors and incidents

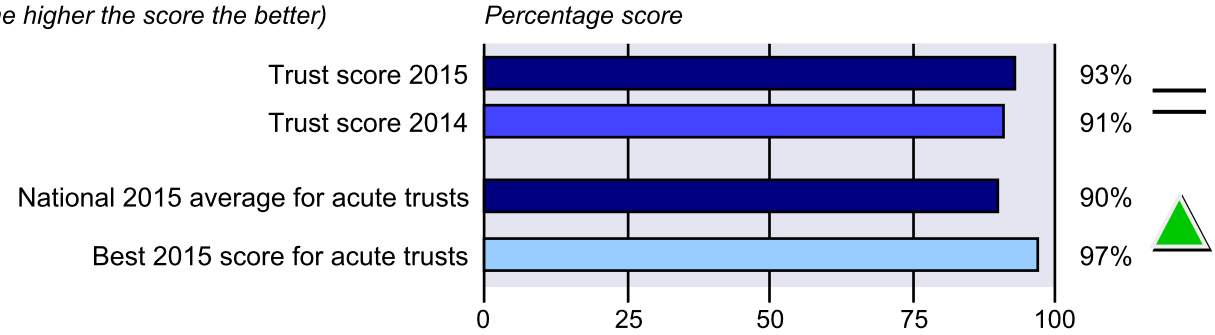
KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



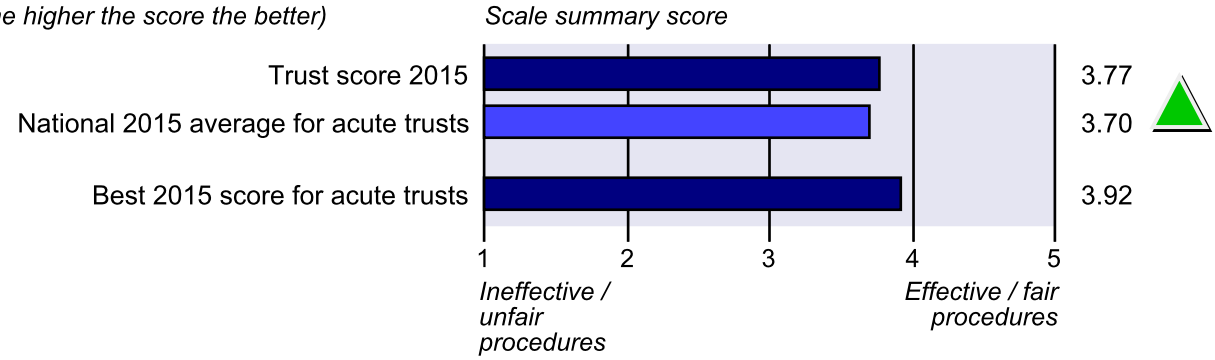
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



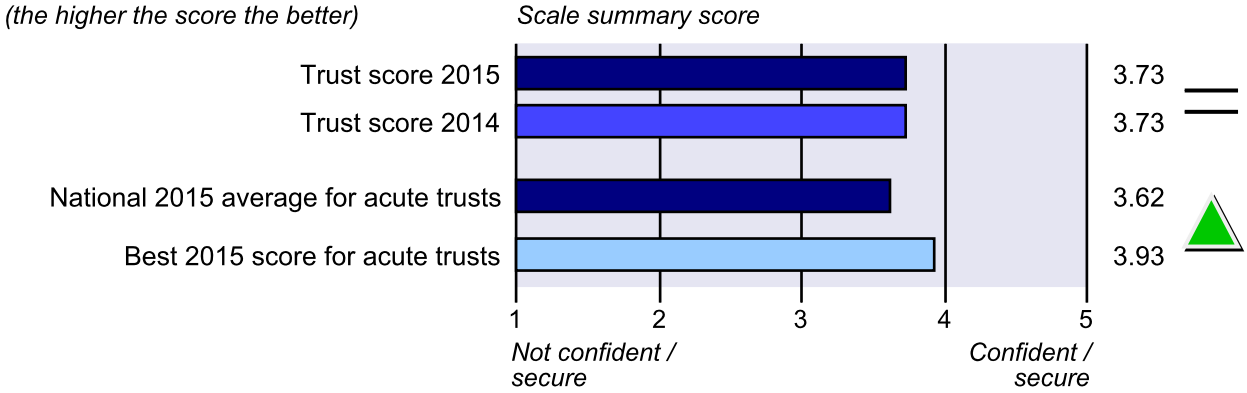
KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)



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

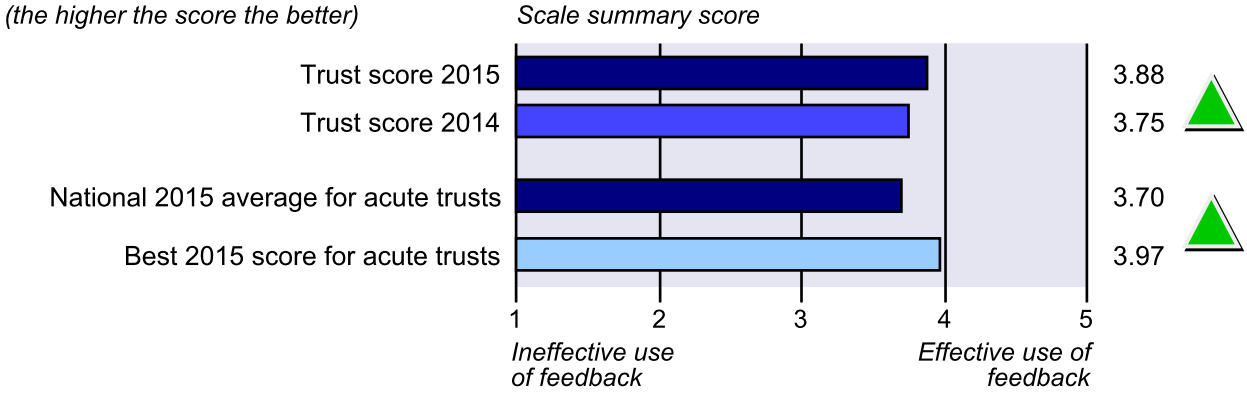
(the higher the score the better)



ADDITIONAL THEME: Patient experience measures

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

(the higher the score the better)



East Lancashire Hospitals NHS
NHS Trust

TRUST BOARD REPORT

Item 108

30 March 2016

Purpose Action

Title	Quality Committee Annual Report
Author	Mrs F Murphy, Deputy Company Secretary
Executive sponsor	Mr P Rowe, Committee Chair

Summary: The Annual Report of the Committee is presented together with the proposed Annual Work plan and proposals for amendment to the Committee Terms of Reference.

Recommendation: Members are requested to

a) Review the Annual Report for accuracy and indicate agreement to the future scope of the Committee for 2016/17
b) Consider the proposed amendments to the Committee Terms of Reference
c) Agree the work plan for 2016/17
d) Make appropriate recommendations to the Trust Board
e) Approve the Annual Report of the Committee for submission to March Trust Board to assist in the evaluation of the Annual Governance Statement

Report linkages

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

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by:

Introduction

1. The Quality Committee is required by its Terms of Reference to report on an annual basis to the Trust Board on the manner in which it has fulfilled its duties delegated from the Trust Board and on its general effectiveness.
2. The Quality Committee has operated throughout 2015/16 as a subcommittee of the Trust Board with a report on its discussions and decisions being provided to the Board following each meeting. Throughout the course of the year the Committee has effectively carried out its role to provide assurance to the Board that all aspects of the delivery of safe, personal and effective care are being appropriately governed and that the evidence to support that assurance is scrutinised in detail on behalf of the Board. This annual report provides a summary account of how the Committee has fulfilled its duties with the aim of providing the level of assurance required.
3. This report sets out the achievements of the Committee in the year and identifies the areas of focus for the new financial year to continue to build upon the robust governance process in place across the organisation.

Remit of the committee

Constitution and Membership

4. The Committee is a Non-Executive Committee of the Board and has no executive powers, other than those specifically delegated in the terms of reference. The Quality Committee has delegated authority from the Trust Board to operate on its behalf in matters relating to patient safety and governance.
5. The Committee has no executive powers other than those specified in the Terms of Reference which reflect the Trust Board's Scheme of Reservation and Delegation. The Committee is the high level committee for quality and safety and is authorised to investigate any issue within the scope of its Terms of Reference and require any employee to cooperate with the Committee in fulfilling its delegated duties. The Committee is also authorised to obtain any independent professional advice it considers necessary to enable it to fulfil its duties.
6. The Committee is established with a membership of 3 Non-Executive Directors and is chaired by Mr P Rowe. Mr Rowe qualified as a pharmacist in 1974 and has held posts in hospitals, the community and in Health Authorities in most regions in England. Peter retired from his full time employment with the NHS and DH at the end

of December 2011 and nowworks on a consultancy basis for the NHS Commissioning Board, the pharmaceutical industry and the private sector. Peter was a Non-Executive Director of Skills for Health until March 2013 and became a full Non-Executive Director at the Trust in January 2014 after a brief period as an Associate Non-Executive Director.

7. Mrs Sedgley is a Non- Executive member of this Committee and Chair of the Audit Committee. She is a self-employed accountant with over 20 years' experience of industry and general practice. Her client-base has included companies and unincorporated businesses across a wide range of industries such as the construction trade, chemical sales and web-based retailers.

8. Mr Slater joined the Quality Committee in February 2015. Richard leads the Northpoint Media group of businesses which includes magazine publishing, event management and PR and marketing arms. He is a journalist and has worked on regional and national publications whilst also lecturing in journalism working in the music industry. He was the private sector lead on Fuse Fund, which attracted a £4m funding commitment from government to support young businesses in Lancashire. Richard was a director of East Lancashire Chamber of Commerce and a past president of the East Lancashire Junior Chamber.

9. The Director of Operations, Medical Director and Chief Nurse are the remaining members of the Committee with the Associate Director of Quality and Safety and the Company Secretary normally in attendance at meetings. A representative from the Trust's Internal Auditors, Mersey Internal Audit Services, has also been in attendance at a number of meetings during the course of the year.

Delegated Duties

10. The Committee will review and approve the Trust's Risk Management Strategy (and supporting documents) assuring the Board that it contains the information necessary to support good governance and risk management throughout the Trust, assuring itself that the Trust meets the requirements of all mandatory and best practice guidance issued in relation to clinical and corporate governance

11. The Committee will assure itself that adequate and appropriate integrated governance structures, processes and controls (including Risk Assurance Frameworks at all levels) are in place across the Trust. In particular this Committee is responsible for the detailed scrutiny of the safety, personalisation and effectiveness of care and will

establish Trust wide governance priorities.

12. The Trust Governance and Risk Management Strategy allows for the establishment of Divisional governance arrangements within a strong accountability framework. The Committee will approve the governance arrangements proposed by the divisions and will have oversight of the establishment and function of any boards or committees established within those arrangements.
13. It will approve the Terms of Reference and membership of its reporting committees and oversee the work of its sub-committees receiving reports from them for consideration and action as necessary.
14. The Committee will receive reports from its sub-committees at which the patient safety and quality issues and risk management processes in the Divisions are debated and monitored collectively.
15. The Committee will provide the Board, through the Audit Committee, with the assurance that the divisional committees are functioning appropriately in terms of governance and risk management and contribute positively to ensuring the delivery of safe, personal and effective care.
16. It will satisfy itself that at every level of the Trust staff identify, prioritise and manage risk arising from corporate and clinical issues on a continuing basis.
17. It has responsibility for scrutinising the Trust's (Corporate) Risk Assurance Framework on a monthly or near monthly basis and satisfying itself that the identified risks are being managed appropriately within the divisions and departments and at executive level.
18. It is responsible for ensuring that those risks escalated to the Board Strategic Risk Assurance Framework are appropriate and proportionate, seeking further assurance from the executive team and escalating to the Board, concerns relating to unresolved risks that may require executive action or pose significant threats to the operation, resources or reputation of the Trust.
19. The Committee will scrutinise the effective and efficient use of resources through evidence based clinical practice and assure itself that there is an appropriate process in place to monitor and promote compliance across the Trust with all standards and guidelines issued by the regulators, NHS England, the NHS Litigation Authority, the Royal Colleges and other professional and national bodies
20. It will promote a culture of open and honest reporting of any situation that may threaten the quality of patient care, and oversee the process within the Trust to

ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation

21. The Committee will satisfy itself that examples of good practice are disseminated within the Trust, ensuring that its sub-committees have adequately scrutinised the investigation of incidents and that there is evidence that learning is identified and disseminated across the Trust.
22. The Committee will satisfy itself that those elements of business relating to Patient Safety and Governance that are contained in the Terms of Reference of other committees are carried out effectively for example ensuring that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit; that guidelines and standards are introduced consistently across the Trust and poor practice is challenged.
23. The Committee will satisfy itself that Safeguarding Children and Vulnerable Adults is at the heart of everything we do, ensuring that the Trust meets all of its obligations in respect of safeguarding at all times. This includes satisfying itself that all staff have training to the standard and frequency required. It will also satisfy itself that the Trust captures the learning from nationally published reports and that the learning is embedded in the practices, policies and procedures of the Trust.
24. It will also satisfy itself that the appropriate actions in respect of Patient Safety and Governance have been taken following recommendations by any relevant external body. This includes monitoring the Trust's compliance with the Care Quality Commission registration requirements and any reports resulting from visits.
25. The Committee will receive a detailed report on the activity of the PALs service and Complaints and Litigation.
26. The Committee will approve all new policies and procedures (and amendments to existing policies) in the Trust once they have been through the Policy Council and its supporting processes and endorsed by the Patient Safety and Risk Assurance Committee, ensuring that they are in accordance with all relevant legislation and guidance.
27. The Committee will seek assurances that as well as delivering safe, personal and effective care to patients the health and welfare of staff and others for whom the Trust owes a duty of care is protected.
28. The Committee will also consider matters referred to it by other committees and groups across the Trust.

Administration arrangements

Meetings and Attendance

29. The Committee meets eight times per year as a minimum. There have been eight meetings in 2015/16. The attendance of members is shown in the table below. Each meeting has been quorate.

Member Name	Member Title	Mar-15	May-15	Jul-15	Sep-15	Nov-15	Dec-15	Jan-16	Mar-16	
Peter Rowe	Committee Chair	✓	✓	✓	✓	✓	✓	✓		100%
Liz Sedgley	Non-Executive Director	✓	✓	D	✓	✓	✓	✓		100%
Richard Slater	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓		100%
Christine Pearson	Chief Nurse	A	✓	✓	✓	✓	✓	✓		87%
Damian Riley/ (Ian Stanley Medical Director to 1 July 2015)	Medical Director	✓	✓	✓	✓	✓	D	D		100%
Gillian Simpson	Director of Operations	✓	✓	✓	✓	✓	✓	✓		100%

30. The Committee has an annual cycle of business which is included in the Trust Committee Handbook and is designed to provide assurance against all appropriate elements of the Assurance Framework in relation to patient safety and quality issues. This enables the Audit Committee to have reliance on the Committee's work when considering the Annual Governance Statement and assists the Audit Committee in carrying out its delegated function as the Committee with oversight of all risk and internal control arrangements across the organisation on behalf of the Trust Board. A number of standing items on the Committee's agenda enables it to fulfil its function under its delegated duties and its Terms of Reference.

31. The Medical Director, as lead Executive Director for the Committee, together with the Company Secretary assist the Chair of the Committee in ensuring that agendas are

appropriately scheduled to cover the Committee's work plan, are received in a timely manner and are of an appropriate standard to enable the Committee members to undertake their responsibilities.

Reporting Arrangements

32. The Committee reports to the Trust Board. Each Trust Board meeting receives a summary of the decisions and discussions of the Committee. The Chair of the Committee will bring to the attention of the Trust Board any issues of concern arising out of the meeting when this report is presented to the Trust Board.

33. The Committee provides a summary report to the Audit Committee to enable it to undertake its function to oversee the system of internal control within the organisation.

34. The Committee has 4 standing sub committees:

a) the Serious Incident Requiring Investigation Panel,
b) the Patient Safety and Risk Assurance Committee
c) the Patient Experience Group
d) the Clinical Effectiveness Committee

35. These subcommittees report to each meeting of the Quality Committee. The reports take the form of summary reports and will include any issues to be escalated from the divisions and reporting subgroups and a summary of the key issues raised and the decisions or recommendations made.

36. The Committee has provided the following reports to Trust Board:

Quality Committee Meeting	Report to Trust Board
March 2015	March 2015
May 2015	June 2015
July 2015	July 2015
September 2015	September 2015
November 2015	November 2015
December 2015	January 2016
January 2016	January 2016
March 2016	April 2016

Terms of Reference Review

37. The Committee's Terms of Reference are reviewed by the Trust Board on an annual basis and included in the Trust Committee Handbook. The Terms of Reference were last approved by the Trust Board in May 2015. The current Terms of Reference are appended for information. The Committee recommends the following changes to the Terms of Reference of the Quality Committee:
    a) To have the Internal Safeguarding Board report directly to the Committee
    b) To have the Health and Safety Committee report directly to the Committee
    c) To have the Infection Control Committee report directly to the Committee
    d) To formally delegate authority for approving Policies to the Patient Experience Committee
    e) To reflect the change of name for the Committee approved by the Trust Board in November 2015 in the Committee Terms of Reference.
38. Proposed changes to the Terms of Reference are highlighted in bold and red in the document attached.

Assurance Framework

39. The work of the Committee has been guided by the strategic objectives and risks to their achievement identified in the Trust's Assurance Framework in addition to its focus on the delivery of safe, personal and effective care as required in its Terms of Reference. During the course of the year the Committee considered reports from management that enabled the Committee to receive assurance on the processes in place to mitigate these strategic risks.

Members' Learning and Development

40. An annual review of the performance and effectiveness of each member of the Committee is undertaken by the Chief Executive in respect of Executive Directors, and by the Chairman in respect of Non-Executive Directors. Personal development plans are designed for each member in addition to the learning and development opportunities offered to members as part of the ongoing Trust Board development programme. In this way, the training needs of members have been met throughout the course of the year and will continue to be satisfied in the coming year.

Leadership

41. The Chair of the Committee has responsibility for ensuring that the work of the Committee is effective, that the Committee is appropriately resourced and is maintaining effective communication. The Committee has been lead throughout the year by Mr Rowe who has worked effectively with the Chairman and Chief Executive to secure sufficient resource for the Committee during the course of the year. The Committee makes no further recommendations in relation to resources at this time and will continue to monitor the support and resources over the coming year. The priorities for the Committee for 2016/17 recognise the need to continue to increase communication from the Committee into the organisation.

Providing assurance

42. The following table tracks the reports received by the Committee over the course of the year against the Committee's responsibilities under its Terms of Reference and the Delegated Duties laid out in the Scheme of Delegation from the Trust Board.

Committee Requirement	Report Presented
Review and approve the Risk Management Strategy	• The Risk Management Strategy will be reviewed after the Trust Board has held a further development meeting on risk management. The session will include work on risk appetite and risk tolerance. The Board Assurance Framework is to be updated in April and will be aligned with the Trust's new Clinical Strategy.
Meeting the requirements of mandatory and best practice guidance	• Internal mandatory training information is provided each meeting in the Quality Dashboard • Advancing Quality Assurance Report (March 2015) • Fundamental standards Report (March 2015) • Nutrition and Hydration Report (March 2015) • Regulation 28 Notices (provided ad hoc) • Advancing Quality Update (May 2015) • Electronic Prescribing Medicine Administration

Committee Requirement	Report Presented
	Risk Assessment (May 2015) • Statutory and Best Practice Update (ad hoc) • CQC Inspection Action Plan (July 2015) • Kirkup Report Review (July 2015) • NICE Compliance Update (July 2015) • CQUIN Update (July 2015) • Subcommittee Reports received at each meeting
Integrated governance structures, processes and controls are in place across the Trust	• Subcommittee Reports received at each meeting • Safeguarding alerts received ad hoc • Corporate Risk Register reviewed at each meeting • Board Assurance Framework reviewed at each meeting • Quality Improvement Initiatives Register (March 2015) • Serious Incident and Never Event Report received at each meeting • Patient Safety Walkround Annual Report (May 2015) • Draft Annual Governance Statement (May 2015) • Committee Annual Report (May 2015) • End of Life Care Annual Report (July 2015) • PALS and Complaints Report (July 2015) • Annual Safeguarding Report (July 2015) • NICE Compliance Report (July 2015) • Health and Safety Committee Summary Report (January 2016)
Scrutiny of Trust wide governance priorities	• Advancing Quality Assurance Report (March 2015) • Quality Improvement Initiatives Register (March 2015)

Committee Requirement	Report Presented
	• Serious Incident and Never Event Report received at each meeting • Subcommittee Reports received at each meeting • Patient Safety Walkround Annual Report (May 2015) • Draft Annual Governance Statement (May 2015) • End of Life Care Annual Report (July 2015) • PALS and Complaints Report (July 2015) • NICE Compliance Report (July 2015) • Cancer Patient Experience Survey (March 2015) • Quality Dashboard received at each meeting • Mortality Alerts received ad hoc • Nursing and Midwifery Strategy Review (March 2015) • Corporate Risk Register received at each meeting • Board Assurance Framework received at each meeting • Complaints Report (March and May 2015) • Equality and Diversity Strategy (March 2015) • Open and Honest Care Report (March 2015) • SRCP Approval Process (May 2015) • Quality Account (May 2015) • Nursing Assessment Update (July 2015) • In Patient Survey (July 2015) • Quality Spotchecks Report (July 2015) • Patient Experience and Friends and Family Survey (July 2015) • Annual Safeguarding Report (July 2015) • PLACE Annual Report (March 2016)

Committee Requirement	Report Presented
Approve divisional governance arrangements and have oversight of them	• Subcommittee Reports received at each meeting
Approve terms of reference and membership of reporting committees and receive their reports	• Subcommittee Reports received at each meeting • Terms of reference reviewed ad hoc
Provide assurance that divisional committees are functioning appropriately	• Subcommittee Reports received at each meeting
Satisfy itself that staff identify, prioritise and manage risk	• Subcommittee Reports received at each meeting • Corporate Risk Register reviewed at each meeting
Scrutinise the Assurance Framework satisfying itself that identified risks are being managed appropriately	• Subcommittee Reports received at each meeting • Board Assurance Framework reviewed at each meeting
Ensuring risks escalated to the Board Assurance Framework are appropriate and proportionate	• Subcommittee Reports received at each meeting • Board Assurance Framework reviewed at each meeting
Scrutinise the effective and efficient use of resources and assure itself there is an appropriate process in place to monitor compliance with all standards and guidelines	• Statutory and Best Practice update is a standing agenda item • Subcommittee Reports received at each meeting
Promote a culture of open and honest reporting and ensure that appropriate action is taken in response to adverse clinical incident, complaints and litigation	• Subcommittee Reports received at each meeting • Serious Incident and Never Event Report received at each meeting • Patient Safety Walkround Annual Report (May 2015) • Serious Incident and Never Event Report received at each meeting

Committee Requirement	Report Presented
	• PALS and Complaints Report (July 2015) • Complaints Report (March and May 2015) • Open and Honest Care Report (March 2015) • Patient Experience and Friends and Family Survey (July 2015)
Satisfy itself that examples of good practice are disseminated	• Subcommittee Reports received at each meeting • Serious Incident and Never Event Report received at each meeting • Patient Safety Walkround Annual Report (May 2015) • Serious Incident and Never Event Report received at each meetin
Ensure appropriate mechanisms are in place for actions to be taken in response to the results of clinical audit	• Subcommittee Reports received at each meeting
Ensure appropriate mechanisms are in place for action to be taken to ensure guidelines and standards are introduced consistently across the Trust	• Subcommittee Reports received at each meeting • Open and Honest Care Report (March 2015)
Ensure appropriate mechanisms are in place for action to be taken to ensure poor practice is challenged	• Subcommittee Reports received at each meeting • Serious Incident and Never Event Report received at each meeting • Patient Safety Walkround Annual Report (May 2015) • Serious Incident and Never Event Report received at each meeting • Nursing Assessment Update (July 2015)
Satisfy itself that safeguarding children and vulnerable adults is at the heart of	• Subcommittee Reports received at each meeting • Safeguarding alerts received ad hoc

Committee Requirement	Report Presented
everything we do	• Annual Safeguarding Report (July 2015)
Satisfy itself that the Trust captures the learning from nationally published reports and that learning is embedded	• Statutory and Best Practice update is a standing agenda item • Kirkup Report Review (July 2015)
Satisfy itself that the appropriate actions are taken following recommendations by any relevant external body	• Health and Safety Committee Summary Report (January 2016) • Mortality Alerts (ad hoc) • Mortality included on Quality Dashboard at each meeting • Subcommittee Reports received at each meeting
Monitor the Trust's compliance with CQC registration requirements and any reports resulting from visits	• CQC Intelligent Monitoring Report (July 2015)
Receive a detailed report on the activity of the PALS service and complaints and litigation	• PALS and Complaints Report (July 2015) • Complaints Report (March and May 2015)
Approve all new policies and procedures once they have been through the Policy Council	• Subcommittee Reports received at each meeting
Seek assurance that the health and welfare of staff and others for whom the Trust has a duty of care is protected	• Subcommittee Reports received at each meeting
Consider matters referred by other Committees or groups across the Trust	The Committee has completed all actions assigned by the Trust Board during the course of the year under review.

Priorities for 2015/16

43. The priorities for 2015/16 were:

a) To ensure the workplan of the Committee supports the assurances required for the Board Assurance Framework (AF) and the Annual Governance Statement (AGS)

(i) The workplan of the Committee has included a review of the Assurance

Framework and the supporting Corporate Risk Register at each meeting. Changes in the AF and CRR have been challenged and assessed during the course of the year with appropriate recommendations being made to the Trust Board. This will be taken forward into the new financial year with greater scrutiny being applied. The Committee has recommended that the Trust Board undertakes further training to promote understanding of the AF and the way in which this drives the work of the Trust in all spheres of activity. Although one Board session has been undertaken during the course of the year the Committee has recommended that this is a continuing area of focus for the Trust Board in 2016/17.

(ii) The Annual Report of the Committee was relied upon by the Audit Committee when considering the AGS in 2015/16. This report has again been prepared to ensure that the Audit Committee is able to receive appropriate assurance when considering the draft AGS at the end of this financial year.

b) To formally review the effectiveness of the Committee and its subcommittees following their first full year of operation incorporating lessons learned into the workplan going forward

(i) Although a formal assessment of the effectiveness of the Committee and its subcommittees has not taken place in year, the Committee has introduced an informal self-assessment of the effectiveness of the Committee meeting as a standing agenda item at the conclusion of each meeting when considering items for escalation to the Trust Board and delegation to other Committees within the corporate governance structures.

(ii) Informally the Committee has considered the effectiveness of its reporting Committees when considering their reports at each meeting. In order to improve the effectiveness of the Quality Committee a review of the timing and reporting into the Committee from its reporting groups has taken place. It is anticipated that this will assist in planning the activity of both the Committee and its reporting groups to ensure their terms of reference are appropriately met within the time available. This work will be carried forward into the new financial year with work being planned with Internal Auditors to review both Corporate and Divisional governance meetings and structures.

c) To increase the visibility and influence of the Committee seeking assurances where appropriate from a wider range of staff

(i) *The Committee recognises that there is further work to do to increase the visibility of the Committee and ensure there is a wider understanding of its remit. There has been little ad hoc attendance from staff and other groups who are not members of the Committee during the course of the year. However, with the proposed changes in the structure of reporting Committees it is anticipated that this will occur over the course of the year within the staff delivering service in the spheres of Infection Control, Safeguarding and Health and Safety which are core elements of the Committee's work.*

(ii) *The Committee demonstrated its ability to effectively extend its influence and visibility during the course of the year with the work it undertook to ensure the disappointing performance in a catering assessment was addressed and rectified at the following external assessment.*

d) To assist in the development and review of the Board's Clinical Strategy, Quality Strategy and other strategies as appropriate

(i) *The Committee's Executive Lead is the Medical Director who is also leading work on the development of the Clinical Strategy for the next five years.*

e) To continue to work to support the Divisional and Clinical Teams in their delivery of safe, personal and effective care to patients and their families

(i) *The Committee has consistently reviewed the work of Divisional and Clinical Teams through its subgroup reports and members have provided consistent and visible support to these teams through the programme of Patient Safety visits during the course of the year. Appropriate recommendations and challenge has been provided to the subgroups throughout the course of the year.*

f) To continue to refine the subcommittee structure on recommendations from the members of those committees and establish clear timelines for reporting and escalation of concerns

(i) *As identified above, the Committee has made recommendations to increase the number of groups reporting directly to it in important areas of work to improve patient and staff safety and quality of experience. If approved by the Trust Board, the changes will be monitored during 2016/17.*

g) To continue to test the rigour of assurances provided in order to provide the appropriate level of assurance to the Trust Board on quality and safety issues.

(i) *The proposed changes in the subcommittee structure are designed to ensure more rigorous assurance is able to be provided to the Audit Committee and*

Trust Board in the areas of Infection Control, Health and Safety and Safeguarding. The Committee has identified that a greater degree of oversight would be of benefit in the coming year.

Priorities for 2016/17

a) To ensure that there is closer liaison between the Board, the Audit Committee and the Quality Committee in the management and review of the Assurance Framework and that Board members have a greater understanding of the way in which it drives the work of the Trust in all spheres of activity

b) To review and oversee implementation of the recommendations, if any, of the work with Internal Auditors to review the structure and effectiveness of Corporate and Divisional governance structures and meetings.

c) To seek a greater degree of assurance on the sphere of activity being undertaken by its subcommittees through the consideration of annual reports from each reporting group. This will provide the Committee with greater assurance that all elements of its terms of reference are being appropriately discharged through the work of its subgroups.

d) Having experienced a successful year in monitoring patient safety and quality, to begin to extend the scope of work to ensure there is appropriate focus on the staff delivering high quality services and the factors which influence and effect the delivery of care.

e) To provide a greater focus on the impact on quality of services of the Safely Reducing Costs Programme

Conclusion

44. The Chair of the Committee would like to take the opportunity to thank members and all staff for their assistance in enabling the Committee to deliver its objectives during the course of the year.

Constitution

The Trust Board has established a Committee with delegated authority to act on its behalf in matters relating to patient safety and governance to be known as the ~~Patient Safety and Governance~~ **Quality** Committee.

The Committee will provide assurance to the Board and to the Audit Committee which is the high level risk Committee of the Board, on all matters that it considers and scrutinises on behalf of the Board.

Purpose

The purpose of this Committee is to provide assurance to the Board that all aspects of the delivery of safe, personal and effective care are being appropriately governed and that the evidence to support that assurance is scrutinised in detail on behalf of the Board.

Membership

3 Non-Executive Directors including a Non- Executive Chair of the Committee
Director of Operations
Director of Nursing
Medical Director
Director of HR/OD

Quorum

Four members, one of which must be a clinician and two of which will be Non-Executive Directors.

A quorum must be maintained at all meetings. Members are expected to attend all meetings but will attend at least 75% of meetings. Members who are unable to attend will arrange for the attendance of a nominated deputy, whose attendance will be recorded in the minutes, making clear on whose behalf they attend.

Nominated Deputies

Chair	- a Non-Executive member of the Committee
Non-Executives	- a Non-Executive
Director of Operations	- **an Executive Director or Divisional General Manager**

Director of Nursing - Deputy Director of Nursing

Medical Director - ~~Chief Medical Officer~~ **Deputy Medical Director**

Attendance

The Associate Director of Patient Safety and Governance and the Company Secretary will normally be in attendance at meetings. **A representative of the Trust's Internal Audit function will be invited to attend and observe each meeting.** The Committee may direct the attendance of others at meetings as the Chair of the Committee deems appropriate

Frequency

The Committee will meet at least 8 times a year, the dates of which are detailed in the schedule attached to the **Corporate Committee** Handbook. Additional meetings may be called at the discretion of the Chair of the Committee as provided for in the Trust Standing Orders and Standing Financial Instructions.

Authority

The Committee has no executive powers other than those specified in these Terms of Reference and by the Trust Board in its Scheme of Delegation.

The Committee forms the high level Committee for Quality and Safety reporting.

The Committee is authorised to investigate any issue within the scope of its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

The Committee is authorised, with the support of the ~~Board~~ **Company** Secretary, to obtain any independent professional advice it considers necessary ~~in accordance with these~~ **to enable it to fulfil these** Terms of Reference.

Duties and Responsibilities

The Committee will review and approve the Trust's Risk Management Strategy (and supporting documents) assuring the Board that it contains the information necessary to support good governance and risk management throughout the Trust, assuring itself that the Trust meets the requirements of all mandatory and best practice guidance issued in relation to clinical and corporate governance

The Committee will assure itself that adequate and appropriate integrated governance

structures, processes and controls (including Risk Assurance Frameworks at all levels) are in place across the Trust. In particular this committee is responsible for the detailed scrutiny of the safety, personalisation and effectiveness of care and will establish Trust wide governance priorities.

The Trust Governance and Risk Management Strategy allows for the establishment of Divisional governance arrangements within a strong accountability framework. The Committee will approve the governance arrangements proposed by the divisions and will have oversight of the establishment and function of any boards or committees established within those arrangements.

It will approve the Terms of Reference and membership of its reporting committees and oversee the work of its sub-committees receiving reports from them for consideration and action as necessary.

The Committee will receive reports from its sub-committees at which the patient safety and quality issues and risk management processes in the Divisions are debated and monitored collectively.

The Committee will provide the Board, through the Audit Committee, with the assurance that the divisional committees are functioning appropriately in terms of governance and risk management and contribute positively to ensuring the delivery of safe, personal and effective care.

It will satisfy itself that at every level of the trust staff identify, prioritise and manage risk arising from corporate and clinical issues on a continuing basis.

It has responsibility for scrutinising the Trust's (Corporate) Risk Assurance Framework on a monthly or near monthly basis and satisfying itself that the identified risks are being managed appropriately within the divisions and departments and at executive level.

It is responsible for ensuring that those risks escalated to the Board Strategic Risk Assurance Framework are appropriate and proportionate, seeking further assurance from the executive team and escalating to the Board, concerns relating to unresolved risks that may require executive action or pose significant threats to the operation, resources or reputation of the Trust.

The Committee will scrutinise the effective and efficient use of resources through evidence based clinical practice and assure itself that there is an appropriate process in place to monitor and promote compliance across the Trust with all standards and guidelines issued by the regulators, NHS England, the NHS Litigation Authority, the Royal Colleges and other professional and national bodies

It will promote a culture of open and honest reporting of any situation that may threaten the quality of patient care, and oversee the process within the Trust to ensure

that appropriate action is taken in response to adverse clinical incidents, complaints and litigation

The Committee will satisfy itself that examples of good practice are disseminated within the Trust, ensuring that its sub-committees have adequately scrutinised the investigation of incidents and that there is evidence that learning is identified and disseminated across the Trust.

The Committee will satisfy itself that those elements of business relating to Patient Safety and Governance that are contained in the Terms of Reference of other Committees are carried out effectively for example ensuring that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit; that guidelines and standards are introduced consistently across the trust and poor practice is challenged.

The Committee will satisfy itself that Safeguarding Children and Vulnerable Adults is at the heart of everything we do, ensuring that the Trust meets all of its obligations in respect of safeguarding at all times. This includes satisfying itself that all staff have training to the standard and frequency required. It will also satisfy itself that the Trust captures the learning from nationally published reports and that the learning is embedded in the practices, policies and procedures of the Trust.

It will also satisfy itself that the appropriate actions in respect of Patient Safety and Governance have been taken following recommendations by any relevant external body. This includes monitoring the Trust's compliance with the Care Quality Commission registration requirements and any reports resulting from visits.

The Committee will receive a detailed report on the activity of the PALs service and Complaints and Litigation.

~~The Committee will approve all new policies and procedures (and amendments to existing policies) in the Trust once they have been through the Policy Council and its supporting processes and endorsed by the Patient Safety and Risk Assurance Committee, ensuring that they are in accordance with all relevant legislation and guidance.~~

The Committee will seek assurances that as well as delivering safe, personal and effective care to patients the health and welfare of staff and others for whom the Trust owes a duty of care is protected.

The Committee will also consider matters referred to it by other committees and groups across the Trust.

Reporting

Following each Committee meeting the Chair of the Committee, supported by the

Associate Director of Patient Safety and Governance **and Company Secretary**, will provide the next meeting of the Board with a written report. The report will contain the issues discussed including key issues raised by Committee members and the decision or recommendation made on behalf of the Board. The papers from the meeting and the full minutes of the Committee will be available to all Board members.

~~Four~~ **Seven** subcommittees, the Serious Incident Review and Investigation Panel, the Patient Safety and Risk Assurance Committee, the Patient Experience Group ~~and~~ the Clinical Effectiveness Committee**, the Health and Safety Committee, the Infection Control Committee and the Internal Safeguarding Board** will report to ~~each meeting of~~ the ~~Patient Safety and Governance~~ **Quality** Committee. The reports will include any issues to be escalated from the divisions and reporting subgroups and a summary of the key issues raised and the decisions or recommendations made.

The Committee will also ~~receive a report from the Internal Safeguarding Board for children and for adults and will~~ receive reports from the local safeguarding boards established by the local authorities. It will also receive reports on any nationally published reports.

Review

The effectiveness of the Committee will be reviewed on an annual basis as part of the Trust Board business cycle. The Committee will provide an annual report on its activities the Trust Board as part of this review. The functioning of the Committee may be assessed within the normal annual cycle of reporting by the Audit Committee through the internal and external auditors and external regulatory bodies.

Committee Support

Lead Director – Medical Director

Secretary – Company Secretary

QUALITY COMMITTEE WORKPLAN 2016/17

Title	Item Description	Jan	Mar	May	Jul	Sep	Nov
Health and Safety Annual Report	To receive the Annual Report To review the arrangements for Health and Safety within the Trust To address any items for escalation		*				
Collaborative Learning (1:1 Specialing and bank staffing)				*			
Items for the Next Agenda	To agree items to be considered at the next meeting	*	*	*	*	*	*
Review of Meeting and Attendance Report	To consider the effectiveness of the meeting and agree items for escalation and delegation To review the attendance of members during the course of the year	*	*	*	*	*	*
Any Other Business	To discuss urgent items not otherwise included on the agenda	*	*	*	*	*	*
Date and Time of Next Meeting	Wednesday 2016 at 10:00, Board Room, Trust HQ Reports due by 12:00 noon on 2016	*	*	*	*	*	*
Nursing Assessment Performance Framework	To receive a summary of ward performance against the NAPF and note actions being taken	*		*		*	
Summary Report of Clinical Effectiveness Committee	To consider the work of the Committee in meeting its Terms of Reference and Workplan To address items escalated from the Committee	*	*	*	*	*	*
Annual Report on Nursing Revalidation	To consider the arrangements for Nursing Revalidation across the organisation To consider lessons learned		*				
SIRI Panel Annual Report	To review the effectiveness of the Committee in meeting its Terms of Reference and annual workplan To consider any proposed changes to the Terms of Reference and the workplan for the coming year	*	*	*	*	*	*
Draft Quality Account	To review the draft Quality Account and make recommendations on content and format To note the arrangements for approval of the final Quality Account			*			

Chair's Welcome and Apologies	To welcome those attending, establish quoracy and note apologies and deputy arrangements	*	*	*	*	*	*
Minutes of the Previous Meeting	To approve or amend the draft minutes from the previous meeting	*	*	*	*	*	*
Matters Arising	To discuss matters arising from the previous minutes not otherwise on the agenda	*	*	*	*	*	*
Action Matrix	To note and challenge progress against previously agreed actions	*	*	*	*	*	*
Review of Terms of Reference and Annual Workplan	To consider proposed amendments to the Committee Terms of Reference To approve the annual workplan of the Committee		*				
Annual Report of the Committee	To consider the Annual Report of the Committee To recommend the Report to the Trust Board		*				
Board Assurance Framework Update	To note the review of the Board Assurance Framework To make recommendations to the Trust Board on BAF changes	*	*	*	*	*	*
Corporate Risk Register	To note the review of the Corporate Risk Register and changes in scores To receive assurance on the effectiveness and implementation of risk mitigation plans	*	*	*	*	*	*
Draft Annual Governance Statement	To consider the Annual Governance Statement for the Trust prior to its publication			*			
Quality Account Arrangements	To review the contents of the Draft Quality Account To receive assurance that the Draft Quality Account meets national requirements To note arrangements for the production and distribution of the final Quality Account		*				
Annual Quality Account	To approve the Quality Account for publication			*			
Summary Report of Patient Experience Committee	To consider the work of the Committee in meeting its Terms of Reference and Workplan To address items escalated from the Committee	*	*	*	*	*	*
PLACE Annual Report	To consider the annual report To consider any items for escalation		*				

Staff Survey	To consider the outcome of the annual staff survey To consider plans to address areas for improvement		*				
Raising Concerns Annual Report	To consider the annual report To evaluate arrangements in the Trust for staff to raise concerns To consider lessons learned			*			
Trust Education Board Report	To consider the report and the work of the Board	*		*		*	
Nursing and Midwifery Strategy Annual Report	To consider the effectiveness of the Nursing and Midwifery Strategy To note the review of the strategy To consider lessons learned			*			
Equality and Diversity Annual Report	To consider the annual report and review Equality and Diversity arrangements within the Trust To consider lessons learned		*				
Internal Safeguarding Board Annual Report	To receive the Annual Report of the Committee To review the effectiveness of the Committee in meeting its Terms of Reference and annual workplan To consider any proposed changes to the Committee Terms of Reference						
Quality Dashboard	To consider performance against key metrics and the impact on patients To receive assurance on the implementation and effectiveness of action plans to recover performance against key metrics	*	*	*	*	*	*
Clincal Audit Annual Report	To approve the Annual Report and forward workplan To consider the effectiveness of Clinical Audit arrangements within the Trust To address any issues escalated			*			
Falls Prevention Update Report	To receive an update on falls prevention activity across the organisation			*			
NICE Guidance Annual Report	To receive the Annual Report To review the arrangements for implementation of NICE guidance across the Trust To address any issues escalated						
Summary Report of Patient Safety and Risk Committee	To consider the work of the Committee in meeting its Terms of Reference and Workplan	*	*	*	*	*	*

	To address items escalated from the Committee						
Mortality Report	To review performance against mortality indicators and their impact on patient safety To receive assurance on work being undertaken to reduce mortality	*		*		*	
Annual Security Report	To review the Annual Security Report and discuss its implications for staff and patient safety					*	
Medicines Management Annual Report	To approve the Annual Report			*			
Infection Prevention and Control Annual Report	To review the work of the IPC team during the course of the year To recommend the report to the Trust Board						
Risk Management Strategy Annual Report	To review the effectiveness of the Risk Management Strategy To approve any amendment to the Strategy			*			
Winter Resilience Plan Evaluation Report	To review the effectiveness of winter resilience planning and lessons learned.			*			
Winter Resilience Plan	To consider the plans for management of anticipated winter activity on the non elective pathway and its associated implications for the Trust and patient experience.						*
Medical Revalidation Report	To consider the annual report and arrangements for medical revalidation across the organisation To consider lessons learned				*		
Emergency Planning Annual Report	To consider the annual report To review the emergency planning arrangements across the organisation To consider lessons learned					*	
Annual Report of the Internal Safeguarding Board	To review the effectiveness of the Committee in meeting its Terms of Reference and Annual Workplan To consider any proposed changes to the Terms of Reference and the workplan for the coming year						
Health and Safety Committee Annual Report	To review the work of the Committee in meeting its Terms of Reference and annual work plan To agree any changes required to the Committee Terms of Reference						

Summary Report of the Internal Safeguarding Board	To consider the work of the Committee in meeting its Terms of Reference and Workplan To address items escalated from the Committee	*	*	*	*	*	*
Summary Report of the Infection Prevention and Control Committee	To consider the work of the Committee in meeting its Terms of Reference and Workplan To address items escalated from the Committee	*	*	*	*	*	*
Summary Report of the Health and Safety Committee	To consider the work of the Committee in meeting its Terms of Reference and Workplan To address items escalated from the Committee	*	*	*	*	*	*
Guard Infusion Devices	To receive an update on the implementation of safety guidance		*				

Additional ad hoc reports will be provided as requested by the Committee, Trust Board or Audit Committee during the course of the year.

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 109

30 March 2016

Purpose Monitoring

Title	Finance and Performance Committee Information Report
Author	Mrs F Murphy, Deputy Company Secretary
Executive sponsor	Mr D Wharfe, Committee Chair

Summary: A summary of the discussions and decisions of the February Finance and Performance Committee is provided for information.

Report linkages

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

Impact

Legal	Yes	Financial	No
Maintenance of accurate corporate records			

Safe | Personal | Effective

Retain 30 years
Destroy in conjunction with National Archive Instructions
V:\Management Meeting Records\TRUST BOARD\2016\02 March\Part 1\Word Versions\(109) F&P Summary Report February.docx

Equality	No	Confidentiality	Yes
		Draft until approved	

Previously considered by: NA

Finance and Performance Committee – February 2016

1. At the last meeting of the Finance and Performance Committee held on Monday, 22nd February 2016 members considered the following key matters

Action Matrix

2. Members suggested that a brief session for Non-Executive members on the tenders' process take place immediately before the next meeting. Members went on to discuss the possibility of including tender updates as a standing item on future agendas for the Committee.

Integrated Performance Report

3. Members reviewed performance against key indicators particularly with regard to the quality of reassurance provided in relation to meeting the four hour standard in the Emergency Department. Members acknowledged that whilst it was disappointing to note the deterioration in performance of the four hour target and the ongoing issues with staffing, the Trust were taking a number of steps to improve performance, including a 90 day collaborative programme supported by the NTDA and a session with NWAS to address surges in ambulance activity.
4. Members discussed the need to address staffing issues within the emergency pathway as a priority. In response to Mr Barnes' question regarding the never events Dr Riley advised that the Trust awaited a decision on de-escalation from the NTDA at this time.

Finance Report

5. Mrs Brown reported the financial position and that the Trust was on course to meet the £12.118 million control total set by the NTDA. She confirmed that an additional £300,000 in SRCP schemes had been realised in month. Mrs Brown confirmed that significant work was being undertaken to reduce the agency use. She confirmed that capital expenditure was on track for the year and that the Better Payments Practice Code had been met for the second consecutive month. Members discussed controls over Divisional budgets and contractual penalty charges.

Sustaining Safe, Personal And Effective Care 2015/16

6. Mr Challender reported that work has taken place to develop Divisional Business Plans and draw them together into an overarching plan for the Trust. An in initial draft of the proposed schemes will be presented to the Executive Team. Schemes

were being considered for prioritisation against the Clinical Strategy, commissioning intentions and the Lord Carter review recommendations. One of the next steps would be to ascertain the detailed financial savings that schemes would realise. Members briefly discussed the need to achieve £30 million in SRCP schemes over the next two years and Non-Executive members requested that identification of schemes for the second year savings be considered now.

Sustaining Safe, Personal And Effective Care 2016/17 Planning

7. Mr Hodgson confirmed that the initial draft of the Trust's Operating Plan had been submitted by the deadline of 8 February. He provided a brief overview of the content of the plan which had been triangulated internally and with reference to the wider health and social care economy. The plan will be submitted to the March Trust Board meeting for a more detailed discussion prior to a final version being submitted in April. Mr Barnes thanked members for their work on the development of the Operating Plan and Clinical Strategy.

Procurement Update Report

8. Mr Tudor provided a presentation to members to update on delivery of in year procurement savings and the recommendations from the Lord Carter Review. In addition he also provided an update on the restructuring of the Procurement Team and a summary of the procurement NTDA planning submission.

Committee Annual Report, Business Cycle And Terms Of Reference

9. Mrs Murphy presented the report. Members briefly discussed the content of the Annual Report of the Committee and approved it as factually accurate. Mr Wharfe commented that it would be helpful if an additional Non-Executive Director were to be assigned to the membership of the Committee. Members agreed that this was a reasonable request and asked that this issue be brought up with the Chairman.
10. Members discussed the possibility of including regular tender reports to the remit of the Committee and agreed to raise this issue with the Chairman at their meeting prior to the Trust Board later in the week.
11. Mrs Cloney confirmed that the nominated deputy for the Director of HR and OD should be the Deputy Director of HR and OD, rather than the Head of HR.
12. Members approved the content of the proposed Committee work plan.

Items For The Next Agenda

13. Mr Hodgson and Mrs Murphy agreed to discuss and schedule the tender session in line with the next meeting.

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 110

30 MARCH 2016

Purpose Action

Title	Finance and Performance Committee Annual Report and Terms of Reference
Author	Mrs F Murphy, Deputy Company Secretary
Sponsor	Mr D Wharfe, Committee Chair

Summary: The annual report of the Finance and Performance Committee, incorporating a review of the Committee's Terms of Reference and a proposed work plan for 2016/17 is presented.

Recommendation: Directors are requested to

a) receive the annual report of the Committee noting the way in which it has performed its duties during the course of the year and the way in which the assurances provided will contribute to the Annual Governance Statement
b) approve the proposed amendments to the Committee Terms of Reference
c) approve the work plan for 2016/17

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Introduction

1. The Committee is required by its Terms of Reference to report on an annual basis to the Trust Board on the manner in which it has fulfilled its duties delegated from the Trust Board and on its general effectiveness. This is the second annual report of the Committee.
2. The Finance and Performance Committee has operated throughout 2015/16 as a subcommittee of the Trust Board with a report on its discussions and decisions being provided to the Trust Board. Throughout the course of the year the Committee has effectively carried out its role to provide assurance on and highlight deviations from the delivery of the financial plans approved by the Board for the current year, the development of forward plans for subsequent financial years for consideration by the Board and examination in detail of risks to the achievement of national and local performance and activity standards.
3. This report sets out the achievements of the Committee in the year and identifies the areas of focus for the new financial year to continue to build on the groundwork undertaken in the first year of the Committee.

Remit of the committee/ work plan

Constitution

4. The Committee is established with a membership of Executive and Non-Executive Directors and is chaired by Mr. David Wharfe, a Non-Executive Director. The Committee members include the Executive Team and two other Non-Executive Directors as detailed in the Terms of Reference appended.
5. The Committee is authorized by its Terms of Reference, approved by the Trust Board, to investigate any activity within its Terms of Reference to ensure adequate and appropriate assurance can be provided to the Trust Board. The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of Trust employees or other individuals with relevant experience and expertise if it considers this necessary.
6. Throughout the year, the agenda of the Committee has been structured around the key finance and performance risks recorded on the Board Assurance Framework and the Corporate Risk Register with a particular focus on the examination and delivery of cost efficiency programmes. The Committee continues to seek to provide assurance to our patients, staff, the public and other stakeholders on the sustainability of the organisation into the future and the delivery of “must do” targets set at a local and national level.

Delegated Duties

7. The Terms of Reference approved by the Board as outlined in the section above are reflected through the delegated duties under the Scheme of Delegation from the Trust Board.

Assurance Framework

8. The Trust's Assurance Framework is a live document updated throughout the course of the year and presented to the Trust Board at each meeting which details the strategic objectives of the Trust, the principle risks to achievement of the objectives, the key controls and mitigations to those risks and the committees responsible for providing assurance to the Trust Board on the monitoring of the risks identified.
9. The Committee has structured its agenda throughout the year to provide assurance on the management of risks across the principal risks:
    a) BAF 001 – Transformation schemes fail to deliver anticipated benefits
    b) BAF 002 – The Trust fails to deliver and develop a safe, competent workforce
    c) BAF 003 – Partnership working fails to support delivery of sustainable safe, personal and effective care
    d) BAF 004 – The Trust fails to achieve a sustainable financial position
    e) BAF 005 – The Trust fails to achieve required contractual and national targets and its improvement priorities
    f) BAF 006 – Continuity of service risk rating
10. The reports received by the Committee throughout the year have enabled it to fulfil this function.

Administration arrangements

Meetings and Attendance

11. There are 10 meetings of the Committee per year according to the schedule agreed by the Trust Board in the Trust Committee Handbook. There have been eleven meetings in the year and the attendance of members is shown in the table below. Each meeting has been quorate.

Member Name	Member Description	February 2016	January 2016	November 2015	October 2015	September 2015	August 2015	July 2015	June 2015	May 2015	April 2015	March 2015	% Attendance
Kevin McGee	Chief Executive	A:D	Y	Y	Y	A	Y	A	Y	A;D	Y	Y	100
David Wharfe	Committee Chair	Y	Y	Y	Y	Y	Y	A;D	Y	Y	Y	Y	100
Jonathan Wood	Director of Finance	A:D	Y	Y	Y	Y	Y	Y	Y	A;D	Y	Y	100
Kevin Moynes	Director of HR and OD	A:D	Y	Y	Y	A;D	Y	Y	Y	Y	Y	Y	100
Gillian Simpson	Director of Operations	Y	A;D	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
Martin Hodgson	Director of Service Development	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	A	91
Damian Riley/ Ian Stanley	Medical Director	Y	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	91
Stephen Barnes	Non-Executive Director	Y	Y	Y	Y	Y	A	Y	Y	Y	Y	A	81
	Non-Executive Director				Y	Y		Y	Y	Y	Y	Y	72

12. The Committee has an annual cycle of business which is included in the Trust Committee Handbook and is designed to provide assurance against all appropriate elements of the Assurance Framework. This enables the Trust Board and Audit Committee to have reliance on the Committee's work when considering the Annual Governance Statement and assists the Audit Committee in carrying out its delegated function as the Committee with oversight of all risk and internal control arrangements across the organisation on behalf of the Trust Board. A number of standing items on the Committee's agenda enables it to fulfil its function under its delegated duties and its Terms of Reference.

13. The Director of Finance as lead Executive Director for the Committee, together with the Company Secretary, assist the Chair of the Committee in ensuring that agendas are appropriately scheduled to cover the Committee's work plan, are received in a timely manner and are of an appropriate standard to enable the Committee members to undertake their responsibilities.

Reporting Arrangements

14. The Committee reports to the Trust Board and supports the work of the Audit Committee. Each Trust Board meeting normally receives a summary of the decisions and discussions of the Finance and Performance Committee. The Chair

of the Committee will bring to the attention of the Trust Board any issues of concern arising out of the meeting when this report is presented to the Trust Board. The lead Director for the Committee will bring to the attention of the Operational Delivery Board any concerns arising out of the meeting. The Chair of the Committee is also a member of the Audit Committee to ensure that there is close liaison between the two assurance Committees. Both Mr Wharfe and Mr Barnes are qualified accountants.

15. The Committee does not have any reporting subcommittees.

Reports to Trust Board

Finance and Performance Committee Meeting	**Presented to Trust Board**
March 2015	April 2015
April 2015	-
May 2015	June 2015
June 2015	July 2015
July 2015	-
August 2015	September 2015
September 2015	October 2015
October 2015	November 2015
November 2015	January 2016
January 2016	February 2016
February 2016	Due March 2016

Terms of Reference Review

16. The Committee's Terms of Reference are reviewed by the Trust Board on an annual basis and included in the Trust Committee Handbook. The current Terms of Reference are appended for information. The Committee recommends that the Terms of Reference are amended in line with the amendments suggested in Bold and Colour.

Members' Learning and Development

17. An annual review of the performance and effectiveness of each member of the Committee is undertaken, by the Chief Executive in respect of Executive Directors, and by the Chairman in respect of Non-Executive Directors. Personal development plans are designed for each member.

Leadership

18. The Chair of the Committee has responsibility for ensuring that the work of the Committee is effective, that the Committee is appropriately resourced and is maintaining effective communication. The Committee has been lead throughout the year by Mr David Wharfe.

Providing assurance

19. The following table tracks the reports received by the Committee over the course of the year against the elements of the Assurance Framework, the Committee's responsibilities under its Terms of Reference and Delegated Duties laid out in the Scheme of Delegation from the Trust Board.

Delegated Duty/ Responsibility under Terms of Reference/Principal Risk	Reports Received
a) BAF 001 – Transformation schemes fail to deliver anticipated benefits Development of forward plans for subsequent financial years look in detail at Cost Improvement Programmes and their delivery Consider the financial performance in the current year and look ahead to expected performance for the subsequent 2-5 years.	• Performance Report (Monthly) • Finance Report (Monthly) • Workforce Report (Monthly) • CIP Divisional Position Update Report (March to June) • Divisional Performance / Support and Challenge Meeting Minutes (Monthly) • Sustainability Report (April) • SRCP Approvals Process (May) • SRCP Report (June) • PMO Costs and Project Status (June) • Service Line Management (July) • PMO Report (July) • Sustaining SPEC (August to February) • Procurement Atlas of Variation (September) • PMO Update (October) • Travel Strategy (November and January) • Estates Strategy (November) • Future Financial Position (November) • Procurement Update Report (February)

Delegated Duty/ Responsibility under Terms of Reference/Principal Risk	Reports Received
b) BAF 002 – The Trust fails to deliver and develop a safe, competent workforce	• Workforce Report (Monthly) • Objectives, Appraisals and Accountability Framework (June) • Sickness Absence Management (July) • Agency staffing action plan and Progress Update (July) • On/Off Framework Agency Staffing (September) • Education Reference Costs (March) • OD Strategy Effectiveness Update (March) • Information Governance Toolkit (April) • Agency Staffing Report (May)
c) BAF 003 – Partnership working fails to support delivery of sustainable safe, personal and effective care	• Finance Report (Monthly) • Integrated Performance Report (Monthly) • Contract Update (April and June) • 2015/16 CQUIN (March) • Sexual Health Services Tender (July and September) • Tender Update (January) • Procurement Atlas of Variation (September) • Procurement Update (February)

Delegated Duty/ Responsibility under Terms of Reference/Principal Risk	Reports Received
d) BAF 004 – The Trust fails to achieve a sustainable financial position Delivery of the financial plans approved by the Board for the current year Look in detail at Cost Improvement Programmes and their delivery Consider the financial performance in the current year and look ahead to expected performance for the subsequent 2-5 years.	• Finance Report (Monthly) • Integrated Performance Report (Monthly) • CIP Divisional Position Updates (Monthly) • Financial Controls (May) • Shuttle Service Provision Options (July) • Agency Staffing Action Plan and Progress Report (July and September) • Service Line Management (July) • Accountable Officer Letter (August) • Budget Setting (March) • Reference Costs (March) • Education Reference Costs (March) • 2015/16 CQUIN (March) • Contract Update (April and June) • Agency Staffing (May) • SRCP Approvals Process (May) • Overseas Visitor Policy Update (September) • BPPC Improvement Plan (September & November) • Travel Strategy (November) • Future Financial Position (November) • Cash Modelling (November)

Delegated Duty/ Responsibility under Terms of Reference/Principal Risk	Reports Received
e) BAF 005 – The Trust fails to achieve required contractual and national targets and its improvement priorities Look in detail at Cost Improvement Programmes and their delivery Examination in detail of risks to the achievement of national and local performance and activity standards Consider the financial performance in the current year and look ahead to expected performance for the subsequent 2-5 years. Assess the performance of the organisation against all national and local performance standards	• Finance Report (Monthly) • Integrated Performance Report (Monthly) • Workforce Report (Monthly) • Financial Controls (May) • Accountable Officer Letter (August) • Reference Costs and Education Reference Costs (March) • 2015/16 CQUIN (March) • Contract Update (April and June) • BPPC Improvement Plan (September and November) • Future Financial Position (November)
f) BAF 006 – Continuity of service risk rating Development of forward plans for subsequent financial years Look in detail at Cost Improvement Programmes and their delivery Consider the financial performance in the current year and look ahead to expected performance for the subsequent 2-5 years.	• Finance Report (Monthly) • Integrated Performance Report (Monthly) • Financial Controls (May) • Accountable Officer Letter (August) • Future Financial Position (November) • Cash Modelling (November) • Budget Setting (March) • CIP Divisional Position Updates (Monthly) • Divisional Performance / Support and Challenge Meeting Minutes (Monthly) • Sustaining SPEC (August to February)

PRIORITIES FOR 2015/16

The priorities for 2015/16 were to focus on receiving assurance on delivery of:

- **CIP**
- **Performance**
- **Finance**
- **Transformation Themes**

During the course of the year the Committee has structured its work plan to provide assurance on delivery in the current year, particularly given the imposition of a control total part way through the year following Board approval of financial budgets and CIP/ SRC programmes. There has been a focus on ensuring there is oversight of transformation programmes and monitoring the development of the Programme Management Office.

PRIORITIES FOR 2016/17

The Finance and Performance Committee will focus its attention on providing assurance to the Board on deficit reduction, delivery of performance standards and the further development and implementation of transformation programmes to promote financial stability, patient care and the personal and professional development of our staff.

CONCLUSION

The Chair of the Committee would like to take the opportunity to thank members and all staff for their assistance in enabling the Committee to deliver its objectives during the course of the year. The Trust Board is requested to receive this report and provide any appropriate feedback.

David Wharfe

Finance and Performance Committee Chair February 2016

Finance and Performance Committee Terms of Reference

Constitution

The Board has established the Finance and Performance Committee to provide assurance on the delivery of the financial plans approved by the Board for the current year, develop forward plans for subsequent financial years for consideration by the Board and examine in detail risks to the achievement of national and local performance and activity standards.

Purpose

To support the Trust Board in the analysis and review of Trust financial and performance plans, providing advice and assurance to the Board on financial and performance issues.
It will:

a) Look in detail at Cost Improvement Programmes and their delivery
b) Consider the financial performance in the current year and look ahead to expected performance for the subsequent 2-5 years.
c) Provide the board with a forum for detailed discussions of progress against the Integrated Business Plan including the delivery of Cost Improvement Programmes.
d) Assess the performance of the organisation against all national and local performance standards

Membership

Mr D Wharfe, Non-Executive Director and Chair of the Committee
Mr S Barnes, Non-Executive Director
Currently Vacant Post, Non-Executive Director
Chief Executive
Director of Finance
Director of Operations
Director of HR and OD
Director of Service Development

In attendance

The Company Secretary, Associate Director of Performance and Informatics, Associate Director Programme Management and Deputy Director of Finance will normally be in

attendance. The Committee may direct the attendance of others at meetings as the Chair of the Committee deems appropriate

Frequency

The Committee will meet at least 10 times a year, usually monthly, the dates of which are detailed in the schedule attached to the Handbook. Additional meetings may be called at the discretion of the Chair of the Committee as provided for in the Trust Standing Orders and Standing Financial Instructions.

Quorum

Two Non-Executive Directors and two other Directors

Regular Reports

Integrated Performance Report Finance Report

Workforce Metrics

Contracts and Data Quality Minutes E Health Board Minutes

Support and Challenge Meeting Minutes Quarterly Divisional Performance Minutes

Healthier Lancashire Updates

Pennine Lancashire Updates

Authority

To summon reports (and individuals) to enable the committee to discharge its duties

To seek independent advice with the assistance of the Company Secretary on any issue within the remit of the Committee or which the Committee feels will enable it to meet these Terms of Reference

Reporting

The Committee will report to the Trust Board

Review

The effectiveness of the Committee will be reviewed on an annual basis as part of the Trust Board Business Cycle. The Committee will provide an annual report on its activities to the Trust Board as part of this review. The functioning of the Committee may be assessed within the normal annual cycle of reporting by the Audit Committee through the internal and

external auditors and external regulatory bodies.

Board Services

Chair	Mr D Wharfe
Secretary	Company Secretary
Lead Director	Director of Finance

Committees Reporting

None

Nominated Deputies

Chair	a Non-Executive member of the Committee
Non-Executives	a Non-Executive Director/ Chairman
Chief Executive	an Executive Director
Director of Operations	an Executive Director or Divisional General Manager
Director of Finance	Deputy Director of Finance
Director of Service Improvement	~~Head of Contracting~~ **Associate Director of Service Development**
Director of HR and OD	~~Head of HR~~ **Deputy Director HR and OD**
Medical Director	**Deputy Medical Director for Performance**

Finance and Performance Committee Work plan 2016/17

Report	Mar	Apr	May	Jun	Jul	Sep	Oct	Nov	Jan	Feb
Chair's Welcome and Apologies	X	X	X	X	X	X	X	X	X	X
Declarations of Interest	X	X	X	X	X	X	X	X	X	X
Minutes of the Previous Meeting	X	X	X	X	X	X	X	X	X	X
Matters Arising	X	X	X	X	X	X	X	X	X	X
Action Matrix	X	X	X	X	X	X	X	X	X	X
Items for Next Agenda	X	X	X	X	X	X	X	X	X	X
Review of Meeting and Attendance Report	X	X	X	X	X	X	X	X	X	X
Integrated Performance Report	X	X	X	X	X	X	X	X	X	X
Finance Report	X	X	X	X	X	X	X	X	X	X
Workforce Metrics	X	X	X	X	X	X	X	X	X	X
Contracts and Data Quality Minutes	X	X	X	X	X	X	X	X	X	X
E Health Board Minutes	X	X	X	X	X	X	X	X	X	X
Support and Challenge Meeting Minutes	X	X	X	X	X	X	X	X	X	X
Quarterly Divisional Performance Minutes	X	X	X	X	X	X	X	X	X	X
Healthier Lancashire Updates	X	X	X	X	X	X	X	X	X	X
Pennine Lancashire Updates	X	X	X	X	X	X	X	X	X	X
Sustaining SPEC and PMO Update	X	X	X	X	X	X	X	X	X	X
Procurement Review				X			X			X
IM&T Update	X					X				
Capital Plan Update	X									
Contract Update & CQUINs	X	X	X							X
Draft Budget	X									X
Reference Costs					X					
Performance Assurance	X									
Estates Strategy Update		X					X			

Report	Mar	Apr	May	Jun	Jul	Sep	Oct	Nov	Jan	Feb
Annual Report, Business Cycle										X
Annual Plan		X								
Draft Accounts			X							
Final Accounts				X						
Tender Update (As required)										
Workforce Plan Update			X				X			
Budget Pressures							X			
Bed De-Escalation Plan		X								
Estates Sustainability Report			X							

Additional ad hoc reports will be accommodated as required

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 111

30 March 2016

Purpose Information

Title	Remuneration Committee Information Report (February 2016)
Author	Mr D Holden, Interim Governance Advisor
Executive sponsor	Professor E Fairhurst, Chairman

Summary: A summary of the discussions of the meeting is presented for members' information.

Recommendation: This paper is brought to the Committee for information. The details of which should remain confidential at this time.

Report linkages

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

Impact

Legal	No	Financial	Yes

Equality	No	Confidentiality	Yes

Previously considered by: N/A

Remuneration Committee – 24 February, 2016

1. The Committee considered the following matters:
   a) Harmonising Terms and Conditions of Employment
   b) New Substantive Role: Director of Communications and Engagement

David Holden, Interim Governance Advisor, 14 March 2016

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 112

30 March 2016

Purpose Information

Title	Trust Board Part Two Information Report
Author	Mr David Holden, Interim Governance Advisor
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The paper details the agenda items discussed in Part 2 of the Board Meeting held in February, 2016, provided here for information.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Meeting of the Trust Board held in private – (Part 2): Wednesday, 24 February, 2016

1. At the last meeting of the Trust Board on 24 February, 2016, the following matters were discussed in private:
   a) An update on the Clinical Strategy
   b) An update on the draft Care Quality Commission Report
   c) National Planning Processes
   d) The Trust's Operational Plan 2016/17
   e) Outline Business Case for Electronic Patient Records
   f) Royal Blackburn Hospital Primary Care Assessment Centre
   g) Review of the location of the Fracture Clinic
   h) Finance Report
   i) Sustaining Safe, Personal and Effective Care 2015/16
   j) Serious Untoward Incident Report
   k) Doctors with Restrictions
2. The matters discussed were private and confidential and/or identified individuals and/or were commercially sensitive at this time and so the decision was taken that these items should not be discussed in the public domain. As these items progress, reports will be reported to Part 1 of Board Meetings at the appropriate time.