East Lancashire Hospitals NHS Trust

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING

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East Lancashire Hospitals NHS Trust

TRUST BOARD PART 1 MEETING

24 FEBRUARY 2016, 14:00, SEMINAR ROOM 7, ROYAL BLACKBURN HOSPITAL

AGENDA

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

OPENING MATTERS				
TB/2016/039	**Chairman's Welcome**	Chairman	v	14:00
TB/2016/040	**Open Forum** To consider questions from the public	Chairman	v	
TB/2016/041	**Apologies** To note apologies.	Chairman	v	14:15
TB/2016/042	**Minutes of the Previous Meeting** To approve or amend the minutes of the previous meeting held on 27 January 2016	Chairman	d✓	14.20
TB/2016/043	**Matters Arising** To discuss any matters arising from the minutes that are not on this agenda: a. TB/2016/030 - Action on the 4 hour wait target b. TB/2016/037 – Trust's Refurbishment Programme	Chairman	v	14.25
TB/2016/044	**Action Matrix** To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	14.30
TB/2016/045	**Declarations of Interest** To note any new declarations of interest from Directors.	Interim Governance Advisor	v	14.35
QUALITY AND SAFETY				
TB/2016/046	**Chairman's Report** To receive an update on the Chairman's activities and work streams.	Chairman	v	14.40
TB/2016/047	**Chief Executive's Report** To receive an update on national, regional and local developments of note.	Chief Executive	d✓	14.50
TB/2016/048	**Patient Story** To receive and consider the learning from a patient story.	Director of Nursing	p	15.00
TB/2016/049	**Safer Staffing Report** To note actions being taken to ensure safe staffing levels are maintained.	Director of Nursing	d✓	15.10
TB/2016/050	**The outcome of British Orthopaedic Association Review of Fracture Neck of Femur Pathway** To receive and consider the review and implications for patient safety and quality of service.	Medical Director	d✓	15.20
TB/2016/051	**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/2016/052	**Clinical Strategy Update** To update Directors on the work to produce a new Clinical Strategy	Medical Director	p	15.40
TB/2016/053	**Burnley General Phase Eight Business Case** To consider the Business case presented.	Director of Finance	d✓	15.50
ACCOUNTABILITY AND PERFORMANCE				
TB/2016/054	**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	Director of Operations	d✓	16.00
GOVERNANCE				
TB/2016/055	**Board Assurance Framework** To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Medical Director	d✓	16.20
TB/2016/056	**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✓	16.30
TB/2016/057	**Finance and Performance Committee Information Report** To note the matters considered by the Committee in discharging its duties (January 2016)	Committee Chair	d✓	16.45
TB/2016/058	**Remuneration Committee Information Report** To note the matters considered by the Committee in discharging its duties (January 2016)	Committee Chair	d✓	16.50
TB/2016/059	**Trust Board Part Two Information Report** To note the matters considered by the Committee in discharging its duties (January 2016)	Chairman	d✓	16.55
TB/2016/060	**Remuneration Committee – Terms of Reference** To review and ratify the updated terms of reference.	Chairman	d✓	16.57
FOR INFORMATION				
TB/2016/061	**Any Other Business** To discuss any urgent items of business.	Chairman	v	17.00
TB/2016/062	**Open Forum** To consider questions from the public.	Chairman	v	17.05
TB/2016/063	**Board Reflection** To reflect on the Board meeting: • Are there any gaps in the assurances we received today? • Are we sufficiently focused on improving quality, despite the challenging operational environment? • Did the agenda and discussion take into account the risks contained within the Board Assurance Framework	Chairman	v	17.15
TB/2016/064	**Date and Time of Next Meeting** Wednesday 30 March 2016, 14.00, Seminar Room 4, Learning Centre, Royal Blackburn Hospital.	Chairman	v	17.20

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

24 February 2016

Item 42

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 27 January, 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, 27 JANUARY 2016

MINUTES

PRESENT

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

IN ATTENDANCE

Mrs A Foy	Shadow Public Governor, Blackburn with Darwen	Observer/Audience
Mr T Harrison	Shadow Public Governor, Burnley	Observer/Audience
Mr M Hodgson	Director of Service Development	
Mr D Holden	Interim Governance Advisor	
Mrs C Hughes	Interim Director of Communications	
Miss K Ingham	Minute Taker	
Mr P Magill	Reporter, Lancashire Telegraph	Observer/Audience
Mr K Moynes	Director of HR and OD	
Mr R McLean	Chair, East Lancashire Patient Voices Group	Observer/Audience
Mr B Parkinson	Shadow Public Governor, Rossendale	Observer/Audience
Mr G Parr	Shadow Public Governor, Pendle	Observer/Audience
Mrs M Ramsbottom	Shadow Public Governor, Blackburn with Darwen	Observer/Audience
Ms H Ramsden	Reporter, Burnley Express	Observer/Audience
Mrs B Redhead	Shadow Public Governor, Ribble Valley	Observer/Audience
Mr D Whyte	Shadow Public Governor, Hyndburn	Observer/Audience

APOLOGIES

Mr D Wharfe	Non-Executive Director

TB/2016/013 CHAIRMAN'S WELCOME

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

TB/2016/014 APOLOGIES

Apologies were received as recorded above.

TB/2016/015 OPEN FORUM

Mrs Redhead, Shadow Public Governor for Ribble Valley asked for an update in relation to nurse recruitment, specifically the retention of the nurses who had been recruited from Italy in 2014/15. Mrs Pearson confirmed that the majority of the Italian nurses that were recruited had settled into life within the Trust and the local area well. A bespoke orientation programme was developed for them to assist in the settling in process. She confirmed that two of the original 11 nurses had returned to Italy, one for family reasons.

Mr McLean, Chair of East Lancashire Patient Voices Group read out a letter of appreciation that he had sent earlier in the day to Mr McGee following a recent episode of care at the Trust. He confirmed that the staff involved in his care had been professional, courteous and empathetic. He thanked the medical and nursing teams who treated him and commented that the level of care that he received whilst within the Trust had not been affected or compromised even though the Trust had been under significant pressures at the time of his admission.

Mrs Simpson thanked Mr McLean for commenting on his experience and taking the time to thank the Trust and staff directly involved.

Action: **It was agreed that Mrs Pearson would advise on the specific number of Italian nurses still working in the Trust at the next meeting.**

TB/2016/016 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 November 2015 were approved as a true and accurate record.**

TB/2016/017 MATTERS ARISING

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

TB/2016/018 ACTION MATRIX

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

TB/2015/066: Talent Management – Mr Moynes confirmed that the update report on Talent Management would be provided to the April 2016 Trust Board meeting when more details were available.

TB/2015/221: Safer Staffing Report – Mrs Pearson confirmed that the collaborative learning on 1:1 specialising and bank staff has now concluded and can be added to the Quality Committee Agenda for the next meeting in March, 2016.

TB/2015/259: Patient Safety and Governance Committee Update Report – Mr Holden confirmed that the Board Development Session in relation to risk management still needs to be scheduled. Mr Holden and Mr McGee are to find the most suitable time in the Trust Calendar to undertake this work.

TB/2015/259 Patient Safety and Governance Committee Update Report – Professor Fairhurst confirmed that she and Mr Holden had met to discuss health and safety governance and they would be meeting with Mr Rowe on this matter.

TB/2015/263: Any Other Business – Mrs Hughes confirmed that a collection of positive news stories had been included in the last staff newsletter.

TB/2015/264: Open Forum – Mr Wood confirmed that following a review of the availability of PC terminals in the Family Care Teams, it was concluded that their availability was in line with Trust expectations at this time.

RESOLVED: The position of the action matrix was noted.

TB/2016/019 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/2016/020 CHAIRMAN'S REPORT

Professor Fairhurst reported that she had attended the Volunteers Christmas party and confirmed the importance of this group of individuals within the Trust.

She went on to report that she had met with Dr Phil Huxley, Chair of East Lancashire Clinical Commissioning Group (CCG). The meeting had been productive and there had been

significant emphasis on the Pennine Lancashire footprint being a natural one in relation to Health and Social care provision. Professor Fairhurst reported that she had met with the Chairs and Chief Executives of the provider Vanguard collaborative and although the Trust was not successful in being selected as a Vanguard site, attendees at the meeting agreed that there were mutual benefits to continuing with the provider collaboration. Directors noted that there would be a requirement for external facilitation in relation to this work and appropriate external funding has been sought.

Professor Fairhurst confirmed that the Trust Board held its first Board Development Session of 2016 earlier in the month and future dates were planned in for the rest of the year. Directors noted that Professor Fairhurst had attended the HFSA conference the previous week. Professor Sir Malcolm Grant CBE, Chairman of NHS England and Mr Ed Smith CBE, Chairman of NHS Improvement were also in attendance at the event. Professor Fairhurst confirmed that it was pleasing to hear that there will be a greater emphasis on collaboration between the NHS Trust Development Authority (NTDA) and Monitor through the development of NHS Improvement. She confirmed that the NTDA offices had historically been based in London but with the development of NHS Improvement, their offices will be based regionally and in time, co-located with NHS England offices.

Professor Fairhurst confirmed that she had been in attendance at the recent stakeholder event concerning the proposed phase eight developments at Burnley General Hospital. The development will include ophthalmology, maxilo-facial and outpatient services.

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

TB/2016/021 CHIEF EXECUTIVE'S REPORT

Mr McGee drew Director's attention to the previously circulated report and highlighted the new national planning guidance that had been issued on 22 December 2015. He confirmed that the guidance provided a clear signal for the way services will develop in the coming five years, particularly in relation to sustainability and national and local level working. He drew Directors attention to the NHS financial settlement for the coming year. The Directors noted that the financial environment for the coming year would be a challenging but achievable one.

Mr McGee drew members attention to the Consultant Outcome Publication in Bowel Cancer Surgery, confirming that the Trust have a mortality of 2.4% against a national average of 2.8%. He also drew Directors attention to further examples of high quality services provided by the Trust including the Falls, Fracture Liaison Team, Refer to Pharmacy and Security and Governance Team who, in partnership with Lancashire Constabulary won a Health Business

Award.

Directors noted the on-going work of the Lord Carter of Coles Review and Mr McGee confirmed that he and Professor Fairhurst had attended a reception at 10 Downing Street which was a great opportunity to raise the profile of the Trust.

Mr McGee confirmed that the Trust seal had been used in month to complete the transaction of sale of two Trust owned residential properties. The Trust Charitable Funds Committee approved the use of £45,000 in funds to complete the purchase of a Scan Trainer.

Mr McGee confirmed that the Operational Delivery Board had received and approved a business case for the reorganisation of surgical wards across the site to accommodate the development of a dedicated vascular ward. He confirmed that this would assist in the development of the Trust's stand-alone vascular centre. He went on to report that at the closed Trust Board session earlier in the day, Dr Riley had been appointed as the Responsible Medical Officer for the Trust.

Mrs Pearson asked whether, as a result of the 400 pharmacists recruited to GP surgeries, if there would be an impact on the availability of this staff group to the Trust. Dr Riley commented that the initiative was positive at a national level and that the Trust was working to develop more Pharmacists and Pharmacy Technician roles within this Trust. Directors noted that 400 pharmacists across the nation would not have a significant impact on staff availability. However, Mr Rowe commented that there was significant oversupply of Pharmacists at a national level and this matter of ensuring more pharmacists were involved in this Trust and across Pennine Lancashire was a worthy agenda to pursue.

Mr Hodgson commented that the Community Equipment Service is currently subject to a tender process, and was, as such a particularly anxious time for the staff employed within the service. He went on to advise that the positive news concerning the service retaining its BSI accreditation and being noted at this meeting would provide a morale boost to the team.

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

The Board noted and approved the use of the Trust seal.

Mr Moynes to consider a systematic approach to the use of pharmacists in the Trust and across Pennine Lancashire

TB/2016/022 PATIENT STORY

Mrs Pearson read out a patient story from a gentleman known as Mr N. She reported that Mr N was originally scheduled for surgery for gall stones with Mr Watson; but prior to the surgery taking place he was admitted to the Emergency Department (ED) due to severe abdominal pains. He was brought into the ED by his wife, as an ambulance was not

deemed appropriate by North West Ambulance Service (NWAS). Upon initial assessment he was transferred to the Surgical Triage Unit (STU) for stabilisation and pain management. Directors noted that Mr N felt that the staff in STU were calm and well organised. He was moved to ward C18 where he remained under observation until his pain was under control. He confirmed that he found the ward environment to be flexible, caring and professional; from here he was discharged home. Twenty hours after discharge he was readmitted to the Trust, this time he was placed on ward C22, which he found to be too regimented in terms of visiting times and the ability to have food brought into the ward environment by family members. This was a particular issue as Mr N was subject to a no fat diet and the menu choices were either unsuitable or unappealing. Mr N requested a transfer back to ward C18. The ward was contacted and, as they had an empty bed, his request was actioned. Mr N reported that he remained an inpatient for three weeks, his condition deteriorated and the Critical Care Outreach Team were involved in his care. Mr Watson visited him on the ward for around 30 minutes which was appreciated. The ward environment was noted to be clean and tidy and the cleaners were visible on the ward. Mr N commented that the bank staff on the ward were not as helpful or as accommodating as the substantive staff working on the ward and the Hospedia advertising was an irritation when trying to watch TV on the ward.

Mrs Pearson reported that Mr N felt that the porters, theatre staff and surgeon were all caring and professional and following post-operative discharge he received a telephone call to check his progress, which was welcomed.

Mrs Pearson confirmed that there were three main areas that were addressed following receipt of the story. In relation to the low/no fat menus, Mrs Pearson confirmed that she had spoken with the catering department who confirmed that low fat options are available to patients when ordering meals and all dietary requirements are discussed with patients.

In relation to the issues with bank staff, Mrs Pearson confirmed that, upon investigation, bank staff had been used to cover sick leave and vacancies within the ward areas. There was no evidence to suggest that there was an increase in bank staff use during weekend periods. She confirmed that the issues with the Hospedia system are currently being worked through with the patient experience team.

Mr Rowe queried whether the reasons for the decision not to send an ambulance to Mr N had been highlighted with NWAS and commented that because the patient could walk should not be used as a reason for an ambulance being refused. Mrs Simpson reported that this issue would be reported back to NWAS as part of the overall feedback from the patient story.

Mr Slater asked why there was a difference between the ways in which the two wards worked. Mrs Pearson confirmed that this was probably down to the leadership on the two

wards. All wards work under the same rules and standards.

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

Mrs Pearson to clarify with the North West Ambulance Service (NWAS) access to ambulances when patients can "walk".

TB/2016/023 SAFER STAFFING REPORT

Mrs Pearson presented the report to the Board, reporting that it detailed staffing information regarding nursing, midwifery and care staff. Directors noted the fill rates and reasons for the reductions in the anticipated rates for the month of December 2015. It was noted that nine wards fell below the 80% fill rate for daytime 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 daylight hours for registered Nurses and Midwives in December was 89.5% and 97.3% for night time hours.

Mrs Pearson provided an update on recruitment to nursing roles within the Trust, particularly in relation to the recently recruited nurses from the Philippines. Directors noted that 10 of the nurses had registered for both language and clinical skills tests. Mrs Pearson confirmed that a further recruitment event would be held on 6 February 2016.

A professional judgement review has been undertaken to review the number of beds in ward areas and the report is currently being developed in preparation for presentation to a future Trust Board meeting.

Professor Fairhurst asked when the current escalation areas would be taken out of use. Mrs Pearson confirmed that there would be a clear and concise plan in place to discharge patients within the areas to suitable domestic/residential settings prior to any escalation areas being closed. For the longer term, winter escalation areas are scheduled to close by 31 March 2016, however Directors noted that the Easter weekend falls around this time, this year, which is generally a time of significant pressure on the Trust. Mrs Simpson confirmed that in order to open any escalation areas she, Dr Riley and Mrs Pearson had taken a number of items into consideration before taking this action, in particular, consideration is given to patient safety and staffing levels. Patients in escalation areas are seen first on daily ward rounds and are closely monitored regarding length of stay. The only exception to this is Ward C9, which is the Trust's winter escalation area and is staffed as a regular ward during the winter months.

Mr McGee requested an update in terms of increasing activity and acuity of patients, agency rate caps and the impact on the Trust. Mrs Pearson confirmed that there has been an increase in the number of the various staff banks in recent months and as such the agency

caps which came into effect on 1 November 2015 do not seem to have had a significant impact on staffing availability at this time. Directors noted that there are two further caps to come into force, one on 1 February, 2016 and another on 1 April 2016. It was anticipated that each of these caps will have an added impact and effect on staffing availability, with the April cap having the most significant effect. Mr Moynes commented that the caps in agency rates are likely to be positive in terms of gaining recruitment to substantive posts.

RESOLVED: **Directors received and noted the report provided.**
The professional judgement review report on beds in ward areas to be presented to a future Trust Board meeting.

TB/2016/024 **IMPERIAL COLLEGE STUDY ON STILLBIRTHS AND THE TRUST'S RESPONSE**

Dr Riley reported that on the day of the last Trust Board meeting there was significant media coverage regarding the Imperial College report that had been issued on national stillbirth numbers, particularly those being reported over weekend periods. He confirmed that Mr Rowe, as Chairman of the last Board meeting, had requested a more in-depth explanation and report on the Trust's figures for this meeting. Dr Riley reported that the Trust had been rated as amber in the RAG rating process in relation to stillbirth rates. Directors noted that red rated Trusts had higher than average numbers of stillbirths and therefore required immediate action and green rated Trusts had lower than average numbers of stillbirths and therefore no action was required. Directors agreed that the current arrangements for reporting seven or more stillbirths in any month to the Trust Board would remain unchanged. Directors briefly discussed the methodology used in the study. Dr Riley recommended that any stillbirths that occur within the Trust would be subject to case note review and reported through to the Divisional Governance Committee process and Quality Committee and Trust Board as necessary.

Mrs Sedgley asked whether there was information relating to the ethnicity of the mothers and babies and whether there was a way in which this information could have an impact on the numbers of stillbirths within the Trust. Dr Riley confirmed that this was a valid point and highlighted issues such as consanguinity. He also advised that issues such as alcohol intake, smoking and poverty, all of which are higher than the national average in this area, had a potential impact on stillbirth rates.

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

TB/2016/025 **2016/17 PLANNING GUIDANCE**

Mr Hodgson reported that the national planning guidance had been issued to Trusts on 22

December 2015 and the report sought to summarise this and the technical guidance for the benefit of the Board. He highlighted the requirement to develop and submit an operational plan for one year, and a Sustainability and Transformational Plan (STP) for a five year period. Directors noted that the STP was required to be submitted at a system level and discussion was currently taking place in relation to the system footprint with partners and other Trusts. Mr Hodgson confirmed that this Trust, along with a number of other Trusts including Blackpool and Morecambe Bay, were of the view that plans should be developed on a local system footprint with links to the Lancashire wide system where appropriate. Directors noted the timelines for development and submission of the operating plan and STP.

Mr Hodgson reported that there were nine 'must do's' within the guidance including the delivery of financial stability and meeting of NHS Constitution Standards. Directors noted that the Trust would be expected to sign up to achievement of specific financial targets in order to access additional funding.

Professor Fairhurst stated that the Trust welcomed the development of a five year planning process which included both health and social care providers. She went on to suggest that the Trust must ensure it has done all it can to ensure delivery against the NHS constitutional standards and must take an active and influential part in planning across the Pennine Lancashire footprint as well as the wider Lancashire working in order that the needs of the local population will be met.

RESOLVED: **The Board resolved that; as a consequence of the 2016/17 planning guidance, the Trust Board required that there was a need to focus on ensuring internal issues were rectified, including sustained compliance with the constitutional standards. Directors agreed that the Pennine Lancashire system was the most appropriate footprint to develop the STP in order to enable the most beneficial service offering for the local population. Directors agreed that there would also be a need for pan-Lancashire approaches where necessary and the local STP should feed into the overarching Lancashire level plan rather than the reverse.**

The Board recognise that sustainability is an issue that was not yet resolved in relation to the population constitution and Professor Fairhurst asked that executive colleagues seek this information at a national level and share with the Non-Executive Directors when received.

Professor Fairhurst stated that it was important to have a fully operational communication strategy and action plan and asked that regular updates are provided to the Trust Board.

TB/2016/026 LETTER FROM NHSE: NHS PREPAREDNESS FOR A MAJOR INCIDENT

Mrs Simpson drew Directors attention to the previously circulated paper confirming that the Trust received a letter from NHS England in December and the Trust was required to provide a statement of readiness regarding preparedness for a major incident on the style of the recent terrorist attacks in Paris. Directors briefly discussed the response to the letter and approved the response for submission to NHS England

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

TB/2016/027 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 waiting times are starting to increase. The numbers of complaints received remains low and the Trust continues to receive positive scores for the Friends and Family Test. The Trust continues to achieve the Hospital Ambulance Screen data quality compliance measure. Directors noted that there remains an issue in terms of turning ambulances around and releasing them from the Trust. Mrs Simpson confirmed that a workshop had been arranged for February to address surges which impact on the ability to quickly turn ambulances around.

Mrs Simpson reported that there had been one potential “never event” recorded in December 2015 and confirmed that a root cause analysis is currently being undertaken. Directors noted that there was one patient who had waited over 52 weeks for their surgery and a root cause analysis is currently under way. It was noted that no harm had been caused to the patient as a result of this delay.

Performance against the four hour Emergency Department (ED) standard remains a significant challenge and out-turned the month at 94.4% against the 95% threshold. Directors noted that the Trust was the best performing Trust in the North West in month. Mrs Simpson confirmed that that there had been two 12 hour breaches in month, both of which were patients with complex mental health needs and were awaiting beds with other care providers. Root cause analysis had been undertaken for both cases and Mrs Simpson was pleased to confirm that additional assessment chairs have been commissioned on the Royal Blackburn site within the Hill View, Mental Health Unit run by Lancashire Care NHS

Foundation Trust (LCFT). Directors noted that LCFT have also increased bed provision at the Burnley General Hospital site. Professor Fairhurst asked that the Trust Board be kept updated on the working of this additional resource and/or future mental health waiting issues and incidents.

Mrs Simpson reported that there had been 3 cases of post three days of admission Clostridium Difficile identified within the Trust in December, 2016 which brings the total number of cases identified within the Trust in year to 23 against an internal threshold of 21 cases for the month. Mrs Simpson confirmed that Dr Stanley and Mrs Pearson were leading a drive in relation to hand hygiene to improve performance against this standard and the results of this work were currently being reported to the Quality Committee. Professor Fairhurst and Mr Rowe asked that a communications strategy be prepared and actioned highlighting hand hygiene to public, visitors and staff.

Mr Moynes confirmed that sickness absence out turned at 4.93% for the month.

Mr Wood confirmed that the Trust had reported a financial deficit of £10.1 million at the end of December 2015 with a Safely Releasing Costs Programme (SRCP) gap of £9 million. He confirmed that the Trust was on track to meet the control total set by the NHS Trust Development Authority (NTDA). Directors noted that the Trust was overspent by around £600,000 against the plan with an under-spend of £3 million in relation to non-pay items. 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. The Board noted the hard work that the Divisions had undertaken in order to support the delivery of the challenging £12.1 million control total.

Mr Rowe commented that delayed transfers of care had begun to increase and asked for an explanation of the reasons for this. Mrs Simpson confirmed that delayed transfers of care are reported as a percentage of occupied bed days. She confirmed that the Trust has an internal process of monitoring the numbers of patients who are delayed; there were 27 patients who were delayed against an internal target of 25. Professor Fairhurst sought clarification regarding the relationship between length of stay and occupied bed days and asked whether the length of stay issues were being addressed by the Trust. Mrs Simpson confirmed that benchmarking against bed base takes place where the data is available and provided an example of the current pressures being seen within the Surgical and Anaesthetic Division and the impact that this is having on length of stay.

Mrs Sedgley requested more information concerning the potential wrong site surgery “never event” that had taken place in the month. Dr Riley explained that the patient had been admitted for a biopsy of a skin lesion, however upon admission a second lesion was deemed to be more suspicious and a biopsy of the second lesion was taken. He confirmed that the

episode may be declassified once the root cause analysis has been concluded but this confirmation was required.

Mr McGee thanked frontline and back office staff for their continued efforts in relation to the achievement of the financial control total. Professor Fairhurst reported that it was pleasing to note the levels of recurrent costs that were being saved as part of the SRCP programme.

Professor Fairhurst asked for an update on the work being carried out regarding sickness rates. Mr Moynes confirmed that the Sickness Absence Policy had been revised and the title changed to the Attendance Management Policy. The revised policy had been presented to a recent Joint Negotiation and Consultative Committee (JNCC) where agreement had not been reached with the Unions. The Trust and Unions are now in an official 'failing to agree' position. There is no need to formally consult with the Unions on this, but there is a need to discuss the Policy with them.

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

Mrs Hughes to prepare a communications strategy and implementation plan to assist with the task of alerting patients, staff and the public to hand hygiene requirements.

TB/2016/028 BOARD ASSURANCE FRAMEWORK

Dr Riley presented the framework to Directors for information and confirmed that the framework was being integrated with the Datix system which will allow alignment against the broader risk management systems. He confirmed that there had been no new risks added to the framework since the last meeting. Risk SR/BAF005: The Trust fails to achieve required contractual and national targets and its improvement priorities had been increased to 15 from a score of 12, based on the likelihood of not achieving the annual 95% ED target. Directors noted that the rating of risk SR/BAF002: The Trust fails to deliver and develop a safe, competent workforce remained unchanged following a debate at the last Quality Committee meeting. Directors discussed the aforementioned risks and approved the recommendations in the report.

Mr McGee confirmed that risk SR/BAF003: Partnership working fails to support delivery of sustainable safe, personal and effective care remained unchanged at this time, but would be regularly reviewed under the new guidance, with the increased emphasis on partnership working and production of the Clinical Strategy, Operational Plan and STP.

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

TB/2016/029 CORPORATE RISK REGISTER

Mr Riley presented the report to the Board and confirmed that three risks had been escalated to the corporate risk register by Divisions. He provided an overview of the risks that had been increased and confirmed that one risk, ID 5253: Failure to meet Environmental Health Standards for food safety and food hygiene, had been de-escalated following the recent positive re-inspection of the Burnley General Hospital Catering Service.

Dr Riley confirmed that in relation to risk, ID 2154, the Trust were awaiting the outcome of the tender process regarding the Community Equipment Store and as such the risk had not been de-escalated or amended at this time.

Directors noted the progress in relation to risk ID 5083, the management and treatment of mental health patients that had been referred to under the Integrated Performance Report earlier in the meeting, and acknowledged that there was still more that could be done to improve provision. Mrs Simpson commented that the risk rating of risk ID 5083 should be reviewed in line with the recent increases in provision.

Dr Riley confirmed that a risk group had been set up to provide increased scrutiny of the risk register and review issues which are escalated.

Mrs Sedgley asked whether there had been an increase in provision of children and adolescent mental health services along with the adult increases that had been reported. Dr Riley confirmed that the local waiting list for such mental health services was lower than the national average and therefore there was not the need to increase provision at this time. Mrs Simpson confirmed that there was a signifcnat challenge in accessing level 4 mental health services in the area. However, the Trust are not currently commissioned to provide this level of service. Directors noted that there was a national shortage of level 4 beds and there was significant support for children in our care at this time. In response to Mr McGee's question, Mrs Simpson confirmed that the Trust would not aspire to become a level 4 mental health service provider.

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

All risks to be reviewed and updated for the next Trust Board Meeting. The Board asked that the review of Risk ID 5083, the management and treatment of mental health patients receive special attention. They also wished to have an update on Risk ID 2154, the Community Equipment Store.

TB/2016/030 TRUST BOARD SELF CERTIFICATE

Mr McGee discussed the monthly public declaration of compliance with the Trust Development Authority (TDA) plan. He advised that, in the previous month, there was a declared risk against the financial position. He went on to draw the Board's attention to the trajectory for the Emergency Department compliance and advised that there is a plan in place to ensure that the Trust will be compliant by the end of quarter 4. However, further work was required to ensure the sustainability of the 95% target and this would be undertaken in conjunction with the NHS Trust Development Authority (NTDA). Directors also noted that there could be no declaration of compliance against the Information Governance Toolkit, as the Trust was not meeting the target for level two training at this time.

RESOLVED: The Trust Board confirmed the self-certificate.

TB/2016/031 FINANCE AND PERFORMANCE COMMITTEE UPDATE REPORT

Mr McGee presented the report and confirmed that it accurately reflected the discussions that had taken place at the last meeting. He highlighted the attendance of the Divisions to update their SRCP progress and action plans. Directors noted that there had been considerable discussion on the Estates Strategy and the need to work across the region to develop a regional Strategy to better utilise the estate across multiple organisations.

RESOLVED: Directors received and noted the report provided.

TB/2016/032 AUDIT COMMITTEE UPDATE REPORT

Mrs Sedgley presented the report and confirmed that it accurately reflected the discussions that had taken place at the last meeting. She highlighted the report that had been received by the Committee in relation to agency staffing and rostering. Directors noted that good progress had been made and a re-audit would take place in the coming months. Mrs Sedgley went on to highlight the work that had been carried out regarding IT asset disposal and software licence management arrangements. Directors noted that the Committee had received an update on divisional governance arrangements and the associated risks. Mersey Internal Audit Agency had carried out a review of the arrangements and significant assurance had been received by the Committee on this matter.

RESOLVED: Directors received and noted the report provided.

TB/2016/033 TRUST CHARITABLE FUNDS COMMITTEE UPDATE REPORT

Mr Wood presented the report and confirmed that it accurately reflected the discussions that had taken place at the last meeting.

RESOLVED: Directors received and noted the report provided.

TB/2016/034 QUALITY COMMITTEE UPDATE REPORT

Mr Rowe presented the report and thanked Mr Holden for the Committees continued improvement in the reporting, monitoring of performance and the provision of assurance to the Committee to the Trust Board and from its sub-committees. He confirmed that the report it accurately reflected the discussions that had taken place at the meetings in December 2015 and January 2016. He highlighted the discussions that had taken place regarding hand hygiene and Healthcare-associated infections. Mrs Hughes confirmed that she would be developing a public facing campaign to raise awareness of good hand hygiene. She went on to confirm that reference to hand hygiene would be included in Team Brief to raise awareness amongst staff groups.

RESOLVED: Directors received and noted the report provided.

TB/2016/035 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 November 2015. 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/2016/036 ANY OTHER BUSINESS

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

TB/2016/037 OPEN FORUM

Mr Whyte, Shadow Public Governor for Hyndburn asked for a definition of a delayed transfer of care. Mrs Simpson confirmed that the official definition was complicated but essentially was, “when all required treatment had been carried out by the Trust and the patient was termed ‘medically fit for discharge’ or more simply, there was nothing further that the Trust was required to do to address the patients’ medical state. There may be a requirement for further, non-medical care which should be handed over to another organisation or residential setting. If this is not possible for a particular reason the patients ‘transfer of care’ is officially delayed.” Mrs Simpson provided an example of a patient who is admitted to the Trust for a hip fracture. They are treated for the fracture but are unable to return home due to increased needs, such as modifications to the home environment or the need for residential rehabilitation. Social care intervention is required, which involves the need for assessments and discussions about funding of the care. This is usually where the discharge becomes

delayed as assessments and suitable alternative accommodation can take days to arrange.

Mr McLean asked for an update in relation to those patients that had received a metal on metal hip replavement operation by the Trust. Dr Riley confirmed that all patients who had been identified had been contacted and follow up arrangemets were in place to regularly carry out assessment of the implant. Dr Riley confirmed that there was no national policy at this time regarding funding for replacement operations. He also advised that many patients contacted were content with their hip replacements at this moment in time and did not wish to have a further hip replacement. Mr Hodgson confirmed that two of the companies who had initially provided the implants had indicated their willingness to fund further treatments as required.

Mr McLean queried why the Trust had cancelled its refurbishment programme and commented that he and many patients had been saddened to hear of the cancellation. Mr McGee confirmed that he and the Trust Board was not aware that the programme had been cancelled but he would investigate this matter. Mrs Simpson suggested that the use of escalation areas in the hospitals meant that there was no free ward space to enable a ward to be moved whilst refurbishment took place and therefore some refurbishment might be suspended but it was not cancelled. She advised that the upkeep of all the Trust estate continues.

Mr McLean congratulated the Trust in relation to their management of winter pressures to date.

TB/2016/038 BOARD REFLECTION

Professor Fairhurst asked Directors whether there had been sufficient attention and discussion regarding governance. Mr Rowe suggested there had been high levels of governance assurance provided to the Board through its sub-committees and therefore there had not been a need to escalate any issues to the Board at this time. This position would be kept under review.

Directors noted that there would be a shift in focus of the Board in the coming months as the strategic plan was developed.

TB/2016/039 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday 24 February 2016, 14:00, Seminar Room 7, Learning Centre, Royal Blackburn Hospital.

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 44

24 February 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 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
2016/021: Chief Executive's Report	Mr Moynes to consider a systematic approach to the use of pharmacists in the Trust and across Pennine Lancashire	Director of HR and OD	Immediately	Oral Report
2016/022: Patient Story	Mrs Pearson to clarify access to ambulances when patients can "walk" are "walking".	Director of Nursing	Immediately	Oral Report
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)
2016/027: Integrated Performance Report	Mrs Hughes to prepare a communications strategy and implementation plan to assist with the task of alerting patients, staff and the public to hand hygiene requirements.	Interim Director of Communications	Immediately	Oral Report
2016/029: Corporate Risk Register	All risks to be reviewed and an update for the next Trust Board Meeting to be presented with particular attention being paid to Risk ID 5083, the management and treatment of mental health patients and Risk ID 2154, the Community Equipment Store.	Medical Director	Immediately	Oral Report

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 47

24 February 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

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: N/A

National Updates

1. **Safe access to online GP records -** By 31 March 2016, patients in England will be able to request to see detailed information in their online GP records. To make sure patients access all the right information about their health, practices will need to verify the identity of the patients and make sure their records are accurate. Further information can be found in the video - Patient Online: Safe access to online GP records
2. **Public Health England's new Dementia Profile: Providing access to local authority and Clinical Commissioning Group (CCG) level data across the whole dementia care pathway** - A new Dementia Profile, developed by Public Health England's (PHE's) National Dementia Intelligence Network (DIN), presents a major change in the way dementia data will be used locally. For the first time, the profile will enable bespoke comparison between local authorities and CCG's in England in one, interactive online platform.
3. **CQC consults on new strategy** - The Care Quality Commission (CQC) has launched a consultation on its strategy for 2016–2021, seeking views on a range of issues, including proposals to develop a more flexible approach to registration and methods to assess quality for populations and across local areas.
4. **Social media and Skype keep young people with Diabetes attending -** Advice on using social media, texts and Skype to keep young people engaged in treatment for their diabetes has been published as part of wider information to help commissioners improve care transition. NHS England has produced a new service specification to help improve services for young people transferring from child to adult services or from one service to another geographically. The guidelines were developed in conjunction with a young people's Diabetes forum who gave their views on the best ways to engage with different age groups through experience.
5. **Monitor and NHS TDA Joint Board Meeting 28th January 2016 Executive Report - Provider Policy Update -** The NHS Trust Development Authority (NTDA) benchmarking tool has been quality assured internally and is now available to Foundation Trust's (FT's) as well as NHS Trusts. The tool gives information to providers on efficiency opportunities and is consistent with the Carter Review letters. Shared Planning Guidance - NHS organisations are required to produce individual operational plans for 2016/17 and health and care systems must each work together to produce, for the first time, a Sustainability and Transformation Plan (STP) covering the period from October 2016 to March 2021. From the £2.14bn 'Sustainability and Transformation Fund' for 2016/17, £1.8bn will be used to stabilise NHS operational

performance, and £340m for transformation. The fund will grow to £2.9bn in 2017/18, and £3.4bn in 2020/21. New care models - A national steering group on issues relating to provider regulation, accountability and governance for the Vanguards had its first meeting on 15 January. Membership includes Vanguard leads, the CQC and NHS Improvement. The first phase of an in-depth analysis of potential governance, accountability and regulatory issues is now underway. Agency caps - After eight weeks, price caps for agency staff have had a positive effect, with the number of shifts exceeding the caps 40% lower than in the first week of implementation. Prices were ratcheted down on 1 February as planned. By 1 April, all agency procurement for all staff will have to be via approved frameworks, and expenditure ceilings will be extended to all agencies. Access to the Sustainability and Transformation Fund will be conditional on sustained reduction in agency expenditure.

6. **Developing mental health services for veterans in England** - NHS England has launched an engagement on mental health services for veterans to help inform future service provision. NHS England would like to hear about people's experiences and views of these services and explore the reasons why some people have not sought or received support and treatment. If you are involved or have an interest in veterans' mental health care, we would welcome your contribution. Please also promote the engagement amongst your staff and patients. The deadline for responding is 31 March 2016.

7. **Public sector apprenticeship targets -** The Department for Business, Innovation and Skills and Department for Education are consulting on the proposed list of public bodies to be set targets related to the number of apprentices working for them, which will include NHS Foundation Trusts and Trusts. Public bodies will have a duty to publish information annually on progress towards meeting the target and send this information to the secretary of state.

Local Updates:

We received notification that we have been successful in our bid for £30 000 of the Department of Health's Preventing avoidable harm in maternity care – capital fund bid'. This fund was announced by the health secretary in January, 2016 to help reduce avoidable stillbirths. The Trust's bid was part of our quality improvement programme to improve stillbirth rates by improved antenatal detection of the growth restricted fetus. Fetal growth restriction is recognised as a major cause of previously unexplained stillbirths. As previously reported, having successfully bid for Trust charitable funds for the Medaphor Scan Trainer, this bid was to purchase an additional scan machine to allow 'bedside' scanning for growth by trained obstetricians and midwives.

Summary and Overview of Board Papers

8. **Termination of Self Certification Return – Monitor & Board Compliance -** Since the Self-Certification process has not been updated in accordance with the Accountability Framework and is no longer in line with Monitor reporting requirements, The NTDA have decided to stop this collection with immediate effect until further notice. Their web form has now been closed.
9. **Serious Incidents Requiring Investigation (SIRI)** - is now a part 1, Public Board Report. The paper, whilst ensuring it does not cover private and confidential information does provide Board members with
   a) An overview of all SIRI's that have been reported during November and December 2015
   b) Never Event Report
   c) Comparative month on month information in graphical format
   d) Assurance on the lessons learned and actions taken as a result of incidents.
10. **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.
11. **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 February 2016

02/02/16	Russ McLean - Chair Patient Voices Group
02/02/16	Healthier Lancashire Meeting, Preston
04/02/16	Leadership Roundtable with Minister for Care Quality, London
05/02/16	Lancashire Chief Executives Meeting, Preston
05/02/16	Shadow Council of Governors and Andrew Corbett Nolan from the Good Governance Institute
08/02/16	Account Officer Assessment Centre, East Lancashire CCG
11/02/16	Major Provider Conference, London
24/02/16	Trust Board

Summary of Chief Executive's Meetings for March 2016

02/03/16	Pan Lancashire Leadership Summit
03/03/16	TDA IDM Delivery Meeting, Manchester
03/03/16	Pennine Lancashire Unscheduled Care Meeting, Walshaw House, Nelson

03/03/16	Pan Lancashire Leadership Summit
04/03/16	Lancashire Chief Executives Meeting, Preston
08/03/16	North West Neonatal Operational Delivery Network, Liverpool
09/03/16	Pennine Lancashire CEO's system Leaders Forum, Preston
10/03/16	HSJ Provider Summit
11/03/16	HSJ Provider Summit
15/03/16	Royal College of Physicians Future Hospitals Development Event, ELHT
17/03/16	Local Public Service Board, Blackburn
23/03/16	Lancashire Pennine Local Medical Committee, Blackburn
24/03/16	Lancashire Transformation Executive Group, Preston
29/03/16	Russ McLean - Chair Patient Voices Group

East Lancashire Hospitals NHS
NHS Trust

TRUST BOARD REPORT	Item	49
24th February 2016	Purpose	Monitoring

Title	Safer Staffing Report - Update on Publishing of Nurse Staffing data on NHS Choices (January 2016 Planned & Actual)
Author	Mrs Julie Molyneaux, Deputy Director of Nursing
Executive sponsor	Mrs Christine Pearson, Director of Nursing

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

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

Impact			
Legal	No	Financial	Yes
Equality	No	Confidentiality	No
Previously considered by:			N/A

Purpose of the report

1. This report will provide the Trust Board with a staffing exception report for January 2016, actual and planned staffing figures

Summary Headlines

2. Nurse staffing in January continued to be challenging caused by similar factors as in previous months. Contributory factors detailed below:

a) Vacancies
b) Maternity leave
c) Sickness and absence levels
d) Limited coordinators on daylight shifts
e) Ability to match demand for nurse staffing with bank and agency fill rate/availability
f) Escalation areas opened
g) Agency Cap's

3. The divisions have given assurance that no harms have been identified as a consequence of staffing.

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

4. 8 wards fell below 80% for actual versus planned for registered nurse hours on daylight shifts.
5. 3 wards fell below 80% for actual versus planned for care staff for daylight hours, an improvement on last month
6. 0 ward fell below 80% actual versus planned for registered nurses for night duty.
7. 3 ward fell below 80% actual versus planned for care staff for night duty,

	Day	Night

	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Jan-16	89.2%	104.5%	97.0%	119.7%

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

Issues Effecting Actual versus Planned (Appendix 2 highlights safe staffing return and nurse sensitive indicators)

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

January 2016 Recruitment Update

11. Recruitment open day took place on the 6th February 2016 for registered nurses and midwives. Offers made:
    a) **ICG** - 22 offers made
    b) **SAS** – 9 offers made
    c) **Family Care** – 3, midwives, 4 NICU, 6 Paediatric offers made

12. Bespoke recruitment adverts are out in respect of Emergency Department, Medicine for Older People, and SAS, and recruitment remains active and on-going.

13. 83 candidates from the Philippines remain within the recruitment process. 5 are ready to join the organisation and hopefully pending successful visa applications will join us in March.
14. Safe care project is on-going, with the roll out to a further 4 wards within ICG. Some delay in on-going roll out is anticipated due to unforeseen sickness and vacancy within the E-Rostering team.

Summary

15. Staffing continues to be challenging and active recruitment is on-going alongside robust sickness and absence management and the movement of staff as appropriate.
16. A professional judgment review of safe staffing numbers has concluded, and is in the process of being written up, the outcome of which will be presented to March Trust Board. Early indications would suggest that on the whole, apart from some pressures within family care, registered nurse establishment remain adequate. As part of the review this time, there was a particular focus on House keeper and Health Care Support worker requirements.
17. Issues have been highlighted recently in respect of NICU staffing as well as Emergency Department staffing. A full staffing review of these services are being undertaken

Recommendation

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

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	Hospital Site name		Specialty 1	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
RXR60	ACCRINGTON VICTORIA HOSPITAL - RXR60	Ward 2	314 - REHABILITATION	1,395	1,095	930	1,095	651	651	326	462	78.5%	117.7%	100.0%	141.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE	1,860	1,695	1,163	1,178	977	966	651	735	91.1%	101.3%	98.9%	112.9%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY	2,093	1,898	930	998	667	667	667	667	90.7%	107.3%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	145 - ORAL & MAXILLO FACIAL SURGERY	1,411	1,177	806	917	682	682	341	429	83.4%	113.7%	100.0%	125.8%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS	1,612	1,463	1,612	1,859	682	682	1,023	1,628	90.7%	115.3%	100.0%	159.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS	1,612	1,508	1,209	1,248	682	682	682	825	93.5%	103.2%	100.0%	121.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE	1,860	1,568	1,628	1,778	651	672	651	840	84.3%	109.2%	103.2%	129.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B6	430 - GERIATRIC MEDICINE									0.0%	0.0%	0.0%	0.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B8	300 - GENERAL MEDICINE									0.0%	0.0%	0.0%	0.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS	1,395	1,306	465	274	1,000	946	333	301	93.6%	59.0%	94.6%	90.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE	1,628	1,515	1,395	1,425	667	667	667	871	93.1%	102.2%	100.0%	130.6%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE	1,860	1,695	1,628	1,568	651	662	651	788	91.1%	96.3%	101.6%	121.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE	1,860	1,395	1,163	1,508	667	667	667	978	75.0%	129.7%	100.0%	146.8%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY	2,418	2,041	1,612	1,950	1,023	1,023	1,023	1,331	84.4%	121.0%	100.0%	130.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY	2,418	2,093	1,612	1,489	1,023	1,023	1,364	1,309	86.6%	92.3%	100.0%	96.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	300 - GENERAL MEDICINE	1,860	1,665	1,163	1,613	667	710	667	957	89.5%	138.7%	106.5%	143.5%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY	1,814	2,028	1,411	1,372	1,023	1,012	682	1,012	111.8%	97.2%	98.9%	148.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE	2,018	1,508	1,320	1,410	957	925	667	925	74.7%	106.8%	96.6%	138.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	300 - GENERAL MEDICINE	1,860	1,620	1,163	1,350	667	667	667	742	87.1%	116.1%	100.0%	111.3%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE	1,116	780	1,490	1,164	651	651	651	987	69.9%	78.1%	100.0%	151.6%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	1,860	1,590	1,163	1,065	667	667	667	667	85.5%	91.6%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	1,860	1,523	1,163	1,193	667	667	667	699	81.9%	102.6%	100.0%	104.8%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	2,325	1,905	1,163	1,155	1,000	1,000	667	667	81.9%	99.4%	100.0%	100.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE	1,860	1,478	1,395	1,590	667	667	667	989	79.4%	114.0%	100.0%	148.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS	4,464	4,206	1,488	1,248	3,581	3,255	651	494	94.2%	83.9%	90.9%	75.8%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY	1,860	1,680	465	578	1,000	989	-	-	90.3%	124.2%	98.9%	0.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE	7,345	7,293	741	689	5,764	5,731	-	-	99.3%	93.0%	99.4%	0.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE	1,860	1,658	1,395	1,403	667	667	667	785	89.1%	100.5%	100.0%	117.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE	1,860	1,448	1,163	1,148	667	677	667	849	77.8%	98.7%	101.6%	127.4%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D5	300 - GENERAL MEDICINE									0.0%	0.0%	0.0%	0.0%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE	3,488	3,180	1,744	2,160	3,139	2,779	1,046	1,148	91.2%	123.9%	88.5%	109.7%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE	3,720	3,645	2,790	3,173	1,953	1,901	1,302	1,323	98.0%	113.7%	97.3%	101.6%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS	4,664	4,210	360	348	3,720	3,482	372	216	90.3%	96.7%	93.6%	58.1%
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY	1,612	1,489	806	709	1,023	1,012	341	492	92.3%	87.9%	98.9%	144.3%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS	1,488	1,440	744	720	1,116	1,116	744	732	96.8%	96.8%	100.0%	98.4%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS	1,395	1,335	372	335	1,116	1,080	372	266	95.7%	89.9%	96.8%	71.5%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS	3,720	3,480	744	732	3,720	3,504	744	720	93.5%	98.4%	94.2%	96.8%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY	1,346	1,303	576	606	825	813	372	480	96.8%	105.2%	98.5%	129.0%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS	2,232	2,262	1,116	1,116	2,232	1,980	1,116	1,368	101.3%	100.0%	88.7%	122.6%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION	1,395	1,268	1,860	1,568	589	589	589	732	90.9%	84.3%	100.0%	124.2%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS	1,573	1,463	1,086	1,138	814	781	649	869	93.0%	104.8%	95.9%	133.9%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE	2,325	1,868	1,628	1,553	651	651	977	956	80.3%	95.4%	100.0%	97.8%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 23	300 - GENERAL MEDICINE	1,860	1,493	1,628	1,688	682	682	682	1,012	80.2%	103.7%	100.0%	148.4%
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 28	300 - GENERAL MEDICINE	1,320	1,350	420	278	172	172	172	172	102.3%	66.1%	100.0%	100.0%
RXR70	CLITHEROE COMMUNITY HOSPITAL - RXR70	Ribblesdale	314 - REHABILITATION	2,325	1,778	1,935	1,973	977	987	977	1,260	76.5%	101.9%	101.1%	129.0%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION	1,860	1,493	1,163	1,530	667	667	667	806	80.2%	131.6%	100.0%	121.0%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION	1,860	1,583	1,860	1,785	667	667	667	667	85.1%	96.0%	100.0%	100.0%
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION	1,860	1,470	1,163	1,628	667	667	667	1,140	79.0%	140.0%	100.0%	171.0%
	45 of 48 completed														
		Total		97,424	86,932	54,823	57,294	53,389	51,797	29,481	35,290	89.2%	104.5%	97.0%	119.7%
				planned	actual	%									
				235,116	231,313	98.38%									

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

Org: RXR East Lancashire Hospitals NHS Trust

Period: January_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

Only complete sites your organisation is accountable for

Validation alerts (see control panel)	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					
	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		1395	1095	930	1095	651	651	325.5	462	78.5%	117.7%	100.0%	141.9%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		1860	1695	1162.5	1177.5	976.5	966	651	735	91.1%	101.3%	98.9%	112.9%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY		2092.5	1897.5	930	997.5	666.5	666.5	666.5	666.5	90.7%	107.3%	100.0%	100.0%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	145 - ORAL & MAXILLO FACIAL SURGERY		1410.5	1176.5	806	916.5	682	682	341	429	83.4%	113.7%	100.0%	125.8%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS		1612	1462.5	1612	1859	682	682	1023	1628	90.7%	115.3%	100.0%	159.1%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS		1612	1508	1209	1248	682	682	682	825	93.5%	103.2%	100.0%	121.0%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE		1860	1567.5	1627.5	1777.5	651	672	651	840	84.3%	109.2%	103.2%	129.0%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		1395	1305.75	465	274.45	999.75	945.75	333.25	301	93.6%	59.0%	94.6%	90.3%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE		1627.5	1515	1395	1425	666.5	666.5	666.5	870.75	93.1%	102.2%	100.0%	130.6%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1860	1695	1627.5	1567.5	651	661.5	651	787.5	91.1%	96.3%	101.6%	121.0%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1860	1395	1162.5	1507.5	666.5	666.5	666.5	978.25	75.0%	129.7%	100.0%	146.8%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY		2418	2041	1612	1950	1023	1023	1023	1331	84.4%	121.0%	100.0%	130.1%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY		2418	2093	1612	1488.5	1023	1023	1364	1309	86.6%	92.3%	100.0%	96.0%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	300 - GENERAL MEDICINE		1860	1665	1162.5	1612.5	666.5	709.5	666.5	956.75	89.5%	138.7%	106.5%	143.5%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY		1813.5	2028	1410.5	1371.5	1023	1012	682	1012	111.8%	97.2%	98.9%	148.4%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE		2017.5	1507.5	1320	1410	956.75	924.5	666.5	924.5	74.7%	106.8%	96.6%	138.7%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	300 - GENERAL MEDICINE		1860	1620	1162.5	1350	666.5	666.5	666.5	741.75	87.1%	116.1%	100.0%	111.3%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE		1116	780	1490	1164	651	651	651	987	69.9%	78.1%	100.0%	151.6%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1860	1590	1162.5	1065	666.5	666.5	666.5	666.5	85.5%	91.6%	100.0%	100.0%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1860	1522.5	1162.5	1192.5	666.5	666.5	666.5	698.75	81.9%	102.6%	100.0%	104.8%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	2325	1905	1162.5	1155	999.75	999.75	666.5	666.5	81.9%	99.4%	100.0%	100.0%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1860	1477.5	1395	1590	666.5	666.5	666.5	989	79.4%	114.0%	100.0%	148.4%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS		4464	4206	1488	1248	3580.5	3255	651	493.5	94.2%	83.9%	90.9%	75.8%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1860	1680	465	577.5	999.75	989	0	0	90.3%	124.2%	98.9%	-
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		7345	7293	741	689	5764	5731	0	0	99.3%	93.0%	99.4%	-
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1860	1657.5	1395	1402.5	666.5	666.5	666.5	784.75	89.1%	100.5%	100.0%	117.7%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE		1860	1447.5	1162.5	1147.5	666.5	677.25	666.5	849.25	77.8%	98.7%	101.6%	127.4%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE		3487.5	3180	1743.75	2160	3138.75	2778.75	1046.25	1147.5	91.2%	123.9%	88.5%	109.7%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		3720	3645	2790	3172.5	1953	1900.5	1302	1323	98.0%	113.7%	97.3%	101.6%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS		4664	4210	360	348	3720	3482	372	216	90.3%	96.7%	93.6%	58.1%
	RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY		1612	1488.5	806	708.5	1023	1012	341	492	92.3%	87.9%	98.9%	144.3%
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS		1488	1440	744	720	1116	1116	744	732	96.8%	96.8%	100.0%	98.4%
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS		1395	1335	372	334.5	1116	1080	372	266	95.7%	89.9%	96.8%	71.5%

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

Org: RXR East Lancashire Hospitals NHS Trust

Period: January_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)

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Comments

Only complete sites your organisation is accountable for

Validation alerts (see control panel)	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					
	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 (%)
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS		3720	3480	744	732	3720	3504	744	720	93.5%	98.4%	94.2%	96.8%
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY		1346	1303	576	606	825	813	372	480	96.8%	105.2%	98.5%	129.0%
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS		2232	2262	1116	1116	2232	1980	1116	1368	101.3%	100.0%	88.7%	122.6%
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION		1395	1267.5	1860	1567.5	589	589	589	731.5	90.9%	84.3%	100.0%	124.2%
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS		1573	1462.5	1085.5	1137.5	814	781	649	869	93.0%	104.8%	95.9%	133.9%
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE		2325	1867.5	1627.5	1552.5	651	651	976.5	955.5	80.3%	95.4%	100.0%	97.8%
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 23	300 - GENERAL MEDICINE		1860	1492.5	1627.5	1687.5	682	682	682	1012	80.2%	103.7%	100.0%	148.4%
	RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 28	300 - GENERAL MEDICINE		1320	1350	420	277.5	172	172	172	172	102.3%	66.1%	100.0%	100.0%
	RXR70	CLITHEROE COMMUNITY HOSPITAL	Ribblesdale	314 - REHABILITATION		2325	1777.5	1935	1972.5	976.5	987	976.5	1260	76.5%	101.9%	101.1%	129.0%
	RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION		1860	1492.5	1162.5	1530	666.5	666.5	666.5	806.25	80.2%	131.6%	100.0%	121.0%
	RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION		1860	1582.5	1860	1785	666.5	666.5	666.5	666.5	85.1%	96.0%	100.0%	100.0%
	RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION		1860	1470	1162.5	1627.5	666.5	666.5	666.5	1139.5	79.0%	140.0%	100.0%	171.0%
			Total			97424	86932.25	54822.75	57293.95	53388.75	51797	29480.5	35290				

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

24th FEBRUARY 2016

Item 50

Purpose Information & Action

Title	The outcome of British Orthopaedic Association Review of Fracture Neck of Femur Pathway
Author	Dr D Riley, Medical Director
Executive sponsor	Dr D Riley, Medical Director

Summary: Following direct invitation, during November 2015 the British Orthopaedic Association (BOA) undertook a review of the Trusts management of Fracture neck of Femur.
The review team found a number of aspects of good practice and also made a number of recommendations with regard to how the service could be further improved. This paper outlines the findings of the review, highlights the directorate response by way of action plan, and puts forward the proposed monitoring process for the Trust in terms of implementing the action plan.

Recommendation: Board is asked to:

- note the recommendations made by the review team and;
- approve the use of Clinical Effectiveness Committee and Quality Committee to oversee implementation of necessary actions.

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: N/A

The outcome of British Orthopaedic Association Review of Fracture Neck of Femur Pathway (November 2015)

Introduction

During 2012-2014 the Trust noted that the Summary Hospital Mortality Indicator (SHMI) for management of Fractured Neck of Femur was higher than the national average. The Trust was not registering as an outlier or alerting with Care Quality Commission, but the Directorate had noted a coincidental slight increase in time taken to transfer patients to theatre.

Management of Fracture neck of Femur is a multidisciplinary team process, and the Trust was keen to understand how it could review existing processes in order to improve.

Following direct invitation, during November 2015 the British Orthopaedic Association (BOA) undertook a review of the Trusts management of Fracture neck of Femur. The review team visited the Trust for two days, and included multidisciplinary (clinical and lay) membership. They visited all aspects of the patient pathway and spoke to many members of ward staff, theatre staff, Emergency department staff, relevant clinicians and Trust management.

The BOA report was received in late January 2016.

This paper describes highlights of the BOA report findings, and how the next steps are to be managed. The review team found no specific area of concern. They commented positively on a number of aspects of patient care, in particular the emergency department care and analgesia processes which they described as “excellent”. They found morale good and found there to be a positive attitude. Their findings led them to make a number of recommendation principally relating to how different parts of the pathway, and different components of the clinical teams, could work more efficiently together.

It should be noted that since mid-2015 the Orthopaedic Directorate have made sustained improvements in the time to take patients to theatre for surgery, and the SHMI, the National Hip Fracture database indicators, and the achievement of best practice, tariff have all improved.

Summary Recommendations of the BOA Review

The review made the following recommendations:

- That all members of the clinical team (anaesthetist, orthogeriatrician, and surgeon) should meet on a daily basis together with trauma coordinator and agree the individual care plan for each patient. The meeting should be used to agree ceilings of care, resuscitation status, and investigations needed pre and post operation.
- Orthogeriatric service input should be enhanced so this clinician can work more collaboratively as described above.
- A role for a specialist hip fracture nurse should be considered.
- Theatre trauma list time should be used more effectively, with priority to hip fracture cases wherever possible, and less delays between cases. This prioritisation of cases may affect the approach to prioritising all emergency orthopaedic cases, with the suggestion that non-emergency paediatric cases may be better undertaken at the start of the second list.
- The rehabilitation teams should take greater part in the monthly MDT meetings. At these meetings, National Hip Fracture database figures should be presented.
- Therapy services will need to be increased in lien with an increasing approach to seven day services, increasing capacity for early supported discharge arrangements.
- Regular audit of the accuracy of National Hip Fracture database data should be undertaken.

Next Steps

- The report will be submitted to the Quality Committee and the Clinical Effectiveness Committee.
- The Orthopaedic Directorate have had sight of the report and have created a draft action plan in response. (see appendix 1)
- This action plan is to be discussed and finalised at a task and finish group with multidisciplinary input. Following this, the approval of the plan, the delivery of necessary actions, and monitoring of National Hip Fracture database indicators will be undertaken by the Clinical Effectiveness Committee.
- This committee will report the progress to the Quality Committee.

Recommendations to Board

Board is asked to:

- note the recommendations made by the review team
- approve the use of Clinical Effectiveness Committee and Quality Committee to oversee implementation of necessary actions.

Dr D Riley
February, 2016.

East Lancashire Hospitals NHS
NHS Trust

Appendix 1: FNOF Draft Action plan from the BOA recommendations

BOA Recommendation	Action Required	Person(s) Responsible	Timescale	Comments/Update	Evidence/Outcome	Status
1. Area of Improvement: Trauma Meeting						
Clinical team including anaesthetist, orthogeriatrician and orthopaedic surgeon need to meet on a daily basis, ideally following assessment of any new hip fracture patients	Job plans review and does require increased engagement across the speciality team. Format and time need to be discussed.	CD-T& O, CD- ICO, CD- Anaesthetist AMD	Apr 2016	Informal discussion at present	Implementation of meeting with TOR	
2. Area of Improvement: Improve Trauma Theatre efficiency						
The trauma list time should be used more efficiently to try and improve the number of patients with hip fractures getting to theatre within 36 hours.	1. Golden patient policy review and implementation 5/7 days a week.	CD-T& O, CD- Anaesthetist AMD, Ortho Governance Lead	July 2016	Trauma meeting could be used to establish ceilings of care, resuscitation status, investigations needed and specific concerns amongst other things	Improvement in time to surgery within 36 hours of admission	
	2. Dedicated Trauma Anaesthetist with special interest in trauma.		"			
	3. Availability of Surgeon to commence the list as soon as possible after trauma meeting.		"			

	4. To consider Paediatric patients during 2 ED on call PM list.		"			
	5. Appropriate Trauma case prioritisation including first come first served policy where clinically appropriate and safe.		"			
3. Area of Improvement: Orthogeriatric cover during weekends						
The service needs review so that consistent cover is provided during periods of leave. The service appears to be under resourced given the number of hip fractures admitted to the trust and consideration should be given to increasing the amount of cover provided	To discuss the service need and appropriate Medical Cover (i.e. One Orthogeriatric consultant/ ST and one full time staff grade)	CD-T& O, CD- ICO, AMD	July 2016		Improvement in mortality and pre-operative assessment percentage on NHFD	
4. Area of Improvement: Specialist Hip Fracture Nurse						
It is strongly recommended that the role of a specialist hip fracture nurse is instituted in the trust, possibly using existing personnel, to support the	To appoint specialist hip fracture Nurse	CD-T& O, Deputy Chief Nurse/ TO Matron, AMD	Apr 2016		Improvement in discharge planning, theatre efficiency, better patient care , improvement in data accuracy on	

medical staff on a daily basis					NHFD and AQ hip fracture	
5. Area of Improvement: Mortality and Morbidity Review Meetings						
Regular multidisciplinary mortality and morbidity review meetings should be commenced aimed at trying to identify common themes and potential problems within the service.	1. Quarterly Multidisciplinary MM meeting with wider involvement of consultant teams and peer Review assessment and presentation of mortality cases needed to be discussed.	CD-T& O, Ortho Governance Lead, Audit Lead	Apr 2016	Already in #NOF Plan	Impovement in multidisciplinary involvement, shared learning, prevention of avoidable deaths	
	2. Consider appointing MM Lead.					
6. Area of Improvement: Review of early supported discharge and rehabilitation pathway						
Therapy services should be reviewed so that a true seven day service can be delivered without any drop off at weekends. Consideration should be given to developing an early supported discharge service in addition to developing a more integrated rehabilitation approach with existing community teams and facilities	1. 7 day Physio and OT Cover.	CD-T& O, CD- ICO, CD-Community division AMD	Apr 2016		Reduction in LOS rehabilitation by 20%	
	2. Regular involvement of community hospital staff in hip fracture clinical governance meetings.		Apr 2016			
	3. Work with ICO and community division in development of rehab pathway		Apr 2016			
7. Area of Improvement: Prospective Completion of NHFD data set form to improve the completeness and accuracy of data collection						

A proforma should be introduced to facilitate accurate data into the NHFD. These are readily available from the NHFD website and could be completed by appropriate personnel at each stage of the patients care pathway.	Prospective completion of NHFD data set form at each stage of care	All teams, Trauma Coordinators	July 2016		Significant improvement in Data accuracy on NHFD	
8. Area of Improvement: Accurate diagnosis of #NOF with appropriate imagining request from ED						
Consideration should be given to working with the radiology department to see whether expedient MRI/CT imaging for equivocal hip fractures not evident on plain X-rays would be a possibility prior to transfer to the orthopaedic ward.	Availability of MRI/CT imaging for equivocal hip fractures not evident on plain X-rays requested from ED prior to transfer to the orthopaedic ward	CD-T& O, CD- Radiology AMD, CD-ED	Apr 2016		Improvement in time to surgery within 36 hours	
9. Area of Improvement: Fascia iliac Block						
The fascia-iliaca block : this service is extended to patients that may fall as inpatients or have delays in undergoing surgery	Train Trauma Coordinators/ ANP for this service	Dr Shannon/ Dr T Clarke	April 2016		Improvement in AQ measures and compliance with NOF care bundle.	

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 51

24th FEBRUARY, 2016

Purpose Information

Title	SIRI Report
Author	Ms R Jones, Patient Safety Manager
Executive sponsor	Dr D Riley, Medical Director

Summary: This paper provides the Board with:

- An overview of all SIRIs that have been reported during January 2016
- Never Event report
- Comparative "month on month" information in graphical format

Report linkages

Related strategic aim and corporate objective (Delete as appropriate)	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice Become a successful Foundation Trust
Related to key risks identified on assurance framework	All quality and patient safety risks

Impact

Legal	Yes	Financial CQUIN	No
Equality	No	Confidentiality	No

Previously considered by: NA

Serious Incident Requiring Investigation (SIRI) report

Introduction

1. This paper provides the Board with:
   a) An overview of all SIRIs that have been reported during January 2016
   b) Comparative "month on month" information in graphical format
   c) Never Event report

Part one: Overview of SIRI's reported

STEIS SIRIs reported in January 2016

2. The following SIRIs have been reported on the national STEIS system during January 2016 and the resultant Root Cause Analysis (RCA) reports will be performance managed by the Trust's SIRI panel and East Lancashire CCG

No	Eir1	Division	Ward/ dept.	Description	Inquest	Complaint
1	101105	ICG	ED	staffing issue (injury)	No	No
2	100450	DCS	Radiology	Delay in diagnosis (looking to de-steis - no harm)	No	Yes
3	101455	ICG	ward 16 - elderly Medicine	Infection Control (death)	No	No
4	100713	FC	Obstetrics	Poor management of care (injury)	No	No
5	101861	SAS	STU General Surgery	Treatment delay (death)	No	No
6	98516	SAS	Theatre 6, Anesthetics	Post-op problem (Death)	Yes	Yes
7	99210	ICG	Marsden Ward Rehabilitation	Infection Control (Death)	Yes	No

Non STEIS SIRIs reported in January 2016

3. The following incidents did not meet the STEIS criteria but were still deemed to be SIRIs. As such the resultant RCAs will be performance managed by the Serious Incident Review Group (SIRG)

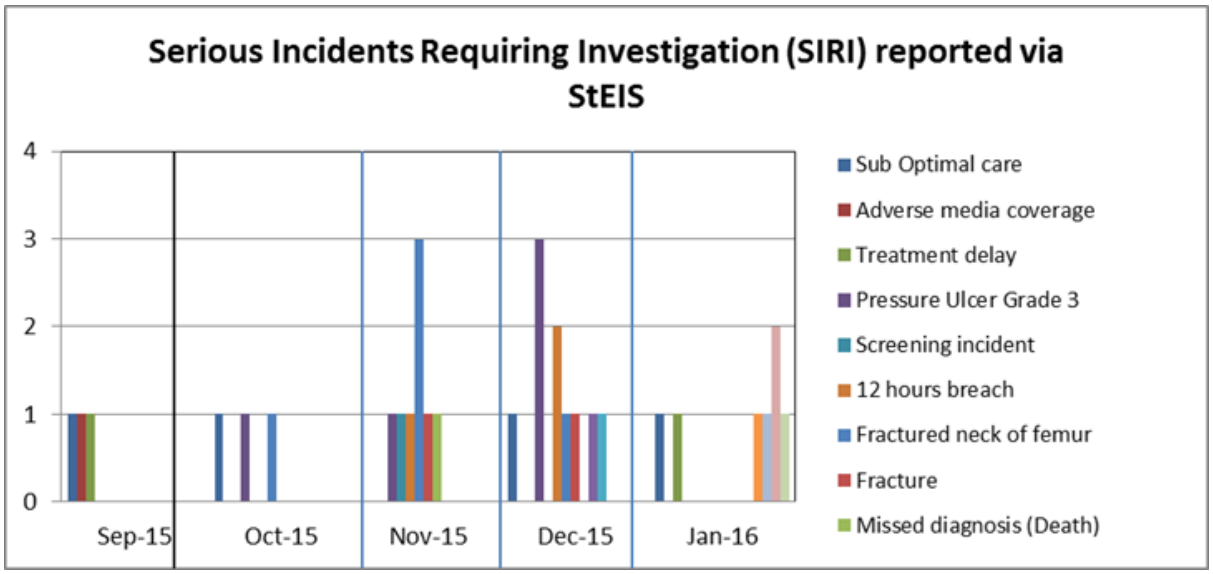
No	Eir1	Division	Ward/ dept.	Description	Inquest	Complaint
1	101261	ICG	Pendle Community Hospital – Medicine	Slips, trips and falls	Yes	No

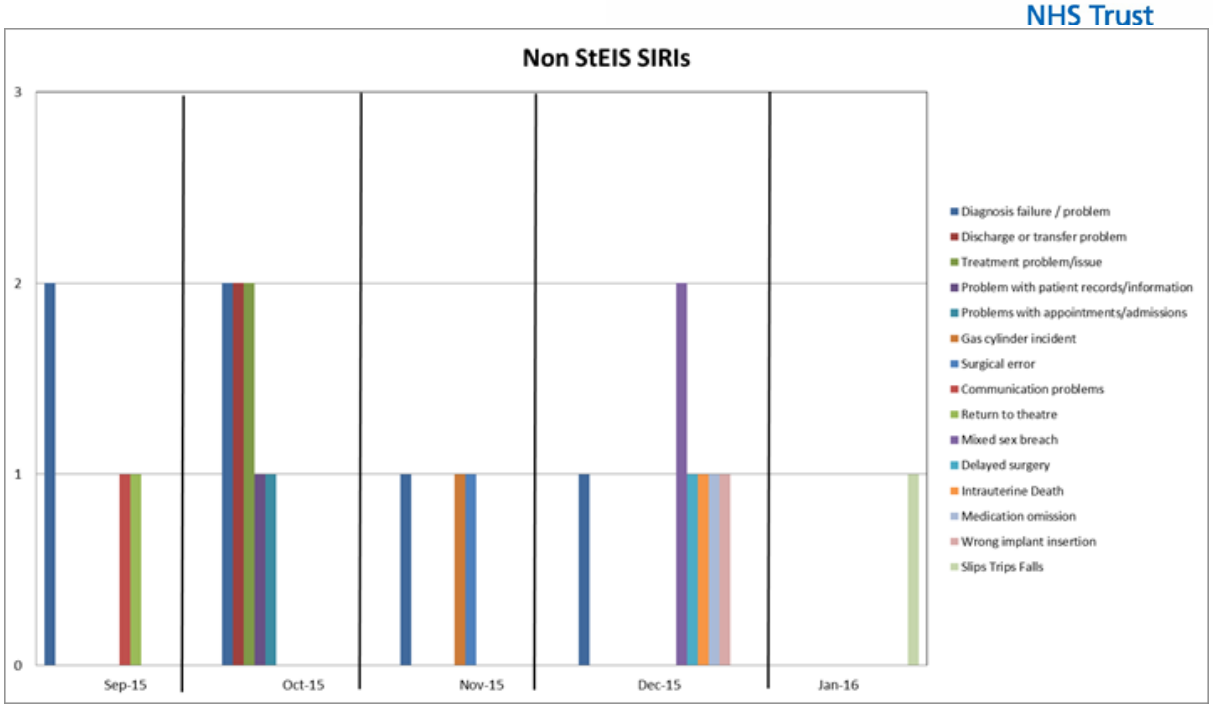
Never Events:

4. There were no never events reported in the month of January 2016

Part Two: Comparative graphs

5. The following graphs set out comparative information on STEIS reportable and non STEIS reportable incidents month on month





Recommendations

6. It is recommended that the Committee:

a) Note the serious incidents reported through STEIS in the month of January 2016

Rebecca Jones, Patient Safety Manager, 12th February 2016

East Lancashire Hospitals NHS
NHS Trust

TRUST BOARD REPORT

Item 53

24th February 2016

Purpose Action

Title	Burnley General Hospital - Outline Business Case – Phase 8 New Build
Author	Clare Boyd, Project Manager James Maguire, Head of Estates Victoria Hampson, Surgical Division Accountant
Executive sponsor	Jonathan Wood, Finance Director

Summary:

In order to complete 'the final piece in the jigsaw' and provide the platform for the Trust's transformational Development Control Plan, the clinical configuration and engineering infrastructure at BGH needs to be addressed. This Outline Business Case (OBC) seeks approval to progress the construction of the new **Ophthalmology Unit, General Outpatients, Maxillofacial Department and ancillary services facility at BGH (Phase 8).** This investment will not only deliver substantial immediate improvements in clinical and operational efficiency but also in the patient environment and experience. It also allows the Trust to move forward with supporting the future development of clinical services. This is the next step in the development of the Burnley General Hospital (BGH) site, in line with East Lancashire Hospitals NHS Trust's (ELHT) Clinical Strategy and supporting Estates Strategy (2012-2016).

Recommendation:

The Board are asked to approve the Outline Business Case for the development of Phase 8, funded by a combination of Public Dividend Capital of £15.6m and internally generated resources of £2.42m. On approval the Full Business Case will be developed

Report linkages

Related strategic aim and corporate objective *(Delete as appropriate)*	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships

Safe | Personal | Effective

(53) Agenda Item Title

	Encourage innovation and pathway reform, and deliver best practice
	Become a successful Foundation Trust
Related to key risks identified on assurance framework *(Delete as appropriate)*	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	Yes
Equality	No	Confidentiality	No

Previously considered by:

Phase 8

Burnley General Hospital Outline Business Case (OBC)

Version No: 1.15

Issue Date: 8th February 2016

Contributors/Reviewers

Clare Boyd, Victoria Hampson, James Maguire, Jonathan Wood, Kate Atkinson, Catherine Taylor, Peter Munday together with Maureen Dixon and Allen Graves, Clinical Sub-Groups, Project Board. The membership of all these groups is detailed in the Draft Project Execution Plan (Appendix 9)

Contents

1. Executive summary

1.1 Introduction

This Outline Business Case (OBC) covers Phase 8, the next step in the development of the Burnley General Hospital (BGH) site, in line with East Lancashire Hospitals NHS Trust's (ELHT) Clinical Strategy and supporting Estates Strategy (2012-2016). It is anticipated that the external capital funding required for this case (£15.6m) will be secured as Public Dividend Capital (PDC) made available from the Department of Health. The business case process is subject to approval by the Trust Development Authority (TDA) or its successor body. This development will contribute to the Trust's ability to deliver truly integrated, high quality, **Safe**, **Personal** and **Effective** care that meets the increasing needs of the local population.

1.2 Strategic case

1.2.1 The strategic context

ELHT is a large secondary, community and acute Trust located in Lancashire in the heart of the North West of England, established in 2003. The Trust provides healthcare services primarily to the residents of East Lancashire and Blackburn with Darwen, which have a combined population in the region of 521,000. Services include a full range of acute hospital and adult community services across five hospital sites with 971 beds.

The majority of the emergency and complex surgical care is based at The Royal Blackburn Hospital (RBH) whilst BGH is a centre of excellence for elective surgery, Womens' and Newborn Services and Ophthalmology. Although each hospital site specialises in particular aspects of care, the Trust currently provides outpatient clinics for nearly all specialties and diagnostic (scanning) services from both Blackburn and Burnley so people can access their initial appointments close to home wherever possible. A range of outpatient services is provided in the local community via a number of high quality health centres.

Our absolute focus on our patients, under the umbrella of our vision "**to be widely recognised for providing safe, personal and effective care"** was recognised in the Care Quality Commission's (CQC) report following their visit, which took place on 29th April to 2nd May 2014. From this inspection we were rated as 'Requires Improvement' and a health and social care system wide Quality Improvement Plan (QIP) was developed. Good progress has been made in the delivery of this plan, with a significant focus on how we continue to improve the delivery of our services such that we will improve our rating to 'good'. The Trust was re-inspected by the CQC in October 2015 and the outcome of the visit is expected imminently.

1.2.2 The need for change

There is a pressing need for the continued rationalisation, modernisation and reconfiguration of the BGH site. At BGH some services remain delivered in Victorian buildings and other buildings are outmoded and inefficient. There is an urgent need for rationalisation of the estate and infrastructure renewal to enable the enhancement, growth and transformation of clinical services.

ELHT are committed to continuously improving and providing optimum services to patients, members of the public and staff This OBC sets out the need, options and recommended solution regarding the provision of Ophthalmology, Maxillofacial, General Outpatients and supporting services on the BGH site (Phase 8). Phase 8 is *'the final piece of the jigsaw'* in the Trusts Development Control Plan and completes a programme of 4 key phases that commenced in 2003.

The phased transformation of the BGH site over the past 13 years:

- BGH facilities were extended in 2006 by the addition of a PFI development ('**Phase 5**', which delivered improved care of the elderly, general outpatient department, radiology services and new dermatology facilities).
- In 2011 East Lancashire benefitted from the Trust-funded £32m Lancashire Womens' and Newborn Centre **(Phase 6).**
- In 2014 a new £9m Integrated Urgent Care Centre replaced outdated accommodation and provided safe, much improved facilities for non-life-threatening urgent conditions. This also included the Rainbows Child Development Centre on the 1st floor to cater for children with special needs **(Phase 7).**

The conclusion to this OBC recommends the construction of Phase 8 the new **Ophthalmology, General Outpatients and Maxillofacial Unit with ancillary services** facilities. The anticipated benefits are:

- It will radically improve quality of services for patients
- Productivity of clinicians and clinical support staff will increase with opportunities for increased throughput
- Clinical pathways and patient journeys will be much improved
- Better wayfinding and car parking arrangements, thus improving the patient experience
- It will instil increased confidence in ELHT services and demonstrate the on-going commitment of the Trust to the development of services on the Burnley site
- A better environment for teaching and research
- Enhance, protect and promote patients privacy and dignity in all areas
- Statutory compliance, infection control, including infestation, equipment failure and backlog maintenance will be significantly improved
- The project will support estate efficiencies and will overcome current estate limitations, increasing capacity and flow
- Meet the needs of growing ophthalmic demand within the local population

- Meet the need of the growing number of skin cancer referrals
- Dramatically improve the outpatient breast patients experience through colocation with the breast screening unit

The proposal is a core element of the ELHT's Board-approved Estates Strategy and aligns with key strategic planning documents including (but not limited to):

- East Lancashire CCG's Strategic Plan for High Quality Local Health Services;
- the Trust's Clinical Strategy;
- the Trust's Sustainable Development Management Plan;
- the Trust's Energy and Carbon Management Policy;
- the Ophthalmology Directorate Business Plan 2015-16 and 2016-17 to 2020-21
- the Maxillofacial Directorate Business Plan 2016-17
- the General Outpatient Improvement Plan

The proposal is strategically aligned to emerging health economy plans and the forthcoming production of our local health system Sustainability and Transformation Plans (STP).

This OBC is structured in line with HM Treasury's 'five case' model, in which the project proposal is analysed for: strategic; economic; commercial; financial and management viability. It also presents a separate clinical quality case in line with TDA requirements. The approved project will be procured and delivered using PRINCE2 project management methodology. The purpose of the strategic section is to explain and confirm how the scope of the proposed project or scheme fits within the existing business strategies of the organisation and provides a compelling case for change, in terms of existing and future patient and operational needs.

The Trust Board approved work to commence on the Trust Development Control Plan in 2009. A formal Strategic Outline Case for Phase 8 has been produced, and was approved by the TDA in October 2015.

1.2.3 Clinical support accommodation and services

While the prime focus of the Trust's Development Control Plan is on clinical accommodation, there are inefficiencies in the use of other clinical support services space. The impact of a reconfigured site on supporting services is also significant as it allows the Trust to review the way services are delivered and identify significant efficiencies.

1.3 Clinical quality case

From a strategic point of view, the Trust was initially responding to service change, which emanated from three key transformation programs:

- Reform of Elective Care
- Development of Community Services
- Rationalisation of Trust Estate

These, and a study of likely future activity against current capacity, have informed the Trust's clinical vision, which is to develop BGH primarily as a Day Case and Elective Centre and RBH as the campus for emergency and specialist care, as well as providing the education and corporate services hub for the organisation.

The Trust has carried out assessments of the current accommodation and also of the proposed reconfiguration and designs.

As well as addressing the inefficiencies of the current sites, this project also addresses issues of patient safety, environment and experience and clinical adjacencies for a number of key services.

The clinical and clinical support services that will benefit from the new build at BGH are identified as:

- Ophthalmology Day Case, Theatres and Outpatients including Orthoptists
- Maxillofacial Outpatients, Minor Day Procedures and Prosthetics Laboratory
- General Outpatient Clinics
- Breast Outpatient Clinics and supporting services
- Chemotherapy
- Cardiology
- Children's Outpatients and Day Case Ward
- Urology Investigations Unit

- Outpatient Physiotherapy
- Diagnostic Services including MRI, CT and Ultrasound
- Health Records

The majority of these services are currently delivered from functionally inefficient and/or unsuitable premises, some of which make patient wayfinding and patient flow very difficult. This is significant in terms of the Patient experience and Choice agenda and also in terms of clinical efficiency and infection control.

1.3.1 The overall case for change

In order to complete 'the final piece in the jigsaw' and provide the platform for Trust's transformational Development Control Plan, the clinical configuration and engineering infrastructure at BGH needs to be addressed. This will allow the delivery of significant improvements to a number of clinical services in the short/medium term. It will also allow the delivery of further clinical change and efficiencies across the wider health economy in the future.

1.4 Economic case

1.4.1 Investment objectives and constraints

The Trust's SMART objectives for this project are as follows:

A. To provide a platform to support the transformational aim to deliver the Trust's clinical vision in line with the timeframes within the Clinical Strategy.
B. To achieve a minimum of 80% of the clinical and support services environment at BGH that is equivalent to at least an Estate code condition "B" rating by September 2018.
C. To provide complete Ophthalmology services from a central location easily accessible in a modern purpose built environment by September 2018.
D. To identify and adopt new efficient ways of working through centric patient flow improvement supported by modern fit for purpose facilities by September 2018.
E. To enable the optimum use of the BGH site by January 2020.
F. To reduce backlog maintenance issues and improve inefficiency of current building stock and reduce the associated costs by September 2018.

G. Complete site rationalisation to reduce current running costs where possible by January 2020.

The principal constraints in achieving these objectives are:

I. Decanting issues – the Trust has extremely limited space into which services could be decanted during redevelopment
II. Timing - action is required urgently in some key areas
III. Trust Strategy – the Strategic Estate Development and/or Clinical Strategy must comply with this
IV. Resources – substantial ongoing financial support from commissioners for revenue pressures
V. Planning Consent – any plans would have to be to the satisfaction of the local Planning Authority
VI. Consultation/Communication – the need to keep patients, staff and the public on board with any future developments and to understand, respond to and respect the views of patients and other members of the public.

1.4.2 Benefit criteria

The specific non-financial benefit criteria derived from the above are given below. The second column identifies which objective is relevant to the benefit criterion in Section 1.4.1 above and the third column shows the relevant constraints from the same section.

Benefit Criteria	Relevant Objectives	Relevant Constraints	Narrative
1.Patient Environment/Safety / Experience	A, B, C, D	I, II, VI	What is environment/ safety/ experience like for patients?
2. Staff Environment/Safety/ Experience	A, B, C, D	III, VI	What is environment/ safety/ experience like for staff?
3. Patient Access to Services	A, B, C, D	II, III, VI	How easy is it for patients to access services
4. Clinical Adjacencies/ Future Proofing	A, C, D, E	I, III, IV, VI	How do the services interface with other clinical services?
5. Clinical Quality	A, C, D, E	I, III, IV, VI	How would solution contribute to clinical quality?
6. Support Function Proximity	A, C, D, E	III, IV	How would the services interface with non-clinical support services?

7.Flexibility of Accommodation	A, B, D, E, F, G	III, IV, V, VI	To what extent could the accommodation be flexed for future alternative use?
8. Training and Education	A, D, E	III, IV	How are training and educational facilities be enhanced?
9.External Approval	A, B, C, D, E, F, G	II, III, IV, V, VI	How likely would external approval be gained?
10.Public Perception	A, B, C, D, E, F	II, III, IV, V, VI	How would it be viewed by the public (including planning authorities)?
11.Recruitment and Retention	A, B, C, D	I, III, VI	How would it contribute to the recruitment and retention of staff?
12.Stakeholder Perception	A, B, C, D, E, F	II, III, IV, V, VI	How would commissioners and other bodies view the proposed solution?
13.Timeliness	B, C, E, F, G	I, II, III, V,	How quickly can the solution be implemented?
14. Reduction in Carbon Footprint?	B, E, F, G	III, IV, VI	How would it contribute to a reduction in the Carbon Footprint?
15.Patient Privacy and Dignity	A, C, D	I, II, III, V, VI	How will it improve patient privacy and dignity?

1.4.3 Benefit criteria

The specific non-financial benefit criteria derived from the above are given below. The second column identifies which objective is relevant to the benefit criterion in Section 1.3.1 above and the third column show what are the relevant constraints from the same section.

1.4.4 The long list

A long-list of six options were considered initially for comparison:

1. **Do Nothing**
2. **Do Minimum (Shortlisted)**
3. **Partial Reconfiguration/Refurbishment (Shortlisted)**
4. **New Build/Site rationalisation (Shortlisted)**
5. **Extend PFI**
6. **New Build on alternative site**

It was concluded that Options 1, 5 and 6 were not feasible, for the following reasons:

Option 1 - The ability to do nothing was not deemed to be an option as the current building has extensive issues including non-compliance. To do nothing would be

detrimental to the clinical services.

Option 5 - Extending the PFI building was discounted on initial review due to the financial implications and commitment.

Option 6 – New build on an alternative site was discounted early in assessment due to the co-dependent services located on the BGH site and the financial implications of purchasing additional land when the Trust had a suitable site for a new build.

1.4.5 The short list

Only three Options met the objectives and constraints:

- **Option 2** – "Do Minimum" addressing Statutory Compliance issues and Backlog Maintenance across the BGH site.
- **Option 3** – "Partial Reconfiguration/Refurbishment" and required works investment in Ophthalmology Theatres.
- **Option 4** – "New Build/Site Rationalisation"

1.4.6 option descriptions

Option 2 – Do Minimum

This option would partially address the current compliance issues with clinical services on the site with a mixture of refurbishment and backlog maintenance, taking advantage of under utilised or vacant accommodation wherever possible. It would not address clinical support services issues. Neither would it allow for the reconfiguration of the current sites and infrastructure in readiness for future development.

Option 3 – Partial Reconfiguration/Refurbishment

This option would improve the standard of accommodation currently offered to Ophthalmology Theatres, Haematology, Chemotherapy, Elective Admissions and Outpatient Booking Office Departments. However, Block 1 and its incumbent service will remain, there will be no ability to transform the clinical services, improve car parking and wayfinding, increase revenue, improve efficiencies or release any savings. Blocks 7, 8, 9, 22, 23, 25, 28 and 29 will require demolition at a future stage.

Option 4 – New Build / Site Rationalisation

This option is to build new accommodation to house Ophthalmology, Maxillofacial, General Outpatients and Health Records whilst demolishing the current building and rationalising the site to relocate displaced services. This would deliver a reconfigured site with services co-located to support transformational patient centric pathways. This would improve productivity and reduce costs; improve working environments for staff and enhance patients experience through improved space utilisation.

All three options would require significant capital investment.

1.4.7 Overall findings: the preferred option

Each of the original options was evaluated with regard to their construction costs, long-term revenue impact, and discounted net present cost (using the DH generic economic model).

The preferred option is a new build under option 4, which offers the best-discounted present value, the highest benefits and the least risks.

1.4.8 Preferred option description

The preferred option (Option 4) is to invest £18.2m in new accommodation for Ophthalmology, Maxillofacial, General Outpatients and Health Records, to demolish the current building and rationalise the BGH site to relocate displaced services.

This project will reduce the Trust's building area by a net 9, 907m2 on the BGH site - a reduction of 14% on the overall site area. Clinical growth will increase revenue by £0.90m per annum. The overall financial impact will be to reduce costs to the Trust by approximately £0.85m per annum.

1.4.9 Risks

The main risks are as follows:

- Failure to deliver anticipated savings
- Decanting and disruption during site re-development

- Uncertainty regarding the future of clinical services – changing priorities in clinical needs
- Changes in the Commissioners' strategy
- Failure to secure approval for capital funding
- Failure to secure income from increased throughput
- Failure to secure planning approval
- Lack of communication resulting in the loss of public confidence
- Cost of services higher than estimates
- Building not fit for purpose

These risks are explored in more detail in the main body of the document.

1.5 Commercial case

1.5.1 Procurement strategy

The Trust has already taken the decision to utilise the Department of Health's Procure 21+ (P21+) Framework. This allows NHS organisations to take advantage of pre-negotiated rates, best practice, repeatable designs, and an overall value for money approach. There are only six organisations accredited on the Framework. These organisations are termed as Principal Supply Chain Partners (PSCPs) and take responsibility for the management, performance and cost of the complete "supply chain" which will typically include architects, engineers, health planners, quantity surveyors and construction elements.

The intention is to split the project into three separate stages to be delivered over a three-year timeframe. This gives the Trust flexibility in controlling the pace at which these projects are executed. A "not to be exceeded price" will be generated for the project as a whole and a single Full Business Case (FBC) will be produced for Trust Board approval.

As the project progresses to Full Business Case a competition will be held amongst the six accredited consortia on the P21+ framework.

The Trust is aware that an update to this procurement framework is imminent and that future projects may be required to be delivered under a new framework – Procure 22.

1.5.2 Required services

The PSCP will assist the Trust with health planning, design, cost consultancy and construction services. The Trust may make limited use of other external advisers.

1.5.3 Potential for risk transfer and gain share mechanism

P21+ works on the basis of a Guaranteed Maximum Price (GMP) for works agreed to the Trust's specification. If the actual cost exceeds the GMP the risk is transferred to the PSCP who will have responsibility for absorbing the cost. Should the actual costs be below the GMP, a gain share mechanism will apply. This means that if the saving is up to 5% in value the saving is shared equally between the Trust and the PSCP. Any saving which is more than 5% will accrue solely to the Trust.

1.6 Financial case

1.6.1 Introduction

In 2014/15 the Trust made a deficit of £3.6m (including impairments of £5.3m) on a turnover of £435.1m and has a planned underlying deficit of £12.1m in 2015/16. Given an extensive programme of Cost Improvement Programmes (CIP) (£25.8m CIP target in 15/16), the Trust is anticipating returning to surplus at a future date, working towards sustained financial stability.

1.6.2 Overall assumptions

Based on the standard DH Outline Business Case (OB) forms, the capital costs of the preferred option will be £18.02m including VAT.

The saving in depreciation will be £25,000 per annum and facilities management savings for the new build option will be £ 164,000 per annum.

The net favourable revenue impact per annum is £0.85m.

1.6.3 Workforce impact

The impact on the workforce is still under consideration and will be subject to further development during the FBC and execution of the Projects.

When the new site configurations, which have been designed to optimise operational efficiency, are finalised, the Trust will be reviewing support services processes and the impact on staffing requirements. This may result in job re-design and re-deployment across the Trust.

1.6.4 Clinical income

It is currently anticipated that £0.90m income will be derived from new patient activity.

1.6.5 Overall affordability and balance sheet treatment

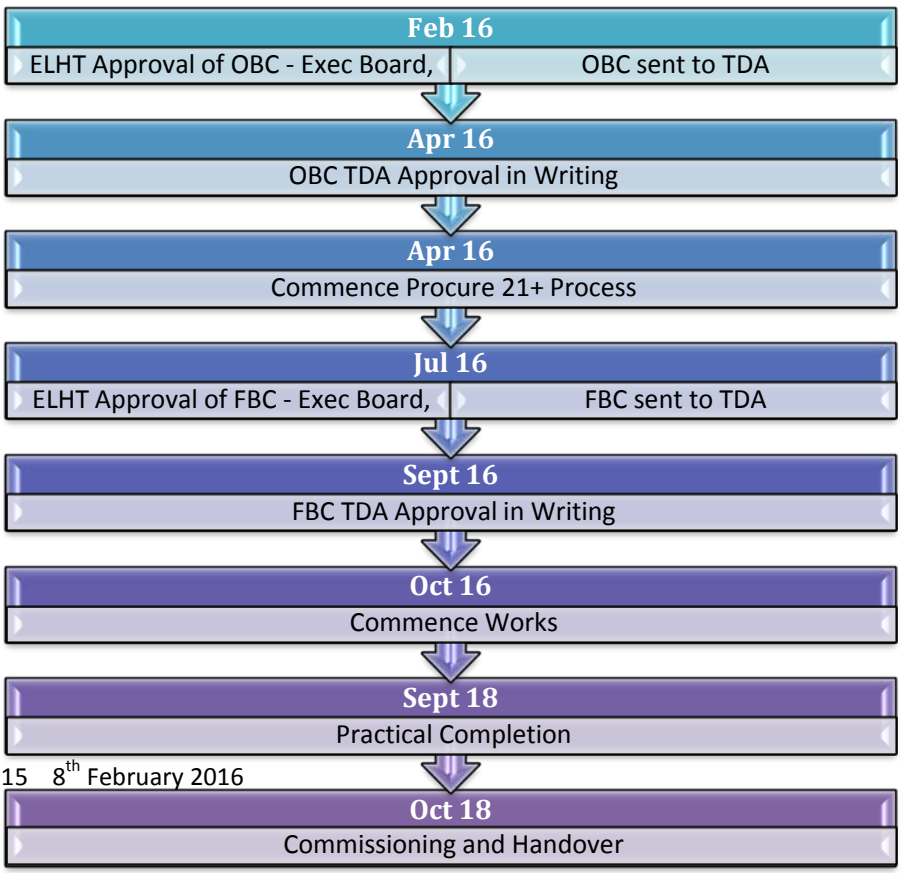
'It is anticipated that the scheme will be financed through a combination of PDC from the Department of Health and internally generated resources of £2.42m. The current assets to be demolished, which will be impaired, will have a net book value of approximately £5.2m.'

1.7 Management case

1.7.1 Approvals and timetable

Because of the capital cost and revenue impact, the OBC will require to be formally approved by the TDA. The anticipated milestones are as follows:

Figure 1: BGH Phase 8 New Build - High Level Critical Path



1.7.2 Commissioner support

The clear benefits to patients, clinical quality and the efficiency savings mean that the overall plan would be likely to elicit support in principle from the Commissioners. However, this does not imply that funds will follow. Given the position regarding overall NHS funding, a quality premium for the improved accommodation appears unlikely.

The feasibility and patient flow study findings point to additional capacity and improved throughput in areas such as Ophthalmology, Breast Outpatient Clinics and Maxillofacial. Depending on tariff arrangements for future years, it is feasible that the Trust could increase income based on improved throughput, assuming that NHS PBR tariff structures are retained, it is predicted that demand for services with continue to grow in line with demographic needs. Associated income flows will continue to increase.

Summary by commissioner	2018 / 2019 £	2019 / 2020 £	2020 / 2021 £	2021 / 2022 £	2022 / 2023 £	2023 / 2024 £
Total income impact	410,677	867,970	914,585	905,156	905,156	905,156
Blackburn with Darwen CCG	115,400	243,900	256,998	254,349	254,349	254,349
East Lancashire CCG	285,010	602,371	634,722	628,178	628,178	628,178
Other	10,267	21,699	22,865	22,629	22,629	22,629

A letter of support from the CCG's will follow at Appendix 8.

1.7.3 Public consultation

The outpatient Physiotherapy service is likely to be physically re-located from its current site, and any formal NHS requirements for public consultation will be met.

The development of this build has been focused on stakeholder engagement, input and feedback. This has included a Public Engagement Event that was held at the BGH site on Tuesday 19th January 2016. Key representatives from the local community and patient and staff representatives were invited to view the detailed plans and participate in interactive presentations from the Ophthalmology, Maxillofacial, Outpatient and Estates Directorates on the aims of the project and the benefits to be realised. Following this and

at the next stage of planning a full programme of engagement events are planned where all aspects of the proposed development will be shared with the public for comment prior to final decision.

1.7.4 Project management arrangements

The Senior Responsible Officer (SRO) for the Project is the Director of Finance. The Project is currently governed through the Estates Strategy Project Board, this updates via the SRO to the Trust Executive Board.

The Project Board meets monthly. Reporting to the Project Board are a number of Sub-Groups representing the clinical, clinical support and other key parts of the project. This structure has been reviewed and refined and roles have been reassessed in preparation for the Full Business Case stage.

1.7.5 Benefits realisation and risk management

A benefits identification and management process has been developed in conjunction with the Sub-Groups. There are a number of specific benefits that have been identified and categorised as being cash-releasing (£), non-cash releasing (£) or qualitative.

A risk register and management plan has also been produced.

1.7.6 Communications strategy

The Trust has developed a comprehensive communications plan to ensure that patients, visitors, local residents and staff are kept up to date and involved in any proposed new developments.

This involves the use of a variety of media and also provides a possible route for sourcing additional funding for new equipment via charitable fundraising/sponsorship.

1.7.7 Post project evaluation (PPE) arrangements

The Trust will undertake a full Post Project Evaluation (PPE) immediately following the completion of the Project. The Project Board completes monthly project evaluations that are reported as part of the structure at each Board meeting. It is vital that lessons are learned as quickly as possible both in terms of the working relationship between the

Trust and its advisers and the PSCP. The full post evaluation stage will be utilised by the Trust to identify any lessons learned for subsequent projects.

1.7.8 Next steps

Following approval of the OBC by the Trust Board, discussions will take place with the TDA to ensure that the investment is approved.

In parallel with this process, the Trust will be commencing work on the FBC to achieve approval to build Phase 8. This will involve the redefinition of scope, to take into account any further external changes, and the detailed specification and design of the accommodation. The Trust will then agree a "not to be exceeded price" with the PSCP and this will be brought back to the Trust Board as part of the FBC process by May 2016.

1.8 Recommendation

The redevelopment of the estate at BGH is a key enabler for the delivery of the Trust's clinical strategy.

The Board are asked to approve the Outline Business Case for the development of Phase 8, funded by a combination of Public Dividend Capital of £15.6m and internally generated resources of £2.42m for onward consideration by the TDA. On approval the Full Business Case will be developed.

Signed: Date:

Jonathan Wood
Senior Responsible Owner

2. The Strategic Case

2.1 Introduction

This Outline Business Case (OBC) seeks approval to progress the construction of the new £18.02m **Ophthalmology Unit, General Outpatients, Maxillofacial Department and ancillary services facility at BGH (Phase 8).** This investment will not only deliver substantial immediate improvements in clinical and operational efficiency but also in the patient environment and experience. It also allows the Trust to move forward with supporting the future development of clinical services.

The Strategic Case demonstrates that this proposal provides business synergy and strategic fit with the Trust's objectives and is predicated upon a robust and evidence based case for change. This section will demonstrate how the further development of the BGH site is clearly aligned to the national context within which the Trust is operating, is cognisant with the Trust's current operating environment and is clearly aligned to our Strategic Framework, Clinical Strategy and Estates Strategy.

2.1.1 Background to the Trust

ELHT is a large secondary, community and acute Trust located in Lancashire in the heart of the North West of England, established in 2003. The Trust provides healthcare services primarily to the residents of East Lancashire and Blackburn with Darwen, which have a combined population in the region of 521,000. Services include a full range of acute hospital and adult community services across five hospital sites with 971 beds.

The majority of the emergency and complex surgical care is based at The Royal Blackburn Hospital (RBH) whilst BGH is a centre of excellence for elective surgery, Womens' and Newborn Services and Ophthalmology. Although each hospital site specialises in particular aspects of care, the Trust currently provides outpatient

clinics for nearly all specialties and diagnostic services from both Blackburn and Burnley so people can access their initial appointments close to home wherever possible. A range of outpatient services is provided in the local community via a number of high quality health centres.

2.2 Structure and content of the document

This OBC has been prepared using the HM Treasury approved "Five Case" Model (which now includes a sixth "case" covering aspects of clinical quality). The Model comprises the following key components:

- **Strategic case.** This sets out the strategic context and the case for change, together with the supporting investment objectives for the scheme

- **Clinical quality case.** This discusses the clinical issues and objectives and the overall rationale for change

- **Economic case.** This demonstrates that the organisation has selected the choice for investment which best meets the existing and future needs of the service and optimises value for money (VFM)

- **Commercial case.** This outlines how the scheme will be procured and the content and structure of the proposed deal

- **Financial case**. This confirms funding arrangements and affordability and explains any impact on the revenue position and balance sheet of the organisation

- **Management case.** This demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality.

The Trust Board approved work to commence on the Development Control Plan in 2009 and formal scoping work began in 2011, this project is the start of the final stage in achieving the 2010 Development Plan. The Trust will use the Department of

Health's P21+ framework and arrangements will be progressed with the approval of the OBC.

2.3 National strategic context

2.3.1 Delivering the 5 year forward view

The recent Spending Review provided the NHS in England with a credible basis on which to accomplish three interdependent and essential tasks: first, to implement the Five Year Forward View; second, to restore and maintain financial balance; and third, to deliver core access and quality standards for patients.

NHS Planning guidance for 2016-17 to 2020-21 requires the production of local health system Sustainability and Transformation Plans (STPs) by every health and care system that will set out credible plans for transformation to deliver the requirements outlined above. In particular, STPs will be required to set out health economy plans, which address:

- How we will close the health and wellbeing gap
- How transformation will drive the ability to close the care and quality gap
- How we will close the finance and efficiency gap

Work has commenced with our health and social care partners to develop a credible plan, due for completion in June 2016.

The NHS continues to provide a high standard of care for our country's growing and ageing population - but demand is rising and services are under pressure. For example, the predicted local Ophthalmology growth model based on ONS population estimates and future anticipated demand for eye care based on information from NICE guidance and PH data anticipates a 7% increase in the service in general throughout the next 5 years and a 16% increase within the next 10 years. The NHS has received an increased financial settlement in 2016-17, which will help in managing current pressures and kick-start new ways of providing care as signalled

in the *Forward View*. However, the challenge for NHS staff and leaders of delivering high quality care within the available resources is as great as it has ever been.

The purpose of developing new models of care is to improve patient outcomes: better health for the whole population, increased quality of care for all patients, and better value for the taxpayer.

The Forward View describes how we need to achieve 2-3% efficiency per year across total NHS expenditure over the next 5 years in return for the increased public investment, enabling us to absorb future demand with more modest increases in expenditure.

The NHS needs to transform the way care is delivered and is seeking productivity gains and cash-releasing savings across the board. The NHS will need to be innovative and challenge the way things are done, in particular, developing new ways of working.

2.3.2 The contribution of the NHS estate

All Trusts need to reduce the existing cost base of their estates. However, the improvement of these estates takes time – as transformation of a fixed asset requires long-term planning to achieve required results. Successful estates rationalisation and optimisation requires investment, creative thinking, inspiring leadership and a culture that adopts the attitude "where there is a will, there is a way" – forming ambitious joint ventures with commercial partners and others, for instance, in order to grow and develop at pace. It is clear that NHS Trusts need to:

- Deliver estate strategies that create best value from the fixed asset base, and a commercial approach to the estate and support services
- Offer solutions that will enable reconfiguration and flexibility in future years thereby future proofing services
- Reconfigure estates so that they are best able to deliver emerging capacity needs and new models of care

- Ensure that estate portfolios make significant contributions to efficiency savings and QIPP targets

2.4 Organisational overview

Our absolute focus on our patients, under the umbrella of our vision "**to be widely recognised for providing Safe, Personal and Effective care"** was recognised in the Care Quality Commission's (CQC) report following their visit which took place on 29th April to 2nd May 2014. From this inspection we were rated as 'Requires Improvement' and a health and social care system wide Quality Improvement Plan (QIP) was developed. Good progress has been made in the delivery of this plan, with a significant focus on how we continue to improve the delivery of our services such that we will improve our rating to 'good'. The Trust was re-inspected by the CQC in October 2015 and the outcome of the visit is expected imminently.

Part of a phased programme of estates rationalisation and optimisation, this project aligns with the recommendations for ways to improve Trust performance identified by the Keogh Report (June 2013) and the CQC 'Requires Improvement' rating in 2014. The Keogh Report noted that ELHT has "experienced poor press for an extended period of time"; so it should be noted that this project delivers high-profile improvements to the BGH site that will provide the reassurance that our local community needs – that ELHT is investing in BGH's acute healthcare facilities, is fully committed to the development of services on the Burnley site and is on course to deliver a phased development programme that will ensure improved clinical outcomes and patient, visitor and staff satisfaction.

The Trust is operating within a very challenging financial situation during 2015-16, which is likely to continue into the medium term, with an anticipated requirement to save c£100m over the next 5 years to achieve recurrent financial balance. Although the Trust has successfully delivered year on year cumulative cost savings over the past five years (c£85m) the future efficiency requirements mean that we will need to

develop credible and ambitious plans for service transformation over the next five years that will clearly set out how we will work together with our health and social care partners to ensure the health economy is on a firm financial footing in the future.

In meeting the financial challenge, the Trust will need to drive ever-higher quality standards with robust performance delivery. Safety, performance and finance are mutually inclusive. In developing and delivering our plans to improve outcomes whilst releasing the required levels of efficiency savings, it is of paramount importance that we invest wisely in our estate in order to unlock the value of our estate.

Maximising and investing is our NHS estate will contribute to the delivery of both our organisational aims and the 5 year *Forward View* in a number of ways. Access to capital investment will:

- Act as an enabler to transformation
- Create a modern, fit-for-purpose estate supporting improved clinical productivity and successful clinical outcomes
- Maximise the ability to increase clinical productivity
- Aid in the development of new models of care (moving care closer to home and ensuring truly integrated care pathways)

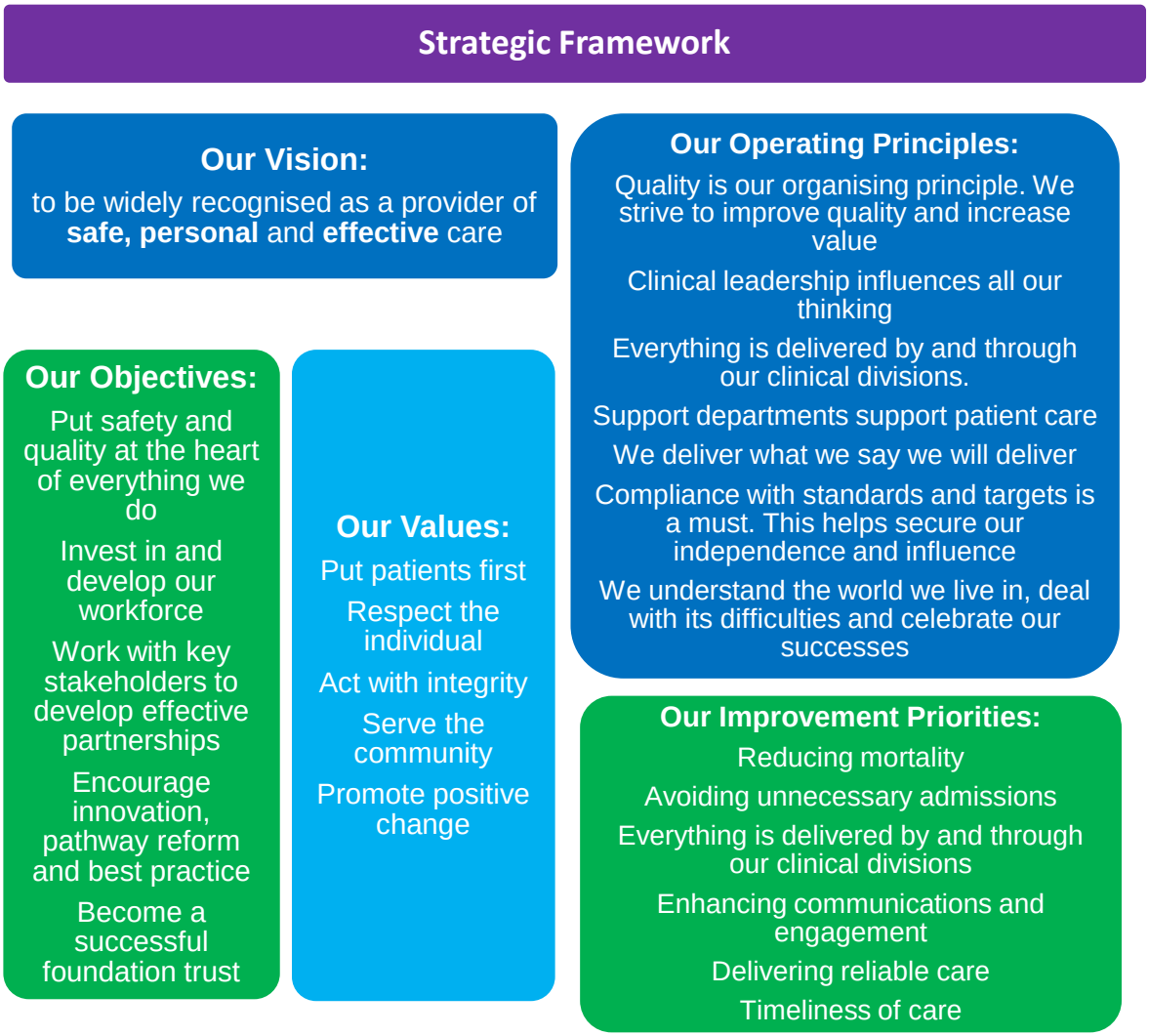
By investing in the BGH site, as proposed in this OBC, a clear challenge has been set to the clinical teams who will benefit from this new and improved estate that they must deliver a 20% cost saving across all relevant operational revenue budgets.

2.5 The Trust's Strategy

2.5.1 Strategic framework

Our strategic framework is outlined below (figure 2). It illustrates our focus on our patients and promotes our approach to positive cultural change:

Figure 2: Strategic Framework



The further development of the BGH site is aligned with our strategic framework and will contribute to the following organisational aims and objectives:

- Provide **safe**, **personal** and **effective** care for our patients
- Put safety and quality at the heart of what we do
- Allow us to invest in and develop our workforce
- Encourage innovation, pathway reform and best practice

- Put patients first
- Serve the community
- Promote positive change
- Delivering reliable care

Underpinning our Strategic Framework is our Clinical Strategy and supporting Estates Strategy.

2.5.2 Clinical strategy overview and alignment

Our Clinical Strategy written in 2014 encapsulated three key elements (figure 3):

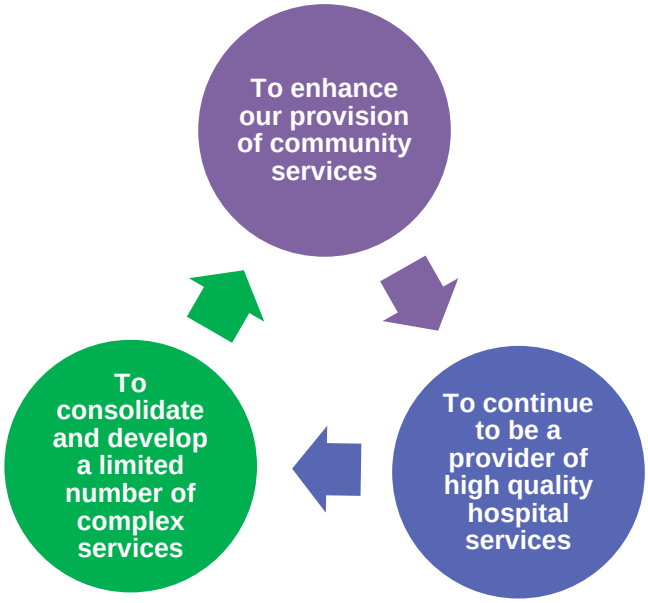


Figure 3: Key elements of our Clinical Strategy and influencing factors

Building on our previous strategy during the course of 2015-16 we have been re-developing our Clinical Strategy with the intention to finalise by April 2016. The strategy will cover the next 5 years, 2016-17 to 2020-21.

2.5.3 Key principles

The key principles of our revised strategy are outlined below.

East Lancashire Hospital NHS Trust has the following strategic aims:

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

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

Our strategic and transformational themes in 2016-20 will be:

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

This new strategy will align well to our current strategic framework as outlined previously and as such will not require any significant changes.

Our ethos reflects those pledges already agreed with local partners, as follows:

xi. We will deliver services around the needs of patients and their carers.

xii. We will continuously improve the care given to patients and their carers.

xiii. We will implement transformational change, maximising innovation and use of technology to deliver care in a standardised and efficient way

xiv. Co-production will be the hallmark of care redesign: Commissioners and providers will develop a shared approach and focus of continuous quality improvement

xv. We will strive for more third sector involvement in the delivery of care

xvi. We will develop the workforce, and facilitate learning and education of staff, patients and carers at every opportunity

xvii. 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.

xviii. We will continuously strive to improve our commitment to research

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 **healthcare** rather than hospital focus, from East Lancashire Hospitals Trust to “East Lancashire Healthcare Trust”.

The capital scheme associated with this OBC is integral to the delivery of the redesign of key scheduled care services and improving the efficiency of elective care through the provision of high quality estate which will optimise service delivery through more efficient ways of working and provide patients with an excellent service experience.

2.6 Ophthalmology clinical strategy

The Ophthalmology Directorate has worked in conjunction with East Lancashire CCG, Blackburn with Darwen CCG, a network of local optometrists, local GPs and GPs with Specialist Interests to redesign key patient pathways and vertically integrate the provision of eye care services across the Pennine-Lancashire footprint.

The Ophthalmology service has operated under considerable pressure for some time, facing a number of key challenges, namely:

- Limited specialist skill and knowledge in primary care
- Confusing and multiple referral pathways and entry points
- Demand exceeding capacity in secondary care
- Inability to meet 18 week Referral To Treatment (RTT) in a sustainable and cost-effective way
- Capacity not fully utilised in intermediate tier services
- Service disruption due to infestation and equipment failure
- Inability to recruit appropriate level of Medical Staffing

Through a process of co-production a new model of care has been developed which is depicted below in figure 4:

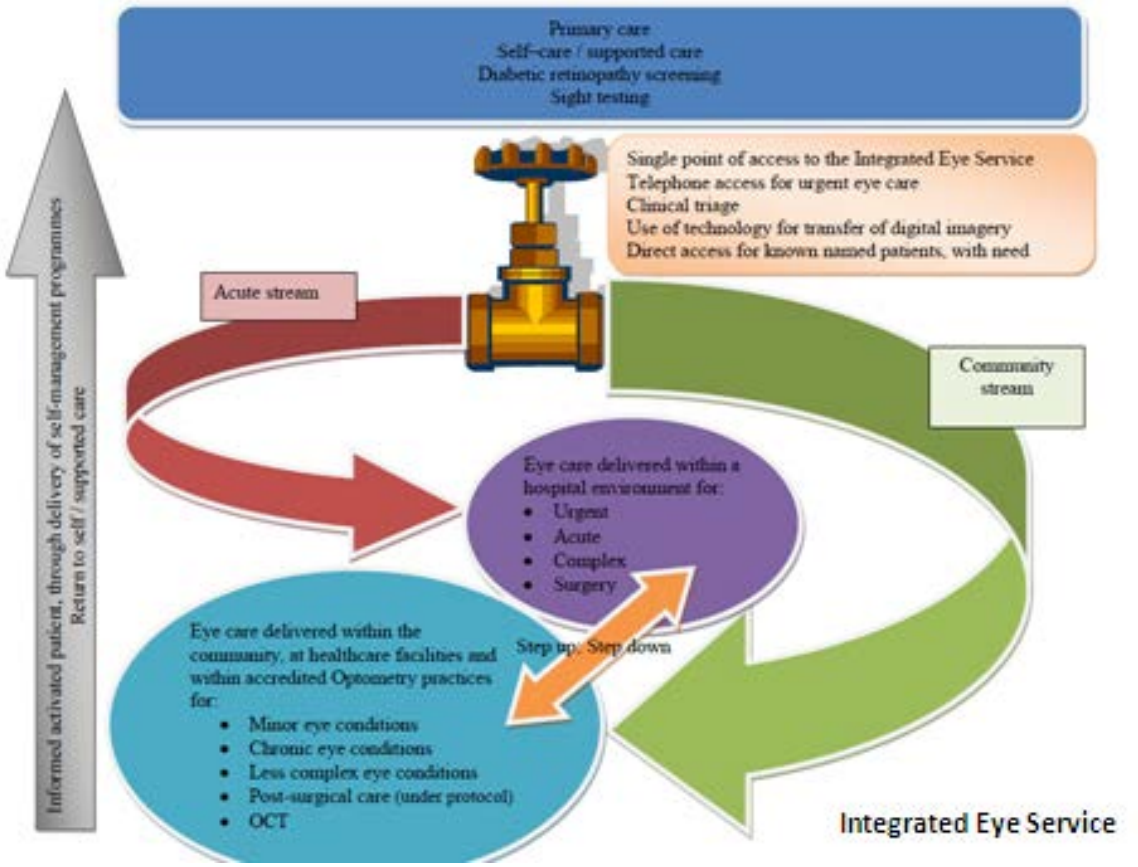


Figure 4: Ophthalmology Revised Model of Care

The new service model, implemented in October 2015, places ELHT as the Prime Provider for Eye Care Services across Pennine-Lancashire, with robust sub-contract arrangements in place with local Optometrists to deliver significantly redesigned pathways for:

- Cataract pre-operative and post-operative care
- Minor eye conditions
- Ocular Hypertension (OHT) Monitoring
- Low visual aids

Through the provision of a single referral point with nurse-led triage, facilitated by an integrated IT system across all providers, the revised service model will redirect 15% to 20% of outpatient activity into a community setting provided by Optometrists and GPs with Specialist Interests as well as improving the conversion rate to Cataract surgery.

This sort of redesign and ability to maximise the utilisation out of hospital eye services (skills and equipment/estate) will be vital in order to be able to manage future demand for eye care. Our modelling shows us that the demand for eye care as a result of local population projections will increase by nearly 7% over the next 5 years, developing to 15% over the next 10 years with demand for cataract surgery predicted to grow by over 20% over the same timeframe. The development of non-surgical treatment for Macular degeneration will see demand grow by nearly 30% over the next 10 years. To support this further National Diabetes UK predict an increase of 10% in diabetic related diseases which can have a detrimental life changing impact on patient's eyesight.

In recognition of our local population's needs the hospital eye service will continue to be provided across the Pennine-Lancashire footprint with outpatient services provided from RBH, BGH and our community sites/services. Our day case/elective activity will be wholly provided from the new build at BGH, along with outpatients and provision of the emergency eye care pathway (Ophthalmology A&E), which has also been recently redesigned/improved. Another significant improvement will be the provision of macular services provided at the BGH site, which will mirror the service at RBH and ensure that ELHT will future proof the anticipated increase in demand.

Our market share for Ophthalmology services (2014-15) is outlined in figure 5:

Point of Delivery	East Lancashire CCG	Blackburn with Darwen CCG	Pennine-Lancashire CCGs
1st Outpatients	78.86%	83.69%	80.08%
Daycase Activity	76.62%	78.05%	77.03%
Elective Activity	49.33%	45.31%	48.13%

Figure 5: Ophthalmology Market Share 2014-15

Through the provision of our integrated pathway we anticipate to maintain/develop our market share. The provision of elective activity from a high quality new build will

help us to actively promote our services, thus ensuring that we are the provider of choice for Ophthalmology services.

2.6.1 Ophthalmology Service Benefits

It is anticipated that the re-provision of Ophthalmology services within new estate at BGH will provide a number of service specific benefits/efficiencies:

- The Emergency Ophthalmology service (A&E) will be less isolated in the out of hours (service is open until 10pm) period thus reducing risk to the security and safety of the department's staff.
- Reduction of patient waiting times for outpatient assessment at the Ophthalmology A&E service due to improved patient flows and ready access to diagnostic rooms, in particular laser treatment. The different lasers are currently located in the outpatient clinic whilst the A&E service is situated on the Ophthalmology ward. This creates delays in moving either the laser or the patients between departments. The new facility has been designed to co-locate services around essential specialist equipment, reducing patients delays, frustration and anxiety and improving their experience.
- Consolidation of reception services thus releasing efficiencies and reducing the number of patients presenting at the incorrect reception location.
- Through improved departmental adjacencies it is expected that clinical flow and capacity will be increased. At present the Ophthalmology service in particular, suffers from a large number of cancellations due to restricted capacity and poor functionality. This is identified as a contributory factor in the high rate of missed appointments identified in the CQC Quality Report 8/7/2014. Additionally the Chief Inspector of Hospitals Report requires a reduction in short notice cancellations of clinics across all outpatients services and the need for clinics to run on time, both of which will be addressed by the proposed solution. The redesign of the diagnostic facilities will lead to a reduction in diagnostic waits.
- Delivery of a new facility will help improve staff retention and welfare enabling improved medium to long term staff training and development and also

benefit engagement. The facility will improve staff areas i.e. rest rooms, changing rooms and toilet facilities. Currently there are very small staff rest rooms with inadequate changing facilities, one mixed sex toilet within the outpatient clinic that is used by patients, visitors and staff.

- The inclusion of an Ophthalmology training facility will provide high quality teaching space for all staff, including the trainee doctors, on site and in close proximity to operational activity. This will include a Seminar room / teaching room with audiovisual projection facilities for teaching and lectures, a small journal/text book area with shelving and a dedicated workstation for junior doctors to do their correspondence, literature searches and study tasks on. This was the only area that the service did not achieve as part of their GMC requirements as the students had no facilities to use or dedicated space.
- Increased utilisation of staff resource through patient pathway/flow will be realised due to estate innovation. Outpatients will allow the clinic and pre assessment service to be co-located. Patients and their medical records will no longer require escorting from area to area, reducing the number of wondersome patients and releasing key staff members to concentrate on clinical care.
- A paediatric waiting area has been incorporated into the departmental plan. Children currently wait on a public corridor for their optometry appointment.
- Significant improvements in patient dignity and privacy will be evident as:
    - quiet rooms within the outpatient and day unit have been identified for private and sensitive discussions, at present these discussions can take place on corridors or on the edge of the patient and public waiting areas.
    - the current theatre reception area is open and has no privacy for patients. The new design has a separate child reception area and the theatre reception area is closed.
    - currently theatre patients face a long transported journey through many public areas and numerous open and drafty corridors going from

Ophthalmology Ward 6 to Theatres 1 and 2. A public lift being an essential part of the journey.

- The Integrated Ophthalmology department will enhance the patient experience as it reduces the patient journey given that the build will also incorporate theatres.
- By having this facility within the unit it reduces the risks associated to the movement of very specialised equipment and the loss of what is very expensive equipment.
- All departments will be co-located access to clinical supervision for all health professionals and administrative support is visible.
- Improvement in public perception of the service and an enhanced patient experience
- Realisation of the ELHT Ophthalmology Teams aspirations to be the regional Centre of Excellence.

2.7 Maxillofacial Clinical Strategy

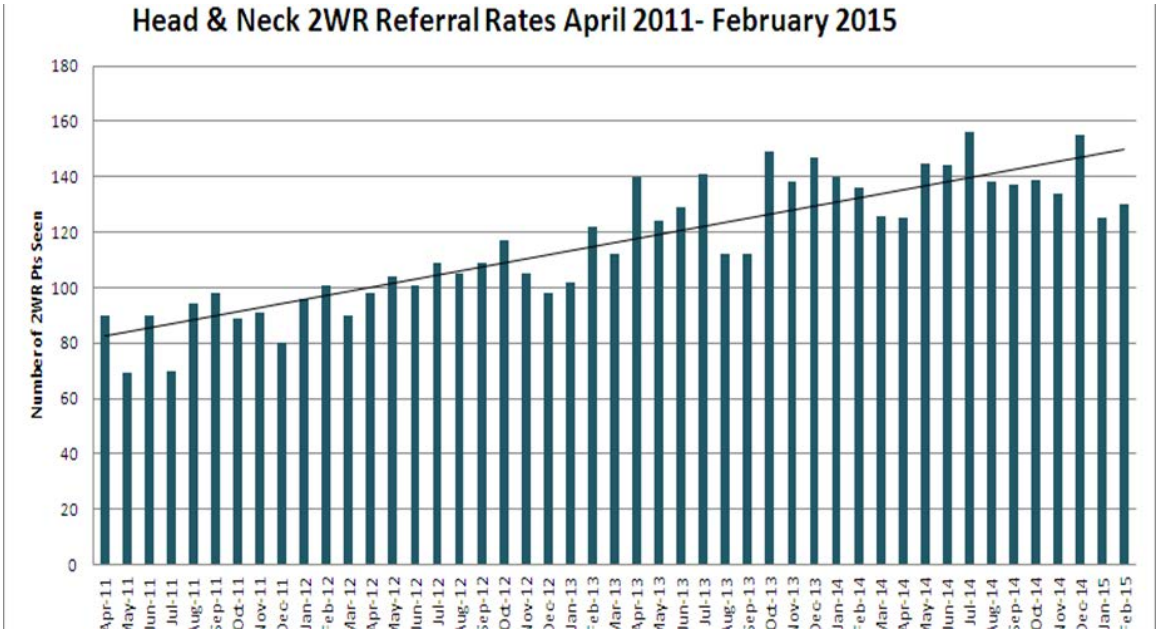
The Maxillofacial clinical strategy, is based around the 2012 Department of Health strategy through delivering the right care, in the right place, at the right time, by the right person, in line with the ELHT aim **to be widely recognised for providing Safe, Personal and Effective care".** The East Lancashire Maxillofacial service provides expert secondary diagnostic and surgical services to the East Lancashire population as well as for patients within the Bolton area, being placed within the top 10% of facial skin cancer services in the UK.

The service recognises the NHS Cancer plan (DoH, 2000), that identified there would be "new ways of working to streamline cancer services around the needs of the patient" and have been transforming their clinical practice to streamline their service in line with the needs of the local population and the recent NICE Guidance around 2 week rules

NICE guidelines advocate that 'diagnosis and planning for all suspicious skin lesions should be carried out by trained specialists who are part of the hospital MDT

network'. This has increased referrals to secondary care and decreased significantly the surgical load on GPs. The ELHT team have experienced the predicted growth in skin cancer over the past 5 years and this trend is anticipated to continue.

Figure 6: depicts increase in head and neck 2 cancer week referrals



2.7.1 Maxillofacial Service Benefits

It anticipated that the re-provision of Maxillofacial services within the new estate at BGH will provide a number of other benefits/efficiencies:

- Through the introduction of flexible multispecialty rooms the capacity will be available to meet the increasing demand for head and neck cancers and skin cancers for our local area (*local services for local people*). This departmental design will enable the maxillofacial team to streamline their patient and referral flows.
- Provide a new modern 'fit for purpose' department with improved facilities that build on the excellent clinical service and experience that patients and relatives appreciate and utilise.
- Will ensure equitable access to patients across the region and enhance patient choice options, as patients can be seen at either BGH or RBH.

- Will increase capacity for Minor Surgical procedures within the Department.
- Reduce the number of operations cancelled during "winter pressure" as a number of procedures can be undertaken in the minor procedures room negating the need for admission. This will be a stand-alone service that is not reliant on any other service within the Trust; it will be staffed by our dedicated specialist maxillofacial team.
- Realise the potential for expansion and "future proofing", supporting services within community settings, fitting with a modern Pan Lancashire Health Service
- Relieve non-urgent pressures at RBH as patients can receive the same treatment at both sites and appropriate demand and capacity can be managed efficiently.
- Potential for Combined Multispecialty and "One Stop" clinics.
- Potential for joint Ophthalmology and Maxillofacial procedures due to the close proximity of the two departments within the new build. This will enhance the service that our Specialised Consultants can deliver and offer to our patients reducing the waiting period for our patients that require dual specialty procedures. This will improve patients experience, reduce the number of admissions or theatre appointments that individual patients may require and provides an excellent clinical service.
- Local patients and their families will benefit through improved capacity for more maxillofacial operations and clinics locally.
- Potential for further development of Specialised Maxillofacial Services within a new department
- 3D printer will be located within the new building. This is an exciting new development that not only provides our patients with the latest advanced technology at their local Hospital, but it also removes the need for us to send the moulds to other external organisations namely Manchester and Cardiff before their prosthetic can be created. This will improve the patient's timeline for fitting of their prosthetic by at least 2 weeks.
- This supports the Directorates clinical strategy to both reduce the length of stay and release theatre capacity on the hot site by increased utilisation of the minor operations facility at BGH.

- By upgrading the facilities at BGH it enables the service to assess the feasibility of commence discussions regarding expansion outside the local market share.

2.8 Outpatient innovations

As part of developing the plans for the new outpatient facility, we have worked actively with both the general outpatient department and relevant specialities to challenge current ways of working. As a result of this we have identified a number of efficiencies, which will be implemented. These include:

- Cardiology diagnostics are currently located in disparate rooms across the site; the scheme will allow these to be brought together in one area providing significant improvements in patient safety and increase capacity in a service currently failing to meet demand.
- Orthopaedic services will be relocated close to the centralised x-ray department reducing distances for immobile patients and a closer relationship with pre-operative assessment clinic will enable 'on the day' assessment reducing the number of appointments patients are required to attend.
- Closer proximity to pre-operative assessment services for all surgical departments
- Closer proximity to Phase 5 (Block 52) will enable a more streamlined emergency pathway for patients who may attend directly to BGH Urgent Care Centre (UCC) and Children's Minor Injuries Unit (CMIU) (Block 93).
- A reduction in the number of patients who find themselves lost/frustrated with gaining access to the outpatient area or parking locally and either end up in the wrong area or cancel/DNA their appointment.
- Outpatient services will also benefit, for example the Lung Function Service will gain an additional clinical room allowing it to open up to Choose and Book while enabling the current waiting list to comply with the 6 week RTT target.

2.9 Other service developments and innovations

In reviewing the use of our current estate and plans for the new building we have also identified a number of other service changes and innovations. These include:

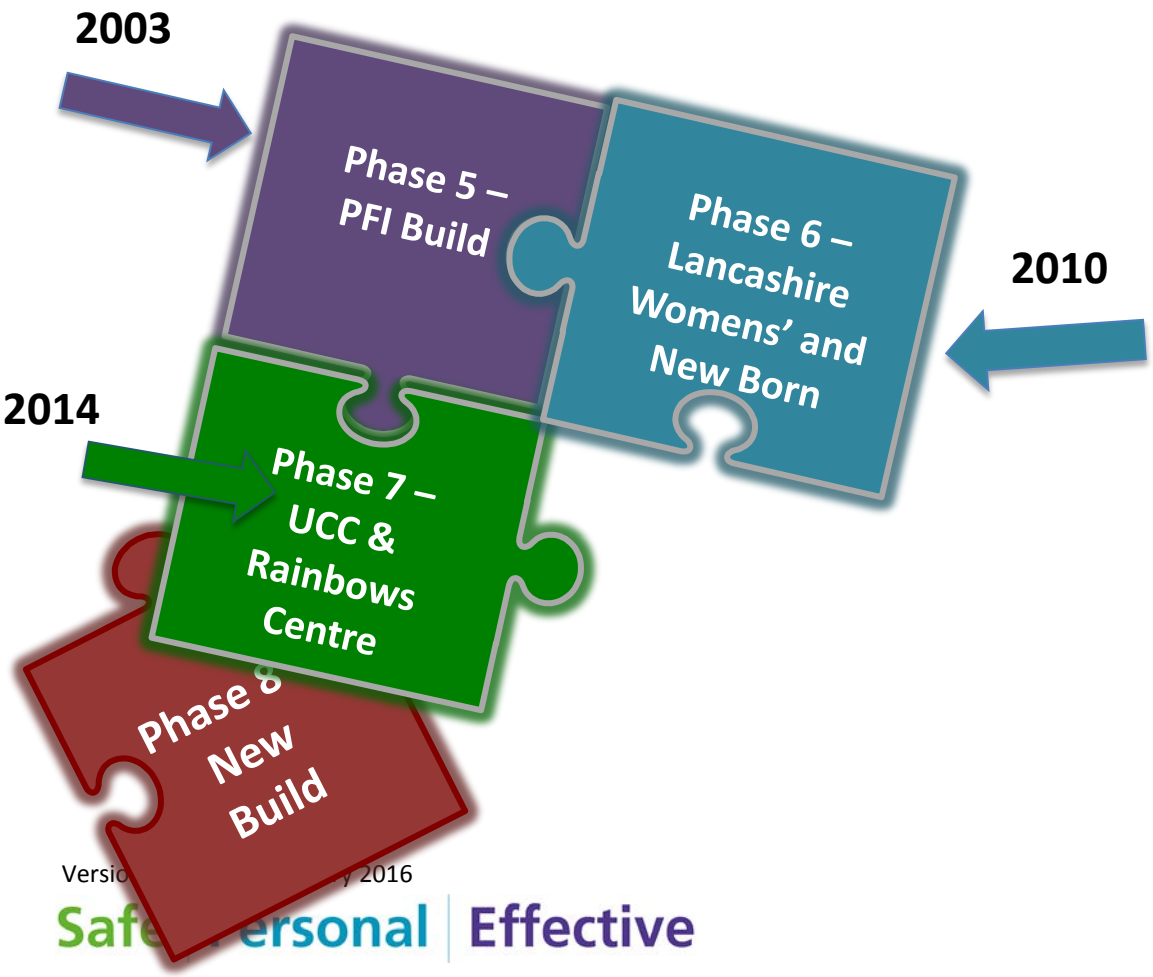
- The outpatient Physiotherapy service is to be relocated to a centralised community site. This will significantly reduce the service footprint and allow for the removal of an underutilised hydrotherapy pool at BGH. This will significant efficiency savings; taking advantage of underutilised space available within the community settings and working to assist the service transformation to incorporate therapies into one service easily accessible by patients within community settings.
- Radiology services will also benefit from having a single centrally located area within phase 5.
- The improvement in accommodation and flows gained by locating cardiology diagnostics within a single area will improve efficiencies and ensure that patients can access the area easily.
- The opportunity to relocate other services within the new building and therefore accommodate the breast consultant, counselling, psychiatric and prosthetic service within a single area located adjacent to the breast-screening unit. This will reduce anxiety levels, improve patient experience and significantly improve the level of privacy and dignity offered to patients who are navigating a complicated route at a distressing time between the outpatient clinic setting and the breast-screening unit.
- The Chemotherapy Unit could be co-located to the Breast Unit providing a central area of treatment for patients in an improved environmental setting purpose built to accommodate service growth and patient needs.

  The plan to accommodate children's outpatients, children's minor treatments and children's day case surgery within a centralised unit located adjacent to the main theatres will improve the pathway of paediatric patients. Children are currently transported to and from theatres down a public corridor; this can be distressing for the children, their parents and member of the public and does not provide the highest level of privacy and dignity that is possible. There are also a number of service staffing efficiency opportunities that could be realised if the services were co-located including the on call medical rota, staff numbers and ratios and training and development opportunities.

2.6 Trust's Estate Development Control Plan

There is a pressing need for the continued rationalisation, modernisation and reconfiguration of the BGH site. At BGH some services remain delivered in Victorian buildings and other buildings are outmoded and inefficient. There is an urgent need for rationalisation of the estate and infrastructure renewal to enable the enhancement, growth and transformation of clinical services, this has been recognised in the Trusts Estate Development Control Plan.

This OBC sets out the need, options and recommended solution regarding the provision of Ophthalmology, Maxillofacial, General Outpatients and supporting services on the BGH site (Phase 8). Phase 8 is *'the final piece of the jigsaw'* in the Trusts Development Control Plan and completes a programme of 4 key phases that commenced in 2003 with Phase 5.



This OBC represents a continuation of an on going phased transformation of the BGH site over the past 13 years:

- **Phase 5** (Block 52) – BGH facilities were extended in 2003 by the addition of a PFI development (which delivered improved care of the elderly, and new dermatology facilities).
- **Phase 6** (Block 90) – In 2011 East Lancashire benefitted from the Trust-funded £32m Lancashire Womens' and Newborn Centre.
- **Phase 7** (Block 93) – In 2014 a new £9m Integrated Urgent Care Centre replaced outdated accommodation and provided safe, much improved facilities for non-life-threatening urgent conditions. This also included the Rainbows Child Development Centre on the 1st floor to cater for children with special needs.

2.6.1 BGH key statistics

An overview of the BGH site (figure 7).

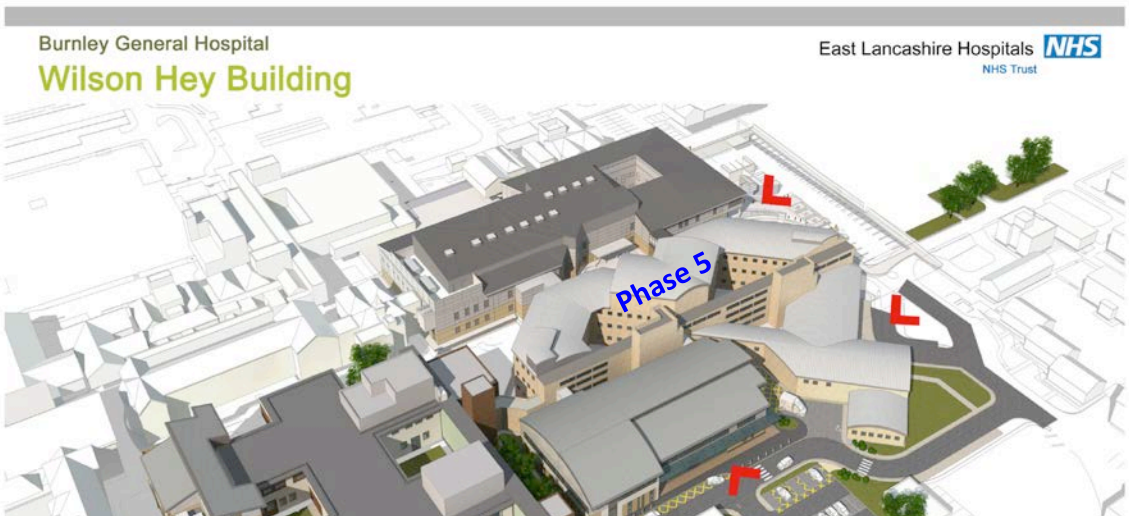
Burnley General Hospital Site – Key Statistics

Tenure	**Freehold and PFI**
Value	**£90.1 million**
Site area	**12.47 Hectares**
Gross internal area	**68,550m2**
Age profile	**17% post-2005, 68% 1975 to 2005, 15% pre-1948**
Condition	**PFI maintained to Condition B** **Retained estate maintained to Condition B / C / D**

Figure 7: BGH Site – Key Statistics

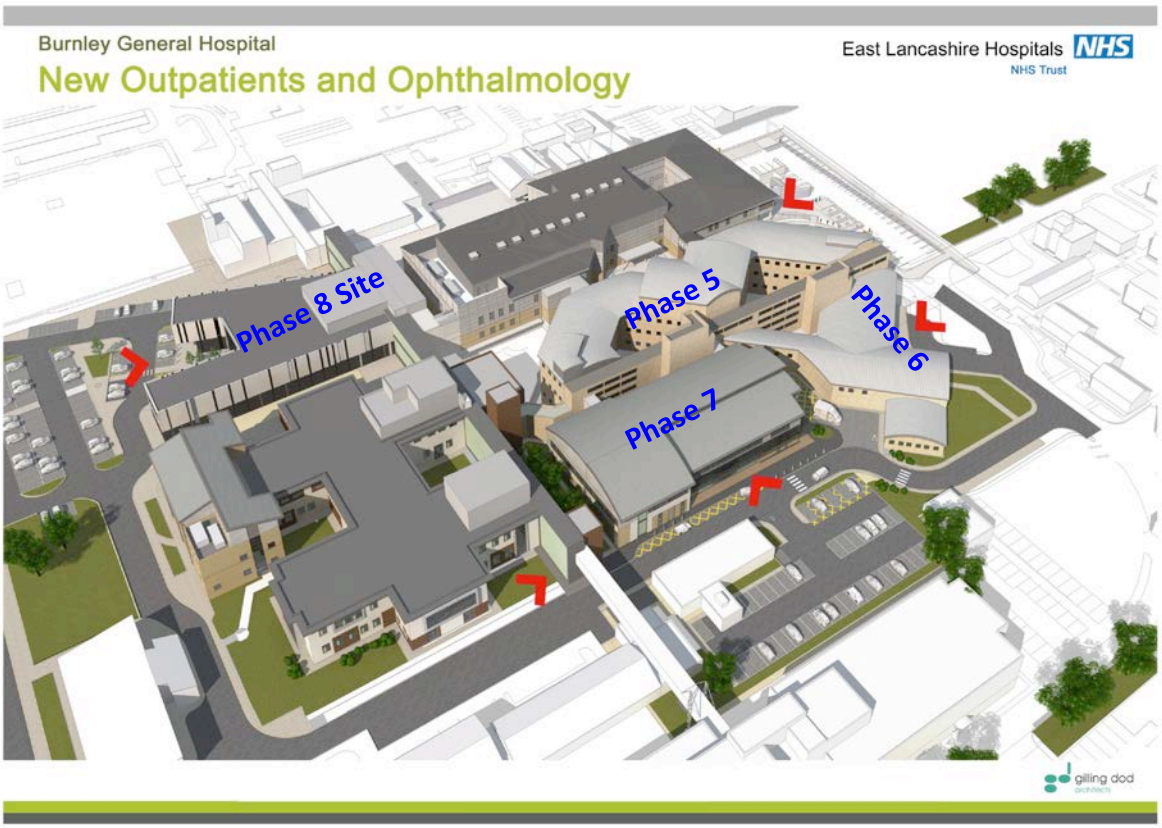
2.6.2 BGH site plans

Figure 8 below demonstrates the current site plan overview and location of previous investment phases i.e. Urgent Care Centre and Womens' and Newborn. Figure 9 depicts the future site plan following erection of new proposed build. Figures 10 and 11 provide illustration of the internal configuration as determined and agreed with the clinical teams and user groups. The Trusts Infection Prevention and Control Manager and the Trust's Eliminating Mixed Sex Accommodation (EMSA) Executive have approved the internal plans.

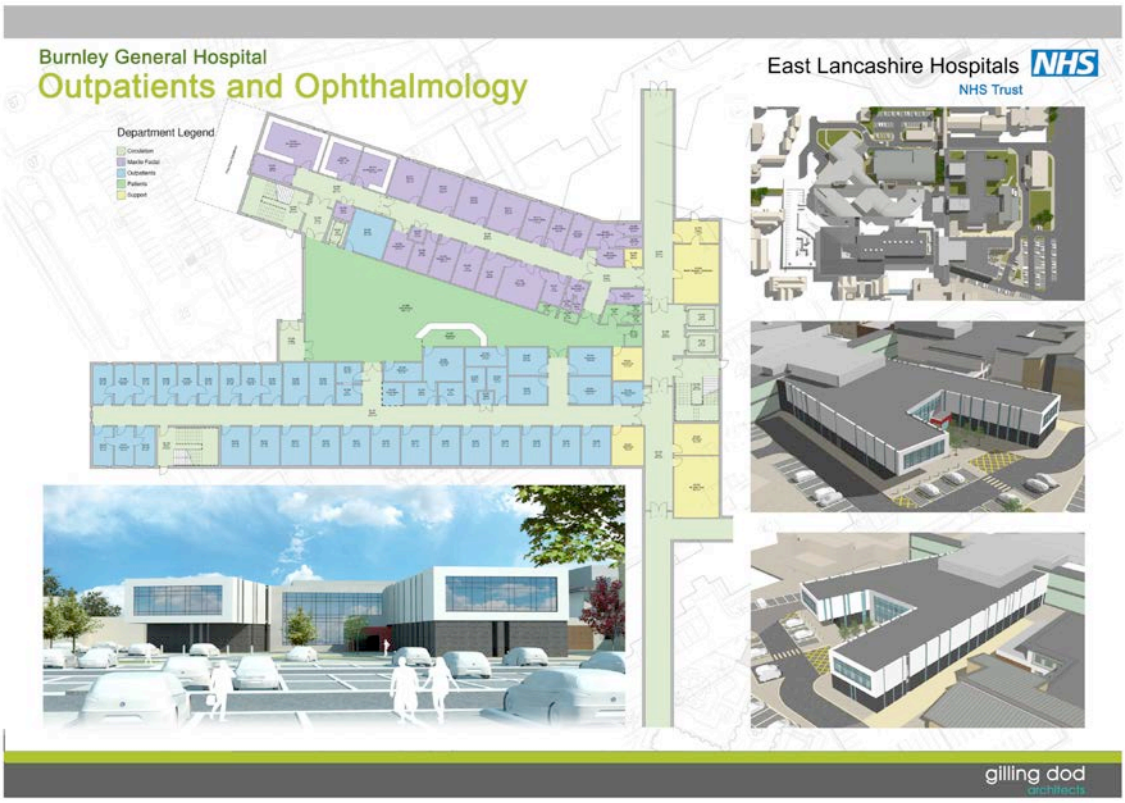


Above - Figure 8: Current Site Plan

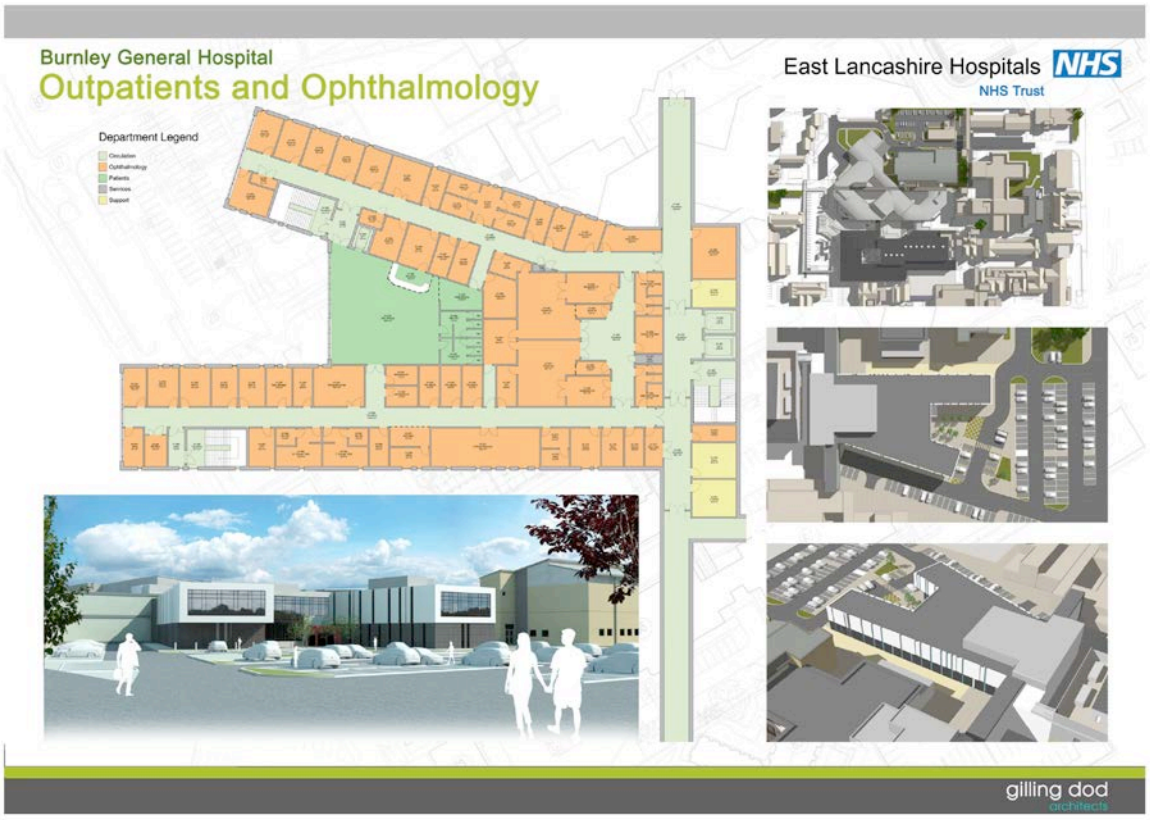
Below - Figure 9: Proposed Site Plan



Below- Figure 10: Proposed Ground Floor Layout



Below - Figure 11: Proposed First Floor Layout



2.7 Key BGH site issues, constraints and opportunities

Although much has been done to improve the BGH site we still have a number of outstanding issues and constraints, which need to be addressed:

- **Residential accommodation of poor quality** (off-site private sector alternatives being considered, also joint venture public-private partnership providing specialist expertise, commercial acumen and inward investment)
- **Car parking, way finding, patient/visitor/staff flow** – traffic management and flow to be reviewed and improved, hospital street to be created through site optimisation/phased developments, new main entrance and associated facilities under consideration
- **Significant site rationalisation required** to remove redundant non clinical building stock and replace older buildings, reduce overall backlog maintenance burden and seek to remove critical backlog maintenance entirely
- **Optimisation of space utilisation and functionality through estate rationalisation**, leading to better patient, visitor and staff experience and improved staff morale/effectiveness
- **Carbon footprint and energy consumption reduction**, meeting sustainability and efficiency targets

Estates Return Information Collection (ERIC) data for the Trust indicates its position In relation to target performance in stated areas (figure 12). A review of the peer comparison for East Lancashire on an Income per m^2 basis flags up that the Trust is performing slightly better than the average. East Lancashire is denoted as RXR (green) within figure 12. This could indicate that the Trust is not making the most of its current space and could be carrying excess site area. This indication fits in with the Trust's Estates Strategy outcome for the Trust to reduce the current area by

approximately 25% through improved space management. Appendix 13 provides a full overview of all North of England Trusts ERIC data submission for 2014/15.

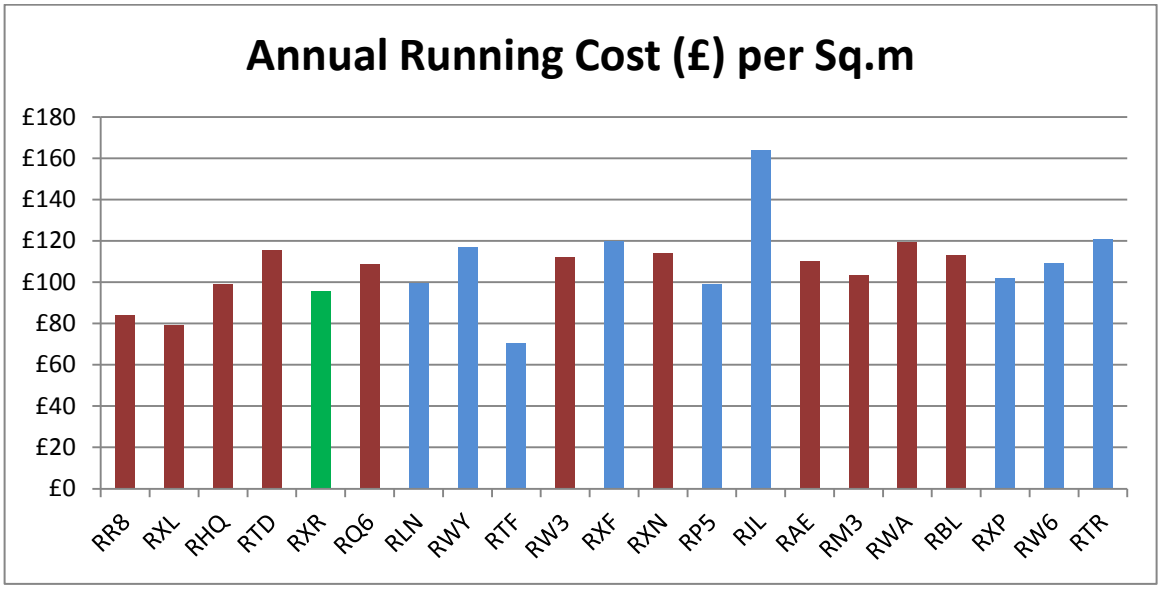


***Figure 12**: ELHT peer comparison, annual running cost per m2 of estate, ERIC 2014/15*

This proposal will support the Trust to move services currently located in the dated and underutilised blocks on the BGH site to a new modern and space efficient building. In addition it will allow clearance of a number of the dated and poor condition buildings, which will aid the Trust in achieving both aspects of the Lord Carters, review 2014/15 requirements. The Lord Carters review dashboard for ELHT (Appendix 12) that was received on 23th December 2015 highlighted two areas requiring action:

- Reduction of old building stock
- Reduction of Trust footprint

This project will support the Trusts aim in reducing both old building stock and site area. Blocks 1, 7, 8, 9, 22, 23, 25, 27, 28, 29, 30 and 31 will be cleared and demolished. Appendix 11 illustrates the complete BGH site plan and block numbers.

This development will aid the Trust in addressing a number of these key issues,

particularly in respect of significant site rationalisation, optimising existing space and reducing our carbon footprint.

2.8 Estates Strategy: Where the Trust wants to be

As part of the Trust's plan to work to bring the BGH site up to standard, this development will provide the next phase of capital development and inward investment. As demonstrated in the financial case, this will be achieved alongside projected cost-savings and productivity efficiency gains through increased capacity for Ophthalmic services at Burnley.

ELHT occupies the majority of the estate on the BGH site. However, Lancashire Care Foundation Trust (LCFT) has a significant presence housed within the Victoria Wing (blocks 66 and 67) at BGH. This service provides both outpatient and inpatient care, treatment and support for mental health patients across Lancashire. LCFT inpatient services are located on Ward 22 at BGH; this is an 18-bedded ward for males and females with acute mental health issues such as depression, anxiety, bi-polar disorder and schizophrenia. There are some patients with mild to moderate dementia.

Lancashire Care Trust also operates a Memory Assessment Services from Maple House (Block 49) on the BGH site. This is available to patients across Lancashire and aims to deliver quick and timely diagnosis to people whose symptoms suggest that they may have dementia. It is anticipated that LCFT will continue to deliver all these services for a minimum of the next 5 years.

This project enables compliance with the Cabinet Office and HM Treasury Operational Efficiency initiatives[1] and the Lord Carter review 2015, offering:

- effective management of contracts, for example, through reducing wasteful energy consumption and through the public sector sharing in savings on insurance
- making efficient use of space

[1] https://www.gov.uk/government/news/treasury-announces-plans-to-find-15-billion-savings-across-pfi-contracts

- reviewing soft service requirements, so that the public sector does not buy more than it needs when specifying facilities management such as window cleaning and frequency of decoration

2.9 Overarching BGH Development Control Plan

The figures below demonstrate how this development is aligned to the medium-term and long-term ambitions of our Development Control Plan for BGH:

How we get there: Medium Term

Development Strategy	Delivered in earlier phase	Intended/Commissioned/Underway	This project
Re-providing residential accommodation on/off site		✓	
Clearing the area for disposal		✓	
Refurbishing Wards 23 & 24		✓	
Establishment of a Paediatric day-case unit in alternative accommodation			✓
Demolition of Culpan House	✓		

Figure 13: *BGH Medium-Term Development Strategy*

How we get there: Long Term

Development Strategy	Delivered in earlier phase	Intended/Commissioned/ underway	This project
Clearing the Victoria Wing of LCFT and demolish to create development opportunity			

Clearing Pathology and demolition to create development opportunity		✓
Re-providing Out-patients, Diagnostics		✓
Clearing and demolishing Block 1		✓
Demolition of the split-level car park		✓
Providing a new Learning Centre	✓	

Figure 14: *BGH Long-Term Development Strategy (Extracts from the ELHT Estate Strategy 2012-16 (update 2013))*

Figure 15 demonstrates that this project complies with two key outcomes of the ELHT Estate Strategy:

ELHT Estate Strategy Key Outcomes	
The Trust needs to decrease its estate through rationalisation of inefficient assets, and maximise the clinical to non-clinical estate ratio	✓
Reduce waste, energy consumption and CO_2 emissions to achieve cost reductions and achieve sustainability objectives	✓

Figure 15: Estates Strategy Key Outcomes

2.9.1 Critical success factors

The Trust Board approved work to commence on the Development Control Plan in 2010 following the Estate Strategy Report update. The report highlighted the need to develop an integrated Estates Strategy to meet service priorities and the Trust's patient environment quality standards.

Formal work on Phase 8 began in April 2013. There were seven key critical success factors identified:

1. Transform clinical pathways to maintain modern, patient centric care that meets the needs of the local health economy
2. Deliver a plan which will allow the Trust to deliver its clinical vision
3. Improve the patients' environment
4. Improve the working environment for staff
5. Reduce backlog maintenance and running costs
6. Deliver savings contributing to the Trust's CIP target
7. Achieve better utilisation of the Trust estate as a whole, including community sites

2.9.2 Health care planning

A Health Care Planner was appointed at the start of this project to review current utilisation, efficiency and pathways of both clinical and clinical support services. The Health Care Planner and key Trust Leads undertook a series of activities listed below to gain an understanding of the Trusts estate, models of care, clinical challenges and practices; and to produce the initial feasibility submission. Activities undertaken included:

- Stakeholder engagements with all department leads
- Utilisation survey and assessment of the support services accommodation
- Site master planning / development control plan
- Sub project option design and cost appraisals
- Review of the existing schedules of accommodation including community based accommodation
- High level cost modelling for the first phase of the works

- Clinical activity analysis / modelling
- Review of off-site accommodation as a possible non-clinical accommodation option
- Studies into whether the relocation of clinical departments would better facilitate non clinical developments

The original intention was to develop the new build site plan. However, this was later expanded to include consideration of the full site rationalisation at BGH to ensure that parts of the estate were not developed in isolation and then affected by later works and to explore and expand upon service and clinical transformation identified in areas not being located within the new building.

2.10 Project investment objectives

The overall aim of the proposed project investment is to provide an environment for patients, visitors and staff that is efficient, fit for its future purpose and future proof the service for the long term. To support the production of the OBC, a workshop was held on 8th December 2015 involving senior Trust staff and advisers with the purpose of:

- Re-confirming aspects of the strategic work already carried out.
- Agreeing the individual objectives for any proposed investment against the Trust's strategic objectives.
- Identifying the constraints within which the Trust works.
- Identifying the "long list" of possible options which might be considered
- Agreeing a suitable "short list" for further evaluation

The **SMART objectives** were agreed as follows:

A. To provide a platform to support the transformational aim to deliver the Trust's clinical vision in line with the timeframes within the Clinical Strategy.
B. To achieve a minimum of 80% of the clinical and support services environment at Burnley General Hospital that is equivalent to at least an Estatecode condition "B" rating by September 2018.

C. To provide complete Ophthalmology services from a central location easily accessible in a modern purpose built environment by September 2018.
D. To identify and adopt new efficient ways of working through centric patient flow improvement supported by modern fit for purpose facilities by September 2018.
E. To enable the optimum use of the Burnley site by January 2020.
F. To reduce backlog maintenance issues and improve inefficiency of current building stock and reduce the associated costs by September 2018.
G. Complete site rationalisation to reduce current running costs where possible by January 2020.

The **constraints** were agreed as follows:

I. Decanting issues – the Trust has extremely limited space into which services could be decanted during redevelopment
II. Timing - action is required urgently in some key areas
III. Trust Strategy – the Strategic Estate Development must comply with this
IV. Resources – substantial ongoing financial support from commissioners
V. Planning Consent – any plans would have to be to the satisfaction of the local Planning Authority
VI. Consultation/Communication – the need to keep patients, staff and the public on board with any future developments and to understand, respond to and respect the views of patients and other members of the public.

2.10.1 Existing arrangements

There is a pressing need for rationalisation, modernisation and rebuilding at the BGH site. There is a general recognition that, while the clinical teams deliver high quality care, there are physical constraints against delivering further improvements in a number of key areas. Site improvements have tended to be piecemeal, reactive and isolated. Some services are still delivered in Victorian buildings and other buildings are outmoded and inefficient, there is an urgent need for infrastructure renewal to

enable the enhancement and growth of clinical services.

While incremental change is still possible to a degree, a point has been reached where it has become necessary to demolish buildings; to purposefully and appropriately relocate services and to devise a plan to meet the growing demands, particularly in ophthalmology, for the future, addressing underlying problems in a systematic way.

2.10.2 Current site issues

A more detailed discussion of clinical issues is contained within the Clinical Quality section. Generally, the current accommodation is a loss of opportunity to address issues around:

- Flexibility, sustainability in the design and layout of multi-function clinical examination rooms
- Future-proofing of all services
- Running costs that could be reduced if the accommodation was located within high energy efficient buildings, which would assist with the carbon reduction plan.
- Opportunities for partnerships and collaboration
- Geographically key co-dependent services are split across four different areas. The economies of scale of having the teams in one place are lost
- Ophthalmology Theatres are not fit for purpose. They require significant financial investment yet this will not address the inappropriate location in relation to the Ophthalmology ward.
- Anticipated growth in skin cancer referrals.
- New facilities would improve Trust recruitment and retention.
- Parking and wayfinding
- Need to implement decentralisation of the Trust boiler plant.
- Need to reduce asbestos on site

2.10.3 Patient Led Assessment Clinical Environment (PLACE)

The most recent PLACE assessment of the building environment housing Ophthalmology, General Outpatients, Maxillofacial, Outpatient Physiotherapy, Radiology and Breast Outpatient Clinics (Block 1) at BGH was completed on 20th May 2015. To summarise briefly, it concluded that the building is deteriorating and has a high level of repetitive maintenance requirements. The building/departments do not meet the needs of the growing services and demands of the current demography for ELHT.

Particular areas of note were:

- The waiting area provision for patient and their relatives/carers attending the departments do not provide adequate space.
- It was advised that a review of public toilet facilities was undertaken as Ophthalmology outpatients in particular has only one toilet used by both male and female patients/carers and staff members.
- The General Outpatient Department requires a more operational functional area to support patient flow.
- More adequate equipment storage facilities are needed to support clinical need.

All areas in block one require developments in Enhancing the Healing environment to support the ELHT Dementia Strategy and the needs of the patients and visitors using the Hospital Facilities.

Figure 16 displays the collated summary results in relation to areas assessed under National PLACE Assessment 2015 – Block 1 at BGH

Figure 16: National PLACE Assessment 2015 – Result outcomes for BGH

Site /Year	Cleanliness %	Food%	Privacy, Dignity and Wellbeing %	Condition, Appearance and Maintenance	Dementia Friendly Environment

					(New 2015)
BGH 2015	97.41% ↑	86.50% ↓	87.85% ↑	90.93% ↑	83.15%
BGH 2014	93.36% ↑	87.65% ↑	85.53% ↓	84.52% ↓	
BGH 2013	92.77%	77.44%	89.58%	85.61%	

2.10.4 Healthwatch Assessment

Healthwatch Lancashire completed a full assessment of the general outpatient services including breast outpatients, cardiology, medical outpatient, surgical outpatient and orthopaedic clinics within Block 1 at BGH on Friday 28th October 2015. The outpatient department was one area on the BGH that was visited and their findings will be published publicly in their report.

To summarise the outcome of the external assessment and basis of the report to be published:

- A number of positive comments were provided about the hospital stating: "Good hospital, good care and staff."
- Concerns were raised towards cleanliness, signage, parking and hospital maps.
- One service user stated that the hospital is "doing the best it can on limited resources."
- A suggestion was made to update the facilities and provide "more comfortable" seating in the waiting area.
- A large number of concerns were raised about cleanliness and particular mention was made to blocked toilets. One service user described the toilets as "disgusting".
- One service user said there is a lack of choice, which is why they visit the hospital.

2.10.5 Clinical support services accommodation

An internal review of the clinical support services accommodation in September 2015 determined that:

- There is a general over utilisation of office accommodation currently across the Trust's estate and there is no capacity for any future requirements.
- A large proportion of the existing offices are out dated, are not ergonomic or conducive to a positive working environment and in some cases are not fit for purpose.
- The Trust could realise some efficiencies by co-locating some services however the existing accommodation does not facilitate this.
- Backlog maintenance is high on the majority of the support accommodation due to the age of the buildings and their design.

2.10.6 Mechanical and electrical services

The mechanical services within the footprint of the new build will be significantly improved and the site would look to decentralize its old steam boiler plant over the period of the build, helping make energy savings and also assisting in building in contingencies within individual buildings.

The electrical services will see a significant improvement in its infrastructure once the demolition of the old buildings has been completed and electrical services have been redirected from a 2010 substation.

2.10.7 Building management systems

It was found that there are significant issues with the mechanical and electrical engineering services, which need to be addressed, in particular:

- Ageing and non-compliant plant
- Inadequate performance and reliability of existing plant
- Inadequate control of engineering services due to an unreliable Building

Management System

- Ageing electrical infrastructure with significant capacity and resilience issues, including obsolete stand by generator support
- Ageing building stock which is energy inefficient
- Ageing building stock with significant backlog maintenance issues
- Ageing utilities supply network, including ageing pipework with sizing and pressure issues
- Ageing and failing drainage infrastructure

2.11 Main benefits criteria

Satisfying the potential scope for this investment will deliver the following high-level strategic and operational benefits linked to the relevant objectives and constraints as:

Benefit Criteria	Relevant Objectives	Relevant Constraints	Narrative
1.Patient Environment/Safety / Experience	A, B, C, D	I, II, VI	What is environment/ safety/ experience like for patients?
2. Staff Environment/Safety/ Experience	A, B, C, D	III, VI	What is environment/ safety/ experience like for staff?
3. Patient Access to Services	A, B, C, D	II, III, VI	How easy is it for patients to access services
4. Clinical Adjacencies/ Future Proofing	A, C, D, E	I, III, IV, VI	How do the services interface with other clinical services?
5. Clinical Quality	A, C, D, E	I, III, IV, VI	How would solution contribute to clinical quality?
6. Support Function Proximity	A, C, D, E	III, IV	How would the services interface with non-clinical support services?
7.Flexibility of Accommodation	A, B, D, E, F, G	III, IV, V, VI	To what extent could the accommodation be flexed for future alternative use?
8. Training and Education	A, D, E	III, IV	How are training and educational facilities be enhanced?
9.External Approval	A, B, C, D, E, F, G	II, III, IV, V, VI	How likely would external approval be gained?

10.Public Perception	A, B, C, D, E, F	II, III, IV, V, VI	How would it be viewed by the public (including planning authorities)?
11.Recruitment and Retention	A, B, C, D	I, III, VI	How would it contribute to the recruitment and retention of staff?
12.Stakeholder Perception	A, B, C, D, E, F	II, III, IV, V, VI	How would commissioners and other bodies view the proposed solution?
13.Timeliness	B, C, E, F, G	I, II, III, V,	How quickly can the solution be implemented?
14. Reduction in Carbon Footprint?	B, E, F, G	III, IV, VI	How would it contribute to a reduction in the Carbon Footprint?
15.Patient Privacy and Dignity	A, C, D	I, II, III, V, VI	How will it improve patient privacy and dignity?

KEY

Relevant SMART Objectives:

A. To provide a platform to support the transformational aim to deliver the Trust's clinical vision in line with the timeframes within the Clinical Strategy.
B. To achieve a minimum of 80% of the clinical and support services environment at Burnley General Hospital that is equivalent to at least an Estatecode condition "B" rating by September 2018.
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G. Complete site rationalisation to reduce current running costs where possible by January 2020.

Relevant Constraints:

I. Decanting issues – the Trust has extremely limited space into which services could be decanted during redevelopment
II. Timing - action is required urgently in some key areas
III. Trust Strategy – the Strategic Estate Development must comply with this
IV. Resources – substantial ongoing financial support from commissioners
V. Planning Consent – any plans would have to be to the satisfaction of the local Planning Authority
VI. Consultation/Communication – the need to keep patients, staff and the public on board with any future developments and to understand, respond to and respect the views of patients and other members of the public.

2.12 Main risks

The main business and service risks associated with the potential scope for this project are shown below, together with their mitigations. The table shows the main risks, potential impact and possible counter measures and has formed the basis of the Project Risk Register, which will be developed further during FBC.

2.12.1 Main risks and mitigations

Risk Description	Strategy to Reduce Impact of Risk
Failure to deliver the anticipated savings	The affordability of the scheme is largely determined by the fact that the savings identified, due to the reduction of the site area and the demolition of Block 1 is executed. Block 1 building is old and inefficient, it is currently oversized and underutilised. Continuous investigation and financial review will mitigate this risk through the extensive Business Case Process. **CURRENT RISK SCORE = 3 X 3 = 9**
Unanticipated changes in project requirements and/or NHS policy	Ensure all key stakeholders are well versed on the aims and objectives of this project and that agreement is confirmed and approved both at the design, and prior to, the construction phase.

	Ensure scheme is linked to the Clinical Commissioning Group strategy for delivery of clinical services at BGH **CURRENT RISK SCORE = 2 X 3 = 6**
Building not fit for purpose	On-going involvement of users during design phase. Effective communication of proposed design and continuous review of patient pathways necessary to deliver efficiencies. Ensure close involvement and sign off by operational departments during specification process. Visits to other Centres. Build on the knowledge of past experiences. Refer to NHS Guidance Health Building Notes. **CURRENT RISK SCORE = 2 X 3 = 6**
Incorrect cost estimates	Ensure robust cost planning techniques are applied Ensure thorough audit of cost estimates prior to tendering for contractors. Ensure proper contractual relationships are evident. Use standard NHS forms and design guidance to ensure all elements covered. **CURRENT RISK SCORE = 2 X 3 = 6**
Incorrect time and cost estimate for decanting and commissioning	Undertake thorough audit of decanting and commissioning costs to ensure feasibility. Liaison and continued communication with relevant Directorates and other partners involved. Ensure proper project management of scheme involving a dedicated project manager. Develop a detailed project plan including reporting arrangements and structure to ensure tight project control. Thoroughly assess financial and time implications of any perceived issues prior to committing to build. Effective communication channels. **CURRENT RISK SCORE = 2 X 3 = 6**
Costs of services higher than estimates	Realistic cost estimates agreed with service providers. Contracts negotiated at favourable rates. Building designed with low running cost. Ensure correct inflation and building indices are applied. Trust sign off. GMP to be agreed with PSCP **CURRENT RISK SCORE = 2 X 3 = 6**
Changes in NHS legislation/	Flexible facilities.

regulatory policy	General management role. Flexible design. Research healthcare models. Constant horizon scanning to ensure informed of any potential changes to policy etc **CURRENT RISK SCORE = 2 x 2 = 4**
Changing priorities in clinical needs	Robust business planning process in place. Regular forecasting and reviews undertaken. Future proofing of service in line with expected growth. Horizon scanning. Understanding of new advanced technologies. **CURRENT RISK SCORE = 2 x 2 = 4**
Changes in the Commissioner's strategy alongside changes in the volume of demand for patient services	Maintain and improve relationships with the CCGs and community services. Ensure services remain flexible in order that they can respond to commissioning intentions. Make sure staff are developed in ways that will ensure they remain competent should care models change. Future proof services in line with 7% growth prediction. **CURRENT RISK SCORE = 3 x 3 = 9**
Technological change/asset obsolescence	Ensure that any equipment is as flexible as possible and that the latest models are used where achievable. Ensure the need for eventual replacement of technology involved is encompassed in a replacement strategy. **CURRENT RISK SCORE = 3 x 2 = 6**
Retention of highly skilled workforce	Continual engagement with all staff through regular bulletins, ward meetings, attendance at operational Group as and when appropriate, 'corridor conversations' PDR process. Investment in staff to ensure service needs and new opportunities are known, shared and developed **CURRENT RISK SCORE = 2 X 3 = 6**
Inability to recruit to vacant posts on the Medical Staffing rotas compromising increase productivity plan	Continuous recruitment and liaison with local Deanery. Introduction of fellowships in sub-speciality areas. International recruitment Retaining of medical staff on the training programme through the introduction of Zero hours contracts. **CURRENT RISK SCORE = 3 X 3 = 9**
Lack of communication resulting in the loss of public	Robust communication strategy Clearly defined timescales

confidence	Patient and public information Engagement with key stakeholders Public awareness Internal awareness - staff Regularly bulletins Clarity on position **CURRENT RISK SCORE = 3 X 3 = 9**

2.13 Dependencies

Aside from being able to meet the continued pressure on the Trust finances, there are no related projects on which this project is dependent.

3. Clinical Quality Case

3.1 Introduction

The purpose of the Clinical Quality Case is to draw together the issues around clinical provision, outcomes and patient experience. The next sections deal with the individual Department that would benefit from the development.

3.2 Ophthalmology

Ophthalmology is currently located in three areas across the Burnley site – Outpatients and Ward 6 are located within Block 1, whilst the service is utilising Theatre 1 and 2 located within Block 25. The accommodation does not fully comply with HBN guidance in some respects. The accommodation is reasonably sized, in terms of both clinical and clinical support services spaces. However, the Ophthalmology Clinical Sub-Group identified that the specialty infrastructure suffers from:

- Privacy and dignity considerations, such as patients providing clinical information in corridor areas

- Confidentiality considerations, again patients providing clinical information but also patient information being stored in corridor areas
- The issue of separation of adults and paediatrics being seen / having to wait in shared areas
- Uneconomical and inefficient patient flow
- Activity constraints
  - oThe ability to optimise potential additional activity
  - oPoor layout of consultation rooms, leading to reduced activity, poorer access target outcomes
  - oInflexibility of the current consultation rooms
- Lack of opportunity to improve staff retention and recruitment
- Infection prevention and control concerns
  - o Injections and treatment rooms with sub-optimal conditions
  - o Lack of washing and scrub facilities
  - o Lack of toilet facilities and wash rooms within the outpatient clinic setting
- Poor patient experience
  - o Poor layout of service areas, leading to poor patient flow, confusion, frustration, complaints and wayfinding issues
  - o Generally, poor patient feedback
- The lay out, number and size of waiting areas
- As the departments are currently spread over a wide geographical area and on different levels across the Trust, staff safety is also compromised especially with the out of hours A&E service we deliver
- The logistics of moving patients from one area to another are extremely challenging and inefficient.

3.2.1 Ophthalmology benefits/efficiencies

It is anticipated that the re-provision of Ophthalmology services within new estate at BGH will provide a number of other benefits/efficiencies:

- The Emergency Ophthalmology service (A&E) will be less isolated in the out of hours (service is open until 10pm) period thus reducing risk to the security and safety of the department's staff.
- Reduction of patient waiting times for outpatient assessment at the Ophthalmology A&E service due to improved patient flows and ready access to diagnostic rooms, in particular laser treatment. The different lasers are currently located in the outpatient clinic whilst the A&E service is situated on the Ophthalmology ward. This creates delays in moving either the laser or the patients between departments. The new facility has been designed to co-locate services around essential specialist equipment, reducing patient's delays, frustration and anxiety and improving their experience.
- Consolidation of reception services thus releasing efficiencies and reducing the number of patients presenting at the incorrect reception location.
- Through improved departmental adjacencies it is expected that clinical flow and capacity will be increased. At present the Ophthalmology service in particular, suffers from a large number of cancellations due to restricted capacity and poor functionality. This is identified as a contributory factor in the high rate of missed appointments identified in the CQC Quality Report 8/7/2014. Additionally, the Chief Inspector of Hospitals Report requires a reduction in short notice cancellations of clinics across all outpatients services and the need for clinics to run on time, both of which will be addressed by the proposed solution. The redesign of the diagnostic facilities will lead to a reduction in diagnostic waits.
- Delivery of a new facility will help improve staff retention and welfare enabling improved medium to long term staff training and development and also benefit engagement. The facility will improve staff areas i.e. rest rooms, changing rooms and toilet facilities. Currently there are very small staff rest rooms with inadequate changing facilities, one mixed sex toilet within the outpatient clinic that is used by patients, visitors and staff.
- The inclusion of an Ophthalmology training facility will provide high quality teaching space for all staff, including the trainee doctors, on site and in close proximity to operational activity. This will include a Seminar room / teaching

room with audiovisual projection facilities for teaching and lectures, a small journal/text book area with shelving and a dedicated PC for junior doctors to do their correspondence, literature searches and study tasks on. This was the only area that the service did not achieve as part of their GMC requirements as the students had no facilities to use or dedicated space.

- Increased utilisation of staff resource through patient pathway/flow will be realised due to estate innovation. Outpatients will allow the clinic and pre assessment service to be co-located. Patients and their medical records will no longer require escorting from area to area, reducing the number of wonder some patients and releasing key staff members to concentrate on clinical care.
- A paediatric waiting area has been incorporated into the departmental plan. Children currently wait on a public corridor for their optometry appointment.
- Significant improvements in patient dignity and privacy will be evident as:
    - Quiet rooms within the outpatient and day unit have been identified for private and sensitive discussions, at present these discussions can take place on corridors or on the edge of the patient and public waiting areas.
    - The current theatre reception area is open and has no privacy for patients. The new design has a separate child reception area and the theatre reception area is closed.
    - Currently theatre patients face a long transported journey through many public areas and numerous open and draughty corridors going from Ophthalmology Ward 6 to Theatres 1 and 2. A public lift being an essential part of the journey. See patient testimonial.
- The Integrated Ophthalmology department will enhance the patient experience as it reduces the patient journey given that the build will also incorporate theatres.
- By having this facility within the unit it reduces the risks associated to the movement of very specialised equipment and the loss of what is very expensive equipment.

- All departments will be co-located access to clinical supervision for all health professionals and administrative support is visible.
- Improvement in public perception of the service and an enhanced patient experience
- Realisation of the ELHT Ophthalmology Teams aspirations to be the regional Centre of Excellence.

3.3 Maxillofacial

Maxillofacial is also situated in Block 1. The accommodation is inflexible and in many respects not fit for purpose. The Maxillofacial Clinical Sub-Group identified the following issues, which are in urgent need of addressing:

- Infection prevention and control concerns - Absence of clean and dirty utility rooms to support the minor procedure rooms;
- Footprint and clinic layout is outdated and does not promote efficient ways of working or clinical flows
- Privacy and dignity issues - corridors are used to take patient information, and clinical data rather than in clinical rooms as no room is available when minor procedure lists are running
- No changing room for staff
- No dedicated gender separation / lack of provision of patient changing facilities
- Patient experience is suboptimal
- Lack of flexibility in consultation rooms use, leading to reduced activity, poorer access target outcomes and therefore delayed consultation / treatment leading to increased complaints.
- Growth in skin cancer referrals to the service and predicted increase until 2039, recruitment process in place for an additional consultant but lack of capacity within the physical environment
- An outdated Maxillofacial Laboratory that requires complete refurbishment
- Limited scope within the current environment to grow and expand services i.e. 3 D printing.

3.3.1 Maxillofacial benefits/efficiencies

It is anticipated that the re-provision of Maxillofacial services within the new estate at BGH will provide a number of other benefits/efficiencies:

- Through the introduction of flexible multispecialty rooms the capacity will be available to meet the increasing demand for head and neck cancers and skin cancers for our local area (*local services for local people*). This departmental design will enable the maxillofacial team to streamline their patient and referral flows.
- Provide a new modern 'fit for purpose' department with improved facilities that build on the excellent clinical service and experience that patients and relatives appreciate and utilise.
- This will ensure equitable access to patients across the region and enhance patient choice options, as patients can be seen at either BGH or RBH.
- Will increase capacity for Minor Surgical procedures within the Department.
- Reduce the number of operations cancelled during "winter pressure" as a number of procedures can be undertaken in the minor procedures room negating the need for admission. This will be a stand-alone service that is not reliant on any other service within the Trust; it will be staffed by our dedicated specialist maxillofacial team.
- Realise the potential for expansion and "future proofing", supporting services within community settings fitting with a modern Pan Lancashire Health Service
- Relieve non-urgent pressures at RBH as patients can receive the same treatment at both sites and appropriate demand and capacity can be managed efficiently.
- Potential for Combined Multispecialty and "One Stop" clinics.
- Potential for joint Ophthalmology and Maxillofacial procedures due to the close proximity of the two departments within the new build. This will enhance the service that our Specialised Consultants can deliver and offer to our patients reducing the waiting period for our patients that require dual specialty procedures. This will improve patients experience, reduce the number of admissions or theatre appointments that individual patients may require and

provides an excellent clinical service.

- Local patients and their families will benefit through improved capacity for more Maxillofacial operations and clinics locally.
- Potential for further development of Specialised Maxillofacial Services within a new department.
- A 3D printer will be located within the new building. This is an exciting new development that not only provides our patients with the latest advanced technology at their local Hospital, but it also removes the need for us to send the moulds to other external organisations namely Manchester and Cardiff before their prosthetic can be created. This will reduce the patient's timeline for fitting of their prosthetic by at least 2 weeks. Figure x demonstrates the moulds created for prosthetic to be made within the laboratory.

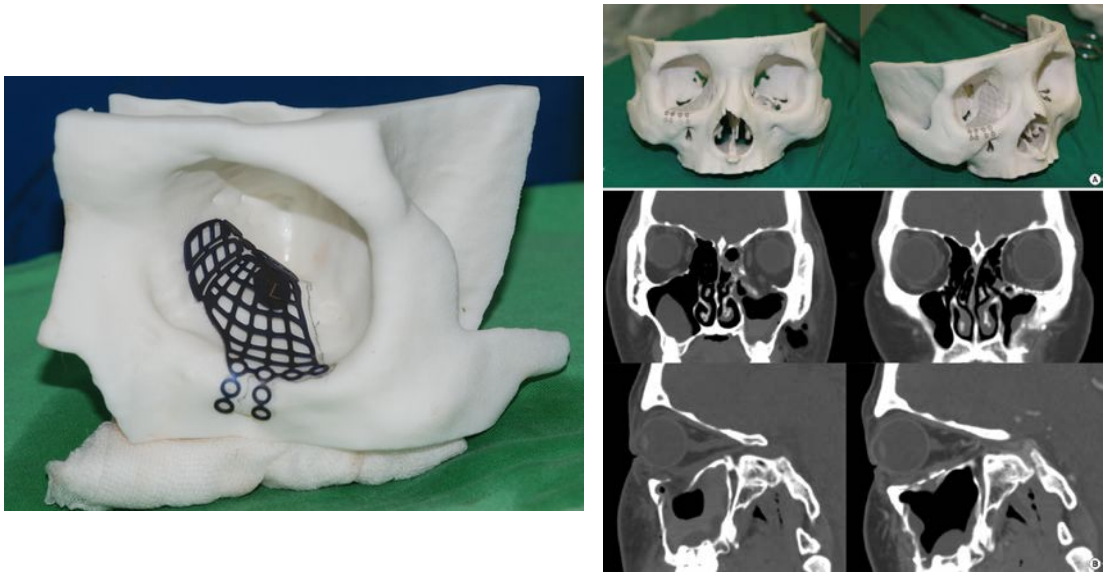
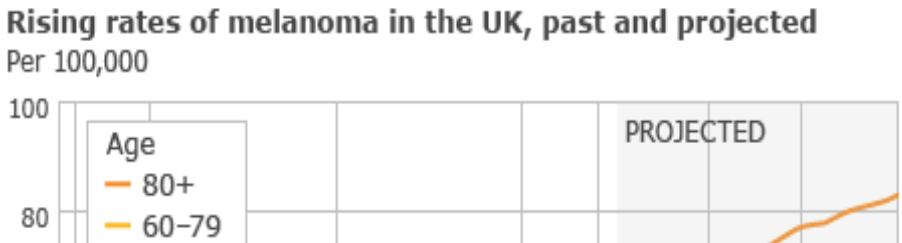


Figure 17: Patient Images and Prosthetic Mould

- This supports the Directorates clinical strategy to both reduce the length of stay and release theatre capacity on the hot site (RBH) by increased utilisation of the minor operations facility at BGH.
- By upgrading the facilities at BGH it enables the service to assess the feasibility of commence discussions regarding expansion outside the local market share

Figure 18: depicts the expected growth in melanoma in the UK



3.4 General outpatients

As part of developing the plans for the new outpatient facility, the outpatient department and relevant specialities have been actively challenged to transform their current ways of working. As a result of this a number of efficiencies have been identified which will be implemented.

These include:

- A reduction in the number of patients who find themselves lost/frustrated with gaining access to the outpatient area or parking locally and either end up in the wrong area or cancel/DNA their appointment. The current distance between Block 1 and Phase 5 outpatient clinic areas is a minimum 5-minute walk for individuals who are fit and healthy and know where they are going. Patients frequently attend at the wrong reception and it is extremely frustrating and sometimes distressing. One central location and reception will eliminate this issue and improve patient experience.
- Additional available parking for outpatient patients, this will improve patient and visitor experience, reduce the number of complaints both verbal and written received and improve the DNA rate.
- General outpatients will be able to provide a dedicated phlebotomy outpatient room and service that will be accessed directly from the central waiting area

on the ground floor. This will be utilised by patients attending general outpatient clinics. This will improve clinical flow and efficiencies, as patients will not have to wait for the nurses allocated to the outpatient's clinics to find a break in the clinic to take their bloods.

- Patients attending other services at the BGH site, but in particularly Ophthalmology and Maxillofacial outpatients, will be able to easily utilise the phlebotomy service. This will improve patient experience and enhance pathways as subsequent appointments/visits will not be required by patients for blood tests.
- Closer proximity to pre-operative assessment services for all surgical departments
- Cardiology diagnostics are currently located in disparate rooms across the site; the scheme will allow these to be brought together in one area providing significant improvements in patient safety and increase capacity in a service currently failing to meet demand.
- Orthopaedic services will be relocated close to the centralised x-ray department reducing distances for immobile patients and a closer relationship with pre-operative assessment clinic will enable 'on the day' assessment reducing the number of appointments patients are required to attend.
- Closer proximity to Phase 5 will enable a more streamlined emergency pathway for patients who may attend directly to BGH UCC and CMIU
- Outpatient services will also benefit, for example the Lung Function Service will gain an additional clinical room allowing it to open up to Choose and Book while enabling the current waiting list to comply with the 6 week RTT target.

3.5 Breast outpatient and supporting services

The new build will enable the reconfiguration and relocation of other services within the site. In particular, this will enable the relocation of the outpatient breast clinics. This new location will accommodate the breast consultant, counselling, psychiatric

and prosthetic service within a single area located adjacent to the breast-screening unit.

Currently patients are seen in the outpatient clinic in Block 1. They are assessed by the Consultant, which usually requires undressing, they then asked to attend the breast-screening unit for a diagnostic scan, and this is located in Block 3. The patient redresses and attempts to navigate their way to Block 3, where they are asked to undress again for the scan. Following the scan the patient will redress and return to Block 1 for further assessment by the consultant, where they may be asked to undress again for further examination.

The location of the new outpatient breast unit will reduce patient anxiety levels and improve patient experience significantly. This will be co-located adjacently to the new chemotherapy unit and Breast Screening Unit. Patients will only need to change into a gown once and will be able to move freely between the clinic and screening unit without compromising their privacy or dignity. The patients will no longer struggle with wayfinding as there is only one area to be navigated through to complete a full breast patient's assessment. Patients who are distressed and sometimes embarrassed will no longer have to navigate through public areas and ask members of staff or the public for directions to the breast-screening unit and then on their return directions to the outpatient clinic setting.

3.6 Other service developments and innovations

In reviewing the use of our current estate and plans for the new building we have also identified a number of other service changes and innovations. These include:

- The Outpatient Physiotherapy service is to be relocated to a centralised community site significantly reducing the service footprint and allowing the removal of an underutilised hydrotherapy pool at Burnley General Hospital creating significant efficiency savings. The colocation of all current Musculoskeletal (MSK) services into St Peter's Primary Health Care Centre including elements of Rheumatology and Pain Management as part of the Integrated MSK, Pain and Rheumatology Service aligns with a longer term

strategy of delivering integrated care within a community setting. Additionally it meets the estate strategy of utilising estate in the most efficient way.

- Radiology services will also benefit from having a single centrally located area within Phase 5.
- The improvement in accommodation and flows gained by locating cardiology diagnostics within a single area will improve efficiencies and ensure that patients can access the area easily.

3.7 Summarised case for change

There are major shortcomings with aspects of the clinical accommodation on the BGH site, which need to be addressed. The delivery of significant transformational clinical improvements in the short/medium term requires the investment within a new fit for purpose facility. This will also provide the platform to explore opportunities for other services as part of the site rationalisation aspect of this project to deliver longer-term clinical change and efficiencies across the wider health economy.

4. The Economic Case

4.1 Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the OBC, documents the full range of options that have been considered in response to the potential scope identified within the strategic case.

The purpose of the Economic Case is to demonstrate that the spending proposal optimises public value. This will be demonstrated through the identification of the project critical success factors and appraisal of a 'long list' of options and subjecting a 'short-list' to cost benefit analysis.

4.2 Critical success factors

The critical success factors (CSFs) are as follows

1. Transform clinical pathways to maintain modern, patient centric care that meets the needs of the local health economy

2. Deliver a plan which will allow the Trust to deliver its clinical vision

3. Improve the patients' environment
4. Improve the working environment for staff
5. Reduce backlog maintenance and running costs
6. Deliver savings contributing to the Trust's Cost Improvement target
7. Achieve better utilisation of the Trust estate as a whole, including community sites

4.3 The long list

The following Options were long listed before being individually appraised against the Trust's objectives and constraints (See Section 2.10 above).

1. Do Nothing
2. Do Minimum (Shortlisted)
3. Partial Reconfiguration/Refurbishment (Shortlisted)
4. New Build/Site rationalisation (Shortlisted)
5. Extend PFI
6. New Build on alternative site

4.3.1 Reasons for rejection

Option 1 - Do Nothing

The first option is to 'do nothing' and continue to deliver the services on the existing model. This option allows for no expenditure on service development or accommodation. This option assumes no change. While short-term fixes would continue to be applied to the estate, underlying issues would not be addressed including significant non- compliance issues, which could result in enforcement action against the Trust. In addition, there would be no progress in readying the sites for future use and eventually quality/safety considerations could lead to the closure of the site.

The reality of this option would be a risk to and a decline in service provision as the service would not be allowed to progress as is required and the existing accommodation issues would be exacerbated over time.

Option 5 - Extend PFI

Option 5 was rejected on the basis of cost. The costs inflate significantly when extending a PFI building and the unitary payment for the Trust would significantly increase.

Option 6 - Build on alternative site

It is also doubtful whether the sale of part of the current site is feasible or would generate anything approaching the capital receipts to allow for the purchase of a new site, the likely cost of a new remote facility is not a feasible option. This would almost certainly require a large element of private finance and the revenue burden on the Trust would be unacceptable, even if substantial revenue savings could be generated from elsewhere. The gestation period for a project of this nature and the approval process would be likely to be prolonged and would therefore not address the current issue.

4.4 Short-listed options

The short listed options are as follows:

- Option 2 - Do Minimum
- Option 3 – Partial Reconfiguration/Refurbishment
- Option 4 - New Build/Site Rationalisation

4.5 Option descriptions

In detail, the short-listed options are:

4.5.1 Option 2 – Do Minimum

The second option is the ‘do minimum’ approach. This would involve delivering the services from their current location with capital expenditure required to bring the

accommodation up to an acceptable standard for the short to medium term in relation to statutory compliance, CQC requirements and backlog maintenance. This option would also seek to improve service co-ordination as far as is possible without co-location.

The costs included (backlog maintenance requirements below) allow for refurbishment of Theatres 3 and 4 to enable the rehoming of Ophthalmology Theatres in closer proximity to the Ophthalmology ward. In addition, there will be some refurbishment of the existing spaces, however many of the confines of the existing building would not be resolved. This would then allow for the impairment of Blocks 7, 8, 9, 22, 23, 25, and 28. It must be noted that these buildings will require future demolition.

Backlog Maintenance: The recent six-facet survey (2015) indicates that the non-risk adjusted backlog maintenance for Blocks 1, 29, 30 and equates to £5.4m with a risk adjusted figure of £2.5m. This is the total backlog maintenance including functional suitability for the blocks of the BGH site that would be demolished under Option 4 of the Business Case. As a minimum an impending backlog calculation has been provided by the Trust for works that would need urgent attention and would need to be addressed. This would provide a safe building in reasonable condition however would not address the functional or quality issues.

Figure 19 below – BGH site Block Plan, Option 2 Do Minimum (no demolished buildings)

Figure 19: Option 2 Block Plan

4.5.2 Option 3 – Partial Reconfiguration

Option 3 is to partially reconfigure and refurbish aspects of the current estate at BGH to improve the environmental standard of services offered. This will require a complete programme of works to enable commissioning of Ophthalmology Theatres 3 and 4 to meet the minimum statutory and mandatory theatre building, environment and infection control standards. Haematology, Chemotherapy, Elective Admissions, Clinical Coding and Outpatient Booking Office Departments would be relocated within refurbished areas within the existing estate at BGH. This would then allow for the demolition of Blocks 7, 8, 9, 22, 23, 25, 28 and 29.

The costs included below accommodate the building works and re-modelling of existing spaces required in the relocation areas to rehome the existing services. It should be noted that this will not resolve the building issues experienced by other service users. In addition, undertaking any work within the existing buildings would be detrimental to service delivery and would create short-term operational problems, although ELHT is experienced in delivering such works in a live environment.

Partial reconfiguration and limited refurbishment of the site will improve the standard of accommodation currently offered to Ophthalmology Theatres, Haematology, Chemotherapy, Elective Admissions, Clinical Coding and Outpatient Booking Office Departments. However, there will be no ability to transform the clinical services, improve patient and visitor experience and public perception, increase efficiencies or release any savings.

The services currently located within Block 1, 30 and 31 will remain in situ, there will be no improvement realised with regards to car parking, navigation and way finding. Although all outstanding backlog maintenance will be undertaken, the services within these areas are located within inappropriate environments and the building has a limited life following any maintenance works. There will be no ability to transform or improve any service located within Block 1, there will be no revenue increase realised, no reduction in inefficiencies and no savings released. Blocks 7, 8, 9, 22, 23, 25, 28 and 29 will require demolition at a future stage.

Figure 20 below – BGH site Block Plan Option 3 Partial Reconfiguration with Blocks 7, 8, 9, 22, 23, 25, 28 and 29 demolished

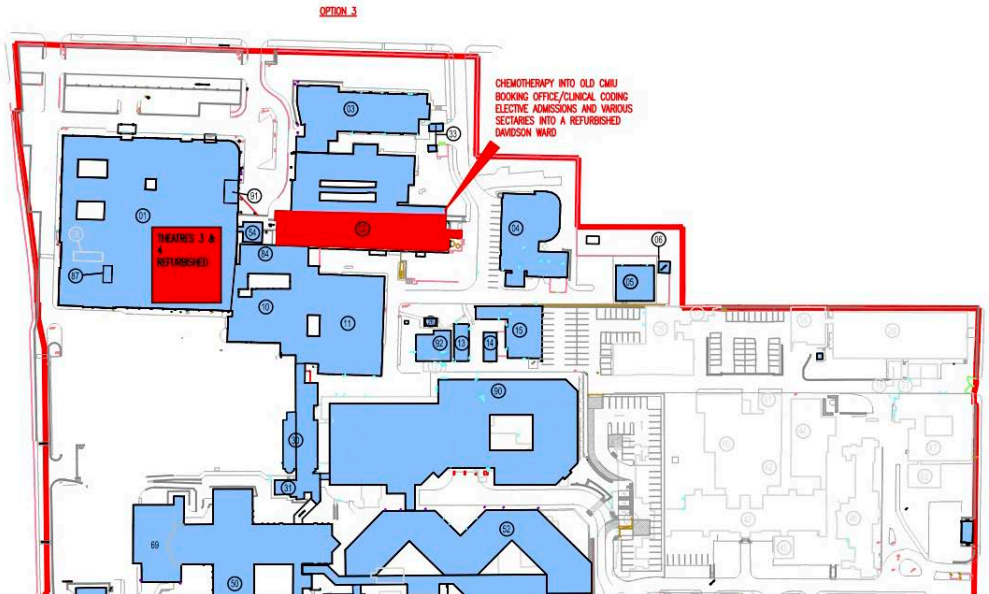


Figure 20: Option 3 Block Plan

4.5.3 Option 4 – New Build and Site Rationalisation

The new build of an Ophthalmology Unit, Centralised General Outpatients Department, and Maxillofacial Department and plus ancillary services, the combined cost of which will be of £18.02m. This new building will also enable a site rationalisation programme across BGH, improving the standards of accommodation for Haematology, Chemotherapy, Breast Outpatient Service, Outpatient Physiotherapy, Radiology, Pre Operative Assessment, Orthopaedic Clinics, Elective Admissions, Clinical Coding and Outpatient Booking Office Departments.

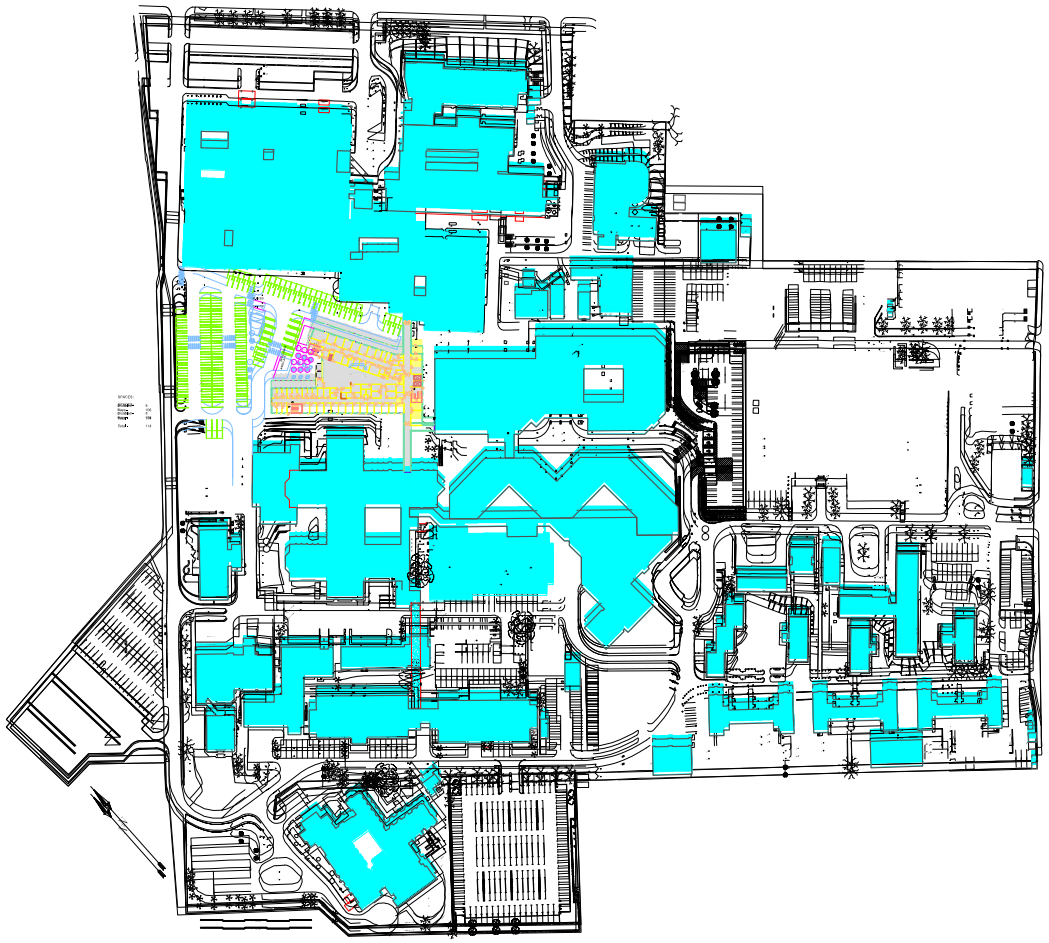


Figure 21: Option 4 New Build and Site Rationalisation Block Plan

The new build unit will provide the following benefits:

Improved productivity and reduced costs - The existing accommodation for Ophthalmology services is of sub-optimal quality, with poor functional relationships and part-housed in outmoded accommodation that the Trust's Estate Strategy has earmarked for demolition within five years. The BGH ophthalmic evening staff are accommodated in a facility isolated from other out of hours services on the site, so their safety and security is inevitably compromised. Patient journeys are neither simple and straightforward nor as speedy as they should be. Finally, the present accommodation is incapable of delivering the Trust and Ophthalmic Directorate's strategy for service redesign, innovation and provision of integrated care.

Improved space utilisation - Through the redesign of Ophthalmology services to deliver new integrated care pathways and the provision of Hospital Eye Services delivered by the Trust in a new, purpose-built facility, economies of scale can be made while improving the functionality of the unit. Ancillary services will be ideally co-located, travelling distances for patients, visitors and staff reduced, and duplication removed. The new build will facilitate maximum efficiency in flexible, innovative space utilisation, alongside improved patient navigation and Trust-client communications.

The move towards increasing provision of services for chronic conditions in the community and closer to home – and concomitant reduction in reliance on acute settings – will be co-ordinated through a single administrative hub. The unit will be ideally placed to deliver best practice, to train a committed and ambitious workforce to very high standards, and to manage its workload so as to ensure that patient satisfaction is achieved.

More sustainable facilities - The 'do nothing' option for Ophthalmology, General Outpatients and Maxillofacial Services accommodation is not, in reality, an option. The present accommodation is dated and functionally inadequate, poorly located and within a demolition area identified by the Trust Board. So the need to relocate the service is pressing. This is compounded by the clinically-led strategy to provide state of the art and efficient services, which is impossible to deliver using existing accommodation. A significant benefit of this required relocation can be achieved with this proposal, as new-build accommodation will offer a highly flexible, fit-for-purpose, sustainable solution that will deliver cost improvement savings for years to come.

Reduced energy consumption, carbon footprint and removal of steam - The new build project will improve ELHT sustainability performance. Within the overarching corporate strategic objective to deliver year-on-year cost improvements, the Trust has set the following improvement targets relating to energy use and sustainability:

- To achieve NHS energy efficiency targets of 35-55 GJ/100m3 for new buildings and 55-65 GJ/100m3 for existing buildings.
- To reduce energy consumption by 5% per annum. (The proposed target reduction must be tempered by factoring in equivalent degree days to ensure effective comparison).
- Reducing CO2 emissions by 2% over three years through improved space utilisation.

  Supporting the reduction in NHS carbon emissions by 10% from the baseline of 2007 by 2015.

4.6 Economic appraisal

4.6.1 Introduction

This section provides a detailed overview of the main costs and benefits associated with each of the selected options. Importantly, it indicates how they were identified and the main sources and assumptions.

4.6.2 Evaluating benefits

A non-financial appraisal has been undertaken which is outlined in section 4.6.3. The following scores have been allocated against the fifteen benefit metrics described and represent part of the non-financial analysis. The benefits identified in section 4.6.4 above were weighted and scored at the option appraisal workshop on 8th December 2015 with a Value of 1 to 5 on the following basis of importance to the Trust, patients, staff and other stakeholders.

The scores and associated weightings are subjective but provide a suitable starting point to assess the benefits of the three options. The outcomes can then provide context when considering the costs and risks associated with the options.

4.6.3 Benefit criterion

Assessment **Weighting**

Critical	5
Very Important	4
Important	3
Highly Desirable	2
Desirable	1

Criterion	**Weighting** *(out of 5)*
1. Patient Environment/Safety/Experience	5
2. Staff Environment/Safety/Experience	4
3. Patient Access to Services	5
4. Clinical Adjacencies / Future Proofing	4
5. Clinical Quality	5
6. Realisation of workforce efficiencies	3
7. Flexibility of Accommodation	3
8. Training and Education	3
9. External Approval	2
10. Public Perception	2
11. Recruitment and Retention	3
12. Stakeholder Perception	2
13. Timeliness	3
14. Reduction in Carbon Footprint	4
13. Patient Privacy and Dignity	5

They were then scored on the following basis:

Meets Trust requirements / Very Good	5
Meets most of Trust requirements/ Good	4
Partially meets Trust requirements/ Fair	3
Meets a few of Trust requirements/ Poor	2
Does not meet Trust requirements/ Very Poor	1

4.6.4 Benefit Scoring

The scores for each option were as follows:

	Option 2		Option 3		Option 4	
	Do Minimum		Site Rationalisation		New Build	
	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
1. Modernisation of Ophthalmology Facilities	0	0	0	0	5	25
2. Improved Patient/Visitor Environment	1	4	2	8	5	20
3. Patient Access to Services	0	0	2	10	5	25
4. Clinical Adjacencies / Future Proofing	0	0	2	8	5	20
5. Clinical Quality	1	5	2	10	5	25
6. Realisation of workforce efficiencies	0	0	2	6	5	15
7. Future Flexibility	0	0	2	6	4	12
8. Training and Education	0	0	2	8	5	20
9. External Approval	0	0	2	6	5	15
10. Public Perception	0	0	1	3	5	15
11. Recruitment and Retention	0	0	2	6	5	15
12. Stakeholder Perception	0	0	2	8	5	20
13. Timeliness	0	0	2	6	4	12
14. Reduction in carbon footprint	0	0	2	8	5	20
15. Patient Privacy and Dignity	0	0	2	10	5	25
Total	**2**	**9**	**27**	**103**	**73**	**284**

4.6.4.1 Commentary on scoring

It is clearly evident that **Option 4** ranks first place in the non-financial benefits analysis; promoting flexibility; positive public perception; improving workforce retention and efficiencies and impacting positively on patient experience.

Option 3 would provide elements of improvements in flexibility, clinical quality and workforce efficiencies but these are limited.

Option 2 benefits would only be evident through an improvement in the Ophthalmology theatre experience for patients and potential clinical quality improvement, although this benefit is arguable.

4.6.5 Risk Grading

The workshop assigned the risk scores shown in the following table on the basis of participants' judgment and assessment of previous projects. A more detailed assessment of the individual risks is shown in the risk register.

The Trusts **Risk Grading Matrix** was utilised to assess each option. This is inserted below.

QUALITATIVE RISK ASSESSMENT MATRIX – LEVEL OF RISK
(Based on the AS/NZS 4360:1999 Risk Management Standard) To calculate the risk Consequence x Likelihood = Risk Score

CONSEQUENCE /SEVERITY		INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC
		1	2	3	4	5
REQUENCY/ LIKELIHOOD						
MOST CERTAIN /ill undoubtedly occur/recur, persistent issue, at least ekly – continuous exposure to risk)	5	5	10	15	20	25
KELY kely to occur, recur, but not persistent; every two to six eks)	4	4	8	12	16	20
OSSIBLE kely to occur/recur, occasional problem occurs up to monthly	3	3	6	9	12	15
NLIKELY nlikely to occur. recur, but if so, no more than yearly ssible between one and five years)	2	2	4	6	8	10
ARE ot expected to occur/recur)	1	1	2	3	4	5

Low (1-3) Moderate (4-8) Significant (9-14) Extreme (15-25)

4.6.6 Risk scoring

The scores for each Option were as follows:

	Option 1		Option 2		Option 3	
	Do Minimum		Site Rationalisation		New Build	
	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
1. Failure to deliver the anticipated savings	5	20	3	12	1	4
2. Changes in scope	3	6	3	6	3	6
3. Building not fit for purpose	5	10	3	6	1	2
4. Incorrect Cost Estimates	3	6	2	4	1	2
5. Decanting and commissioning difficulties	3	6	4	8	2	4
6. Higher operating costs	4	16	3	12	2	8
7. Change in NHS policy/regulations	3	6	3	6	3	6
8. Changes in clinical priorities	2	4	2	4	2	4
9. Changes in Commissioner strategy	2	6	2	6	2	6
10. Technological change/asset obsolescence	5	15	5	15	2	6
11. Lack of communication	4	16	4	16	2	8
Total	**39**	**111**	**34**	**95**	**21**	**56**

4.6.6.1 Commentary on scoring

Following a risk review of the option appraisals it is evident that the least risk model is that of the proposed New Build (Phase 8). By implementing this development, the Trust is able to deliver all key requirements in line with the objectives and needs of our patients, staff and local population and within the financial envelope. The

benefits this brings are evident within and the associated risks clearly identified with proposed actions to mitigate outlined in 2.12.1.

Factors affecting the scoring across the 3 options are:

Option 2 - Do Minimum

Limited opportunity to deliver the associated aims and objectives required to achieve increased productivity, introduce an environment that is fit for purpose and future proofed for the patients of East Lancashire.

Option 3 – Partial Reconfiguration/Refurbishment

While this option enables some development and reconfiguration of services it does not meet the needs of all services and that of our patients. Elements of the services will be compromised and patients and publics expectations not realized.

Option 4 - New Build/Site Rationalisation

The risks associated to the new build are minimal. It delivers all key requirements, offers excellent facilities for all services identified within and supports transformational pathways of care within the financial envelope all the while bringing in those all-important efficiencies.

4.6.7 Capital costs

Each of the Short Listed Options was subject to a costing process based on Capital Investment Manual guidance involving Cost Consultants and Trust officers. This utilised high-level designs only for Options 2 and 3 but firm costs for Option 4 based upon the extensive planning and design work done to date. For this reason, the level of Optimism Bias could be adjusted down for Option 4, where the costs represent what the Trust would be likely to achieve “on the market”.

The Optimism Bias for Option 4 is approximately 9%. Costs are calculated from a 2012 price base and adjusted for inflation to the anticipated end of the build programme.

The headline costs (including VAT) of each Option are as follows:

- Option 2 (Do Minimum) - £6.3m
- Option 3 (Partial Reconfiguration) - £9.6m
- Option 4 (New Build) - £18.02m

An extract from the OB forms (Appendix 1) is given below (figure 22):

Costs from OB forms (£k)	Option 2 Do Minimum	Option 3 Partial Reconfiguration	Option 4 New Build
Departmental Costs (from Form OB2)	844	2,724	9,268
On Costs (from Form OB3)	-	-	-
(0.00% of Departmental Cost)	2,774	2,788	1,034
Works Cost Total (1+2) at MIPS FP/VOP*	3,618	5,511	10,303
(Tender Price index level 1975 = 100 base)	-	-	-
Provisional location adjustment (if applicable)	-	-	-
(0.00 % of Works Cost) (b)	-	-	- 322
Sub Total (3+4)	3,618	5,511	9,981
Fees (c)	-	-	-
(0.00% of sub-total 5)	519	784	1,420
Non-Works Costs (from Form FB4) (e)	-	-	-
LAND	-	-	-
OTHER	50	50	100
Equipment Costs (from Form OB2)	-	-	-
(0.00% of Departmental Cost)	-	50	100
Planning Contingency	371	560	1,278
TOTAL (for approval purposes) (5+6+7+8+9)	4,558	6,956	12,879
Optimism Bias	687	1,047	898
Sub Total (10+11)	5,245	8,003	13,778
Inflation adjustments (f)	91	91	1,473
FORECAST OUTTURN BUSINESS CASE	-	-	-
TOTAL (12+13)	5,336	8,094	15,251
VAT	963	1,462	2,766
Cost Including VAT	6,300	9,556	18,017

Figure 22: Extract from OB Form

4.6.8 Revenue Impact

The economic costs and benefits of the three main Options are set out below. The table shows the Capital Costs of each Option. The costs are calculated as an average of a 30-year evaluation period to match the expected term of the building

programme and financing required. The table below shows that while Option 4 has the highest capital cost, it has the most favourable revenue impact, the lowest net present cost, the highest benefit score and the lowest risk.

	Option 2 Do Minimum	Option 3 Partial Reconfiguration	Option 4 New Build
Construction Cost (£m)	6.30	9.56	18.02
Revenue Impact (£m)	0.09	0.01	(0.85)
Net Present Cost (£m)	5.07	4.97	4.15
Equivalent Annual Cost (£m)	0.27	0.26	0.22
Benefits Score	9	103	284
Risk Score	95	87	49
Cost (Savings) / Benefit Point (£k)	10.12	0.11	(2.99)

4.6.9 Net present cost findings

The detailed economic appraisals for each of the original options were carried out using the DH's Generic Economic Model (GEM) and are attached at Appendix 3. This assumes an appraisal period of 30 years to allow for the impact of a phased implementation and also assumes a residual value of 50% of the construction / refurbishment cost.

4.7 The preferred option

Each of the original options were subject to financial evaluation with regard to their construction costs (taken from the OB forms in Section 4.6.6 above), long term revenue impact (from a separate revenue model in Section 4.6.8 above), which informs the Trust's long-term financial model, and discounted net present cost (using the DH GEM See Section 4.6.8 above). They were also appraised for a benefits and risk (Sections 4.6.4 and 4.6.6). The Cost/Benefit Point is a co-efficient which allows the Trust to make an objective judgement of "value for money".

4.7.1 Preferred option benefits

The preferred option for is to undertake the **New Build – Option 4**. This option would deliver a reconfigured site as envisaged by the project feasibility study with a "new" for "old" solution, relocating services to appropriate areas of the site. In particular, it would deliver:

- Purpose-built clinical accommodation for Ophthalmology, Maxillofacial, General Outpatients and ancillary services.
- Improved chemotherapy and breast outpatient services co-located with breast patients directly adjacent to the breast screening unit
- Full site rationalisation with services centrically located around patient pathways, including radiology, pre-operative assessment, orthopaedic clinics, children's services, outpatient physiotherapy
- Improved on-Site Clinical support services accommodation
- A net reduction of 9,907m^2 on the BGH site equating to 14% of the total site area.

5. The Commercial Case

5.1 Introduction

This section of the OBC outlines the proposed contractual arrangements in relation to the preferred option outlined in the economic case.

The Trust has already taken the decision to utilise the Department of Health's Procure 21+ (P21+) Framework. This allows NHS organisations to take advantage of pre-negotiated rates, best practice, repeatable designs, and an overall value for money approach. There are only six organisations accredited on the Framework. These organisations are termed as Principal Supply Chain Partners (PSCPs) and take responsibility for the management, performance and cost of the complete "supply chain" which will typically include architects, engineers, health planners, quantity surveyors and construction elements.

A competition will be held amongst the six accredited consortia on the P21+ framework and the Trust will select its PSCP in May 2016. The Trust is aware that changes to this procurement framework may change during the course of this business case and may become Procure 22. The Trust will then adopt this framework.

5.2 Procurement strategy

The intention is to split the project into three stages over a 2 year period. While the phases are complementary and interdependent, this gives the Trust the flexibility to control the pace at which the project is executed.

5.3 Required services

The PSCP provides health planning, design, cost consultancy and construction services.

The Trust has utilised the services of a healthcare planner during the feasibility, scoping and design state of the SOC and OBC may make limited use of other external advisers.

5.4 Potential for risk transfer

The general principle is that risks should be passed to 'the party best able to manage them', subject to value for money.

P21+ works on the basis of a Guaranteed Maximum Price (GMP) for works agreed to the Trust's specification. Should the actual costs be below this, the Trust is able to participate in a gain share mechanism.

This section provides an assessment of how the associated risks will be apportioned between the Trust and the PSCP.

Risk Transfer Matrix

Risk Category	Potential allocation		
	Public	Private	Shared
1. Design risk		X	X
2. Construction and development risk			X
3. Transition and implementation risk			X
4. Availability and performance risk			X
5. Operating risk	X		
6. Variability of revenue risks	X		
7. Termination risks	X		
8. Technology and obsolescence risks			X
9. Control risks	X		
10. Residual value risks	X		
11. Financing risks	X		
12. Legislative risks	X		
13. Other project risks	X		

5.5 Proposed charging mechanisms – P21+ framework

P21+ agreements operate on standard overhead and profit percentages, which were arrived at through competitive negotiation. The flexibility of the Framework also allows the PSCP to provide value-added services, which assist the Trust towards defining its optimum solution. In other words, it allows for joint, collaborative working much earlier in the process.

The use of the Framework also allows the Trust to avoid the expensive and time-consuming OJEU route to procurement, as this process has already been carried out in the appointments to the Framework.

The Framework assures an "open book" approach to costs, risks and inflation and operates through a set of mandatory pro formas, which help transparency and accountability. There is a set governance process and a "Client Charter" which PSCPs must follow to remain on the Framework. PSCPs are incentivised towards repeat business and not short-term profits.

The Framework is based on NEC Engineering and Construction Contract Edition 3 (ECC3). The DH P21+ central team provides advice to NHS organisations on the procurement of PSCPs, the staging of work, and any legal issues arising. They also ensure that successful designs (which are the intellectual property of the NHS) are promulgated across the NHS. This service is free. The DH P21+ Team also provides free training for NHS staff.

Using P21+ is more tax efficient when compared to a traditional building contract, as HMR&C allow recovery of the VAT on areas such as PSCP profit percentage.

The Trust will appoint its PSCP to assist with its Estates Strategy under the P21+ Framework. This selection process will be open to all six Framework providers. This would then be a free-standing arrangement allowing the Trust to proceed with the appointed PSCP without any further competition but confers no obligation to continue through to a build programme and also allows the Trust to change to a different PSCP for subsequent stages should it so wish.

Key characteristics include:

- "Letters of Appointment" which provide for fixed costs for the first three stages and the establishment of separate "Scheme Contracts" for multiple projects. Standard "Works" and "Site Information" procedures for gathering information
- Stage Agreements (which relate directly to the DH's Capital Investment Manual process). There are four Stages:
    - Stage 1 (Strategic Outline Case)
    - Stage 2 (Outline Business Case)
    - Stage 3 (Full Business Case)
    - Stage 4 (Delivery)
- Mandated Monthly monitoring
- A joint Risk Management process
- Early warning provisions, which allow both sides to avoid potentially expensive actions.
- Clauses to prevent unreasonable delays on either side
- A set Variation/Compensation Event procedure

5.6 Proposed contract lengths

The contract will be let in accordance with the agreed FBC.

5.7 Establishment of cost

The underlying principle behind the establishment of costs is the concept of the "Guaranteed Maximum Price" (GMP), which is usually struck at FBC to allow for the maximum elimination of construction risks and other uncertainties. Under the GMP arrangement, the "pain/gain" share is as follows:

- If "Defined" (or Outturn) cost exceeds the GMP, the cost is borne 100% by the PSCP
- Defined cost savings of up to 5% below the GMP are shared 50:50 between the NHS and PSCP
- Defined cost savings >5% belong wholly the NHS party. The "open book "

approach and the Trust' proposed use of an independent Cost Consultant to provide additional assurance through the tracking of payments to sub-contractors allows any cost differences to be readily identified. The P21+ Framework allows for the establishment of an agreed Audit strategy at inception.

5.8 Workforce / TUPE implications

It is possible that some staff will be re-located between the two main sites but it would be the expectation that staff use the existing shuttle bus without incurring any additional expenses or reimbursement of travel costs.

When the new site configuration, which has been designed to optimise operational efficiency and increase throughput, are finalised, the Trust will be reviewing clinical staffing and support services processes and the impact on staffing requirements. This may result in job re-design and re-deployment across the Trust with the intention to minimise any potential redundancies.

It is not anticipated that the TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981 will apply to this investment as outlined above.

5.9 Accountancy treatment

It is confirmed that the assets underpinning delivery of the service will be included on the balance sheet of the Trust.

6. The Financial Case

6.1 Introduction

The purpose of the financial case is to review the financial implications and affordability of the proposed project in order to demonstrate that the preferred option will result in efficiency savings. This section is to set out the forecast financial implications of the preferred option (as set out in the economic case section) and the proposed deal (as described in the commercial case).

6.2 Current position

In 2014-15 the trust achieved an adjusted retained surplus of £1.3m, including impairments of £5.3m. On a turnover of £435.1m, the Trust is working to a revised stretch target of a £12.1m deficit.

The Trust faces a significant financial challenge in 2015/16 and beyond, while continuing to meet patient demand and expectation, commissioner changes, efficiency requirements and maintaining and improving patient quality and safety.

The headlines for the immediate annual planning period are summarised below.

Narrative	2015/16
EBITDA	£12.8m
EBITDA margin	3%
Surplus/ (Underlying Deficit)	£12.1m
Internal Cost Savings Target	£25.8m
Capex (Initial)	£36.2m
Cash balance as at 31 March 2016	8.8m
Financial Sustainability Risk Rating	2

The planned continuity of service risk rating was a rating of 1, but under the new financial sustainability risk rating the planned rating is a 2. Core assumptions for

2016/17 are based on net growth in activity.

This is not unrealistic given historic performance and reflects the increasing demand in line with demographic projections for the area as a whole.

We have considered the impact of the external environment, and the affordability challenge facing the NHS, alongside the various factors driving change internally in the development of our plans for 2016/17.

The Trust's 2015/16 & 2016/17 plans include provision to progress this project to Full Business Case.

6.3 Impact of investment

6.3.1 Overall summary

Based on the standard DH Outline Business Case (OB) forms, the Capital Costs of the preferred Option will be £18.02m including VAT.

The saving in depreciation will be £25,000 per annum and facilities management savings for the new build option will be £164,000 per annum.

The net revenue impact per annum is £0.85m.

In summary, the impact is as follows:

	2016 / 2017 £	2017 / 2018 £	2018 / 2019 £	2019 / 2020 £	2020 / 2021 £	2021 / 2022 £	2022 / 2023 £	2023 / 2024 £
Total income impact	0	0	410,677	867,970	914,585	905,156	905,156	905,156
Total expenditure impact	0	0	(160,223)	96,314	96,315	96,315	96,315	96,315
EBITDA	0	0	250,454	964,284	1,010,900	1,001,471	1,001,471	1,001,471
Depreciation	32,576	65,151	45,156	25,161	25,161	25,161	25,161	25,161
Financing costs	(48,095)	(254,601)	(294,668)	(176,765)	(177,646)	(178,526)	(179,407)	(180,288)
Total revenue impact	(15,519)	(189,449)	942	812,679	858,415	848,105	847,224	846,344

6.3.2 Overall financial assumptions

Assumptions in developing the OBC are as follows:

- Building work commences September 2016.
- Ophthalmology services will experience growth in service up to 7% over the next 5 years.
- Theatre Utilisation for Ophthalmology lists will increase to a standard 85 – 90%.
- Income and expenditure efficiency will be realised across the range of specialties utilising the new facilities.
- There is a net pressure on income and expenditure in year 3 due to increased capital charges while dual running of the buildings occurs, this will need to be supported by the commissioners.
- Capital charges will reduce.
- Demolition of Blocks 1,7,8,9,22,23,25,27,28,29 and 31.
- Depreciation is calculated on a straight line basis over the life of the asset. For buildings this, has been assessed as 90 years by the Trust's external valuer with an asset life of ten years used for equipment.

6.3.3 Capital costs & VAT

The Capital costs have been derived from the OB Forms provided by the Trust's Cost Consultant, Rider Hunt. Further value engineering is likely at FBC and every effort will be made to ensure that a lower GMP can be achieved than currently allowed for.

The costs have so far assumed the standard recovery of VAT i.e. on the Fees element only. If the P21/P22 route is chosen then there is scope for increased VAT recovery, but this has not been included at this point in time for reasons of prudence.

6.3.4 Revenue impact

Income

The above table shows that the Income and Expenditure impact would generate a contribution of circa £1.0m across the services that are going into the new build. The bulk of this efficiency comes from the additional income that can be generated in Ophthalmology. This is due to the patient flows and more efficient working practices

that can be achieved due to the new building. In 2015-16 Ophthalmology increased their Daycase and Elective plan to reflect the additional demand for their services. From June to December the Directorate has been working very hard on achieving the required level of utilisation and cases resulting in an over performance of £165,000 year-to-date. The building will be another enabler to continue this improved position and create a financial benefit. As part of the new build the Ophthalmology Directorate have also looked to rework the staffing on their ward and around theatres, which also creates an additional benefit of circa £44,000.

Additional income is also planned across Breast and Respiratory specialties by utilising the additional space and planned service developments. The outpatients department can release efficiencies by bringing the two current units into one area, which releases savings of circa £30,000.

Expenditure

The current accommodation has a significant backlog maintenance issues that would need to be addressed, if the proposed new build is not achieved. Implications on the Trust's estate budgets have been worked through and the positive change from the new build mainly arises through energy and carbon reduction. This is due to the changes to building fabric and will result in a reduction in wasted energy.

Capital Charges

The Trust has estimated the depreciation savings and calculated the new depreciation based on information from its external valuer.

As is common with new buildings such as the one envisaged within this project, the external valuer has valued the new buildings substantially lower than construction cost, based on current build rates. This results in an immediate impairment of value, estimated at £5.8m, which has been treated as an "abnormal" item and does not impact on the Trust's "normalised" surplus.

The impact assessment over first five years of operation is shown in appendix 15.

6.4 Impact on the balance sheet

It is anticipated that £15.6m of external capital funding will be required for this case, secured as PDC, with the remaining cost of the scheme funded from internal resources. The asset will be recognised on the balance sheet and the existing buildings to be demolished, which have a net book value of approximately £7.5m, will be will be impaired. The Trust's Financial Sustainability Risk Rating (FSRR) is assumed to be unaffected but this will be subject to review.

6.5 Funding

If PDC were not available the scheme could not be funded internally for a number of years, as the Trust's current capital resources are fully committed.

7. The Management Case

7.1 Introduction

This section sets out how the project will be managed by the Trust, in order to ensure that the objectives will be achieved. It also sets out the relationship with the Trust's NHS partners and stakeholders with regard to the approval process.

The case also covers the Trust's proposed approach to equipment, information technology, public engagement, benefits realisation and post-project evaluation.

The case should be read in conjunction with the draft Project Execution Plan (PEP) which is attached at Appendix 9. The PEP sets out the proposed work programme and project management arrangements for the FBC stage of the development of East Lancashire Hospitals NHS Trust's Development Control Plan.

The PEP seeks to ensure the following is in place for the project:

- The inclusion of plans, procedures and control processes for project implementation and for monitoring and reporting progress;
- A definition of the role and responsibilities of all project participants, and a means of ensuring that everyone understands, accepts and carries out their responsibilities;
- That it sets out the mechanisms for audit, review and feedback, by defining the reporting and meeting requirements, and, where appropriate, the criteria for independent external review. The PEP is a working document, which will be periodically reviewed, amended and reissued throughout the project lifecycle.

7.2 Approvals

Because of the capital cost and revenue impact, the OBC will be subject to TDA review, they will wish to assure themselves that the transaction does not expose the Trust to significant risk. A letter of support from the East Lancashire and Blackburn with Darwen CCGs is to follow at Appendix 8).

7.3 Project Organisation

The Senior Responsible Officer (SRO) for the Strategic Estate Development Programme is the Director of Finance. The Project is currently governed through the Estates Strategy Steering Group which has the full functions of a Project Board. This reports through to the Trust's Executive Group and via the SRO to the Board.

The representation on the Project Steering Group is as follows:

The Steering Group operates monthly. There is a further Project Group comprising the following:

Jonathan Wood	Director of Finance (Chair) (Senior Responsible Officer)
James Maguire	Head of Estates (Project Director)
Maire Morton	Divisional Medical Director
Victoria Hampson	Divisional Accountant SAS (Project Accountant)
Clare Boyd	Project Manager (Project Manager)
Diane Greaves	Capital Accountant
Jayne Wainwright	Capital Audit Manager (Northwest Audit)
Allen Graves	Financial Controller
Natalie Brockie	Divisional General Manager
Martin Morgan	Director of Estates and Facilities
Mey Mohan	Consultant CD Ophthalmology
Catherine Taylor	Directorate Manager Special Surgery
Maureen Dixon	Interim Divisional Accountant (Project Accountant)
Jeanette Barton	Estates Administrator (Project Support)

This group meets on a "Task and Finish" basis and helps co-ordinate the work of the Sub-Groups. Reporting to the Steering Group is a number of Sub-Groups with Clinical and service representation as follows:-

- Ophthalmology
- Maxillofacial
- General Clinical Outpatients
- Administration and Health Records

- Physiotherapy
- Cardiology
- Breast Surgery and Supporting Services
- Urology Investigation Unit
- Family Care

In addition clinical support services and building and engineering services are represented at the following Sub-Groups:-

- Facilities and Procurement
- Demolitions and Infrastructure
- Space Planning

Following changes in Executive roles, once the FBC is approved, there will be a review of project structures.

7.4 Project management arrangements

The project is managed in accordance with PRINCE 2 methodology. This requires the identification of a Senior Responsible Officer, the Senior Supplier, the sub-division of work into separate packages with identified deliverables, together with the necessary assurance arrangements.

7.5 Future project governance

A Steering Group/Project Board has already been operating with the membership as set out above. The personnel and support requirements are now being reassessed for FBC stage. However, the following is already established:

- The Steering Group/Project Board is formally linked to the Trust Board by the Senior Responsible Owner and meets in accordance with an agreed timetable linked to specific decision making points, for example to review the outcome of the preliminary stage.
- The Senior Responsible Owner chairs the Project Board
- The Project Director is in attendance and responsible for the administration of

the Project Board:

- The Project Advisors and the Principal Supply Chain Partner (PSCP) will be in attendance when appropriate and in due course;
- Regular updates on progress are provided to the Trust Board and Minutes available on request. The Project Board has established specific working groups to deliver the detailed work needed to underpin the delivery of the facilities. The chairs of these groups will form the Project Group along with the PSCP (as appropriate) and are required to produce reports including recommendations for the Project board in line with the Project Board timetable and as and when requested.

7.6 Project roles and responsibilities

7.6.1 The role of the Trust Board

The Trust Board is providing the visible and sustained senior management commitment to the delivery of the project (Phase 8). They undertake a full scrutinising role and oversee the project performance at periodic accountable stages. Specific requirements have included to:

- Approve the establishment, the Terms of Reference and the membership of the Steering Group/Project Board as a committee of the Trust Board;
- Ensure that the Project Board has time to fulfil its task;
- Approve the project structure and its governance arrangements;
- Ensure that the Project Board adequately represents working groups;
- Ensure that the role of project sponsorship is established and understood, with appropriate representation and commitment;
- Define the Senior Responsible Owner's Terms of Reference;
- Review the resource requirements of the project;
- Authorise funds for project work;

7.6.2 The role of the Project Board:

The Project Board has been given clear Terms of Reference and stated areas of

delegated responsibility from the Trust Board. The Project Board acts as communication channel between the Trust Board and project management (phase 8), providing unified direction and guidance to the Project Director. Specific responsibilities have and will include:

- Defining the project objectives and ensuring the project achieves its objectives, including monitoring progress against key milestones;
- Signing off project documentation, including the PEP and Project Plan;
- Defining the Project Director's Terms of Reference;
- Authorising the allocation of funds to the project and ensuring that costs remain within budget;
- Overseeing project performance and the effectiveness of the Project Team and PSCP to ensure delivery of the schemes;
- Agreeing the project controls and processes within the P21+ framework;
- Ensuring that a viable and affordable business case (cost v benefit) exists for individual schemes, with the financial and legal consequences of the project clearly defined;
- Ensuring the project documentation and approvals conform to DH requirements and that "Gateway" reviews are undertaken (if this becomes a requirement);
- Approving the individual business cases prior to submission to the Trust Board and other approval bodies
- Ensuring that the programme for delivering the project reflects the urgency required for the completion of the new facilities;
- Ensuring that the PSCP are delivering facilities in accordance with client requirements/specifications;
- Maintaining visible and sustained commitment to the project;
- Representing wider ownership;
- Agreeing an internal and external communications plan;
- Reviewing and monitoring the project risk register and ensure appropriate action is taken to reduce risk.

7.6.3 The role of the Senior Responsible Owner

The Senior Responsible Owner (SRO) named individual is required to 'own' the project and, through the Chief Executive, be an accountable officer for the transaction. They have ultimate responsibility for delivering the scheme, and as such own the 'deal'.

The Chief Executive is an accountable officer (through the NHS Chief Executive to Parliament) and is therefore responsible for ensuring value for money and appropriate use of public funds:

Specific responsibilities of the SRO include:

- To agree the business cases and budget for the project, ensuring it meets the business objectives, for the approval of the Trust Board;
- To establish an appropriate project organisation structure and communication process;
- To line manage the Project Director/Manager and define his/her Terms of Reference;
- To ensure that a brief is developed that clearly defines the product and is agreed by the users;
- To establish a progress and reporting procedure to determine the performance of the project;
- To approve all changes to the scope of the project and the approach to delivering the product, including the role of arbiter on any disputes which occur on the client side;
- To alert the Trust Board of any trend towards cost escalation or delay, or if the objectives of the project change radically, recommend on action to take;
- To ensure adequate resources are made available to the Trust Project Director for delivery of the project;
- To be seen to demonstrate commitment to the project, clearly promoting it and the benefits that it will bring.

7.6.4 The role of the Project Board/Team

The Project Board/Team has the responsibility to oversee and manage the Project, to deliver the Project objectives with the support of working groups and to

direct/review/manage the work of those groups. It is also be responsible for liaising with external bodies including the TDA, the DH and other parties (using the appropriate Trust channels). Specific tasks have and will include:

- Ensuring production of individual Business cases;
- Working with the services to ensure delivery of the expected benefits;
- Ensuring production of clinical and operational specifications for individual services;
- Consulting with staff representatives and trades unions;
- Obtaining planning permissions;
- Preparation of a Project Execution Plan (PEP);
- Management of master programme and sub-programme, identifying key milestones;
- Management of action/task plan;
- Establishment of appropriate document management systems to facilitate audit checks;
- Establishment of approvals, procedures and delegated limits acceptable to internal and external auditors;
- Establishment of appropriate reporting mechanisms through all levels of the internal project structure;
- Liaison with the TDA, NHS England, the DH and Treasury (if appropriate) and adherence to their project monitoring and approval arrangements;
- Ensuring compliance of the project with all statutory obligations;
- Site master planning;
- Communication plans;
- Establishing common principles for briefing and the preparation of output specifications;
- Agreeing the brief and output specification for common areas;
- Capital, Revenue and Life cycle costing;
- Financial modelling and affordability appraisal;
- Preparation of the risk analysis and management plan;
- Advising the Project Board if any risks arise that are likely to affect delivery of the project objectives and be part of the risk reduction process;

- Procurement processes;
- Preparation of bidding and draft documentation;
- Clarification of Information Technology (IT) issues;
- Clarification of equipment issues;
- Co-ordination of technical sub-groups;
- Incorporation of Value Management techniques where appropriate;
- Establishment of on-going review mechanisms.

The Project Team shall be responsible for delivering the Business Cases by working with a number of specialist subgroups formed to progress specific issues and deliver key documents.

7.6.5 The role of the Project Director

The Project Director is responsible for the delivery of the overall programme (Phase 8), the named individual who is the single client focal point, is responsible to the SRO for day-to-day management of the project and ensuring it is effectively managed and delivered within agreed timeframes. Specific tasks include:

- Maintaining a close link with the SRO and producing progress reports, liaising with the Trust Board and communicating with all stakeholders
- Managing and reporting on the performance of the PSCP
- Being aware of the business objectives and corporate management culture;
- Developing the business cases including the Public Sector Comparator and the budget for the project;
- Producing the brief and the project plan;
- Ensuring that all work is defined for the purposes of project control with all work planned, resources made available and that work is carried out in accordance with the project plan;
- Leading and directing the efforts of the project team/sub groups towards the successful delivery of the project as determined by the Senior Responsible Owner
- Ensuring that robust communication mechanisms exist within the project between the project and external organisations, and between the project and

the rest of the Trust;

- Establishing reporting procedures to determine project performance and that adequate procedures are in place to monitor and control cost, time and quality;
- Letting contracts and managing/monitoring performance of external advisors working directly for the Trust;
- Lead key negotiations with the private sector and providing feedback to private sector bidders and partners and ensuring that procedures exist to identify and resolve issues;
- Lead key negotiations with private/public sector for land transactions
- Ensuring that procedures are in place to handle any changes that are requested by the Project Team or users;
- Ensuring all necessary internal approvals are secured;
- Overall responsibility for the delivery of the project and that facilities are handed over to Services in a managed way;
- Arranging the post project evaluation (PPE) of the project. The role of the PSCP Project Lead The named individual responsible for the day to day detailed management of the project, who provides the interface between the Trust and PSCP. Specific tasks include:
- Managing the PSCP supply chain to deliver the project objectives;
- Maintaining and updating the PEP;
- Preparation of monthly project management reports and monitoring progress against action lists developed from the project;
- Contributing to Project Board and Project Team meetings as invited
- Attending Design meetings and ensuring the development of the design from Schedule of Accommodation to final sign off by the Project Board;
- Overseeing the P21+ Framework arrangement;
- Taking the lead in the town planning process for planning permission for two site;
- Facilitating design review work as appropriate (DQI/ AEDET/ ASPECT/ BREEAM).

7.6.6 The role of the Project Manager

The Project Manager is responsible for the provision of Prince 2 compliant project management support to the Project Director on all aspects of the project. Their specific tasks include, but are not limited to:

- To produce Clinical and User design requirements to inform the building design and construction.
- To ensure ultimately that the buildings are fit for purpose environments.
- To provide effective liaison between the design team and clinical services over detailed designs and service model issues.
- To ensure effective input from risk management, control of infection, health and safety, fire and equality into the project;
- To ensure that the clinical and support service model underpinning the capital development is understood by all members of the project and design teams;
- Responsibility for drafting sections of the Full Business case in particular Strategic Context and the connection between operational requirement and therapeutic environment
- Chairing work streams as appropriate
- To deputise for the Project Director and represent the project internally and externally as required;
- To manage the project support office ensuring the development and implementation of efficient administrative and document management systems;
- Liaise with the design team to ensure compliance with Trust policies and procedures.
- To maintain the Joint Risk register and Issues log by ensuring integration of the Trust and PSCP risks;

7.6.7 The role of the Project Accountant:

This role supports the Project Director and Manager on commercial and legal issues relating to the project, advising on and interpreting all financial issues. Whilst providing financial advice, support and input into the contractual arrangements,

including the payment mechanism and contract monitoring requirements and ensuring value for money can be demonstrated.

Specific tasks include:

- To represent the Director of Finance at key stakeholder meetings;
- Responsible for providing financial information to the Financial model and Business Case;
- To attend the Project Team and report on budget performance and financial issues;
- Liaise with the internal and external auditors to ensure governance arrangements are satisfied and ensure Standing Financial Instructions and Standing Orders are complied with;
- To assist the relevant approvals of the Business cases by the provision of supporting financial and contractual information;
- To maintain appropriate financial systems and information to the Finance Director to ensure capital and revenue implications are reflected within Trust financial plans;
- To assess the impact of changes to the NHS financial regime during the lifetime of the project;

7.6.8 The role of the project support office

The project support office ensures that the project meetings are properly organised and minuted. They assist in the production and dissemination of key documents, maintain filing systems for the Project and undertake administrative support tasks as required by the Project Director and/or Manager.

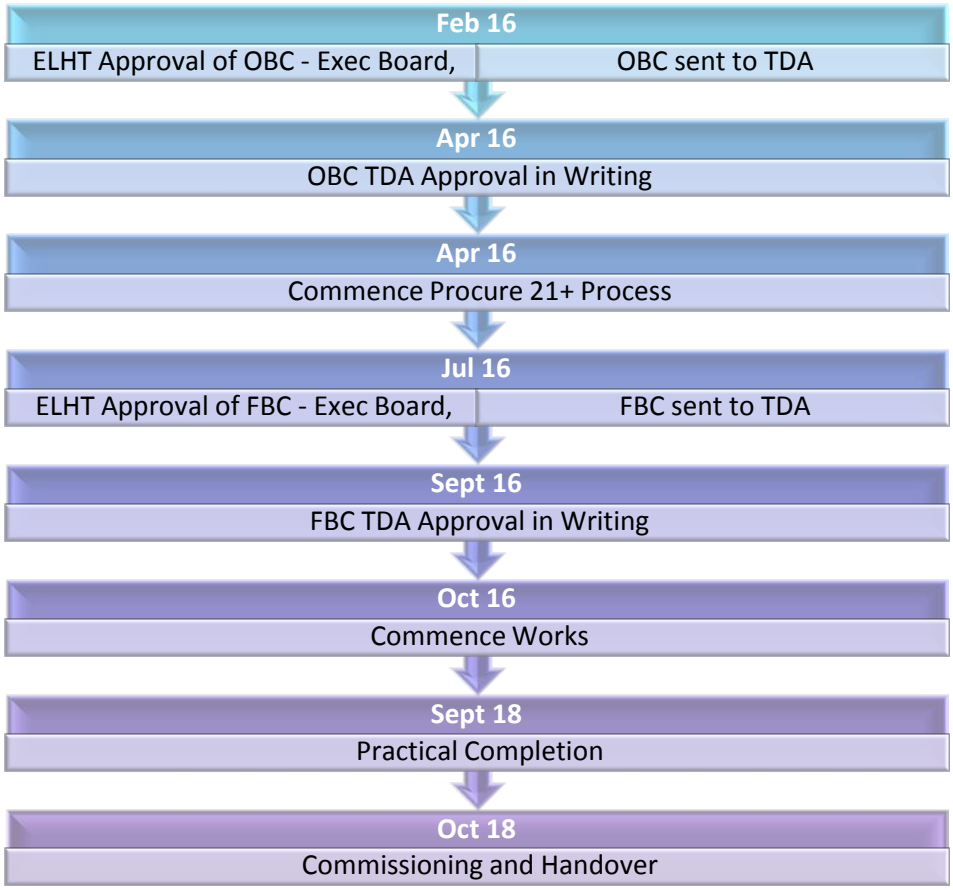
7.7 Use of special advisers

Special advisers will be used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisers.

Specialist Area	Adviser
Financial	To be procured as necessary
Cost Consultancy	To be procured as necessary.
Procurement and legal	Not required (covered by P21+ DH Lawyers)
Business assurance	Northwest Audit

The costs will be established during the FBC planning process.

7.8 Project milestones



The timescales allow for eight weeks external review and approval as necessary.

7.9 Equipment strategy

As the project configuration develops, the Trust has begun to consider the strategy for equipping the new facilities.

There are four Groups:

- **Group 1** - equipment comprises the plant and equipment, which forms part of the physical build and is the responsibility of the PSCP.
- **Group 2** - comprises the medical and other equipment, which will be procured by the Trust and fitted by the PSCP.
- **Groups 3 and 4** - will cover the remainder of the "moveable" equipment.

The Trust will be responsible for Equipment Groups 2-4

While detailed room-by-room assessments will not be carried out until Full Business Case, it is not currently anticipated that there will be a significant amount of expenditure required for medical equipment. There is also an assumption that it will be possible to transfer 95% of the equipment required from the current buildings.

The aim of agile working throughout the Trust to create a more responsive, efficient and effective organisation, which ultimately improves organisation performance and increases patient, staff and visitor satisfaction requires further discussion as this has a major impact on the requirements for office equipment and also on the size and design of the buildings.

The preferred Option 4 allows for Trust provided equipment of approximately £120,000 (excluding contingency/optimum bias but including VAT). Based on experience of other projects, this is at the low end of the range and assumes high levels of transfer.

A detailed strategy will be agreed with the Project Board in due course. The Trust will utilise the services of NHS SBS to manage the equipment programme of works and is likely to include the following:

- An audit of furniture and equipment by the Departments impacted by the move.
- A validation of the 95% transfer assumption based on the condition of the furniture and equipment and its suitability for the new accommodation
- Input into and assurance of the room data sheets drawn up in conjunction with the PSCP
- Formulation of a budget based on the total equipment required and development of purchasing plans for the major and high-volume items.
- The development of a phased equipping programme to match the overall build programme
- A further detailed audit and identification of items to be moved.
- Selection of goods and the placing of orders.
- A disposal plan for items not moving to the new location.

The Trust will attempt to utilise existing NHS and public sector frameworks where possible. Where frameworks cannot be used, the Trust will ensure that environmental and sustainability issues are addressed in the choice of suppler as this will help the Trust towards achieving an excellent BREEAM score for its new buildings. The use of outside support may need to be considered to assist in the equipping process.

7.10 Information Technology

The Trust's adopted IT strategy is due to be updated in this financial year but will take account of the proposed Project. The PSCP will be responsibility for the wiring and connectivity in the new build and any refurbished areas to support voice and data systems and Wi-Fi.

In line with the objective of 'generating workforce efficiencies' the need to be able to provide additional functionality to support agile working in office areas is recognised. This will include functions such as tablet- based hardware to support hot-desk working.

There would be no need for significant re-location of servers and other associated

equipment. The expectation would be that staff would transfer locations with their existing workstations. IT staff will reconnect users, requiring only a modest spend on new equipment.

There will be some investment in new systems to support new ways of working across the Trust but these will have only limited interdependency with the new build.

7.11 Outline arrangements for change and contract management

There is limited scope for clinical service change afforded by the Phase I build. However, new models of service for clinical support staff are now being worked on and will be developed further at FBC.

Further Trust-side support through the P21+ contract is likely to be procured for the FBC stage and beyond.

7.12 Outline Arrangements for Benefits Realisation

A draft Benefits Realisation Plan has been produced in conjunction with each of the Sub-Groups and further work is envisaged during FBC to identify further benefits, baseline the current position, set targets and identify the management process for realisation.

The benefits are divided into Cash Releasing, Non-Cash Releasing and Quality. Benefits are RAG-rated to denote progress and where, for instance, benefits are implicit in the design these are recognised as partially completed. The Beneficiary, be it Patient, Staff, Trust or Community is also indicated.

A copy of the latest Benefits Realisation Plan is attached at Appendix 5. This also sets out who is responsible for the delivery of specific benefits, how and when they will be delivered and the required counter measures, as required.

7.13 Outline Arrangements for Risk Management

The Trust has a Risk Register and Risk Management process, which is being

followed by the Project. The operational risks identified with current accommodation are already on the Estates Risk Register.

A copy of the project risk register is attached at Appendix 6. This details who is responsible for the management of risks and the required counter measures, as required.

7.14 Communications Plan

7.14.1 Aims

The aims of the communication plan are:

Short term

- Promote awareness of the Trust's Development Control Plan as part of our long term plan to modernise the estate and create a sustainable site for the future
- Gain support for the outline plans and investment amongst the local community and other stakeholders
- Clearly explain the initial work programme, focusing on the need to demolish older accommodation and create new clinical facilities as well as improving other services
- Support the board approval process with professional targeted communications showing the governance and consideration around this significant investment for the Trust, in particular at BGH.
- Create a range of materials in press, social media, web and other platforms to continually promote the developments and the longer term strategy for the Trust – keeping stakeholder up to date on the financial and development timescales
- Actively involve staff, Trust members and the wider community in engagement events to ensure their input into the estates strategy and developments
- Develop a charitable funds strategy to gain fundraising and community

support towards some of the new clinical facilities.

7.14.2 Target Audiences (initial shortlist – wider stakeholder list to be developed)

1. Patients and public (initial Burnley focus) – awareness
2. Trust Governors and members – support, involvement and promotion
3. GPs and commissioners – awareness
4. Local councillors/scrutiny committees/Local MPs – awareness and promotion
5. HealthWatch and other local community groups – promotion and support
6. Trust staff – internal awareness and promotion
7. The Media
8. Patients
9. Friends and Family of Patients
10. Trust Volunteers
11. Public

7.14.3 Key messages

- The Phase 8 Ophthalmology new build at B GH will include a £15.6m investment in modernising and improving the facilities of the Trust for local people to match the dedicated and effective care and compassion of our staff.
- The Project will create state of the art clinical facilities for Ophthalmology, Maxillofacial, Cardiac and Children's Outpatient and other services, improve parking and ease of access as well as relocate NHS staff from buildings that are no longer economical or fit for purpose.
- It marks a significant investment for the local community, creating jobs and opportunities in the local economy as part of the wider investment in the growth of the area that we serve.
- The development is part of a long-term plan to create a sustainable Trust and is vital to the long term future and service transformation for the Trust.
- Patients and public will be involved in the development of each stage of the

clinical areas through patient centric design.

7.14.4 Platforms – outline of approaches to ensure messages are delivered to key audiences

1. Media

- We will carry out a programme of proactive media relations work to promote the plans and approval process backed by statements of clinical and financial support.
- This will focus on the improvements that will be made to clinical facilities, parking and other areas.
- It will also focus on the fact that this is the next step of a long term strategy that commenced in 2010 at BGH to transform the estate so it is fully fit for the future of healthcare delivery.

2. Social media

- We will focus on using social media through the Trust's official Twitter and Facebook feeds to promote our plans using a hashtag of #ELHTXXXXX (working name, will be developed) to gain support and raise awareness of the plans.
- A range of different social media messages will be used, using drawings, plans and other schematics where possible – and also focusing on the cost and work required to keep providing services in the current buildings.
- The social media campaign will focus on a key launch of material about the strategy followed by a drip-feed of further information over coming weeks.

3. Web

All social media and traditional media work will point towards a dedicated section of the www.elht.nhs.uk website that we will create to be the home of all information on the estate development work to include background information, plans, renders and other material. This will also enable members of the public, staff and patients to comments on the plans, voice their priorities and opinions and gain access to news

on progress in a timely manner throughout the project.

4. Stakeholder communications

Stakeholder communication is key to the success of this project and a more detailed stakeholder engagement plan will be developed to support the project, however, this will focus on several key areas:

- Direct face to face communication - with key figures such as council leaders, Health OSC councillors, MPs and other key stakeholders in advance of launching information to the media. The aim is to secure their support as well as raise awareness of the outline plans (bearing in mind more detailed stakeholder work will be required to secure planning permissions etc.)
- A Stakeholder brief
- A Bespoke briefing document

5. Promotional events

We will manage a range of events to support the launch of the business case aimed at engaging patients, visitors and staff at the trust. The first of which is scheduled for 19th January 2016 at 5.30pm in the Mackenzie Centre at BGH.

Additional events, at FBC stage, would be run by the Trust and PSCP in partnership in the launch week of the case to coincide with the media and social media work and would run in the entrance area of Phase 5 at the Burnley General Hospital for access.

6. Publications (digital, hard copy and video)

- Editorial will be secured for the Trusts own membership magazine, GP newsletter and staff magazine to promote support for the plan.

7. Internal communications

Information on the service will be shared with Trust staff on a regular basis through our established communications channels – Team Brief, Trust magazine, weekly eBulletin, Message of the Day and Intranet.

Special attention will be given to communicating with staff groups at Burnley General Hospital and other locations who will directly affected by the development.

8. Membership communications

- A key element of our work is to engage the membership so that they are aware of and actively support the development and act as supporters for the plans.
- We will use the members' matters email to communicate with members on email and the Your Trust magazine for the wider membership.
- The Trust's Membership Team will seek to develop opportunities for members to become more involved through potential focus groups to support the estates process.

7.14.5 Evaluation

Evaluation will be carried out throughout the campaign through:

- Media coverage secured
- Web and social media analysis
- Contact rate at events
- Formal and informal stakeholder feedback

This Communications Plan will be superceded by an in-depth Communications and Marketing Strategy to be submitted with a future Full Business Case.

7.15 Stakeholder Engagement

An engagement event for key external Trust stakeholders was hosted on Tuesday 19th January 2016 at the Mackenzie Centre, BGH. Attendees were invited from the

local CCGs, Age UK, Healthwatch Lancashire, Healthwatch Blackburn with Darwen, ELMS, Lancashire Council of Mosques, Carers Network, Carers Link, Staff Govenors and Public Govenors, along with clinical sub group representatives and key project team members.

The programme for the event included an introduction to the project from the Chief Executive and presentations from the Clinical Directors for Ophthalmology, Maxillofacial and General Outpatients, the Sister for General Outpatients and Head of Estates and Project Architect. Attendees were invited to actively participate in the discussions and understand and challenge the plans and benefits that the new build will bring to patients, carers, staff, referrers and members of the public and to view the plans and artistic drawing of the proposed building.

The presentations and plans were well received and feedback from the stakeholders included that they fully support the proposed plans, they recognised the need to improve current facilities, and many had experienced a number of the services personally or through family members. It was acknowledged that this was a demonstration of the Trusts commitment to clinical excellence, continuous service improvement and implementation of both the clinical and estates strategy. It will be the 'final piece of the jigsaw' completing an investment scheme of nearly £60m in the last 10 years at BGH ensuring that the services are future proofed and fit for purpose across the site.

7.15.1 Stakeholder Feedback

There was discussion throughout the evening between the key speakers, Trust Executives, service representative and attendees, specific feedback received included:

- Healthwatch Lancashire representative asked that the long hospital corridor included benches at intervals to ensure patients had the opportunity to rest if needed.

- A patient representative noted that she was reassured and extremely pleased that this would provide significant improvements to car parking and way finding.
- Concern was raised with regards to disruption to services during the build phase, it was explained that no service would be 'homeless' during construction as services would remain in situ until the new facility was commissioned.
- A patient representative hoped that this positive project would assist in increasing the number of patients from Colne and the surrounding area who currently choose to travel to Airedale for their treatment.
- The Lancashire Council of Mosques representative added *"I am sure I speak for all attendees tonight when I add my full support to this new project and would like to thank you for inviting us all to participate in the project. It is very obvious that there are a multitude of benefits that this will bring to the patients of BGH and East Lancashire".*

7.16 Outline Arrangements for Post Project Evaluation

The Trust will put in place a Post Project Evaluation (PPE) immediately following the completion of each of the sub-Projects, and six months after the completion of the Project as a whole. This will be the responsibility for the Project Manager assigned to the new development by the trust.

7.17 Gateway Review Arrangements

The Director of Finance is the Senior Responsible Officer for the project. As such the SRO is responsible for undertaking a Health Risk Potential Assessment (RPA) against a set of high level criteria for assessing the risk potential of this project. No Gateway reviews have been carried out to date and the central process is currently on hold.

The RPA determines the level at which the project meets Gateway review requirements. The Health Gateway Team's RPA form considers the strategic

assessment of the consequential impact in the following strategic areas:

- Political;
- Public;
- Financial;
- Operational business and commercial change;
- Dependencies.

The Trust risk is medium to low in each category and therefore the Trust is assured that a Gateway review would not be necessary. (The Gateway programme is currently suspended)

7.18 Contingency plans

In the event that this project fails to be approved or is delayed, the Trust would anticipate continuing delivering essential maintenance and current practices only until other plans could be put into place. This would be highly unsatisfactory in terms of the patient experience and making the hospital fit for the future.

8. Next Steps and Recommendations

8.1 Next Steps

Following approval of the OBC by the ELHT Executive Board, TDA approval of the OBC will be sought to ensure that the investment is compatible with the Trust's future financial obligations and is affordable.

In parallel with this process, the Trust will be commencing work on the FBC. This will involve commencement of the P21+ PCSP appointment process. The Trust will then agree a "not to be exceeded price" with the approved PSCP and these will be brought back to the Trust Board as part of the FBC process by July 2016.

8.2 Recommendations

The proposed scheme assists the Trust in delivering the Development Control Plan and improves the clinical accommodation on the Trust site. The scheme will also assist in improving the clinical outcomes at ELHT, enhance the patient experience and the public perception as a whole towards BGH and the local NHS.

For Ophthalmology, Maxillofacial, General and Breast outpatients and other services, the present accommodation – working at full capacity, with overcrowded waiting rooms, poor functionality and poor out-of-hours facilities – will not support the Trust's Clinical Strategy, be conducive with 7 day working and more specifically the Business Plans of the Surgical Directorates. The outlined proposal will help to future proof the needs of the secondary care service in East Lancashire and will contribute significantly to the redevelopment of the BGH site.

The Economic and Financial case although still at OBC level would indicates that margins will improve by c£1m per annum through a combination of expenditure reduction and additional income to meet the needs of and improve services for the local population.

The redevelopment of the estate at BGH is vital in ensuring that both hospitals can continue to provide high quality accessible services.

The Board are asked to approve the Outline Business Case for the development of Phase 8, funded by a combination of Public Dividend Capital of £15.6m and internally generated resources of £2.42m for onward consideration by the TDA. On approval the Full Business Case will be developed.

In addition, the Board is asked to commit further resources of £0.55m to allow the design, development and engineering work to support the FBC to be concluded.

Signed:

Senior Responsible Owner Signed:

Date:

Signed:

Senior Responsible Owner Project Team

Date:

APPENDICES

Number 1: OB Forms and Lifecycle/FM Estimates

Number 2: Economic appraisals (using the GEM model)
Electronic copy only, available on request

Number 3: Financial appraisals
Electronic copy only, available on request

Number 4: Quality Impact Assessment
Currently being prepared will be complete for TDA submission

Number 5: Benefits Realisation Plan
Currently being prepared will be complete for TDA submission

Number 6: Risk register

Number 7: Letter of commissioner/ stakeholder support (to follow)
To be available at following Trust Board approval of OBC

Number 8: Draft Project Execution Plan
Currently being prepared will be complete for TDA submission

Number 9: Estates Strategy
Electronic copy only, available on request

Number 10: BGH Site Plan – Block Number

Number 11: Lord Carter ELHT Dashboard 2014/15

Number 12: ERIC Data – 2014/15 North of England Hospital comparison

Number 13: Revenue Impact

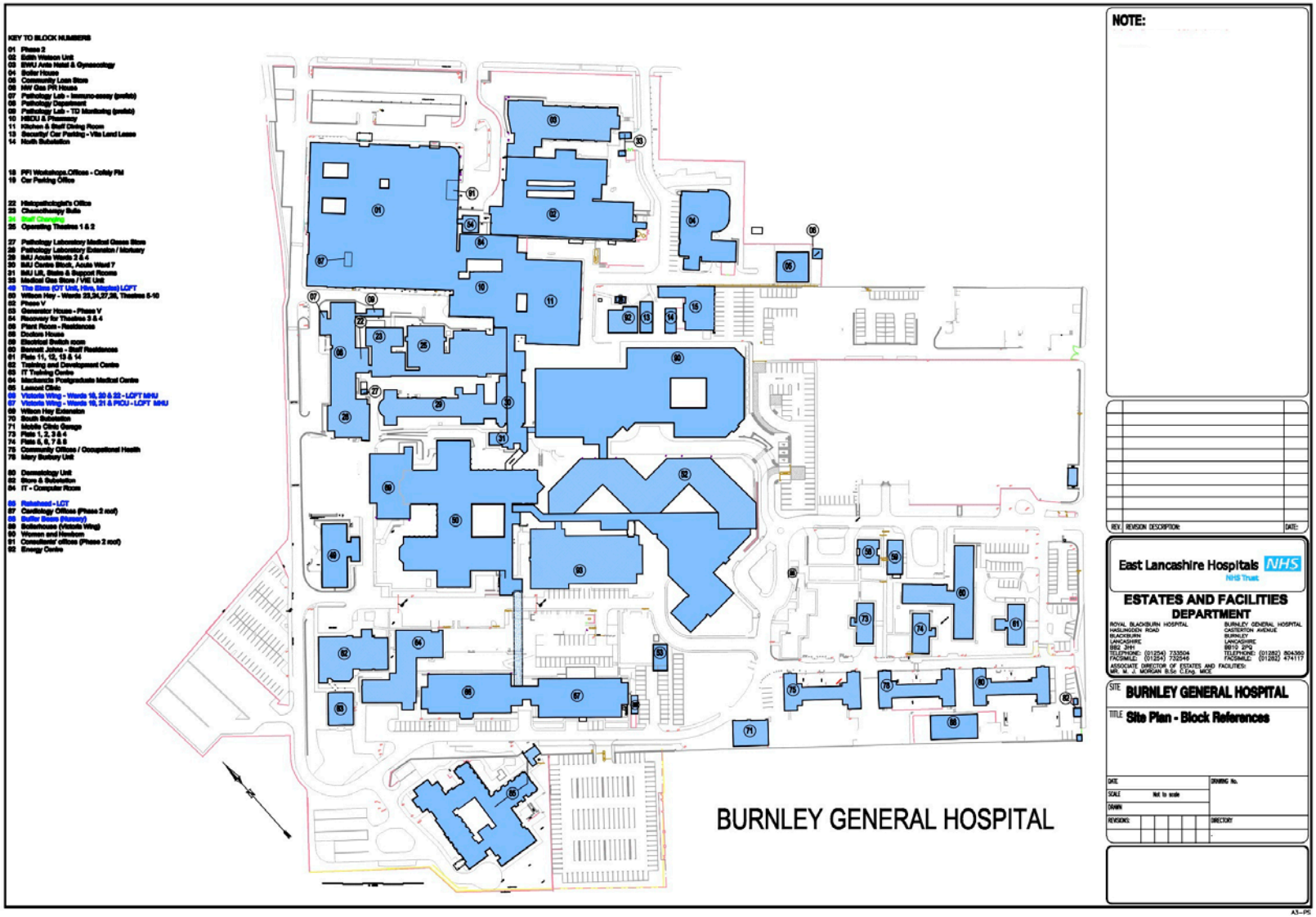
Appendix 13: Revenue Impact

	Activity nos.	Tariff per procedure £	2016 2017 £	2017 / 2018 £	2018 / 2019 £	2019 / 2020 £	2020 / 2021 £	2021 / 2022 £	2022 / 2023 £	2023 / 2024 £
					Part year - I&E					
Capital construction (inc VAT)			5,209,600	8,986,900	3,820,724					
Income										
Breast										
Ultrasound guided biopsy	430	310			66,650	133,300	133,300	133,300	133,300	133,300
					-					
Ophthalmology					0					
Phaco - Phaco - Business List	86	809			34,787	69,574	69,574	69,574	69,574	69,574
Phaco - Specialty Doctor list	258	809			104,361	208,722	208,722	208,722	208,722	208,722
Phaco - Abugreen List increase	86	809			34,787	69,574	69,574	69,574	69,574	69,574
Corneal graft - Asmani List increase	86				0					
Phaco - Alarbi List increase	43	809			17,394	34,787	34,787	34,787	34,787	34,787
Phaco - Christo List increase	43	809			17,394	34,787	34,787	34,787	34,787	34,787
Phaco - Shankar List increase	86	809			34,787	69,574	69,574	69,574	69,574	69,574
Phaco - Service Growth					19,773	79,094	118,641	118,641	118,641	118,641
Maxillio Facial										
Reduced cancellations on the day due to bed pressures @ RBH	10	733			3,665	7,330	7,330	7,330	7,330	7,330
Frenulectomies	46	159			3,657	7,314	7,314	7,314	7,314	7,314
Biopsies & Facial skin cancer	58	638			18,343	36,685	36,685	36,685	36,685	36,685
Dental Extractions	65	638			20,719	41,438	41,438	41,438	41,438	41,438
Respiratory										
Additional CPAP assessments					34,361	75,791	82,859	73,430	73,430	73,430
Total Income impact	**1,296**	**7,332**	**0**	**0**	**410,677**	**867,970**	**914,585**	**905,156**	**905,156**	**905,156**
Expenditure										
Pay										
Outpatients										
Outpatient Nursing Team - Replace 2 band 5's with band 2's					5,291	10,582	10,582	10,582	10,582	10,582
Receptionist move from UIU					9,800	19,600	19,601	19,601	19,601	19,601
Health Record										
Reduction in portering requirement					9,800	19,599	19,599	19,599	19,599	19,599
Ophthalmology										
Staffing of additional doctor led - Friday lists					(26,488)	(52,976)	(52,976)	(52,976)	(52,976)	(52,976)
Conversion from band 6 to band 3 - Ward 6					7,739	15,477	15,477	15,477	15,477	15,477
Reduction in band 6 hours (from 37.5 to 20) - Ward 6					8,649	17,298	17,298	17,298	17,298	17,298
Band 5 upto band 6 - Ward 6					(3,443)	(6,886)	(6,886)	(6,886)	(6,886)	(6,886)
Band 2 Runner					8,950	17,900	17,900	17,900	17,900	17,900
Estates & Facilities										
Environmental Services					25,479	50,957	50,957	50,957	50,957	50,957
Non-pay										
Ophthalmology										
Additional cost of phaco packs	602	165			(49,665)	(99,330)	(99,330)	(99,330)	(99,330)	(99,330)
Additional equipment for Biopsies & dental extractions	168	52			(4,368)	(8,736)	(8,736)	(8,736)	(8,736)	(8,736)
Estates & Facilities										
Energy					27,231	108,923	108,923	108,923	108,923	108,923
Carbon Reduction Scheme					976	3,905	3,905	3,905	3,905	3,905
Decant & Commissioning costs (1% of capital budget)					(180,172)					
Total Expenditure impact	**770**	**217**	**-**	**-**	**- 160,223**	**96,314**	**96,315**	**96,315**	**96,315**	**96,315**
Contribution (EBITDA)	**2,066**	**7,549**	**-**	**-**	**250,454**	**964,284**	**1,010,900**	**1,001,471**	**1,001,471**	**1,001,471**
Depreciation			32,576	65,151	45,156	25,161	25,161	25,161	25,161	25,161
Dividend (Financing costs)			(48,095)	(254,601)	(294,668)	(176,765)	(177,646)	(178,526)	(179,407)	(180,288)
Total Revenue impact	**2,066**	**7,549**	**(15,519)**	**(189,449)**	**942**	**812,679**	**858,415**	**848,105**	**847,224**	**846,344**

Appendix 6: Copy of project risk register

				RISK LEVEL				
ID	**Date Identified**	**Risk Category** ***(select from drop down list)***	**Risk Description**	**Risk Level at Last Review** ***(select from drop down list)***	**Current Risk Likelihood** ***(select from drop down list)***	**Current Risk Impact** ***(select from drop down list)***	**Overall Risk Score** ***(calculates automatically)***	**Target Risk Level** ***(select from drop down list)***
1	03-Sep-14	Financial (including damage/ loss/ fraud)	Capital bid not approved, no central funding available	High	Possible	Extreme	High	Low
2	03-Sep-14	Objectives/ Project	Loss of MP support following general election May 2015	Medium	Possible	Major	High	Low
3	03-Sep-14	Objectives/ Project	Poor specification of project requirements	Low	Unlikely	Major	Medium	Low
4	09-Jul-15	Objectives/ Project	Risk of the TDA declining the business Case	Medium	Possible	Major	High	Low
5	09-Jul-15	Service/ Business Interruption	Theatre capacity impact whilst demolisions are taking place	High	Likely	Moderate	High	Low
6	09-Jul-15	Objectives/ Project	Building valuation	Medium	Possible	Moderate	Medium	Low
7	19-Aug-15	Service/ Business Interruption	Clinical sign-up to the reduced areas within the proposed new build	High	Likely	Major	High	Medium
8	01-Dec-15	Financial (including damage/ loss/ fraud)	Financial envelope may be compromised due to underestimation of costs.	High	Possible	Major	High	Low
9	01-Dec-15	Service/ Business Interruption	Re-siting the MRI Scanner to a new location.	High	Likely	Major	High	Medium
10	09-Jan-16	Financial (including damage/ loss/ fraud)	National financial position and funds being rediverted elsewhere	High	Likely	Major	High	Low

Appendix 11 – BGH Site Plan with Block Numbers



Appendix 12 – Lord Carter Dashboard 2014/15

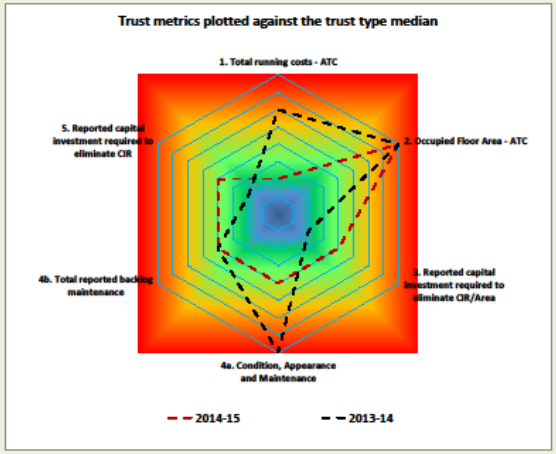
NHS ESTATES AND FACILITIES DASHBOARD 2014-15

CODE	RXR	TRUST NAME	EAST LANCASHIRE HOSPITALS NHS TRUST

TRUST OVERVIEW

Organisation type	ACUTE - LARGE
Commissioning region	NORTH OF ENGLAND

		2014-15	2013-14
Total occupied floor area	m2	179,394	178,638
Total estates and facilities running costs	£	36,890,000	50,462,005
Potential total E & F running cost saving by moving to the trust type median	£	0	0
Potential targeted E & F running cost savings from individual cost elements	£	62,501	82,440
Potential cost savings from improved utilisation of space	£	To be confirmed	
% of occupied floor area operated under a PFI contract	%	0%	not collected
% of occupied floor area under direct NHS management	%	100%	not collected
E & P running cost of floor area operated under a PFI contract	£/m2	0.00	not collected
E & P running cost of floor area under direct NHS management	£/m2	205.64	not collected



METRICS SCORING METHODOLOGY	
Quartile 1	Blue
Quartile 2	Green
Quartile 3	Amber
Quartile 4	Red

METRICS SOURCED FROM NATIONAL DATA

		TRUST METRIC 2014-15	Trend	TRUST METRIC 2013-14	2014-15 QUARTILES FOR ACUTE - LARGE: Lowest	Lower Quartile	Median	Upper Quartile	Highest
Domain 1 - Efficiency - Cost									
Total estates and facilities running costs / ATC	£ 1,000 / ATC	85.39	↓	113.07	61.38	86.25	119.27	137.65	261.84
Total estates and facilities running costs / area	£ / m2	205.64	↓	282.48	181.09	267.45	357.52	434.90	836.92
Total Hard Facilities Management costs - ATC	£ 1,000 / ATC	24.2	↓	70.81	9.38	20.40	27.25	36.37	107.76
Energy costs	£ / Units	0.05	↑	0.04	0.04	0.05	0.06	0.07	0.11
Building and engineering maintenance costs	£ / m2	9.04	↑	8.23	3.16	15.63	24.34	37.36	83.20
Portering	£ / m2	14.65	n/a	not collected	4.86	13.39	15.55	18.82	38.27
Water and sewage costs	£ / m2	4.15	↑	3.97	2.12	3.14	3.80	4.65	7.57
Waste costs	£ / tonnes	212.47	↓	237.58	153.02	210.41	248.68	295.45	685.92
Total Soft Facilities Management costs - ATC	£ 1,000 / ATC	43.01	↑	42.26	28.71	38.62	43.55	50.33	71.07
Laundry and linen costs	£ / item	0.24	↑	0.18	0.12	0.28	0.32	0.36	0.57
Food costs	£ / meal	3.3	↓	3.5	2.03	3.18	3.71	4.09	5.93
Cleaning costs	£ / m2	34.16	↑	31.94	11.93	34.58	38.17	45.57	67.65
Domain 2 - Effectiveness - Productivity									
Occupied Floor Area - ATC	1,000 m2 / ATC	0.42	↑	0.40	0.16	0.30	0.33	0.37	0.42
Amount of utilised space	%	96.4%	↑	95.3%	76.2%	93.5%	96.4%	99.0%	100.0%
Amount of non-clinical space	%	52.1%	↑	50.7%	15.7%	36.7%	44.7%	48.7%	69.2%
Total income earned per area	£ / m2	2,427	↑	2,356	1,752	2,656	2,931	3,101	5,539
Estates and facilities staff sickness absence rate	%	6.3%	→	6.3%	0.0%	5.1%	5.4%	6.1%	7.3%
Amount of energy used	Units / m2	496.58	↓	523.36	263.18	388.11	447.92	503.36	903.38
Portering	Beds/WTE	9.37	n/a	not collected	6.38	7.92	9.66	11.30	25.33
Waste - ATC	ATC ratio*	4.8	↑	4.11	1.57	4.59	4.97	5.42	9.12
Laundry and linen - ATC	ATC ratio*	12.34	↑	11.31	4.06	8.30	9.46	10.67	13.61
Food service productivity	Meals / Beds / Day	2.7	↑	2.52	1.58	2.51	2.79	3.09	3.90
Cleaning productivity	m2/WTE	893	↓	890	328	538	613	706	2023
Domain 3 - Safety									
Reported Critical Infrastructure Risk (CIR)/Area	£/m2	16.35	↓	16.79	3.76	14.87	39.45	113.40	324.35
Reported Critical Infrastructure Risk	£	2,934,548	↓	2,999,817	604248	2,081,808	6,178,820	18,070,549	35,105,579
Fires recorded	No.	5	↑	3	0	2	3	6	30
False Alarms	No.	132	↓	184	6	73	115	180	401
Number of people injured resulting from fire(s)	No.	1	→	1	0	0	0	0	1
Number of patients sustaining injuries during evacuation	No.	0	→	0	0	0	0	0	0
Domain 4a - Quality - Patient Environment									
Condition, Appearance and Maintenance	%	90.43%	↑	87.16%	79.56%	85.64%	90.24%	93.23%	97.87%
Cleanliness	%	96.47%	↑	91.68%	91.86%	96.39%	97.69%	98.76%	99.74%
Food	%	74.73%	↓	85.74%	69.88%	83.68%	87.84%	91.16%	97.11%
Privacy, Dignity, Wellbeing	%	85.43%	↓	87.37%	66.13%	81.41%	84.77%	89.76%	95.33%
Condition, Appearance and Maintenance	%	90.43%	↑	87.16%	79.56%	85.64%	90.24%	93.23%	97.87%
Dementia	%	85.07%	n/a	not collected	47.88%	63.55%	70.52%	76.95%	95.41%
Domain 4b - Quality - Infrastructure									
Total reported backlog maintenance	£/m2	68.6	↓	75.44	3.83	56.34	174.74	264.59	1,104.45
Amount of functionally suitable space	%	100.00%	→	100.00%	40.81%	84.62%	94.30%	99.68%	100.00%
Single bedded rooms	%	31.1%	↑	30.6%	0.0%	22.9%	26.8%	30.7%	66.6%
CO2 emissions	kg/m2	127.76	↓	133.72	50.62	101.87	112.30	132.38	203.14
Domain 5 - Organisation Governance & Processes									
Capital investment required to eliminate CIR	£	2,934,548	↓	2,999,817	604248	2,081,808	6,178,820	18,070,549	35,105,579
Capital investment required to eliminate backlog	£	12,316,295	↓	13,519,723	671957	9,521,743	24,064,900	37,816,082	153,895,626
Capital spend as % of NBV of land and buildings	%	0.9%	↓	7.4%	0.5%	2.2%	3.4%	5.9%	17.2%
Retail income	£/m2	0.00	n/a	not collected	0.00	228.80	510.84	798.15	2975.84

Produced by: Estates and Facilities Management Efficiency Project Team, Department of Health
EFM National Programme Head: Pete Sellars
For further information please refer to the NHS Estates and Facilities Efficiency Dashboard Guidance document or contact the dedicated mailbox efmefficiencyteam@dh.gsi.gov.uk

Sources: ERIC 2014-15 and 2013-14, PLACE 2015 and 2014, Electronic Staff Records 2014-15 and 2013-14, Trust Financial Accounts 2014-15 and 2013-14
Version: 1.1 Produced: December 2015

Appendix 13 - ERIC Data 2014-15

Data Comparision: NHS Large Acute & Teaching Hospital Trusts (North of England)

East Lancashire Hospitals NHS Trust

Large NHS Acute Trust -North England

NHS Acute Teaching Hospital Trusts -North England

		Areas	Energy	Water Services	Waste	Cleanliness	Laundry & Linen	Portering (internal patient transport) Services	Maintenance		Reported E&F Annual Running Cost (£) by NHS Trusts		Annual Running Cost per Sq.m
Code	Organisation Name	GIA (m2)	Energy cost (all energy supplies) (£)	Water and sewage cost (£)	Waste cost (£)	Cleaning service cost (£)	Laundry and linen service cost (£)	Portering (internal patient transport) service cost (£)	Maintenance service costs (£)				
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	**560,048**	£10,728,239	£1,225,808	£1,432,853	£16,815,488	£3,155,379	£5,225,351	£8,294,552		46,877,670		**£84**
RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	**189,603**	£3,147,485	£532,582	£433,681	£4,229,829	£1,161,077	£1,680,988	£3,779,045		14,964,687		**£79**
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	**409,534**	£8,357,954	£1,071,025	£1,149,497	£15,503,346	£1,750,998	£1,222,556	£11,517,182		40,572,558		**£99**
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	**389,287**	£11,872,008	£1,000,664	£1,131,230	£10,245,724	£3,476,201	£4,303,462	£12,859,718		44,889,007		**£115**
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	**186,119**	£5,099,972	£744,025	£457,098	£6,128,276	£1,095,048	£2,634,230	£1,626,000		17,784,649		**£96**
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	**163,350**	£2,834,360	£697,007	£447,420	£5,693,991	£996,152	£2,206,299	£4,861,154		17,736,383		**£109**
RLN	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	**134,766**	£2,506,196	£450,288	£277,788	£4,102,394	£1,129,417	£2,096,873	£2,822,411		13,385,367		**£99**

RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	**137,990**	£4,182,523	£538,831	£400,736	£4,680,399	£1,089,165	£2,057,719	£3,193,732	16,143,105	**£117**
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	**180,543**	£3,892,808	£544,484	£587,014	£1,868,749	£1,105,965	£2,661,645	£2,041,297	12,701,962	**£70**
RW3	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	**328,368**	£8,891,410	£1,270,762	£1,323,722	£9,962,957	£2,179,654	£2,825,812	£10,248,495	36,702,812	**£112**
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	**221,716**	£4,890,912	£538,735	£543,993	£8,625,686	£1,755,230	£2,580,822	£7,601,929	26,537,307	**£120**
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	**187,163**	£3,941,749	£846,378	£450,745	£6,719,200	£1,349,605	£3,773,364	£4,221,881	21,302,922	**£114**
RP5	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	**164,231**	£3,941,589	£442,833	£573,861	£5,242,841	£1,087,447	£2,238,650	£2,729,246	16,256,467	**£99**
RJL	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	**142,074**	£3,645,249	£366,780	£433,313	£6,175,392	£956,340	£1,844,656	£9,873,427	23,295,157	**£164**
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	**139,319**	£2,648,506	£393,870	£395,564	£4,475,343	£1,274,638	£2,473,224	£3,653,201	15,314,346	**£110**
RM3	SALFORD ROYAL NHS FOUNDATION TRUST	**153,005**	£4,294,150	£532,629	£112,727	£4,001,439	£1,075,084	£2,082,134	£3,668,317	15,766,480	**£103**
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	**193,145**	£5,194,785	£618,172	£663,109	£7,373,522	£1,600,058	£2,351,259	£5,191,919	22,992,824	**£119**
RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	**114,541**	£3,458,514	£339,285	£395,866	£3,869,530	£887,308	£1,787,696	£2,221,152	12,959,351	**£113**
RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	**205,365**	£4,172,824	£535,325	£455,069	£5,203,823	£1,459,154	£2,302,332	£6,770,193	20,898,720	**£102**
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	**257,666**	£6,715,272	£1,336,460	£484,019	£7,092,952	£1,783,970	£5,299,931	£5,373,295	28,085,899	**£109**
RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	**194,933**	£4,728,785	£439,302	£659,096	£6,658,711	£1,328,708	£3,097,590	£6,629,220	23,541,412	**£121**

East Lancashire Hospitals NHS
NHS Trust

TRUST BOARD REPORT

Item 54

24th February 2016

Purpose Monitoring

Title	Integrated Performance Report for the period to February 2016
Author	Mark Johnson - Associate Director of Performance and Informatics
Executive sponsor	Gillian Simpson – Executive Director of Operations

Summary: This paper presents the corporate performance data at January 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	~~Yes~~/No	Financial	~~Yes~~/No
Equality	~~Yes~~/No	Confidentiality	Yes/~~No~~

Previously considered by: NA

Board of Directors, Update

Corporate Report – February 2016

Key Messages of this Report

All of the national cancer waiting time targets continue to be achieved.
Three of the Commissioning for Quality and Innovation (CQUIN) schemes are a risk for quarter four.
Accident and emergency four hour continues to fail alongside the ambulance handover within 30 minutes.
The number of delayed transfers of care remains above threshold for January.
The Trust is reporting a £10.8m deficit at 31st January 2016.

Introduction/Background

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

Achievements

2. **Main achievements for January 2016:**

- All National cancer targets achieved since February 2015
- There was an increase in complaints received in January 2016 however we continue to achieve the 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 (Oct 14 – Sep 15) is reported as expected at 99.85 against the monthly rebased risk model.
- The Trust continues to receive a high response rate and positive scores for the friends and family test within admitted areas, accident and emergency, community and maternity.
- 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 January 2016.

Key Issues

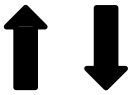
3. **Main issues for January 2016:**

- There was one recorded never event in January related to maternity/obstetrics which is under review.
- The never event recorded in December 2015 relating to wrong site surgery is still under review.
- There were three Clostridium difficile toxin positive isolates identified in the laboratory in January which were post 3 days of admission. The YTD figure is 26 against the cumulative threshold of 24.
- Overall performance against the Accident and Emergency four hour standard continues to under achieve with 88.15% in January. This had reduced from 94.49% in December.
- There were 391 validated over 30 minute handover breaches in January 2016.
- Sickness rates remain above threshold at 4.74% in December 2015.
- 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 £10.8m deficit at 31st January 2016
- Only 62% (£15.9m) of the SRCP target has been achieved
- The A&E 4 hour penalties is £0.34m to date
- The Ambulance Handover Penalty is £0.98m to date

Key

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

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



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

Safe

		Threshold 15/16	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	Monthly Sparkline
M64	CDIFF	24	3	5	3	2	1	1	1	2	4	4	5	3	3	
M65	MRSA	1	0	0	0	0	0	0	0	0	0	0	0	1	0	
M66	Never Event Incidence	1	0	0	0	0	0	0	1	0	0	0	0	1	1	
M67	Medication errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C28	Percentage of Harm Free Care	92%	98.99%	98.96%	99.01%	99.08%	98.98%	99.42%	98.69%	98.77%	99.37%	98.96%	99.11%	99.20%	99.16%	
M68	Maternal deaths	1	0	0	0	1	0	0	0	0	0	0	0	0	0	
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	97.83%	97.22%	98.61%	99.39%	99.56%	99.39%	98.89%	98.44%	98.58%	98.94%	98.69%	99.08%		
M69	Serious Incidents (Steis)		9	8	5	4	5	5	10	8	3	3	8	10	7	
M70	CAS Alerts - non compliance	1	0	0	0	0	0	0	0	4	0	0	0	1	0	

Caring

		Threshold 15/16	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	Monthly Sparkline
C38	Inpatient Friends and Family - % who would recommend	91.76%	96.78%	97.68%	98.25%	98.19%	98.08%	97.71%	98.90%	98.59%	98.71%	98.16%	98.10%	98.77%	99.08%	
C40	Maternity Friends and Family - % who would recommend		96.12%	94.97%	95.47%	96.37%	94.38%	95.38%	95.68%	94.15%	94.90%	94.09%	95.80%	92.60%	93.37%	
C42	A&E Friends and Family - % who would recommend	77.83%	80.15%	80.93%	80.51%	77.20%	78.96%	82.88%	77.42%	84.42%	84.66%	83.20%	83.90%	85.14%	78.28%	
C44	Community Friends and Family - % who would recommend		95.27%	93.49%	90.61%	92.58%	94.69%	92.07%	93.52%	93.51%	91.57%	94.59%	93.90%	93.67%	94.37%	
C15	Complaints – rate per 1000 contacts	0.4	0.38	0.25	0.31	0.21	0.14	0.26	0.22	0.25	0.20	0.21	0.20	0.18	0.29	
M52	Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	2	0	0	0	

Effective

		Threshold 15/16	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	Monthly Sparkline
M73	Deaths in Low Risk Categories - relative risk	Outlier	109.34	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	107.27	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	100.25	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	105.54	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		13.02%	12.54%	12.50%	12.61%	12.42%	13.10%	13.01%	12.75%	12.65%	12.69%	13.44%	13.20%	12.25%	
M89	CQUIN schemes at risk	0									0			3		

Responsive

		Threshold 15/16	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	Monthly Sparkline
C2	Proportion of patients spending less than 4 hours in A&E	95%	91.2%	94.8%	94.7%	92.5%	93.42%	94.78%	93.36%	93.32%	94.79%	93.56%	94.42%	94.49%	88.15%	
M62	12 hour trolley waits in A&E	0	0	0	0	0	0	0	0	0	0	0	1	2	0	
C1	RTT admitted: percentage within 18 weeks	n/a	91.7%	89.6%	93.6%	93.0%	93.3%	94.0%	91.1%	89.9%	85.0%	85.3%	85.0%	86.3%	82.5%	
C3	RTT non- admitted pathways: percentage within 18 weeks	n/a	98.0%	97.9%	98.1%	98.4%	98.7%	98.0%	97.6%	97.5%	97.5%	96.3%	97.5%	95.9%	95.3%	
C4	RTT waiting times Incomplete pathways	92%	96.7%	97.4%	97.7%	97.6%	98.0%	97.5%	97.5%	97.9%	96.7%	95.9%	94.6%	93.9%	94.5%	
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%	0.05%	0.15%	0.01%	0.00%	0.04%	0.04%	0.01%	0.09%	0.11%	0.02%	0.1%	0.08%	0.19%	
C18	Cancer - Treatment within 62 days of referral from GP	85%	85.10%	85.80%	92.70%	87.40%	89.50%	85.40%	85.10%	86.6%	85.90%	93.2%	89.2%	91.0%		
C19	Cancer - Treatment within 62 days of referral from screening	90%	80.0%	96.0%	100.0%	100.0%	94.3%	93.8%	100.0%	93.9%	95.70%	100.0%	100.0%	100.0%		
C20	Cancer - Treatment within 31 days of decision to treat	96%	96.2%	97.9%	97.4%	100.0%	96.8%	98.9%	98.9%	98.1%	100.00%	100.0%	100.0%	100.0%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	98.3%	100.0%	100.0%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94%	91.5%	97.6%	97.4%	96.9%	100.0%	97.1%	97.1%	100.0%	100.00%	97.4%	100.0%	100.0%		
C24	Cancer - seen within 14 days of urgent GP referral	93%	97.00%	98.00%	96.70%	96.30%	97.10%	96.90%	96.60%	96.0%	96.40%	96.3%	96.7%	96.7%		
C25	Cancer - breast symptoms seen within 14 days of GP referral	93%	97.90%	96.90%	96.30%	94.70%	95.30%	96.30%	94.90%	94.6%	94.70%	97.1%	93.0%	97.2%		
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	5.71%	0%	0%	4.44%	3.03%	0.00%	0.00%	1.92%	0.00%	0.00%	0.0%	0.00%	0.00%	
M55	Proportion of delayed discharges attributable to the NHS	3.5%	6.45%	4.53%	4.03%	4.07%	3.94%	3.84%	4.75%	3.69%	3.62%	3.64%	3.0%	4.16%	4.42%	
M90	Average LOS elective and daycase		2.7	2.5	2.8	2.7	2.3	2.9	3.2	3.5	2.8	2.4	2.9	2.8	3.0	
M91	Average LOS non-elective		5.2	4.9	5.0	4.5	4.8	4.6	4.7	4.7	4.4	4.6	4.6	4.6	4.6	

Well led

		Threshold 15/16	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	Monthly Sparkline
C31	NHS England Inpatients response rate from Friends and Family Test	16%	47.5%	54.1%	55.4%	51.1%	56.92%	59.79%	57.90%	55.12%	45.92%	49.05%	43.70%	49.81%	48.87%	
C32	NHS England A&E response rate from Friends and Family Test	4%	23.2%	23.3%	22.6%	23.8%	23.09%	25.52%	23.08%	25.44%	25.04%	25.42%	23.00%	23.69%	21.06%	
M77	Trust turnover rate	12%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	9.9%	9.6%	9.7%	9.6%	9.5%	9.4%	9.3%	
M78	Trust level total sickness rate	3.75%	5.4%	4.9%	4.8%	4.8%	4.8%	4.79%	4.99%	4.87%	4.81%	4.91%	4.93%	4.74%		
M79	Total Trust vacancy rate	5%	6.7%	6.4%	6.7%	6.9%	6.2%	6.3%	6.3%	6.1%	5.2%	6.8%	6.5%	7.5%	7.8%	
F8	Temporary costs as % of total paybill	4%	11%	9%	9%	8%	7%	6%	8%	7%	8%	8%	8%	8%	8%	
F9	Overtime as % of total paybill	0%	1%	1%	1%	0%	0%	0%	0%	0%	1%	0%	1%	0%	0%	
F1	Cumulative Retained Deficit for breakeven duty (£M)	0.0	(0.6)	0.5	1.3	(1.7)	(3.4)	(5.0)	(6.7)	(7.5)	(8.2)	(8.8)	(9.5)	(10.8)	(10.8)	
F2	SRCP Achieved % (green schemes only)	100.0%	52%	52%	59%	11%	15%	20%	24%	33%	46%	49%	54%	62%	62%	
F3	Liquidity days	0	(0.8)	(1.2)	(1.3)	(2.5)	(5.7)	(7.5)	(8.3)	(10.7)	(13.0)	(12.7)	(13.2)	(13.5)	(14.0)	
F4	Capital spend v plan	85%	88%	89%	74%	75%	80%	90%	77%	81%	75%	72%	71%	71%	72%	
F5	COSR (Continuity of risk rating)	2	3	3	3	2	2	2	2	2	2	2	2	2	2	
F6	COSR - Liquidity rating	3	3	4	3	3	3	3	3	3	3	2	2	2	1	
F7	COSR - Capital Servicing Capacity rating	1	2	1	3	1	1	1	1	1	1	1	1	1	1	
F10	COSR - I&E Margin	1											1	1	1	
F11	COSR - I&E Margin variance from plan	1											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%	
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%	
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%	
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%	

Safe – Infection Control (M64, M65)

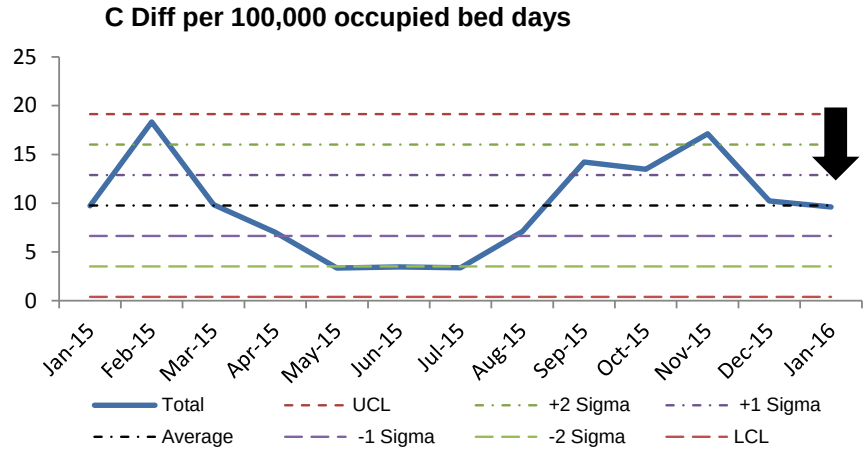
Current rating:

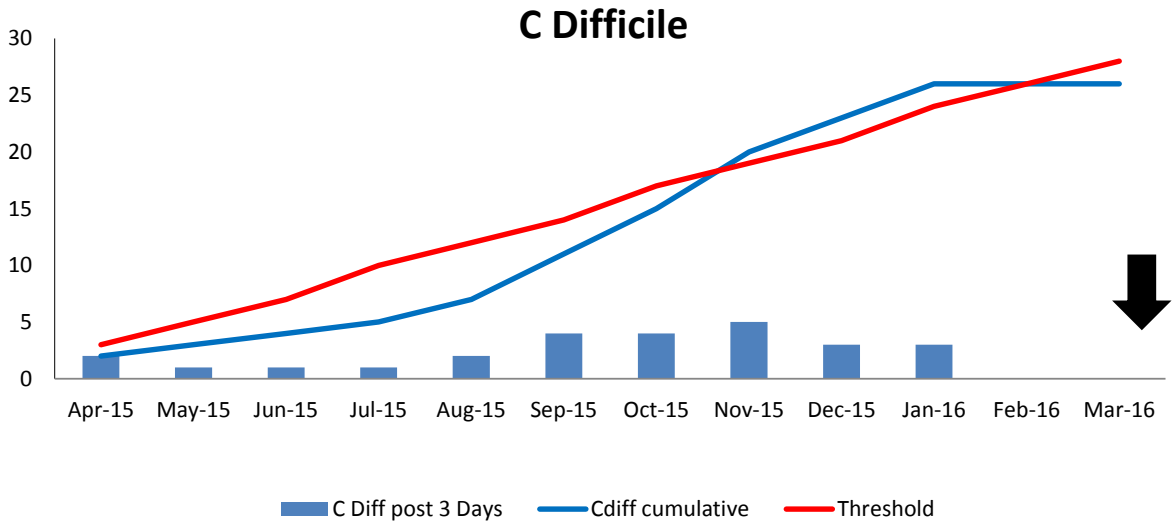
Amber Rating due to infection rates higher than the established threshold

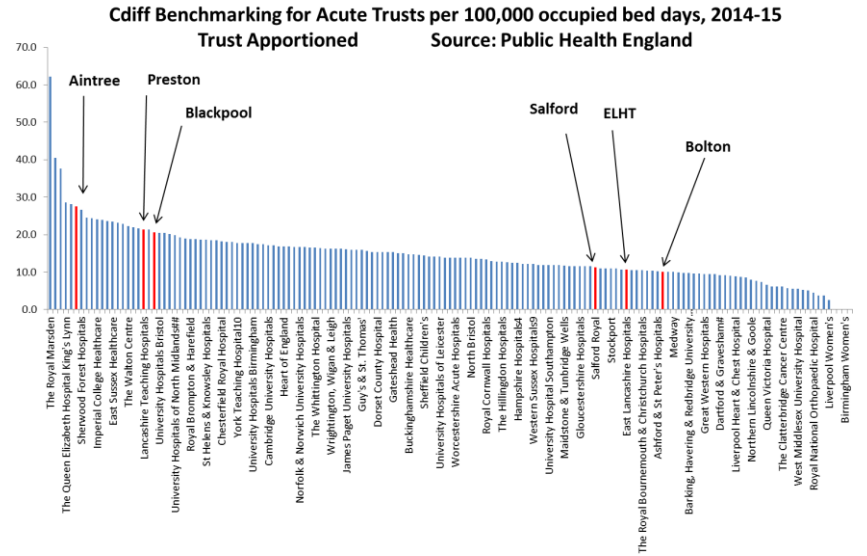
One MRSA infection detected in December post 2 days of admission, which has now been attributed to ELHT. One attributed YTD against threshold of zero.

There were three Clostridium difficile toxin positive isolates identified in the laboratory in January which were post 3 days of admission. The YTD figure is 26 against the cumulative threshold of 24. The trust target for the year is 28 with an internal stretch target of 24. Actual infection rates are now higher than the established threshold

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







Safe – Harm Free Care

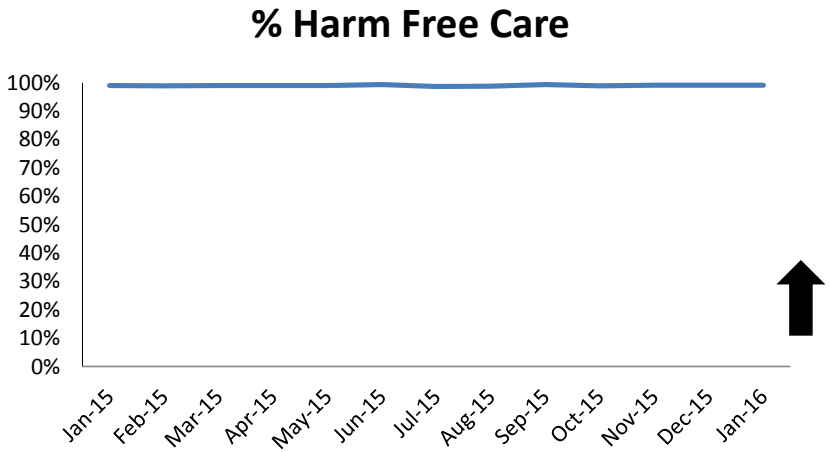
Current rating:

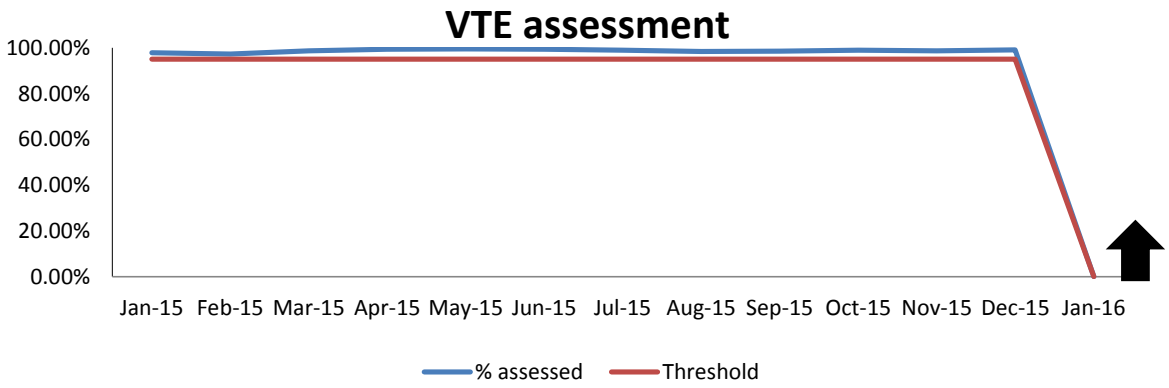
Never events
There was one never event in January, relating to maternity/ obstetrics.

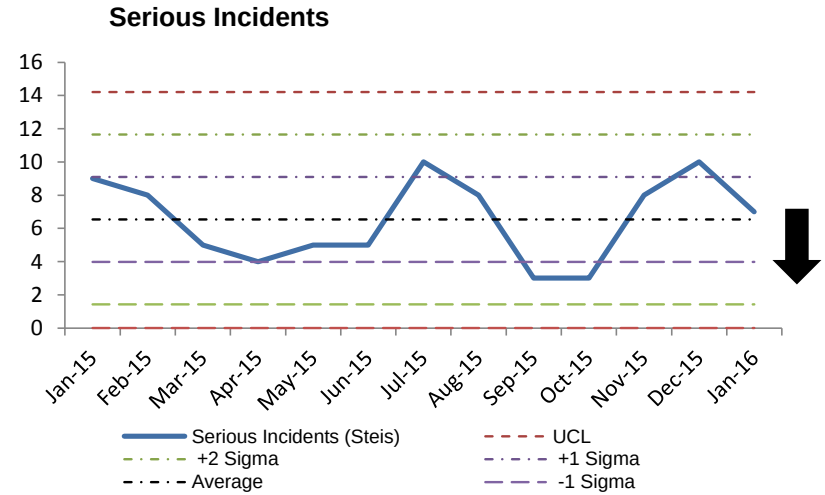
Serious Incidents
The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in the month of January was seven incidents. These incidents were categorised as two sub optimal care of deteriorating patient, two infection control incidents, one alleged abuse of adult patient by staff, one maternity/obstetric 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 99.16% for January 2016 using the National safety thermometer tool.

For January 2016 we are reporting the unverified position as three grade 2 and one grade 4 inpatient hospital acquired pressure ulcer.

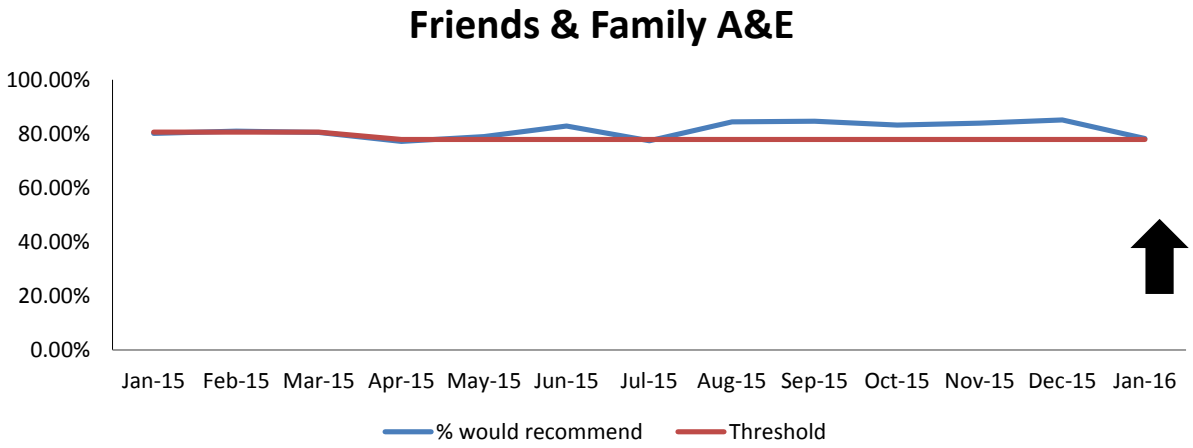


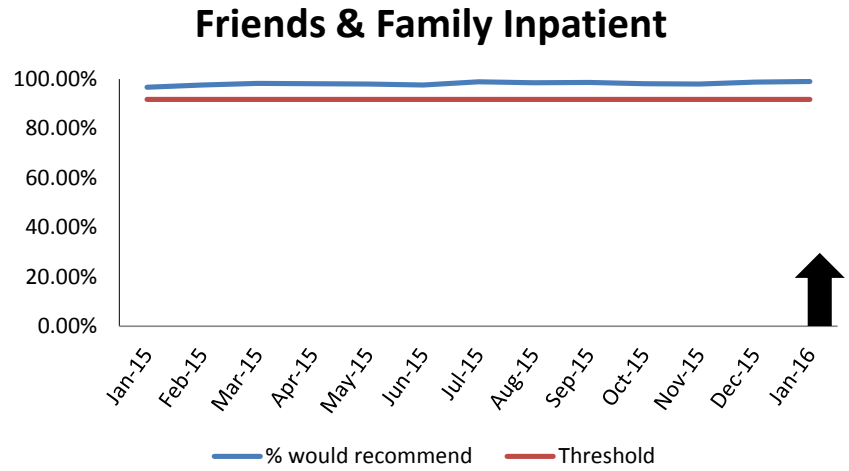


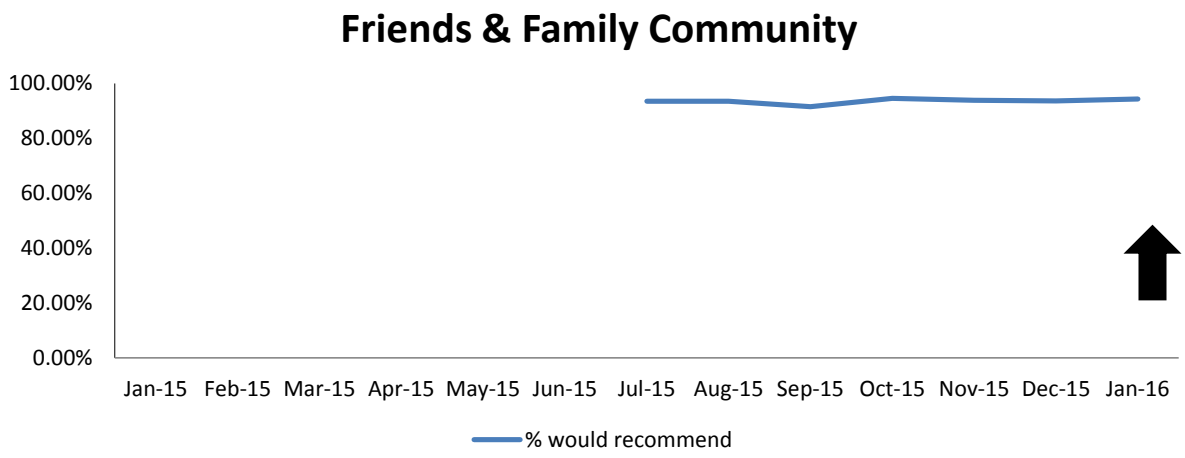


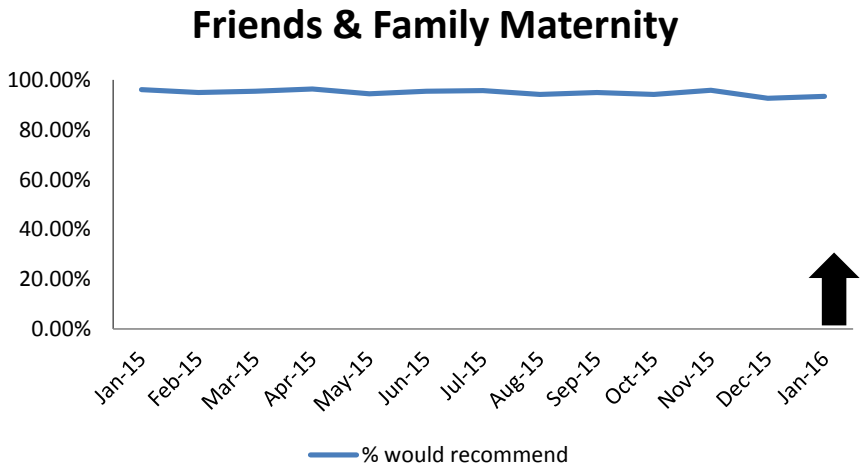
Caring – Friends and Family Test (C38, C42) Current rating:

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 January the number that would recommend A&E to friends and family reduced to 80.62%, whilst 99.08% would recommend inpatient services. Community services would be recommended by 94.37% and maternity 93.37%









Caring – Complaints and Patient Experience

Current rating:

Complaints
The Trust received 32 new complaints during January an increase on December with 20.

Patient Experience Surveys

The table demonstrates divisional performance from the range of patient experience surveys for January 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 January 2016 is above the threshold of 90% for all of the 4 competencies.

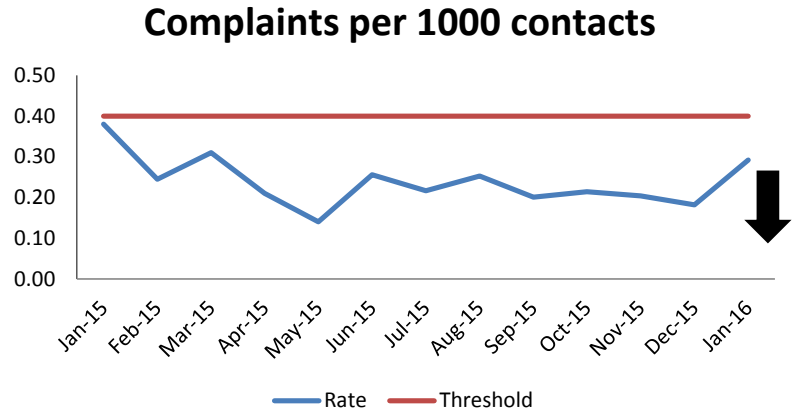
The scores for the Integrated Care Group continue to be high with the Integrated Care Group – Community scoring 100% against the dignity, involvement and quality competencies in January.

The Integrated Care Group – Acute scored 99% across all competencies except Information which increased to 100%.

Surgery's performance against Dignity and Involvement increased to 99% and 98% in January.

Family Care's performance against the Information competency increased to 94% in January from 92% in December. Performance against the Quality competency fell slightly to 95% in January.

Diagnostic and Clinical Support Directorate's performance against the Dignity and Involvement competencies fell slightly in January, and performance against Quality fell to 93% from 95% in December.



January 2016 Totals	Overall		Dignity	Information	Involvement	Quality
	No.	%	%	%	%	%
Trust	2090	97%	98%	97%	99%	97%
Integrated Care Group - Acute	523	99%	99%	100%	99%	99%
Integrated Care Group - Community	341	99%	100%	99%	100%	100%
Surgery	335	96%	99%	96%	98%	94%
Family care	520	95%	99%	94%	98%	95%
Diagnostic and Clinical	360	96%	95%	97%	97%	93%

Effective - Mortality

Current rating:

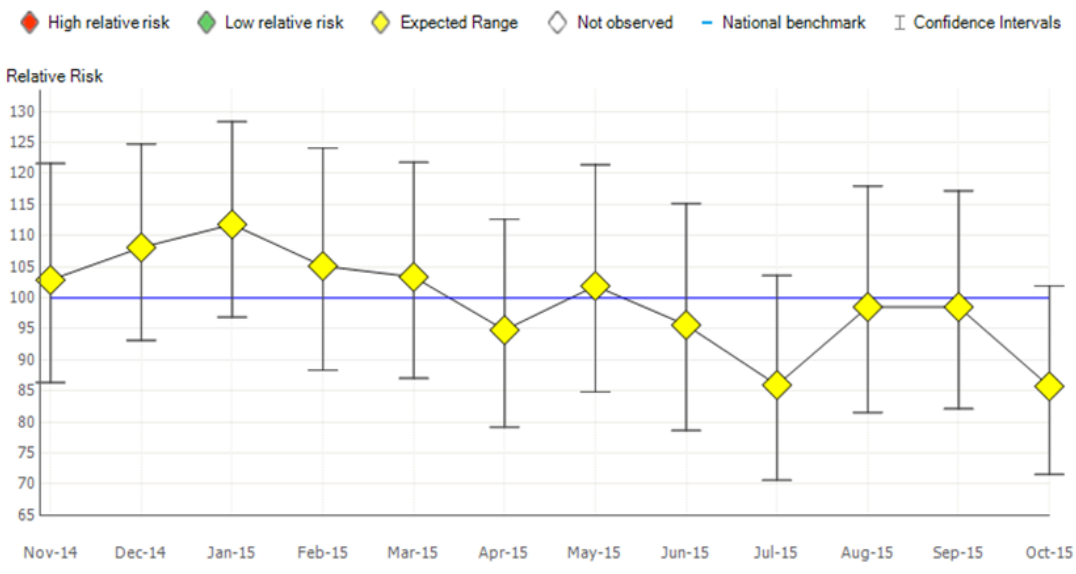
The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission has improved and is within expected levels, as published in January 2016 at 1.07

The TDA published HSMR is currently within expected levels at 104.38

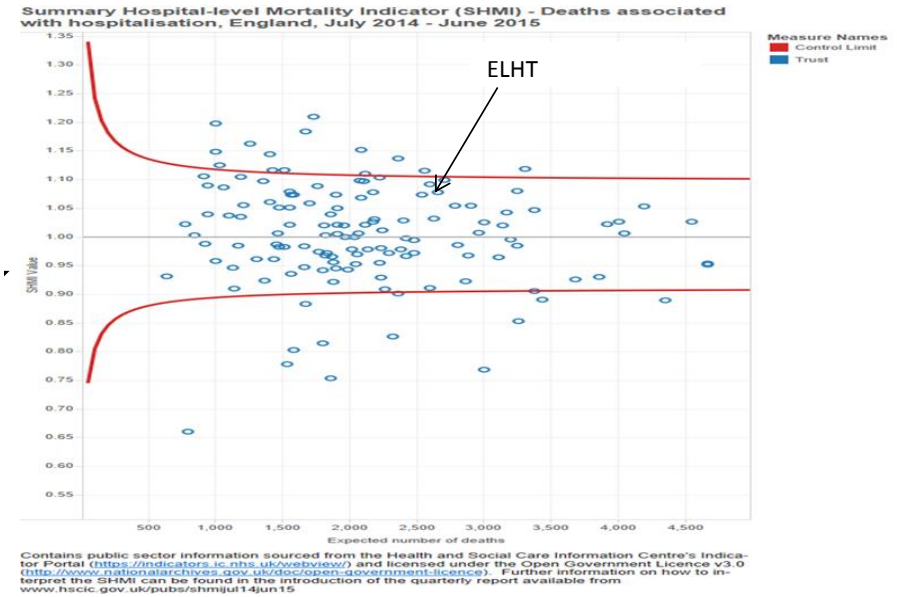
DFI Indicative HSMR - rolling 12 month - Green rating
The latest indicative 12 month rolling HSMR (Nov 14 – Oct 15) is reported as expected at 99.85 against the monthly rebased risk model.

	TDA Reported HSMR Jan 14 – Dec 14	DFI Rebased on latest month Nov 14 – Oct 15 (Risk model Jul 15)
TOTAL	104.38 (CI 92.33 – 108.10)	99.85 (CI 95.10 – 104.78)
Weekday		98.14 (CI 92.71 – 103.81)
Weekend	99.89 (84.92 – 116.86)	104.96 (CI 95.33 – 115.29)
Deaths in Low Risk Diagnosis Groups		96.14 (CI 63.34 – 139.89)

Dr. Foster Indicative HSMR monthly Trend



SHMI Published Funnel Plot



Effective/Responsive - Readmissions, Diagnostic Waits, Delayed Discharges

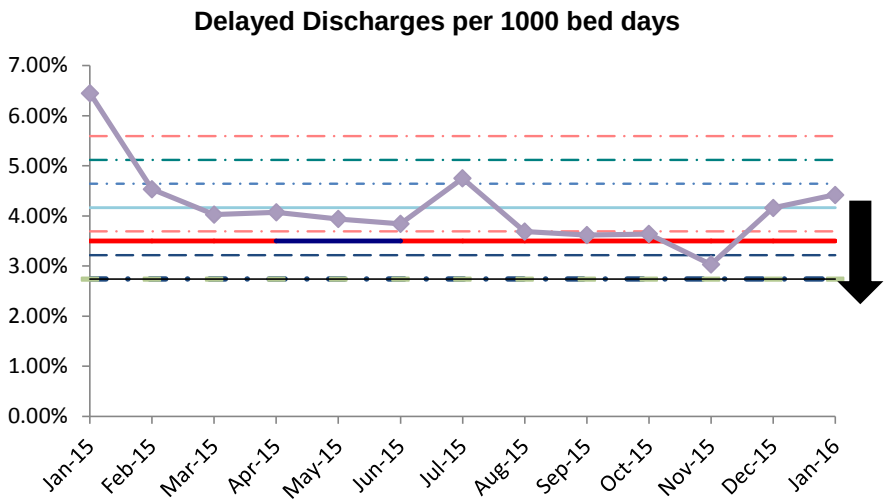
Current rating:

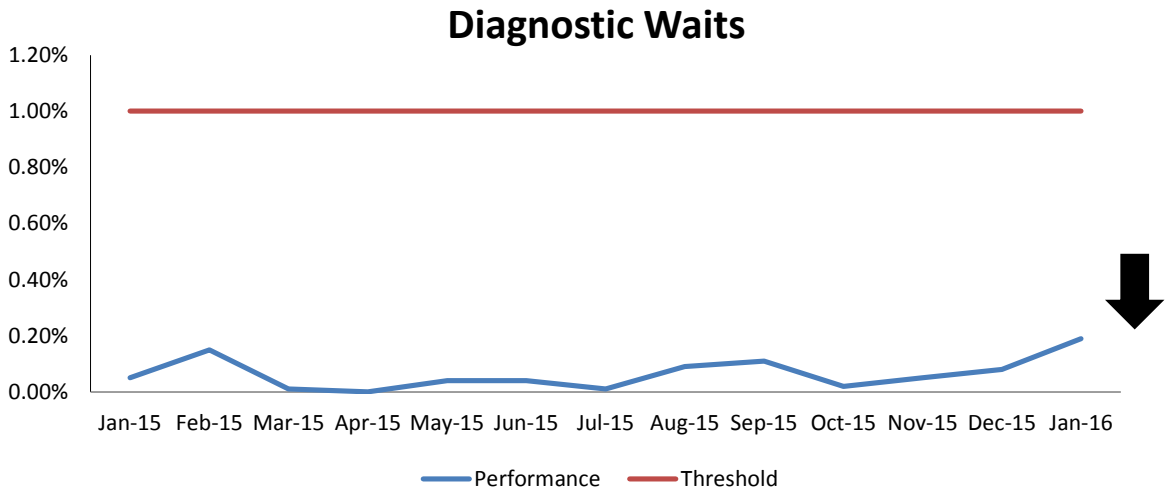
Red rating due to the under achievement of the delayed transfers of care threshold.

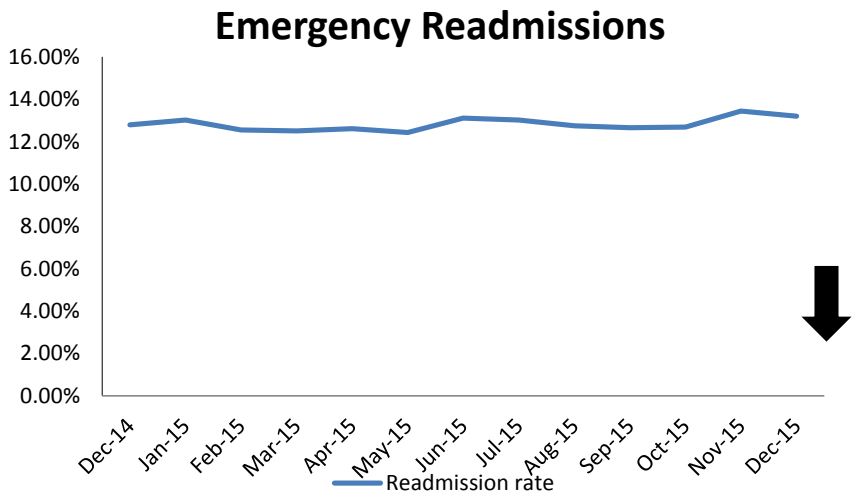
Delayed Discharges. The number of delays reported against the delayed transfers of care standard has deteriorated in January and is breaching the threshold at 4.42%.

Emergency Readmissions (Reported 1 month behind). The emergency readmission rate has increased to 13.2% in December 2015 compared with 12.79% in December 2014.

Diagnostic Waits. This measures the proportion of patients exceeding the 6 week target for a diagnostic procedure. In January, 0.19% 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	n/a	n/a	n/a				4			
Spec Comms	'-Untested patients having chemotherapy	Monthly		n/a	0	1	1	2	0	0	n/a	n/a	n/a				2			
Spec Comms	'-Untested patients not having chemotherapy	Monthly		n/a	1	1	1	0	1	0	n/a	n/a	n/a				3			
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

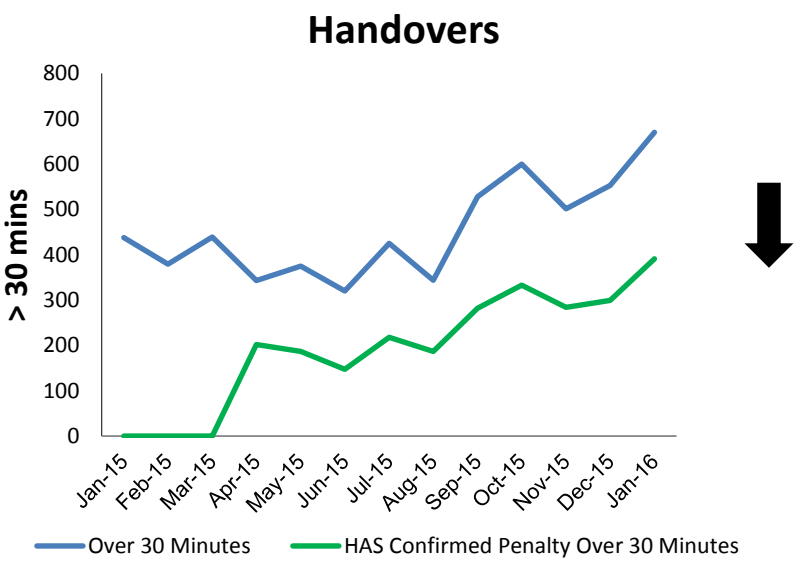
Current rating:

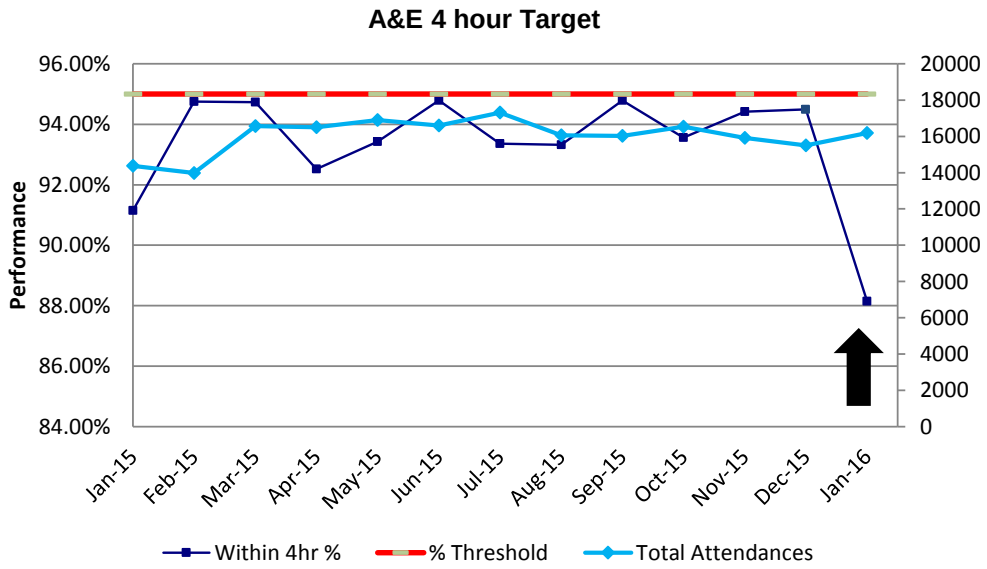
Red rating due to the under achievement of the four hour standard and the number of handovers over 30 minutes.

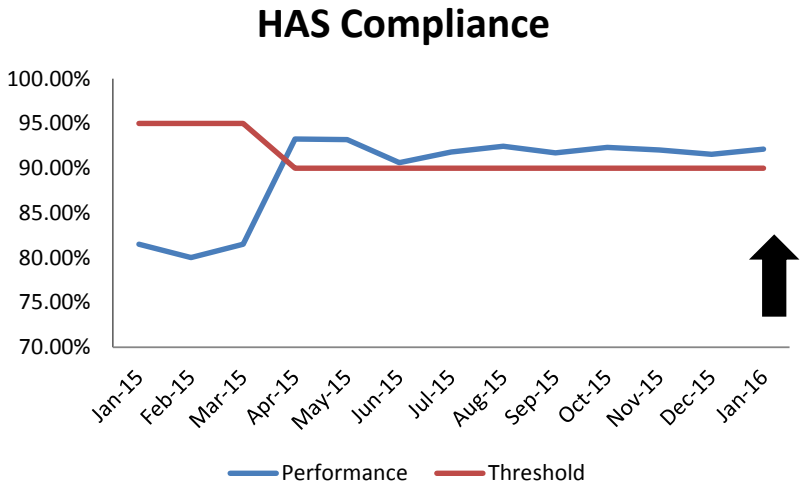
Overall performance against the Accident and Emergency four hour standard has significantly reduced to 88.15% in January, below the 95% threshold.

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 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) Current rating:

The Trust continues to achieve the ongoing standard at 94.5% in January, which is an improvement on December. The graphs below show the numbers of patients still waiting for treatment at the end of December, by weeks waited over 10 weeks.

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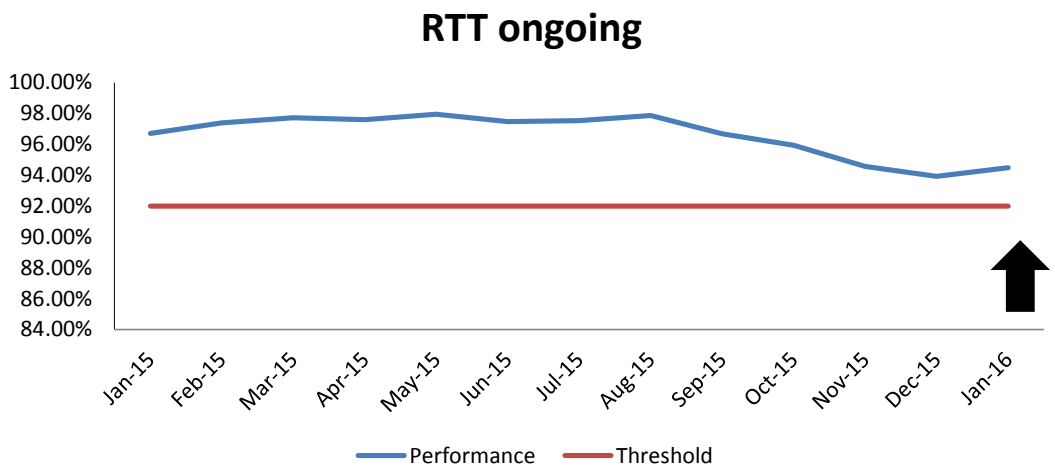
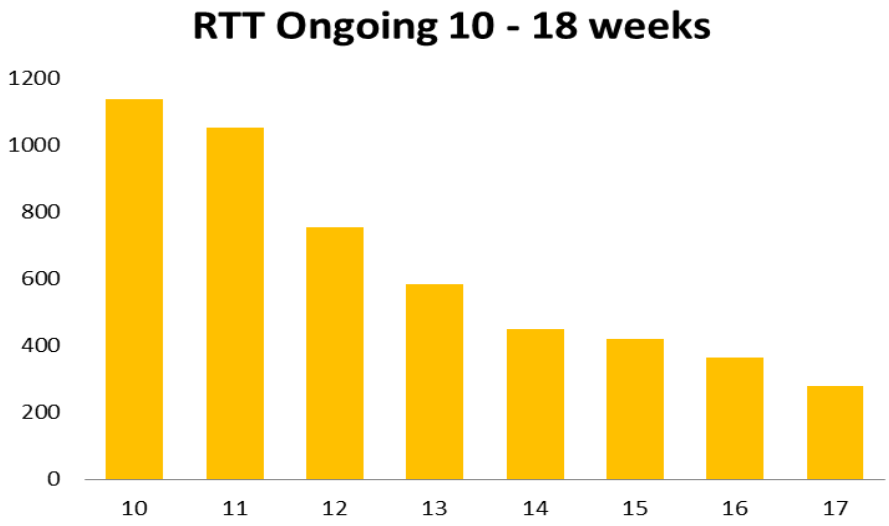
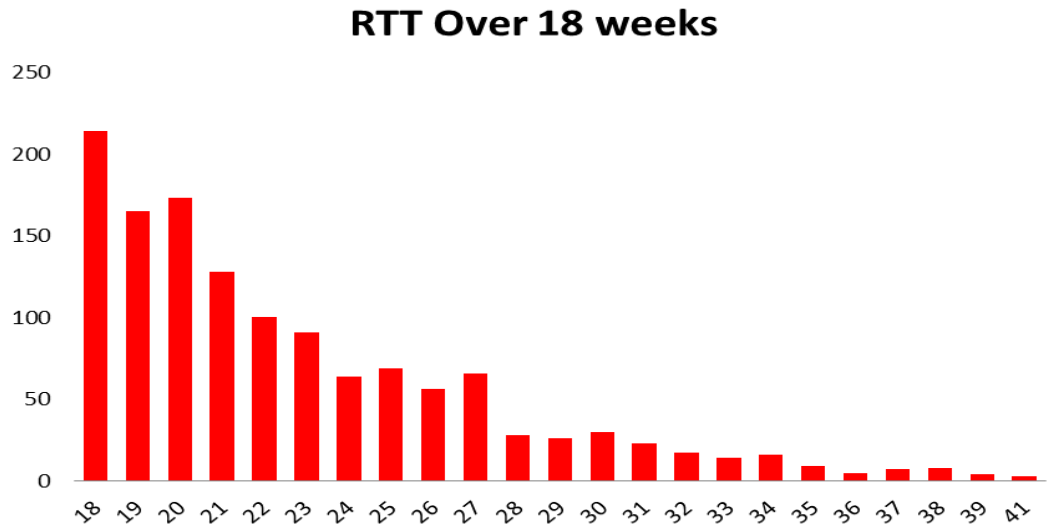




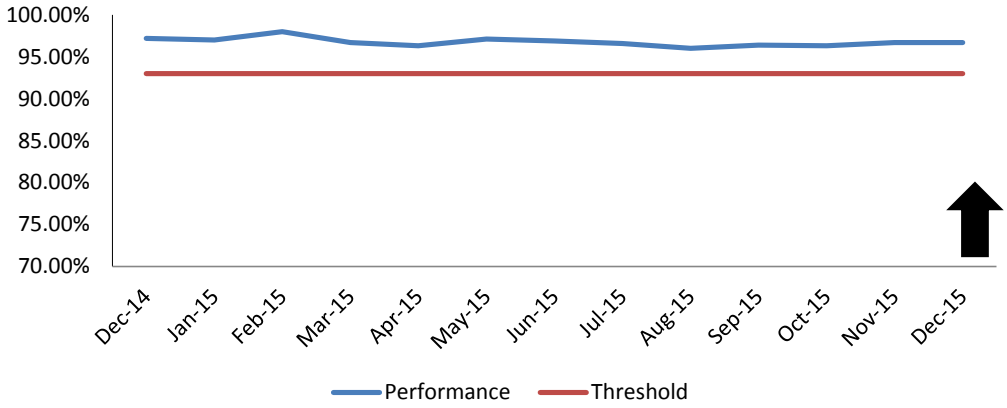


Responsive – Cancer Waits

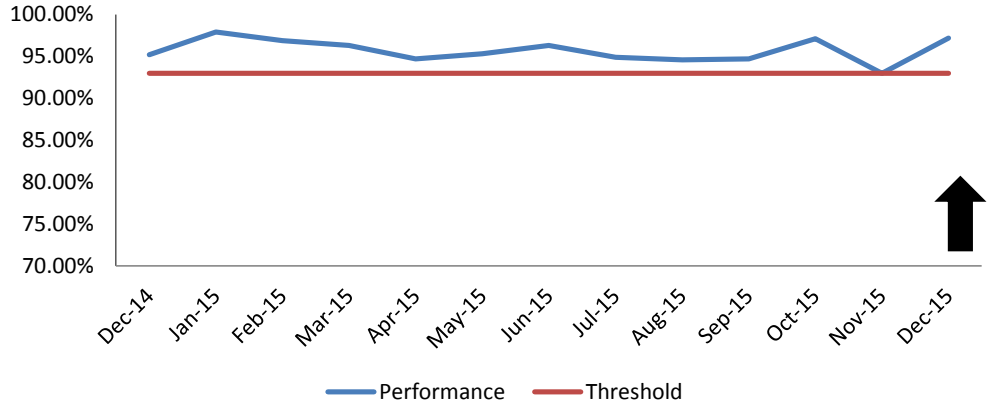
Current rating:

All cancer targets have been met in December, however at tumour site level, colorectal and upper GI have not met the 62 day target in December and quarter 3.
There were two patients in December treated after day 104.

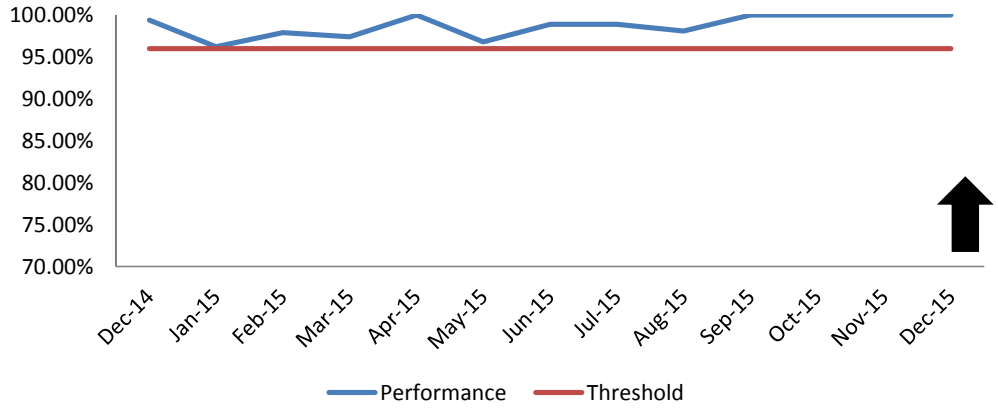
Cancer 2 Week



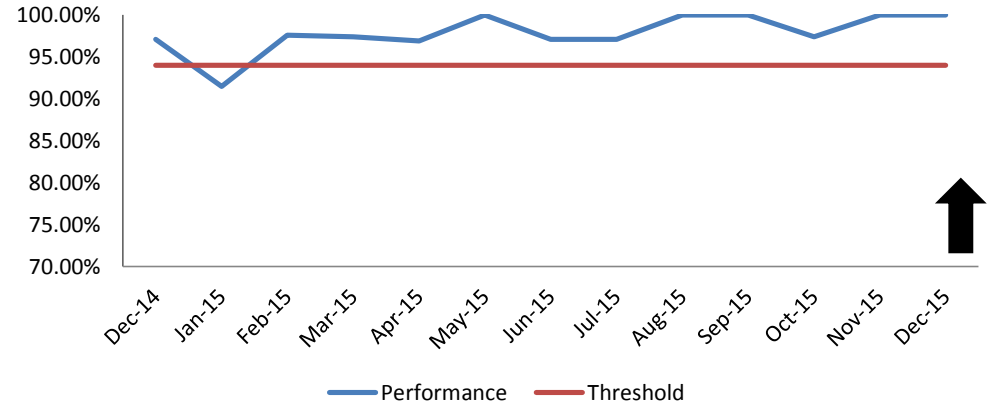
Cancer 2 Week Breast



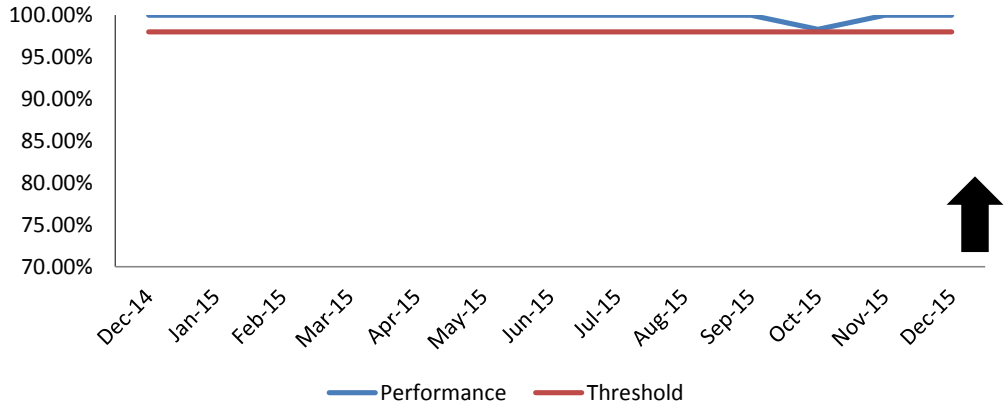
Cancer 31 Day



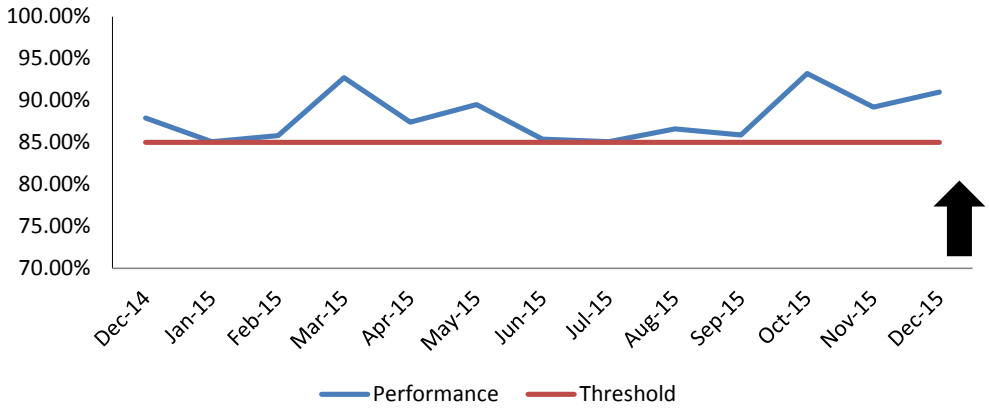
Cancer 31 Day Surgery



Cancer 31 Day Drug



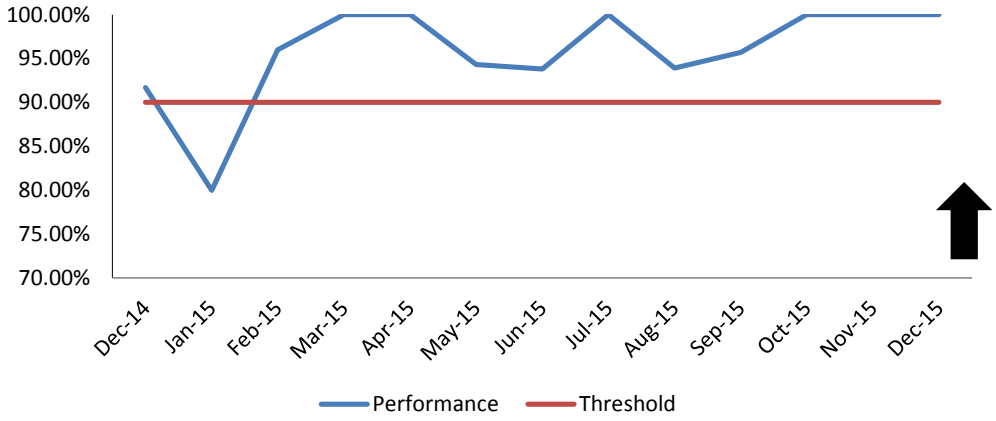
Cancer 62 Day

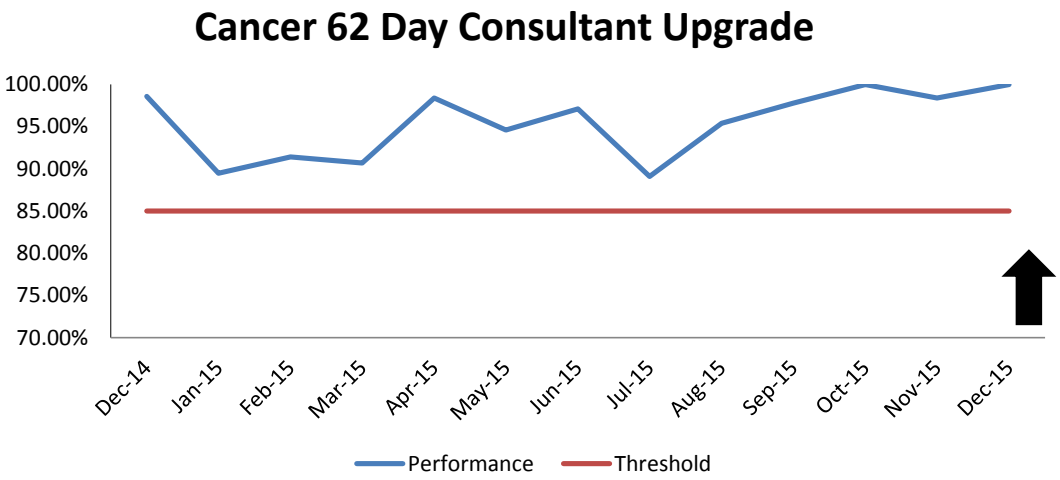


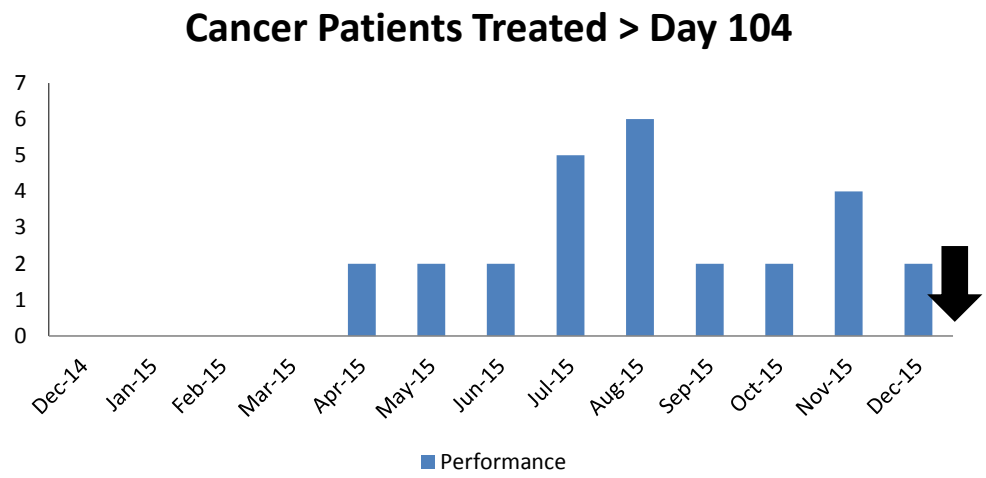
Cancer 62 Day by Tumour Site

Tumour Site	Q1	Q2	Q3	Dec-15
Brain	100.0%			
Breast	98.7%	97.8%	100.0%	100.0%
Colorectal	76.4%	78.7%	57.8%	76.5%
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%	96.0%
Skin	95.9%	100.0%	97.9%	100.0%
Upper GI	69.0%	81.6%	80.0%	70.0%
Urology	86.7%	84.3%	95.4%	92.5%

Cancer 62 Day Screening




Cancer 62 Day Consultant Upgrade
100.00%
95.00%
90.00%
85.00%
80.00%
75.00%
70.00%
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Performance
Threshold


Cancer Patients Treated > Day 104
7
6
5
4
3
2
1
0
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Performance

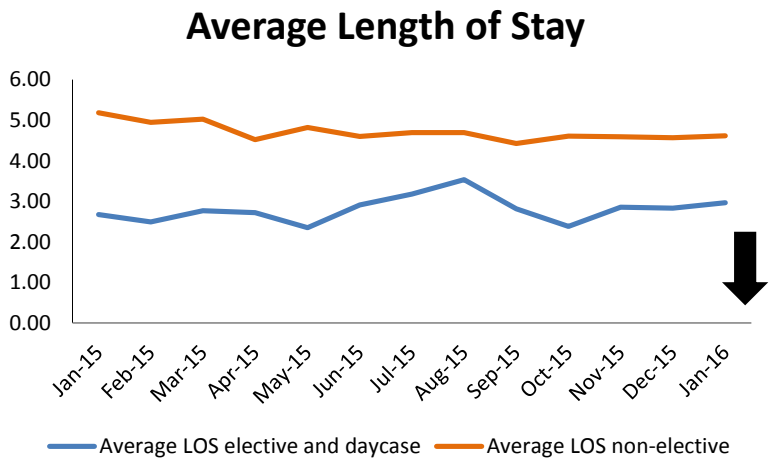
Responsive – Average Length of Stay

Current rating:

Trust non elective average length of stay has increased slightly against last month at 4.62 for January.

The elective length of stay has also increased in January at 2.97.

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.



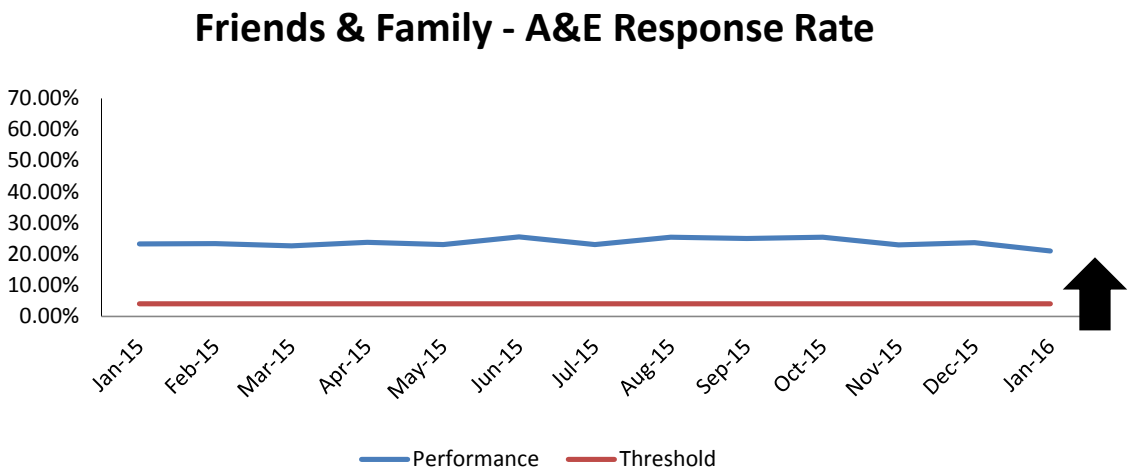
Average Length of Stay vs expected, Nov 14 - Oct 15, Dr Foster Information

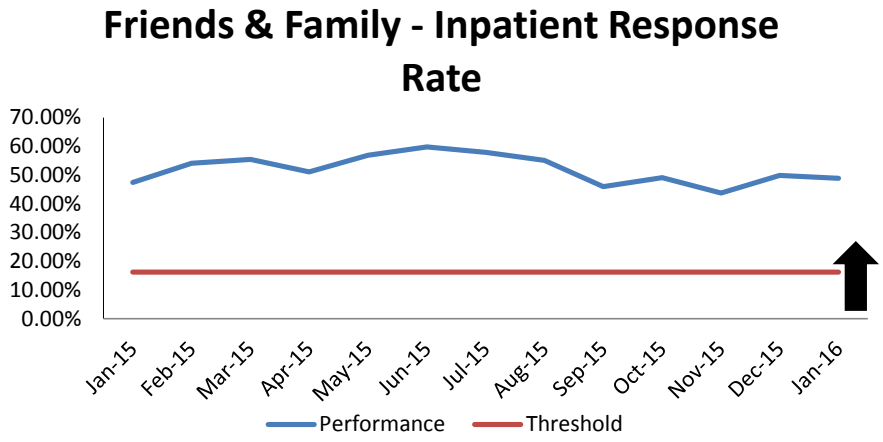
	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Emergency	56,568	56,568	0	4.8	4.7	-0.1
Elective	57,470	10,117	47,353	3.3	2.9	-0.3
Maternity/Birth	14,282	14,282	0	2.2	2.6	0.4
Transfer	226	226	0	12.2	29.8	17.6

Well Led – Response Rates from Friends & Family Test

Current rating:

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





Well Led – Workforce - Sickness

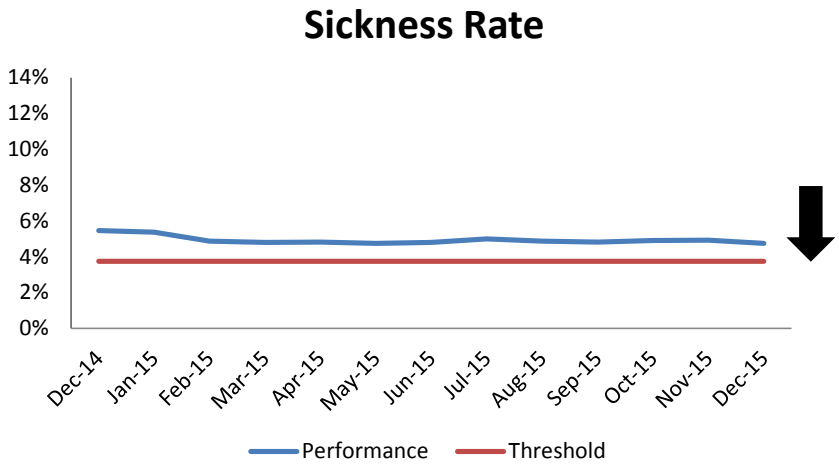
Current rating:

Sickness rate - Amber rating

The sickness absence rate decreased slightly from 4.93% in Nov 2015 to 4.74% in Dec. This is lower than in the previous year (5.46%). The year to date average for 2014/15 is 4.81%.

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 March 2016.
Current review of Mental Health Strategy – Mental Health First Aid training successful pilot which will be rolled out across the organisation in the new year
Reviewing the training for managers in relation to managing attendance
Reviewing the Divisional IPR
Continuing provision of Fast physio and Worksmart services - Occupational Therapist Wellbeing Practitioner in place who supports recommendations relating to returns to work
Letters of recognition for staff with no sickness have been sent out
Referral of all staff highlighting stress/anxiety and musculoskeletal problems to Occupational Health Services from day one of sickness absence
Continuing promotion of health & wellbeing initiatives – annual football tournament (mixed teams) in August, planned department sports events
2016 Flu Campaign – 82% uptake so far (ahead of our position this time last year)

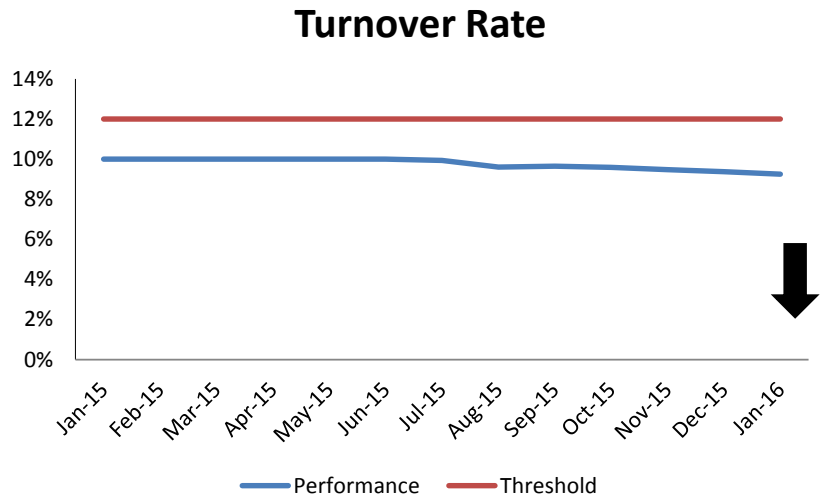


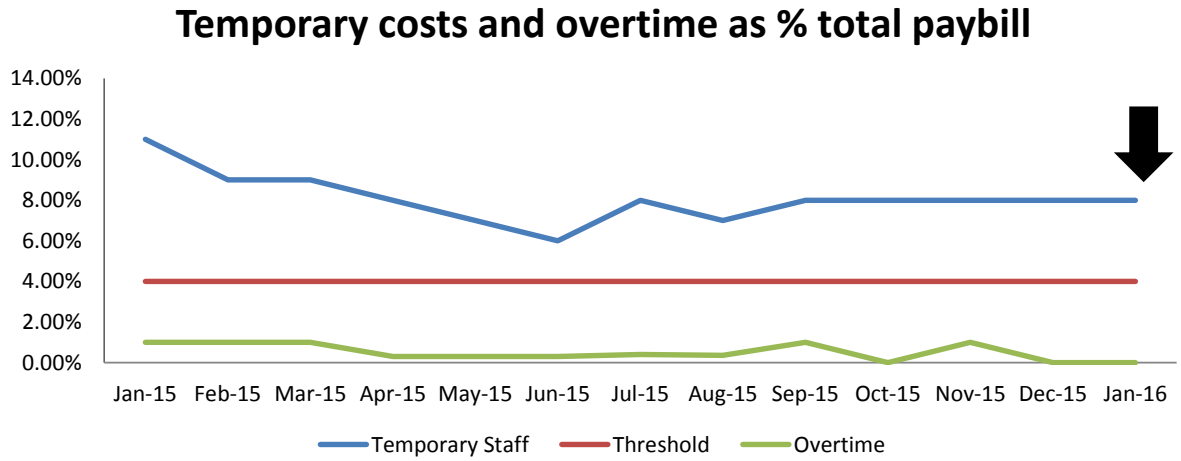
Well Led – Workforce – Staff in Post, Recruitment

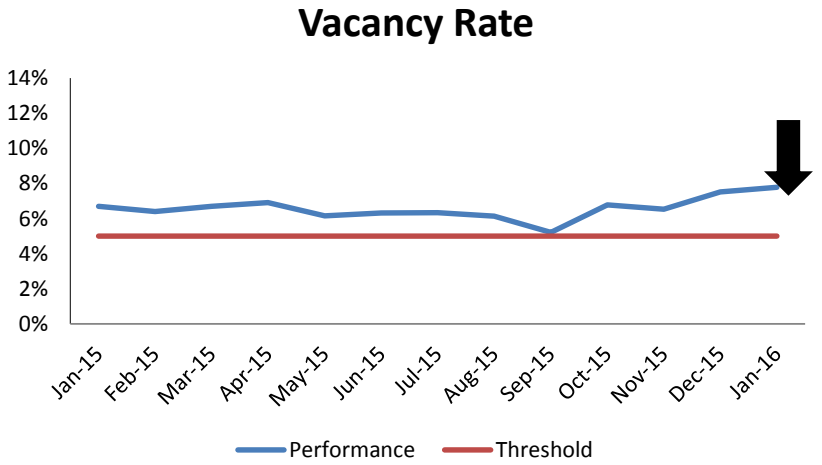
Current rating:

Turnover rate, Vacancy rate and temporary costs - Amber rating

Overall the Trust is now employing 6897 FTE staff in total. This is a net Increase of 14 FTE from the previous month. The number of nurses in post at January 2015 stood at 2268 FTE which is a net increase of 4 FTE since last month and a net increase of 214 FTE since 1st April 2013. There are a further 165 nurses in the recruitment pipeline. The vacancy rate for nurses now stands at 10% (252 FTE)







Well Led – Workforce – Training and appraisals

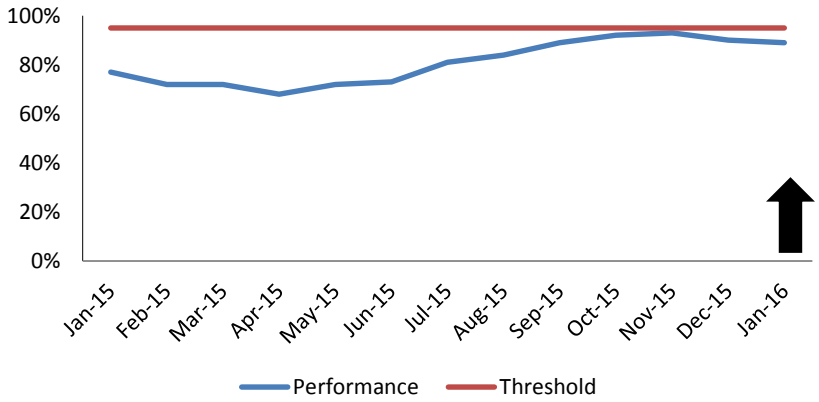
Current rating:

Appraisal/ Job Plans

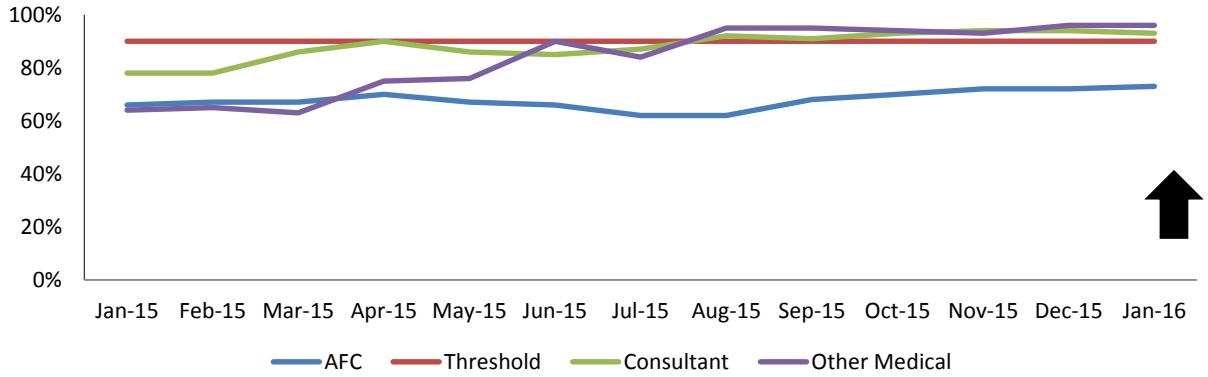
The number of job plans which have been completed to date as at January 2016 is 78% which has remained the same as November 2015.

The current compliance rate for the information governance toolkit training is 80% for January 2016.

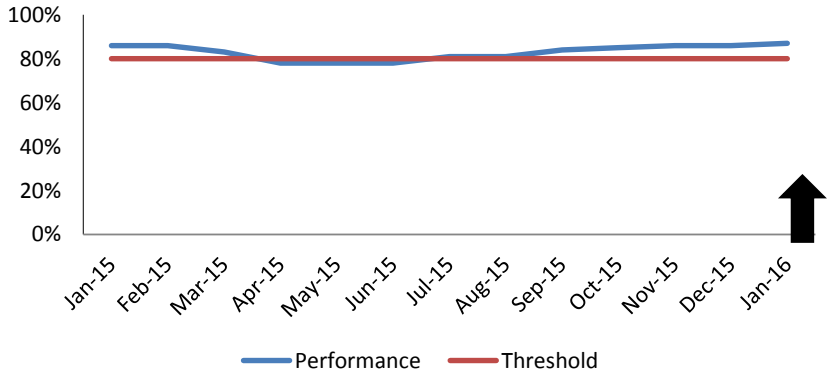
Mandatory Training



Appraisals



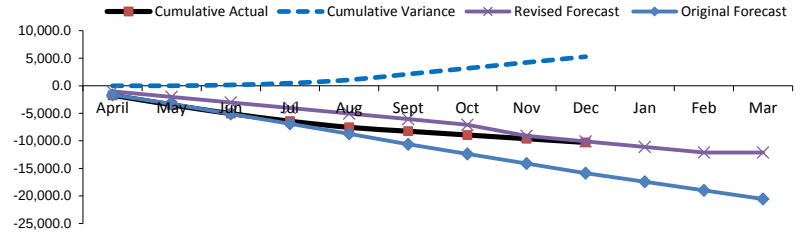
Safeguarding Training



East Lancashire Hospitals NHS Trust: Financial Overview as at 31st January 2016

Break-even duty

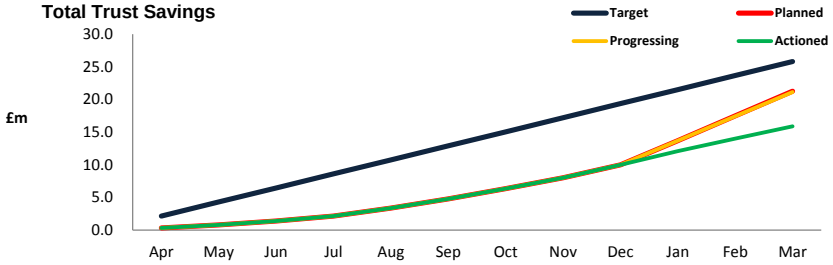
	Plan £m	Actual £m	Variance £m
Cumulative	(17.1)	(10.8)	**6.3**
In Month	(1.7)	(0.7)	1.1



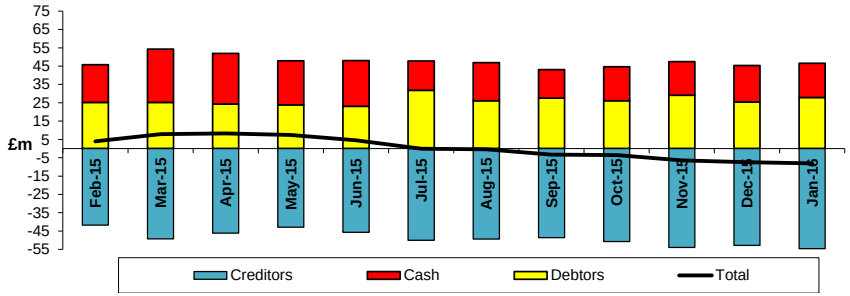
Statement of Comprehensive Income

	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	(291.2)	(25.3)	(25.1)	0.2	(242.7)	(246.2)	(3.5)
Other operating costs	(162.8)	(12.5)	(11.4)	1.0	(138.2)	(128.3)	9.9
Revenue from patient care activities	421.1	35.0	34.9	(0.1)	353.0	352.7	(0.3)
Other operating revenue	25.6	2.2	2.2	0.0	21.7	22.0	0.3
Operating Surplus	(7.3)	(0.6)	0.5	1.1	(6.2)	0.2	6.4
Investment Revenue	0.3	0.0	(0.0)	(0.1)	0.2	0.1	(0.1)
Other gains and (losses)	0.4	0.0	0.0	0.0	0.4	0.4	(0.0)
Finance Costs	(8.7)	(0.7)	(0.7)	(0.0)	(7.2)	(7.2)	0.0
(Deficit) for the year	(15.3)	(1.3)	(0.2)	1.1	(12.8)	(6.4)	6.3
Public Dividend Capital dividends payable	(5.4)	(0.4)	(0.5)	(0.0)	(4.5)	(4.5)	(0.0)
Retained (deficit) for the year	(20.7)	(1.7)	(0.7)	1.1	(17.3)	(11.0)	6.3
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)	(0.7)	1.1	(17.1)	(10.8)	6.3

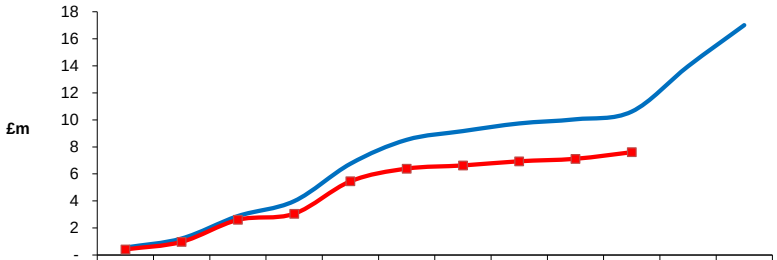
Safely Releasing Cost Programme Performance



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	13.962	17.008
Actual	0.416	0.975	2.605	3.054	5.454	6.392	6.627	6.937	7.12	7.608		

Summary Balance Sheet

	YTD £m	Prior Month £m	Movement £m
Total Assets	342	341	0
Total Liabilities	(176)	(175)	(1)
Total Assets Employed	165	166	(1)
Financed by;			
Taxpayers Equity	165	166	(1)

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 55

24th FEBRUARY 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: Operational Delivery Board

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 Quality Committee and Operational Delivery Board before being submitted to 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.
6. The Director of Finance in reviewing the risks for which he is the Principal Executive Director would advise of the following:
   i. Change to risk profile and scoring: **SR/BAF004** – "The Trust fails to achieve a sustainable financial position" be amalgamated and co-ordinated - with risk **SR/BAF007** – "Continuity of Service Risk Rating (CoSR)" and that these 2 risks, given the current improving financial position be downgraded from a score of "20" to "16" at this time. It should be noted that the score of "16" is still seen as a high risk.

      (Please note: the Financial Sustainability Risk Rating (FSRR) has replaced the Continuity of Services Risk Rating (CoSRR) as the method used to assess not only the level of financial risk an NHS Trust faces to the ongoing delivery of key NHS services, but also its overall financial efficiency).
   ii. Change to risk score: **SR/BAF006** – "Corporate functions fail to support delivery of the Trust's objectives" – is downgraded from a score of "15" to a score of "12". It should be noted that in line with the Corporate Risk Register, targets such as 18 week activity standard/Referral to treatment time and Information Governance targets have all been improving.
7. The Medical Director and Director of Operations, having consulted propose

to exchange risk ownership. It is proposed that the Medical Director is Principal Executive Director for **SR/BAF/001** – Transformation schemes fail to deliver anticipated benefits and that the Director of Operations is the Principal Executive Director for **SR/BAF005** – The Trust fails to achieve the required contractual and national targets. These changes are proposed as it is considered that these 2 areas of risk more closely match the portfolio of the directors concerned.

Conclusion:

Members are asked to:

a) Review the strategic risks and the proposed change to the scoring of risk SR/BAF004, its amalgamation with risk SR/BAF007 and; the change to the score for SR/BAF006.

b) Note the proposed change of Principal Executive Director for risk SR/BAF/001 and SR/BAF/005.

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

Recommendation:

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 & 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 & 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	9	6	9	9	9	

Safe | Personal | Effective

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/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	
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
NHS Trust

TRUST BOARD REPORT

24th FEBRUARY 2016

Item 56

Purpose Action

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 are two risks that have been de-escalated from 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 – this risk has been realised with the CCG awarding the contract to an independent company, there is work ongoing to challenge the CCGs decision

    and

    b. 1489 / 2310 Failure to meet the 18 week activity standard / Referral to treatment (RTT) – ELHT has been consistent in its performance for RTT and the risk has been re-assessed at a current risk of 10

2. The current risk register is attached as Appendix 2.

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.

Recommendations

5. 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 of a risk management group

David Tansley, Associate Director of Quality and Safety, 15.02.2016

Appendix 1 – Risk de-escalated from the Corporate risk register

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			Divisional Director - ICG	ICG	Kick Off Meeting Deadline for Bidder Clarification Questions Deadline for ITT Responses ITT Bid Evaluation
1489 / 2310	Failure to meet the 18 week activity standard / Referral to treatment	• Strong monitoring at Trust, divisional and directorate level. Weekly meeting within division to ensure awareness of current position and to ensure controls are continuously put in place to ensure the achievement of the standard. • Planning & information produced for trajectories. • Management of standard at DMB and performance meeting with exec team. • Exception report provided by divisional information manager for all specialities where the standard is not being met.	10	10	Director of Operations	ICG / SAS	Due to historical performance on RTT, this risk has been de-escalated to a divisional risk. However the risk will be added to an aggregated finance risk

Appendix 2 - Corporate Risk Register as at 15.02.2016

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
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
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
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

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
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
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

ID	Title	Controls in place	C	T	Risk Owner	Division	Actions
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
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 57

24 February 2016

Purpose Action

Title	Finance and Performance Committee Information Report
Author	Mrs F Murphy, Deputy Company Secretary
Sponsor	Mr D Wharfe, Committee Chair

Summary:

A summary of the discussions, decisions and actions from the Finance and Performance Committee is provided.

Recommendation:

Directors are asked to receive the report and note the items escalated to the Board for action.

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

Impact

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

Finance and Performance Committee – January 2016

At the last meeting of the Finance and Performance Committee held on Monday, 25th January 2016 members considered the following key matters:

1. **Sustaining Safe, Personal and Effective Care 2016/17 Planning** – Members noted and discussed the likely financial settlement for 2016/17 and the Strategic Transformation Plan (STP) requirements and timeline for submission. The need to meet the four key NHS Constitution targets in year and going forward was emphasised. The submission of a Lancashire wide STP and the views of a number of organisations on this requirement was discussed. An update on the current projections for next year's financial position was provided and assurances were given on the preparation of safely reducing costs programmes (SRCP) at a divisional level for 2016/17. Members noted the current position on preparation of both the Clinical Strategy and the work being undertaken as part of the Carter review
2. **Estates and Facilities SRCP Update and Travel Scheme** – Current performance against the Division's SRCP was discussed together with an overview of some of the schemes to be included in the new year SRCP. These will focus on improving integration and responsiveness across support teams and maximising the potential for partnership and commercial working. Members went on to consider draft proposals in relation to travel schemes and put forward recommendations to be considered by the Trust Board following further internal discussion and consultation.
3. **Integrated Performance Report –** Performance against the key indicators was considered with updates being provided in relation to areas of exception to expected performance. Members focussed their discussions on the 4 hour A&E standard, recruitment and infection control targets, noting the potential impact of changes in which the 4 hour target will be measured going forward.
4. **Finance Report –** The current financial position was noted and that the Trust remained on target to deliver its control target. Members commended the progress on bank and agency staffing controls. Members discussed the projected SRCP requirement for 2016/17.

5. **Sustaining Safe, Personal and Effective Care Update –** This item had been discussed under the Finance Report and an update on the work of the Programme Management Office was provided.
6. **Tender Update –** A summary of lessons learned from recent external tender submissions was presented and members noted the arrangements for reporting these through the organisation. It was agreed **a future informal Board meeting on the tender processes will be arranged for Board members' information.**
7. **Support and Challenge Meeting Feedback –** Members noted the summary of the meetings commending the degree of challenge and support being provided to the Divisions through this process.

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 58

24 February 2016

Purpose Information

Title	Remuneration Committee Information Report – 27th January 2016
Author	Mr David 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.

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: N/A

Remuneration Committee – 27 January, 2016

The Committee considered the following matters:

1. Chief Executive Officer – Appraisal
2. Compulsory redundancy and a review of the compulsory redundancy process
3. Harmonising Terms and Conditions of Employment
4. Executive Director of Finance Role
5. Fit and Proper Person Test (FPPT)
6. Review of the Committee Terms of Reference

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 59

24 FEBRUARY 2016

Purpose Information

Title	Trust Board Part Two Information Report (January 2016)
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 January 2016 and provided here for information.

Recommendation: The Board are asked to note the report 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. 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, 27 January, 2016

1. At the last meeting of the Trust Board on 27 January, 2016, the following matters were discussed in private:

   a) Sustaining Safe, Personal and Effective Care 2016/17 Plan
   b) Sustaining Safe, Personal and Effective Care 2015/16
   c) Review of the Shadow Council of Governors
   d) Finance Report
   e) Serious Incidents Requiring Investigation (SIRI) Report
   f) Doctors with Restrictions
   g) Appointment of the Medical Responsible Officer

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.

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

24 FEBRUARY 2016

Item 60

Purpose Information
Action
Monitoring

Title	Remuneration Committee – Terms of Reference
Author	Mr D Holden, Interim Governance Advisor
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The Remuneration Committee's Terms of Reference (ToR) have been updated to take into account both new national guidance and also the Trust's own Fit and Proper Person Test Policy. The Committee reviewed these ToR at its meeting last month and agreed that they are appropriate at this time and should be forwarded to the Trust Board for review and ratification. The proposed changes on the ToR are bullet points 2 to 5 under 'Purpose and Delegated Authority' (Marked in 'red' on colour copies.)

Recommendation: The Board are asked to approve the revised Remuneration Committee Terms of Reference.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice 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 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: Remuneration Committee

The Remuneration Committee Terms of Reference

Constitution

The Trust Board has established this Committee to be known as the Remuneration Committee. The Committee will report to the Trust Board. The Committee has overarching responsibility for the remuneration of, arrangements for the appointment of, and agreement of termination packages for, Executive Directors and very senior management outside Agenda for Change arrangements within the Trust. The Committee has the authority to appoint short term, outcome focused sub committees but does not routinely receive reports from other committees.

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Purpose and Delegated Authority

The Committee has authority to determine, in consultation with the Chairman and the Chief Executive of the Trust;

- the policy on the remuneration of Executive Directors.
- the Committee will be responsible for making decisions about the suitability of individuals following an investigation or where there is a belief that a person may have ceased to be 'fit and proper'.
- The Committee will be responsible for deciding if a Director is suitable should they fail one of the fit and proper persons checks or pre-employment checks.
- the Committee will be responsible for notifying the Trust Development Authority/NHS Improvement of compliance with the Fit and Proper Persons Regulations.
- the Committee will document whether individuals are suitable for posts where they are deemed suitable by the interview panel despite not meeting the characteristics outlined in the Fit and Proper Persons regulations.
- the specific remuneration packages for each of the Executive Directors including pension rights and any compensation payments
- the remuneration of other very senior employees who are considered by the Committee to hold key positions within the Trust and whose remuneration

package is, or is considered appropriate to place, outside the provisions of the Agenda for Change framework

- the remuneration of other employees who are considered by the Committee to hold key positions within the Trust who are employed to perform specific short term functions on a semi consultancy basis
- the arrangements for the appointment of individuals outlined above
- the termination packages of any individual outlined above.

In determining the remuneration and termination packages and the remuneration policy, the Committee shall keep in mind:

- firstly, the desirability of the maintenance throughout the Trust of a competitive, fair remuneration structure which operates in the interests of, and to the benefit of, the financial and commercial health of the Trust
- secondly, ensuring the members of the executive management of the Trust are provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation

The Committee is authorised through the Secretary to seek any information it requires from any employee in order to perform its duties.

The Committee is authorised, in consultation with the Secretary, where necessary to fulfil its duties, to obtain any outside legal or other professional advice including the advice of independent remuneration consultants, to secure the attendance of external advisors at meetings and to obtain reliable up to date information about remuneration in other Trusts.

The Committee has authority to commission reports and surveys that it considers necessary to fulfil its obligations.

Membership

Chairman and four Non-Executive Directors

No individual will be involved in any part of a meeting at which decisions as to their own remuneration will be taken.

Quorum

Board Chairman and two Non-Executive Directors. A quorum must be maintained at all meetings. Each member will attend a minimum of 75% of the meetings throughout the year

In Attendance

Chief Executive

The Director of Human Resources and Organisational Development and the Company Secretary will normally be in attendance

Nominated Deputy Arrangements

Chief Executive – Deputy Chief Executive

Frequency & Format of Meetings

At least two meetings will be held annually. Additional meetings will be convened by the Secretary at the request of any member of the Committee.

Regular Reports

None.

Monitoring Arrangements

The effectiveness of the Committee will be reviewed on an annual basis as part of the Trust Board Business Cycle. The Committee will provide an annual report on its activities within the Trust's Annual Report. The functioning of the Committee may be assessed within the normal annual cycle of reporting by the Audit Committee through the internal and external auditors and external regulatory bodies.

Committee Services

Lead Director – Chief Executive
Secretary – Company Secretary

Last reviewed: 27/1/2016